

ARKANSAS

Rural Health Transformation Program

HEALTHY. CONNECTED. LOCAL.



OPPORTUNITY NUMBER: CMS-RHT-26-001

Project Narrative

RURAL HEALTH NEEDS AND TARGET POPULATION

Rural Demographics

Rural Arkansas faces major challenges across demography, health outcomes, healthcare access, and facility sustainability, all of which the Rural Health Transformation (RHT) Program seeks to address. The following provides a detailed overview of the current rural health landscape in Arkansas.

Rural Landscape and RHT Program Challenges

About 45% of Arkansans live in rural areas, making it one of the most rural states in the U.S.^{[1][2]} Rural communities tend to be older, lower-income, and in poorer health than urban residents, with limited access to medical services.^{[3][1]} Nearly half of rural hospitals (50%) are considered vulnerable to closure—the highest rate in the nation—with 79% operating at a loss on patient services.^[4] Rural providers face significant financial strain due to low reimbursement rates, as Arkansas ranks in the bottom five nationally in the Medicare Wage Index.^[5]

Rural Demographics

- **Population:** Roughly 1.3 million rural residents of a statewide population of 3 million.^[2]
- **Population density:** Typically, fewer than 30 people per square mile in many counties.^[2]
- **Median rural household income:** \$50,210, below national medians.^[6]

- **Employment:** Dominated by agriculture, manufacturing, and healthcare support, with unemployment averaging 4.9% in rural counties compared to 3.4% urban. ^[6]
- **Education:** Only 17% hold a bachelor's degree or higher. ^[6]
- **Insurance:** Rural counties rely heavily on public coverage—about 42% on Medicaid or Medicare. Over 8% are without healthcare coverage. ^{[1][2]}
- According to the HRSA Federal Office of Rural Health Policy (FORHP) listing of rural-eligible counties, 63 of Arkansas's 75 counties are classified as fully rural for CMS program eligibility.

Health Outcomes and Risk Factors

- **Chronic diseases:** High rates of heart disease (according to the CDC, Arkansas has the third-highest rate of heart disease mortality in the nation), diabetes, hypertension, and obesity—each up to 30% higher than urban county averages. ^{[1][6]}
- **Maternal health:** Only 25 of 75 counties still have labor and delivery units, and rural maternal mortality rates are double urban counterparts. ^{[3][1][4]}
- **Child health:** Elevated rates of low birthweight and childhood obesity, especially in the Mississippi River Delta and Ozarks regions. The average of the county-level percentages of students classified as obese was 25% in rural counties and 22% in urban counties. ^[8]
- Ratio of population to Other Primary Care Providers: 770:1 (AR) vs. 680:1 (U.S.) ^[6]
- Ratio of population to Mental Health Providers: 360:1 (AR) vs. 290:1 (U.S.) ^[6]

- 23% of Arkansans report symptoms of anxiety or depression ^[9] and more than 60% of adults with mental illness receive no treatment.^[10]
- 71.5 opioid prescriptions per 100 residents in 2023.^[11]

Healthcare Access

- **Distance to care:** Rural Arkansans travel an average of 25–35 miles to reach the nearest hospital or specialty clinic. According to the Arkansas Department of Health, Rural counties experience longer EMS response times.^{[3][1]}
- **Provider availability:** Some rural counties have fewer than one primary care physician per 2,000 residents and severe dental and mental health provider shortages. Arkansas has 17% fewer mental health providers than the national average, per the Arkansas Whole Health Institute.^{[3][1]}
- **Transportation:** Minimal or no public transit options in most rural counties, particularly in the south and Delta regions.^{[1][2]}
- **Facility distribution:** 47 rural hospitals, including 27 Critical Access Hospitals and 5 Rural Emergency Hospitals. Arkansas has 154 licensed rural health clinics and 12 community health center organizations with 179 service locations in rural markets. According to HRSA, there are 163 Federally Qualified Health Centers in rural areas of the State.^{[1][2]}

Rural Facility Financial Health

- **At-risk hospitals:** 30 of 47 rural hospitals are at risk of closure, with 11 in immediate risk of insolvency.^[4]
- **Closures:** Four hospitals have closed since 2015; several have eliminated obstetrics or inpatient services.^{[3][4]}

Target Populations and Geographic Focus

Arkansas's RHT plan targets:

- Rural residents in high-need counties, particularly in the Delta, Ozarks, and southwest regions, where hospital vulnerability, poverty, and chronic disease rates are highest.
- All rural hospitals, rural health clinics (RHCs), federally qualified health centers (FQHCs), and behavioral health or community health organizations operating in rural-designated census tracts statewide.

These interventions aim to stabilize rural healthcare access, improve health outcomes, and ensure sustainability through workforce development and modernized care coordination.

RURAL HEALTH TRANSFORMATION PLAN: GOALS AND STRATEGIES

Vision

The State of Arkansas has designed a Rural Health Transformation Program (RHT Program) to support a strong, connected rural health system where families can get the care they need close to home. Our RHT Program focuses on practical solutions that strengthen local communities, support rural providers, and use targeted investments in technology and partnerships to improve health

outcomes through preventive care and healthier lifestyles.

Over the next five years, Arkansas aims to transform rural healthcare into a model of resilience, access, and whole-person wellness. The Arkansas RHT Program envisions thriving rural communities where health outcomes no longer depend on ZIP codes, where care is local yet connected, and where every Arkansan from the Delta to the Ozarks has the resources to live well, learn well, and age well.

This transformation will align public

health and clinical care through coordinated investment in prevention, workforce



When Governor Sarah Huckabee Sanders took office, she promised to transform Arkansas from ranking at the bottom on issues like education, economic growth, and public safety to moving to the top. Her administration has **invested in Arkansans' healthcare through the Healthy Moms, Healthy Babies Act**, which provides \$45 million in additional funding each year to improve maternal health. She has led on commonsense reforms to move Arkansans off the path of poverty and onto the path to prosperity, like **getting candy and soft drinks off taxpayer-funded food stamps**, implementing a first-in-the-nation Medicaid work requirement, and creating the 10:33 Initiative to bring government, nonprofits, and the faith community together to move Arkansans from crisis to career. The Governor and her husband launched the Natural State Initiative to get Arkansans, and especially **kids, off screen and outdoors to promote healthy lives** and embrace Arkansas's greatest natural resource: its outdoor beauty. The Governor seeks to use the Rural Health Transformation Program to build on those successes and deliver **better, sustainable care to the Arkansans who need it most.**

development, and digital infrastructure—ensuring financial sustainability and quality outcomes statewide. The goal is not simply to stabilize rural healthcare but to redesign it from the ground up around prevention, connected systems, and empowered communities. Five years from now, Arkansas’s rural communities will be stronger, healthier, and more connected than ever. Local clinics will operate in partnership with regional networks rather than in isolation. Children will grow up with real food, physical activity, and routine preventive care. Healthcare professionals will choose to build their careers in rural Arkansas because professional growth, community support, and a sense of belonging are deeply intertwined.

Technology will unite what geography once divided—linking hospitals, schools, clinics, churches, and homes in a real-time web of care. Economic resilience will follow health resilience, as healthier citizens sustain stronger local economies.

The Arkansas RHT Program is more than a financial investment—it is a promise to make every community a place where healthcare can thrive, innovation can take root, and every Arkansan can live their best possible life supported by local care and opportunity.

Goals and Strategic Alignment

Statute(s)	Focus/Key Action	Alignment to RHT Program Strategic Goals	Key Outcomes
Improving Access & Outcomes	Expand hospital, primary, specialty, behavioral, and emergency care. Keep EDs open, expand maternal health, school-based health centers, and community wellness programs.	Make Rural America Healthy Again: evidence-based interventions for disease prevention, chronic disease management, behavioral health, and prenatal care.	Reduced chronic disease and maternal complications; higher local utilization.
Technology Use & Data-Driven Solutions	Use telehealth, conversational AI-enabled monitoring and coaching, dashboards, and HIE integration to expand access and improve care coordination.	Tech Innovation & Innovative Care: foster innovative technologies for efficient care delivery, data sharing, and remote care.	Faster access and early detection; better care coordination; sustainable use of technology; cost efficiency and savings.
Workforce	Recruit, train, and retain rural clinicians and students; expand residencies and preceptorships in rural settings; expand scopes of practice; leadership development; community health worker training.	Workforce Development: attract and retain high skilled providers; enable rural providers to practice at top of license.	Increased provider retention; expanded access to behavioral and specialty care; strengthened leadership.
Partnerships	Form Clinically Integrated Networks; share staff, purchasing, data, and best practices; align transport, workforce, and care delivery; establish trauma-ready networks and joint capital improvements.	Sustainable Access and Innovative Care: strengthen rural providers through networks, shared resources, coordinated operations.	Improved care quality, cost efficiency, emergency preparedness.

Statute(s)	Focus/Key Action	Alignment to RHT Program Strategic Goals	Key Outcomes
Financial Solvency Strategies and Cause Identification	Right-size facilities; transition to value-based payment models; diversify revenue; and share administrative/purchasing services; reduce facility bypass.	Sustainable Access: help rural providers remain long-term access points.	Reduced at-risk hospitals; improved margins; sustained local access to care

Rural Health Transformation Initiatives & Outcomes

Initiative	Programs and Description	Key Performance Objectives
Healthy Eating, Active Recreation, & Transformation (HEART)	Growing Resilient, Optimally Well Kids (GROW Kids): Programs that help Arkansas children build lifelong health.	≥ 12,500 residents engaged annually across all HEART activities.
	Food Access & Regional Markets (FARM): “Buy Local” produce initiative supporting SNAP waivers, healthy vending machine reforms, and integration of food-as-medicine strategies to improve nutrition and prevent chronic disease.	≥ 100 formalized partnerships established by Year 5.
	Mobilizing Opportunities for Vital Exercise (MOVE): Expanding access to fitness trails, modular fitness equipment, and recreation.	≥ 75 community sites delivering HEART-aligned programs by Year 5.
	Faith-based Access, Interventions, Transportation, & Health (FAITH): Utilizing faith leaders as trusted advisors, emphasizing the connection between physical, mental and spiritual well-being.	≥ 250 providers and community health workers trained statewide by Year 5.
	Healthcare Education and Advancement for Leadership (HEAL): Embedding nutrition and fitness education in medical, nursing, pharmacy, and CME programs; training providers on safe opioid prescribing.	
	Integrated Models for Prevention, Access, Care and Transformation (IMPACT): Comprehensive chronic disease prevention and management designed to improve health outcomes for Arkansans with diabetes, obesity, hypertension, and high cholesterol.	
Promoting Access, Coordination, and Transformation (PACT)	Advancing Care Capacity, Engagement, and Screening Services (ACCESS): Bringing specialty care, preventive screenings, and telehealth into underserved areas.	≥ 12,500 rural residents served annually via mobile units and telehealth services by Year 5.

Initiative	Programs and Description	Key Performance Objectives
	Community Integrated Networks for Care (CINC): Funding bottom-up, locally driven Clinically Integrated Networks (CINs) that improve efficiency, data sharing, revenue opportunities, and regional collaboration.	≥ 15 healthcare facilities or providers participating in shared networks or partnerships by Year 5.
	Regional Optimization of Access, Delivery, Mobility, and Practice (ROADMAP): Addressing transportation barriers and aligning workforce distribution to need.	≥ 25 rural clinics offering expanded specialty or preventive services by Year 5.
	Scope of Practice Elevation (ScOPE): Empowering providers like pharmacists and dental hygienists to operate at the top of their credentials and deliver expanded services such as dietary counseling and chronic disease support.	≥ 75 providers credentialed for expanded scope-of-practice roles by Year 5.
	System Acquisition & Facility Enhancement (SAFE): Supporting hospital facility improvements and integration with larger systems to maintain essential services in rural areas.	Reduction in facilities at risk of closure, based on financial and operational metrics by Year 5.
Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR)	Leadership Education, Advancement & Delivery (LEAD): Establishing a Leadership Academy for healthcare leaders focused on alignment with RHT Program objectives.	≥ 50 leaders trained statewide by Year 5.
	Preparing Arkansas Talent for Health Workforce Advancement Yield (PATHWAY): Expanding GME slots, preceptor programs, scholarships, and	≥ 100 new or expanded training slots by Year 5. ≥ 100 clinicians recruited and retained in rural areas by Year 5.

Initiative	Programs and Description	Key Performance Objectives
	new residences/fellowships in specialties like family medicine, OB, and lifestyle medicine.	≥ 150 workforce members completing advanced training and certifications by Year 5.
	Recruit, Educate, Train, Advise, Integrate, Nurture (RETAIN): Recruitment and retention program offering relocation support, signing bonuses, and mentorship incentives.	
	Strategic Knowledge, Innovation & Lifelong Learning for Upward Professionals (SKILL-UP): Workforce pathways for nurses, PAs, mental health professionals, drug counselors, and non-credentialed paraprofessionals.	
Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion (LIFELINE): Modernizing EMS systems and ensuring access to emergency care.	≥ 10% reduction in average EMS response times in rural counties by Year 5.
	Health Outcomes through Monitoring & Engagement (HOME): At-home remote monitoring pilots for chronic conditions such as diabetes, hypertension, obesity, sleep apnea, and heart failure, emphasizing ROI and sustainability.	≥ 2,500 patients actively monitored with actionable data by Year 5.
	Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity (VIRTUAL): Expanding telehealth access, supporting capital investments, and integrating virtual specialty care across CINs.	≥ 12,500 telehealth visits delivered statewide by Year 5.
	Telehealth, Equipment, and Connectivity Hub Fund (TECH Fund): Investing in infrastructure upgrades and technology sustainability.	≥ 50 rural facilities equipped with standardized telehealth infrastructure by Year 5.

Legislative or Regulatory Action

Technical Score Factor	Current Policy	Committed Action and Timeline	Expected Impact on Rural Health
B.2 Health and Lifestyle	Arkansas does not currently require the Presidential Fitness Test.	✓ Arkansas will seek to have schools reestablish the Presidential Fitness Test aligned with federal guidance associated with Executive Order 14327 by December 31, 2028.**	Promote physical activity and healthy habits. Support chronic disease prevention and population health.
B.3 SNAP Waivers	✓ Arkansas has a USDA-approved state waiver in place prohibiting the purchase of non-nutritious items with SNAP benefits.		Reduce rates of chronic diseases such as diabetes, heart disease, and obesity. Promote mental well-being and child development.
B.4 Nutrition Continuing Medical Education (CME)	Arkansas does not currently have any requirements for nutrition education for Continuing Medical Education.	✓ Arkansas will implement nutrition CME requirements, along with nutrition education requirements in Medical Schools.	Promoting healthy habits. Support chronic disease prevention and population health.
C.3 Certificate of Need	✓ Arkansas has a CON score of 15 per the CICERO report “Ranking Certificate of Need Laws in All 50 States.”	Arkansas has no further planned action for CON policy.	

Technical Score Factor	Current Policy	Committed Action and Timeline	Expected Impact on Rural Health
D.2 Licensure compacts	✓ Physician: IMLC member legislation passed, implementation in progress ✓ Nursing: NLC State ✓ EMS: licensure compact member of the EMS Compact ✓ Psych: PSYPACT participant ✓ PAs: PA compact member ✓ Dietician: compact member*	✓ Physician Compact expected to be implemented in 2026.	
D.3 Scope of Practice	✓ PA: Advanced Scope of Practice ✓ NP: Reduced scope of practice ✓ Pharmacists: Improvements needed based on CICERO report ✓ Dental Hygienist: Semi-restrictive scope of practice	✓ Legislation to expand the scope of practice for pharmacists and other healthcare professionals will be introduced in the 2027 legislative session, with a target enactment date of December 31, 2027. This proposal has broad support across the State Legislature.	Building sustainable access, expanding rural healthcare workforce.
E.3 Short-Term, limited duration insurance	✓ STLDI plans are not restricted in Arkansas beyond the latest federal guidance.		

Technical Score Factor	Current Policy	Committed Action and Timeline	Expected Impact on Rural Health
F.1 Remote care service	✓ Medicaid payment for at least one form of live video. ✓ Medicaid payment for store and forward. ✓ Medicaid payment for remote patient monitoring ✓ Limited in-state licensing requirement exception.		

* While we recognize that the State will not receive points for being a member of the Dietitian Licensure Compact, we have included this information to demonstrate our ongoing commitment to supporting licensure compacts and facilitating workforce mobility.

** Governor Sarah Huckabee Sanders will sign an Executive Order requiring that vending machines include healthy options, ensuring Arkansans have better choices available. While this action does not receive technical scoring consideration, it reflects the State's commitment to empowering individuals and communities to take ownership of their health and well-being.

Certified Community Behavioral Health Clinics

As of September 1, 2025, Arkansas does not have any Certified Community Behavioral Health Clinics (CCBHCs). Four clinics have received a total of five CCBHC grants, and several of the facilities are interested in becoming certified. Arkansas will update CMS if any facility becomes a CCBHC.

Medicaid Disproportionate Share Hospitals

According to our 2021 DSH audit, Arkansas provided DSH payments to 10 in-state hospitals.

PROPOSED INITIATIVES AND USE OF FUNDS

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
Description	The Healthy Eating, Active Recreation, & Transformation (HEART) initiative is designed to improve health outcomes and access to preventative care across Arkansas by creating a coordinated, community-driven approach to nutrition, physical activity, and chronic disease management. HEART strengthens rural health systems by integrating school programs, community-based initiatives, faith organizations, and healthcare education. This initiative supports the Arkansas RHT Program's goals of expanding access, improving health outcomes, fostering sustainable rural healthcare delivery, and building workforce capacity. HEART is comprised of the following projects: GROW Kids helps Arkansas children build lifelong healthy habits through preventive education and wellness programming. This initiative tracks child health outcomes and provides direct interventions to prevent and treat physical and mental health conditions. <i>Key actions include:</i> expanding school, early childhood center, and daycare-based health and preventive education programs; providing direct clinical and behavioral health interventions for children identified with health risks; promoting physical activity, nutrition, and wellness habits in partnership with local schools and families; reinstating the Presidential Fitness Test; and tracking health outcomes, preventive screening rates, and behavior change metrics. <i>Potential uses of funds include:</i> staffing, educational materials, and clinical supplies for school health and mental health programs; screening, treatment, and counseling resources for children with identified physical or behavioral health conditions; data collection and analysis for health tracking, mental health monitoring, and program evaluation; and community engagement events and coordination with schools, early childhood centers, daycares, families, and local providers. FARM builds on Arkansas's existing SNAP waiver to improve access to healthy foods through local markets, vending machine

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
	regulations, and food-as-medicine strategies that prevent chronic disease and strengthen regional food systems. <i>Key actions include:</i> expanding local produce markets to improve food access; integrating nutrition programs into clinical care and community interventions; partnering with farmers, retailers, and local organizations to enhance supply and reach; and monitoring nutrition outcomes, chronic disease prevention, and program utilization. <i>Potential uses of funds include:</i> grants for market development and program administration; nutrition education campaigns and outreach materials; and data collection and reporting on population health and food access. MOVE: inspires and enables residents—particularly those who are currently sedentary—to become more active by improving access to safe, appealing spaces for exercise and recreation. The initiative revitalizes existing facilities and outdoor areas, fostering healthier lifestyles and stronger community engagement without the need for new construction. <i>Key actions include:</i> upgrading and maintaining existing trails, parks, and outdoor fitness spaces; providing equipment, signage, and programmatic support to maximize facility use by the sedentary population; partnering with local organizations to organize community fitness programs, events, and wellness challenges; and tracking participation rates, physical activity levels, and related health outcomes to evaluate program impact. <i>Potential uses of funds include:</i> facility enhancements; program development and community outreach to encourage the use of existing facilities; data collection and analysis to monitor physical activity engagement and health improvements; and coordination with local governments, community organizations, and wellness groups. FAITH partners with faith-based institutions to expand outreach and connect rural residents to health services. These organizations serve as trusted community points of contact to share information, coordinate screenings, and help residents access preventive and primary care. <i>Key actions include:</i> collaborating with faith institutions to organize health education sessions, wellness events, and preventive screening opportunities using faith networks to identify residents with transportation or access challenges and linking them to existing health services; promoting community awareness of available healthcare programs, resources, and telehealth options; and tracking engagement metrics, referrals made, and health outcomes to measure effectiveness of outreach and access improvements. <i>Potential uses of funds include:</i> Staffing and resources for mobile health units, screening events, and

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
	outreach programs; transportation programs and patient navigation support for rural residents; data collection and reporting to assess reach, engagement, and impact of community-based connections; and coordination and communication materials to support faith-based outreach, establish a marked walking circuit on existing parking lots through surface markings and signage; and modular fitness equipment. HEAL integrates nutrition, physical activity, behavioral health, and safe opioid prescribing education into professional training programs, strengthening rural provider capacity. <i>Key actions include:</i> embedding wellness and prevention curricula in medical, nursing, pharmacy, and CME programs; providing continuing education on chronic disease management and safe prescribing; and integrating new education criteria into current monitoring. <i>Potential uses of funds include:</i> development of training curricula and materials; faculty and staff support for educational programs, continuing education, and certification activities; and data collection and analysis to evaluate provider and patient outcomes. IMPACT is a comprehensive chronic disease prevention and management designed to improve health outcomes for Arkansans with diabetes, obesity, hypertension, and high cholesterol. By integrating clinical care, behavioral interventions, social support, and value-based payment models, the project creates a scalable coordinated, community-informed approach to chronic disease management. <i>Key actions include:</i> launching pilot cohorts of employer-sponsored and Medicare covered individuals to test and refine interventions; providing coordinated clinical, behavioral, and social services, including chronic disease management, lifestyle coaching, and mental health support; implementing value-based payment strategies to incentivize quality care, improve outcomes, and optimize resource use; building integrated data infrastructure to enable analytics, reporting, risk stratification, and outcome tracking; monitoring milestones, evaluating health outcomes, participant engagement, and return on investment; publishing results and developing a replicable model for statewide and national adoption. <i>Potential uses of funds include:</i> staffing and operational support; delivery of preventive care, chronic disease interventions, mental health services, and food-as-medicine program; development and maintenance of technology platforms and data analytics infrastructure; program evaluation, research, and dissemination; stakeholder engagement; and creation of tools to replicate and scale successful interventions across the state.

