



American Rescue Plan Act (ARPA) Funding Reporting Portal

Business Partner Guide

Commonwealth of Pennsylvania
Department of Human Services
Office of Long-Term Living

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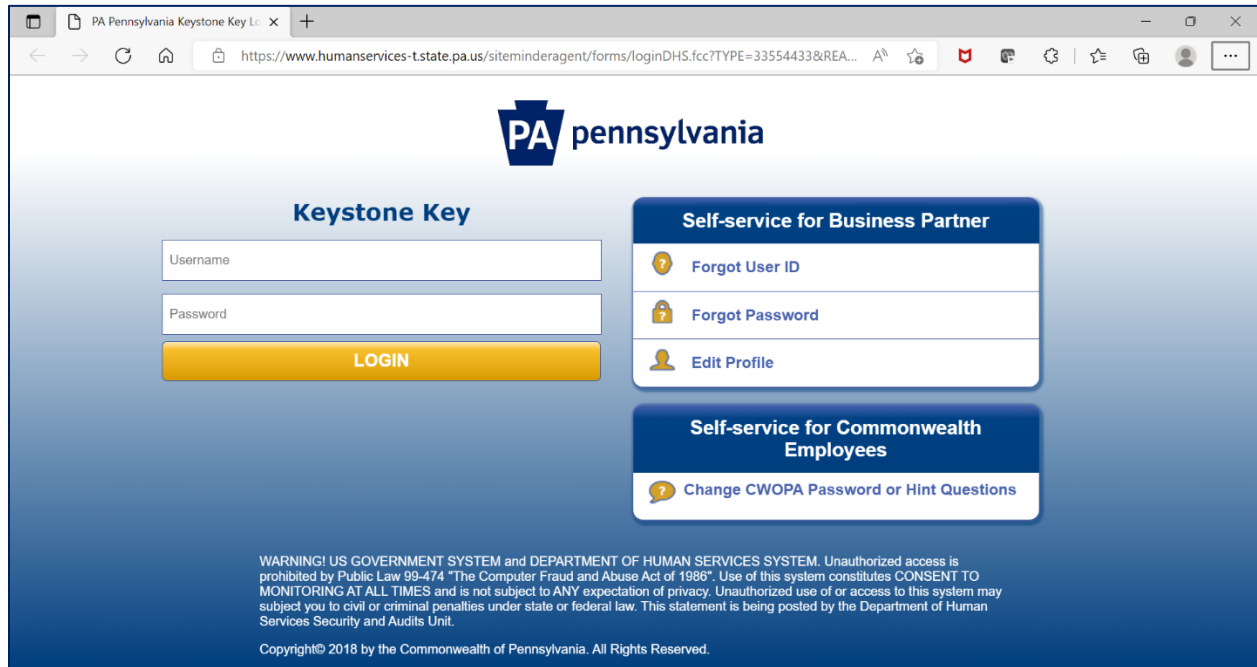
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ARPA Funding Reporting Portal Login

Access the [login screen](#):



PA pennsylvania

Keystone Key

Username

Password

LOGIN

Self-service for Business Partner

- Forgot User ID
- Forgot Password
- Edit Profile

Self-service for Commonwealth Employees

- Change CWOPA Password or Hint Questions

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.

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1. Enter the username-this is your Business Partner username beginning with b-
2. Enter your password
3. Click "Login"
4. For lost Passwords or User IDs, see the "Self-service for Business Partner" section to the right of the login area

Opening Screen

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ARPA (American Rescue Plan Act) Funding Portal

ARPA Funding : Personal Care Home/Assisted Living Facilities - (PCH)

Use this report to capture ARPA funding and expenditure information if you are representing a PCH facility.

[Create a new PCH Funding Report](#) [View PCH Submissions](#)

ARPA Funding : Nursing Facilities - (NF)

Use this report to capture ARPA funding and expenditure information if you are representing a NF facility.

[Create a new NF Funding Report](#) [View NF Submissions](#)

ARPA Funding : Community Residential Rehabilitation Services - ResHab

Use this report to capture ARPA funding and expenditure information if you are representing a ResHab facility.

[Create a new ResHab Funding Report](#) [View ResHab Submissions](#)

Depending upon the provider type, the opening screen may divide ARPA fund reporting into three provider types:

1. Personal Care Home/Assisted Living Facilities (PCH)
2. Nursing Facilities (NF)
3. Community Residential Rehabilitation Services (ResHab)

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ARPA (American Rescue Plan Act) Funding Portal

ARPA Funding : Personal Assistance Services - (PAS)

Use this report to capture ARPA funding and expenditure information if you are representing a PAS facility.

[Create a new PAS Funding Report](#) [View PAS Submissions](#)

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ARPA (American Rescue Plan Act) Funding Portal

ARPA Funding : Adult Day – (AD)

Use this report to capture ARPA funding and expenditure information if you are representing an AD facility.

[Create a new AD Funding Report](#) [View AD Submissions](#)

The opening screen may also show only one provider type for the following:

- 1. Personal Assistance Services (PAS) (*Includes Community Integration (CI) providers)
- 2. Adult Day (AD)

1. ARPA Funding: Personal Care Home/Assisted Living Facilities (PCH)

Left Button: Create a New PCH Funding Report

ARPA (American Rescue Plan Act) Funding Portal

ARPA Funding : Personal Care Home/Assisted Living Facilities - (PCH)

Use this report to capture ARPA funding and expenditure information if you are representing a PCH facility.

[Create a new PCH Funding Report](#)[View PCH Submissions](#)

To create a funding report for a PCH facility, click the left button under the PCH portion of the menu.

The remaining data entered should reflect, as indicated at the top of the portal page, *“COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available.”*

Select Provider and Period

The screenshot shows the 'ARPA Funding Tracking: Personal Care Homes & Assisted Living' form. The 'Select Provider/Facility/Entity' dropdown menu is open, displaying a list of entities. The first visible option is 'Fair Hills & Bold Ideas (2110 Every Which Way Wellington)'. The 'Report Period' dropdown menu is also visible, currently showing 'Select Report Period'.

Select the provider, facility, or other entity whose data will be used for this ARPA funding report.

The screenshot shows the same form as above, but with the 'Select Report Period' dropdown menu open. The menu lists various reporting periods, including '01/01/2022 - 06/30/2022', '07/01/2022 - 12/31/2022', '01/01/2023 - 06/30/2023', '07/01/2023 - 12/31/2023', '01/01/2024 - 06/30/2024', '07/01/2024 - 12/31/2024', '01/01/2025 - 06/30/2025', '07/01/2025 - 12/31/2025', '01/01/2026 - 06/30/2026', and '07/01/2026 - 12/31/2026'. The 'Select Report Period' dropdown menu is also visible, currently showing 'Select Report Period'.

Select the reporting period (generally reported after expenditures are made and the reporting period has closed, or prior to the end of the period if all ARPA funds have been spent). Data to follow should fall within statistics and expenditures during this period.

Note: Asterisks (*) indicate a required field

Previously Submitted Information

The screenshot shows a web browser window with the URL https://www.humanservices-t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=pch_al. The page title is "ARPA Funding Tracking: Personal Care Homes & Assisted Living". Below the title is a paragraph of instructions: "This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please note that Act 2021-24 provides funding for COVID-19 related costs obligated by December 31, 2024 and incurred by December 31, 2026. Required fields are denoted with an asterisk (*)."

