STATE OF ARKANSAS
Department of Finance and Administration

June 6, 2025

Senator Jonathan Dismang, Co-Chair
Representative Jeffrey Wardlaw, Co-Chair
Performance Evaluation & Expenditure Review Committee
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

RE: FY 26 American Rescue Plan Act Request

Dear Co-Chairs:

Pursuant to Section 35 (01) of Act 1006 of 2025, I am forwarding the attached American Rescue Plan Act request(s) that have received my approval as Chief Fiscal Officer of the State.

1. Department of Health – WIC Farmer's Market Nutrition Program Electronic Solution $150,600
2. Department of Health – Strengthening the Infrastructure, Workforce, and Data Processes for the Public Health System in Arkansas $24,931,481
3. Department of Health – WIC Electronic Benefits Transfer Offline to Online $8,182,041
4. Department of Health – Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases $587,708
5. Department of Health – Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases $2,998,718
6. Department of Commerce – Division of Workforce Services – Unemployment Insurance Integrity $1,629,918

Sincerely,

James L. Hudson
Secretary

Attachment(s)

**AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 35 OF ACT 1006 OF 2025**

FY26

Agency: Arkansas Department of Health

Business Area Code: 0645

Program Title: WIC Farmer's Market Nutrition Program Electronic Solution

Granting Organization: United States Department of Agriculture Food and Nutrition   CFDA #: 10.557

Effective Date of Authorization: Beginning: 7/1/2025   Ending: 6/30/2026

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
The purpose of this grant is to provide funding to Farmer's Market Nutrition Program (FMNP) State agencies to carry out outreach, innovation, and program modernization efforts to increase participation and redemption of benefits for WIC Farmer's Market Nutrition Program. This transition to electronic transaction technology in FMNP ensures WIC families can continue using benefits to purchase fresh and locally grown fruits and vegetables and farmers can participate using similar payment technology used with other customers.

American Rescue Plan Act Program Funding

Direct Funding: X

Func. Area: HHS   Fund Code: FRP6453   State:
Funds Center: BZ2   Internal Order/WBS Element: AWFE0024   Continuation:

	Program Funding Amount
Regular Salaries	
Extra Help	
Personal Services Matching	
Operating Expenses	$5,600
Conference & Travel Expenses	
Professional Fees	
Capital Outlay	
Data Processing	
Grants and Aid (CI: 04)	$145,000
Other:	
Other:	
Total	$ 150,600

Anticipated Duration of Federal Funds: 9/30/2025

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.

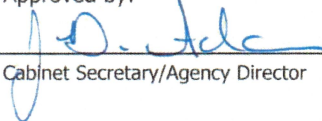**Positions to be established: (list each position separately)**   * unclassified positions only

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:

_4-30-25_	Cayce Raney	6/6/25			
Cabinet Secretary/Agency Director	Date	Office of Budget	Date	Office of Personnel Mgmt	Date

CRB 5/7/2025

The current system of distributing Farmers' Market Nutrition Program (FMNP) funds using paper coupons is old and has become obsolete. By modern payment system standards, paper coupons are inefficient and inconvenient to both Participants and Farmers. Furthermore, with fewer vendors willing to provide the service of settling paper coupons, an alternative method for distribution of FMNP funds is needed.

For the 2022 Farmers' Market season, Arkansas had approximately 392 authorized Farmers selling at 31 Farmers' Markets and 7,156 participants received FMNP benefits. With this e-solution, the WIC Program expects to grow the FMNP to over 400 farmers, 10,000 participants, and add additional participating counties. The following counties are currently being served by the FMNP program: Arkansas, Benton, Boone, Carroll, Craighead, Faulkner, Garland, Hempstead, Madison, Miller, Pope, Pulaski, St. Francis, and Washington.

The ADH WIC Program would like to migrate the FMNP program to an electronic solution by utilizing State procurement laws to bid this e-solution competitively. The Program is looking to design a user-friendly portal where FMNP benefits for participants can be issued and managed directly by WIC Program staff in the local health units. The e-solution must allow the collection, entry, reporting, and exporting of all collected data, such as but not limited to demographics per program applicant/participant and farmer (applicant and authorized) and allow program personnel to mark and update the corresponding status (e.g., applied, approved, benefits issued, benefits expired, benefits voided, disqualified, terminated, etc.) and provide individual and overall statistics. The e-solution must provide benefit redemption functionality using mobile technology, but also provide an alternative solution for those participants without a mobile device. Lastly, the e-solution must be able to record and store transaction details and be able to settle payment via check or direct deposit and reconcile redemptions for Farmers.

FMNP E-Solution Timeline and Budget

Year 1: 5/1/2023-6/30/2024   **Price: $84,050**

Description	Start	End	Cost
Competitive Bid Solicitation sent to vendors	9/1/23	9/30/23	—
Program review and vendor determination	10/2/23	10/6/23	—
Agency review and approval	10/9/23	11/3/23	—
Governor and Legislative Review	11/6/23	1/31/24	—
Contract Executed	2/1/24		$78,500
Portal Development and Data Transfer	2/1/24	3/1/24	—
Portal Testing	3/1/23	3/1/23	—
Farmer and Staff Training	4/1/24	4/30/24	$5,000 (materials and travel)
Outreach (social media, flyers, text messaging)	4/20/24	6/30/24	$550
FMNP Portal Go Live	5/1/24		—

