State Fiscal Recovery Funds (SFRF)
Proposal Application

Applicant Name: Arkansas Department of Health

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

Point of Contact: Jo Thompson

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

Phone number: 501-280-4157

Email Address: jo.thompson@arkansas.gov

Amount of Request: $4,747,500

Project Title: Increase Hospital Capacity - UAMS

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

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

GENERAL QUESTIONS

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

COVID-19 cases in Arkansas continue to increase, as do hospitalizations, due to COVID-19 Omicron Variant. In less than 4 weeks, hospitalizations due to COVID-19 have increased over 120%. At no point during the pandemic thus far in Arkansas, have we observed such a rapid rise in COVID-19-related illness and hospitalizations. The demand for nursing and other caregivers has skyrocketed, and there is a significant need for additional bed capacity across the state. To help mitigate the stress that this is having on hospitals statewide, there is an immediate need in creating additional capacity to care for Arkansans suffering from COVID-19. The proposal being presented today is for increasing bed availability within the University of Arkansas for Medical Sciences (UAMS). Utilizing hospital space on the main campus in Little Rock, 20 COVID negative pressure medical beds and 7 negative pressure ICU beds that can be made available by 1/22/2022. The total cost for the beds, for a period of 30 days for the medical beds and 45 days for the ICU beds, is $4,747,500 or $4,500 per medical bed per day and $6,500 per ICU bed per day. UAMS will commit to quickly securing the nursing, physician, and other staff and supplies necessary to support these additional beds for a period of at least 30 days and 45 days for the respective beds. These additional beds will be available to all hospitals across the state to help increase capacity for COVID-19 hospitalized patients, along with helping to decompress already stressed hospitals.

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

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

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

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

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

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

a. **Goals:** Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction? How will you measure equity regarding the number severed and equitable outcomes at the various stages of the program? The goal of the alternate care facilities is to care for all Arkansans who require admission for COVID related illness.

b. **Awareness:** How equal and practical is the ability for residents or businesses to become aware of the services funded by the SFRF? How will you measure the way in which residents or businesses became aware of the service funded at the various stages of the program? The additional bed availability, operational status and availability will be communicated to the Arkansas Hospital Association, the Governor's Winter Task Force, and through direct communication with hospital leadership.

c. **Access and Distribution:**

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

    b. Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria? No

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

d. **Outcomes:** Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?
The outcome of additional bed availability is to provide access to all Arkansans in need of hospitalization when their local hospital has reached capacity to provide care for COVID related illnesses.

---

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

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

   a. If yes, what is the source of these funds and how will it be used to support this proposal?   There are not additional funds being used to support of adding additional bed availability at this time

---

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 20 additional staffed medical beds and 7 staffed ICU beds. This also includes but not limited to, additional RNs to staff these COVID ICU beds (assumes a staffing ratio of 2:1 for COVID ICU patients), Patient Care Techs and other mid-level caregiver support services, Nursing Management and oversight for all units, Respiratory Therapy, Hospitalist physician coverage, Pulmonology physician coverage, Other physician specialty coverage as needed, Pharmaceutical and Therapeutic management, and other caregivers to support higher COVID intake requirements, Ancillary service support availability (laboratory, diagnostic procedures, physical therapy, etc.), Intra-hospital transportation staffing and related support, Environmental services staffing and related support, Nutrition service staffing and related support, Security staffing and other related support, All beds, ventilators, oxygen, and necessary equipment, gases, supplies, etc., All facilities, maintenance, utilities and related, All administrative support services including IT, medical records, supply chain, procurement, billing, collection, accounting, compliance, risk management, insurance coverage, legal, etc.

---

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 ICU hospitalizations and the inability to transfer patients to higher levels of care due to tertiary care facilities at maximum capacity. These funds will be used to provide an increase in bed capacity in tertiary care facilities which allows critical access hospitals the ability to help decompress COVID admissions in their facility.

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)	X		
EC 7 Administration (do not use)			X

Performance Indicators and Programmatic Questions

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

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

a. Household Assistance (EC 2.2 & 2.5) and Housing Support (EC 3.10-3.12):
   • Number of people or households receiving eviction prevention services (including legal representation)
   • Number of affordable housing units preserved or developed

b. Negative Economic Impacts (EC 2):
   • Number of workers enrolled in sectoral job training programs
   • Number of workers completing sectoral job training programs
   • Number of people participating in summer youth employment programs

c. Education Assistance (EC 3.1-3.5):
   • Number of students participating in evidence-based tutoring 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)	$4,747,500	Additional staffed MEDICAL COVID Beds and additional staffed ICU COVID Beds	
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency			
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)			
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19			
1.10	Mental Health Services*			
1.11	Substance Use Services*			
1.12	Other Public Health Service			

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

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

EXPENDITURE CATEGORY TABLE 2

Expend-iture Category	Description	Amount	Required Programmatic Data Question	Data
2.1	Household Assistance: Food Programs ^ *		**Household Assistance (EC 2.1-2.5):**	
2.2	Household Assistance: Rent, Mortgage, and Utility Aid ^ *		• Brief description of structure and objectives of assistance program(s) (e.g., nutrition assistance for low-income households)	
2.3	Household Assistance: Cash Transfers ^ *			
2.4	Household Assistance: Internet Access Programs ^ *		• Number of individuals served (by program if recipient establishes multiple separate household assistance programs)	
			• Brief description of recipient's approach to ensuring that aid to households responds to a negative economic impact of	

