

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



Questions? Send an email to
ascc.new.claims@arkansas.go

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

1. Claimant. If a claim involves more than one claimant, additional pages may be attached
with the other claimant name(s) and contact information.

Mrs. Ryan Stacy [redacted]
(title last name/compan first name (email)

[redacted]
(address)

[redacted] [redacted] [redacted] [redacted]
(city) (state) (zip) (primary phone)

2. Claimant's Legal Counsel. An individual claimant may act as his or her own attorney (which
is known as proceeding pro se). Please review Ark. Code Ann. §
19-10-222 for information about when a business entity may file
a pro se claim. If a claimant is proceeding pro se, this section may
be left blank.

(title) (last name) (first name) (email)

(address) AR bar number

(city) (state) (zip) (primary phone)

3. State Agency Involved. The Commission can only receive claims against agencies of the State of
Arkansas. Please review the Commission's jurisdictional statutes,
including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for
more information. This information is required for any claim filed at the
Commission.

Arkansas Department of Health

4. Incident Date _____

5. Location of Incident _____

6. CHECK HERE if this claim involves damage to a motor vehicle.

7. CHECK HERE if this claim involves damage to property other than a motor vehicle.

8. Explanation of Incident Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

The 6% differential in my pay for being a Communicable Disease Nurse Specialist was removed from my base pay due to an administrative error. The differential was not added to my base pay from 1/28/2018, through 5/24/2025. This error caused me to be incorrectly compensated in my pay. The differential was correctly added back to my pay effective 05/25/2025. I was approved to receive supplemental pay back for this past fiscal year in the amount of 4,634.25. I am still owed a total amount of 27, 220.72 for 1/28/2018 through 06/22/2024 for which I am seeking compensation. This has also affected my retirement which I would like to have considered.

9. Insurance Coverage. For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE**

10. Additional Required Documents for Property Damage Claim

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

11. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)

(license number)

(driver)

12. If your claim involves personal injuries, please CHECK HERE

13. Health insurance coverage. All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE**

14. Amount of Damages, if known: \$0.00 _____

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil Procedure can be found online (arcourts.gov) under "Info Resources."

STOP!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the ___ day of _____, 20___, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[seal of office]

My Commission Expires: _____

Arkansas
State Claims Commission

AUG 05 2025

RECEIVED

Dear Sir or Madam,

Enclosed you will find documentation to support the claim I filed and submitted electronically. I am employed by The Arkansas Department of Health and Work as a Registered Nurse Specialist. There was an administrative error in my pay that occurred in January of 2018 which caused me to not get my 6% differential added to my base pay. The claim I submitted is to be reimbursed for the amount owed of \$27,200.72. This covers the time frame of 1-28-2018 to 6-22-2024 when the differential was last added. Thank you for the consideration in this matter.

Sincerely,

Stacy Ryan

AUG 05 2025

ARKANSAS STATE CLAIMS COMMISSION

RECEIVED

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Stacy Ryan

Claimant Name (must be printed legibly)

Stacy Ryan

Claimant Signature

Acknowledgement

State of AR

County of Logan

On this the 28th day of July, 2025, before me, the undersigned notary, personally appeared Stacy Ryan known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

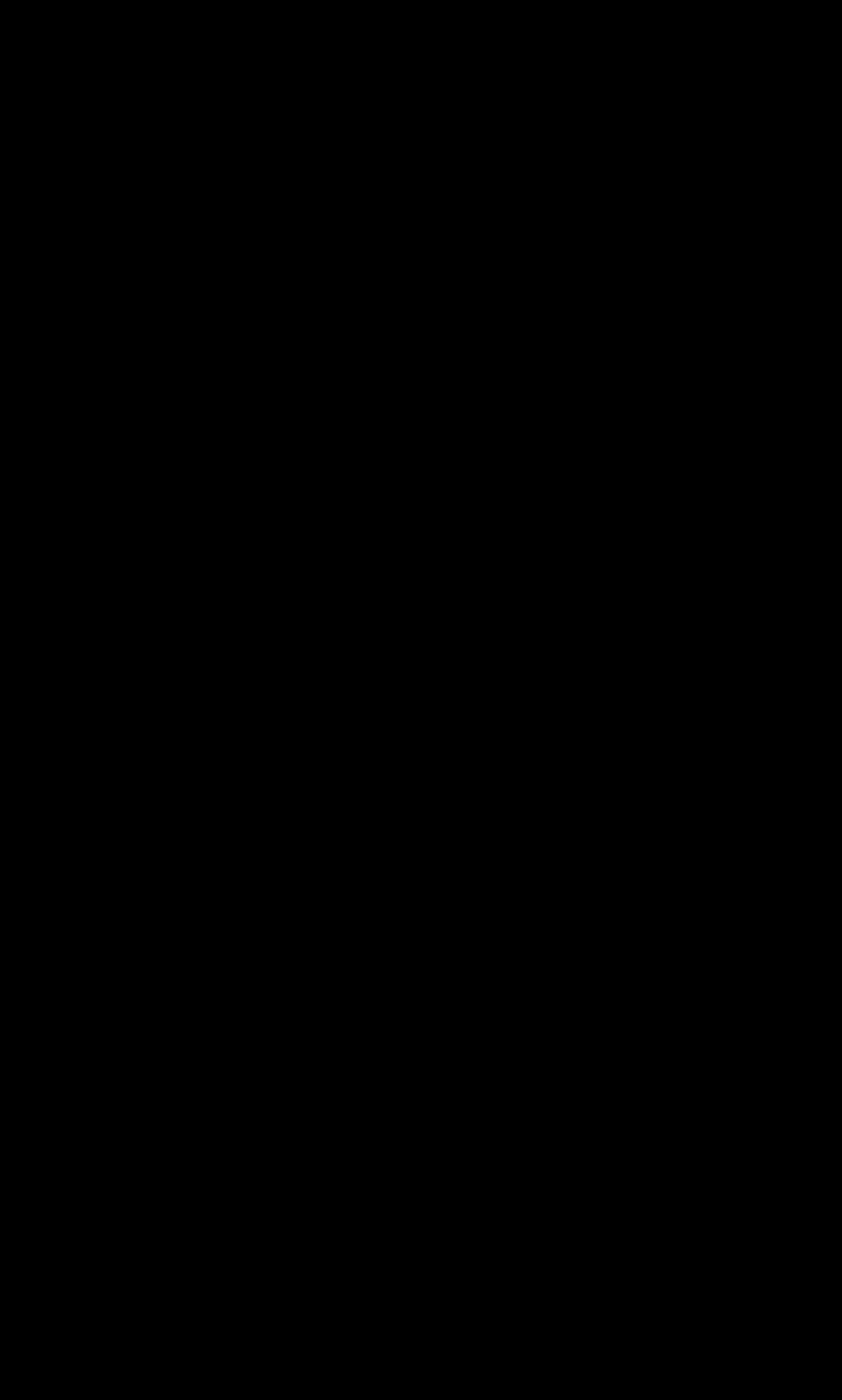
In witness whereof I hereunto set my hand and official seal.

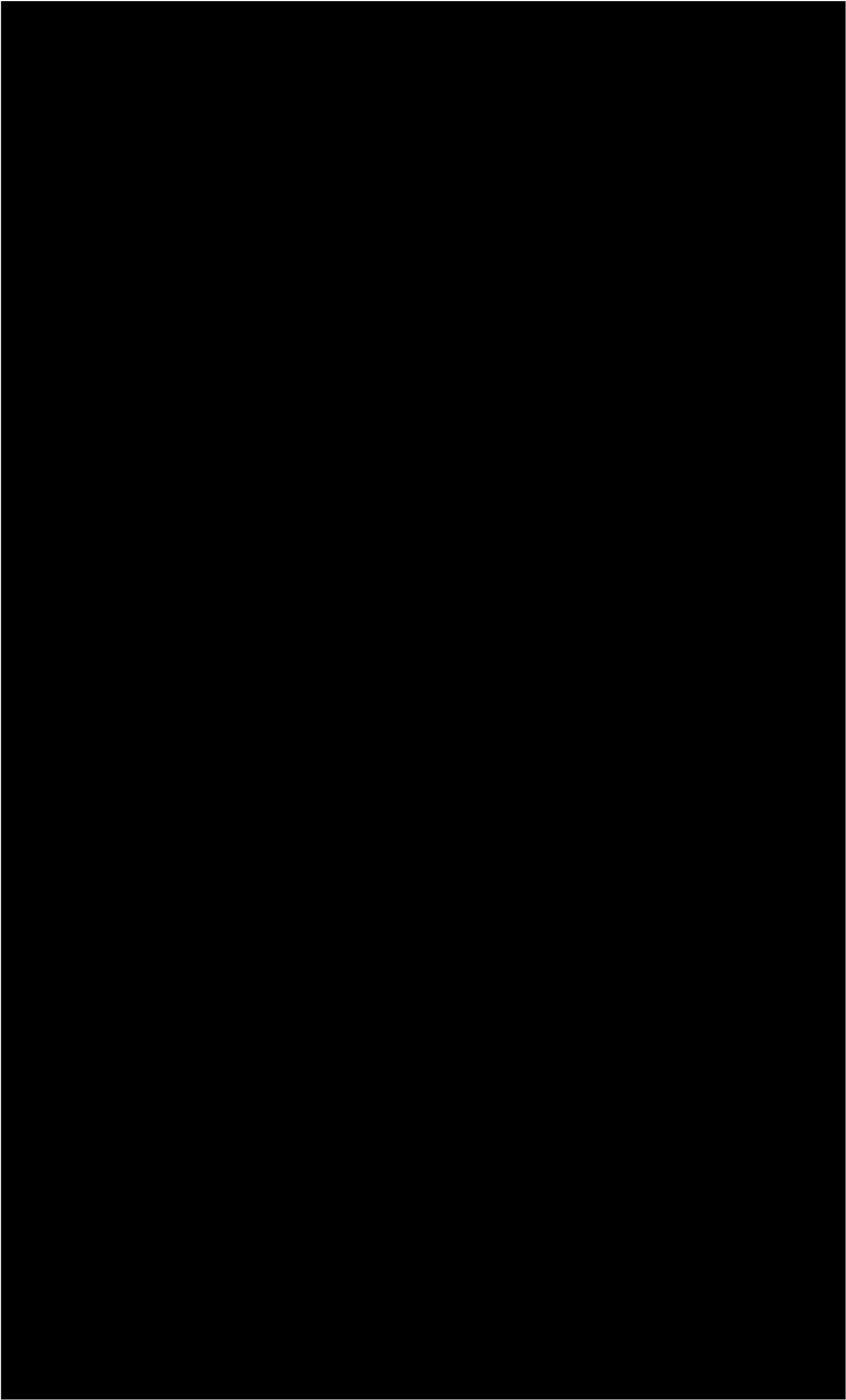
Yulissa Martinez
Signature of Notary Public