Year 2: 7/1/2024-6/30/2025   **Price: $32,550**

Description	Start	End	Cost
Finish 2024 FMNP season	7/1/24	10/31/24	—
Farmer Recruitment for 2025 season	2/1/25	3/31/25	$1,000 (travel)
Farmer and Staff Training	4/1/25	4/30/25	$6,000 (materials and travel)
Outreach (social media, flyers, text messaging)	4/20/25	6/30/25	$550
2025 FMNP Season	5/1/25	10/31/25	$25,000 (M&O)

Year 2: 7/1/2025-9/30/2025   **Price: $34,000**

Description	Start	End	Cost
Farmer Recruitment for 2026 season	2/1/26	3/31/26	$1,500 (travel)
Farmer and Staff Training	4/1/26	4/30/26	$7,000 (materials and travel)
Outreach (social media, flyers, text messaging)	4/20/25	6/30/25	$500
2025 FMNP Season	5/1/25	10/31/25	$25,000 (M&O)

TOTAL COST $150,600

AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 35 OF ACT 1006 OF 2025

Agency: Arkansas Department of Health   Business Area Code: 0645

Program Title: Strengthening the Infrastucture, Workforce, and Data Processes for the Public Health System in Arkansas.

Granting Organization: Center for Disease Control & Prevention   CFDA #: 93.967

Effective Date of Authorization: Beginning: 7/1/2025   Ending: 6/30/2026

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
The Arkansas Department of Health (ADH), as the centralized authority on public health in the state, has identified several areas where improvements are needed to support the workforce. Improvements include increased training and professional development opportunities, and opportunities for improved workplace wellness. ADH will place Blood Pressure monitors in Local Health Units as a way to identify high blood pressure--the leading cause of heart disease, stroke and others--for both staff and constituents. Futher, the ADH has identified programs that currently have staff supported by other grants that are vital to the work of the ADH and need continued funding. These include a number or epidemiologist positions, the Office of Performance Management, Quality Improvement and Evaluation, and the Office of Health Disparities Elimination. Contracts to include required Certified Tumor Registars for the AR Central Cancer Registry.
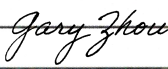
American Rescue Plan Act Program Funding

Direct Funding: X

Func. Area: HHS   Fund Code: FRP6450   State: _____

Funds Center: BI1   Internal Order/WBS Element: RDMA0025/ RDMI0025/ RLDX0025/ RIWD0025   Continuation: _____

	Program Funding Amount
Regular Salaries	7,579,359
Extra Help	389,844
Personal Services Matching	3,295,225
Operating Expenses	10,169,748
Conference & Travel Expenses	282,219
Professional Fees	
Capital Outlay	34,912
Data Processing	
Grants and Aid (CI: 04)	
Other: Indirect BI1A 590:00:46	3,180,174
Other:	
Total $	24,931,481

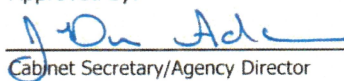Anticipated Duration of Federal Funds: 11/30/2027

Gary Zhou   5/15/25
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:

J-On Ade   4-29-25   Cayce Raney   06/03/25   _____
Cabinet Secretary/Agency Director   Date   Office of Budget   Date   Office of Personnel Mgmt   Date

CRB 5/7/2025

Project Summary for A1 of the Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems Grant (PHIG)
Arkansas Department of Health NE11OE000049 Arkansas
Principal Investigator: Bala Simon, MD, DrPH

Note: Abstract and summary still applies with the continuation request. Scope of work does not change, just the category of appropriation because of a mis-categorization.

A1 Workforce Abstract

The Arkansas Department of Health (ADH), as the centralized authority on public health in the state, has identified several programs where additional staff is needed to meet changing demand. These programs include the Public Health Lab, where reporting is shifting to almost entirely online; the Arkansas Central Cancer Registry which continues to face challenges in staffing; and in hepatitis surveillance, as cases in the state have risen nearly 400%. Further, the ADH has identified programs that currently have staff supported by other grants that are vital to the work of the ADH and need continued funding. These include a number of epidemiologists positions, the Office of Performance Management, Quality Improvement and Evaluation, and the office of Health Equity. Employees are demanding more from employers in the form of professional development, training opportunities, enhanced workspaces, and flexible workspaces. The ADH will work to address each under the leadership of a Workforce Director, a position new to this grant. And lastly, the ADH must develop and support working partnerships statewide to maintain a robust public health system, and this is present throughout but highlighted with enhanced trainings for the state's County Health Officers, and a proactive approach to working with colleges and universities in the state to offer intern positions to expose more students to public health. In conclusion, the Arkansas Department of Health intends to address some of the workforce challenges by hiring new staff and retaining current staff and partnerships through improvements to the workplace and opportunities offered like training, professional development, and improved workspaces.

Strategy A1 Workforce

A1 Background:

ADH noted a 400% surge in new hepatitis C (HCV) cases in the state. Drug use by people who inject drugs (PWID), self-medication through drug use, and a mental health crisis were all as risk factors contributing to the increase in HCV cases reported. As public health in the state begins to regain its footing, connecting with essential partners in communities of need across the state, staff is needed to support the work.