The form is divided into sections. The "Select Provider/Facility/Entity" section has a dropdown menu with "Fair Hills & Bold Ideas (2110 Every Which Way Wellington" selected. A "Report Period:" dropdown menu shows "07/01/2021 - 12/31/2021". A "Previously Submitted Information" pop-up box is centered over the form, containing the text: "A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version." Below the text are "Yes" and "No" buttons.

The "Legal Entity Name & Details" section has the following fields:

- Legal Entity Name: Fair Hills & Bold Ideas
- Physical Location: Over Here & In the Know - 2110 Every Which Way Wellington 19001
- License Number: (empty)
- DHS Act 24 of 2021 (ARPA) Payment: \$0

If data for the provider and reporting period have already been submitted, the “Previously Submitted Information” pop-up box will appear.

- Clicking “No” will revert back to the “Select Provider and Period” screen. Enter the provider and period to report.
- Clicking “Yes” will display existing data and allow editing. To save changes, provider number must be reentered for verification purposes.

Legal Entity Name & Details

Legal Entity Name & Details

Legal Entity Name: *

Physical Location: *

License Number: *

DHS Act 24 of 2021 (ARPA) Payment: *

Is Provider a Unit of Local Government?: *

Does Provider Qualify As a Small Business?: *

After the provider and report period are entered, a few other fields will auto-populate. The license number must be entered each time for verification purposes.

| Legal Entity Name & Details | | |
|--|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Legal Entity Name | Pre | Pre-populated with provider/facility information on file, based on the provider selected in the previous section. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Physical Location | Pre | Pre-populated with the physical location on file. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| License Number | Y | This must be entered to save data or changes made, for verification purposes. |
| DHS Act 24 of 2021 (ARPA) Payment | Pre | Pre-populated with the amount on file for the Reporting Period and Provider/Facility selected. |
| Is Provider a Unit of Local Government | Y | Yes/No dropdown list |
| Does Provider Qualify as a Small Business? | Y | Yes/No dropdown list |

Statistic Information

| Statistic Information | |
|--|----------------------------------|
| Total Number of Employees as of Reporting Period End Date: * | Number of Full-Time Employees: * |
| <input type="text" value="11"/> | <input type="text" value="10"/> |

| Statistic Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Number of Employees as of Reporting Period End Date | Y | Enter the total number of employees of the provider/entity selected, as of the reporting end date. Do not limit this number to employees receiving ARPA payments. Numbers only.* |
| Number of Full-Time Employees | Y | Of the total number of employees referenced above, enter the number who are full-time. Do not limit this number to only those full-time employees receiving ARPA payments. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, cannot remain blank (use zero instead of a blank field).

Form Completion Information

| Form Completion Information | | |
|--|---|--|
| Name of Individual Completing Report: * | Date COVID-19 Expense Reporting Form Completed: * | |
| Jennifer Smith | 07/19/2022 | |
| Email Address for Individual Completing Report: * | Telephone Number for Individual Completing Report: * | Extension Number for Individual Completing COVID-19 Report: |
| RA-PWARPAFundPortal@pa.gov | 7171234567 | 345 |

| Form Completion Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Name of Individual Completing Report | Pre | Pre-populated with the name on file for the account used. |
| Date COVID-19 Expense Reporting Form Completed | Pre | Pre-populated with the date of entry. |
| Email Address for Individual Completing Report | Y | Although this information may be pre-populated, it can be modified. |
| Telephone Number for Individual Completing Report | Y | Must be 10 digits, numbers only, no symbols or spaces (area code and seven-digit phone number). |
| Extension Number for Individual Completing COVID-19 Report | N | Must be numbers only, no symbols, letters, or spaces, up to 10 digits. |

Labor Cost Information

| Labor Cost Information | | |
|---|--|---|
| Full and Part Time Employee costs: * | Retention Payments: * | Contracted/Agency Usage Costs: * |
| \$150000 | \$70000 | \$5000 |
| Overtime Costs: * | Staff Training/Education/Communication Costs: * | |
| \$10000 | \$4000 | |
| Total Labor Expenses: * | | |
| \$239000 | | |

| Labor Cost Information | | |
|--|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Full and Part Time Employee costs | Y | Enter employee costs resulting from the COVID-19 Public Health Emergency (PHE) during the selected reporting period. These can include any costs not specified in other labor costs in this section. Numbers only.* *Do not include labor costs that would have been incurred in the normal course of business. |
| Retention Payments | Y | The total ARPA retention payments made during the selected reporting period. Numbers only.* |
| Contracted/Agency Usage Costs | Y | The total costs of contracted employees/agencies during the reporting period because of the PHE. Numbers only.* |
| Overtime Costs | Y | Overtime costs resulting from the PHE, during the selected reporting period. Numbers only.* |
| Staff Training/Education/Communication Costs | Y | Staff training, education, and communication costs related to the PHE during the selected reporting period. Numbers only.* |
| Total Labor Expenses | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Supplies Cost Information, Capital Cost Information

| Supplies Cost Information | | |
|--|--|---|
| Personal Protective Equipment Costs: * <input type="text" value="\$2000"/> | Testing and Specimen Collection Necessities Costs: * <input type="text" value="\$3000"/> | All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): * <input type="text" value="\$2000"/> |
| Total Supplies Cost: * <input type="text" value="\$7000"/> | | |

| Capital Cost Information | |
|---|--|
| Construction of Temporary Locations: * <input type="text" value="\$18000"/> | Facility Reconfiguration Costs: * <input type="text" value="\$15000"/> |
| Total Capital Costs: * <input type="text" value="\$33000"/> | |

| Supplies Cost Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Personal Protective Equipment Costs | Y | Personal Protective Equipment (PPE) costs related to the PHE during the reporting period selected. Numbers only.* |
| Testing and Specimen Collection Necessities Costs | Y | Testing and Specimen Collection Costs resulting from the PHE during the period selected. Numbers only.* |
| All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.) | Y | Other supply costs related to the PHE during the selected period. Numbers only.* |
| Total Supplies Cost | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

| Capital Cost Information | | |
|-------------------------------------|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Construction of Temporary Locations | Y | Temporary location construction costs resulting from the PHE during the period selected. Numbers only.* |
| Facility Reconfiguration Costs | Y | Costs of facility reconfiguration resulting from the PHE during the selected period. Numbers only.* |

| | | |
|---------------------|-----|---|
| Total Capital Costs | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |
|---------------------|-----|---|