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
Main Strategic Goal(s)	Make Rural America Healthy Again & Innovative Care
Use of Funds	A. Prevention & chronic disease D. Training and tech assistance E. Workforce G. Appropriate care availability H. Behavioral health I. Innovative care
Technical Score Factors	B.1 Population health clinical infrastructure B.2 Health and lifestyle C.1 Rural provider strategic partnerships E.1 Medicaid provider payment incentives
Key Stakeholders	Heartland Whole Health Institute (HWHI), state government agencies, employers, hospitals and clinics, schools, community organizations, faith institutions, community health workers, academic and research partners, technology vendors
Potential Outcomes (not exhaustive)	GROW Kids: Improved screenings, early identification, and management of chronic conditions in children; increased preventive care utilization; enhanced mental and behavioral health; greater physical activity and healthier nutrition habits; strengthened collaboration between schools, families, and healthcare providers. FARM: Improved access to fresh, local produce; increased adoption of food-as-medicine approaches; reduction of nutrition-related risk factors for chronic disease; and greater awareness of healthy eating habits and preventive nutrition practices. MOVE: Increased utilization of existing fitness trails, outdoor gyms, and recreational facilities; higher levels of physical activity; improved physical health indicators, including BMI, cardiovascular fitness, and mobility; and enhanced community with wellness programs and local recreational infrastructure. FAITH: Expanded reach of preventive screenings and educational programs, increased awareness of health resources and services, improved care coordination and connection to clinical and behavioral health services; strengthened community engagement and trust; and enhanced dissemination of wellness and prevention messages. HEAL: Improved provider knowledge and skills in preventive care, nutrition, and chronic disease management; increased adoption of evidenced-based prevention practices across clinical settings; expanded workforce capacity through training, CME programs, and

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
	professional development; and enhanced integration of preventive care into routine practice, including opioid stewardship. IMPACT: Improved health outcomes for 10,000 participants with chronic conditions; increased engagement in preventive and behavioral health services; reduction in healthcare costs and absenteeism/turnover through better disease management; successful implementation of VBP models and risk-sharing arrangements; data-driven insights supporting statewide policy, program scaling, and replicable healthcare delivery models; and evidence of system maturity, integration, and coordination across clinical, behavioral, and social services.
Impacted Counties	All Rural Counties
Estimated Required Funding	\$150,000,000
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
Description	The Promoting Access, Coordination, and Transformation (PACT) initiative is designed to strengthen rural healthcare delivery in Arkansas by expanding access, improving care coordination, and supporting sustainable, high-quality services. PACT integrates primary care, specialty care, preventive screenings, and telehealth services into rural communities while fostering locally driven Clinically Integrated Networks to improve efficiency, data sharing, and regional collaboration. By aligning workforce distribution, enhancing provider scope of practice, and supporting strategic facility investments, PACT ensures that rural residents can access timely, coordinated care close to home. The initiative leverages partnerships across hospitals, community organizations, clinics, pharmacies, EMS providers, and state agencies to create a connected, resilient rural health system capable of meeting both current and future needs. PACT is comprised of the following projects: Advancing Care Capacity, Engagement, and Screening Services (ACCESS) program expands specialty care, preventive screenings, and telehealth services into rural areas, ensuring residents have access to primary, specialty, behavioral, and maternal care. Through mobile units, telehealth platforms, and emerging conversational AI-enabled tools, ACCESS connects local providers with regional specialists to coordinate care, improve early detection, and manage chronic conditions. ACCESS strengthens patient engagement, supports timely interventions, and enhances care coordination infrastructure to ensure patients are efficiently directed to the appropriate care setting and provider, improving continuity and reducing avoidable delays or duplication of services. <i>Key actions include:</i> bringing specialty care, preventive screenings, and telehealth into rural areas; expanding access to primary, specialty, behavioral, and maternal care through mobile units and telehealth platforms; and coordinating care between local providers and regional specialists. <i>Potential uses of funds include:</i> Telehealth platforms, mobile screening units, clinical staffing, patient navigation, outreach, and program coordination. Community Integrated Networks for Care (CINC): CINC funds locally driven Clinically Integrated Networks (CINs) that empower rural hospitals and clinics to share data, staff, and operational resources. By promoting collaboration and resource sharing, CINC enhances efficiency, revenue opportunities, and regional coordination among providers. These networks create sustainable partnerships that improve care quality, optimize service delivery, and strengthen the overall rural health infrastructure. <i>Key actions include:</i> Funding

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
	bottom-up, locally driven CINs, sharing data, staff, and operational resources across hospitals and clinics; and improving revenue opportunities, efficiency, and regional collaboration. <i>Potential uses of funds include:</i> CIN development grants, shared IT infrastructure, workforce training, data-sharing systems, and governance support. Regional Optimization of Access, Delivery Mobility, and Practice (ROADMAP): ROADMAP addresses transportation barriers and aligns workforce distribution to meet the healthcare needs of rural communities. By coordinating regional delivery models, the program improves access to primary, specialty, and emergency services. ROADMAP ensures that patients can reach the care they need, and that providers are deployed effectively to optimize healthcare delivery across the state. <i>Key actions include:</i> Leveraging GIS mapping and health workforce data to identify transportation deserts and provider shortage areas, informing the placement of mobile clinics, telehealth hubs, and regional care partnerships; and coordinating regional delivery models to optimize access. <i>Potential uses of funds include:</i> Developing and maintaining statewide data systems to map transportation deserts, workforce shortages, and care access gaps; supporting regional healthcare coalitions, planning bodies, and technical assistance to align transportation, workforce, and service delivery strategies; expanding and equipping mobile health units and telehealth hubs to reach rural areas identified through ROADMAP analysis; partnering with local and regional transit agencies, nonprofit transportation providers, and rideshare programs and businesses to develop flexible medical transport options for rural residents; implementing digital scheduling, dispatch, and communication tools that connect patients with transportation and providers; and measuring reductions in missed appointments, improved care coordination, and patient outcomes. Scope of Practice Elevation (SCoPE): SCoPE builds on Arkansas’s ongoing efforts to expand scope of practice, enabling pharmacists, dental hygienists, dietitians, and other licensed professionals to practice at the top of their credentials. Expanded services could include prescriptive authority, dietary counseling, chronic disease management, and preventive care. The program supports these providers with training, telehealth tools, and clinical supervision resources, enhancing their ability to deliver high-quality care. By increasing provider capacity and diversifying service offerings, SCoPE strengthens access and improves health outcomes in rural communities. <i>Key actions include:</i> Updating scope of practice requirements; establishing credential and training programs to ensure

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
	quality and consistency; and integration with telehealth platforms. <i>Potential uses of funds include:</i> Training, certification support, telehealth and digital tools, clinical supervision, and patient education programs. System Acquisition & Facility Enhancement Fund (SAFE): The SAFE supports strategic hospital and system partnerships and affiliations to maintain essential services in rural areas and stabilize financially vulnerable facilities. It enables targeted investments that enhance operational capacity, encourage shared services, and strengthen regional collaboration. By preserving critical access points and improving infrastructure, the SAFE ensures that rural communities continue to receive high-quality, sustainable healthcare. <i>Key actions include:</i> Identifying rural hospitals and critical-access facilities at risk of closure or service reduction through financial analysis and community needs assessments; facilitating acquisitions, partnerships or affiliations by financially stable health systems, nonprofit organizations, or regional networks; providing technical assistance for due diligence, valuation, and integration planning; creating shared service agreements among rural hospitals for administrative functions, billing, purchasing, and supply chain management; facilitating regional partnerships for specialty coverage, staff training, and clinical protocols; and integrating data sharing and coordinated reporting systems across facilities to monitor quality, performance, and financial stability. <i>Potential uses of funds include:</i> Financial support for acquisition, merger, partnership or affiliation transactions, technical assistance for due diligence, legal support, valuation, and integration planning; advisory services for operational, clinical, and financial viability; development and maintenance of shared administrative and billing systems; joint procurement programs; implementation of regional staffing models, shared clinical specialists, and workforce cross-training programs; data systems to enable coordinated reporting, quality monitoring, and dashboards; and rehabilitation of facilities that are underutilized or inefficient.
Main Strategic Goals	Sustainable Access; Workforce Development, Innovative Care
Use of Funds	A. Prevention & chronic disease E. Workforce G. Appropriate care availability H. Behavioral health I. Innovative care J. Capital expenditures and infrastructure K. Fostering collaboration

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
Technical Score Factors	B.1 Population health clinical infrastructure B.2 Health and lifestyle C.1 Rural provider strategic partnerships D.1 Talent recruitment F.1 Remote care services
Key Stakeholders	State agencies, rural hospitals and clinics, CINs and regional provider groups, EMS providers and trauma coordinators; community organizations and patient advocacy groups; professional licensing boards
Potential Outcomes (not exhaustive)	ACCESS: Increased specialty care and preventive screening access in rural areas; higher utilization of telehealth and mobile clinical services; improved early detection and management of chronic and acute conditions CINC: Greater efficiency and cost savings through shared operations and collaborative networks; improved care coordination and data-driven decision-making ROADMAP: Reduced transportation barriers for rural patients, improved alignment of workforce distribution with community needs; enhanced access to care and reduced service bypass SCOPE: Expanded access to preventive and chronic disease care; increased provider capacity and efficiency in rural communities; enhanced patient engagement and education SAFE: Stabilized rural hospitals and critical-access facilities; preserved essential healthcare services across rural regions; improved system capacity, operational efficiency, and collaboration between facilities.
Impacted Counties	All Rural Counties
Estimated Required Funding	\$250,000,000
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

Initiative 3: Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	
Description	The Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR) is Arkansas’s initiative to build a sustainable, high-skilled healthcare workforce capable of meeting the unique needs of rural communities. By strengthening recruitment, training, and retention programs, the initiative ensures that healthcare providers are distributed effectively across the state, can practice at the top of their license, and have opportunities for professional growth. RISE AR supports the RHT Program’s goals of expanding access, improving quality, and fostering long-term provider engagement in rural areas. The initiative comprises the following programs: LEAD establishes a leadership academy to train healthcare leaders in rural hospital administration, care coordination, and operational management. LEAD enhances decision-making capacity and prepares leaders to implement innovative care delivery models and manage regional networks effectively. Participation in LEAD will be required for organizations seeking to qualify for RHT Program funding. <i>Key actions include:</i> Establishing and operating a statewide leadership academy for rural health administrators and clinical leaders; developing curriculum on operational management, care coordination, and innovative delivery models; and providing mentorship and experiential learning opportunities. <i>Potential uses of funds include:</i> Curriculum development for rural healthcare leadership training; staffing and operational support for the leadership academy; mentorship and experiential learning programs for administrators and clinical leaders; and technology platforms for virtual learning and collaboration. PATHWAY expands medical school rotation slots, preceptor programs, scholarships, stipends, and new residencies and fellowships in specialties like family medicine, obstetrics, and lifestyle medicine, as well as allied health professionals. PATHWAY ensures a steady pipeline of physicians, advanced practitioners, and allied health professionals to serve rural communities. <i>Key actions include:</i> Expanding GME slots, creating new medical school rotations, residencies, and fellowships; creating new allied health training programs; providing retention awards and preceptor programs for high-need occupations. <i>Potential uses of funds include:</i> Program administration and staffing; faculty and preceptor compensation for teaching and supervision; trainee support, including stipends, relocation assistance, and benefits; clinical training infrastructure, including rotation sites, simulation labs, and teaching materials, campaigns to attract students and clinicians to rural placements; and tele-education platforms for remote supervision and training.

Initiative 3: Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	
	RETAIN is a recruitment and retention program providing relocation support, signing bonuses, mentorship, and integration into rural practice communities. RETAIN strengthens workforce stability by incentivizing long-term service in rural areas. <i>Key actions include:</i> Offering financial incentives; pairing new hires with experienced local providers; partnering with local organizations to help providers settle into their communities; and providing access to ongoing career support. <i>Potential uses of funds include:</i> Financial incentives; marketing and outreach; stipends for mentors; program administration training materials; costs for community engagement events, networking, and social support initiatives; and access to training, certifications, and leadership programs; conference attendance. SKILL UP provides workforce development pathways for healthcare providers, including nurses, physician assistants, behavioral health counselors, and non-credentialed paraprofessionals. SKILL UP emphasizes continuing education, skill advancement, and flexible career ladders to expand the capacity and capability of rural health teams. <i>Key actions include:</i> Designing continuing education courses and structured training pathways tailored to rural healthcare needs; use of tele-education platforms, workshops, and simulation labs to strengthen practical competencies for nurses, PAs, and paraprofessionals; providing credentialing and certification support; and pairing trainees with experienced clinicians. <i>Potential uses of funds include:</i> Curriculum development and training programs; tele-education platforms; funding equipment, materials, and staffing for hands-on workshops; and financial support for exams, credentialing fees, and administrative assistance.
Main Strategic Goal	Workforce Development
Use of Funds	D. Training and tech assistance E. Workforce K. Fostering collaboration
Technical Score Factors	C.1 Rural provider strategic partnerships D.1 Talent recruitment
Key Stakeholders	State health agencies, hospitals, clinics, FQHCs, rural providers, nurses, PAs, behavioral health counselors, non-credentialed paraprofessionals, higher education institutions, residencies and fellowship programs, and academic medical institutions.

Initiative 3: Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	
Potential Outcomes (not exhaustive)	LEAD: Enhanced leadership skills among rural healthcare administrators; improved strategic decision-making and operations oversight in rural facilities; and greater participation of leaders in system integration and quality improvement initiatives. PATHWAY: Increased number of medical school rotations, residency, and fellowship positions in high-need specialties; increased number of allied health professionals: expanded clinical workforce pipeline; and improved readiness of trainees to serve rural communities. RETAIN: Increased recruitment and retention of clinicians in rural areas; enhanced workforce stability and reduced turnover; and greater provider satisfaction and community integration. SKILL UP: Strengthened workforce capability and professional development in rural areas; expanded clinical competencies for healthcare professionals such as nurses, PAs, behavioral health counselors, and paraprofessionals; and increased adoption of preventive care, chronic disease management, and telehealth practices.
Impacted Counties	All Rural Counties
Estimated Required Funding	\$250,000,000
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

Initiative 4: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	
Description	The Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE) transforms rural healthcare delivery by expanding access to telehealth, remote monitoring, and emergency response innovation. By modernizing EMS, integrating digital care platforms, and piloting remote patient monitoring, THRIVE ensures rural communities can access timely, high-quality care. THRIVE comprises the following programs: Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion (LIFELINE): modernizes Arkansas’s rural trauma and emergency response system by integrating EMS, hospitals, and public health services to ensure timely, coordinated, and high-quality care. The initiative strengthens trauma readiness across rural hospitals, standardizes emergency protocols, and prepares the workforce for rapid, effective response. Through data-driven coordination and system-wide modernization, LIFELINE enhances patient outcomes, reduces response times, and increases the resilience of Arkansas’s rural emergency care network. <i>Key actions include:</i> Modernizing trauma and emergency care in rural hospitals; strengthening EMS coordination with hospitals and public health agencies; standardizing trauma and emergency response protocols; implementing performance dashboards to track response times, patient outcomes, and surge capacity; and conducting workforce training and regional coordination exercises. <i>Potential uses of funds include:</i> trauma and EMS equipment, vehicles, and communication systems; workforce training and development; EMS coordination and dispatch technology; protocol standardization; and performance tracking tools to support continuous quality improvement and system resilience. Health Outcomes through Monitoring & Engagement (HOME): HOME pilots at-home remote monitoring for mental health and chronic conditions such as diabetes, hypertension, obesity, sleep apnea, and heart failure, emphasizing ROI, patient engagement, and long-term sustainability. The program also incorporates conversational AI technology to support tech-enabled patient monitoring, using voice-enabled tools to facilitate daily health check-ins, reinforce care plan adherence, and improve communication between patients and care teams. <i>Key actions include:</i> Deploying remote monitoring devices and platforms; tracking biometric and engagement data; integrating results with care teams for proactive interventions; and evaluating health outcomes and financial impact. <i>Potential uses of funds include:</i> Remote monitoring devices and telehealth platforms; training and support for patients and providers;

Initiative 4: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	
	data management and analytics tools; staffing for care coordination and monitoring; and program administration and evaluation. Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity (VIRTUAL): VIRTUAL makes telehealth available statewide, integrates specialty consults, and strengthens care networks through virtual care models. <i>Key actions include:</i> Establishing telehealth hubs and specialty virtual clinics; connecting rural providers with specialists; providing technical support and telehealth training; and monitoring utilization and patient outcomes. <i>Potential uses of funds include:</i> Telehealth platforms and IT support; provider training and technical assistance; tele-education and clinical supervision; program administration; and monitoring and evaluation systems. Telehealth, Equipment, and Connectivity Hub Fund (TECH Fund): TECH Fund invests in infrastructure, technology upgrades, and connectivity to ensure sustainable telehealth and digital health programs. The program promotes the broader adoption of AI tools and upscaling of digital health capabilities to enhance care delivery, data analytics, and operational efficiency. <i>Key actions include:</i> Providing grants for telehealth equipment and cybersecurity; supporting interoperability of health IT systems; expanding the use of human-centered AI for clinical decision support and administrative efficiency; maintaining technology infrastructure for program viability; and evaluating technology adoption and performance. <i>Potential uses of funds include:</i> network upgrades; telehealth and AI-enabled equipment; upscaling digital health capabilities; cybersecurity and IT systems; staff and program administration; interoperability and data integration tools; and evaluation and technical support.
Main Strategic Goal	Innovative Care, Tech Innovation
Use of Funds	A. Prevention & chronic disease C. Consumer tech solutions D. Training and tech assistance F. IT advances G. Appropriate care availability H. Behavioral health I. Innovative care K. Fostering collaboration
Technical Score Factors	B.1 Population health clinical infrastructure B.2 Health and lifestyle C.1 Rural provider strategic partnerships C.2 EMS E.1 Medicaid provider payment incentives

Initiative 4: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	
	F.1 Remote care services F.2 Data infrastructure F.3 Consumer-facing tech
Key Stakeholders	State health agencies, rural hospitals, critical access hospitals, primary and specialty care providers, behavioral health providers; EMS providers; telehealth and health IT vendors
Potential Outcomes (not exhaustive)	LIFELINE: Reduced EMS and trauma response times in rural counties; increased survival rates for trauma and emergency cases; improved coordination between EMS, hospitals, and public health services; standardized emergency protocols across regional systems; and data-driven planning and resource allocation; integrated trauma protocols across EMS and hospital networks. HOME: Improved control of chronic conditions; reduced hospital readmissions and preventable complications; and higher patient engagement in self-management programs. VIRTUAL: Expanded access to specialty care in rural areas; increased utilization of telehealth services; and reduced travel burden; integration of telehealth into care coordination across CINs; improved patient satisfaction and health outcomes. TECH Fund: Enhanced connectivity for rural providers; increased adoption and sustainability of telehealth and digital health tools; reduced technology barriers for rural providers and patients; standardized equipment and technology platforms to support clinical integration; and strengthened system-wide data collection and interoperability for care improvement.
Impacted Counties	All Rural Counties
Estimated Required Funding	\$350,000,000
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

IMPLEMENTATION PLAN AND TIMELINE

INITIATIVE 1: HEART		
Dates	Stage	Key Milestones/Activities
FY26 Q1 - Q4	Stage 0	GROW Kids: Planning, staffing, partnership MOUs, data framework design FARM: Assess regional food systems; recruit farmers and retail partners MOVE: Inventory and assess existing recreational infrastructure FAITH: Identify congregational partners; develop outreach and training materials HEAL: Develop curricula, partnerships, and accreditation plans IMPACT: Program design, staffing, and analytics setup
FY27 Q1 - FY28 Q2	Stage 1	GROW Kids: Pilot initial school-based health centers; begin preventive education and wellness pilots FARM: Launch “Buy Local” markets and healthy vending programs MOVE: Begin upgrades and community fitness programming FAITH: Launch screening and education programs; build referral pathways HEAL: Launch CME and professional development programs statewide IMPACT: Launch initial pilot cohorts; begin care coordination and data collection
FY28 Q3 - FY29 Q4	Stage 2	GROW Kids: Statewide program build-out; expand behavioral and clinical supports; refine interventions FARM: Scale to additional counties; integrate nutrition and food-as-medicine programs MOVE: Expand to additional sites; enhance participation through events and outreach FAITH: Expand to additional congregations and communities HEAL: Expand provider participation and train-the-trainer network IMPACT: Expand to additional populations and refine value-based models
FY30 Q1 - FY30 Q4	Stage 3	GROW Kids: Integration with Medicaid and local health systems; data tracking and evaluation FARM: Strengthen logistics, vendor networks, and outcome measurement MOVE: Conduct outcome tracking and refine model for sustainability FAITH: Evaluate reach, referrals, and chronic care follow-up

INITIATIVE 1: HEART		
Dates	Stage	Key Milestones/Activities
		HEAL: Evaluate clinical practice change and patient outcomes IMPACT: Conduct ROI analysis, refine integrated delivery model
FY31 Q1 - Q2	Stage 4	GROW Kids: Final evaluation and sustainability planning FARM: Finalize statewide food access network MOVE: Consolidate evaluation data FAITH: Finalize replication framework HEAL: Finalize curriculum updates and sustainability model IMPACT: Final evaluation and policy recommendations
FY31 Q3 - Q4	Stage 5	GROW Kids: Full statewide operation and reporting FARM: Report long-term health and economics outcomes MOVE: Publish statewide impact report FAITH: Identify Fully scaled and reporting outcomes HEAL: Full statewide integration with reporting IMPACT: Statewide scale-up and public reporting