The Arkansas Central Cancer Registry (ACCR) at the ADH continues to face the challenge of limited Certified Tumor Registrars (CTR) in the state. Reporting facilities faced staff shortages/redirections of cancer registry reporting staff, and many staff opted for other work from home jobs when offices opened again. According to the Arkansas CTR Association, there are only 50 CTRs in the state and this may include individuals who have retired or are no longer working in the profession. The addition of staff for the program through this grant will help to create a training program to assist students in the state with their practicum hours for their CTR certification. This position will be responsible for partnering with the University of Arkansas for Medical Sciences (UAMS) and other institutions, hospitals, and facilities to target potential students and to establish internships. The cancer support staff would also be included in the training program. They will work directly with the cancer registry with the goal of

earning a CTR which will ultimately expand the capacity of the ACCR to provide CTR services and ensure compliance with national standards.

Currently, the laboratory utilizes a contractor for on-going upgrades and support of the Laboratory Information Management System, StarLIMS. Since the use of StarLIMS has grown exponentially in the last several years, the laboratory needs a staff member to manage the on-going upgrades and troubleshooting. Additionally, the laboratory is expanding the use of the online test request and reporting platform – Lab Web Portal – for private submission of specimens to the laboratory. The laboratory must retain documentation for accreditation purposes, some documents up to 25 years. In the past, this documentation was kept in the form of paper files. To better preserve this documentation, and to become more environmentally friendly, the laboratory is in the process of electronically archiving this paper documentation and updating workflows to become paperless. This on-going project is headed by the current Laboratory Logistic Specialist, which the laboratory would like to retain for the period of this grant opportunity. These staff members will be critical to the work of the Laboratory, working to meet the expectations of partners across the state.

Related, there is often the challenge within the public sector to retain and recruit new staff to perform necessary public health job functions, particularly for workforce associated with complex and technical skills, like for the ADH Office of Information Technology Services (ADH IT). Using a consulting firm that specializes in finding talent associated with these skills helps alleviate some of the struggle with recruiting high-performing individuals into these roles. The Office of Information Technology systems has maintained strong working relationships with TEK Systems and Orchestrate, two third party consulting firms that specialize in technology contracts and have ample experience recruiting high quality talent.

After a recent training needs assessment conducted in 2020 by the ADH Human Resources, the following recommendations were made: (1) increase high quality training opportunities for staff on effective communication, community public health, outreach, and/or health improvement, professional development, diversity, and health equity; (2) support the development of program-specific trainings to enhance the orientation for new employees assigned to specific programs, and (3) establish a protocol that will allow employees to dedicate a certain amount of time per week/month to complete skills-based and/or professional development training. It is vital that the ADH invest in skills for employees that are consistent with public health practice and will ensure that the state is prepared for the next disease outbreak. Additionally, the ADH IT conducted an assessment and deemed the following skills as imperative to a well-trained workforce: soft skills like problem-solving, adaptability, critical thinking, teamwork, effective communication of data, dependability, empathy, and patience; and hard skills: SAS, R Studio, Python, Jasper Studio, Rhapsody, SQL, Artificial Intelligence, command line programming, and database management. CDC ELC funding allowed the ADH to upskill staff, but the relatively young workforce still requires more training to ensure that they are effective at all of their job requirements. Most of the funding for training requested in this application will be aimed at helping Epidemiology staff gain the soft and hard skills listed above, while IT staff will utilize Rhapsody and database training to become more effective at data collection and management.

In addition to flexibilities and incentives, employees want to feel that their wellness is supported, particularly important for public health employees as they have committed to that work for all residents of this state. The ADH previously held a position for an individual who coordinated some wellness activities, but it did not have an associated budget.

ADH must support the statewide public health workforce as well, and implementing an online licensing portal is an effort towards that goal. The department has a number of licensing entities within its programs (Cosmetology, Massage Therapy, Plumbing, Retail Food, etc) and represents a number of Boards and Commissions (Board of Physical Therapy, Board of Opticians, etc) who license professionals in the state. Altogether, there are about 30 separate licensing entities, with just under a total of 200,000 active licensees that would be impacted by this new system. There are a handful of entities that are still operating on paper, with no online preparation available to them currently. The system also can track public health licensee dating, overlying it, for example, with public health data to begin to identify and address statewide needs. This project is therefore aims to strengthen workforce planning, systems, processes, and policies by catalyzing the collection and use of workforce data, as it relates to public health licensees, to guide planning, development, and forecasting. It is in line with existing activity on the workplan related to supporting and sustaining public health staff by improving tools.

As high blood pressure, both diagnosed and undiagnosed, is a major risk factor for heart attacks and strokes, free-standing Blood Pressure Kiosks will be placed in the waiting rooms of ADH's local health units located throughout the state. These kiosks have digital health trackers and are handicapped accessible allowing ADH staff and ADH clients to check their blood pressure, access their blood pressure histories online, and share this information with their medical providers to improve blood pressure control. This intervention will help reduce inequities with self-measured blood pressure and uncontrolled hypertension and have a significant impact on disparities in deaths and disability due to heart disease, stroke, diabetes, and kidney disease in Arkansas.

To cultivate the future generation of public health workforce, the ADH must be more proactive in working with all colleges and universities in the state to offer such placements to expose more students to public health activities. Experience has shown that students exposed to public health earlier in the studies and careers are more likely to choose careers in public health. And generally, there is a lot more interest from students wanting to do projects at the ADH, and that has been increasing over time.

In a similarly important partnership, Arkansas has 75 County Health Officers (CHO)—one in each county in the state. The CHOs are medical professionals, almost all in private practice. These CHOs function as volunteers with no compensation from the ADH, and almost none has any public health training. However, they are expected to represent the ADH in several public health functions and emergencies, developing and maintain relationships with all facets of the communities they serve and have carried out these duties diligently. They are a vital part of the public health infrastructure and should have the opportunity for formal public health training.