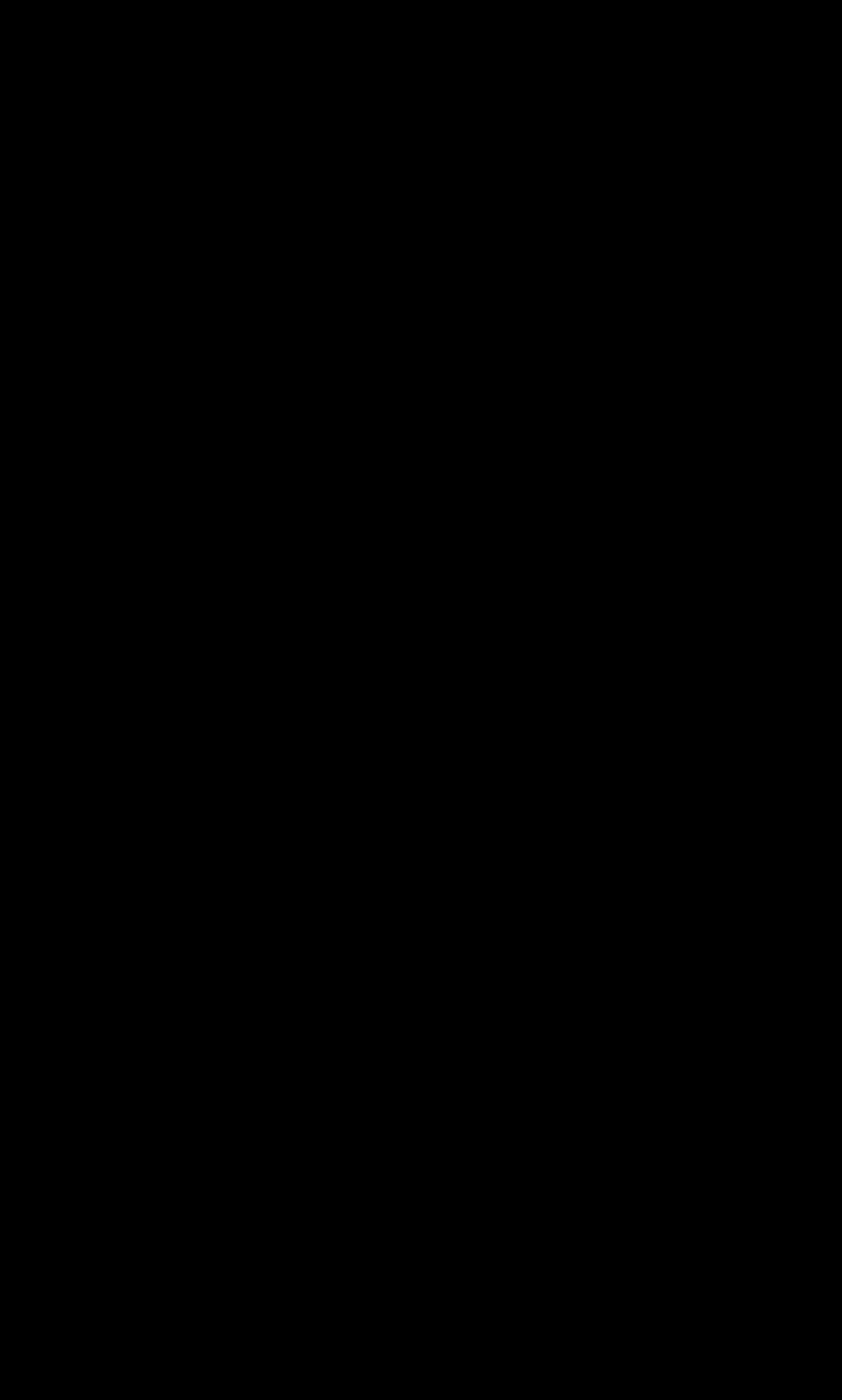
My Commission expires: 6-22-2031

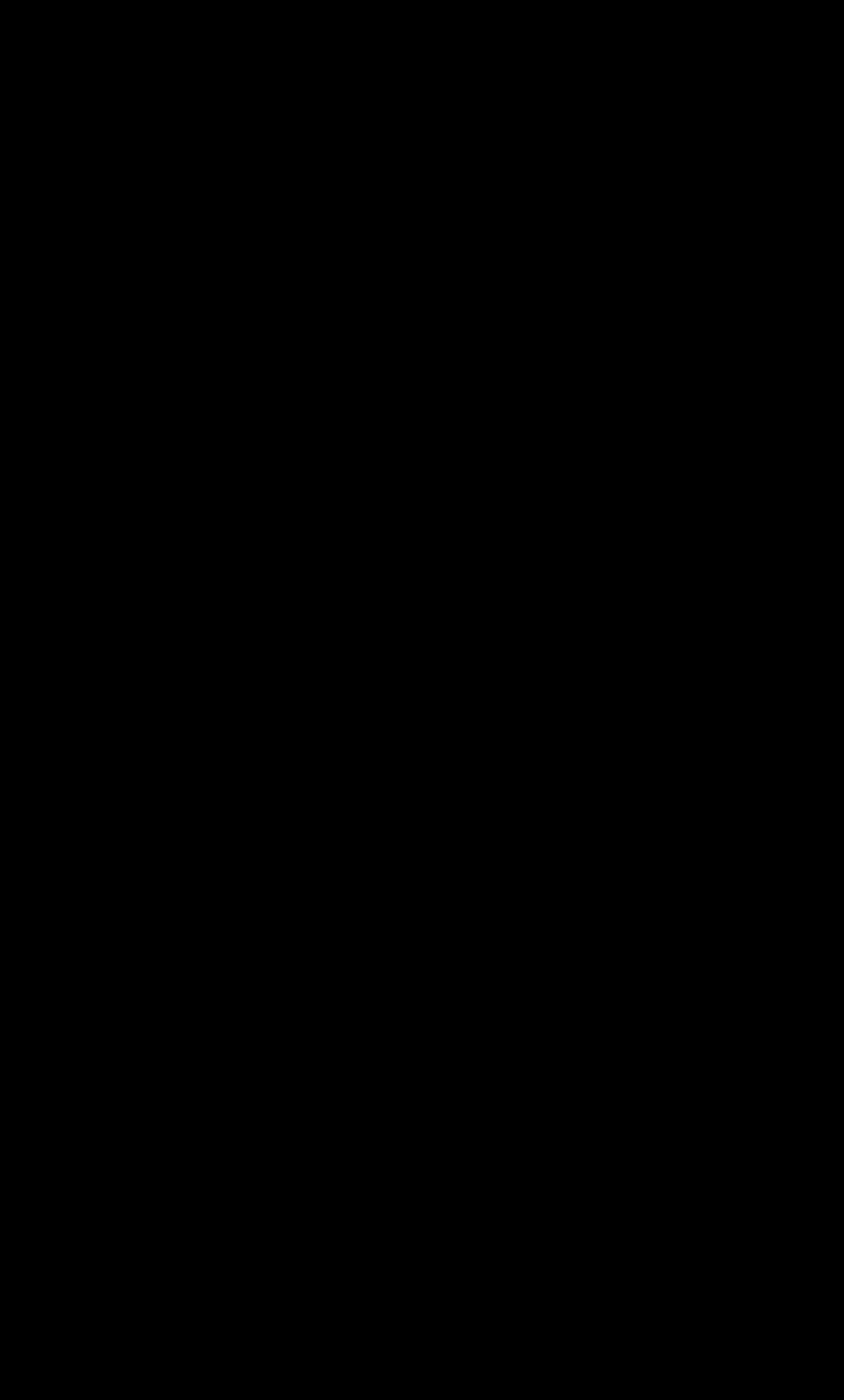
[Seal of Office]

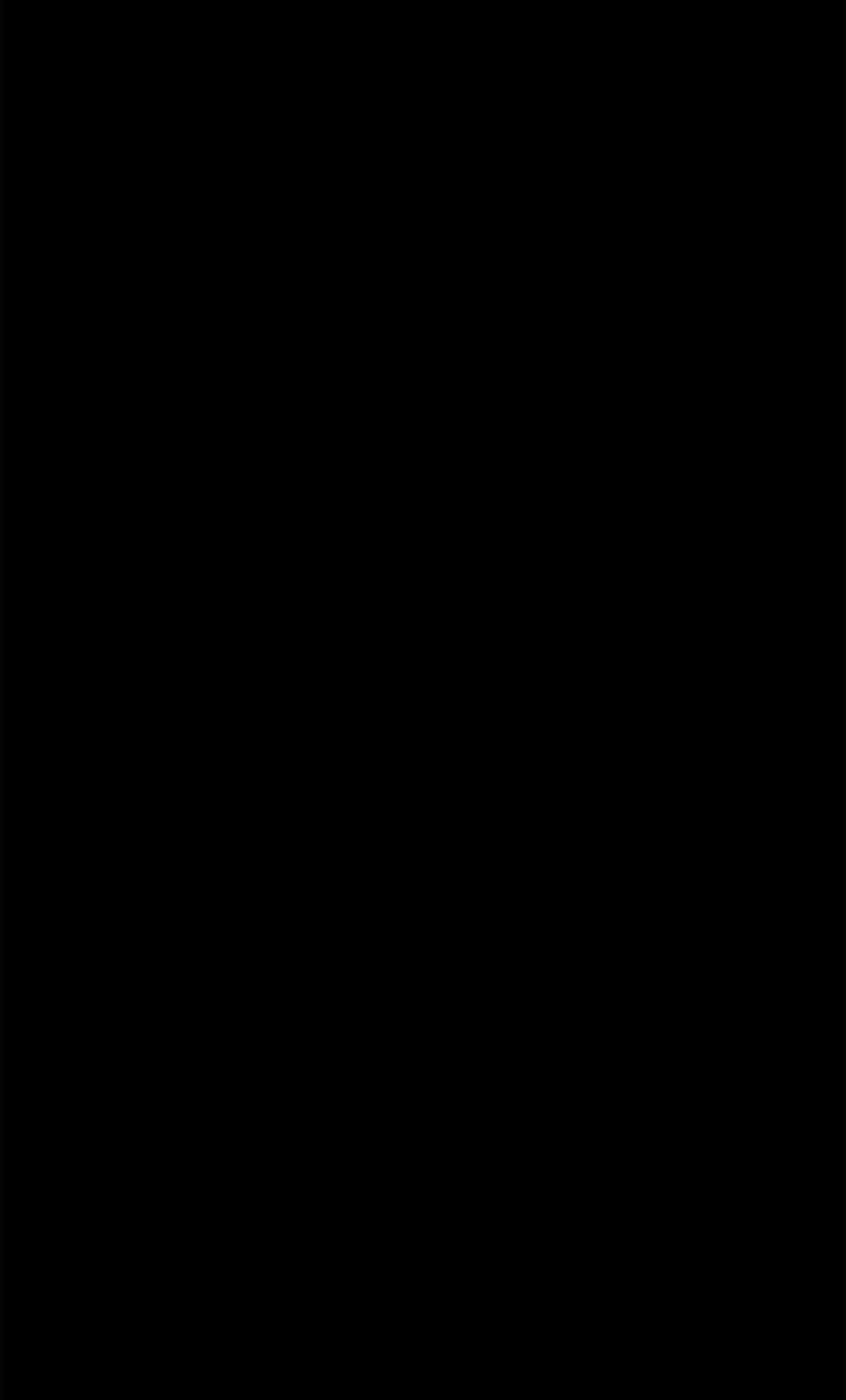
YULISSA MARTINEZ
LOGAN COUNTY
NOTARY PUBLIC -- ARKANSAS
My Commission Expires 06/22/2031
Commission No. 12722418