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Information Technology Cost Information

| Information Technology Cost Information | |
|--|--|
| IT Costs - Hardware/Software (COVID-19 Related Only): * <input type="text" value="\$0"/> | IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: * <input type="text" value="\$0"/> |
| Telemedicine Costs: * <input type="text" value="\$0"/> | Remote Monitoring: * <input type="text" value="\$0"/> |
| Total IT Costs: * <input type="text" value="\$0"/> | |

| Information Technology Cost Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| IT Costs - Hardware/Software (COVID-19 Related Only) | Y | IT hardware and software costs due to the PHE during the selected period. Numbers only.* |
| IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc. | Y | IT Telecom and Telecommuting costs related to the PHE during the period selected. Numbers only.* |
| Telemedicine Costs | Y | Telemedicine costs resulting from the PHE, during the selected period. Numbers only.* |
| Remote Monitoring | Y | Remote monitoring costs due to the PHE during the period selected. Numbers only.* |
| Total IT Costs | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Other Costs Information, Grand Total Expenses

| Other Costs Information | |
|---|--|
| Expenses Related to In-Kind Contributions of Goods/Services: * <input type="text" value="\$0"/> | Other Expenses: * <input type="text" value="\$0"/> |
| Total Other Costs: * <input type="text" value="\$0"/> | |
| Grand Total Expenses | |
| Total Expenses: * <input type="text" value="\$0"/> | |

| Other Costs Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Expenses Related to In-Kind Contributions of Goods/Services | Y | Expenses related to in-kind contributions for the PHE during the selected period. Numbers only.* |
| Other Expenses | Y | Expenses related to the PHE not covered by other categories. Numbers only.* |
| Total Other Costs | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

| Grand Total Expenses | | |
|----------------------|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Expenses | Pre | Pre-calculated with the total of expenses entered in previous sections "Labor Cost Information," "Supplies Cost Information," "Capital Cost Information," "Information Technology Cost Information," and "Other Costs Information"; modify by correcting prior expense entries. |

Revenue Losses Information

| Revenue Losses Information | | |
|---|----------------------------------|----------------------------------|
| Reduced total admissions: * | Reduced resident days: * | |
| <input type="text" value="0"/> | <input type="text" value="0"/> | |
| Revenue Loss due to changes in experience that lead to rate increases for unemployment insurance, health insurance, and workers compensation: * | Total In Kind Revenue Loss: * | Other Revenue Loss: * |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |
| Total Revenue Losses: * | <input type="text" value="\$0"/> | |

| Revenue Losses Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Reduced total admissions | Y | Reduction of total admissions during the selected period. Numbers only.* |
| Reduced resident days | Y | Reduction in resident days due to the PHE during the selected period. Numbers only.* |
| Revenue Loss due to changes in experience that lead to rate increases for unemployment insurance, health insurance, and workers compensation | Y | Revenue loss from changes related to the PHE that resulted in rate increases for unemployment insurance, health insurance, and workers compensation. Numbers only.* |
| Total In Kind Revenue Loss | Y | Loss of in-kind revenue due to the PHE, during the period selected. Numbers only.* |
| Other Revenue Loss | Y | Other PHE-related revenue losses during the period selected. Numbers only.* |
| Total Revenue Losses | Pre | Pre-calculated with the total of the three revenue loss fields from this section (not the admissions or resident days figures); modify by correcting revenue entries in this section. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Grand Total Expenses and Revenue Loss, File List

Grand Total Expenses and Revenue Loss

Grand Total Expenses and Revenue Losses: *

File List

Allowed File Types: doc, docx, xls, xlsx, pdf

Add File

| Grand Total Expenses and Revenue Loss | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Grand Total Expenses and Revenue Losses | Pre | Pre-calculated with the Total Expenses and Total Revenue Losses. Modify by correcting prior expense or loss entries |

| File List | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Allowed File Types: doc, docx, xls, xlsx, pdf | N | Click the "Add File" button to attach supporting documents. |

Attestation and Submission

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

I, Jennifer Smith, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing Act 2021-24 Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of June 1, 2021; and that the Act 2021-24 funds were used to prevent, prepare for, and respond to the coronavirus pandemic, and reimburse healthcare-related expenses or lost revenues attributable to the coronavirus pandemic; and, that the Act 2021-24 funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *

I Agree

Please Verify License Number

If the License Number was not entered earlier, the button “Please Verify License Number” will appear at the bottom instead of the Submit/Save/Reset buttons. To proceed, scroll up and enter the provider’s license number, then scroll down and the Submit/Save buttons should appear as shown below.

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

I, Jennifer Smith, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing Act 2021-24 Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of June 1, 2021; and that the Act 2021-24 funds were used to prevent, prepare for, and respond to the coronavirus pandemic, and reimburse healthcare-related expenses or lost revenues attributable to the coronavirus pandemic; and, that the Act 2021-24 funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *

I Agree

Submit Info as Complete for Report Period

Save Information to Complete Later

Reset

| Attestation | | |
|---|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| This is my final report as I have spent all my funds. | N | Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen. |
| Enter any Data Caveats | N | Enter any information about the data entered for the selected period that you feel is important but were unable to enter above. Limited to 500 characters. |
| Check "I Agree" | Y | This box must be checked to submit data. Data can be saved but not submitted before this box is checked. |

Click the “Submit Info as Complete for Report Period” button if the information entered is ready to report as correct and complete.

Click the “Save Information to Complete Later” button to retain the information entered, but delay submission until after additional data can be entered, or existing entries corrected and verified.

Click the “Reset” button to clear all information entered, and start over at the selection of a provider.

Right Button: View Personal Care Home/Assisted Living Submissions

ARPA (American Rescue Plan Act) Funding Portal

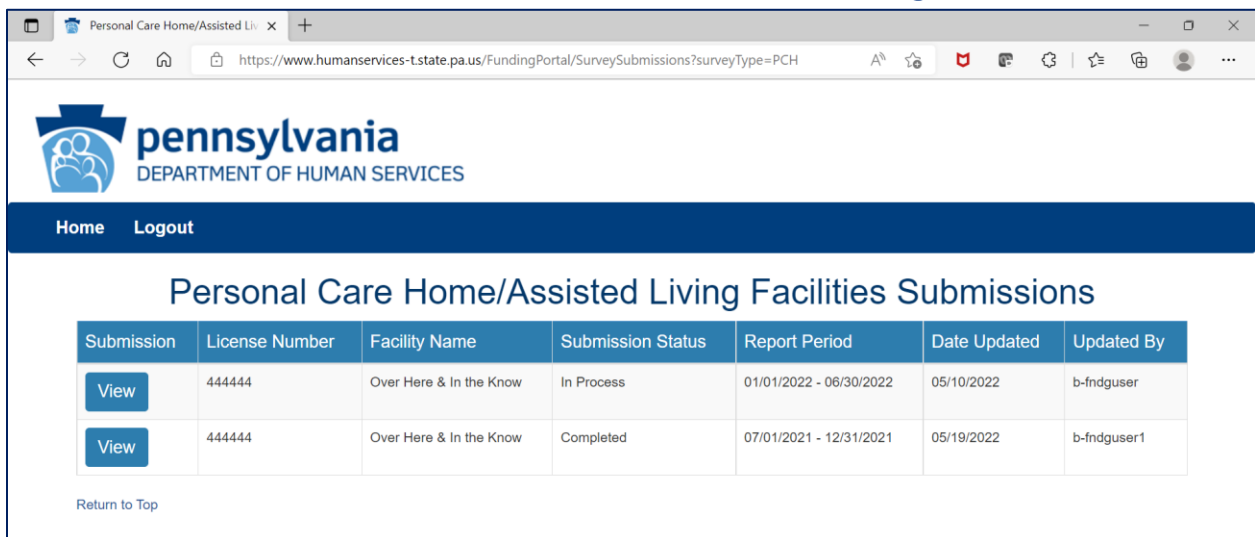
ARPA Funding : Personal Care Home/Assisted Living Facilities - (PCH)

Use this report to capture ARPA funding and expenditure information if you are representing a PCH facility.

Create a new PCH Funding ReportView PCH Submissions

To view Personal Care Home/Assisted Living Facilities submissions in summary form, click the right button under the PCH portion of the menu.