INITIATIVE 2: PACT		
Dates	Stage	Key Milestones/Activities
FY26 Q1 – FY 27 Q2	Stage 0	ACCESS: Planning, staffing, and vendor selection for mobile units and telehealth CINC: Identify hospitals/clinics, design CIN governance and data-sharing frameworks ROADMAP: Develop GIS and workforce mapping tools; assess transportation deserts SCoPE: Policy and regulatory planning with professional licensing boards SAFE: Identify at-risk hospitals; develop an assessment and prioritization framework
FY27 Q3 - FY28 Q4	Stage 1	ACCESS: Deploy first mobile screening units; launch telehealth pilots; establish referral pathways CINC: Launch pilot CINs; implement shared IT systems and workforce training ROADMAP: Launch pilot regions; coordinate with local transit and workforce planners SCoPE: Launch training/certification pilots for identified health professionals SAFE: Begin technical assistance for acquisitions, partnerships, and integration planning
FY29 Q1 - FY30 Q2	Stage 2	ACCESS: Expand mobile/telehealth coverage statewide; integrate behavioral and maternal care; refine data systems CINC: Expand CIN participation statewide; strengthen data analytics and service coordination ROADMAP: Expand statewide mobile health units, telehealth hubs, and regional care partnerships SCoPE: Expand credentialing and telehealth integration statewide SAFE: Implement facility stabilization projects and shared-service agreements
FY30 Q3 - FY31 Q1	Stage 3	ACCESS: Strengthen coordination with hospitals and providers; analyze utilization and outcome data; implement improvements CINC: Evaluate performance metrics; refine financial and governance models ROADMAP: Integrate analytics into provider planning; track access metrics SCoPE: Evaluate quality, utilization, and patient outcomes; refine supervision standards SAFE: Expand shared administrative systems and cross-trained workforce models statewide

INITIATIVE 2: PACT		
Dates	Stage	Key Milestones/Activities
FY31 Q2 – Q3	Stage 4	ACCESS: Consolidate lessons learned; prepare statewide sustainability plan CINC: Finalize network integration and reporting systems ROADMAP: Evaluate reductions in missed appointments and care delays SCoPE: Finalize rule updates and professional education plans SAFE: Conduct final financial and quality evaluations
FY31 Q4	Stage 5	ACCESS: Full statewide operation and reporting CINC: CINs fully operational; report efficiency and quality outcomes ROADMAP: Publish statewide outcomes; embed ROADMAP in long-term planning SCoPE: Statewide implementation with full tracking and reporting SAFE: Facilities reporting improved sustainability, operational efficiency, and care quality

INITIATIVE 3: RISE AR		
Dates	Stage	Key Milestones/Activities
FY26 Q1 – FY27 Q3	Stage 0	LEAD: Curriculum design, staffing, and virtual learning infrastructure setup; identify pilot cohorts PATHWAY: Assess medical schools, residency, fellowship, and other allied health professional needs, identify training sites, and design preceptor programs RETAIN: Program planning, incentive structure development, and community partner engagement SKILL UP: Develop continuing education curricula, identify tele-education tools, and plan simulation labs
FY27 Q4 – FY28 Q4	Stage 1	LEAD: Launch pilot leadership academy sessions; mentorship pairings begin; experiential learning pilots PATHWAY: Start initial GME slots and allied health professional programs; recruit faculty and preceptors; launch trainee support programs RETAIN: Deploy signing bonuses, retention incentives, stipends, relocation support, mentorship matches; begin integration into rural practices SKILL UP: Launch pilot training sessions for nurses, PAs, allied health professionals, and paraprofessionals; begin tele-education delivery
FY29 Q1 – FY30 Q1	Stage 2	LEAD: Expand academy to additional cohorts; integrate virtual and in-person learning; evaluate leadership skill gains PATHWAY: Scale medical school, residency, fellowship, and allied health training programs statewide; expand preceptor network and rotation sites RETAIN: Expand financial incentives and mentorship programs; monitor retention outcomes and workforce satisfaction SKILL UP: Scale training programs; expand credentialing and certification support; evaluate skill advancement and clinical impact
FY30 Q2 – FY30 Q4	Stage 3	LEAD: Strengthen integration with rural health systems; analyze impact on operational outcomes PATHWAY: Refine trainee support and placement strategies; enhance remote supervision capabilities RETAIN: Assess long-term retention metrics; adjust programs for sustainability SKILL UP: Evaluate workforce capability improvements; implement ongoing career ladders and continuing education
FY31 Q1 – FY31 Q2	Stage 4	LEAD: Finalize leadership academy evaluation; plan statewide sustainability PATHWAY: Consolidate medical school, residency, fellowship,

INITIATIVE 3: RISE AR		
Dates	Stage	Key Milestones/Activities
		and allied health professional outcomes; finalize pipeline plans RETAIN: Evaluate overall retention and integration outcomes; develop sustainability framework SKILL UP: Finalize evaluation of training impact; establish long-term professional development plan
FY31 Q3 – FY31 Q4	Stage 5	LEAD: Full statewide operation and reporting; publish leadership outcomes PATHWAY: Fully operational medical school, residency, fellowship, and allied health professional pipeline; report workforce readiness metrics RETAIN: Program fully scaled; report recruitment and retention outcomes SKILL UP: Full statewide adoption; report clinical skill improvements and workforce capacity gains

INITIATIVE 4: THRIVE		
Dates	Stage	Key Milestones/Activities
FY26 Q1 – FY27 Q2	Stage 0	LIFELINE: EMS and trauma system assessment; regional coordination planning; protocol review HOME: Design pilot monitoring programs; procure remote monitoring devices; define metrics VIRTUAL: Plan telehealth hubs; identify specialty services; technical platform assessment TECH Fund: Assess network and IT infrastructure needs; plan equipment grants and cybersecurity support
FY27 Q3 – FY28 Q4	Stage 1	LIFELINE: Launch regional coordination exercises; begin workforce training; implement performance dashboards; Procure trauma equipment HOME: Deploy pilot remote monitoring devices; begin patient and provider training; collect baseline engagement data VIRTUAL: Launch initial telehealth hubs and virtual specialty clinics; train providers and support staff TECH Fund: Award grants for equipment and connectivity upgrades; start IT system improvements
FY29 Q1 – FY30 Q1	Stage 2	LIFELINE: Launch regional coordination exercises; begin workforce training; integrate EMS, hospital, and public health systems; refine protocols HOME: Deploy pilot remote monitoring devices; begin patient and provider training; collect baseline engagement data VIRTUAL: Launch initial telehealth hubs and virtual specialty clinics; train providers and support staff TECH Fund: Award grants for equipment and connectivity upgrades; start IT system improvements
FY30 Q1 – FY30 Q4	Stage 3	LIFELINE: Continuous evaluation of EMS and trauma response performance; optimize regional resource allocation; refine coordination and protocol compliance HOME: Evaluate program impact on chronic disease outcomes and hospital utilization; refine engagement strategies VIRTUAL: Refine virtual care model based on utilization and outcome data; integrate with CINs TECH Fund: Conduct technical performance review; ensure system sustainability and standardization
FY31 Q1 – Q2	Stage 4	LIFELINE: Finalize statewide EMS and trauma coordination protocols; prepare replication and sustainability plan HOME: Consolidate data and evaluate program success; finalize sustainability plan VIRTUAL: Complete statewide telehealth integration; finalize evaluation of patient outcomes and access improvements

INITIATIVE 4: THRIVE		
Dates	Stage	Key Milestones/Activities
		TECH Fund: Evaluate full technology deployment and interoperability; finalize technical support framework
FY31 Q3 - Q4	Stage 5	LIFELINE: Full statewide operation; report EMS and trauma response performance outcomes; Finalize trauma system certification process HOME: Full statewide operation; report chronic disease and engagement outcomes VIRTUAL: Full telehealth deployment statewide; publish utilization and health outcome metrics TECH Fund: Fully operational telehealth and digital infrastructure; report on system adoption, connectivity, and interoperability

STAKEHOLDER ENGAGEMENT

Consulted and Prospective Stakeholders

The Arkansas Department of Finance and Administration, under the leadership of Governor Sarah Huckabee Sanders, her senior advisors, the Department of Health, the Department of Human Services, the State Crime Laboratory, and the Arkansas Surgeon General, have developed a RHT Program that will produce real change to the way healthcare is delivered in rural Arkansas. Beginning in August, this team convened a series of meetings with hospitals, healthcare providers, and rural health coalitions to gather input and ensure the RHT Program reflects the priorities and needs of the communities it will serve. To capture a broader range of perspectives, the State launched a portal to provide an opportunity for stakeholders beyond those actively involved in the development of the plan to provide feedback. The portal received more than 300 submissions from stakeholders, reflecting strong engagement and broad input across the community. The state analyzed the

responses and identified common themes, many of which have been used to inform the final RHT Program. The leadership team conducted many additional conversations with stakeholders, including Arkansas's federal delegation, state legislators, rural providers, faith-based organizations, and potential vendor partners. Best efforts were made to include as many stakeholder perspectives as possible, enabling the State to develop an RHT Program that will best serve the needs of Arkansas's rural residents.

Engagement Framework and Project Governance

Arkansas will maintain an open, transparent, and structured process for stakeholder engagement throughout the duration of the RHT Program. Building on existing cross-sector partnerships, the State will establish a formal engagement framework to ensure that stakeholder perspectives directly inform program implementation, oversight, and continuous improvement.

The State will establish a regular communication cadence with representatives from hospitals, clinics, community health centers, public health agencies, payers, educational institutions, local governments, faith-based organizations, and community-based groups. Forums will be held to encourage ongoing dialogue, data sharing, and collaborative problem-solving to ensure that RHT Program investments reflect the priorities and needs of rural Arkansans.

Program oversight and coordination will be led by the Department of Finance and Administration (DFA) in close partnership with the Office of the Governor and the Department of Human Services (DHS). These agencies, supported by a qualified firm with

extensive experience in 2 CFR 200 compliance, will jointly manage program planning, deployment of funds, milestone tracking, and performance monitoring.

Upon award, a regular meeting cadence will be established to review progress, address implementation challenges, and evaluate program outcomes. In addition, the State will maintain open channels for broader stakeholder input through public listening sessions, online comment opportunities, and engagement with regional and local partners. This approach ensures that program governance and decision-making remain grounded in the voices of providers, patients, and rural communities served across rural Arkansas.

METRICS AND EVALUATION PLAN

Metrics

Healthy Eating, Active Recreation, & Transformation (HEART)				
Metric	# of Arkansans reached through HEART-supported health education, screening, or wellness events (GROW, FAITH, MOVE)	# of new or expanded community partnerships established to deliver HEART programs (schools, markets, faith organizations, healthcare providers)	# of HEART-supported community sites offering nutrition, physical activity, or wellness programming (e.g., school-based centers, farmers markets, trails, fitness events)	# of healthcare or community-based providers completing HEART-sponsored training on preventive care, behavioral health, or chronic disease management (HEAL)
Numeric Target	≥ 12,500 residents engaged annually across all HEART activities	≥ 100 formalized partnerships established by Year 5	≥ 75 community sites delivering HEART-aligned programs by Year 5	≥ 250 providers and community health workers trained statewide by Year 5
Data Source	Event registration forms, sign-in sheets, mobile screening logs, program attendance data	Memoranda of Understanding (MOUs), partnership agreements, stakeholder tracking lists	Program implementation reports, grantee progress logs, local health department updates	Training attendance logs, CME completion records, participant evaluation forms
Reporting Geography	County-level aggregation, rolled up to regional and statewide reporting	County-level aggregation, rolled up to regional and statewide reporting	County-level aggregation, rolled up to regional and statewide reporting	County-level aggregation, rolled up to regional and statewide reporting
Update Frequency	Quarterly tracking with annual statewide summary and analysis	Quarterly tracking with annual statewide summary and analysis	Quarterly tracking with annual statewide summary and analysis	Quarterly tracking with annual statewide summary and analysis
Notes	Captures reach and engagement across all HEART-	Formalized partnerships demonstrate	Tracks active program sites delivering HEART-	Measures workforce capacity building, includes

Healthy Eating, Active Recreation, & Transformation (HEART)				
	supported programs; includes in-person, virtual, and mobile events.	expansion of HEART program capacity and sustainability, includes schools, faith organizations, markets, and healthcare providers.	aligned services; ensures geographic coverage and accessibility for target populations.	healthcare and community-based providers trained in preventive care, behavioral health, and chronic disease management.

Promoting Access, Coordination, and Transformation (PACT)				
Metric	# of rural residents receiving specialty, preventive, or telehealth services through ACCESS and ROADMAP programs	# of participating hospitals, clinics, and providers engaged in data-sharing or operational collaboration through CINC and SAFE initiatives	Number of rural clinics providing expanded specialty or preventive services (e.g., behavioral health, oral health, maternal care) through PACT-supported initiatives	# of pharmacists, dental hygienists, and other providers completing advanced scope-of-practice training under SCoPE
Numeric Target	≥ 12,000 rural residents served annually via mobile units and telehealth services by Year 5	≥ 12 healthcare facilities or providers participating in shared networks or partnerships by Year 5	≥ 25 rural clinics offering expanded specialty or preventive services by Year 5	≥ 50 providers credentialed for expanded scope-of-practice roles by Year 5
Data Source	Telehealth utilization reports, mobile unit service logs, and EHR encounter data	CIN membership records, MOUs, SAFE partnership agreements, and data exchange tracking systems	Clinic service logs, provider rosters, and PACT participation reports	Board of Pharmacy, Dental Examiners, and other licensing board's training completion records, provider credentialing databases
Reporting Geography	County-level reporting	County-level reporting	County-level reporting	County-level reporting

Promoting Access, Coordination, and Transformation (PACT)				
	aggregated to regional and statewide levels via the PACT performance dashboard	aggregated to regional and statewide levels via the PACT performance dashboard	aggregated to regional and statewide levels via the PACT performance dashboard	aggregated to regional and statewide levels via the PACT performance dashboard
Update Frequency	Quarterly progress reporting; annual statewide performance summary	Quarterly progress reporting; annual statewide performance summary	Quarterly progress reporting; annual statewide performance summary	Quarterly progress reporting; annual statewide performance summary
Notes	Measures direct access to specialty, preventive, and telehealth services for rural residents; includes both mobile and fixed-site delivery.	Tracks healthcare facilities and providers engaged in collaborative networks; reflects improvements in care coordination and data sharing.	Demonstrates expansion of service capacity and access to specialty or preventive care in rural communities; highlights transformation of local clinic capabilities	Captures workforce capacity and expansion of provider roles through advanced scope-of-practice training; supports service delivery in underserved areas.

Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)				
Metric	# of rural healthcare leaders completing LEAD academy training, mentorship, and experiential learning programs	# of new or expanded residency, fellowship, and preceptor positions in high-need specialties through PATHWAY	# of clinicians recruited and retained in rural communities through RETAIN incentives and integration programs	# of nurses, PAs, behavioral health counselors, and paraprofessionals completing SKILL UP continuing education and credentialing programs
Numeric Target	≥ 50 leaders trained statewide by Year 5	≥ 100 new or expanded training slots by Year 5	≥ 100 clinicians recruited and retained in rural areas by Year 5	≥ 150 workforce members completing advanced training and certifications by Year 5
Data Source	LEAD academy enrollment and completion records; mentorship logs; experiential learning evaluations	Residency/fellowship program records; preceptor program logs; GME expansion reports	RETAIN program participation records; employment verification; retention tracking	SKILL UP program attendance logs; training completion records; credentialing databases
Reporting Geography	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard
Update Frequency	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary
Notes	Captures development of rural healthcare leadership capacity and	Tracks expansion of graduate medical education pipeline for high-need rural specialties; ensures	Measures effectiveness of recruitment and retention incentives in	Strengthens professional competencies and scope-of-practice for rural health

Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)				
	system integration skills; includes mentorship and experiential learning	readiness of trainees for rural practice	sustaining rural healthcare workforce	team members; supports adoption of preventive care and telehealth

Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)				
Metric	% reduction in EMS response times and improved trauma/emergency survival rates through LIFELINE	# of patients enrolled in HOME remote monitoring programs for chronic conditions	# of telehealth visits and specialty consults delivered through VIRTUAL program	# of rural facilities with upgraded telehealth and digital health infrastructure via TECH Fund
Numeric Target	≥ 15% reduction in average EMS response times in rural counties by Year 5	≥ 2,500 patients actively monitored with actionable data by Year 5	≥ 12,500 telehealth visits delivered statewide by Year 5	≥ 50 rural facilities equipped with standardized telehealth infrastructure by Year 5
Data Source	EMS performance dashboards; hospital and public health outcome records; regional coordination logs	Remote monitoring platform data; patient engagement logs; EHR integration reports	Telehealth platform analytics; CIN utilization reports; patient satisfaction surveys	TECH Fund grant reports; IT inventory logs; connectivity and interoperability assessments
Reporting Geography	County-level reporting aggregated to regional and statewide via THRIVE dashboard	County-level reporting aggregated to regional and statewide via THRIVE dashboard	County-level reporting aggregated to regional and statewide via THRIVE dashboard	County-level reporting aggregated to regional and statewide via THRIVE dashboard
Update Frequency	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary

Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)				
Notes	Tracks EMS modernization, coordination, and clinical outcomes; ensures data-driven improvements in emergency care	Measures patient engagement and clinical outcomes for chronic disease management; links monitoring data to proactive interventions	Captures adoption, reach, and patient impact of telehealth services; integrates specialty care and care coordination	Measures infrastructure upgrades, adoption, and sustainability of telehealth and digital health tools; ensures interoperability and standardized technology for rural providers

Evaluation plan

Arkansas will fully cooperate with any CMS-led evaluation or monitoring activities. The State plans to engage a qualified third-party firm with extensive experience in 2 CFR 200 compliance and rural health programs to provide comprehensive compliance, monitoring, and evaluation services for the RHT Program. This partnership will include conducting program evaluations, ensuring that implementation remains aligned with program objectives, and identifying opportunities for continuous improvement and enhanced program effectiveness.

SUSTAINABILITY PLAN

Arkansas recognizes that for RHT Program funds to achieve lasting impact, each initiative must include a clear path to sustainability beyond the program's funding period.

Established under President Trump's *One Big Beautiful Bill Act*, this initiative provides the foundation for long-term investment in rural health transformation. Our initiatives are designed to balance strategic investments in infrastructure, technology, and workforce

development with programmatic approaches that demonstrate measurable value and support long-term State-level adoption.

The goal is to:

- Launch programs to Make Arkansas Healthy Again, where scalable, replicable models that improve health and wellbeing prove the benefit of continued state-level funding,
- Strengthen the healthcare workforce without creating dependency on RHT Program funds,
- Create new revenue streams and care delivery models while supporting provider transition to value-based payment models for long-term sustainability and,
- Provide one-time, strategic investments in infrastructure and technology to organizations and facilities to help transform the delivery of care in our rural market.

INITIATIVE SUSTAINABILITY PLANS

HEALTHY EATING, ACTIVE RECREATION, & TRANSFORMATION (HEART)

GROW Kids: Pilot integrated school and community-based health models, tracking

student health, attendance, and academic improvement. Post-demonstration, eligible

programs will transition to state education, and commercial and public payor-supported

preventive health funding streams.

FARM (Food Access & Regional Markets): Test regional food-as-medicine models tied to

SNAP waivers and hospital dietary focus groups. Successful markets can transition into

public and private-supported funding.

MOVE (Mobilizing Opportunities for Vital Exercise): Deploy trail and outdoor facility networks in 3–5 rural hubs to measure exercise participation, physical health metrics, and tourism impact. Municipalities will assume repair and maintenance costs after the initial federal demonstration support ends.

FAITH (Faith-based Access, Interventions, Transportation, & Health): Pilot faith-based screening and outreach collaborations. Programs demonstrating cost-effective outreach will transition to local non-profit and public health co-funding.

HEAL (Healthcare Education and Advancement for Leadership): Seed new nutrition curricula in medical, nursing, and pharmacy programs. Once effectiveness is established, continuing education (CME/CE) accreditation organizations will institutionalize ongoing costs.

IMPACT (Integrated Models for Prevention, Access, Care and Transformation): Proof-of-concept program to demonstrate health cost savings and clinical improvement among 10,000 patients. After measurable payback, public and private chronic care management programs will finance continuation.

PROMOTING ACCESS, COORDINATION, AND TRANSFORMATION (PACT)

ACCESS (Advancing Care Capacity, Engagement, and Screening Services):

Demonstrate telehealth and screening expansions across underserved zones. Sustainable programs will integrate ongoing costs into insurer parity and payor coverage frameworks.

CINC (Community Integrated Networks for Care): Pilot locally governed Clinically Integrated Networks (CINs) with early capital funding for data and administrative systems. Networks demonstrating savings and enhanced care coordination will transition to shared-risk or capitated-payment model.

ROADMAP (Regional Optimization of Access, Delivery, Mobility, and Practice): Pilot transportation and workforce alignment solutions (ride-share subsidies, mobile workforce tools). Successful models will continue to be funded through state and local workforce development budgets.

SCoPE (Scope of Practice Elevation): Test broadened duties for medical providers, including pharmacists and hygienists. If metrics show reduced primary care wait times and improved chronic disease control, licensing boards and payors will integrate new reimbursement guidelines.

SAFE (System Acquisition & Facility Enhancement Fund): Use one-time capital for critical facility mergers and renovations. Participating hospitals must show sustainability via shared overhead, pooled staffing, or consolidated purchasing.

RECRUITMENT, INNOVATION, SKILLS, AND EDUCATION FOR ARKANSAS (RISE AR)

LEAD (Leadership Education, Advancement, and Delivery): Pilot Leadership Academies in three hospital regions; prove impact via board performance and quality metrics. After validation, funding transitions to hospital association or similar organization as self-sustaining membership model.