Many people learned more about public health than ever before in the last few years, and consequently there is an increased need for continued transparency and commitment to quality improvement. The ADH created the Office of Performance Management and Quality Improvement and Evaluation as the need for an organized approach increased. This office is vital to the development and maintenance of working partnerships on all levels as all Arkansans have shown interest in this work---from individual community members to state legislators to the media. Similarly, as an Academic Health Department, the ADH staff are encouraged to participate in research activities, particularly in collaboration with our academic partners. Over the past few years, ADH staff are producing many more scientific papers, abstracts and poster for publication, and many of these get accepted for presentations at state and national conferences, requiring a specialized printer.

Project Summary for A3 Data Modernization of the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant
Arkansas Department of Health NE11OE000049 Arkansas
Project Director: Bala Simon, MD, DrPH
Deputy Chief Medical Officer
State Chronic Disease Director
Associate Director for Science, Center for Health Advancement
Medical Director, Chronic Disease Prevention & Control, Center for Health Advancement

Area A: Core Data Modernization/Data Modernization Acceleration

The Arkansas Department of Health (ADH) is embarking on a comprehensive initiative to advance data modernization activities within the organization. Recognizing the critical role of data in improving public health outcomes, the ADH has appointed a Data Modernization Director who will lead the assessment, planning, and implementation of data modernization activities based on the guidance provided by the PHIG. This director will be responsible for overseeing a support staff dedicated to data modernization activities and coordinating efforts across various departments within the ADH.

The data modernization activities began with a thorough assessment of the existing data systems and infrastructure within the ADH in 2021. The Data Modernization Assessment evaluated the strengths and weaknesses of current IT infrastructure, identified gaps and areas for improvement, and helped determine the necessary steps for enhancing our foundation capacity. Furthermore, the assessment included an analysis of data quality, workforce skills, resource management, data governance practices, and data transparency protocols.

Based on these findings, the ADH is in the processes of developing a comprehensive data modernization roadmap to document our strategic initiatives associated with the Data Modernization Initiative. This roadmap will outline a clear vision for data modernization, establish strategic goals and objectives, and define specific action steps to be taken to improve our IT infrastructure. The roadmap will prioritize the implementation of modern data management technologies, such as cloud-based platforms and advanced analytics tools, to enable more efficient data collection, processing, and analysis.

To ensure effective integration and coordination of data modernization efforts, the ADH will maintain its existing advisory committees comprised senior officials from governmental and nongovernmental partners. These committees will serve as a platform for collaboration, decision-making, and the integration of various funding streams and budgets (i.e., ELC and PHIG). They will meet regularly to discuss strategies, progress, and challenges, bringing together representatives from different disciplines and organizations to foster a holistic approach to data modernization. The committees will also identify collaboration opportunities, share best practices, and facilitate the alignment of data modernization efforts with statewide public health initiatives.

The ADH recognizes the need for technical assistance in implementing data modernization initiatives. To address this, the department will engage consultants through the Public Health Infrastructure Grant (PHIG) to provide specialized expertise. These consultants will work closely with the ADH's IT and Informatics teams to assess the existing data infrastructure, develop strategic plans for modernization, design workforce training programs to build capacity, and establish monitoring and evaluation mechanisms to track progress. The consultants will bring industry best practices and cutting-edge knowledge to guide the ADH in adopting state-of-the-art data management technologies and practices.

Additionally, the ADH will forge partnerships with local academic institutions to foster collaboration in data modernization. These partnerships will include opportunities for internships and collaborative projects, creating a pipeline of future professionals skilled in data modernization and public health informatics. By engaging with

academic institutions, the ADH aims to leverage their expertise, research capabilities, and innovative approaches to drive data modernization efforts.

To ensure ongoing assessment and improvement, the ADH will regularly review and update the Data Modernization Assessment. This process will involve revisiting the initial assessment, incorporating technological advancements and emerging best practices, engaging stakeholders from within and outside the organization, and establishing baselines for measuring progress. This iterative assessment approach will allow the ADH to adapt its strategies and tactics as the data modernization landscape evolves.

Two key plans will be developed to guide data modernization efforts: a Data Modernization Strategic Plan and a Workforce Development Plan. The Data Modernization Strategic Plan will outline clear goals, objectives, and action steps to be undertaken in alignment with agency priorities. It will identify key performance indicators and establish monitoring mechanisms to track progress. The Workforce Development Plan will assess the current skill gaps within the ADH's workforce and develop targeted training programs to enhance data management and analytics capabilities. The plan will also include strategies for recruiting and retaining talent with expertise in data modernization.

By implementing these comprehensive activities, the ADH aims to drive effective and sustainable data modernization within the organization. This will enhance the department's capabilities in data collection, analysis, and utilization for evidence-based decision-making, ultimately leading to improved public health outcomes for the people of Arkansas.

A3 – Laboratory Data Exchange (Area B)

The Arkansas Department of Health (ADH) recognizes the critical importance of maintaining and enhancing its analytics capacity to effectively conduct disease surveillance activities. With a focus on continuous improvement and skill development, the ADH utilizes various resources to train its technical staff and provides them with the necessary tools to conduct complex analytical techniques.