Select Detail Screen from Personal Care Home/Assisted Living Submissions List



The screenshot shows a web browser window with the URL <https://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions?surveyType=PCH>. The page header includes the Pennsylvania Department of Human Services logo and navigation links for Home and Logout. The main content area is titled "Personal Care Home/Assisted Living Facilities Submissions" and contains a table with the following data:

| Submission | License Number | Facility Name | Submission Status | Report Period | Date Updated | Updated By |
|----------------------|----------------|-------------------------|-------------------|-------------------------|--------------|-------------|
| View | 444444 | Over Here & In the Know | In Process | 01/01/2022 - 06/30/2022 | 05/10/2022 | b-fndguser |
| View | 444444 | Over Here & In the Know | Completed | 07/01/2021 - 12/31/2021 | 05/19/2022 | b-fndguser1 |

Below the table is a "Return to Top" link.

The screen will display a submission list, sorted by the most recent reporting period first.

Click the "View" button to view and print that line's detail screen.

View and Print Detail Screen

The screenshot shows a web browser window with the URL https://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions/View_Survey?idx=G8t8B.... The page header features the Pennsylvania Department of Human Services logo and navigation links for 'Home' and 'Logout'. The main heading is 'Personal Care Home/Assisted Living Facilities Survey', with 'Print' and 'Update/Edit' links to its right. Below the heading is the title 'Personal Care Home/Assisted Living Facilities Survey Submission' and a table of survey data.

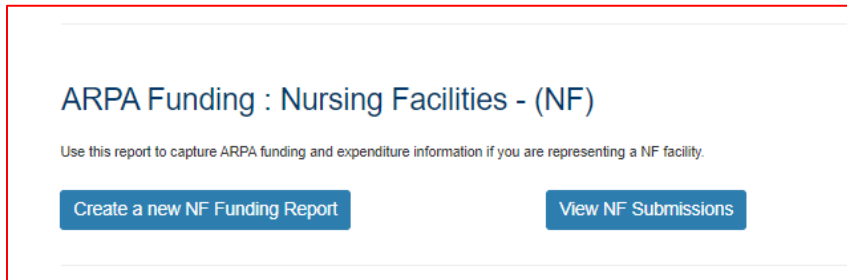
| Personal Care Home/Assisted Living Facilities Survey Submission | |
|---|-------------------------|
| Report Period | 01/01/2022 - 06/30/2022 |
| Legal Entity Name: | Fair Hills & Bold Ideas |
| Physical Location: | Over Here & In the Know |
| Legal Entity License Number: | 444444 |
| DHS Act 24 of 2021 (ARPA) Payment | \$0.00 |
| Is Provider a Unit of Local Government? | N |
| Does provider qualify As a Small Business | Y |
| Total Number of Employees as of Reporting Period End Date | 11 |

Data from each period can be printed by clicking the “Print” link.

Clicking “Update/Edit” will revert to the data entry screen.

2. ARPA Funding : Nursing Facilities (NF)

Left Button: Create a new NF Funding Report



To create a funding report for a Nursing Facility, click the left button under the NF portion of the menu.

The remaining data entered should reflect, as indicated at the top of the portal page, *“COVID-19 patient and payor data, revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The Nursing Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and estimate revenue, expenses, and lost revenue where actual data is not available. A report should be completed for each individual NF and should not be combined chain-level data.”*

Select Provider and Period

The screenshot shows the 'ARPA Funding Tracking: Nursing Facilities' form. The 'Select Provider/Facility/Entity' dropdown menu is open, displaying a list of entities. The selected entity is 'Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)'. The 'Report Period' dropdown menu is also visible, showing 'Select Report Period'.

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *

Select Entity

- Select Entity
- Incandescence of the Spirit (707 Peopleton Center Lunchtime)
- Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)

Report Period: *

Select Report Period

Select the provider, facility, or other entity that is the subject of this ARPA funding report.

The screenshot shows the 'ARPA Funding Tracking: Nursing Facilities' form. The 'Select Report Period' dropdown menu is open, displaying a list of reporting periods. The selected period is '07/01/2022 - 12/31/2022'. The 'Select Provider/Facility/Entity' dropdown menu is also visible, showing 'Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)'.

DEPARTMENT OF HUMAN SERVICES

ARPA Funding Tracking: Nursing Facilities

This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The Nursing Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and estimate revenue, expenses, and lost revenue where actual data is not available. A report should be completed for each individual NF and should not be combined chain-level data. Please enter zero (0) for any categories that are not applicable or that had \$0 expense or revenue. Please note that Act 2021-24 provides funding for COVID-19 related costs obligated by December 31, 2024 and incurred by December 31, 2026. Required fields are denoted with an asterisk (*).

Select Report Period

- 07/01/2021 - 12/31/2021
- 01/01/2022 - 06/30/2022
- 07/01/2022 - 12/31/2022
- 01/01/2023 - 06/30/2023
- 07/01/2023 - 12/31/2023
- 01/01/2024 - 06/30/2024
- 07/01/2024 - 12/31/2024
- 01/01/2025 - 06/30/2025
- 07/01/2025 - 12/31/2025
- 01/01/2026 - 06/30/2026
- 07/01/2026 - 12/31/2026

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *

Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)

Select Report Period

Select the reporting period (generally reported after expenditures are made and the reporting period has closed, or prior to the end of the period if all ARPA funds have been spent). Data to follow should fall within statistics and expenditures during this period.

Note: Asterisks (*) indicate a required field

Previously Submitted Information

The screenshot shows a web browser window with the URL https://www.humanservices-t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=nf. The page title is "ARPA Funding Tracking: Nursing". The main content area is titled "Select Provider/Facility/Entity" and contains a form with the following fields:

- Legal Entity Name & Details:**
 - Legal Entity Name: * (Suggestions and Much Learning, LLC)
 - Medicaid Number: *
 - DHS Act 24 of 2021 (ARPA) Payment: * (\$0)
 - Is Provider a Unit of Local Government?: * (Select Yes/No)
 - Does Provider Qualify As a Small Business?: * (Select Yes/No)
- Report Period: *** (01/01/2022 - 06/30/2022)

A pop-up box titled "Previously Submitted Information" is overlaid on the form. It contains the text: "A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version." Below the text are two buttons: "Yes" and "No".

If data for the provider and reporting period have already been submitted, the “Previously Submitted Information” pop-up box will appear.

- Clicking “No” will revert back to the “Select Provider and Period” screen. Enter the provider and period to report.
- Clicking “Yes” will display existing data and allow editing. To save changes, provider number must be reentered for verification purposes.