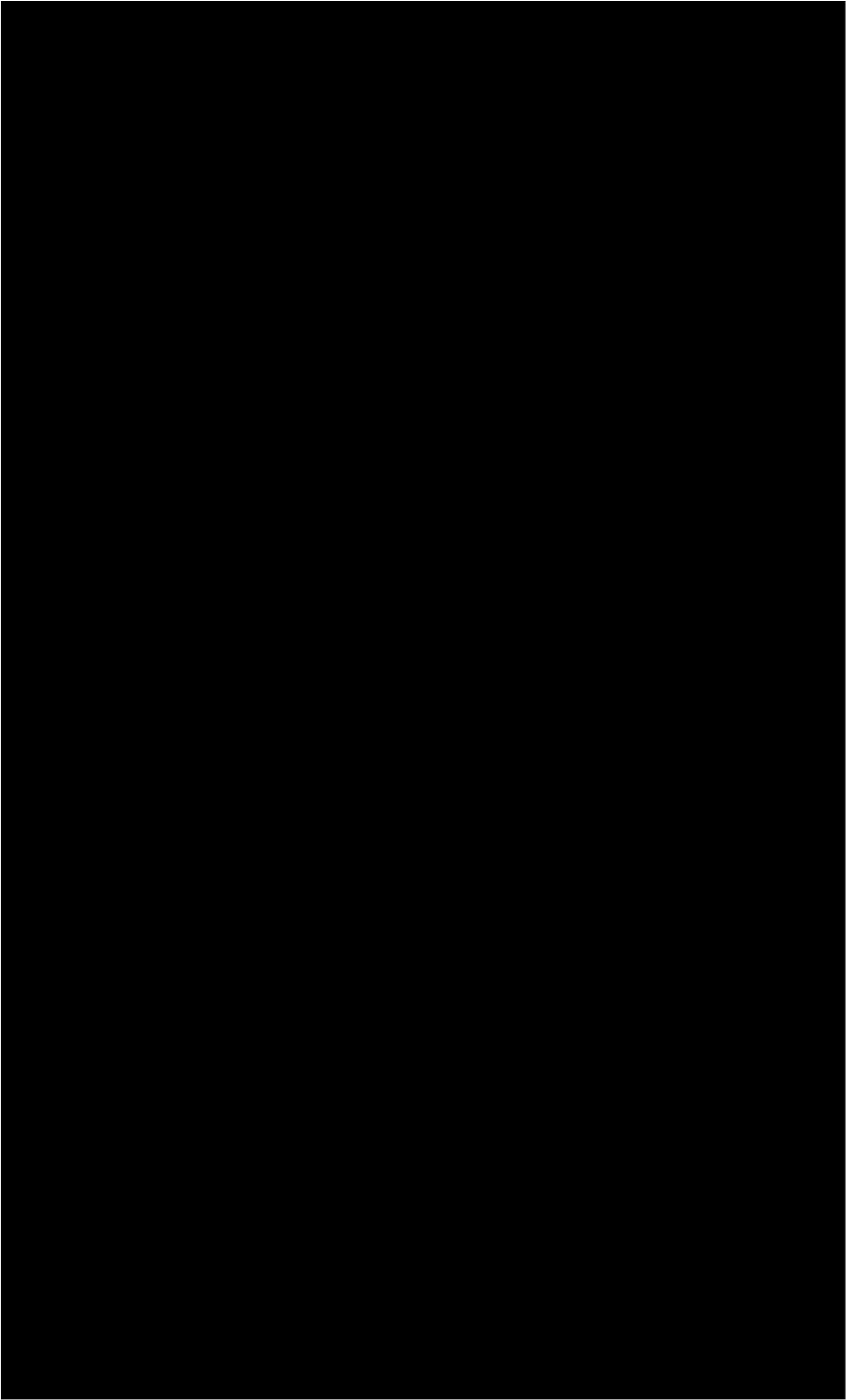


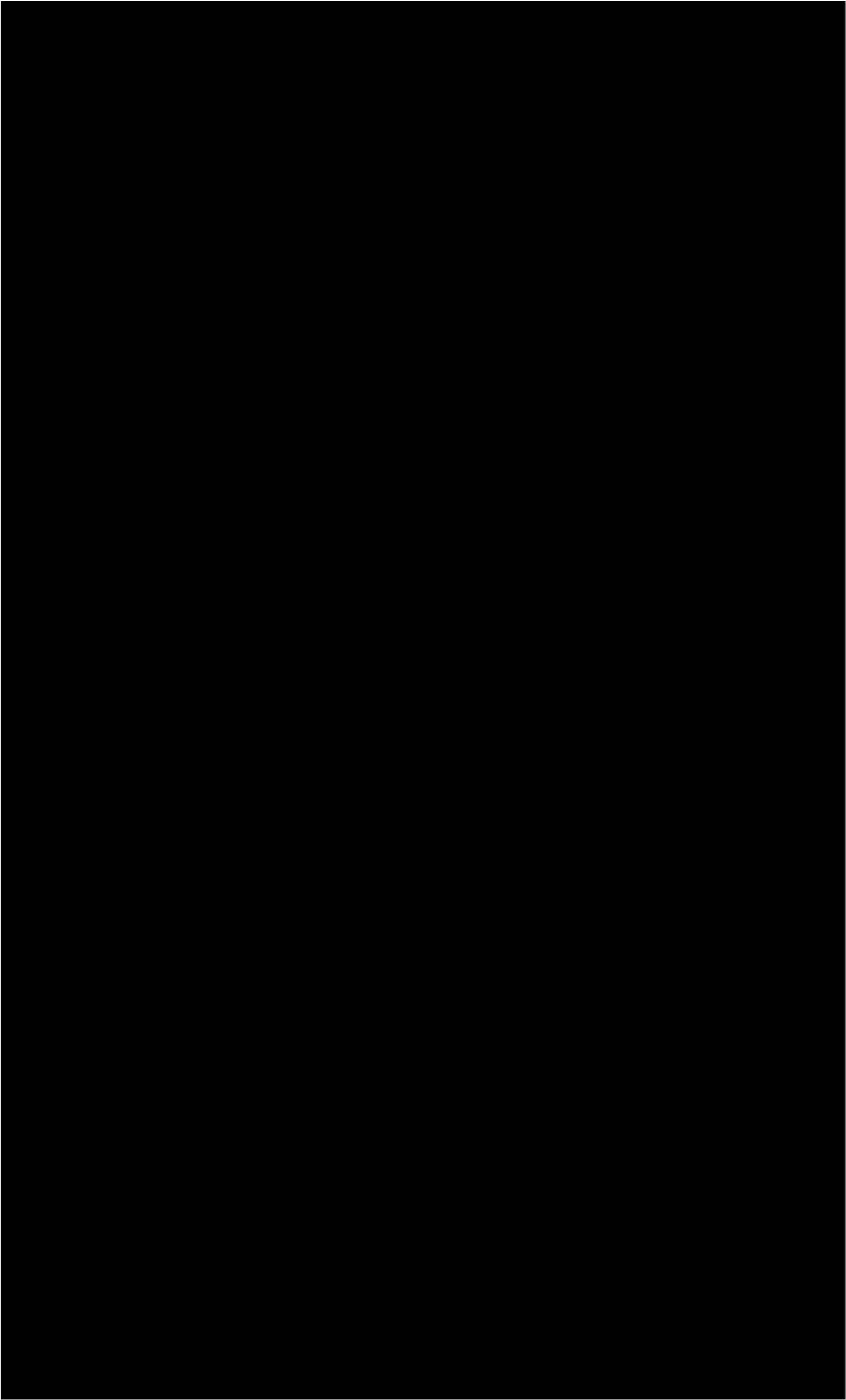


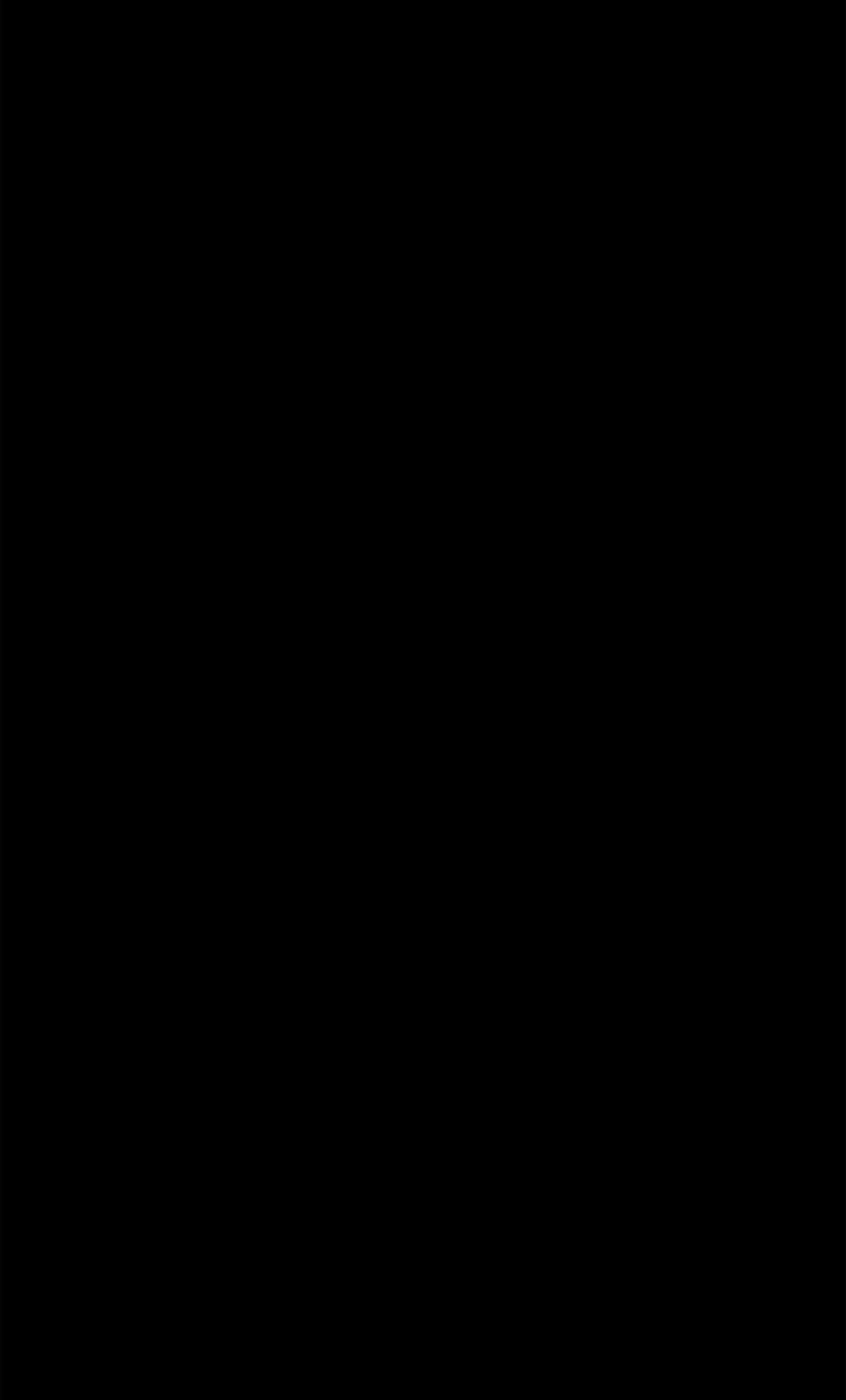


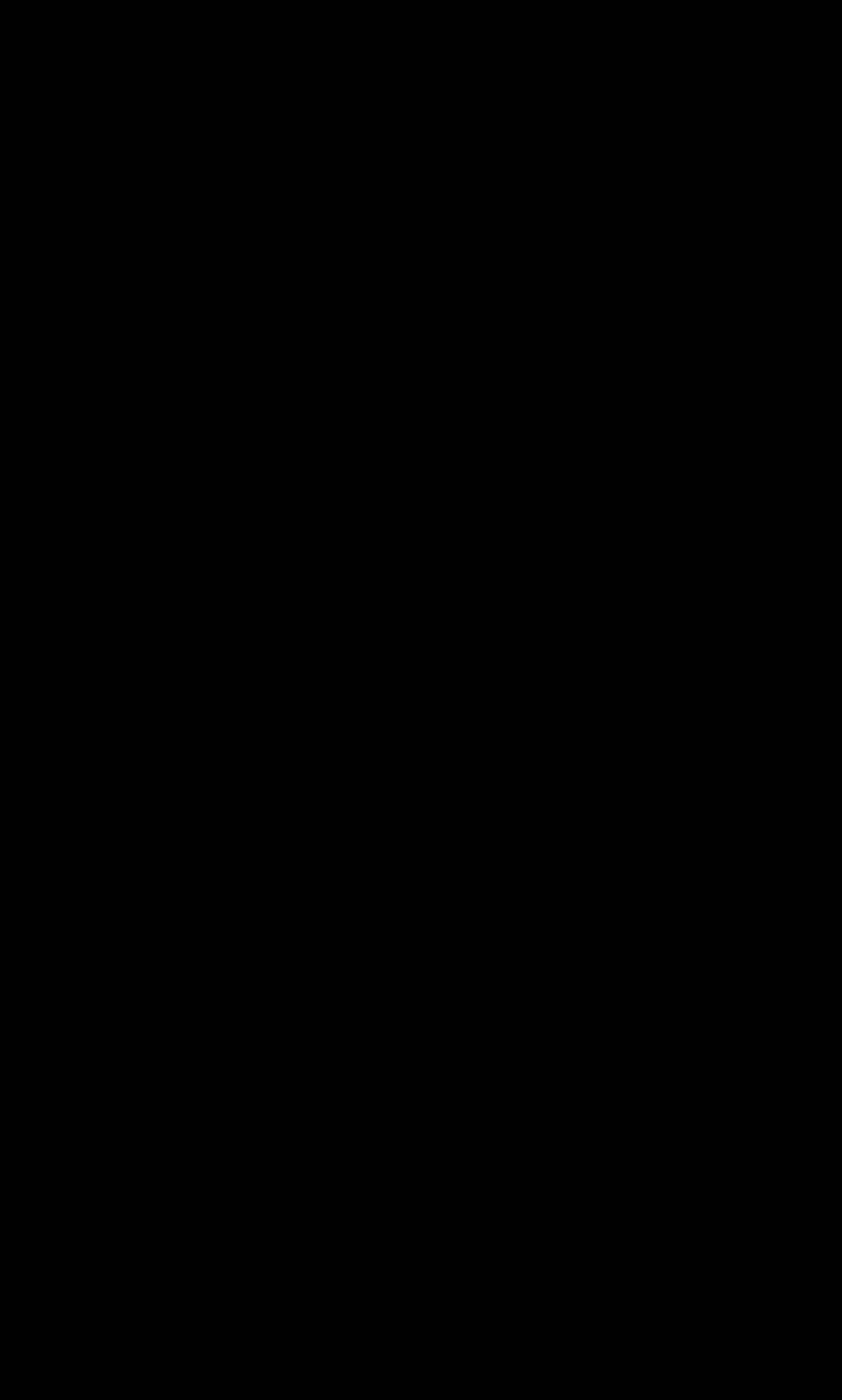


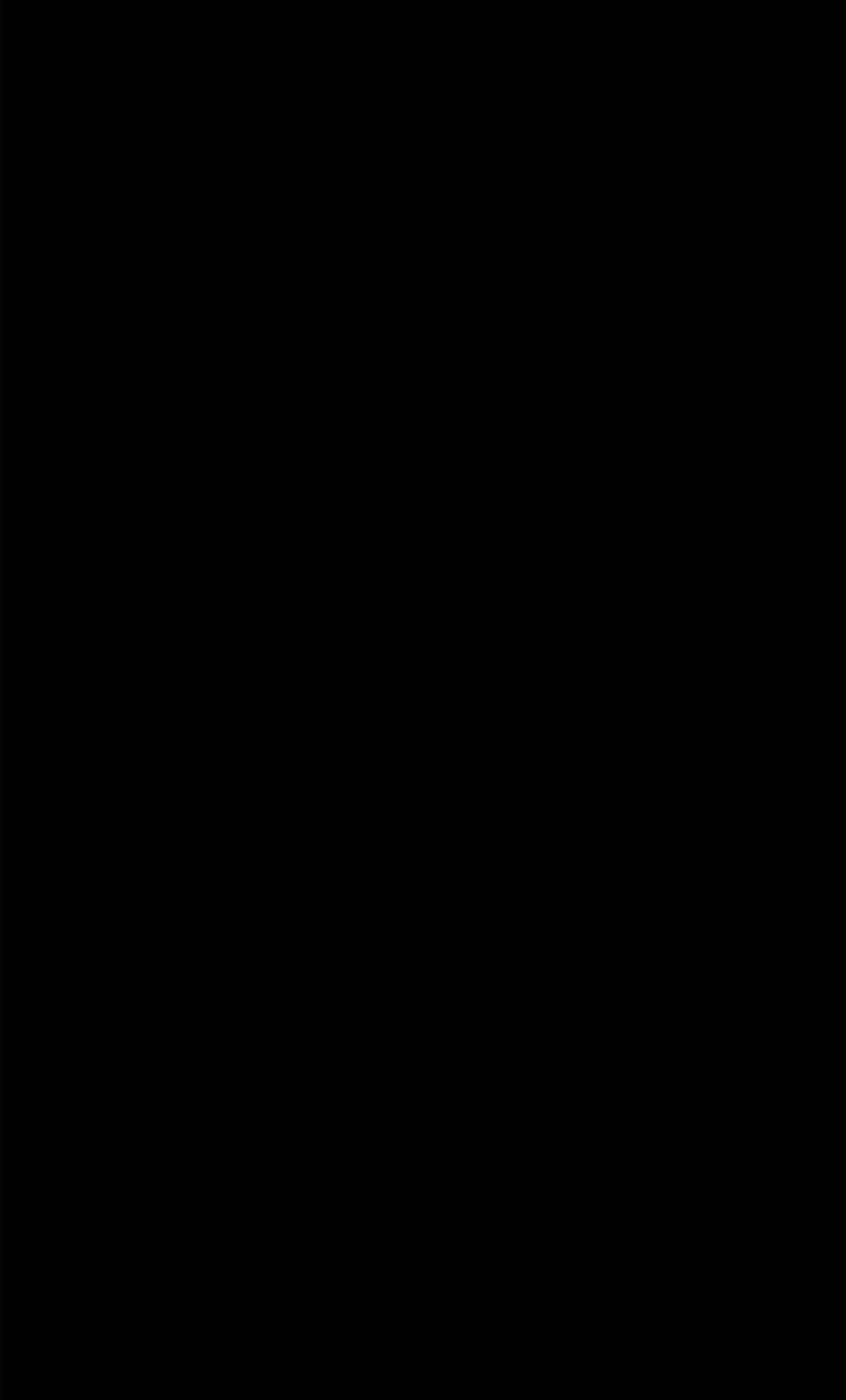


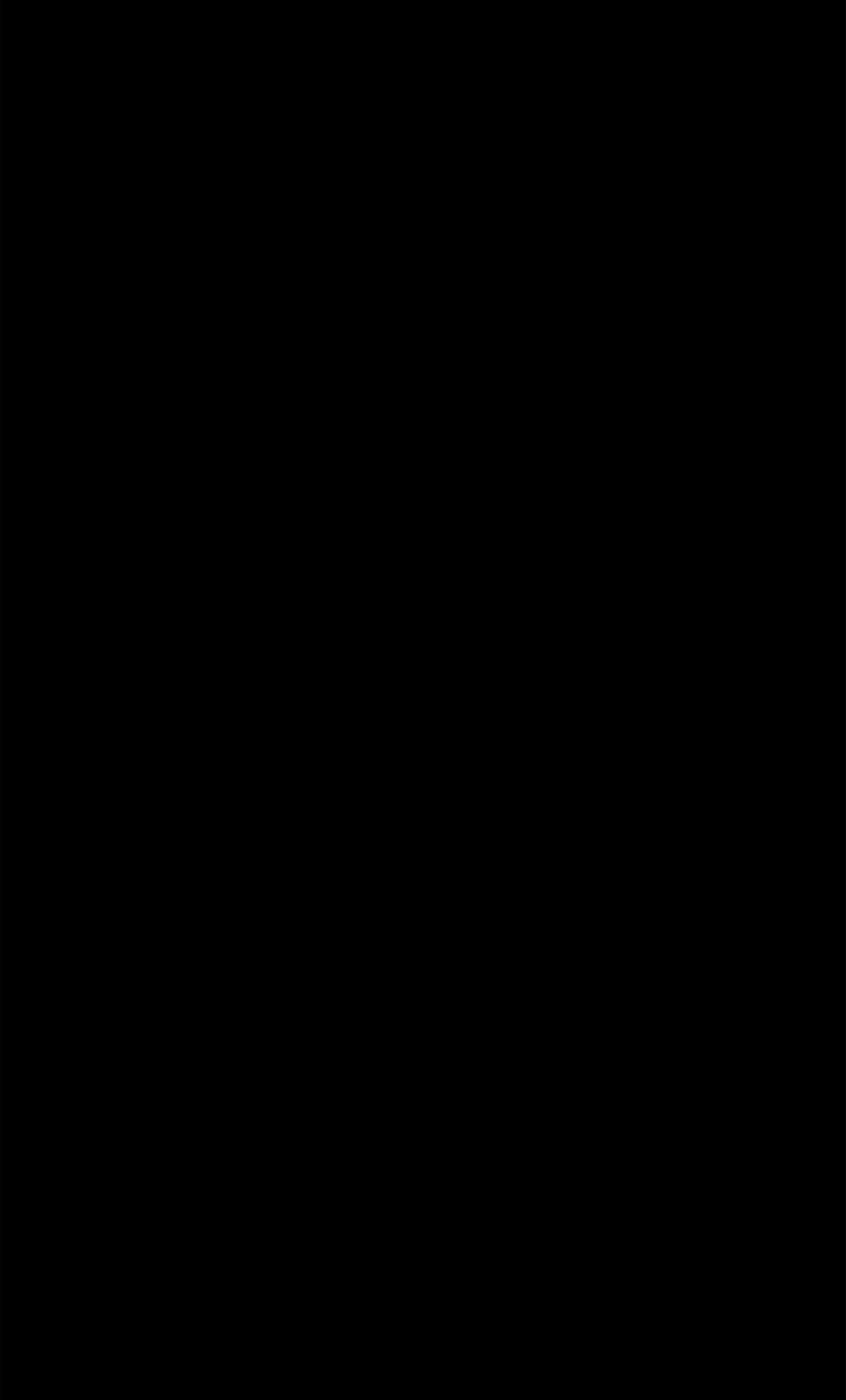


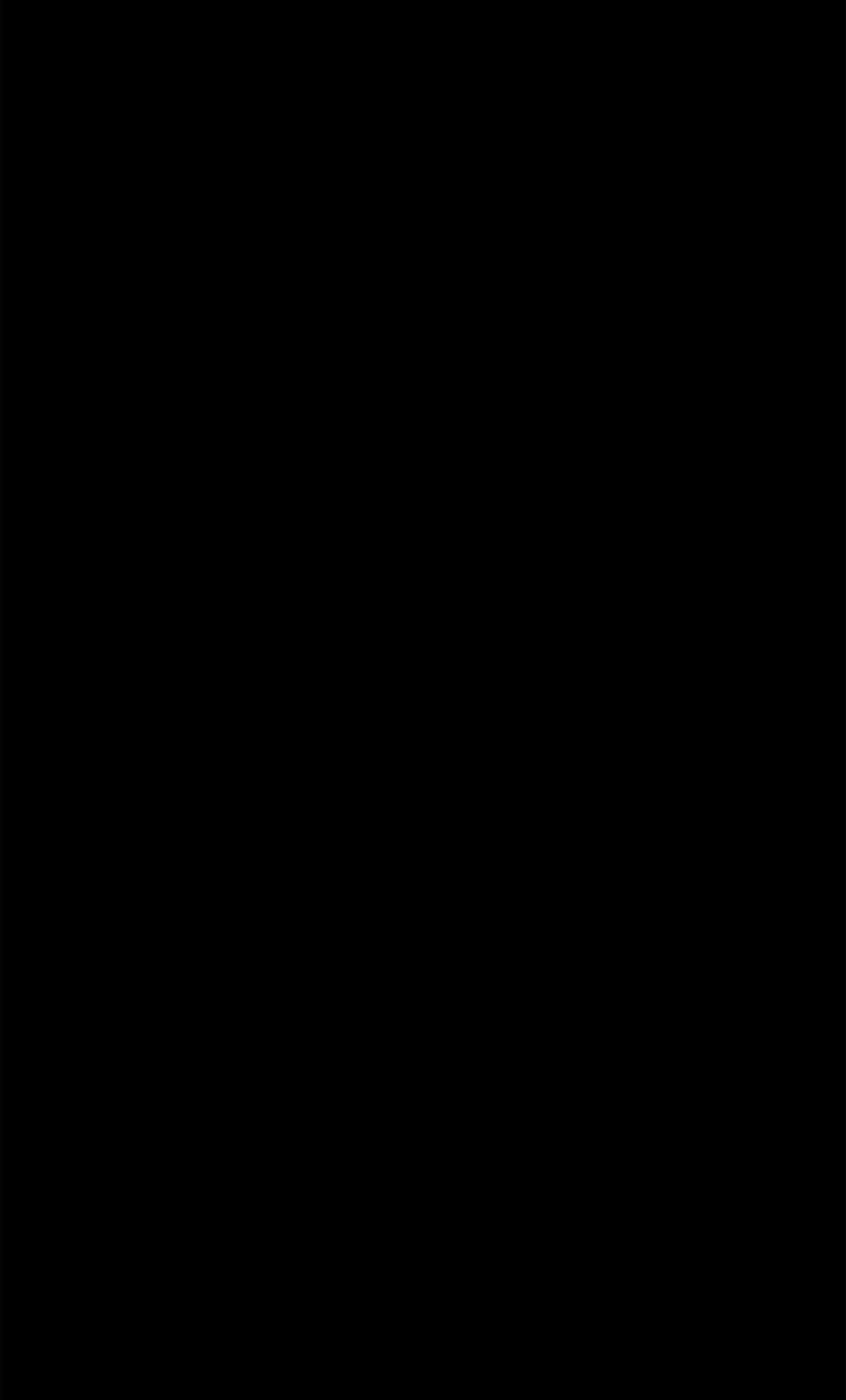


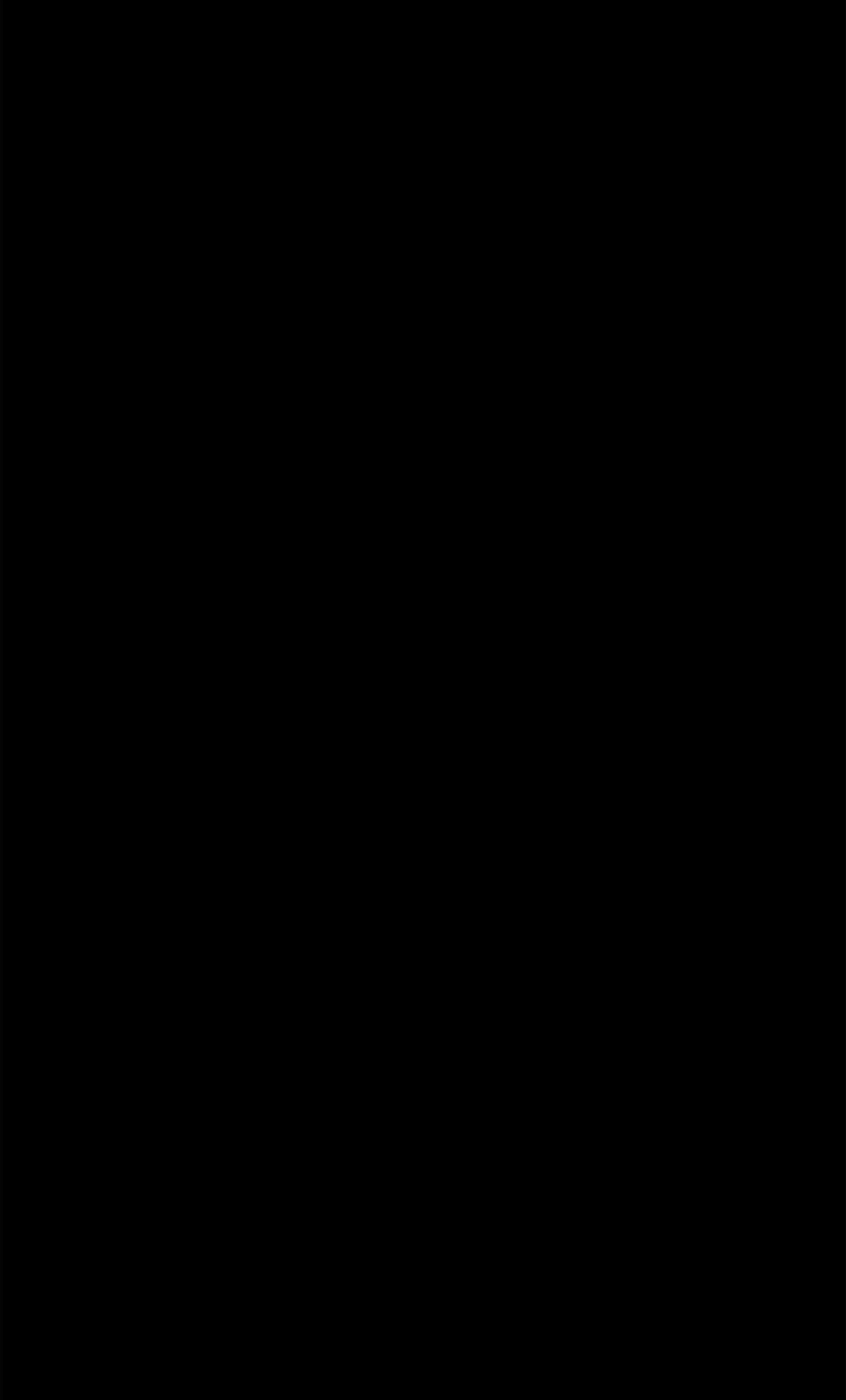


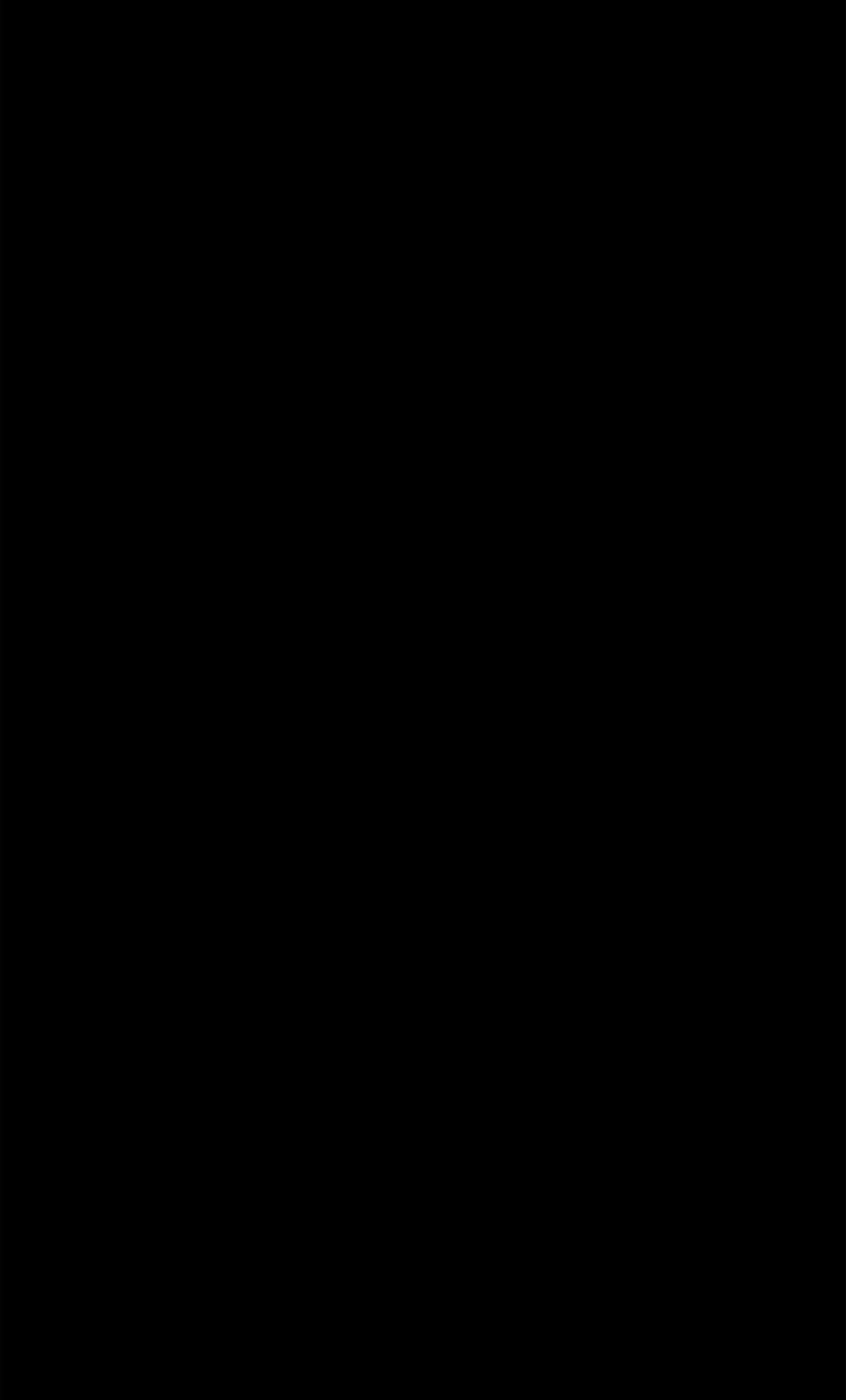


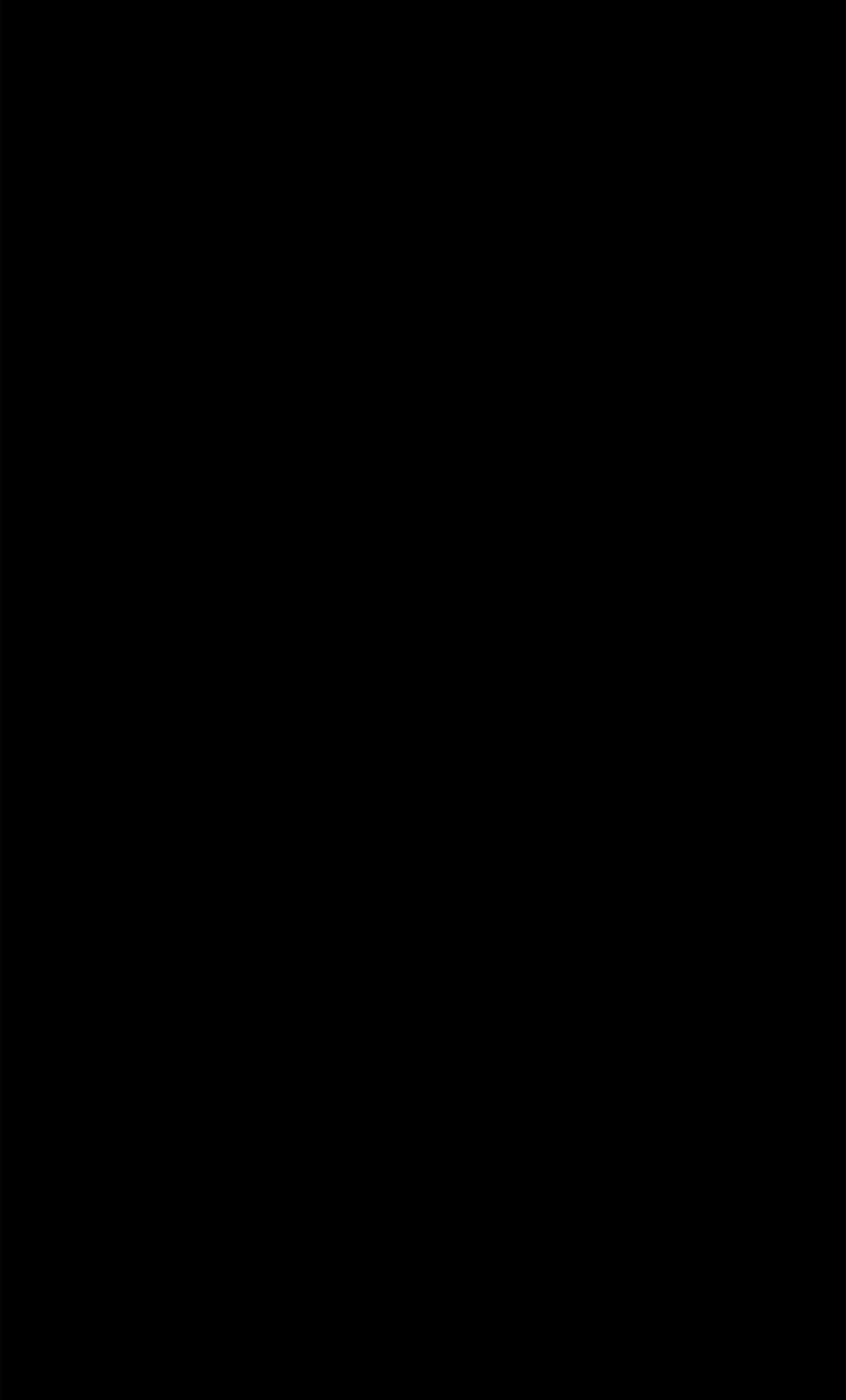


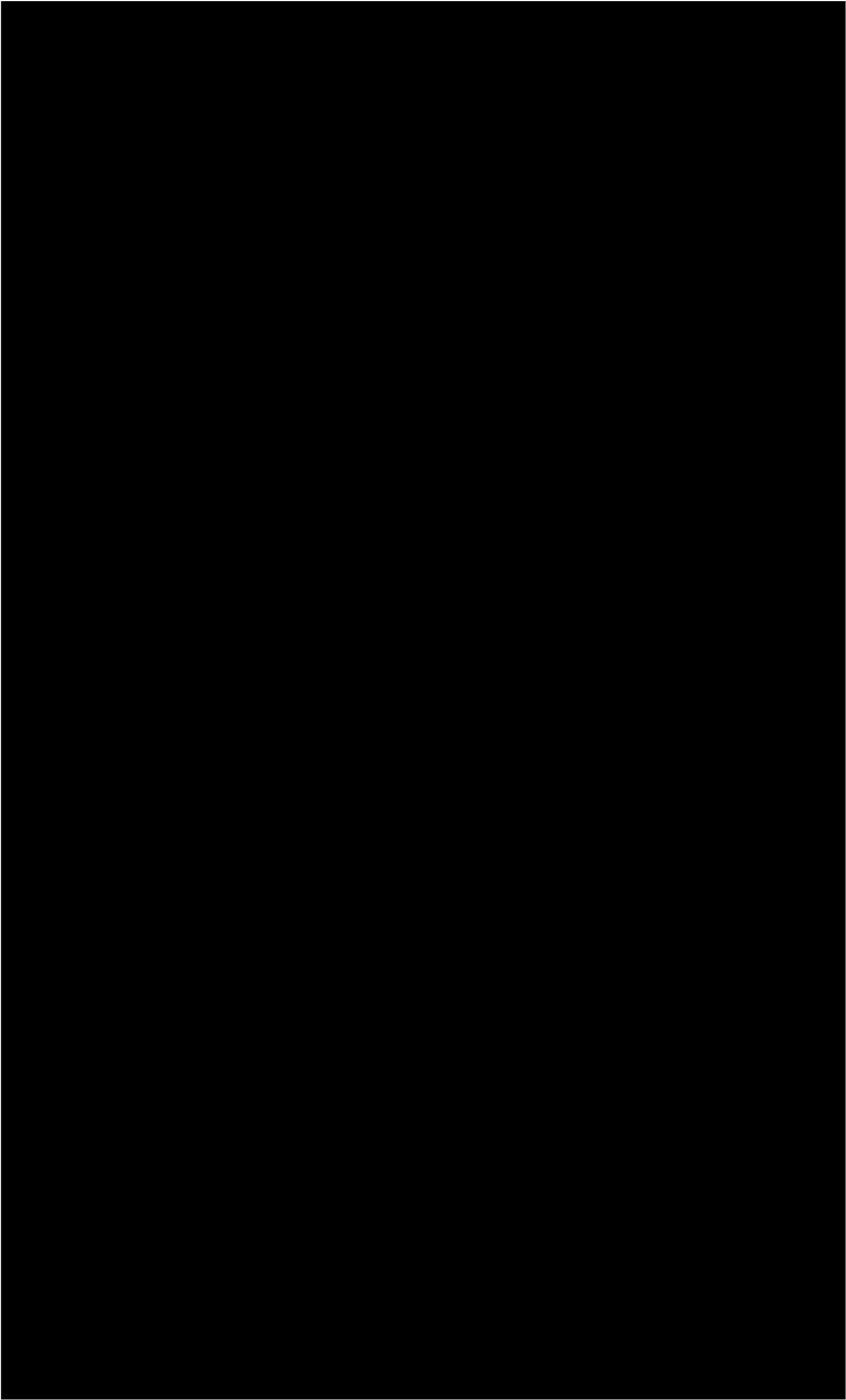


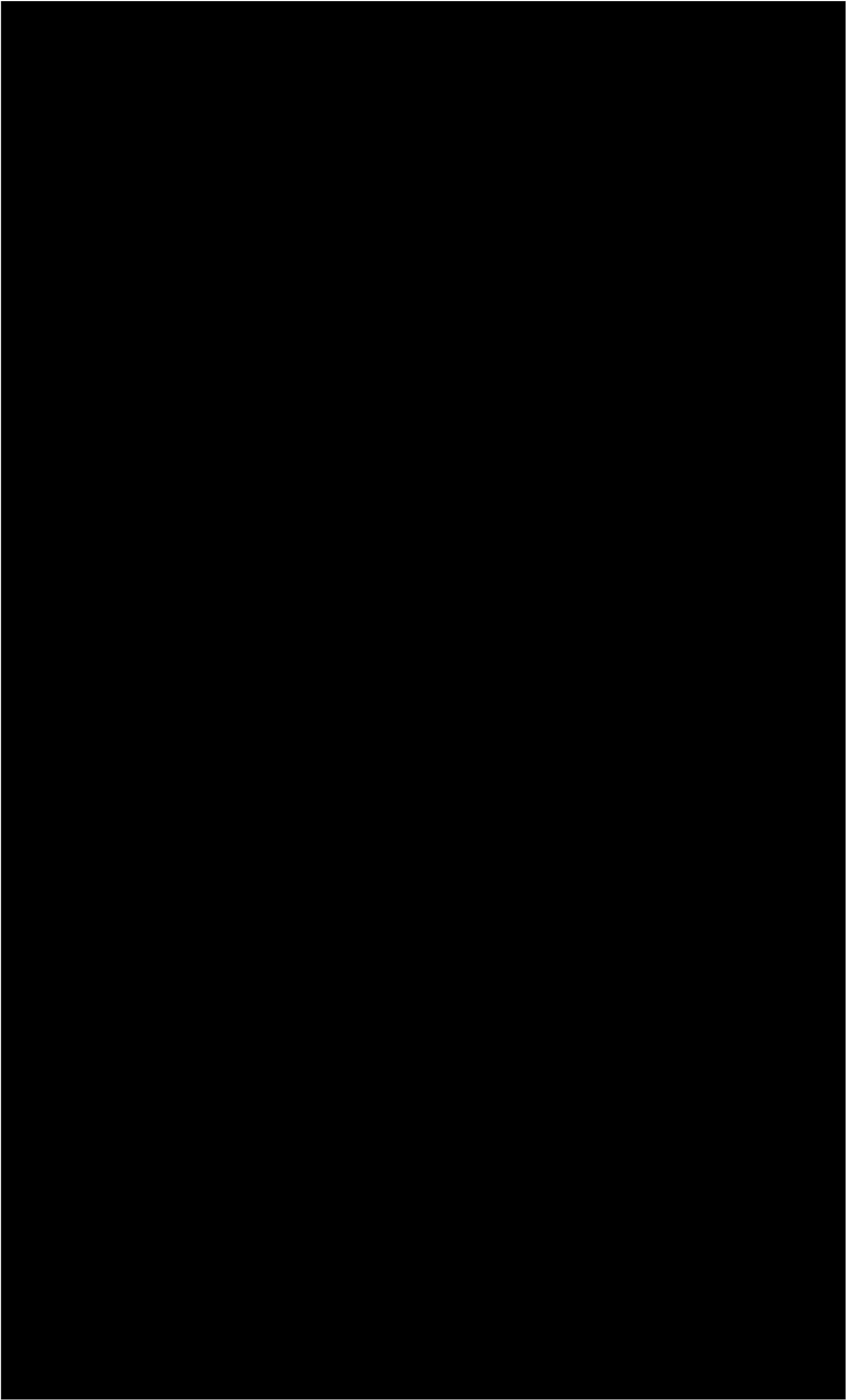


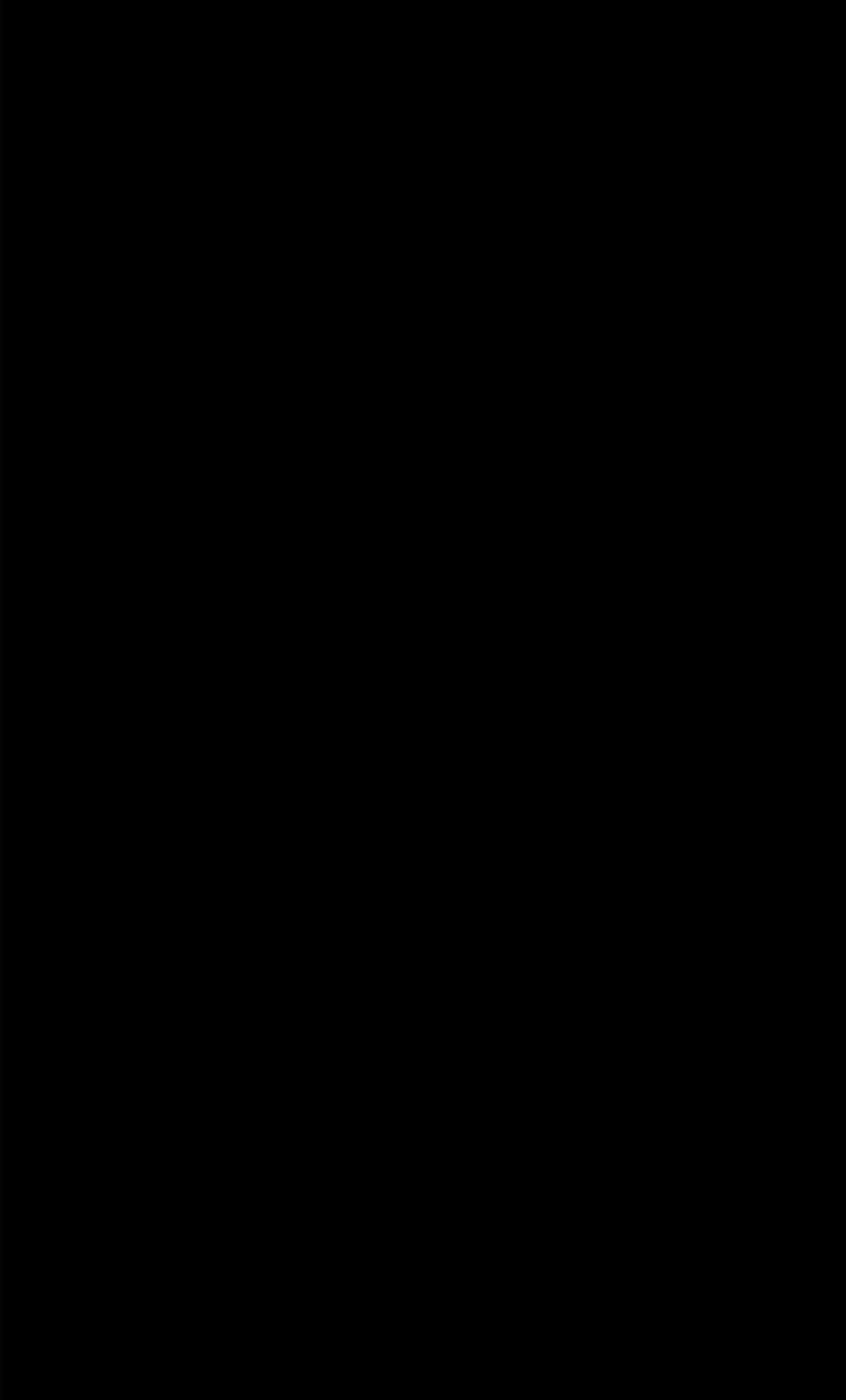


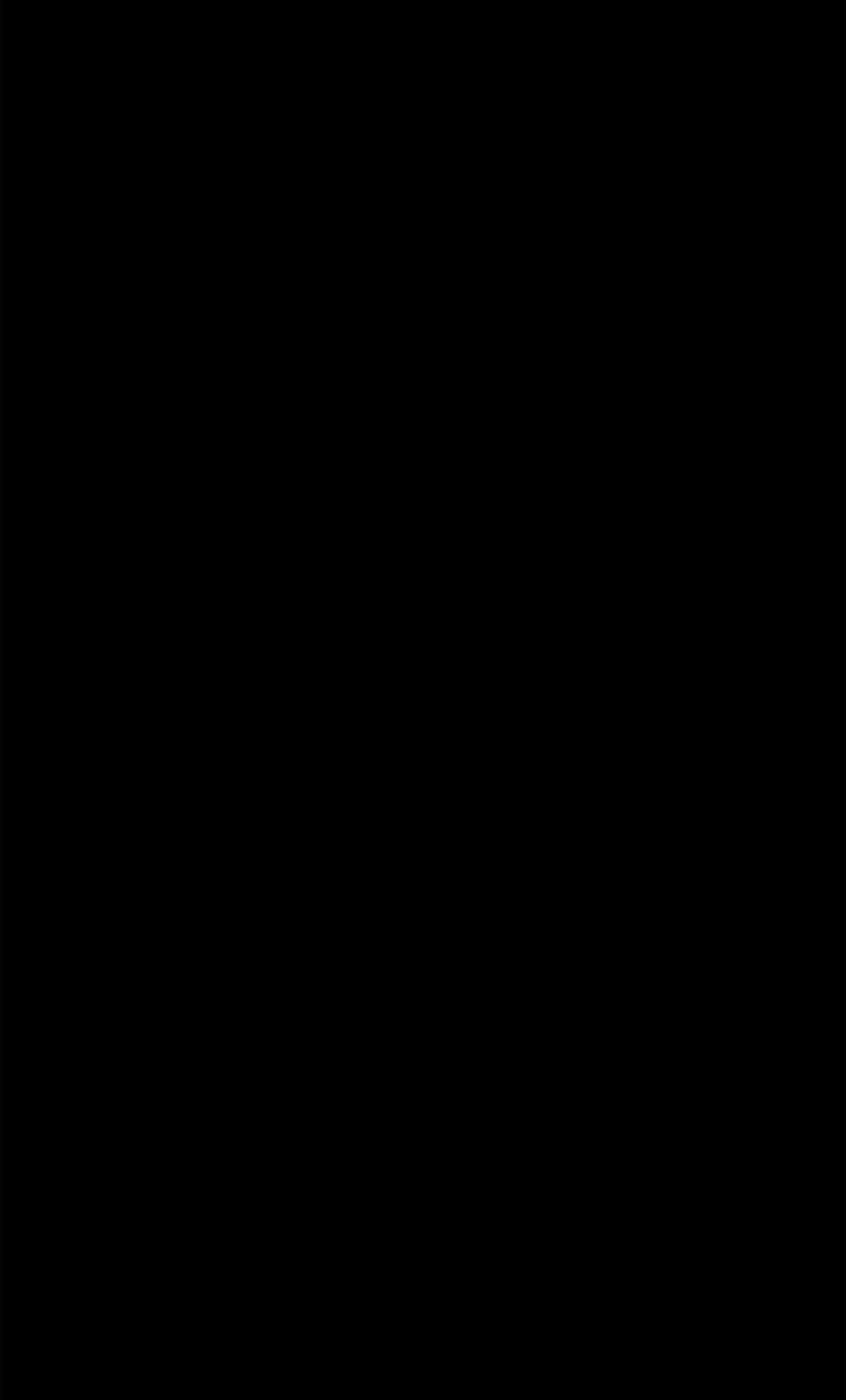


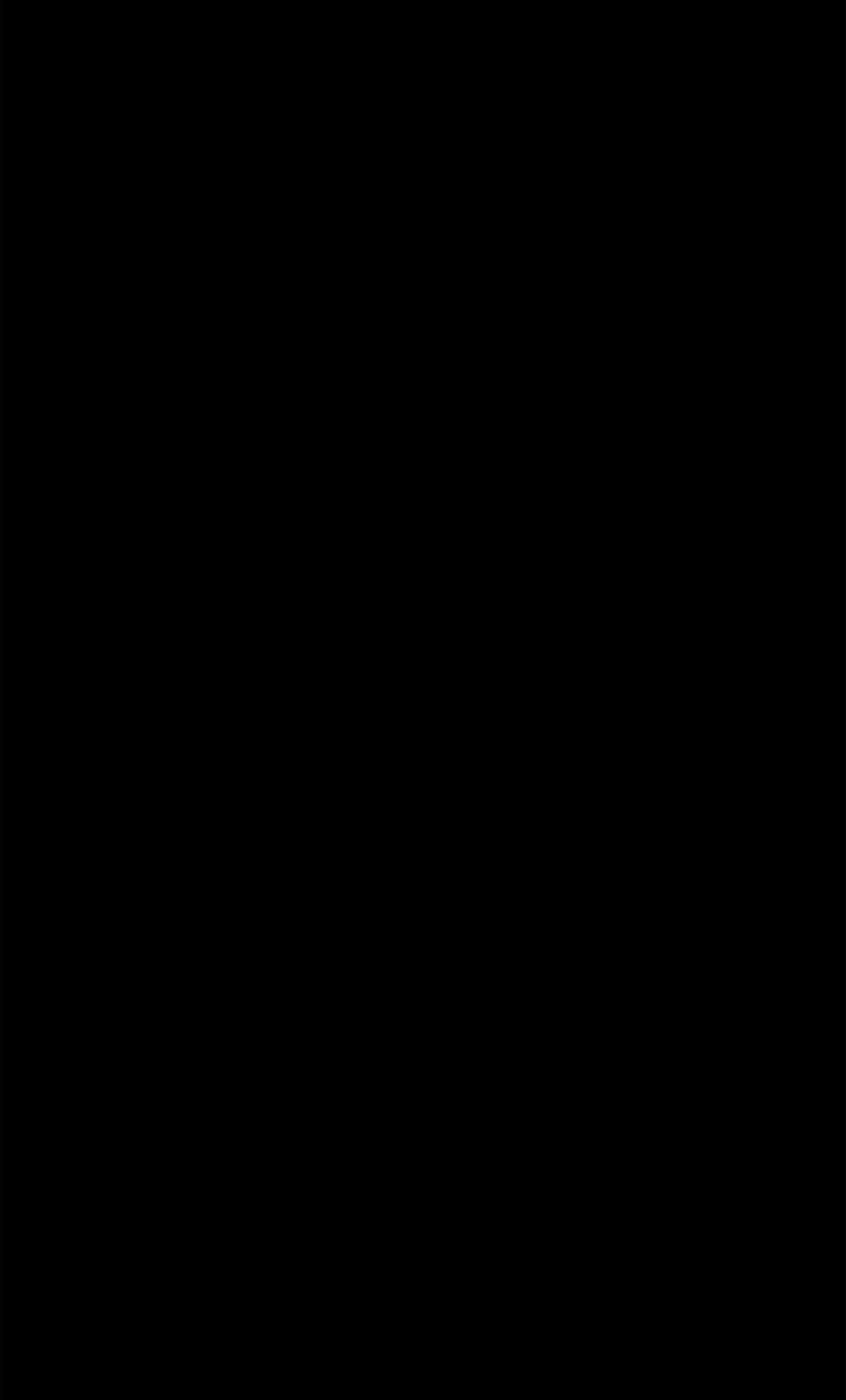


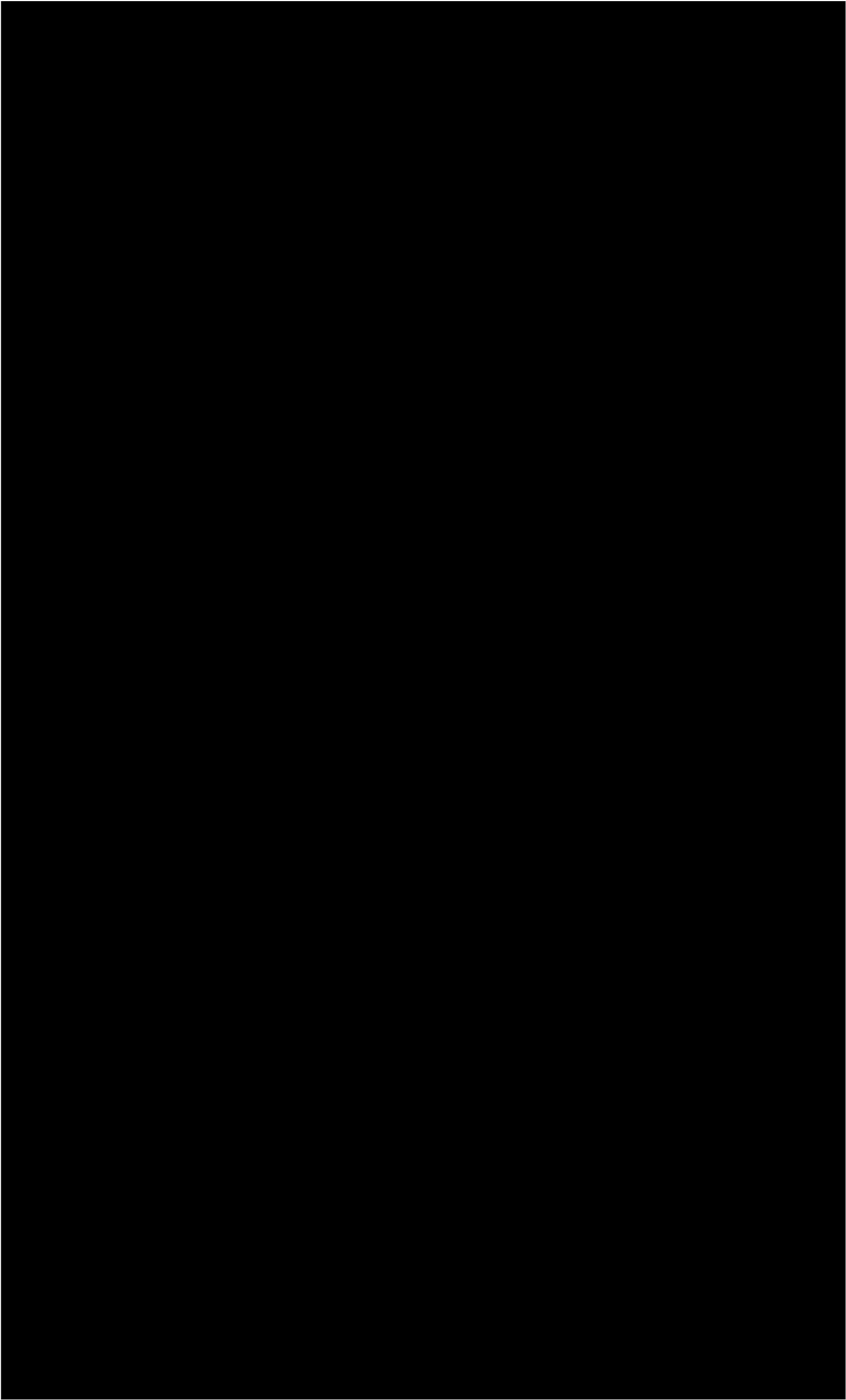


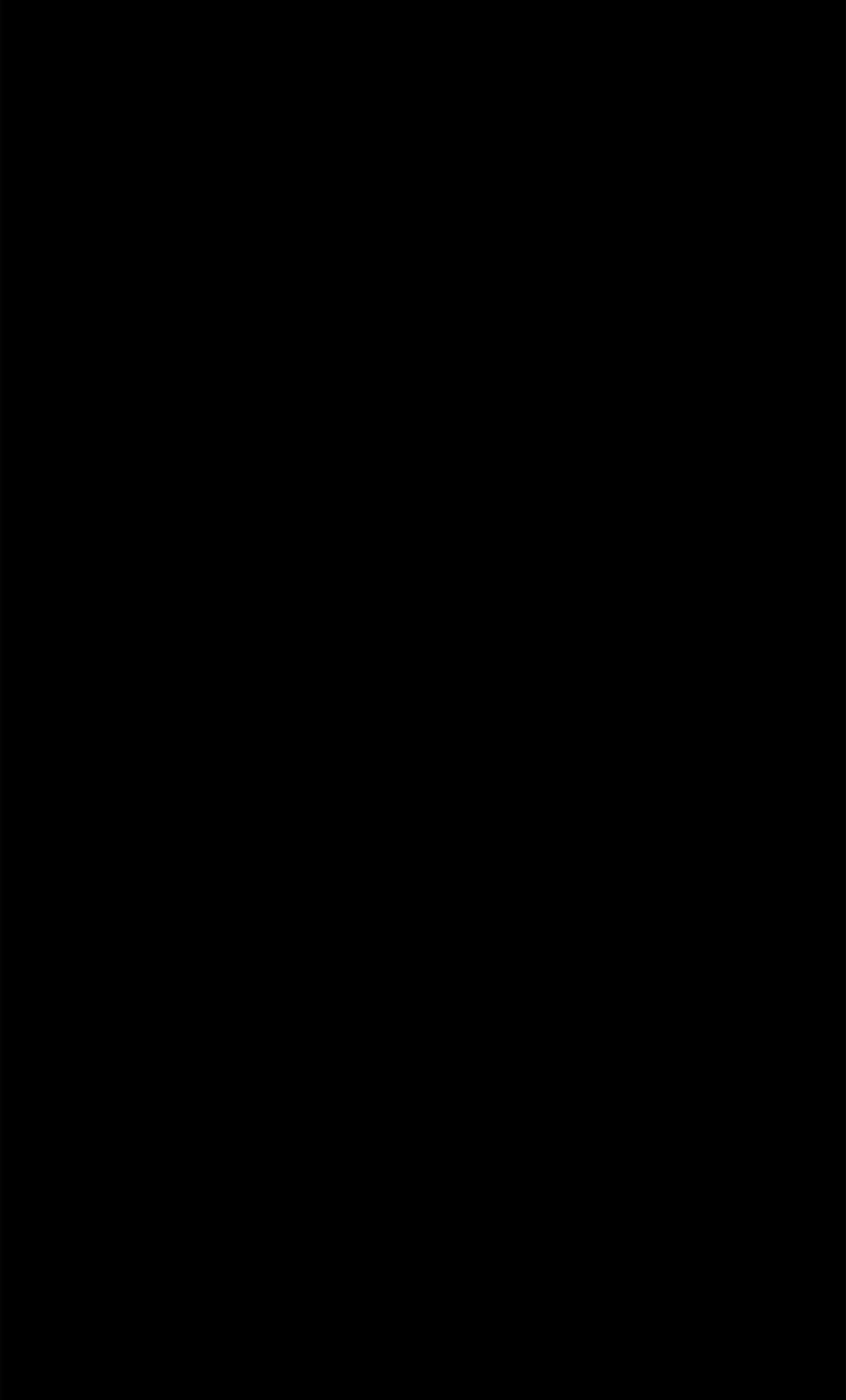


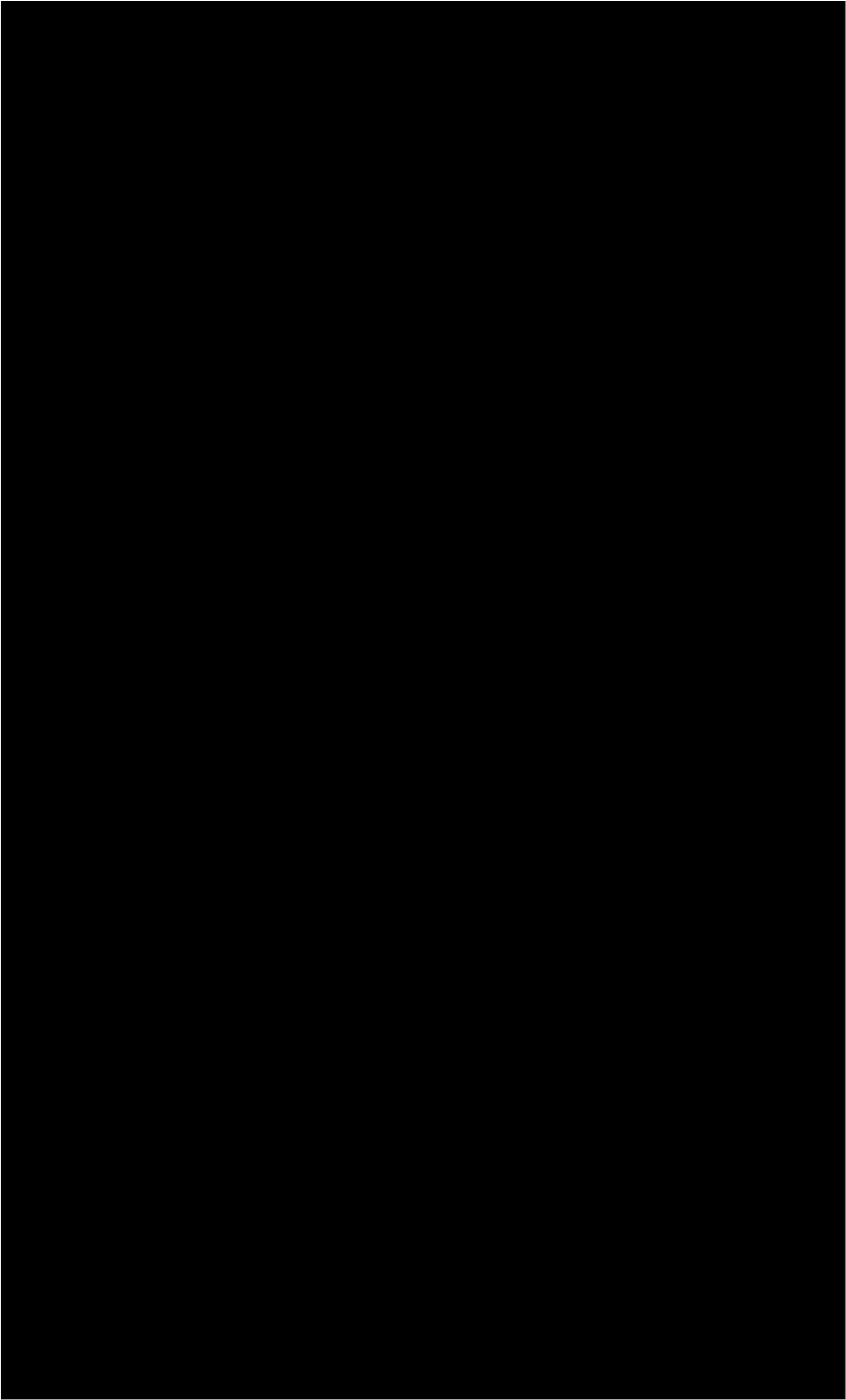












From: [ASCC New Claims](#)
To: [Reginald Rogers](#)
Cc: [Kathryn Irby](#)
Subject: CLAIM: Stacy Ryan v. DOH, Claim No. 260102
Date: Monday, August 18, 2025 3:19:00 PM