To begin its modernization efforts, ADH plans to upgrade its NBS application from version 5.4 to version 6.0.14. This upgrade will incorporate new features, bug fixes, and performance improvements. The upgrade will follow established protocols, including testing, quality assurance, and user training, to minimize disruptions and ensure a successful transition. Furthermore, the ADH is actively exploring the feasibility of migrating the NEDSS Base System (NBS) application to a cloud-hosted environment. This move aims to leverage the advantages of cloud computing, such as scalability, flexibility, accessibility, data security, and operational efficiency. By conducting a thorough assessment, ADH will evaluate the technical and operational aspects of the migration, ensuring compatibility and seamless transition of the NBS application to the cloud.

The modernization of electronic disease reporting will expand with the development of ADH's Disease Reporting Portal. In April of 2023, ADH executive leadership expanded the project to include all reportable conditions. By leveraging intermediary technology (i.e., between faxing and ELR), the ADH plans on collaborating with external healthcare providers and federal program (i.e., ReportStream) to reduce the burden of analog disease reporting, while improving the timeliness and quality of disease data.

Additionally, ADH recognizes the importance of monitoring the data quality of electronic laboratory reports (ELRs), electronic case reports (eCRs), and other reporting methodologies to ensure accurate disease surveillance and reporting. To facilitate this, ADH will utilize ArcGIS Experience Builder and Insights, powerful data visualization and analytics tools. These tools will enable the creation of internal data quality dashboards for monitoring ELRs, eCRs, and other reporting methods. The dashboards will provide a comprehensive view of key metrics and indicators, allowing real-time visualization and analysis of data quality. By leveraging ArcGIS technology, ADH can quickly identify any data quality issues or anomalies, facilitating timely investigations and corrective actions to maintain data integrity and reliability.

While the Informatics Program recognizes the importance of expeditious disease reporting, the PHL plans on expanding ETOR services to non-public submitters. By maintaining the ADH iConnect system, the ADH ensures the continued availability and functionality of ETOR services to non-public submitters. This not only improves efficiency and reduces administrative burdens but also enhances data quality and integrity by minimizing the potential for errors associated with manual data entry.

To empower its technical staff with up-to-date knowledge and skills, the ADH leverages online learning platforms such as LinkedIn Learning, Coursera, and DataCamp. These platforms offer a wide range of courses and training programs covering various analytical tools, programming languages, and data analysis techniques. For instance, the technical staff at the ADH can take courses on data visualization using Tableau, machine learning algorithms in Python, or epidemiological analysis using R. By utilizing these resources, the ADH ensures that its technical staff can access a broad range of course offerings, learn at their own pace, and benefit from industry-recognized content.

In addition to training opportunities, the ADH has invested in infrastructure to support advanced analytics capabilities. The ADH has developed an SAS Server, which provides SAS programmers with a powerful platform to conduct complex analytical techniques. SAS is a widely used programming language and statistical software for data analysis, allowing the ADH to perform sophisticated analytics on large datasets, generate meaningful insights, and support evidence-based decision-making. For example, the ADH can utilize SAS to analyze epidemiological data, identify disease outbreaks, and develop targeted intervention strategies. The SAS Server enables the technical staff to leverage the full potential of SAS by providing them with a centralized and efficient environment for their analytical work. Furthermore, the ADH is in the process of building an R server, adding to its analytical toolbox. R is a programming language and environment for statistical computing and graphics, known for its extensive collection of packages and libraries for data analysis and visualization. By incorporating an R server, the ADH aims to enhance its capabilities in conducting advanced analytics and exploring diverse analytical approaches. For instance, with the R server, the ADH can leverage the extensive packages available in R, such as "ggplot2" for creating data visualizations or "dplyr" for data manipulation, to analyze and present public health data in a more customized and interactive manner.

As ADH begins to improve its analytic capacity through training initiatives, the APHL will also expand its ability to sequence biological sample through advancement in the bioinformatics program. Genomic sequencing enables APHL to gain insights into disease transmission patterns and emerging variants, informing targeted public health interventions. To analyze large volumes of complex genetic data, APHL partners with experts in Deep Learning, leveraging advanced machine learning algorithms. Deep Learning methodologies help uncover meaningful patterns within genomic data and improve the identification of genetic variants. Through these collaborations, APHL aims to rapidly and accurately detect and track disease outbreaks, assess intervention impacts, and provide valuable insights for public health decision-making.

Project Abstract Summary for Budget Amendment for A3 Core of the
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant
Arkansas Department of Health NE11OE000049 Arkansas
Project Investigator: Bala Simon, MD, DrPH
Deputy Chief Medical Officer
State Chronic Disease Director
Associate Director for Science, Center for Health Advancement
Medical Director, Chronic Disease Prevention & Control, Center for Health Advancement

The Arkansas Department of Health is requesting a budget amendment for A3 Core Y1 upon reflecting of order of planned projects. Data Modernization leadership at the Department has decided that before a Data Warehouse can be built, a Data Governance Plan must exist. Therefore, ADH is requesting that the A3 Core Y1 budget contractual section be changed to reflect this.

This Scope of Work (SOW) outlines the framework for developing a Data Governance Plan as part of the CDC Data Modernization Initiative (DMI). The goal is to establish a comprehensive data governance structure that ensures data quality, security, accessibility, and interoperability to support public health initiatives.

Establish Governance Structure
- Governance Committee Formation: Identify and assemble a governance committee with representatives from key departments (IT, data management, public health, legal, etc.).
- Role Definition: Define roles and responsibilities for data stewardship, management, and usage.