Legal Entity Name & Details

Legal Entity Name & Details

Legal Entity Name: *

Physical Location: *

License Number: License Number Required *

DHS Act 24 of 2021 (ARPA) Payment: *

Is Provider a Unit of Local Government?: *

Does Provider Qualify As a Small Business?: *

After the provider and report period are entered, a few other fields will auto-populate. The license number must be entered each time for verification purposes.

| Legal Entity Name & Details | | |
|--|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Legal Entity Name | Pre | Pre-populated with provider/facility information on file, based on the provider selected in the previous section. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Physical Location | Pre | Pre-populated with the physical location on file. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| License Number | Y | This must be entered in order to save data or changes made, for verification purposes. |
| DHS Act 24 of 2021 (ARPA) Payment | Pre | Pre-populated with the amount on file for the Report Period and Provider/Facility entered in the previous section. |
| Is Provider a Unit of Local Government? | Y | Yes/No dropdown list |
| Does Provider Qualify As a Small Business? | Y | Yes/No dropdown list |

Statistic Information, Form Completion Information

| Statistic Information | |
|--|----------------------------------|
| Total Number of Employees as of Reporting Period End Date: * | Number of Full-Time Employees: * |
| <input type="text" value="33"/> | <input type="text" value="32"/> |

| Form Completion Information | | |
|---|--|---|
| Name of Individual Completing Report: * | Date COVID-19 Expense Reporting Form Completed: * | |
| <input type="text" value="Jennifer Smith"/> | <input type="text" value="07/19/2022"/> | |
| Email Address for Individual Completing Report: * | Telephone Number for Individual Completing Report: * | Extension Number for Individual Completing COVID-19 Report: |
| <input type="text" value="RA-PWARPAFundPortal@pa.gov"/> | <input type="text" value="7171234567"/> | <input type="text" value="345"/> |

| Statistic Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Number of Employees as of Reporting Period End Date | Y | Enter the total number of employees of the provider/entity selected, as of the reporting end date. Do not limit this number to employees receiving ARPA payments. Numbers only.* |
| Number of Full-Time Employees | Y | Of the total number of employees referenced above, enter the number who are full-time. Do not limit this number to only those full-time employees receiving ARPA payments. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank (use zero instead of a blank field).

| Form Completion Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Name of Individual Completing Report | Pre | Pre-populated with name on file for the account used. |
| Date COVID-19 Expense Reporting Form Completed | Pre | Pre-populated with the date of entry. |
| Email Address for Individual Completing Report | Y | Although this information may be pre-populated, it can be modified. |

| | | |
|--|---|---|
| Telephone Number for Individual Completing Report | Y | Must be 10 digits, numbers only, no symbols or spaces (area code and seven-digit phone number). |
| Extension Number for Individual Completing COVID-19 Report | N | Must be numbers only, no symbols, letters, or spaces, up to 10 digits. |

Labor Cost Information

Labor Cost Information

Full and Part Time Employee costs: *

Retention Payments: *

Contracted/Agency Usage Costs: *

Overtime Costs: *

Staff Training/Education/Communication Costs: *

Total Labor Expenses: *

| Labor Cost Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Full and Part Time Employee costs | Y | Enter employee costs resulting from the COVID-19 Public Health Emergency (PHE) during the selected reporting period. Numbers only.* |
| Retention Payments | Y | The total ARPA retention payments made during the selected reporting period. Numbers only.* |
| Contracted/Agency Usage Costs | Y | The total costs of contracted employees/agencies during the reporting period because of the PHE. Numbers only.* |
| Overtime Costs | Y | Overtime costs resulting from the PHE during the selected reporting period. Numbers only.* |
| Staff Training/Education/Communication Costs | Y | Staff training, education, and communication costs related to the PHE during the selected reporting period. Numbers only.* |
| Total Labor Expenses | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Supplies Cost Information, Capital Cost Information

| Supplies Cost Information | | |
|---|---|--|
| Personal Protective Equipment Costs: * <input type="text" value="\$0"/> | Testing and Specimen Collection Necessities Costs: * <input type="text" value="\$0"/> | All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): * <input type="text" value="\$0"/> |
| Total Supplies Cost: * <input type="text" value="\$0"/> | | |
| Capital Cost Information | | |
| Construction of Temporary Locations: * <input type="text" value="\$0"/> | Facility Reconfiguration Costs: * <input type="text" value="\$0"/> | |
| Total Capital Costs: * <input type="text" value="\$0"/> | | |

| Supplies Cost Information | | |
|--|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Personal Protective Equipment Costs | Y | Personal Protective Equipment (PPE) costs related to the PHE, during the reporting period selected. Numbers only.* |
| Testing and Specimen Collection Necessities Costs | Y | Testing and Specimen Collection Costs resulting from the PHE during the period selected. Numbers only.* |
| All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.) | Y | Other supply costs related to the PHE during the selected period. Numbers only.* |
| Total Supplies Cost | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

| Capital Cost Information | | |
|-------------------------------------|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Construction of Temporary Locations | Y | Temporary location construction costs resulting from the PHE during the period selected. Numbers only.* |
| Facility Reconfiguration Costs | Y | Costs of facility reconfiguration resulting from the PHE during the selected period. Numbers only.* |

| Capital Cost Information | | |
|---------------------------------|---------------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Capital Costs | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Information Technology Cost Information

| Information Technology Cost Information | |
|---|---|
| IT Costs - Hardware/Software (COVID-19 Related Only): * | IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: * |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |
| Telemedicine Costs: * | Remote Monitoring: * |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |
| Total IT Costs: * | |
| <input type="text" value="\$0"/> | |

| Information Technology Cost Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| IT Costs - Hardware/Software (COVID-19 Related Only) | Y | IT hardware and software costs due to the PHE during the selected period. Numbers only.* |
| IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc. | Y | IT Telecom and Telecommuting costs related to the PHE during the period selected. Numbers only.* |
| Telemedicine Costs | Y | Telemedicine costs resulting from the PHE during the selected period. Numbers only.* |
| Remote Monitoring | Y | Remote monitoring costs due to the PHE during the period selected. Numbers only.* |
| Total IT Costs | Pre | Pre-calculated with the total of figures entered in this section; change other entries to modify. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Other Costs Information, Grand Total Expenses

| Other Costs Information | |
|---|--|
| Expenses Related to In-Kind Contributions of Goods/Services: * <input type="text" value="\$0"/> | Other Expenses: * <input type="text" value="\$0"/> |
| Total Other Costs: * <input type="text" value="\$0"/> | |
| Grand Total Expenses | |
| Total Expenses: * <input type="text" value="\$0"/> | |

| Other Costs Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Expenses Related to In-Kind Contributions of Goods/Services | Y | Expenses related to in-kind contributions for the PHE during the selected period. Numbers only.* |
| Other Expenses | Y | Expenses related to the PHE not covered by other categories. Numbers only.* |
| Total Other Costs | Pre | Pre-calculated with the total of figures entered in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

| Grand Total Expenses | | |
|----------------------|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Expenses | Pre | Pre-calculated with the total of expenses entered in previous sections "Labor Cost Information," "Supplies Cost Information," "Capital Cost Information," "Information Technology Cost Information," and "Other Costs Information"; modify by correcting prior expense entries. |