Attachments: [Stacy Ryan v. DOH \(260102\).pdf](#)
[Stacy Ryan Claim File - 260102.pdf](#)

Dear Mr. Rogers,

Please confirm receipt of the attached claim file. The agency may file its response to this claim electronically by sending it to ascpleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

Please contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

August 18, 2025

Mr. Reginald Rogers
Arkansas Department of Health
4815 West Markham Street
Little Rock, Arkansas 72205

(via email)

RE: ***Stacy Ryan v. Arkansas Department of Health***
Claim No. 260102

Dear Mr. Rogers,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Department of Health. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, cost center, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: cmcdaniel

cc: Stacy Ryan, *Claimant* (w/o encl.) (via email)

From: [ASCC New Claims](#)
To: [Stacy Ryan](#)
Bcc: [Kathryn Irby](#)
Subject: Stacy Ryan v. DOH, Claim No. 260102
Date: Monday, August 18, 2025 3:20:00 PM
Attachments: [Stacy Ryan v. DOH \(260102\).pdf](#)

Dear Ms. Ryan,

Attached please find a copy of the letter sent with your claim to the Arkansas Department of Health.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: [Reginald Rogers](#)
To: [Caitlin McDaniel](#); [ASCC New Claims](#); [Kathryn Irby](#)
Cc: [Laura Shue \(ADH\)](#); [Charles Thompson \(ADH\)](#); [Brian Nichols \(ADH\)](#); [S.Craig Smith](#); [Deborah Reagan](#)
Subject: FW: CLAIM: Stacy Ryan v. DOH, Claim No. 260102
Date: Monday, August 18, 2025 3:39:47 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[Stacy Ryan v. DOH \(260102\).pdf](#)
[Stacy Ryan Claim File - 260102.pdf](#)

This confirms receipt of the above attached claim. Thank you.

Reginald A. Rogers
 Deputy General Counsel
 Arkansas Department of Health
 4815 W. Markham St., Slot 31
 Little Rock, Arkansas 72205-3867

Phone : (501) 661 - 2609