PATHWAY (Preparing Arkansas Talent for Health Workforce Advancement Yield): Demonstrate scholarship and residency programs that achieve retention benchmarks. Successful programs shift to payor-funded GME expansion.

RETAIN (Recruit, Educate, Train, Advise, Integrate, Nurture): Pilot rural service agreements offering relocation and mentorship stipends, which are additive, not duplicative, to existing workforce incentives. Once proven to reduce turnover, continuing funding will come from employer cost-sharing.

SKILL UP (Strategic Knowledge, Innovation & Lifelong Learning for Upward

Professionals): Test stackable credentialing programs for nurses and community health workers. After demonstration, sustainable integration will occur through state-level and employer funding.

TELEHEALTH, HEALTH-MONITORING, AND RESPONSE INNOVATION FOR VITAL EXPANSION (THRIVE)

LIFELINE (Linking Infrastructure for Emergency Lifesaving and Integrated Network

Expansion): Modernizes Arkansas's rural trauma and emergency response system through pilot initiatives. Sustained funding will be adopted by public and private payors as pilots prove economically viable.

HOME (Health Outcomes through Monitoring & Engagement): Significant portion of funds will be one-time remote patient monitoring equipment and startup costs for at-home applications for tracking. Programmatically, evaluate ROI of remote monitoring pilots using claims and hospitalization data. Programs achieving readmission reductions transition to managed care reimbursement models.

VIRTUAL (Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity):

Significant use of funds will be one-time telehealth infrastructure and organizational start-up costs. Long-term, successful systems will maintain operations via telehealth reimbursement payments.

TECH Fund (Telehealth, Equipment, and Connectivity Hub Fund): Consists of one-time telehealth equipment, health information technology, and software costs. Benefitting organizations will assume responsibility for ongoing costs.

END NOTES

1. Arkansas Department of Health: Rural Health and Primary Care
<https://healthy.arkansas.gov/programs-services/prevention-healthy-living/rural-health-primary-care/rural-health/>
2. Rural Health Information Hub: Arkansas
<https://www.ruralhealthinfo.org/states/arkansas>
3. ACHI: Rural Health Access
<https://achi.net/publications/rural-health-access/>
4. Chartis: 2025 Rural Health State-by-State
<https://www.chartis.com/insights/2025-rural-health-state-state>
5. CMS Medicare Wage Index FY 2026
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/wage-index-files/fy-2026-wage-index-home-page>
6. County Health Rankings, 2025
<https://www.countyhealthrankings.org/reports/2025-county-health-rankings-national-findings-report>
7. CMS: RHT Program Overview
<https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>
8. ACHI: Arkansas Student BMI Report 2023–2024
https://achi.net/wp-content/uploads/2024/12/BMI_Report_2023-2024.pdf
9. CDC: Pulse Survey Mental Health Data
<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
10. Mental Health America: State Data
<https://mhanational.org/the-state-of-mental-health-in-america/data-rankings/adult-ranking/>
11. CDC: Opioid Dispensing Rates
<https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>
12. ACHI: Rural Health Transformation Program Overview
<https://achi.net/publications/overview-of-the-rural-health-transformation-program-in-arkansas/>

13. AZ Center for Rural Health: RHT Program NOFO (PDF)
https://crh.arizona.edu/sites/default/files/2025-09/250915_Rural-Health-Transformation-Program_NOFO.pdf
14. Civitas: Rural Health Transformation Challenges
<https://civitasforhealth.org/rural-health-transformation-challenges-opportunities/>

ARKANSAS

Rural Health Transformation Program

HEALTHY. CONNECTED. LOCAL.



OPPORTUNITY NUMBER: CMS-RHT-26-001

Attachments

GOVERNOR'S ENDORSEMENT

OFFICE OF THE GOVERNOR

SARAH HUCKABEE SANDERS

Post Office Box 1390

Little Rock, Arkansas 72203-1390

(501) 682-2345

governor.arkansas.gov

The Rural Health Transformation Program is visionary. This is a real opportunity – thanks to President Trump's One, Big, Beautiful Bill - to offer rural providers not a handout but a hand up and provide sustainable, quality care to every Arkansan in our state.

My administration will lead oversight of this initiative through the Arkansas Department of Finance and Administration (DFA), working hand-in-hand with the Office of the Governor and the Arkansas Department of Human Services (DHS). But this plan was built from the bottom up, not the top down. We constructed it using input from people who work in healthcare every day: state health officials, local providers, community leaders, and partners across the state.

The State launched a public survey asking Arkansans what they need from their healthcare system. This input helped shape every initiative in this program, from school-based and community health programs to rural workforce development, telehealth expansion, and trauma-ready emergency services.

We also conducted additional conversations with rural providers and potential partners. We worked hard to hear from the people who know rural Arkansas best, and we will keep listening as we implement this program.

As our program moves forward, DFA will coordinate closely with the Office of the Governor and DHS, while a third-party organization will track milestones, evaluate outcomes, and make sure funds are spent wisely. We will keep lines of communication open with local communities, providers, and health departments to ensure every decision reflects the realities on the ground.

We're ready to take action. This includes collaborating across agencies and, when needed, pursuing legislative or regulatory changes to support program goals. Our initiatives focus on expanding access to care through school-based and mobile health programs, strengthening the rural healthcare workforce through leadership training, residency expansion, and recruitment/retention programs, improving care coordination and clinical capacity via integrated networks, trauma-ready services, and scope-of-practice expansion, and advancing technology and telehealth to deliver high-quality care remotely and monitor chronic conditions. Funding will support prevention and chronic disease programs, workforce development, telehealth platforms, mobile clinics, training, provider incentives, infrastructure enhancements, and data-driven tools to ensure every rural Arkansan has access to timely, coordinated, and effective healthcare.

Federal funds will not be used for anything prohibited by law. Every dollar is focused on expanding access, improving outcomes, and supporting the providers who serve our communities.

President Trump's Rural Health Transformation Program is a once-in-a-generation opportunity to strengthen rural healthcare, ensure Arkansans get the care they need, and build a system that works long-term. We are committed to making it happen—accountably, transparently, and with measurable results.

Sincerely,

Sarah Huckabee Sanders

Governor of Arkansas

BUSINESS ASSESSMENT OF APPLICANT ORGANIZATION

A. General Information

1. Organization

a. **Legal Name:** Arkansas Department of Finance and Administration

b. **EIN:** 71-0847443

c. **Organizational Type:** State government agency

2. Percentage of the organization's capital from Federal funding:

SFY 2025 = 5.43% of Arkansas Department of Finance and Administration total revenue as reported in accordance with GAAP.

3. Does/did the organization receive additional oversight (ex: Correction Action Plan, Federal Awardee Performance and Integrity Information System (FAPIIS) finding, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?

No

a. **If yes, please provide the following information: Name of the Federal agency and the reason for the additional oversight as explained by the Federal agency.**

Not applicable

b. **If resolved, please indicate how the issue was resolved with the Federal agency.**

Not applicable

4. Does the organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?

No

5. Explain your organization's process to ensure annual renewal in SAM.gov including R/Q and Reqs and Certs.:

The Arkansas Department of Finance and Administration, Office of State Controller routinely monitors SAM.gov to identify and renew expiring UEI numbers and cage codes in advance of their expiration.

6. Explain your organization's process to comply with:

a. **2 CFR 200.113 "Mandatory Disclosures":** According to Ark. Code Ann. 25-1-124(b)(1)(2), agency representatives are required to report any misuse or theft of federal funds to legislative audit. While Arkansas Department of Finance and Administration has no specific written requirements to report to federal entities, we

do promote and encourage a culture of ethics and transparency through our policy entitled Code of Ethics (Policy Number 1.4) and Anti-Fraud and Code of Ethics policy (Policy Number 1.15) which includes references to the Arkansas Whistleblower Act (A.C.A. §§ 21-1-601–609.

- b. your organization’s process to comply with FFATA requirements.:** Arkansas Department of Finance and Administration Procurement uses our Grants Management Manual published by the Office of Intergovernmental Services. That manual states the following procedure: “For awards made after October 1, 2010, recipients (other than individuals) of awards of \$25,000 or more, consistent with the Federal Funding Accountability and Transparency Act of 2006 (FFATA) will be required to report award information on any first-tier subgrants totaling \$25,000 or more. In certain cases they may also be required to report information on the names and total compensation of the five most highly compensated executives of the recipient and first-tier sub-grantees. Each entity must ensure that it has the necessary processes and systems in place to comply with the reporting requirements should it receive funding.
- Data Requirements:
 - The following data is required from sub-grantees for all grants that meet the FFATA requirements:
 - a. Name of entity receiving award
 - b. Amount of award
 - c. Funding agency
 - d. CFDA program number for grants
 - e. Program source
 - f. Award title descriptive of the purpose of the funding action
 - g. Location of the entity (including congressional district)
 - h. Place of performance (including congressional district)
 - i. Unique identifier of the entity and its parent (DUNS)
 - FFATA reports need to be submitted the month following the full execution of a subgrant, sub-grant modification, or vendor payment. When an eligible FFATA award is received, the DFA/IGS grant coordinator is responsible for entering the information on the FSRs website properly, and for soliciting and updating information from the sub-grantee as needed.”

7. Do you have conflict of interest policies? Yes

- Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds? No.

If yes, please explain and provide a mitigation plan. Not applicable

8. Delinquent Federal debt in the last 3 years? No.

If yes, please explain. Not applicable

9. Bankruptcy filed or entered into proceedings: No

10. Has your organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy? What is that amount?:

Ark. Code Ann. 21-27-701 establishes a self-insured fidelity bond program for participating state governmental entities which includes Arkansas Department of Finance and Administration. The fidelity bond coverage covers actual losses sustained by the governmental entity up to an amount not exceeding \$300,000 or the amount of the bond.

11. Do you have (and briefly describe) policies and procedures in place to meet the requirements below?:

- a. a. Determinations between subrecipients versus contracts in accordance with 2 CFR 200.331?** If the underlying agreement, program activities, and source funding require performance metrics, then we will create a services contract in accordance with the state procurement laws found at A.C.A. §§ 19-60-101 – 19-70-204 along with any rules promulgated by the Office of State Procurement or policies.

If the underlying basis for the program activities and source funding are best suited to a passthrough funding agreement, then we will develop a subgrant agreement in line with Arkansas Act 1032 of 1999 or codified as Ark. Code Ann. 19-4-1801, et seq. Our passthrough subgrant agreements include federal provisions for cost principles and accounting along with guidance as provided by the Arkansas Department of Finance and Administration that may be found within the Financial Management Guidelines.

- b. Compliance with 2 CFR 200.332 “Requirements for pass-through entities”?:** The DFA Grants Management Policies and Procedures Manual has detailed policies and procedures to notify entities if they are considered a subrecipient under 2 CFR 200.332, including setting general and/or special conditions in compliance with Federal requirements. Specifically, “Arkansas Department of Finance and Administration, Office of Intergovernmental Services notifies all sub-grantees of award approval and the amount approved and provides them with a Sub-Grant Award Agreement.

- c. Manage, assess risk, review audits, and monitor the subrecipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (2 CFR 200.331-200.333)?:**

The Arkansas Department of Finance and Administration Grants Management Manual includes policies related to effectively managing subrecipient agreements, including assessing risks, review audits, monitoring performance, and reporting requirements. There are provisions for withholding payments until deficiencies have been remedied

(Sanctions and Enforcement) and requirements that any subrecipients spending “more than \$500,000 in Federal funds in any given fiscal year shall have an audit. . . or Single Audit.” Furthermore, subrecipients are required “to submit both financial and program reports describing the status of the funds, the status of the project, a comparison of actual accomplishments to the objectives, the reason(s) goals have not been met, and/or other pertinent information.”

B. Accounting System

1. Does the organization have updated (last two years) written accounting policies and procedures to manage federal awards in accordance with 2 CFR 200?

Yes, the Financial Management Guide (updated July 2023) establishes administrative requirements, cost principles, and audit requirements that conform to 2 CFR 200. These include systems to accurately and reliably track federal award expenditures and timely reporting; provide for strong internal controls, purchasing and contract regulations, and monitoring and auditing controls.

a. If no, please provide a brief explanation of why not: Not applicable

b. Describe the management of federal funds and how funds are separated (not co-mingling) from other organizational funds.

The Grants Management Manual prohibits the commingling of funds. All awards are given a specific costing objects (e.g., cost centers, internal orders, funds, and fund centers). This gives Arkansas Department of Finance and Administration an ability to isolate all expenses and revenues for federal and other awards. General Ledger numbers are incorporated to further identify the classification of expenses and revenues. This data is required for the State’s SAP solution known as the Arkansas Administrative Statewide Information System (AASIS).

2. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:

a. **Total funds available for an award:** The Financial Management Guide provides detailed instructions about following the State’s established funds accounting processes, using the Funds Management module of AASIS. It directs state agencies “Expenditures cannot exceed the budget at the fund/funds center/commitment item/functional area level” (Financial Management Guide 2023, P1-19-4-601, p. 70).

b. **Total funds available for a budget cost category:** At the grant cost category level, it is the responsibility of the Project Director to approve all properly documented grant expenditures by comparing them with the approved grant budget, by cost category. The Project Director will seek prior approval of proposed budget alterations when required by the Federal cost principles.

3. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?

Yes

- a. If yes, please provide the name and address of the Agency that performed the review:** Arkansas Legislative Audit, State Capitol-500 Woodlane St. Suite 172, Little Rock, AR 72201
- b. Provide a summary of the opinion.** Arkansas Legislative Audit identified that Coronavirus Aid, Relief and Economic Security (CARES) Act funds were not accounted for in requested reimbursements of the Child Support program. (Single Audit, 2023-014)
- c. How the organization resolved any concerns.** Yes, corrections have been made to the appropriate reports.

4. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program)?

Arkansas Department of Finance and Administration does not currently charge indirect cost. For grants administered by the Department of Finance and Administration, Office of Intergovernmental Services that include match requirements, the match is passed through as a requirement to subgrantees. Two methods are used for recording both the non-federal share and in-kind contributions.

1. Grants managed through IGS Connect: Non-federal share and in-kind contributions are entered directly into the IGS Connect grants management system, alongside requests for Federal funds. Subgrantees upload supporting documentation to verify match requirements. Department of Finance and Administration, Office of Intergovernmental Services staff review and approve all documentation in conjunction with the federal fund request to ensure allowability of match and accurate accounting.
2. Grants not managed through IGS Connect: Subgrantee-reported match contributions are tracked manually using spreadsheets maintained by the Department of Finance and Administration, Office of Intergovernmental Services. Subgrantees provide supporting documentation to verify match requirements. Department of Finance and Administration, Office of Intergovernmental Services staff review and approve all documentation in conjunction with the federal fund request to ensure allowability of match and accurate accounting.

Reporting: All match contributions – whether tracked through IGS Connect or spreadsheets – are included in the quarterly Federal Financial Reports submitted via JustGrants.gov

For the Child Support program, expenditures are accumulated and cost allocations between Federal and State are made at the time of reporting. The actual state match is transferred to the Office of Child Support Enforcement on a monthly basis as expenditures are made.

5. Does the organization's accounting system provide identification for award funding by federal agency, pass-through entity, Assistance Listing (CFDA), award number and period of funding?

Yes

a. If yes, how does your organization identify awards?

Arkansas Department of Finance and Administration uses either internal orders or Work Breakdown Structures, two costing objects within the SAP solution, to define the funding agency and the award number.

b. If not, please explain why not. Not applicable

C. Budgetary Controls

1. What are the organization's controls utilized to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the federal award?

The Program Director will recommend changes to the Department secretary for approval against the Award budget. Final approval must be signed off on by the AOR after approval is received.

2. Describe your organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 2 CFR 200.305, "Federal Payment.").

Department of Finance and Administration is compliant with the State of Arkansas's Cash Management Improvement Act Agreement (CMIA) Treasury Agreement. Department of Finance and Administration requests federal funds as needed based on the amount of liabilities recorded since the last request for funds. This funding technique is interest neutral.

D. Personnel

1. Does the organization have a current organizational chart?

Yes, a copy is appended to the end of this document.

2. Does the organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.

Yes, the Department of Finance and Administration, along with the Department of Transformation and Shared Services have written Personnel policies and procedures that

have been updated within the last two years accessible through the Department of Finance and Administration's time recording system (EASE).

3. Does the organization pay compensation to Board Members?

No, for certain regulatory boards, stipends and travel expenses are reimbursed.

4. Are staff responsible for fiscal and administrative oversight of HHS awards (Grants Manager, CEO, Financial Officer) familiar with Federal rules and regulations applicable to grants and cooperative agreements (e.g. 2 CFR 200)?

Yes; staff are familiar with federal rules and regulations applicable to grants and Cooperative Agreements (e.g. 2 CFR 200). Staff attend annual training that includes education on Uniform Guidance.

5. Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.

Department of Finance and Administration uses a costing objects in the SAP solution to code all employees' positions based on their job functions in accordance with the respective duties. For positions that expend 100% effort on grant programs, the Department of Finance and Administration has a methodology for tracking time by Work Breakdown Structure or Internal Order. This is timely reviewed for appropriateness of allocated time to grant programs.

E. Payroll

1. In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.

Yes, there is a segregation of duties for the staff who prepare payroll for state employees.

F. Consultants

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail the following? Yes

a. Briefly describe the organization's method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.

The Department of Finance and Administration follows State standard contract management processes, based on the Contract Administration Best Practices Guide published by the Office of State Procurement, and policies to ensure consultant costs and fees are allowable, allocable, necessary, and reasonable. These processes include monthly contract monitoring to ensure consultants are meeting deliverables set out in the contract performance standards, measuring the invoiced spend against the allowed budget, and ensuring all tasks and task orders are

contemplated in the original contracting document. Prior to paying all invoices, contract monitors must sign off that the consultants have met all deliverables under the contract and the invoice amount is within budget limits.

b. Briefly describe the organization’s method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.

The State and the Department of Finance and Administration require all prospective consultants to submit a signed copy of the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions form as promulgated by the U.S. Department of Justice Office of the Comptroller (OJP FORM 4061/1).

G. Property Management

1. Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 2 CFR 200.313. Refer to (2 CFR 200) for definitions of property to include personal property, equipment, and supplies.

The Department of Finance and Administration maintains a record of all property of the department belonging to the State of Arkansas (Financial Management Guide 2023, P1-19-4-1503, p. 151). A.C.A. § 19-4-1501 declares that the Chief Fiscal Officer of the State has established an inventory system for property and equipment with central coding. The Chief Fiscal Officer of the State has provided rules to distinguish between equipment and items that fall under the Federal category of supplies and requires “the executive head of each state agency to keep and maintain a record of all property of the agency.”

2. Does your organization have adequate insurance to protect the Federal interest in equipment and real property (see 2 CFR 200.310 "Insurance coverage.")? How does the organization calculate the amount of insurance?

The Department of Finance and Administration’s property and content insurance is provided by the Risk Management Division of the Department of Statewide Administrative Services. The state’s captive insurance plan specifies a Statement of Value for covered premises, building names, asset ID numbers and state values. The calculation is done by the insurance company based on the replacement of the property and equipment.

H. Procurement

1. Describe the organization’s property standards in accordance 2 CFR 200.310-327 “Procurement Standards”)”? If there are no procurement procedures, briefly describe how your organization handles purchasing activities.

Department of Finance and Administration has within the Office of State Controller staff that adhere to procedures and policies for procuring services and commodities set forth in A.C.A. §§ 19-60-101 – 19-70-204, along with policies set forth by the Arkansas Office of State Procurement. As for any issuance of any discretionary or non-discretionary passthrough subgrants, Department of Finance and Administration abides by the source

grant funding on the need for a competitive award or solicited proposals or other as allowed. This is in line with the Department of Finance and Administration financial guidelines all department must adhere to, as well as additional state statutory limitations (e.g. found in A.C.A. § 19-4-2101).

a. Include individuals responsible and their roles.

Melanie Hazeslip, DFA Division Administrator – oversee general procurement activities.

b. Describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.

Department of Finance and Administration uses a competitive sealed bid process set out in A.C.A. § 19-61-505. Bids are solicited through an open process and evaluated by an anonymous team. The cost proposals are opened separately, then the bids are scored independently, with the award going to the highest bidder.

I. Travel

1. Describe the organization’s written travel policy. Ensure, at minimum, that:

a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates (see 2 CFR 200.474, “Transportation costs.”).

The Department of Finance and Administration adhere to the Financial Management Guide and Arkansas code that requires reimburse of travel charges be based on actual costs incurred. Department of Finance and Administration uses the standard travel reimbursement forms. The form requires all travelers enter the date and purpose of the trip, along with providing actual receipts for all expenses, except mileage.

b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.

The Department of Finance and Administration adhere to the State’s Travel Policy and require all travelers to submit receipts except in the case of mileage.

c. Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.

Lodging rates cannot exceed the Federal per diem rates without authorization from the Program Director, and mileage is reimbursed at \$0.52 per mile. Subsistence is reimbursed for actual expenses, not to exceed the GSA rate.

- d. Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).**

Commercial transportation costs are incurred at coach fares. Lodging rates cannot exceed the Federal per diem rates without authorization from the Program Director.

- e. Travel expense reports show purpose and date of trip.**

Department of Finance and Administration requires travel to be authorized before and indicate the date and purpose of the travel. The authorization is matched to the travel reimbursement form to document the purpose and actual expenses incurred.

- f. Travel costs are approved by organizational official(s) and funding agency prior to travel.**

Reimbursements must be approved by a Project Director before being sent to Accounts Payable for review and payment.

J. Internal Controls

- 1. Provide a brief description of your organization's internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see 2 CFR 200.303, "Internal controls.")**

Department of Finance and Administration has implemented internal controls in accordance with the COSO model. These controls extend from review and approve of all security roles within the SAP solution by the State Controller to review of internal controls biannually by the Department of Inspector General. Any conflicts in security roles identified are denied or documentation of alternative controls are provided.