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

2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers *			
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives) ^ *			
2.8	Contributions to UI Trust Funds			
2.9	Small Business Economic Assistance (General) ^ *		Small Business Economic Assistance (EC 2.9): • Brief description of the structure and objectives of assistance program(s) (e.g., grants for additional costs related to Covid-19 mitigation) • Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs) • Brief description of recipient's approach to ensuring that aid to small businesses responds to a negative economic impact of COVID-19, as described in the Interim Final Rule	
2.10	Aid to Nonprofit Organizations *			

| 2.11 | Aid to Tourism, Travel, or Hospitality | | Aid to Travel, Tourism, and Hospitality or Other Impacted Industries (EC 2.11-2.12):
• If aid is provided to industries other than travel, tourism, and hospitality (EC 2.12), a description of pandemic impact on the industry and rationale for providing aid to the industry
• Brief narrative description of how the assistance provided responds to negative economic impacts of the COVID-19 pandemic
• For each subaward: o Sector of employer (Note: additional detail, including list of sectors to be provided in a users' guide) o Purpose of funds (e.g., payroll support, safety measure implementation | |
| 2.12 | Aid to Other Impacted Industries | | | |

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
2.13	Other Economic Support ^ *			
2.14	Rehiring Public Sector Staff		Rehiring Public Sector Staff (EC 2.14): • Number of FTEs rehired by governments under this authority	

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

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

EC3 - Services to Disproportionately Impacted Communities

EXPENDITURE CATEGORY TABLE 3

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

---

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

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

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

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

EC 4 - Premium Pay

EXPENDITURE CATEGORY TABLE 4

Expend-iture Category	Description	Amount	Required Programmatic Data Question	Data
4.1	Public Sector Employees		Premium Pay (both Public Sector EC 4.1 and Private Sector EC 4.2): • List of sectors designated as critical to the health and well-being of residents by the chief executive of the jurisdiction, if beyond those included in the Interim Final Rule (Note: a list of sectors will be provided in the forthcoming users' guide). • Number of workers to be served • Employer sector for all subawards to third-party employers (i.e., employers other than the State, local, or Tribal government) (Note: a list of sectors will be provided in the forthcoming users' guide).	
4.2	Private Sector: Grants to Other Employers			

| | | • For groups of workers (e.g., an operating unit, a classification of worker, etc.) or, to the extent applicable, individual workers, for whom premium pay would increase total pay above 150 percent of their residing State's average annual wage, or their residing county's average annual wage, whichever is higher, on an annual basis:

o A brief written narrative justification of how the premium pay or grant is responsive to workers performing essential work during the public health emergency. This could include a description of the essential workers' duties, health or financial risks faced due to COVID-19, and why the recipient government determined that the premium pay was responsive to workers performing essential work during the pandemic. This description should not include personally identifiable information; when addressing individual workers, recipients should be careful not to include this information. Recipients may consider describing the workers' occupations and duties in a general manner as necessary to protect privacy | |

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of

Evidence section above for details)

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

EC 5 - Infrastructure

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 <u>Not applicable</u>
- Wages and benefits of workers on the project by classification <u>Not applicable</u>
- Are those wages are at rates less than those prevailing <u>Not applicable</u> _____

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 <u>not</u> 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? <u>Not applicable</u>

- How the applicant will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project? <u>Not applicable</u>

- How the applicant will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities? <u>Not applicable</u>

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

---

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

EXPENDITURE CATEGORY TABLE 5

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

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
5.1	Clean Water: Centralized Wastewater Treatment		Water and sewer projects (EC 5.1-5.15):	
5.2	Clean Water: Centralized Wastewater Collection and Conveyance		• National Pollutant Discharge Elimination System (NPDES) Permit Number (if applicable; for projects aligned with the Clean Water State Revolving Fund)	
5.3	Clean Water: Decentralized Wastewater			
5.4	Clean Water: Combined Sewer Overflows		• Public Water System (PWS) ID number (if applicable; for projects aligned with the Drinking Water State Revolving Fund)	
5.5	Clean Water: Other Sewer Infrastructure			
5.6	Clean Water: Stormwater			
5.7	Clean Water: Energy Conservation			
5.8	Clean Water: Water Conservation			
5.9	Clean Water: Nonpoint Source			
5.1	Drinking water: Treatment			
5.11	Drinking water: Transmission & Distribution			
5.12	Drinking water: Transmission & Distribution: Lead Remediation			
5.13	Drinking water: Source			
5.14	Drinking water: Storage			

5.15	Drinking water: Other water infrastructure			
5.16	Broadband: "Last Mile" projects		Broadband projects (EC 5.16-5.17): • Speeds/pricing tiers to be offered, including the speed/pricing of its affordability offering • Technology to be deployed • Miles of fiber • Cost per mile • Cost per passing • Number of households (broken out by households on Tribal lands and those not on Tribal lands) projected to have increased access to broadband meeting the minimum speed standards in areas that previously lacked access to service of at least 25 Mbps download and 3 Mbps upload o Number of households with access to minimum speed standard of reliable 100 Mbps symmetrical upload and download o Number of households with access to minimum speed standard of reliable 100 Mbps download and 20 Mbps upload	
5.17	Broadband: Other projects		• 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,	

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

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

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

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

EC 7 - Administrative DFA purposes only.

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

Signature _____*Jo Thompson*_____

Date_____01/21/2022_____