Define Data Standards and Policies
- Standardization: Develop and implement standardized data formats, terminologies, and classifications.
- Policy Development: Create policies for data collection, storage, access, sharing, and disposal, ensuring compliance with laws and regulations (e.g., HIPAA).

Ensure Data Quality and Integrity
- Data Quality Framework: Establish a framework for monitoring and ensuring data quality, including metrics for accuracy, completeness, timeliness, and consistency.
- Validation Processes: Implement processes for data validation and error correction.

Implement Data Security and Privacy Measures
- Security Protocols: Develop and enforce security measures to protect data from unauthorized access and breaches.
- Privacy Policies: Ensure robust privacy policies are in place to protect sensitive information.

Facilitate Data Sharing and Collaboration
- Data Sharing Agreements: Develop agreements and protocols for data sharing with external partners, ensuring security and privacy.
- Interoperability Initiatives: Promote interoperability between different systems and organizations.

Conduct Training and Capacity Building
- Training Programs: Develop and deliver training programs for staff on data governance policies, standards, and best practices.
- Capacity Building: Enhance the capacity of the workforce to manage and utilize data effectively.

Monitor and Evaluate
- Performance Metrics: Define and track metrics to monitor the effectiveness of the data governance plan.
- Continuous Improvement: Establish a process for continuous improvement based on feedback and evolving best practices.

Engage Stakeholders
- Communication Plan: Develop a plan to communicate data governance activities and changes to all stakeholders.
- Feedback Mechanism: Create mechanisms for stakeholders to provide feedback on data governance practices and policies.

The contractors will be required to meet the following deliverables associated with the Scope of Work:

1. Governance Committee Charter: Document outlining the formation, roles, and responsibilities of the governance committee.
2. Data Standards and Policies: Comprehensive documents detailing standardized data formats, terminologies, policies for data management, and compliance.
3. Data Quality Framework: A framework document outlining metrics and processes for ensuring data quality.
4. Security and Privacy Plan: Document detailing security protocols and privacy policies.
5. Data Sharing Protocols: Agreements and protocols for data sharing with external partners.
6. Training Materials: Training programs and materials for staff capacity building.
7. Performance Metrics Report: Regular reports on the effectiveness of the data governance plan.
8. Stakeholder Communication Plan: Plan for communicating with stakeholders and gathering feedback.

Funds will also be used to support ADH data modernization staff.

AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 35 OF ACT 1006 OF 2025

FY26

Agency: Arkansas Department of Health

Business Area Code: 0645

Program Title: WIC Electronic Benefits Transfer Offline to Online (WIONL-23-AR-1)

Granting Organization: United States Department of Agriculture Food and Nutrition

CFDA #: 10.557

Effective Date of Authorization: Beginning: 7/1/2025 Ending: 6/30/2026

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):

On a national level, the Women, Infants, and Children (WIC) Program is investing in technology in every step of the WIC process- applying for the program, interacting with staff, getting benefits, accessing nutrition education, and shopping. With WIONL-23-AR-1 funding, the ADH WIC Program will replace the current SPIRIT MIS which is outdated. An enhancement in technology is needed to provide WIC participants with a more modern and streamlined experience. Based on the 2021 WIC Participant Survey Arkansas conducted 86% of participants would like the option to schedule WIC appointments online, 73% would like a chat feature on the app, and 71% would like to be able to send in their required paperwork ahead of the appointment (much like doctors' offices operate today). These modernization efforts will allow Arkansas to focus more on connecting eligible families to WIC and strengthening our service delivery to better support maternal and child health outcomes. This grant will allow WIC to pursue advanced technology efforts which include online appointment scheduling, real time data and analytics, and the ability to allow participants to upload documentation prior to WIC Certification appointments. These upgrades will create a faster, more timely service and will make the WIC Program a more modern program to meet participants where they are. The WIC Program will utilize cloud-based technology which will also allow for WIC certifications to be done remotely. Finally, this upgraded Management Information System (MIS) will change WIC benefit issuance from Offline technology to Online technology which will align the Arkansas WIC Program with all other WIC State Agencies. Online WIC EBT technology will allow for remote benefit issuance similar to the way The Department of Human Services SNAP Program issues benefits and may provide an avenue to connect the two services in the future. It will also allow participants to use an Online Shopping platform once it becomes available.
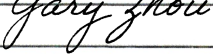
American Rescue Plan Act Program Funding

Direct Funding: X

Func. Area: HHS
Funds Center: CD3

Fund Code: FRP6454
Internal Order/WBS Element: RWFN0024

State: _____
Continuation: _____

	Program Funding Amount
Regular Salaries	
Extra Help	
Personal Services Matching	
Operating Expenses	$875,000
Conference & Travel Expenses	$55,000
Professional Fees	$1,075,000
Capital Outlay	
Data Processing	
Grants and Aid (CI: 04)	
Other: Management Information System CD3A 590:00:46	$5,175,000
Other: Electronic Benefits Transfer Claims Proc CD3B 590:00:47	$1,002,041
Total $	8,182,041

Anticipated Duration of Federal Funds: 9/30/2025

Gary Zhou 5/13/25

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:

J.D. Ada 4-29-25

Cabinet Secretary/Agency Director   Date

Cayce Raney 06/03/25

Office of Budget   Date

Office of Personnel Mgmt   Date

CRB 5/7/2025

14

Offline to Online Grant Summary

The COVID-19 pandemic changed the way WIC delivers services. The United States Department of Agriculture Food and Nutrition Service (USDA FNS) granted multiple waivers to allow flexibility in WIC operations during the pandemic, which ensured safe delivery of services. The demand for WIC services has created a critical need to further automate and enhance the Vendor and Clinic systems that make up the SPIRIT system. Arkansas would like to upgrade the aging MIS SPIRIT system with the SPIRIT Web system and implement Online eWIC at the same time.