Revenue Losses Information

| Revenue Losses Information | | |
|--|--|---|
| Assumed Reduced Total Days for all payors (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility, etc.) Days will be used in allocating Medicaid lost revenue: * | Assumed Reduced Medicaid Days (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility). Days will be used in allocating Medicaid lost revenue: * | Total revenue loss from reduced total admissions/reduced rehab/Medicare admissions/uncompensated therapeutic leave days: * |
| <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="\$0"/> |
| Revenue Loss due to changes in experience that lead to rate increases for unemployment insurance, health insurance, and workers compensation: * | Total In Kind Revenue Loss: * | Other Revenue Loss: * |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |
| Total Revenue Losses: * | | |
| <input type="text" value="\$0"/> | | |

| Revenue Losses Information | | |
|---|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Assumed Reduced Total Days for all payors (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility, etc.) Days will be used in allocating Medicaid lost revenue | Y | Assumed reduction of total days for all payors during the selected period, including lower admissions, uncompensated therapeutic leave days, and residents leaving the facility, etc. For purposes of allocating Medicaid lost revenue. Numbers only.* |
| Assumed Reduced Medicaid Days (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility). Days will be used in allocating Medicaid lost revenue | Y | Assumed reduction of Medicaid days during the selected period, including lower admissions, uncompensated therapeutic leave days, and residents leaving the facility. For purposes of allocating Medicaid lost revenue. Numbers only.* |
| Total revenue loss from reduced total admissions/reduced rehab/Medicare admissions/uncompensated therapeutic leave days | Y | Total revenue loss from reductions in total admissions, rehab, and Medicare admissions, added to loss from uncompensated therapeutic leave days. Numbers only.* |
| Revenue Loss due to changes in experience that lead to rate increases for unemployment insurance, health insurance, and workers compensation | Y | Revenue loss from changes related to the PHE that resulted in rate increases for unemployment insurance, health insurance, and workers compensation. Numbers only.* |
| Total In Kind Revenue Loss | Y | Loss of in-kind revenue related to the PHE during the period selected. Numbers only.* |
| Other Revenue Loss | Y | Other PHE-related revenue losses during the period selected. Numbers only.* |
| Total Revenue Losses | Pre | Pre-calculated with the total of the 4 revenue loss fields from this section (not the reduction in days); modify by correcting revenue entries. |

- * Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Grand Total Expenses and Revenue Loss, File List

Grand Total Expenses and Revenue Loss

Grand Total Expenses and Revenue Losses: *

File List

Allowed File Types: doc, docx, xls, xlsx, pdf

| Grand Total Expenses and Revenue Loss | | |
|---|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Grand Total Expenses and Revenue Losses | Pre | Pre-calculated with the Total Expenses and Total Revenue Losses. Modify by correcting prior expense or loss entries. |

| File List | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Allowed File Types: doc, docx, xls, xlsx, pdf | N | Click the "Add File" button to attach supporting documents. |

Attestation and Submission

The screenshot shows the 'Attestation' section of a form. At the top, there is a blue header with the word 'Attestation'. Below it, there is a checkbox labeled 'This is my final report as I have spent all my funds.' followed by a text input field labeled 'Enter any Data Caveats:'. Below the input field is a paragraph of text: 'I, Jennifer Smith, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing Act 2021-24 Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of June 1, 2021; and that the Act 2021-24 funds were used to prevent, prepare for, and respond to the coronavirus pandemic, and reimburse healthcare-related expenses or lost revenues attributable to the coronavirus pandemic; and, that the Act 2021-24 funds were not used for expenses or losses that have been or will be reimbursed from other sources.' To the right of this text are two checkboxes: 'Check "I Agree" *' (which is checked) and 'I Agree' (which is unchecked). At the bottom of the form, there is a blue button that says 'Please Verify Provider Number'.

If the License Number was not entered earlier, the button “Please Verify License Number” will appear at the bottom instead of the Submit/Save/Reset buttons. To proceed, scroll up and enter the provider’s license number, then scroll down and the Submit/Save buttons should appear as shown below.

This screenshot is identical to the one above, but the 'Please Verify Provider Number' button has been replaced by three buttons at the bottom: 'Submit Info as Complete for Report Period', 'Save Information to Complete Later', and 'Reset'.

| Attestation | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| This is my final report as I have spent all my funds. | N | Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen. |
| Enter any Data Caveats | N | Enter any information about the data entered for the selected period that you feel is important, but were unable to enter above. Limited to 500 characters. |
| Check "I Agree" | Y | This box must be checked to submit data. Data can be saved but not submitted before this box is checked. |

Click the “Submit Info as Complete for Report Period” button if the information entered is ready to report as correct and complete.

Click the “Save Information to Complete Later” button to retain the information entered, but delay submission until after additional data can be entered, or existing entries corrected and verified.

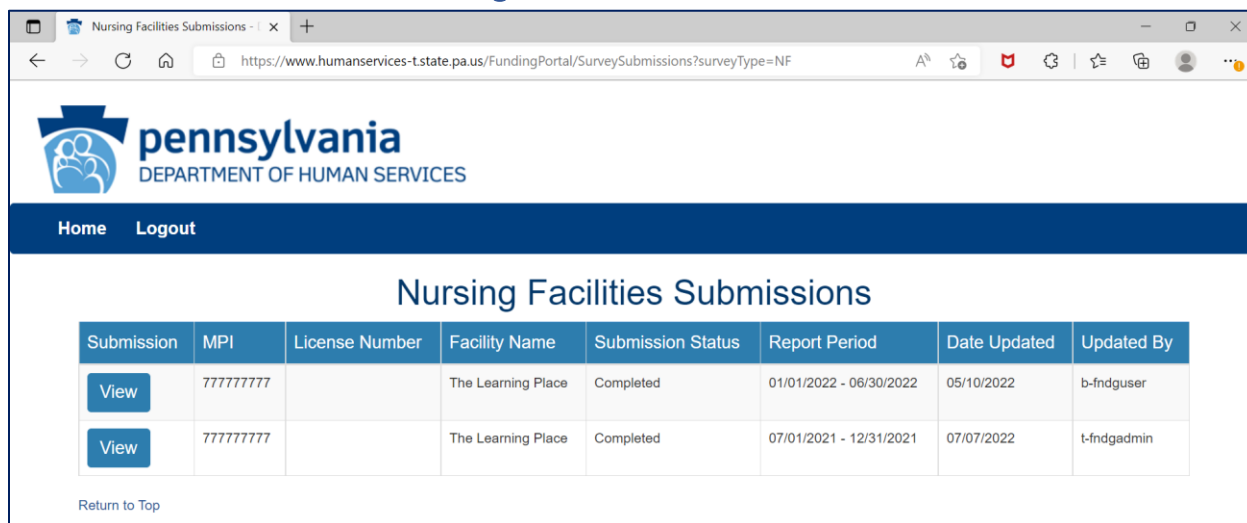
Click the “Reset” button to clear all information entered, and start over at the selection of a provider.

Right Button: View Nursing Facilities Submissions



To view Nursing Facilities submissions in summary form, click the right button under the NF portion of the menu.

Select Detail Screen from Nursing Facilities Submissions List



The screen will display a submission list, sorted by the most recent reporting period first.

Click the “View” button to view and print that line’s detail screen.

View and Print Detail Screen

The screenshot shows a web browser window with the URL https://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions/View_Survey?idx=dDMJMk7d4pr.... The page header includes the Pennsylvania Department of Human Services logo and navigation links for Home and Logout. The main heading is "Nursing Facilities Survey", with "Print" and "Update/Edit" links to its right. Below this is a table titled "Nursing Facilities Survey Submission" containing the following data:

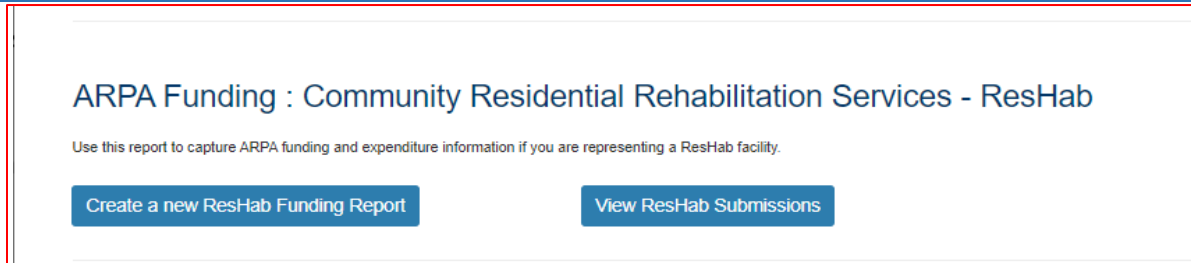
| Nursing Facilities Survey Submission | |
|---|------------------------------------|
| Report Period | 01/01/2022 - 06/30/2022 |
| Legal Entity Name | Suggestions and Much Learning, LLC |
| Physical Location: | The Learning Place |
| Medicaid Number | 77777777 |
| Legal Entity License Number: | |
| DHS Act 24 of 2021 (ARPA) Payment | \$0.00 |
| Is Provider a Unit of Local Government | N |
| Does Provider Qualify As a Small Business | N |

Data from each period can be printed by clicking the “Print” link.