Fax : (501) 661 - 2357

Email: reginald.rogers@arkansas.gov



From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Monday, August 18, 2025 3:20 PM
To: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: CLAIM: Stacy Ryan v. DOH, Claim No. 260102

Dear Mr. Rogers,

Please confirm receipt of the attached claim file. The agency may file its response to this claim electronically by sending it to ascopleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

Please contact Kathryn Irby with any questions.

Thank you,
 Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: [Stacy Ryan](#)
To: [ASCC New Claims](#)
Subject: RE: Stacy Ryan v. DOH, Claim No. 260102
Date: Tuesday, August 19, 2025 12:49:09 PM

Thank you!

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Monday, August 18, 2025 3:20 PM
To: Stacy Ryan <Stacy.Ryan@arkansas.gov>
Subject: Stacy Ryan v. DOH, Claim No. 260102

Dear Ms. Ryan,

Attached please find a copy of the letter sent with your claim to the Arkansas Department of Health.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: [Reginald Rogers](#)
To: [ASCC Pleadings](#); [Kathryn Irby](#); [Stacy Ryan](#)
Cc: [Laura Shue \(ADH\)](#); [Charles Thompson \(ADH\)](#); [Brian Nichols \(ADH\)](#); [S.Craig Smith](#); [Deborah Reagan](#); [Tressa Williams \(adh\)](#); [Geray Pickle](#); [Kimberly Hardwick \(ADH\)](#); [Sherian Kwanisai](#); [Linda Wooten](#)
Subject: CLAIM: Stacy Ryan v. DOH, Claim No. 260102 Arkansas Department of Health Respondent's Answer
Date: Monday, September 15, 2025 12:43:45 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.png](#)
[Stacy Ryan Answer.9.15.25.pdf](#)
[Stacy Ryan v. DOH \(260102\).pdf](#)
[Stacy Ryan Claim File - 260102.pdf](#)

Please find the Arkansas Department of Health’s Answer (first attachment above) to Claim No. 260102 for filing. I have copied the claimant on this email. Thank you.