- 2. What is your organization's policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?**

Department of Finance and Administration require two employees for any transaction and at each step on the procure to pay cycle. For accounts payable, there are eight fiscal specialists that enter and park invoices for payment in AASIS. An additional two fiscal supervisors review and post the invoices parked by the specialist for payment. Both groups have different roles in the State's SAP solution and cannot perform the duties of the other group. All cash related transaction must first be posted by the department and matched to receipts in the State Treasurer's Office – a constitutionally independent office of State government.

- 3. Does the organization have internal audit or legal staff? If not, how do you ensure compliance with the award? Please describe.**

Yes

- 4. If the organization has a petty cash fund, how is it monitored?**

No petty cash fund is maintained by the department.

- 5. Who in the organization reconciles bank accounts? Is this person familiar with the organization's financial activities? Does your organization authorize this person to sign checks or handle cash?**

All funds are deposited into the State Treasury. No bank accounts are maintained.

- 6. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?**

A.C.A. § 21-27-701 establishes a self-insured fidelity bond program for participating state governmental entities which includes DHS. The fidelity bond coverage covers actual losses sustained by the governmental entity up to an amount not exceeding \$300,000 or the amount of the bond.

K. Audit

- 1. What is your organization's fiscal year?**

July 1 - June 30

- 2. Did the organization expend \$1,000,000 or more in Federal awards from all sources during its most recent fiscal year?**

Yes

- 3. Has your organization submitted Audit Report**

- a. an audit report to the Federal Audit Clearing House (FAC) in accordance with the Single Audit Act in the last 3 years? (see 2 CFR 200.501, "Audit requirements" and 2 CFR 300.218 "Special Provisions for Awards to for-profit organization as recipients.")**

-

- Yes, the Department of Finance and Administration has submitted an audit report to the **Federal Audit Clearing House (FAC)** in accordance with the Single Audit Act in the last 3 years. The most recently submitted audit report was submitted on 3/27/2024

- b. or, an independent, external audit? If no, briefly explain.**

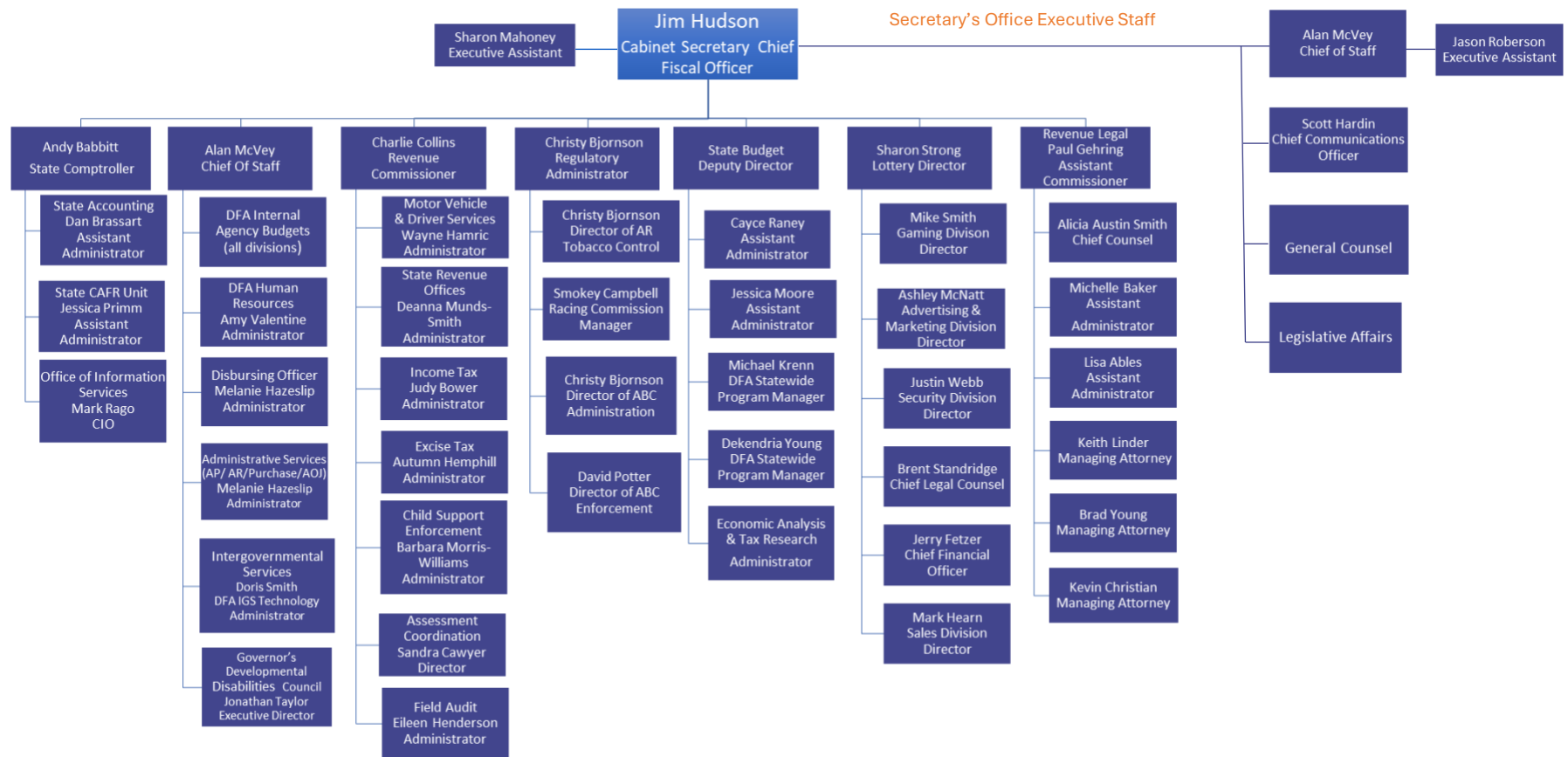
- Not applicable

-

- 4. Does the organization have corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.**

No

DEPARTMENT OF FINANCE & ADMINISTRATION



PROGRAM DUPLICATION ASSESSMENT

Confirmation

The State of Arkansas affirms its responsibility to ensure that the Administration's objectives for the Rural Health Transformation (RHT) Program award funds are not used to duplicate or supplant existing federal, state, or local funding. RHT Program funds will also not be used for the non-federal share of Medicaid payments. All funded activities will be carefully coordinated with existing programs to maximize impact, avoid redundancy, and ensure that resources directly advance the objectives of the RHT Program for rural communities.

Alignment with Existing Programs and Avoidance of Duplication

The Arkansas RHT Program is intentionally designed to build on existing State and Federal initiatives, ensuring that new resources enhance current efforts rather than replicate them. Engaging stakeholders is a cornerstone of our strategy. By working closely with State agencies, Federal program administrators, and local partners, Arkansas ensures alignment of goals, coordinated data sharing, and collaborative outreach. This approach maximizes the impact of public investments while leveraging the experience, infrastructure, and best practices of established programs to expand reach and improve effectiveness.

To maintain coordination and avoid overlap, Arkansas employs structured mechanisms such as interagency working groups, formal data-sharing agreements, and joint reporting

frameworks. These tools support ongoing communication, facilitate mutual assistance among program partners, and allow the State to assess the collective impact of multiple initiatives. Compliance with all relevant laws and regulations, including the Stafford Act's Duplication of Benefits (DOB) requirements, is rigorously enforced, and regulatory updates are continuously monitored to ensure program design remains fully compliant.

Finally, the State will engage a qualified external firm to provide independent compliance and monitoring services. This firm will evaluate adherence to program guidelines, track outcomes, and assess alignment with existing initiatives to ensure measurable results. Arkansas will also fully participate in any CMS-led evaluation or oversight activities to maintain transparency and accountability throughout implementation.

Standard Operating Procedures and Best Practices

Arkansas will partner with a qualified third-party to conduct comprehensive compliance, monitoring, and evaluation services for this program. The firm will provide oversight to ensure program integrity, adherence to Federal and State requirements, and continuous improvement in implementation. Together, Arkansas and the firm will execute a rigorous compliance framework grounded in proven standard operating procedures (SOPs) and best practices to prevent DOB and ensure effective program delivery.

1. Intake and Eligibility Review

- Comprehensive Disclosure: Applicants are required to report all sources of financial assistance, including State, Federal, local, and private funds.

- Needs Assessment: For each applicant, the total need and total assistance available or received are analyzed in accordance with Federal guidance.
- Privacy and Subrogation Agreements: Beneficiaries sign agreements that authorize verification of reported data and commit them to repay any duplicative funds identified after award.

2. Duplication of Benefits (DOB) Analysis

- Systematic Verification: The compliance team and partner firm review applications against centralized databases and partner program records to detect overlapping funding sources.
- Non-Duplicative Assistance Exclusion: Any assistance provided for a different allowable use is excluded from DOB calculations.
- Comprehensive Documentation: Each decision—whether to include or exclude a funding source—is documented in the case file with supporting evidence for audit purposes.

3. Desk Reviews and Field Audits

- Scheduled Monitoring: Desk reviews occur quarterly, while field audits are conducted annually or as needed for high-risk activities.
- Sample-Based Testing: Files most likely to involve multiple funding streams are selected for in-depth review.
- Technical Assistance: The partner firm provides subrecipients with targeted support to improve intake processes, recordkeeping, and compliance documentation.

4. Data Management and Reporting

- **Centralized Recordkeeping:** All compliance and monitoring documentation is maintained in a secure, centralized database accessible for both internal and external review.
- **Regular Reporting:** Compliance findings, corrective actions, and follow-up results are reported to program leadership and, when appropriate, to State and Federal oversight agencies.
- **Cybersecurity and Data Protection:** Robust cybersecurity measures safeguard all sensitive information, ensuring data integrity, confidentiality, and secure access in accordance with best practices for privacy and security.

5. Continuous Improvement and Best Practices

- **Feedback Integration:** Lessons learned from monitoring activities are incorporated into SOP updates, training curricula, and program refinements.
- **Training and Capacity Building:** All staff and subrecipients participate in regular training sessions that include case studies, role-play exercises, and updates on evolving Federal and State requirements.
- **Interagency Collaboration and Transparency:** Ongoing communication with other State and Federal programs ensures coordinated outreach and service delivery, while transparent public communication reduces the risk of inadvertent duplication.

OTHER SUPPORTING MATERIALS

JOHN BOOZMAN
ARKANSAS
555 DIRKSEN SENATE OFFICE BUILDING
WASHINGTON, DC 20510
202-224-4843

United States Senate
WASHINGTON, DC 20510

October 31, 2025

COMMITTEES
AGRICULTURE, NUTRITION, AND FORESTRY
CHAIRMAN
APPROPRIATIONS
CHAIRMAN, MILITARY CONSTRUCTION, VETERANS' AFFAIRS
AND RELATED ACTIVITIES
ENVIRONMENT AND PUBLIC WORKS
RULES AND ADMINISTRATION
VETERANS' AFFAIRS

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., S.W.
Washington, DC 20001

Dear Administrator Oz:

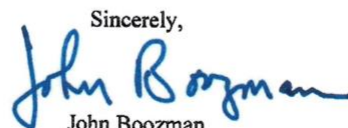
I am writing to express support for the State of Arkansas's application to the Rural Health Transformation Program.

Arkansas's congressional delegation was united in its support for the One Big Beautiful Bill Act, which delivered the largest investment in rural health care history, through the creation of the Rural Health Transformation Program. This innovative program is dedicated to bolstering rural health communities and investing in state-specific rural health needs.

Almost 45 percent of Arkansas's population resides in rural areas, one of the largest shares in the country.¹ The rural nature of Arkansas creates additional barriers to accessing quality care, resulting in large health disparities. These challenges leave rural residents with poor health outcomes and a higher burden of chronic disease, leading to a fragile health care system. In Arkansas, 50 percent of rural hospitals are at risk of closure, the highest percentage in the nation.²

Arkansas's proposal offers a solution that is both collaborative and sustainable. The proposal's core strategies include preventative care, by promoting healthier nutrition habits and health data tracking; improved delivery of services that meet people where they are located, such as in schools and churches; and a stronger health care workforce that focuses on opportunities for upskilling and retaining clinicians in their rural communities, all of which promote long-term financial stability. With your partnership, Arkansas will support rural health care providers more efficiently and effectively, while complementing President Trump's vision to strengthen health care delivery in rural America.

I hope that you will share my belief that the Rural Health Transformation Program will create a tremendous benefit for all Arkansans. Thank you in advance for your time and consideration. I am grateful for the assistance your agency provides to the state of Arkansas.

Sincerely,

John Boozman
U.S. Senator

¹ University of Arkansas System, Division of Agriculture, Cooperative Extension Service. 2025 Rural Profile of Arkansas. 2025. Accessed October 1, 2025. <https://www.uaex.uaa.edu/publications/pdf/MP585.pdf>

² 2025 Rural Health State of the State | Chartis. Healthcare Advisory Services and Analytics | Chartis. 10 Feb. 2025. www.chartis.com/insights/2025-rural-health-state-state

TOM COTTON
ARKANSAS
325 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
PHONE: (202) 224-2353

United States Senate

COMMITTEES
ARMED SERVICES
JOINT ECONOMIC COMMITTEE
JUDICIARY
SELECT COMMITTEE ON INTELLIGENCE

October 31, 2025

The Honorable Dr. Mehmet Oz
Administrator
U.S. Centers for Medicare & Medicaid Services
7500 Security Boulevard
Windsor Mill, MD 21244

Dear Administrator Oz:

I write to express support for the State of Arkansas's application submitted for the Rural Health Transformation Program (RHTP).

Arkansas continues to demonstrate a commitment to advancing the President's healthcare vision through innovative initiatives. The State secured a first-of-its-kind FNS SNAP waiver to remove candy and soda as eligible items under SNAP, aligned Short Term Limited-Duration Insurance with the Trump Administration's guidance, and plans to restore the Presidential Fitness Test in Arkansas's Schools. Through the RHTP, Arkansas will prioritize preventative care through nutrition, screening, and community-based service delivery, while strengthening rural healthcare systems through integration, workforce upskilling, and retention efforts that allow clinicians to deliver enhanced clinical services to rural residents.

I hope you will share my belief that this project will provide a great benefit for Arkansans. I ask that you give this application all due consideration and please keep me apprised of its status.

I appreciate your continued service to the people of Arkansas.

Sincerely,



Tom Cotton
U.S. Senator

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(870) 933-6223

ROGERS
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LITTLE ROCK
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LITTLE ROCK, AR 72201
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EL DORADO
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EL DORADO, AR 71730
(870) 864-8582

FRENCH HILL
2ND DISTRICT, ARKANSAS
COMMITTEE ON FINANCIAL SERVICES
CHAIRMAN
HOUSE PERMANENT SELECT COMMITTEE
ON INTELLIGENCE
SUBCOMMITTEE ON NATIONAL
INTELLIGENCE ENTERPRISE
SUBCOMMITTEE ON THE NATIONAL
SECURITY AGENCY & CYBER



Congress of the United States
House of Representatives
Washington, DC 20515

October 31, 2025

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FAX: (501) 324-6029
CONWAY DISTRICT OFFICE
900 OAK STREET
CONWAY, AR 72032
PHONE: (501) 902-5733
FAX: (501) 324-6029

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Oz:

I write today to express my support for the state of Arkansas's application for awards under the Rural Health Transformation Program. The application is led by Governor Sarah Huckabee Sanders and the Arkansas Department of Finance and Administration.

As you know, the Rural Health Transformation Program was authorized by the One Big Beautiful Bill Act (Public Law 119-21) and empowers states to strengthen the delivery of healthcare in rural communities across the country through investing in innovative, system-wide changes. I support President Trump's and your commitment to this mission.

Arkansas is one of the most rural states in the country and has historically faced numerous challenges in providing healthcare to its citizens. Providers in Arkansas are fewer than in most other states and serve aging, poor, and sick patients who face many barriers to access care. As a result, many Arkansans often are forced to delay their care. Additionally, according to the Arkansas Center for Health Improvement, Arkansas's rural hospitals are at the highest risk of closure in the countryⁱ, with the Center for Healthcare Quality and Payment Reform estimating that two-thirds of rural hospitals in the state are at risk of closure including 12 that face immediate riskⁱⁱ, which will further exacerbate challenges patients and providers face.

Arkansas's state leaders are working diligently to address statewide healthcare and rural healthcare challenges. The State has already demonstrated a commitment to improving access to health nutrition for families and children, expanding insurance options, and restoring the Presidential Fitness Test in schools. I am supportive of that important work.

The State has solicited a wide array of perspectives on what to prioritize within their application for an award under the Rural Health Transformation Program and has developed a strong proposal that, if funded, will position Arkansas to continue innovating, leading, and delivering quality healthcare to Arkansans for generations to come.

Th Honorable Dr. Mehmet Oz
October 31, 2025
Page 2 of 2

The proposal focuses on key priorities that will achieve positive outcomes by focusing on adopting healthy and preventative care habits, improving care coordination across entities, strengthening the health workforce, and improving the utilization of emerging technological advances. It also commits to improving screenings and tracking data, meeting people in the communities where they are, cutting administrative red tape and costs, and developing a robust workforce pipeline that encourages training, upskilling, and retention in rural areas.

A robust award for Arkansas would be a once-in-a-generation investment in a state that disproportionately faces challenges in providing healthcare to rural Americans. I hope that you share my belief that an investment in Arkansas will benefit all Arkansans by helping the State make rural Arkansas healthy again for many years to come.

Thank you for your full and fair consideration of Arkansas's application for funding through the Rural Health Transformation Program. Please keep Amelia Allert and Ryan Dalbec in my office apprised of its progress by phone at (202) 225-2506 or by email at Amelia.Allert@mail.house.gov and Ryan.Dalbec@mail.house.gov.

Sincerely,



French Hill
Member of Congress

ⁱ *Arkansas's Shifting Rural-Urban Divide: Healthcare Access Issues*, Arkansas Center for Health Improvement, May 2025, achi.net/wp-content/uploads/2025/05/250508C_Rural-Health-Insights_Healthcare-Update.pdf.

ⁱⁱ *Rural Hospitals at Risk of Closing*, Center for Healthcare Quality & Payment Reform, August 2025, https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf.

STEPHEN A. WOMACK
THIRD DISTRICT, ARKANSAS
Website — womack.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-0403

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON TRANSPORTATION,
HOUSING AND URBAN DEVELOPMENT, AND
RELATED AGENCIES—
CHAIRMAN
SUBCOMMITTEE ON DEFENSE
SUBCOMMITTEE ON FINANCIAL SERVICES
AND GENERAL GOVERNMENT

October 30, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Oz,

I am writing to express my strong support for the State of Arkansas's application for the Rural Health Transformation Program (RHTP). Arkansas is primed and ready to transform the health outcomes of those in rural communities by improving healthcare access and quality. I ask that all due consideration be given to their proposal.

The Trump Administration's goal to boost the health of all Americans and strengthen healthcare delivery to rural communities through improved nutrition, insurance options, and increased access to care is shared by the State of Arkansas. Under Governor Sarah Huckabee Sanders's leadership, Arkansas has demonstrated commitment to this collective vision. With federal investment from the RHTP, the State plans to continue this same alignment, meeting the strategic goals of sustainable access, workforce development, innovative and preventative care, making rural America healthy again, and technological innovation.

The State plans to emphasize preventative treatment, like screening and nutrition, by delivering care to rural Arkansans where they are, including in schools and churches. Arkansas plans to support struggling rural healthcare systems in need of administrative assistance so these facilities can focus on delivering clinical care to rural patients. To address the gaps and desperate need for healthcare workers, the State plans to use RHTP funds to upskill and develop the next generation of providers.

Republicans' passage and enactment of the Working Families Tax Cut Act created the RHTP to provide a historic investment in states like the one I call home. I appreciate your leadership and commitment to ensuring this funding is distributed in a timely fashion to serve the rural communities and small towns across the country.

Please accept my support for the State of Arkansas's application and the increased access to health care services and resulting healthy outcomes it would provide for the constituents I

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(202) 225-4301

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(479) 464-0440

FORT SMITH
6101 PHOENIX AVENUE, SUITE 4
FORT SMITH, AR 72803
(479) 424-1146

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serve. If you have any questions, please contact my Senior Legislative Assistant, Grace VanDeGrift, at Grace.VanDeGrift@mail.house.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Womack", with a stylized flourish at the end.

Steve Womack
Member of Congress

BRUCE WESTERMAN
4TH DISTRICT, ARKANSAS

CHAIRMAN, COMMITTEE ON
NATURAL RESOURCES
COMMITTEE ON TRANSPORTATION
AND INFRASTRUCTURE

Congress of the United States
House of Representatives
Washington, DC 20515-0404

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101 RESERVE STREET, SUITE 200
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(501) 609-9796

<http://westerman.house.gov>

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Administrator Oz and Secretary Kennedy,

I write to express my strong support for the State of Arkansas' application to the Rural Health Transformation Program (RHTP). I appreciate President Trump's leadership in expanding healthcare access for rural communities across our state and nation. This initiative presents a vital opportunity to strengthen and modernize healthcare delivery in rural America, and Arkansas is well positioned to lead the way.

The State has shown clear alignment with the President's healthcare vision through reforms such as improved nutrition programs, expanded insurance options, and professional licensure compacts. Arkansas also earned a first-of-its-kind FNS SNAP waiver removing candy and soda from eligibility, advanced short-term limited duration insurance (STLDI) consistent with federal guidance and plans to restore the Presidential Fitness Test in schools to promote preventive care.