Clicking “Update/Edit” will revert to the data entry screen.

3. ARPA Funding : Community Residential Rehabilitation Services (ResHab)

Left Button: Create a New ResHab Funding Report



To create a funding report for a Residential Habilitation Service, click the left button under the ResHab portion of the menu.

The remaining data entered should reflect, as indicated at the top of the portal page, *“COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available.”*

Select Provider and Period

The screenshot shows the 'ARPA Funding Tracking: Residential Habilitation' form. The page header includes the Pennsylvania Department of Human Services logo and navigation links for 'Home' and 'Logout'. The main heading is 'ARPA Funding Tracking: Residential Habilitation'. Below the heading is a paragraph explaining the report's purpose: to capture COVID-19 revenue, costs, and lost revenue as a result of the Public Health Emergency (PHE). The form includes a 'Select Provider/Facility/Entity' section with a dropdown menu. The dropdown is open, showing 'Select Entity' as the current selection and a list of options, including 'ABC Health & Wellness, Inc. (555 Up and Down the River Rd Ourtown)'. To the right of the dropdown is a 'Report Period:' section with a 'Select Report Period' dropdown menu.

Select the provider, facility, or other entity whose data will be used for this ARPA funding report.

The screenshot shows the same 'ARPA Funding Tracking: Residential Habilitation' form. The 'Select Report Period' dropdown menu is now open, displaying a list of reporting periods: '01/01/2022 - 06/30/2022', '07/01/2022 - 12/31/2022', '01/01/2023 - 06/30/2023', '07/01/2023 - 12/31/2023', and '01/01/2024 - 03/31/2024'. The '07/01/2022 - 12/31/2022' option is highlighted. The 'Select Report Period' dropdown menu is also visible below the list.

Select the reporting period (generally reported after expenditures are made and the reporting period has closed, or prior to the end of the period if all ARPA funds have been spent). Data to follow should fall within statistics and expenditures during this period.

Note: Asterisks (*) indicate a required field

Previously Submitted Information

The screenshot shows a web browser window with the URL https://www.humanservices-t.state.pa.us/FundingPortal/Form/PAS_RH_AD?Type=ResHab. The page header includes the Pennsylvania Department of Human Services logo and navigation links for 'Home' and 'Logout'. The main content area is titled 'ARPA Fund' and 'Habilitation'. A pop-up box titled 'Previously Submitted Information' is overlaid on the page, containing the text: 'A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.' Below the text are two buttons: 'Yes' and 'No'. The background form shows a 'Select Provider/Facility/Entity' dropdown menu with the selected value 'ABC Health & Wellness, Inc. (555 Up and Down the River Rd Ourtown)' and a 'Report Period:' dropdown menu with the selected value '07/01/2022 - 12/31/2022'. The page also includes a 'Legal Entity Name & Details' section at the bottom.

If data for the provider and reporting period was already submitted, the “Previously Submitted Information” pop-up box will appear.

- Clicking “No” will revert back to the “Select Provider and Period” screen. Enter the provider and period to report.
- Clicking “Yes” will display existing data and allow editing. To save changes, provider number must be reentered for verification purposes.

Legal Entity Name & Details

| Legal Entity Name & Details | | |
|--|--|---|
| Home Care/Home Health Agency Name: * | Home Care/Home Health Agency MA Provider Number: * | Home Care/Home Health Agency Chain Name: * |
| <input type="text" value="ABC Health & Wellness, Inc."/> | <input type="text"/> | <input type="text" value="ABC Health & Wellness Land"/> |
| Strengthening the Direct Care Worker Workforce Payment: * | Does Provider Qualify As a Small Business?: * | |
| <input type="text" value="\$0"/> | <input type="text" value="No"/> | |

After the provider and report period are entered, a few other fields will auto-populate. The license number must be entered each time for verification purposes.

| Legal Entity Name & Details | | |
|--|--------------------|--|
| Field Label (as it appears on-screen) (ResHab providers should see their legal entity name here. OLTL is aware that the Field Label is not accurate, and this will be fixed with the next production release of the portal.) | Required (Y/N/Pre) | Description |
| Home Care/Home Health Agency Name (This should be the ResHab Provider Name) | Pre | Pre-populated with provider/facility information on file, based on the provider selected in the previous section. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Home Care/Home Health Agency MA Provider Number (This should be the ResHab MA Provider Number) | Y | This must be entered in order to save data or changes made, for verification purposes. |
| Home Care/Home Health Agency Chain Name (This should be the ResHab Provider Name) | Pre | Pre-populated with provider/facility information on file, based on the provider selected in the previous section. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Strengthening the Direct Care Worker Workforce Payment | Pre | Pre-populated with the amount on file for the Reporting Period and Provider/Facility entered in the previous section. |
| Does Provider Qualify As a Small Business? | Y | Yes/No dropdown list |

Statistic Information

| Statistic Information | | | |
|---|--|--|--|
| Total Number of Employees as of Reporting Period End Date: * | Number of Full-Time Employees: * | Number of Employees that Identify as Male: * | Number of Employees that Identify as Female: * |
| <input type="text" value="30"/> | <input type="text" value="25"/> | <input type="text" value="10"/> | <input type="text" value="20"/> |
| Average Age of Employed Workforce: * | Number of Employees Hired as a Result of Strengthening Workforce Payment: * | Number of Employees Gained (+) or Lost (-) Since 12/31/2021: * | |
| <input type="text" value="45"/> | <input type="text" value="10"/> | <input type="text" value="12"/> | |
| Total Days (All Residents): * | Total Days for Confirmed COVID-19 Residents: * | Total Days for Suspected COVID-19 Residents: * | |
| <input type="text" value="4500"/> | <input type="text" value="900"/> | <input type="text" value="900"/> | |
| Total Number of Structured Day Habilitation Units Provided Remotely: * | Total Number of Cognitive Rehabilitation Units Provided Remotely: * | Total Number of Behavior Therapy Units Provided Remotely: * | |
| <input type="text" value="450"/> | <input type="text" value="100"/> | <input type="text" value="23"/> | |
| Total Days for CHC & OBRA Participants: * | Total Days for Confirmed COVID-19 CHC & OBRA Participants: * | Total Days for Suspected of COVID-19 CHC & OBRA Participants: * | |
| <input type="text" value="55"/> | <input type="text" value="89"/> | <input type="text" value="90"/> | |
| Total Number of Structured Day Habilitation Units Provided Remotely to CHC & OBRA Participants: * | Total Number of Cognitive Rehabilitation Units Provided Remotely to CHC & OBRA Participants: * | Total Number of Behavior Therapy Units Provided Remotely to CHC & OBRA Participants: * | |
| <input type="text" value="100"/> | <input type="text" value="125"/> | <input type="text" value="177"/> | |