Reginald Rogers
 Attorney IV
 Arkansas Department of Health
 e: Reginald.Rogers@arkansas.gov
 T: 501-661-2609

From: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Sent: Monday, August 18, 2025 3:40 PM
To: [Caitlin McDaniel](mailto:Caitlin.McDaniel@arkansas.gov) <Caitlin.McDaniel@arkansas.gov>; [ASCC New Claims](mailto:ASCC.New.Claims@arkansas.gov) <ASCC.New.Claims@arkansas.gov>; [Kathryn Irby](mailto:Kathryn.Irby@arkansas.gov) <Kathryn.Irby@arkansas.gov>
Cc: [Laura Shue \(ADH\)](mailto:Laura.Shue@arkansas.gov) <Laura.Shue@arkansas.gov>; [Charles Thompson \(ADH\)](mailto:Charles.Thompson@arkansas.gov) <Charles.Thompson@arkansas.gov>; [Brian Nichols \(ADH\)](mailto:Brian.Nichols@arkansas.gov) <Brian.Nichols@arkansas.gov>; [S.Craig Smith](mailto:S.Craig.Smith@arkansas.gov) <Stephan.Smith@arkansas.gov>; [Deborah Reagan](mailto:Deborah.Reagan@arkansas.gov) <Deborah.Reagan@arkansas.gov>
Subject: FW: CLAIM: Stacy Ryan v. DOH, Claim No. 260102

This confirms receipt of the above attached claim. Thank you.

Reginald A. Rogers
 Deputy General Counsel
 Arkansas Department of Health
 4815 W. Markham St., Slot 31
 Little Rock, Arkansas 72205-3867

Phone : (501) 661 - 2609



Fax : (501) 661 - 2357

Email: reginald.rogers@arkansas.gov



From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Monday, August 18, 2025 3:20 PM
To: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: CLAIM: Stacy Ryan v. DOH, Claim No. 260102

Dear Mr. Rogers,

Please confirm receipt of the attached claim file. The agency may file its response to this claim electronically by sending it to ascpleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

Please contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

STACY RYAN

CLAIMANT

vs.

CLAIM NO. 260102

ARKANSAS DEPARTMENT OF HEALTH

RESPONDENT

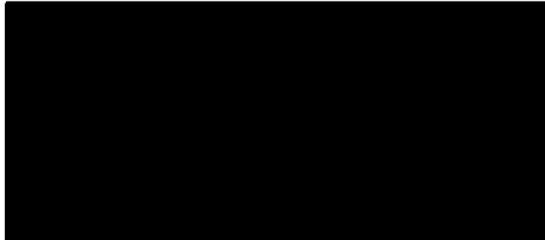
ANSWER

Comes now Respondent, Arkansas Department of Health, in the above-styled and numbered action, and for its Answer, states as follows:

1. Respondent does not contest liability in the amount of \$27,220.72. However, pursuant to Arkansas Code Annotated § 19-4-1602, payroll deductions from that amount must be made. Those deductions include (but are not limited to) withholding taxes; Social Security contributions; and contributions to any state retirement system or approved plan of deferred compensation.

2. Applicable funding codes regarding payment of said claim are:

Agency Number:
Cost Center:
Internal Order Number:
Fund Center Code:
Appropriation:
Activity Section:



WHEREFORE, Respondent does not oppose the claim in the amount of \$27,220.72, minus payroll deductions, which are required.

Respectfully submitted,

ARKANSAS DEPARTMENT OF HEALTH

By: 

Reginald A. Rogers, AR Bar No. 85138
Deputy General Counsel
4815 W. Markham Street, Slot 31
Little Rock, AR 72205
(501) 661-2609 – Office
(501) 661-2357 – Facsimile

CERTIFICATE OF SERVICE

I, Reginald A. Rogers, Deputy General Counsel, certify that a copy of the foregoing document has been served via email this 15th day of September 2025, to the following:

Stacy Ryan
3251 North State Hwy 116
Booneville, AR 72927
Stacy.ryan@arkansas.gov



Reginald A. Rogers, AR Bar No. 85138

From: [Kathryn Irby](#)
To: [Stacy Ryan](#); [Reginald Rogers](#)
Cc: [ASCC Pleadings](#)
Subject: INFO NEEDED: Ryan v. DOH, Claim No. 260102
Date: Thursday, October 2, 2025 8:57:00 AM
Attachments: [Stacy Ryan v. DOH -- ltr to Claimant.pdf](#)
[image003.png](#)
[image004.png](#)
[image005.jpg](#)

Ms. Ryan and Mr. Rogers, please see attached correspondence from the Commission.

Thanks,
 Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
 101 East Capitol Avenue, Suite 410
 Little Rock, Arkansas 72201
 (501) 682-2822

From: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Sent: Monday, September 15, 2025 12:44 PM
To: [ASCC Pleadings](#) <ASCCPleadings@arkansas.gov>; [Kathryn Irby](#) <Kathryn.Irby@arkansas.gov>; [Stacy Ryan](#) <Stacy.Ryan@arkansas.gov>
Cc: [Laura Shue \(ADH\)](#) <Laura.Shue@arkansas.gov>; [Charles Thompson \(ADH\)](#) <Charles.Thompson@arkansas.gov>; [Brian Nichols \(ADH\)](#) <Brian.Nichols@arkansas.gov>; [S.Craig Smith](#) <Stephan.Smith@arkansas.gov>; [Deborah Reagan](#) <Deborah.Reagan@arkansas.gov>; [Tressa Williams \(adh\)](#) <Tressa.Williams@arkansas.gov>; [Geray Pickle](#) <Geray.Pickle@arkansas.gov>; [Kimberly Hardwick \(ADH\)](#) <Kim.Hardwick@arkansas.gov>; [Sherian Kwanisai](#) <Sherian.Kwanisai@arkansas.gov>; [Linda Wooten](#) <Linda.Wooten@arkansas.gov>
Subject: CLAIM: Stacy Ryan v. DOH, Claim No. 260102 Arkansas Department of Health Respondent's Answer

Please find the Arkansas Department of Health's Answer (first attachment above) to Claim No. 260102 for filing. I have copied the claimant on this email. Thank you.



Reginald Rogers
 Attorney IV
 Arkansas Department of Health
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 T: 501-661-2609

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Sent: Monday, August 18, 2025 3:40 PM
To: [Caitlin McDaniel](#) <Caitlin.McDaniel@arkansas.gov>; [ASCC New Claims](#) <ASCC.New.Claims@arkansas.gov>; [Kathryn Irby](#) <Kathryn.Irby@arkansas.gov>

Cc: Laura Shue (ADH) <Laura.Shue@arkansas.gov>; Charles Thompson (ADH) <Charles.Thompson@arkansas.gov>; Brian Nichols (ADH) <Brian.Nichols@arkansas.gov>; S.Craig Smith <Stephan.Smith@arkansas.gov>; Deborah Reagan <Deborah.Reagan@arkansas.gov>
Subject: FW: CLAIM: Stacy Ryan v. DOH, Claim No. 260102

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Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

October 2, 2025

Ms. Stacy Ryan

(via email)

RE: ***Stacy Ryan v. Arkansas Department of Health***
Claim No. 260102

Dear Ms. Ryan,

Please be advised that the Arkansas Department of Health (the “Respondent”) in the above-styled claim filed an Answer recommending payment in the amount of \$27,220.72 with payroll deductions pursuant to Ark. Code Ann. § 19-4-1602. If you disagree with Respondent’s recommendation, you have two options:

- 1) You may request a hearing before the Arkansas State Claims Commission (the “Claims Commission”) in writing within fifteen (15) calendar days from the date of this correspondence to contest the amount recommended by the Respondent; or
- 2) You may do nothing. If this office does not receive any communication from you within fifteen (15) calendar days from the date of this correspondence, your claim will be processed in the amount recommended by the Respondent, and your claim for any other amount will be dismissed by the Claims Commission for failure to respond.

If you agree with Respondent’s recommendation, your claim can be processed by the Commission more quickly if you respond to advise that you are in agreement. You may respond by emailing kathryn.irby@arkansas.gov or asccpleadings@arkansas.gov.

It is your responsibility to know when responses are due to any motions or other pleadings filed in your claim. It is also your responsibility to notify both the Claims Commission and the Respondent if you have a change in mailing address.

Sincerely,

Kathryn Irby

ES: msscott

cc: Reginald A. Rogers, *counsel for Respondent* (via email)

From: [Stacy Ryan](#)
To: [Kathryn Irby](#)
Subject: Agreement of payment amount
Date: Thursday, October 2, 2025 9:45:42 AM
Attachments: [image068132.png](#)

Dear Ms. Irby,

I am in agreement with the respondent's payment amount of \$27,220.72 with payroll deductions. Please advise if any further action is needed on my part.

Thank you for your time in this matter.



Stacy Ryan
Public Health Nurse CDNS
Northwest Region | ADH
e: Stacy.Ryan@arkansas.gov
[REDACTED]

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From: [Stacy Ryan](#)
To: [Kathryn Irby](#)
Cc: [Reginald Rogers](#)
Subject: RE: Agreement of payment amount
Date: Thursday, October 2, 2025 9:50:11 AM
Attachments: [image001.png](#)
[image488563.png](#)

I understand, thank you .



Stacy Ryan
 Public Health Nurse CDNS
 Northwest Region | ADH
 e: Stacy.Ryan@arkansas.gov
[REDACTED]

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From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Thursday, October 2, 2025 9:48 AM
To: Stacy Ryan <Stacy.Ryan@arkansas.gov>
Cc: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Subject: RE: Agreement of payment amount

Ms. Ryan, thank you for this quick response. I will submit this claim to the Commission for an order. Once the Commission approves, this claim will also have to go to the Legislature for approval and placement on an appropriations bill. If approved by the Legislature, I expect that payment would be made to you in June 2026 after the end of the fiscal session (we only get one appropriations bill each year).

That said, you are welcome to reach out to me with any questions or a status update in the coming months.

Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
 101 East Capitol Avenue, Suite 410
 Little Rock, Arkansas 72201
 (501) 682-2822

From: Stacy Ryan <Stacy.Ryan@arkansas.gov>
Sent: Thursday, October 2, 2025 9:46 AM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: Agreement of payment amount

Dear Ms. Irby,

I am in agreement with the respondent's payment amount of \$27,220.72 with payroll deductions. Please advise if any further action is needed on my part.

Thank you for your time in this matter.



Stacy Ryan
Public Health Nurse CDNS
Northwest Region | ADH
e: Stacy.Ryan@arkansas.gov
[REDACTED]

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**STACY RYAN****CLAIMANT****V.****CLAIM NO. 260102****ARKANSAS DEPARTMENT OF
HEALTH****RESPONDENT****ORDER**

Now before the Arkansas State Claims Commission (the “Commission”) is the claim filed by Stacy Ryan (the “Claimant”) against the Arkansas Department of Health (the “Respondent”) for an unpaid salary differential in the total amount of \$27,220.72.

Respondent filed an answer, recommending payment in the amount of \$27,220.72 less payroll deductions pursuant to Ark. Code Ann. § 19-4-1602.

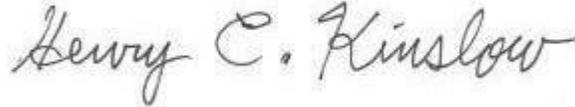
The Commission sent correspondence to Claimant on October 2, 2025, advising Claimant that Respondent recommended payment in the amount of \$27,220.72 less payroll deductions pursuant to Ark. Code Ann. § 19-4-1602. In that correspondence, Claimant was given fifteen calendar days to request a hearing and advised that if Claimant did not request a hearing within fifteen days, the claim would be processed for the amount admitted by Respondent and that Claimant’s claim for any other amount would be dismissed. Also on October 2, 2025, Claimant responded in agreement with Respondent’s recommendation.

As such, the Commission hereby unanimously **ALLOWS** this claim in the amount of \$27,220.72 less payroll deductions pursuant to Ark. Code Ann. § 19-4-1602, as recommended by the Respondent, and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 25-44-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: October 3, 2025

Notices which may apply to this claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1)(B)(ii). A decision of the Commission may only be appealed to the General Assembly. Ark. Code Ann. § 25-44-211(a)(3).
- (2) If a Claimant is awarded \$15,000.00 or less by the Commission at hearing, that award is held forty (40) days from the date of disposition before payment will be processed to allow either party to utilize its remedies under Ark. Code Ann. § 25-44-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of more than \$15,000.00 are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 25-44-215(b).

From: [Kathryn Irby](#)
To: [Stacy Ryan](#)
Cc: [Reginald Rogers](#)
Bcc: [Mika Tucker](#)
Subject: ORDER: Ryan v. ADH, Claim No. 260102
Date: Saturday, October 18, 2025 6:15:00 PM
Attachments: [C99--Ryan v. DOH, 260102 \(GA\).pdf](#)
[image001.png](#)

Ms. Ryan and Mr. Rogers, please see attached order entered by the Commission. I am in the process of sending this claim file over to the Legislature for review, approval, and placement on an appropriations bill. I will copy you both on my email to Lacey Johnson at the Bureau of Legislative Research.

Thanks,
 Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
 101 East Capitol Avenue, Suite 410
 Little Rock, Arkansas 72201
 (501) 682-2822

From: Stacy Ryan <Stacy.Ryan@arkansas.gov>
Sent: Thursday, October 2, 2025 9:50 AM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Cc: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Subject: RE: Agreement of payment amount

I understand, thank you .



Stacy Ryan
 Public Health Nurse CDNS
 Northwest Region | ADH
 e: Stacy.Ryan@arkansas.gov

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Kathryn Irby

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Public Health Nurse CDNS
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e: Stacy.Ryan@arkansas.gov
[Redacted]

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