Arkansas' RHTP application offers a comprehensive, data-driven, and achievable plan aligned with the program's goals. Under the RHTP, Arkansas will emphasize prevention, local delivery, and community-based care through schools, churches, and civic organizations, meeting people where they are and improving long-term outcomes. As a long-time leader in community-based health innovation, Arkansas is uniquely suited to model effective rural healthcare reform and streamline rural systems that lead to savings in administrative costs. The proposal addresses key challenges, access barriers, workforce shortages, and sustainability, through measurable, scalable solutions and strengthen the rural health workforce through upskilling and retention initiatives.

In sum, Arkansas' proposal reflects the goals and spirit of the RHTP. I strongly urge your agencies to provide maximum funding for this application so Arkansas can demonstrate how strategic, locally driven reform can deliver measurable results for rural Americans.

Thank you for your leadership in strengthening America's healthcare system. I look forward to working with you to ensure that rural Arkansans receives the access, quality, and care they deserve.

Sincerely,



Bruce Westerman
Member of Congress

100 EAST 8TH AVENUE, ROOM 2521
PINE BLUFF, AR 71601
(870) 536-8178

101 NORTH WASHINGTON AVENUE, SUITE 406
EL DORADO, AR 71730
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211 WEST COMMERCIAL STREET
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(479) 667-0075

ERIC A. "RICK" CRAWFORD
1ST DISTRICT, ARKANSAS

CHAIRMAN, PERMANENT SELECT COMMITTEE
ON INTELLIGENCE

VICE CHAIRMAN, COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE

SUBCOMMITTEE ON
HIGHWAYS AND TRANSIT
WATER RESOURCES AND ENVIRONMENT

COMMITTEE ON AGRICULTURE
SUBCOMMITTEE ON GENERAL FARM COMMODITIES,
RISK MANAGEMENT, AND CREDIT

Congress of the United States
House of Representatives
2422 Rayburn Building
Washington, DC 20515

October 31, 2025

The Honorable Mehmet Oz
Administrator
Center for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Administrator Oz:

I am pleased to express my support for the State of Arkansas's application to the Rural Health Transformation (RHT) Program. Funding from this program will serve as a critical investment in the health, resilience, and long-term vitality of Arkansas's First Congressional District.

The State of Arkansas has demonstrated strong alignment with the Administration's healthcare objectives through initiatives that promote nutrition, expand access to affordable insurance options, and advance multistate licensure compacts. Additionally, Arkansas has led the way with innovative programs such the first-of-its-kind FNS SNAP waiver removing candy and soda from eligibility, the advancement of short-term, limited duration insurance (STLDI) consistent with federal guidance, and plans to restore the Presidential Fitness Test in schools.

Like many rural states, Arkansas stands at the forefront of healthcare revitalization. For years, our state has faced significant challenges in accessing essential funding and resources for basic healthcare needs. However, recent state-level initiatives have begun to expand opportunities in some of our most rural and underserved communities. The State's RHT Program application builds upon this progress through an exhaustive, evidence-based, and attainable plan that aligns with the program's goals. Under the RHT Program, Arkansas aims to strengthen preventative care through nutrition programs, health screenings, and innovative service delivery models to meet people where they are.

As the Congressman representing Arkansas's First Congressional District, I fully support the State of Arkansas's application to the RHT Program. My district includes many of the state's most underserved and rural counties, some with populations under 5,000, where access to healthcare is limited and essential services are often out of reach. The State has consistently demonstrated its commitment to improving the health and well-being of its residents, and this program presents an important opportunity to continue that mission. Investments such as this will help ensure that future generations of Arkansas have access to quality healthcare they both desire and deserve.

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FAX: 870-203-0542

CABOT
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MOUNTAIN HOME
1001 HIGHWAY 52 EAST
SUITE 9
MOUNTAIN HOME, AR 72653
PHONE: 870-424-2075
FAX: 870-424-3149

DUMAS
101 E. WATERMAN STREET
DUMAS, AR 71636
PHONE: 870-377-5571

WWW.CRAWFORD.HOUSE.GOV

Thank you for your leadership in ensuring all Americans receive the care they need. I look forward to working with you in the future on strengthening and preserving healthcare needs for Arkansans.

Sincerely,

A handwritten signature in blue ink, appearing to read "Eric A. Crawford", with a stylized flourish at the end.

Eric A. "Rick" Crawford
Member of Congress



LIEUTENANT GOVERNOR
LESLIE RUTLEDGE

October 31, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Oz,

I am writing to express my strong support for the State of Arkansas's application for the Rural Health Transformation Program, established under President Trump's One Big Beautiful Bill. This initiative represents a critical opportunity to strengthen health care delivery in rural communities across our nation.

Arkansas is a proudly rural state with a strong tradition of innovation in health care delivery. Our communities, hospitals, and providers have shown remarkable dedication in meeting local needs, and this program offers an opportunity to build on that success. Through the Rural Health Transformation Program, Arkansas will be able to expand preventive care, strengthen its health care workforce, and accelerate the use of technology and telehealth to ensure that every Arkansan can access quality care close to home.

I fully support Arkansas's application and respectfully urge CMS to give it favorable consideration. This program will provide meaningful and lasting benefits to rural patients, providers, and communities throughout our state.

Thank you for your leadership and your continued attention to the needs of rural America.

Sincerely,

A handwritten signature in black ink, appearing to read "Leslie Rutledge".

Leslie Rutledge
Lieutenant Governor of Arkansas

LIEUTENANT GOVERNOR OF ARKANSAS
STATE CAPITOL, STE 270, LITTLE ROCK, AR 72201
501.682.2144 | LTGOVERNOR.ARKANSAS.GOV



COLE JESTER
ARKANSAS SECRETARY OF STATE

October 31, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Oz,

I am writing to you to express my strong support for the Rural Health Transformation Program (RHTP) and Arkansas's application. Such a program would be transformative to rural Arkansas. Arkansas has a much higher than average amount of its population living in rural areas compared to other states. Indeed, over 40% of Arkansans live in areas classified as rural, and the need for improvement in rural healthcare has long been a priority of this State.

Arkansas shares the President's vision for strengthening healthcare delivery in rural communities. The State has recently delivered on that commitment by improving nutrition, insurance options, and licensure compacts which provide more care options to rural Arkansans. Arkansas was also granted a first-of-its-kind FNS SNAP waiver removing candy and soda as eligible items under the SNAP, aligned short-term, limited duration insurance with the Trump Administration's guidance, and will seek to restore the Presidential Fitness Test in Arkansas Schools.

The State's application would further our shared commitment by emphasizing preventative treatment through nutrition, tracking, screenings, and delivery of services that meet people where they are, such as in schools, churches, or community buildings. We will provide opportunities for rural systems to integrate to cut administrative costs and focus on the mission of delivering clinical services to rural residents.

We are so thankful for your leadership of CMS and the Agency's effort in executing this transformative initiative. We look forward to our partnership in ensuring we make rural America healthy again. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Cole Jester".

Cole Jester
Arkansas Secretary of State

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October 31, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Oz,

On behalf of the State of Arkansas, I write to express our strong support for the Rural Health Transformation (RHT) Program and to affirm our commitment to advancing the goals set forth by President Trump to strengthen healthcare delivery in rural America.

Arkansas has long embraced the President's vision for a healthier, more secure future for our citizens. We have taken bold steps to align our policies with this vision, including implementing a first-of-its-kind FNS SNAP waiver that removes candy and soda from eligible items—prioritizing nutrition as a cornerstone of preventative care. We have also aligned our short-term limited duration insurance (STLDI) policies with federal guidance and are actively working to restore the Presidential Fitness Test in Arkansas schools, reinforcing our commitment to health and wellness from an early age.

Our forthcoming RHTP application will emphasize a community-centered approach to preventative treatment. We aim to meet Arkansans where they are—whether in schools, churches, or community centers—by expanding access to screenings, nutritional support, and mobile clinical services. We believe that healthcare should be proactive, accessible, and rooted in the everyday lives of our rural residents.

Additionally, Arkansas is committed to fostering integration among rural health systems to reduce administrative burdens and redirect resources toward direct clinical care. By encouraging collaboration and shared services, we can enhance efficiency and sustainability across our rural healthcare infrastructure.

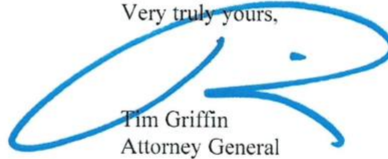
Workforce development remains a top priority. We will invest in upskilling opportunities and retention strategies that empower clinicians to serve in rural communities long-term. Our goal is to cultivate a healthcare workforce that is not only highly skilled but deeply connected to the communities they serve.

BOB R. BROOKS JR. JUSTICE BUILDING
101 WEST CAPITOL AVENUE
LITTLE ROCK, ARKANSAS 72201

We appreciate the leadership of CMS in launching this transformative initiative and look forward to working closely with your team to ensure Arkansas's application reflects the innovation, dedication, and strategic alignment necessary to make rural America healthy again.

Thank you for your consideration and continued partnership. With best regards, I am

Very truly yours,

A handwritten signature in blue ink, appearing to be 'Tim Griffin', is written over the typed name.

Tim Griffin
Attorney General

BART HESTER

PRESIDENT PRO TEMPORE
SENATE
33RD DISTRICT
(479) 531-4176
bart.hester@senate.ar.gov

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CAVE SPRINGS, ARKANSAS 72718



**THE SENATE
STATE OF ARKANSAS**

MEMBER:
REVENUE & TAXATION
CITY, COUNTY, LOCAL AFFAIRS
SENATE INTERIM COMMITTEE ON CHILDREN & YOUTH
RULES, RESOLUTIONS & MEMORIALS
JOINT BUDGET
JOINT LEGISLATIVE FACILITIES

October 31, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

Re: Arkansas Rural Health Transformation Program Application

Dear Administrator Oz:

I am writing to offer my support and commitment to the Arkansas Application for Rural Health Transformation Program (RHTP) funding. Arkansas is a rural state, with approximately forty-four percent (44%) of our population living in rural communities. We support and appreciate President Trump's work to strengthen healthcare delivery in rural Arkansas and have shown our commitment to the President's vision for healthcare and delivery and security through improved nutrition, insurance options and licensure compacts. Arkansas was recently granted a first-of-its-kind FNS SNAP waiver, removing candy and soda as eligible items under SNAP, we have aligned Short-Term Limited-Duration Insurance with the Trump Administrations guidance, and we will seek to restore the Presidential Fitness Test in Arkansas Schools.

The Arkansas RHTP application emphasizes preventative treatment through nutrition, tracking health outcomes, health screenings, and delivery of services that meet our citizens where they are, whether it's in our schools, mobile clinics, or our churches. With the award of this funding, we will harness the power of technology to improve education, healthcare delivery, and care coordination. Specifically, through programs like IMPACT, we will utilize wearables and deployables to manage and reverse chronic diseases like hypertension and diabetes. This innovative approach will develop public-private partnerships with businesses and private philanthropy to deliver life-changing care with measurable outcomes that ensure the dollars invested are sustainable, efficient and effective.

Page Two – October 31, 2015

Letter of Support

We will provide opportunities for rural healthcare providers to integrate systems, reducing administrative costs so they can focus on their most important mission: delivering clinical services to rural Arkansans. Additionally, these funds will provide opportunities for upskilling and retention programs for healthcare providers that encourage workforce development in rural areas and further strengthens clinician's connections to the communities they serve.

Arkansas has been a leader in innovation in the healthcare arena, and I have no doubt about our ability to effectively and responsibly execute the programs we have highlighted in our application. I and my fellow Senators are committed to the success of these programs and will take any action necessary to assist in its implementation. Thank you for your consideration of our application, President Trump's and your commitment to Making America Healthy Again, and ultimately Making Arkansas Healthy Again.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Hester", with a stylized flourish at the end.

Senator Bart Hester
Arkansas Senate President Pro Tempore



STATE OF ARKANSAS
House of Representatives

NINETY-FIFTH GENERAL ASSEMBLY
STATE CAPITOL
500 WOODLANE STREET, SUITE 350
LITTLE ROCK, ARKANSAS 72201-1089
(501) 682-7771

BRIAN S. EVANS, SPEAKER

October 31, 2025

Dr. Mehmet Oz
Administrator
U.S. Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Letter of Support for Arkansas's Application to the Rural Health Transformation Program

Dear Dr. Oz:

As Speaker of the Arkansas House of Representatives, I write in strong support of the State of Arkansas's application to participate in the Rural Health Transformation Program. Our state's rural communities form the backbone of Arkansas's economy and culture, and maintaining access to essential healthcare services is vital to their strength and long-term viability. We support and appreciate President Trump's work to ensure quality healthcare access and delivery in even the most rural areas of Arkansas.

For years, rural hospitals and clinics across our state have operated under mounting financial pressure, with many struggling to sustain services that are essential for local families, businesses, and schools. The Rural Health Transformation Program provides a framework for states to build practical, locally driven solutions that protect access to care while promoting accountability and fiscal sustainability.

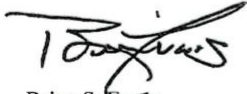
Arkansas's proposal reflects a thoughtful, conservative approach to reform. It prioritizes efficient use of taxpayer dollars, encourages innovative partnerships between providers, and reduces unnecessary administrative burdens that often strain small rural facilities. Importantly, it allows our state to tailor solutions that fit Arkansas's unique needs—rather than a one-size-fits-all federal model. Our application emphasizes deliverables that meet the people of Arkansas within their communities – in churches, schools, and community centers.

The Arkansas House of Representatives has consistently supported responsible investments in rural healthcare, from advancing broadband access for telehealth to incentivizing recruitment and retention for healthcare workers across our state. We are

confident this program will further strengthen these efforts, ensuring that rural Arkansans can access quality care close to home without placing additional strain on the state or federal budgets. Our State has already shown a commitment to President Trump's strategy for healthcare by promoting healthier lifestyle choices, insurance options, licensure compacts, and expedited workforce training for healthcare workers. Arkansas was granted a first-of-its-kind FNS SNAP waiver removing candy and soda as eligible items under SNAP and is redefining STLDI to best fill in the gaps for Arkansans under the Trump administration's guidance. Under Governor Sanders, we will also seek to restore the Presidential Fitness Test in Arkansas Schools as yet another strategy to improve long-term health outcomes.

I appreciate CMS's partnership and your continued support for states that are willing to innovate, reform, and lead. Arkansas stands ready to demonstrate that sustainable, locally guided strategies can both strengthen rural health systems and respect fiscal responsibility.

Respectfully,

A handwritten signature in black ink, appearing to read "B. Evans", with a stylized flourish at the end.

Brian S. Evans
Speaker of the House



Sarah Huckabee Sanders
GOVERNOR

Renee Mallory, RN, BSN
SECRETARY OF HEALTH

Jennifer Dillaha, MD
DIRECTOR

October 31, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicaid and Medicare Services
200 Independence Ave SW
Washington, DC 20201

Re: Endorsement of Arkansas's Proposed Plan for the Rural Health Transformation Program;
Opportunity No. CMS-RHT-26-001

Dear Dr. Oz:

Please accept this letter as the Arkansas Surgeon General's unequivocal endorsement of Arkansas's proposed Rural Health Transformation Plan. This plan reflects extensive consultation with a broad array of stakeholders and represents a collaborative effort between Governor Sarah Huckabee Sanders and her office, the Department of Finance and Administration, the Department of Health, the Department of Human Services, the State Crime Laboratory, and the Arkansas Surgeon General. Through these efforts, the State has ensured that our plan incorporates perspectives that address the unique healthcare needs of all rural Arkansans.

I wholeheartedly support the State's vision that, by 2031, every Arkansan will have dependable access to high-quality healthcare services, fostering healthier, more resilient communities. We are confident that this plan provides a strong, actionable framework to achieve these goals and enhance healthcare delivery across rural Arkansas.

On behalf of the Office of Arkansas Surgeon General, I extend our gratitude to President Trump, Secretary Kennedy, and yourself for your leadership and for offering Arkansas the opportunity to submit this plan, which will make lasting, transformative change in healthcare throughout the state.

Sincerely,

A handwritten signature in blue ink that reads "Kay H. Chandler".

Kay H. Chandler, MD, FACOG
Arkansas Surgeon General

Arkansas Department of Health
4815 West Markham St. • Little Rock, AR 72205

HEALTHY.ARKANSAS.GOV



DHS Secretary Janet Mann
Office of the Secretary

P.O. Box 1437, Slot S201, Little Rock, AR 72203-1437
P: 501.682.8650 F: 501.682.6836 TDD: 501.682.8820

October 31, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicaid and Medicare Services
200 Independence Ave SW
Washington, DC 20201

Re: Endorsement of Arkansas's Proposed Plan for the Rural Health Transformation Program;
Opportunity No. CMS-RHT-26-001

Dear Dr. Oz:

Please accept this letter as the Arkansas Department of Human Services unequivocal endorsement of Arkansas's proposed Rural Health Transformation Plan. This plan reflects extensive consultation with a broad array of stakeholders and represents a collaborative effort between Governor Sarah Huckabee Sanders and her office, the Department of Finance and Administration, the Department of Health, the Department of Human Services, the State Crime Laboratory, and the Arkansas Surgeon General. Through these efforts, the State has ensured that our plan incorporates perspectives that address the unique healthcare needs of all rural Arkansans.

I wholeheartedly support the State's vision that, by 2031, every Arkansan will have dependable access to high-quality healthcare services, fostering healthier, more resilient communities. We are confident that this plan provides a strong, actionable framework to achieve these goals and enhance healthcare delivery across rural Arkansas.

On behalf of the Department of Human Services, I extend our gratitude to President Trump, Secretary Kennedy, and yourself for your leadership and for offering Arkansas the opportunity to submit this plan, which will make lasting, transformative change in healthcare throughout the state.

Sincerely,

A handwritten signature in black ink that reads 'Janet Mann'.

Janet Mann
Cabinet Secretary
Department of Human Services

We Care. We Act. We Change Lives.
humanservices.arkansas.gov



Sarah Huckabee Sanders
GOVERNOR

Renee Mallory, RN, BSN
SECRETARY OF HEALTH

Jennifer Dillaha, MD
DIRECTOR

October 31, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicaid and Medicare Services
200 Independence Ave SW
Washington, DC 20201

Re: Endorsement of Arkansas's Proposed Plan for the Rural Health Transformation Program;
Opportunity No. CMS-RHT-26-001

Dear Dr. Oz:

Please accept this letter as the Arkansas Department of Health's unequivocal endorsement of Arkansas's proposed Rural Health Transformation Plan. This plan reflects extensive consultation with a broad array of stakeholders and represents a collaborative effort between Governor Sarah Huckabee Sanders and her office, the Department of Finance and Administration, the Department of Health, the Department of Human Services, the State Crime Laboratory, and the Arkansas Surgeon General. Through these efforts, the State has ensured that our plan incorporates perspectives that address the unique healthcare needs of all rural Arkansans.

I wholeheartedly support the State's vision that, by 2031, every Arkansan will have dependable access to high-quality healthcare services, fostering healthier, more resilient communities. We are confident that this plan provides a strong, actionable framework to achieve these goals and enhance healthcare delivery across rural Arkansas.

On behalf of the Department of Health, I extend our gratitude to President Trump, Secretary Kennedy, and yourself for your leadership and for offering Arkansas the opportunity to submit this plan, which will make lasting, transformative change in healthcare throughout the state.

Sincerely,

A handwritten signature in blue ink that reads "Renee Mallory". The signature is fluid and cursive, with the first name "Renee" and last name "Mallory" clearly distinguishable.

Renee Mallory, RN, BSN
Secretary of Health

Arkansas Department of Health
4815 West Markham St. · Little Rock, AR 72205

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October 31, 2025

Rural Health Transformation Program
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

To Whom It May Concern:

Please accept this letter of support for the State of Arkansas' Rural Healthcare Transformation Program (RHTP) application. We support and appreciate the work to strengthen healthcare delivery in rural Arkansas from both the National and State level. Arkansas' RHTP application will:

- Emphasize preventative health and treatment through nutrition, tracking, screenings, and delivery of healthcare services that meet rural Arkansans in their communities
- Provide opportunities for rural healthcare systems to integrate regionally to cut administrative costs and focus on the mission: delivering high quality, clinical services to rural residents and preserve care locally
- Provide workforce development opportunities for training, upskilling and retention that creates sustainable workforce pathways that inspire healthcare clinicians to connect and stay in our rural communities
- Harness the power of technology to improve education, healthcare delivery, and care coordination across rural healthcare networks

We believe the high-level priorities listed above align with the Centers for Medicare & Medicaid Services (CMS) stated goals for the RHTP and will support and create sustainable rural health networks around our state defined by focusing on the preservation of local care, promoting clinical access, innovation, regional strategic partnerships, digital and traditional infrastructure investment, and workforce development.

St. Bernards has combined faith-driven service for 125 years with innovation and purpose to meet the healthcare needs of our region, ensuring that rural communities remain connected to high-quality care. We support and believe that Arkansas' RHTP application will allow us to continue to live out our mission and serve our rural communities.

Sincerely,

A handwritten signature in blue ink that reads "Chris Barber".

Chris Barber
President & CEO



October 30, 2025

Centers for Medicare & Medicaid Services (CMS)
Attention: Rural Health Transformation Program Review Team
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Subject: Arkansas Pharmacists Association Letter of Support for the State of Arkansas and Governor Sarah Huckabee Sanders' Application for Rural Health Transformation Program (RHTP) Funding

Dear Administrator and Members of the CMS Review Team,

On behalf of the Arkansas Pharmacists Association (APA)—representing more than 2,300 pharmacists, student pharmacists, pharmacy technicians, pharmacy-based community health workers, and other pharmacy team members across all 75 counties of Arkansas—we express our strong support for the State of Arkansas and Governor Sarah Huckabee Sanders' application for funding through the Rural Health Transformation Program (RHTP).