The Arkansas WIC Program has used the SPIRIT MIS system since 2008 when it was implemented statewide. In a feasibility study done in 2011, it was determined that conversion from a paper-based WIC food delivery to an Electronic Benefit Transfer (EBT) system was affordable and provide significate benefits to participants. The feasibility study also indicated that an offline smartcard-based system would be the most advantageous solution for Arkansas. The Program implemented offline WIC EBT in July of 2018. During the Public Health Emergency, states with offline technology* experienced a barrier to service provision because benefits could not be provided remotely. The state pivoted and served program participants well, but it required more staff time and in-person visits to a local health unit. Arkansas had the largest decrease in WIC participation across the nation.

*Offline technology refers to cards with a smart chip, which holds the benefit and participant information. Cards must be manually inserted into a reader to add or decrease the WIC benefits. Online technology refers to cards with a magnetic stripe, where benefits can be added/removed/changed remotely. Online cards can allow the user to check their benefits in real time either through an online portal or mobile app. Offline cards cannot be accessed without a chip reader since the balance is only stored on the chip. Most WIC State Agencies have implemented online systems.

Arkansas WIC is eager to pursue WIC innovation efforts which include online appointment scheduling, real time data and analytics, and the ability to allow participants to upload documentation prior to WIC Certification appointments, which will reduce unnecessary burden for both staff and participants. These enhancements will create a faster, more timely service and will make the WIC Program a more robust system to streamline enrollment, increase caseload, and retain eligible participants while improving equity. The WIC Program will utilize cloud-based technology which will also allow for WIC certifications to be done remotely. Finally, this upgraded MIS system will change WIC benefit issuance from offline technology to online technology which will align the Arkansas WIC Program with other WIC State Agencies. Online WIC EBT technology will allow for remote benefit issuance similar to the way The Department of Human Services SNAP Program issues benefits and may provide an avenue to connect the two services in the future. It will also allow participants to use an Online Shopping platform once it becomes

available. Based on the Participant Satisfaction Survey conducted in 2021, 51% of participants did not use all their benefits because they could not do online shopping.

The state has amended the existing Gainwell contract to facilitate the transfer and implementation of the SPIRIT Web for the online MIS system. Modifying the existing contract will cost less than the allocated budget for upgrading the MIS system. Gainwell will modify the source code for the SPIRIT Web MIS system, rebranding it as ARWIC. Arkansas also plans to initiate a contract with an online banking processing system to implement online eWIC.

AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 35 OF ACT 1006 OF 2025

FY26

Agency: Arkansas Department of Health   Business Area Code: 0645

Program Title: Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Granting Organization: Centers for Disease Control and Prevention (CDC)   CFDA #: 93.323

Effective Date of Authorization: Beginning: 7/1/2025   Ending: 6/30/2026

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
This announcement will provide funding to health departments to support laboratories in efforts to introduce or extend
AMD capacity within their laboratories or affiliated laboratories. These proposals may include equipment, supplies,
services (such as personnel costs to cover AMD activities that are a priority to the state or locality and that are not covered elsewhere by the
AMD program and not supported (e.g., ELC Enhancing Detection Expansion, etc.) by other funding opportunity announcements. year'
priorities. Funding under this announcement for these activities is expected to be executed over three years; and will end on July 31, 2026,
which corresponds to the end of BP5 under CK19-1904.

American Rescue Plan Act Program Funding

Direct Funding: X

Func. Area: HHS   Fund Code: FRP645K   State:
Funds Center: AM1   Internal Order/WBS Element: RCALSQ21   Continuation:

	Program Funding Amount
Regular Salaries	148,161
Extra Help	
Personal Services Matching	34,743
Operating Expenses	231,377
Conference & Travel Expenses	-
Professional Fees	-
Capital Outlay	173,427
Data Processing	
Grants and Aid (CI: 04)	
Other:	
Other: IDC	-
Total	587,708

Anticipated Duration of Federal Funds: 07/31/2026

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 *	
22179950	HL34	NEL1	610470	22179870	501:00:00	~~ADH Laboratory Manager~~	~~B047C~~	~~GS09~~		
22179871	HL34	NEL1	610471	22179871	501:00:00	~~Senior Microbiologist~~	~~B127C~~	~~GS08~~		
				22179870		Laboratory Supervisor/Expert	SLA03P	SPC03		CA
				22179871		Biologist II	SBI02P	SPC02		CA

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:

_____ 4-29-25   Cayce Raney 06/03/25   _____
Cabinet Secretary/Agency Director   Date   Office of Budget   Date   Office of Personnel Mgmt   Date
     CRB 5/7/2025   CA 5/15/25   5/28/26

17

AMD Sequencing & Analytics Justification:

The ELC (Epidemiology & Laboratory Capacity) grant has issued supplemental funding for Advanced Molecular Detection (AMD) to build infrastructure by establishing sequencing and analytic capacity building in microbial genomics and bioinformatics as well as to further the development of AMD capacity in health departments. In order for pathogen genomic sequence data to most effectively impact public health, the data will need to be integrated with their corresponding epidemiologic or clinical data, analyzed together, and interpreted. While the AMD program has always supported activities that further this objective, with the funding described here, the program intends to accelerate progress by modernizing infectious disease laboratories, adding 2 additional staff, training, and expanding the applications of these new technologies to ensure the strongest protection against infectious disease threats.

AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 35 OF ACT 1006 OF 2025

C.2.e FY26

Agency: Arkansas Department of Health   Business Area Code: 0645

Program Title: Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Granting Organization: Centers for Disease Control and Prevention (CDC)   CFDA #: 93.323

Effective Date of Authorization: Beginning: 7/1/2025   Ending: 6/30/2026

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):

ADH is requesting appropriation to cover expenses for FY26. This funding will be used to provide education to our healthcare providers across the state. The purpose of SHARP (HAI/AR) funds are broadly intended to provide critical resources to state, local, and territorial health departments in support of a broad range of healthcare infection prevention and control (IPC) activities and epidemiologic surveillance related activities to detect, monitor, mitigate, and prevent the spread of disease in healthcare settings. These funds may also reasonably address other conditions in healthcare settings, such as healthcare associated infections (HAIs) and antimicrobial resistance (AR), which rely upon the same fundamental IPC and epidemiologic surveillance approaches that are used to detect, monitor, mitigate, and prevent the spread of infection in healthcare settings. Moreover, the prevention of AR pathogens and improving the appropriate use of antibiotics helps to protect variants in patients from complications and potential comorbidities. Primary activities are aimed at response to infection, but other infectious disease and conditions may be reasonably addressed to the extent they are in support of or related to work to control the spread of various disease. Long-term care facilities are prioritized for specific variants funds due to the nature of transmission of various disease and the high impact this can have in these settings.

American Rescue Plan Act Program Funding

Direct Funding: X

Func. Area: HHS   Fund Code: FRP6452   State:

Funds Center: BH9   Internal Order/WBS Element: RHAISP23   Continuation: --

	Program Funding Amount
Regular Salaries	1,484,470
Extra Help	50,000
Personal Services Matching	509,994
Operating Expenses	459,209
Conference & Travel Expenses	
Professional Fees	
Capital Outlay	
Data Processing	
Grants and Aid (CI: 04)	-
Other: IDC	495,045
Other:	
Total	$ 2,998,718

Anticipated Duration of Federal Funds: 07/31/2026

DFA IGS State Technology Planning	Date

DFA IGS State Technology Planning

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:

J.D. Ash 4-30-25	Cayce Raney 06/03/25	
Cabinet Secretary/Agency Director Date	Office of Budget Date	Office of Personnel Mgmt Date

CRB 5/7/2025

19

AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 35 OF ACT 1006 OF 2025

C.2.f

Agency: Division of Workforce Services - Reemployment   Business Area Code: 0810

Program Title: Unemployment Insurance Integrity

Granting Organization: U.S. Department of Labor   CFDA #: 17..225

Effective Date of Authorization: Beginning: 7/1/2025   Ending: 6/30/2026

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):

The Arkansas Unemployment Insurance (UI) program has made significant progress in reducing the improper payment rate through new tools and improved approaches to existing tools. The Division of Workforce Services is requesting to continue its appropriation of $1,629,918, funded by the Integrity grant from the Department of Labor, to support fraud identification efforts. The funding will be utilized in the following areas: Integrity Data Hub Utilization (IDH) to identify potential fraudulent claims earlier in the claims filing process. Wage Earnings Investigation to assist in further reducing the improper payment rate. To complete the design, testing, and implementation of these initiatives, DWS will rely on internal IT and UI program staff, as well as contracted staff from the Division of Information Systems (DIS).

American Rescue Plan Act Program Funding

Func. Area: COMM   Fund Code: FRP8105   Direct Funding: X
Funds Center: CD4   Internal Order/WBS Element: _____   State: _____
        Continuation: _____

	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:	
Other: 590:00:46	$ 1,629,918
Total	$ 1,629,918

Anticipated Duration of Federal Funds: 12/31/2025

Gary Zhou   5/15/25

State Technology Plan Approval   Date
Items requested for information technology must be in compliance with Technology Plans as submitted.

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:

_____ 5/9/25   Cayce Raney 06/03/25   _____
Cabinet Secretary/Agency Director   Date   Office of Budget   Date   Office of Personnel Mgmt   Date
        KDR 051425

20

Arkansas Division of
Workforce Services

Public Assistance Cost Allocation Plan (PACAP)

EFFECTIVE JULY 1, 2021, UNTIL AMENDED

Vision: To accelerate economic growth and individual prosperity in the state of Arkansas.

Mission: To support and secure Arkansas' economic vitality through a highly skilled workforce by administering programs and providing efficient services that empower employers and job seekers.

Core Values:

A: Accountability – We concern ourselves with the responsibilities we have to our customers, state, agency partners, and colleagues. Accordingly, we use good judgment when making decisions, and we take ownership of our actions.

D: Discipline – We demonstrate discipline in our thoughts and actions, always striving to improve our processes and never settling for mediocrity.

A: Agility – We are flexible and embrace innovation in order to align ourselves with our ever-changing world.

P: Passion – We are dedicated to improving the well-being of our state and show pride and enthusiasm in providing quality services to our customers.

T: Teamwork – We care about each other both professionally and personally, and we are cooperative with each other and our partners, uniting to achieve a common mission.