

Funding Opportunity Number: PACT YR 1-2026
Issuing Agency: Arkansas Department of Finance and Administration (DF&A),
Program Authority: CMS Rural Health Transformation (RHT) Program
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Notice of Funding Opportunity (NOFO)

Promoting Access, Coordination, and Transformation (PACT)

I. Program Overview

Promoting Access, Coordination, and Transformation (PACT) is a core initiative of the Arkansas Rural Health Transformation Program. PACT is designed to strengthen and modernize Arkansas's rural health system by expanding access to care, improving coordination across providers, and supporting system-wide transformation through integrated networks, workforce alignment, and technology-enabled infrastructure.

PACT investments focus on ensuring rural residents receive timely, coordinated, and high-quality care regardless of geography by linking hospitals, clinics, emergency services, and community partners into cohesive regional systems. The initiative emphasizes sustainability by supporting scalable models that improve care delivery, reduce fragmentation, and strengthen long-term rural healthcare capacity.

II. Program Objectives

For purposes of this NOFO, a **credible plan** means a proposal that demonstrates a clear implementation approach, measurable outcomes, organizational readiness, and—where applicable—regional or cross-provider collaboration.

PACT objectives include:

- Expand access to primary, specialty, preventive, and behavioral health services in rural and underserved areas
- Improve coordination of care across hospitals, clinics, EMS, pharmacies, and community providers
- Strengthen trauma readiness and emergency response capabilities
- Support clinically integrated networks (CINs) and shared data infrastructure
- Education and training for licensed healthcare professionals to ensure they practice at the top of their license to address workforce gaps in rural Arkansas
- Workforce optimization
- Modernize rural health systems through telehealth, technology, and strategic facility investments

Projects that do not clearly align with at least one PACT objective and present a credible plan for achieving measurable results will not be considered for funding.

III. PACT Sub-Initiatives

PACT will support projects across the following sub-initiatives. The examples listed below are illustrative and not exhaustive. Applicants may propose other projects that clearly advance PACT

objectives and are consistent with CMS Rural Health Transformation Program requirements. Applicants are encouraged to view the project and budget narrative on the program website.

A. ACCESS – Advancing Care Capacity, Engagement, and Screening Services

Projects may include, but are not limited to:

- Telehealth access points, including facility-based virtual care infrastructure and specialty care connectivity
- Mobile or community-based screening and preventive service delivery models
- Technology-enabled care models that expand access in rural and underserved areas
- Deployment of telehealth platforms and mobile care units that improve timely access to services when tied to access expansion and system coordination.

Total budget for ACCESS projects up to \$24,400,808.02 in Year 1

B. CINC – Clinically Integrated Network Capacity

Projects may include:

- Development or expansion of locally governed clinically integrated networks
- Shared data, administrative, and care coordination systems
- Network-wide quality improvement and value-based care readiness

Total budget for CINC projects up to \$3,690,000.00 in Year 1

C. ROADMAP – Rural Optimization of Access, Deployment, Mobility, and Providers

Projects may include:

- Transportation solutions that support access to care
- Workforce deployment and alignment tools
- Cross-sector coordination with workforce and community partners

Total budget for ROADMAP projects up to \$1,000,000.00 in Year 1

D. SCoPE – Scope of Practice Elevation

Projects may include:

- Education and training for licensed healthcare professionals to ensure they practice at the top of their license to address workforce gaps in rural Arkansas
- Workforce optimization
- Integration of pharmacists, hygienists, and other providers into expanded care roles
- Support for team-based models that increase service capacity

Total budget for SCoPE projects up to \$1,500,000.00 in Year 1

E. SAFE – System Alignment & Facility Enhancement Fund

Projects may include:

- Strategic hospital and health system partnerships or affiliations
- Technical assistance to support alignment activities
- Shared service agreements among rural hospitals or providers
- Regional collaboration to support specialty coverage and clinical protocols

- Data integration and reporting system alignment
- Rehabilitation of facilities that are underutilized or inefficient

Total budget for **SAFE** projects up to **\$63,000,000.00** in Year 1

The State will require each awardee to submit **quarterly progress reports** and a **final evaluation report** to support compliance with CMS Rural Health Transformation Program requirements.

IV. Eligibility

Eligible applicants include: Hospitals, FQHCs, community clinics, EMS providers, Pharmacies, Licensed healthcare practitioners, behavioral health providers, CINs, and nonprofit or public entities serving rural Arkansas.

In addition to meeting eligibility by entity type, applicants must demonstrate sufficient organizational, operational, and financial capacity to administer grant funds in compliance with state and federal requirements, including **2 CFR Part 200**.

V. Award Information

No match is required.

Allowable budget categories may include personnel, contractual services, equipment, software and licensing, training, and data and evaluation costs, provided they are reasonable, necessary, and directly tied to approved project activities

All awards are subject to the State's receipt of funds under the RHT Program. The State plans for future funding opportunities available in future RHT Program years. An Eligible participant's award of funding in one Program Year does not guarantee the award of funds in future years.

The performance period for Program Year 1 runs from the award through **September 30, 2027**, meaning all Program Year 1 funds must be spent by then. However, per CMS rules, all funds must be obligated by **October 30, 2026**. The State will provide awardees with more detailed guidance on what is required to show that funds have been obligated.

VI. Reporting and Compliance

Quarterly reporting is required. Compliance with **2 CFR Part 200**.

The State will monitor Grantee's performance, including, but not limited to, through review of financial and programmatic reports and performance measures, under any Grant Agreement awarded as a result of this NOFO.

The State is required to submit detailed reports to CMS regarding activities and expenditures under the RHT Program. The State will require each awardee to submit quarterly progress

reports and a final evaluation report to permit the State to fulfill its RHT Program requirements. Also, awardees may be required to respond to questions from or submit information to the Department of Finance and Administration for Plan implementation.

VII. Funding Restrictions

PACT funds cannot be used for any purpose for which the Centers for Medicare & Medicaid Services (CMS) prohibits the use of RHT Program funds. Funding restrictions include, but are not limited to:

- Total administrative costs may not exceed 5% of the award
- Generally, indirect costs
- Funds may not replace existing funding and must support new or expanded activities
- Salaries charged to the award may not exceed the federal salary cap (\$225,700)
- Funds may not support ongoing costs without a sustainability plan
- Broadband infrastructure is not an allowable use of funds
- Lobbying or advocacy activities are not an allowable use of funds
- Investment vehicles or endowments that generate profit are not an allowable use of funds

Please refer to the RHT Program [Notice of Funding Opportunity](#) and CMS' [Frequently Asked Questions](#) regarding the RHT Program for detailed information regarding funding restrictions.

VIII. Application Information

- **Application open date:** June 8, 2026
- **Application close date:** July 10, 2026

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