The Arkansas Pharmacists Association, the Arkansas CPESN clinically integrated network, and other Arkansas pharmacy partners submitted proposals to Governor Sanders that align with the federal framework outlined in both the 2025 CMS Rural Health Transformation Program and the 2018 "Reforming America's Healthcare System Through Choice and Competition" report (President Trump, December 2018, when Governor Sanders served in the White House as Press Secretary). This vision—centered on choice, competition, innovation, and consumer empowerment—guides our commitment to delivering high-quality care at an affordable cost.

We support and appreciate President Trump's leadership to strengthen healthcare delivery in rural America, including Arkansas. The State has already demonstrated its commitment to the President's vision for improved healthcare delivery and security through policies that advance nutrition, insurance flexibility, healthcare middleman reform and innovation in care delivery. Notably, Arkansas was granted a first-in-the-nation SNAP waiver through the Food and Nutrition Service (FNS) to remove candy and soda from eligible items, aligned short-term limited duration insurance (STLDI) with federal guidance, and is pursuing the restoration of the Presidential Fitness Test in Arkansas schools to promote youth health and prevention.

Arkansas's RHTP application reflects this same proactive vision by emphasizing preventive care and community-based delivery. The program will prioritize nutrition, health tracking, preventive screenings, and care that meets people where they are—in schools, churches, pharmacies, and community centers—while creating sustainable systems of care integration that reduce administrative costs and keep the focus on delivering clinical services to rural residents.

As frontline healthcare professionals, pharmacists are essential to this mission. With more than 3,900 licensed pharmacists serving every Arkansas county, they are among the most accessible and trusted members of the healthcare team. Pharmacists and their teams provide care coordination, chronic disease management, wellness and nutrition support, point-of-care testing and treatment,

417 South Victory Street • Little Rock, AR 72201 • (501) 372-5250 • www.arrx.org



medication management, mental health screenings and patient counseling—services that align directly with the RHTP's goals of improved access, prevention, and cost savings. Pharmacists are essential partners and extenders of care with physicians and other clinicians ready and willing to innovate and improve team-based care delivery in rural America. Empowering pharmacists to practice to the full extent of their education and training will ensure that RHTP resources directly reach rural patients in need of care.

We commend CMS for its leadership in launching the Rural Health Transformation Program and urge full consideration of Arkansas's application. This partnership will strengthen our state's healthcare foundation and improve the lives and health outcomes of Arkansans.

Thank you for your consideration and for your ongoing commitment to transforming healthcare in rural America.

Sincerely,

John Vinson, Pharm.D.

A handwritten signature in black ink that reads 'John A. Vinson'.

Chief Executive Officer
Arkansas Pharmacists Association
john@arrx.org | O: (501) 372-5250 | M: (479) 462-9640



October 31, 2025

Administrator Mehmet Oz, M.D.
Centers for Medicare & Medicaid Services (CMS)
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Oz,

Heartland Whole Health Institute is proud to express our support for the State of Arkansas' Rural Health Transformation Program application.

The initiatives proposed in this application align closely with our mission to improve quality, reduce costs, and expand access to health care. We hope to partner with the state to leverage these funds to reverse and prevent chronic disease through targeted clinical, behavioral, and social whole health interventions. Strategic investments in preventative health, chronic disease reversal, telehealth infrastructure, digitally enabled health interventions, and broad-based provider collaboration will advance both the goals of CMS and the needs of Arkansans.

We fully support Arkansas' RHT proposal and are committed to working alongside state leaders, CMS, health care professionals, community partners, families, community based organizations, and patients to achieve its objectives.

Sincerely,



Claude J. Pirtle, MD, MBA, MSACI, FACP, FAMIA
President and Chief Digital and Informatics Officer
Heartland Whole Health Institute



9601 Baptist Health Drive
Little Rock, AR 72205-7299
501 202-2000

October 31, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Re: The State of Arkansas' Rural Health Transformation Program

Dear Administrator Oz:

On behalf of Baptist Health, I am writing this letter in support of the State of Arkansas's Rural Health Transformation Program. As the state's most extensive and comprehensive hospital system, encompassing twelve not-for-profit hospitals dedicated to serving the citizens of Arkansas, we have seen firsthand the profound challenges faced by our rural communities in accessing adequate healthcare, and we understand the complexities faced by rural healthcare providers to find sustainable solutions due to challenging financial circumstances. We believe the state's plan will help address these challenges and create sustainable solutions for rural health care in Arkansas.

Most importantly, we support the state's focus on providing opportunities for rural hospitals to integrate with larger healthcare systems. A report from the Center for Healthcare Quality & Payment Reform indicates that 30 out of 47 rural hospitals in Arkansas are facing potential closure over the next several years due to these challenges. With over 40% of Arkansans living in rural communities, finding a sustainable path forward for these rural hospitals is crucial for the health of Arkansans.

Integration with a larger health system can offer these rural hospitals economies of scale, regional service coordination and optimization, access to specialized expertise (both clinical and administrative), and operational standardization, which can lead to improved financial performance which is necessary for the sustainability of these hospitals. Integrating with a larger healthcare system also facilitates coordinated patient care. The health system can assess regional service needs, reducing redundancies while preserving essential community services. This approach allows patients to receive care within their communities and ensures better coordination for more complex medical needs. As Arkansas faces a high percentage of rural hospitals at risk of closure, joining a larger healthcare system is not just an option but a



9601 Baptist Health Drive
Little Rock, AR 72205-7299
501 202-2000

vital strategy to ensure that these indispensable pillars of rural communities continue to provide essential care for generations to come.

We also urge you to support the state's plan to assist with the formation of a statewide clinically integrated network ("CIN") that includes the state's largest health systems and rural providers. Through shared expertise in population health analytics, clinical informatics, value-based contracting, and complex care management, this CIN will empower rural providers to participate in value-based arrangements across traditional Medicare, Medicare Advantage, commercial payers, and potentially Medicaid. The collaborative approach strengthens sustainable access by helping rural hospitals and clinics remain viable, long-term access points for care.

Additionally, the following key initiatives from the state's plan align with our mission to deliver comprehensive care:

- Emphasizing preventative treatment through nutrition, tracking, screenings, and delivery of services that meet people where they are: schools, churches, etc.
- Providing opportunities for upskilling and retention that encourages workforce development in rural areas by clinicians who become connected to the community.
- Harnessing the power of technology to improve education, healthcare delivery, and care coordination.

These strategic initiatives have the potential to not only bridge existing gaps in service but also to foster long-term health equity and economic vitality in our state's most underserved regions. From a hospital perspective, the strain on our urban facilities due to a lack of rural resources is significant. By strengthening rural healthcare, this program will create a more balanced and efficient healthcare ecosystem across the entire state.

I urge you to fully support Arkansas's Rural Health Transformation Program. Its success will lead to healthier communities, stronger rural healthcare systems, and a more equitable future for all Arkansans, thereby benefiting our entire healthcare system.

Sincerely,

A handwritten signature in black ink, appearing to read "T Wells".

Troy Wells
President and CEO



ARKANSAS MEDICAL SOCIETY

P.O. Box 55088 • Little Rock, Arkansas 72215-5088 • 501-224-8967
(FAX) 501-224-6489 • ARKMED.org • ams@ARKMED.org
Facebook.com/ArkMedSoc • Twitter.com/ArkMedSoc • Instagram: @arkmedsociety

October 31, 2025

Administrator Mehmet C. Oz, M.D.
Administrator
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dr. Oz:

On behalf of the 4,500 physicians and physicians in training of the Arkansas Medical Society (AMS), I wish to express our appreciation for the President's commitment to strengthening healthcare delivery in Arkansas through the Rural Health Transformation Program. The Society fully supports this application.

Arkansas has demonstrated leadership in advancing healthcare initiatives that improve access, quality, and outcomes. The state has expanded insurance options, joined interstate licensure compacts, and prioritized nutrition. We commend Governor Sanders' administration for securing the nation's first waiver removing candy and soft drinks from eligibility under the Supplemental Nutrition Assistance Program (SNAP). We also applaud the Arkansas Insurance Department for clarifying that Short-Term Limited-Duration Insurance (STLDI) may be offered consistently with state law, and support efforts to reinstate the Presidential Fitness Test in Arkansas schools.

AMS strongly supports the application's focus on preventive care, improved nutrition, health screenings, and the delivery of services in accessible community settings. We further support the integration of rural health systems to reduce administrative costs and enhance clinical efficiency.

Finally, recognizing the workforce challenges that persist across rural Arkansas, AMS remains committed to ensuring that all Arkansans—regardless of geography—receive the same high standard of care available in urban communities.

Sincerely,

Brad Bibb, MD
President
Arkansas Medical Society

October 31, 2026

Dr. Mehmet Oz, Administrator
Centers For Medicaid and Medicare Services
200 Independence Ave SW
Washington, DC 20201

Re: Endorsement of Arkansas' Proposed Plan for the Rural Health Transformation Program; Opportunity
No. CMS-RHT-26-001

Dear Dr. Oz,

On behalf of the members of the Arkansas EMT Association, I want to thank President Trump for focusing on rural healthcare and for the support his policies have given communities that we serve and live in.

Arkansas has been working to follow President Trump's vision. The state received a special SNAP waiver that took candy and soda off the approved list so families can put benefits toward healthier food. That makes good sense to me. Arkansas is also planning to bring back the President's school fitness test, which helps kids learn early how to take care of their health. And with more insurance options and licensure compacts, people here have a better chance to get the care they need.

Looking ahead, the Rural Health Transformation Program (RHTP) is important for us. It puts prevention first—better nutrition, regular screenings, simple tracking, and bringing services to people where they are, even out in the country. EMS will be a big part of this. Our EMTs and paramedics already know the roads, the families, and the needs. They're the first to show up in an emergency, and they can also help with check-ins and care coordination so small problems don't turn into big ones.

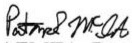
Arkansas also plans to help rural hospitals, clinics, and EMS work together more closely. If we cut down paperwork and share resources, more dollars can go to actual patient care. That's what people notice—faster service, shorter drives, and familiar faces they trust.

Another key piece is growing our own workforce. With good training and upskilling, folks who already live here can build solid careers without leaving their hometowns. Keeping experienced EMS practitioners and other healthcare workers in our communities means better care for everyone.

Finally, technology can help tie this all together—telehealth visits, simple tools for tracking blood pressure or blood sugar, and better communication between EMS, clinics, and hospitals. These things make it easier to get the right care at the right time.

Thank you for your attention to these efforts. I appreciate President Trump's leadership and our state's work to carry it forward. Rural Arkansas deserves a strong, dependable healthcare system, and these steps move us in the right direction.

Respectfully,


AEMTA, President



Dr. Mehmet Oz, Administrator
Centers For Medicaid and Medicare Services
200 Independence Ave SW
Washington, DC 20201

Re: Endorsement of Arkansas' Proposed Plan for the Rural Health Transformation Program; Opportunity No. CMS-RHT-26-001

Dear Dr. Oz,

On behalf of Arkansas's healthcare and emergency response community, we extend our appreciation for President Trump's leadership and commitment to strengthening healthcare delivery in rural America. His administration's continued emphasis on access, quality, and innovation has created a foundation on which Arkansas can expand sustainable and locally driven healthcare solutions.

Arkansas has demonstrated a strong alignment with the President's vision for healthcare delivery and security. The state's Rural Health Transformation Program (RHTP) will build on this joint foundation, emphasizing preventive treatment through nutrition, screenings, and targeted health delivery.

This approach will meet people where they are—whether in their homes, workplaces, or communities—using local healthcare professionals, including EMS providers, as trusted access points for preventive services and care coordination. Arkansas' plan also prioritizes integration across rural health systems, enabling smaller and more remote providers to collaborate, reduce administrative costs, and focus resources on direct clinical care. This cooperative structure will allow hospitals, clinics, and EMS agencies to share technology, logistics, and data to improve efficiency while maintaining a patient-centered focus.

The program will further invest in workforce development and retention, creating new pathways for upskilling and career advancement. These opportunities will help strengthen the rural healthcare workforce—particularly those already embedded in the communities they serve—ensuring that providers remain connected, capable, and supported.

In addition, Arkansas will harness the power of technology to advance healthcare delivery, expand telemedicine, and improve data-driven care coordination. This digital infrastructure will allow for better patient tracking, preventive follow-ups, and timely interventions across rural regions, ensuring that no Arkansan is left behind due to geography or resource limitations.

Through these initiatives, Arkansas reaffirms its partnership with the President's vision to strengthen America's healthcare system from the ground up—by investing in prevention, empowering local providers, and modernizing how care is delivered to rural communities.

Respectfully,

A handwritten signature in black ink, appearing to read 'Amanda Warren Newton'.

Amanda Warren Newton, President



October 31, 2025

Mehmet Oz, MD, MBA
Administrator, Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, DC 20201

Via electronic submission

Letter of Support for the Rural Health Transformation Program

Dear Dr. Oz,

On behalf of the Arkansas Hospital Association (AHA), representing over one hundred health care facilities and more than 45,000 employees across Arkansas, we write to express our support for the State of Arkansas's participation in the federal Rural Health Transformation Program (RHTP). We applaud President Trump's recognition that strengthening health care delivery and security across our rural communities is essential to achieving a healthier nation and a healthier Arkansas, and we look forward to the RHTP furthering those efforts.

As evidenced by Governor Sander's securing a first-of-its-kind FNS SNAP waiver removing candy and soda as eligible items, the strategic alignment of Short-Term Limited Duration Insurance (STLDI) with federal guidance, and forward-thinking plans to restore the Presidential Fitness Test in Arkansas Schools, her proactive and visionary leadership champions those same goals. The AHA is excited to partner with Governor Sanders and her administration on the RHTP implementation to continue the work that she has begun to improve the health of Arkansans.

419 Natural Resources Drive | Little Rock, AR 72205 | (501) 224-7878 | Fax (501) 224-0519

The most critical investment hospitals make is in our healthcare professionals. To ensure the long-term stability of rural care, the AHA staunchly supports the RHTP's focus on strengthening the future of the health care workforce by providing opportunities to increase the number of physicians caring for rural patients, to upskill and retain healthcare professionals in rural areas, and to create opportunities for healthcare professionals to become better connected to our communities.

We also fully endorse the administration's strides to harness the power of technology. We look forward to collaborating closely to ensure our hospitals have the tools to modernize their role in the healthcare system, improve education, streamline health care delivery, and enhance care coordination across the entire healthcare ecosystem.

The AHA fully appreciates the RHTP's potential to drive transformative change and enable a critical shift toward preventative treatment through enhanced nutrition programs, rigorous tracking and screenings, and the strategic delivery of services that meet people where they are. We support our state's efforts to secure this funding that encourages innovation and enables our Governor to allocate resources that promote sustainable change aimed at fulfilling her vision for a healthier Arkansas. The AHA is proud to serve as a strategic partner with our Governor and your office, pre- and post-award, to ensure this essential program's success and the future health of our rural communities.

Sincerely,



Bo Ryall
President & CEO
Arkansas Hospital Association
boryall@arkhospitals.org



1 Children's Way Little Rock, AR 72202-3591
501-364-1100 | www.archildrens.org

Dr. Mehmet Oz, CMS Administrator
U.S. Centers for Medicare & Medicaid Services.
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Oz:

On behalf of Arkansas Children's, I strongly support the State of Arkansas' application for Rural Health Transformation Program funding. As the only pediatric health system in Arkansas with service extending into America's heartland, we are a leading example of serving children in rural America with chronic and complex conditions.

Our mission is straightforward: to champion children to make them better today and healthier tomorrow; but, the delivery of services, research advancements and workforce stability requires creative and innovative solutions. As part of that mission, we recognize and embrace the role of prevention and improved care delivery in the rural parts of Arkansas. As such, the 2025-2030 Arkansas Children's strategic plan shares many of the goals listed in Arkansas's RHTP application:

- Strengthening the workforce to serve rural Arkansas while utilizing innovative technology in simulation and telemedicine
- Training rural providers to improve care and coordination
- Reaching the most rural, chronically-sick and highest cost patients through a connected, digital health management system
- Employing evidence-based models and a telemedicine-first approach to improve chronic disease management

We have put forth extensive effort to build innovative ideas that extend reach, train workforce, deliver quality and lower the cost of the care. Coupled with the transformative levels of funding made available by the RHTP, these strategies have the power to systemically shift the child health trajectory and healthcare delivery system in Arkansas and provide a foundation of new care models that address the needs of families in rural America.

We sit between two remarkable and urgent realities. On one side, we face tremendous and escalating child health challenges that threaten the well-being of an entire generation. These challenges are exacerbated by geographic disparities, workforce shortages and barriers to care. On the other, we are witnessing exceptional breakthroughs in pediatric medicine and service delivery that is redefining what is possible for children. Our joint responsibility is to bridge the divide and ensure that innovation reaches every child who needs us.

Gratefully,

A handwritten signature in blue ink that reads "Marcy".

Marcy Doderer, FACHE
President & CEO
Arkansas Children's

Office of the Chancellor
4301 W. Markham St., #541
Little Rock, AR 72205
MAIN: 501-686-5681

UAMShealth.com
UAMS.edu



October 31, 2025

Dr. Mehmet Oz
Administrator, Centers for Medicare and Medicaid Services
20 Independence Avenue, SW
Washington, D.C. 20201

Dear Dr. Oz,

The University of Arkansas for Medical Sciences is excited to endorse the plan being proposed by Governor Sarah Sanders and her team to transform health care in rural Arkansas. We appreciate President Trump's vision for health care delivery for all Arkansans. We believe this is a wonderful opportunity for collaboration across our state's health care providers, and we are pleased that many UAMS proposals are included in Gov. Sanders' plan.

As the state's only academic medical center, we know better than any other organization the importance of improving health in all areas of our state. We walk this walk every day, doing our best to address rural health issues through a myriad of programs.

UAMS has regional campuses across Arkansas, and in fiscal year 2025, our rural clinics recorded 145,000 patient visits. In addition, our telemedicine programs partner with 63 other hospitals to provide lifesaving consults for stroke and for high-risk obstetrics patients to address our state's high maternal mortality rate. Last year, we served more than 2000 high-risk moms remotely. We were an early adopter of telemedicine for emergency rural health care concerns, as well as with programs in many areas like hand trauma.

UAMS is the state's only Level One Trauma Center, which means we have doctors in every specialty in-house and on call 24/7 to take the most complex cases and referrals from every hospital in the state. Our Cancer Institute, which sees patients from every county in the state, every state, and more than 50 countries, knows the importance of outreach, utilizing three mammography vans, traveling across Arkansas to reach thousands of women each year who don't have options for screening.

Governor Sanders' plan is consistent with our mission of education, which is particularly evident in proposals to increase workforce training as well as Graduate Medical Education. UAMS is proud to sponsor more than 1,000 physician residency positions across the state, and we are working closely with other hospital partners to increase that number.

UAMS commends Gov. Sanders for her plan, and we are honored to be a part of her vision for health care transformation.

Sincerely,

A handwritten signature in dark ink, appearing to read "CLB", is positioned above the typed name of the signatory.

C. Lowry Barnes, M.D.
UAMS Interim Chancellor



☎ (870) 632-7299

✉ info@arruralhealth.org

🌐 www.arruralhealth.org

📍 4747 Dusty Lake Road, Pine Bluff, Arkansas 71603

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Letter of Support for the Arkansas Rural Health Transformation Plan (RHTP)

Dear Dr. Oz,

On behalf of the Arkansas Rural Health Partnership (ARHP), a rural-driven statewide collaborative network representing rural hospitals, Federally Qualified Health Centers (FQHCs), emergency responders, medical schools, and other rural health stakeholders across Arkansas, I am pleased to express our strong support for the Arkansas Rural Health Transformation Plan (RHTP).

The Arkansas Rural Health Partnership is one of a kind in the nation- a formalized rural grassroots-grown nonprofit organization that unites rural hospitals, federally qualified health centers, ambulance services, and medical schools under a shared governance structure. Together, these partners work across all healthcare sectors to strengthen access, efficiency, and delivery of care in rural Arkansas. This unified model allows ARHP to coordinate seamlessly on statewide initiatives and directly support the priorities outlined in Arkansas' RHTP proposal.

We appreciate the leadership of the Trump Administration in prioritizing rural healthcare access, delivery innovation, and workforce sustainability, and we applaud the State of Arkansas for aligning with that vision. Arkansas has already demonstrated its commitment through forward-looking policies such as the innovative USDA/FNS SNAP waiver that removes candy and soda from eligible items under SNAP, and aligning Short-Term Limited Duration Insurance (STLDI) with the Administration's guidance to expand coverage choice. Arkansas plans to restore the Presidential Fitness Test in Arkansas schools to reinforce preventive health. These actions show readiness and a commitment to partner in advancing wellness, prevention, and access, which are critical to our rural communities.

Board of Directors

Ashley County Medical Center | Baptist Health Medical Center – Drew County | Baptist Health Medical Center – Stuttgart
Bradley County Medical Center | Chicot Memorial Medical Center | Dallas County Medical Center | Delta Memorial Hospital
DeWitt Hospital and Nursing Home | Forrest City Medical Center | Jefferson Regional | Magnolia Regional Medical Center
McGehee Hospital | Mid-Delta Health Systems, Inc. | Ouachita County Medical Center

Members

Baptist Health Medical Center – Arkadelphia | Baptist Health Medical Center – Heber Springs
Baptist Health Medical Center – Hot Spring County | DePaul Community Health Center | East Arkansas Family Health Center
Healthy Connections | Helena Hospital | Mainline Health Systems, Inc. | Mena Regional Health System
Olly Neal Community Health Center | Pafford Ambulance | Sevier County Medical Center | South Arkansas Regional Hospital
Southwest Arkansas Regional Medical Center | White River Health – Batesville | Healthy Connections | ARcare | Pafford
Medical Services | Community Health Centers of Arkansas, Inc. | Arkansas College of Osteopathic Medicine | NYIT College of
Osteopathic Medicine – Jonesboro | University of Arkansas for Medical Sciences

The Arkansas RHTP will build on these efforts by focusing on:

- Preventive care and nutrition-based interventions: through screenings, tracking, and delivering services where people are—schools, churches, and community settings.
- System integration and administrative efficiency: enabling rural systems to align, share services, reduce overhead, and redirect more resources to clinical care for rural residents.
- Workforce development and retention: offering upskilling opportunities and incentives for clinicians who are rooted in rural communities, thereby strengthening local care capacity.
- Technology-enabled education, delivery, and coordination: leveraging telehealth, mobile training units, and data-driven care to bring modern services into rural areas.

For our ARHP membership—our rural hospitals, clinics, EMS agencies, and educational partners—this plan is not just an initiative but a critical path to sustainability, access, and improved health outcomes for Arkansas’ rural residents. Collaboration has been our foundation, and Arkansas’ proposed RHTP plan offers a framework that leverages our network’s strength, fosters shared purpose, and mobilizes coordination across sectors.

ARHP and its statewide membership stand ready to support CMS, in partnership with the State of Arkansas, in the implementation of the RHTP. We are prepared to contribute technical assistance, community engagement, and operational support to ensure success.

Thank you for your leadership and for prioritizing rural America’s healthcare future. We look forward to partnering with CMS to advance these goals in rural Arkansas.

Sincerely,



Mellie Boagni

Founder, President & CEO
Arkansas Rural Health Partnership

ARKANSAS

Rural Health Transformation Program

HEALTHY. CONNECTED. LOCAL.



OPPORTUNITY NUMBER: CMS-RHT-26-001

BUDGET NARRATIVE

STRATEGIC OVERVIEW OF PROPOSED BUDGET

Thanks to the federal investments made possible through President Trump's One Big Beautiful Bill Act (OBBBA), Arkansas's proposed budget strategically allocates resources to achieve the Rural Health Transformation (RHT) Program's objectives of strengthening access, sustainability, and innovation across the state's rural healthcare system. Funding is organized across four integrated initiatives (HEART, PACT, RISE AR, and THRIVE) that together promote wellness, advance system modernization, develop healthcare workforce, increase technological connectivity, and ensure infrastructure resilience. Each allocation is directly tied to defined activities and measurable outcomes, maximizing benefit to rural communities while maintaining administrative expenditures within the 10% threshold.

The Arkansas budget design supports both direct program delivery and carefully structured partnerships through subawards, subgrants, and contracts. The State will engage a reputable, qualified firm to manage and implement the RHT Program's initiatives, ensuring clear separation of costs administered directly by the lead agency from those subcontracted to external partners.

Resources are directed where they can yield measurable, community-level results. By investing in coordinated care networks, workforce expansion, networking and telehealth capacity, and critical infrastructure upgrades, the plan reflects a balanced strategy to strengthen rural health from the ground up. Cost estimates are based on defined scope, labor and market conditions, and phased implementation across federal fiscal years 2026 to 2031 to align with program timelines and federal guidance. This budget narrative provides clear reasoning behind each initiative's funding, the details of how resources are managed to meet program goals, and outlines oversight processes for subrecipients and performance monitoring. Arkansas' approach emphasizes transparency, fiscal discipline, and outcome-driven investment to ensure lasting improvement in access and sustainability for rural communities statewide.

Healthy Eating, Active Recreation, and Transformation (HEART)

The HEART initiative promotes healthier rural communities through nutrition, recreation, and preventive care. Funding will support school-based clinics, local food networks, community fitness infrastructure, and faith-based health outreach. These coordinated investments will improve access to preventive services, expand healthy food options, and promote physical activity through partnerships with schools, farmers, and local organizations. By aligning community health efforts under a single statewide framework, HEART builds sustainable habits that reduce chronic disease and strengthen overall well-being in Arkansas' rural regions.

Promoting Access, Coordination, and Transformation (PACT)

PACT builds the foundation for a modern, integrated rural health system through expanded telehealth, coordinated care, and network optimization. Funding will support telehealth access points, trauma readiness upgrades, clinically integrated network development, and scope-of-practice expansion. These projects connect hospitals, clinics, and emergency services into coordinated systems that improve patient outcomes and reduce fragmentation. PACT ensures rural Arkansans receive timely, coordinated, and high-quality care regardless of geography by linking infrastructure, workforce, and technology investments statewide.

Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR)

RISE AR invests in the long-term stability of Arkansas's rural healthcare workforce. Through leadership training, residency expansion, apprenticeship models, and credentialing support, this initiative builds a sustainable talent pipeline for rural communities. Funding will develop leadership academies, expand graduate medical education, train nurses and allied health professionals, and provide financial and mentorship incentives that improve recruitment and retention. By supporting education, training, and advancement opportunities across disciplines, RISE AR ensures that Arkansas maintains a skilled and resilient healthcare workforce for generations to come.

Telehealth, Health-Monitoring, and Response Innovation for Vital Expansion (THRIVE)

THRIVE strengthens the technological backbone of rural healthcare through investments in telehealth infrastructure, remote monitoring, and emergency communications. Funding will expand broadband capacity, enhance EMS systems, and deploy telehealth and data tools that connect providers and patients statewide. This initiative accelerates Arkansas's shift toward modern, data-driven care models that emphasize prevention, early intervention, and coordinated response. By improving digital connectivity and response readiness, THRIVE ensures that every rural Arkansan can access timely, high-quality care regardless of location.

BUDGET SUMMARY TABLE

Object Class Categories	FY26	FY27	FY28	FY29	FY30	Total	Initiative
Personnel	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 2,500,000	All Initiatives
Fringe Benefits	\$ 140,000	\$ 140,000	\$ 140,000	\$ 140,000	\$ 140,000	\$ 700,000	All Initiatives
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Contractual/ Subawards	\$ 199,360,000	\$ 199,360,000	\$ 199,360,000	\$ 199,360,000	\$ 199,360,000	\$ 996,800,000	All Initiatives
Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Direct Costs	\$ 200,000,000	\$ 200,000,000	\$ 200,000,000	\$ 200,000,000	\$ 200,000,000	\$1,000,000,000	All Initiatives
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total	\$ 200,000,000	\$ 200,000,000	\$ 200,000,000	\$ 200,000,000	\$ 200,000,000	\$1,000,000,000	

PROPOSED COST BY LINE ITEM

PERSONNEL

BUDGET

Personnel Total						\$ 2,500,000
Position Title	Name	Annual	Time	Months	Amount	Initiative Supported
Project Director	Andy Babbitt	\$ -	0	60	\$ 0	All Initiatives
TBD (multiple FTEs)	TBD	\$ 500,000	100%	60	\$ 2,500,000	All Initiatives

JUSTIFICATION:

Job Description: Project Director – **Andy Babbitt, State Controller – State of Arkansas Department of Finance and Administration**

The Project Director will oversee the statewide administration of the Arkansas Rural Health Transformation Program, ensuring the effective coordination and execution of all funded initiatives. This role is responsible for implementing program activities, managing interagency partnerships, developing project materials, and organizing training and stakeholder meetings. The Project Director will design and supervise data collection, analysis, and reporting processes; lead program evaluation efforts; and monitor staff performance to ensure compliance and accountability. This position serves as the primary point of contact with CMS and has responsibility for ensuring timely and accurate submission of all required reports, documentation, and deliverables. The Project Director provides strategic direction and ensures alignment of all program activities with the overarching goals of improved access, sustainability, and innovation in Arkansas’s rural healthcare system.

Description of Proposed Cost

At this time, exact line-item costs for additional personnel to help administer this program have not been determined. Below, the State has provided anticipated activities, along with the estimated portion of funding required.

Initiative	Activities	Estimated Portion of Funding	Justification	Calculation Methodology
All Initiatives	Activities for staff may include, but are not limited to, administrative oversight, interagency coordination, and program management.	100%	Staff will support goals of the RHTF program in the State ensuring effective implementation and compliance.	Costs were estimated using projected annual salaries for full-time administrative staff.

FRINGE BENEFITS

BUDGET

Fringe Benefit Total				\$ 420,000
Fringe Benefit	Rate	Salary Requested	Amount Requested	Initiative Supported
FICA	7.65%	\$ 1,500,000	\$ 191,250	All Initiatives
Insurance	5.03%	\$ 1,500,000	\$ 125,750	All Initiatives
Retirement	15.32%	\$ 1,500,000	\$ 383,000	All Initiatives
Total	28.00%	\$ 1,500,000	\$ 700,000	All Initiatives

CONTRACTUAL

At this stage, the State of Arkansas has not yet identified specific consultants, subrecipients, or contractors; however, all selections will fully adhere to CMS procurement and oversight requirements. The following narrative outlines how Arkansas intends to allocate funding across each initiative. Once partners are selected, the State will submit detailed engagement information, including organizational qualifications, scope of work, deliverables, performance periods, and itemized budgets with justifications. All contracting, subaward, and monitoring activities will be conducted in accordance with federal regulations to ensure transparency, fiscal accountability, and alignment with program objectives. Oversight mechanisms will be established to track performance, spending, and outcomes, ensuring all resources are used effectively to advance the goals of the Rural Health Transformation Program.

Contractual Total	\$ 996,800,000
Initiative	Allocation
HEART	\$ 150,500,000
PACT	\$ 393,000,000
RISE AR	\$ 161,550,000
THRIVE	\$ 266,750,000
Contracted Administrative Costs	\$ 25,000,000

RATIONALE FOR ANTICIPATED FUNDING ALLOCATIONS

The State of Arkansas anticipates allocating Rural Health Transformation Program (RHTP) funds through targeted subawards and subgrants to enable strategic investments aligned with statewide priorities.

Recognizing the diversity of Arkansas's rural health landscape, the State will engage a qualified third-party administrator with demonstrated expertise in 2 CFR 200 compliance to design and manage a transparent, competitive, and impartial subgrant process. This structure ensures that funding decisions are made objectively, align with program goals, and comply with all CMS accountability and integrity requirements.

Subaward Methodology and Process

1. Funding Opportunity Notification

Funding opportunities will be announced through state and local channels to ensure that all eligible entities are informed, have the opportunity to express interest, and can readily access the information necessary to participate in the process.

2. Screening and Eligibility Verification

All proposals will undergo an initial administrative review to confirm completeness, eligibility, capacity, and adherence to program requirements. The third-party administrator will coordinate with state agencies to confirm that proposed projects do not duplicate existing efforts or receive overlapping federal support.

3. Technical and Programmatic Review

Eligible proposals will be reviewed by a panel of subject matter experts within Arkansas's Department of Finance and Administration (DFA), Department of Human Services (DHS) and Department of Health (ADH). Each proposal will be evaluated for alignment with RHT Program objectives and CMS priorities.

4. Selection and Award Determination

The third-party administrator will make recommendations for review by a selection panel, composed of the Secretaries of DFA, DHS, and ADH. The selection panel will ensure geographic balance, fair distribution of resources, and

alignment with statewide priorities and needs. Final funding recommendations will be approved in accordance with CMS guidance and state procurement policy where applicable.

5. Award Issuance and Oversight

Successful applicants will receive formal award notifications, grant agreements, and performance expectations. The administrator will provide technical assistance, track deliverables, and collect performance data to evaluate outcomes and ensure compliance. Ongoing oversight will include fiscal monitoring, quarterly reporting, and corrective action planning where needed to maintain accountability and program integrity.

JUSTIFICATION:

Healthy Eating, Active Recreation, & Transformation (HEART)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
Growing Resilient, Optimally Well Kids (GROW Kids)	School-based clinics \$10,000,000	Supports school-based clinics, nutrition programs, and preventive health initiatives for children in rural Arkansas.	Costs were estimated using projections informed by comparable initiatives, anticipated statewide needs, and market-based assumptions for staffing, equipment, and materials.	\$23,000,000
	Outcome tracking \$1,500,000			
	Education materials development and distribution \$1,500,000			
	Mobile care units \$10,000,000			
Food Access & Regional Markets (FARM)	Nutrition education and outreach materials \$5,000,000	Promotes local food access, SNAP waivers, healthy vending machine reforms, and food-as-	Estimates are based on anticipated program scope, regional capacity, and cost benchmarks	\$26,000,000
	Data collection and reporting on population			

Healthy Eating, Active Recreation, & Transformation (HEART)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
	health and food access \$1,000,000	medicine initiatives to prevent chronic disease.	from comparable food access initiatives.	
	Market development grants \$20,000,000			
Mobilizing Opportunities for Vital Exercise (MOVE)	Facility enhancement grants \$20,000,000	Improves access to safe, appealing spaces for exercise and recreation.	Estimates were developed using prior community recreation projects and projected facility and coordination costs across rural regions.	\$25,000,000
	Coordination efforts with local governments, community organizations, wellness groups \$5,000,000			
Faith-based Access, Interventions, Transportation, & Health (FAITH)	Screening and outreach events \$4,000,000	Partners with faith organizations to expand outreach and connect rural residents to health services.	Cost assumptions are based on projected event frequency and communication needs.	\$5,000,000
	Stripe parking lots \$1,000,000			
Healthcare Education and Advancement for Leadership (HEAL)	Training materials development and distribution \$1,000,000	Embeds nutrition and fitness education across medical, nursing, and continuing education programs.	Estimates reflect projected training program size, platform requirements, and instructional resource needs.	\$4,000,000
	Faculty/staff support \$2,000,000			
	Tele-education/ learning platform \$1,000,000			

Healthy Eating, Active Recreation, & Transformation (HEART)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
Arkansas Health Care Transformation Demonstration Project	Equipment and technology \$4,020,000	Comprehensive chronic disease prevention and management using coordinated clinical and behavioral care.	Cost estimates were informed by other large-scale disease management initiatives and adjusted for Arkansas’s rural population and implementation scale.	\$67,500,000
	Provider training and consulting \$39,660,000			
	Provider performance payments \$4,200,000			
	Patient incentives and support \$19,620,000			
				\$150,500,000

Promoting Access, Coordination, and Transformation (PACT)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
Advancing Care Capacity, Engagement, and Screening Services (ACCESS)	Telehealth platforms \$20,000,000	Expands specialty, preventive, and telehealth services in underserved regions.	Estimates reflect anticipated technology, workforce, and operational costs derived from statewide telehealth expansion projections.	\$125,000,000
	Mobile screening \$25,000,000			
	Telehealth equipment \$30,000,000			
	Clinical staffing, patient navigation, and outreach grants \$25,000,000			
	Care coordination services \$25,000,000			
Community Integrated Networks for Care (CINC)	CIN development grants \$100,000,000;	Develops locally driven Clinically Integrated Networks to strengthen collaboration, efficiency, and revenue for regional providers.	Cost estimates are based on comparable CIN development models and expected administrative and coordination requirements.	\$110,000,000
	Financial sustainability grants \$10,000,000			
Regional Optimization of Access, Delivery, Mobility, and Practice (ROADMAP)	Statewide data systems \$4,000,000	Improves transportation and optimizes workforce distribution to expand access to care.	Cost assumptions reflect anticipated data, transportation, and regional coordination needs consistent with comparable access initiatives.	\$8,000,000
	Regional coalition support \$1,000,000			
	Transportation partnerships \$2,000,000			

Promoting Access, Coordination, and Transformation (PACT)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
	Digital tools supporting transportation \$1,000,000			
Scope of Practice Elevation (ScOPE)	Scope of practice training and certification support \$5,000,000;	Expands practice authority for pharmacists, dietitians, dental hygienists, and other licensed healthcare professionals to practice at the top of their credentials.	Costs were estimated using anticipated training participation levels and projected statewide demand for expanded scope services.	\$25,000,000
	Provider payment for uncovered services provided for expanded scope of practice \$20,000,000			
System Acquisition & Facility Enhancement Fund (SAFE)	Acquisition, merger, partnership, and affiliation grants \$75,000,000	Supports strategic hospital and system partnerships and affiliations to maintain essential services in rural areas.	Estimates are based on anticipated financial support for establishing partnerships and affiliations.	\$125,000,000
	Facility upgrades \$30,000,000			
	Data system upgrade grants \$20,000,000			
				\$393,000,000

Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
Leadership Education, Advancement & Delivery (LEAD)	Develop and Distribute Curriculum \$2,000,000	Creates a Leadership Academy to train and advance healthcare leaders statewide.	Costs were estimated using projections informed by comparable leadership and workforce programs, anticipated statewide participation, and market-based rates.	\$8,000,000
	Leadership academy operations \$4,000,000			
	Tech platforms for LEAD \$2,000,000			
Preparing Arkansas Talent for Health Workforce Advancement Yield (PATHWAY)	GME Operations \$5,000,000	Grows the healthcare pipeline through expanded GME slots, residencies, scholarships, nurse and allied health professional training, and preceptor programs.	Estimates reflect anticipated residency expansion costs, workforce demand, training program development and implementation, and infrastructure requirements validated by comparable programs.	\$70,250,000
	New / Expanding Residencies Startup Costs \$30,000,000			
	Regional Planning and Feasibility \$5,250,000			
	Trainee Support \$30,000,000			
Recruit, Educate, Train, Advise, Integrate, Nurture (RETAIN)	Apprentice pay \$3,000,000	Provides recruitment, relocation, and mentorship incentives to strengthen healthcare workforce retention.	Cost estimates are based on projected participation, program scale, and prevailing incentive structures for rural workforce retention.	\$67,000,000
	Major site enablement \$800,000			
	Curriculum \$1,000,000			
	Evaluation \$600,000			

Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
	Apprenticeship Launch \$600,000			
	Financial Incentives (RETAIN) \$50,000,000			
	Marketing and Outreach (RETAIN) \$1,000,000;			
	Preceptorship Grants \$10,000,000			
Strategic Knowledge, Innovation & Lifelong Learning for Upward Professionals (SKILL-UP)	Curriculum development & trainings \$800,000	Develops pathways and training for nurses, PAs, counselors, and paraprofessionals to advance careers.	Estimates were developed using expected program reach, training intensity, and cost benchmarks from similar professional development initiatives.	\$16,300,000
	Tele-education platforms \$2,000,000			
	Workshops, equipment, materials, and staffing \$500,000			
	Financial support for exams, credentialing, and administrative assistance \$1,000,000			
	Faculty and preceptor compensation grants \$12,000,000			
				\$161,550,000

Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion (LIFELINE)	EMS Equipment and Vehicles \$40,000,000	Upgrades EMS and emergency response systems for faster, more efficient care delivery; modernizes trauma systems and rural workforce readiness through an integrated statewide response network.	Costs were estimated based on statewide EMS and Trauma readiness goals, regional system build-outs; training needs; infrastructure costs; projected technology needs, and historical emergency system expenditures.	\$105,000,000
	Technology and dispatch systems \$10,000,000			
	Performance tracking dashboards \$1,000,000			
	Communication infrastructure & equipment \$10,000,000			
	Workforce hubs startup \$5,600,000			
	Hospital ACS Readiness & Verification \$8,400,000			
	Regional hubs operations \$8,400,000			
	ATCC/EMS upgrades \$2,000,000			

Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
	Hospital mini-grants \$19,600,000			
Health Outcomes through Monitoring & Engagement (HOME)	RPM devices \$70,000,000	Launches remote monitoring pilots for chronic diseases to improve outcomes and sustainability.	Estimates are informed by pilot budgets from comparable remote monitoring programs and adjusted for statewide participation.	\$91,750,000
	Telehealth platforms \$14,750,000			
	Patient and provider training and support \$5,000,000			
	Data management and analytics tools \$2,000,000			
Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity (VIRTUAL)	Data integration and interoperability tools \$10,000,000	Expands telehealth capacity, supports capital investment, and integrates virtual specialty care networks.	Estimates are based on projected system buildout, integration complexity, and vendor market rates.	\$10,000,000
Telehealth, Equipment, and Connectivity Hub Fund (TECHFund)	Cyber Security \$35,000,000	Invests in telehealth infrastructure, connectivity, and technology upgrades for long-term system sustainability.	Cost estimates were derived from anticipated network expansion needs, technology lifecycles, and state connectivity benchmarks.	\$60,000,000
	Telehealth equipment \$10,000,000			
	Network upgrades \$15,000,000			
				\$266,750,000

Administrative Costs				
Strategy / Sub-Initiative	Activities (with Allocations)	Justification	Calculation Methodology	Total
Contracted Administrative Costs	Activities may include, but are not limited to, administration support, fiscal management, data tracking and reporting, coordination of subrecipient activities, technical assistance to partners, and compliance monitoring.	Supports overall management and oversight of the RHT Program, including coordination, reporting, and compliance functions.	Calculated using a 2.5% rate of total costs.	\$25,000,000

Total Direct Charges

\$1,000,000,000

Total Direct Charges		
Cost Category	Amount	Supported Initiative
Personnel	\$ 2,500,000	All initiatives
Fringe Benefits	\$ 700,000	All initiatives
Travel	-	
Equipment	-	
Supplies	-	
Contractual/ Subawards	\$ 996,800,000	All initiatives
Construction	-	
Other	-	
Totals	\$ 1,000,000,000	

Total Administrative Costs

Below is a calculation of total projected administrative costs. The State has elected to allocate 2.5% of total program funding for program-level administrative costs to ensure effective management, oversight, and implementation of the initiatives outlined in this application. The State will also include language within all contractual agreements and subawards to limit additional administrative costs not to exceed 7% of awarded funds.

Consistent with Section 71401 of Public Law 119-21, the State affirms that total administrative expenses, including both direct and indirect costs, will not exceed 10% of the total budget for the grant period.

Total Administrative Costs			
Cost Category	Amount	Percentage of Funding	Supported Initiative
Personnel	\$ 2,500,000	0.25%	All initiatives
Fringe Benefits	700,000	0.07%	All initiatives
Travel	-	0.00%	
Equipment	-	0.00%	
Supplies	-	0.00%	
Contractual/ Subawards	25,000,000	2.50%	All initiatives
Construction	-	0.00%	
Other	-	0.00%	
Total	\$ 28,200,000	2.82%	

Indirect Charges

The State does not anticipate charging any indirect costs to this award. All requested funds will be applied directly to program activities and services.