| Statistic Information | | |
|---|--------------------|---|
| Field Label (as it appears on-screen) | Required (Y/N/Pre) | Description |
| Total Number of Employees as of Reporting Period End Date | Y | Enter the total number of employees of the provider/entity selected, as of the reporting end date. Do not limit this number to employees receiving ARPA payments. Numbers only.* |
| Number of Full-Time Employees | Y | Of the total number of employees referenced above, enter the number who are full-time. Do not limit this number to only those full-time employees receiving ARPA payments. Numbers only.* |
| Number of Employees that Identify as Male | Y | The number of employees during the reporting period who identify as male. Numbers only.* |
| Number of Employees that Identify as Female | Y | The number of employees during the reporting period who identify as female. Numbers only.* |
| Average Age of Employed Workforce | Y | The average age of the employed workforce at the provider/entity selected, during the reporting period. Numbers only.* |

| Statistic Information | | |
|--|--------------------|---|
| Field Label (as it appears on-screen) | Required (Y/N/Pre) | Description |
| Number of Employees Hired as a Result of Strengthening Workforce Payment | Y | Number of employees hired as a result of strengthening workforce payments within the reporting period only. Numbers only.* |
| Number of Employees Gained (+) or Lost (-) Since 12/31/2021 | Y | Number of employees gained (+) or lost (-) since 12/31/2021. Numbers only.* |
| Total Days (All Residents) | Y | Totals days for all residents during the selected reporting period. Numbers only.* |
| Total Days for Confirmed COVID-19 Residents | Y | Total days for confirmed COVID-19 residents during the selected period. Numbers only.* |
| Total Days for Suspected COVID-19 Residents | Y | Total days for suspected COVID-19 residents during the selected period. Numbers only.* |
| Total Number of Structured Day Habilitation Units Provided Remotely | Y | Total number of structured day habilitation units provided remotely during the selected period. Numbers only.* |
| Total Number of Cognitive Rehabilitation Units Provided Remotely | Y | Total number of cognitive rehabilitation units provided remotely during the selected period. Numbers only.* |
| Total Number of Behavior Therapy Units Provided Remotely | Y | Total number of behavior therapy units provided remotely during the selected period. Numbers only.* |
| Total Days for CHC & OBRA Participants | Y | Total days for CHC & OBRA Participants during the selected period. Numbers only.* |
| Total Days for Confirmed COVID-19 CHC & OBRA Participants | Y | Total days for confirmed COVID-19 CHC & OBRA Participants during the selected period. Numbers only.* |
| Total Days for Suspected of COVID-19 CHC & OBRA Participants | Y | Total days for suspected COVID-19 CHC & OBRA Participants during the selected period. Numbers only.* |
| Total Number of Structured Day Habilitation Units Provided Remotely to CHC & OBRA Participants | Y | Total structured day habilitation units provided remotely to CHC & OBRA Participants during the selected period. Numbers only.* |
| Total Number of Cognitive Rehabilitation Units Provided Remotely to CHC & OBRA Participants | Y | Total cognitive rehabilitation units provided remotely to CHC & OBRA Participants during the reporting period. Numbers only.* |
| Total Number of Behavior Therapy Units Provided Remotely to CHC & OBRA Participants | Y | Total Behavioral Therapy units provided remotely to CHC & OBRA participants during the selected period. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank (use zero instead of a blank field).

Form Completion Information

| Form Completion Information | | |
|--|---|--|
| Name of Individual Completing Report: * | Date COVID-19 Expense Reporting Form Completed: * | |
| Jennifer Smith | 06/21/2022 | |
| Email Address for Individual Completing Report: * | Telephone Number for Individual Completing Report: * | Extension Number for Individual Completing COVID-19 Report: |
| RA-PWARPAFundPortal@pa.gov | 3335557777 | 10 |

| Form Completion Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Name of Individual Completing Report | Pre | Pre-populated with name on file for the account used. |
| Date COVID-19 Expense Reporting Form Completed | Pre | Pre-populated with the date of entry. |
| Email Address for Individual Completing Report | Y | Although this information may be pre-populated, it can be modified. |
| Telephone Number for Individual Completing Report | Y | Must be 10 digits, numbers only, no symbols or spaces (area code and seven-digit phone number). |
| Extension Number for Individual Completing COVID-19 Report | N | Must be numbers only, no symbols, letters, or spaces, up to 10 digits. |

Labor Statistics Information

| Labor Statistics Information | |
|---|---|
| Number of Employees receiving Retention Payments (for Existing Workers): * <input type="text" value="30"/> | Number of Employees receiving Sign-On Bonuses (for New Workers): * <input type="text" value="7"/> |
| Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * <input type="text" value="0"/> | Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: * <input type="text" value="30"/> |
| Number of Employees receiving Vaccination Incentives: * <input type="text" value="28"/> | Number of Employees receiving Personal Protective Equipment Benefits: * <input type="text" value="21"/> |

| Labor Statistics Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Number of Employees receiving Retention Payments (for Existing Workers) | Y | The number of existing employees receiving retention payments during the selected period. Numbers only.* |
| Number of Employees receiving Sign-On Bonuses (for New Workers) | Y | The number of new employees receiving sign-on bonuses during the selected period. Numbers only.* |
| Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits) | Y | The number of new employees receiving leave benefits such as health insurance premiums during the period selected. Numbers only.* |
| Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave | Y | The number of employees receiving COVID-19-related Paid Time Off or Paid Sick Leave during the selected period. Numbers only.* |
| Number of Employees receiving Vaccination Incentives | Y | The number of employees receiving vaccination incentives during the selected period. Numbers only.* |
| Number of Employees receiving Personal Protective Equipment Benefits | Y | The number of employees receiving Personal Protective Equipment (PPE) benefits during the period selected. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, cannot remain blank (use zero instead of a blank field).

Labor Cost Information

| Labor Cost Information | | |
|---|--|---|
| Retention Payments (for Existing Workers): * | Sign-On Bonuses (for New Workers): * | |
| \$7000 | \$10000 | |
| Overtime Costs: * | Staff Training/Education/Communication Costs: * | |
| \$8000 | \$11000 | |
| Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * | COVID-related Paid Time Off or Paid Sick Leave: * | |
| \$16000 | \$3500 | |
| Vaccination Incentives: * | Personal Protective Equipment Costs: * | Testing and Specimen Collection Necessities Costs: * |
| \$2000 | \$3000 | \$1500 |
| Total Labor Expenses: * | | |
| \$62000 | | |

| Labor Cost Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Retention Payments (for Existing Workers) | Y | The total ARPA retention payments made during the selected reporting period. Numbers only.* |
| Sign-On Bonuses (for New Workers) | Y | The total of sign-on bonuses during the selected period. Numbers only.* |
| Overtime Costs | Y | Overtime costs resulting from the PHE during the selected reporting period. Numbers only.* |
| Staff Training/Education/Communication Costs | Y | Staff training, education, and communication costs related to the PHE during the selected reporting period. Numbers only.* |
| Leave Benefits (Health Insurance Premiums or Other Employee Benefits) | Y | PHE-related leave benefits (health insurance premiums or other employee benefits) paid during the selected period. Numbers only.* |
| COVID-related Paid Time Off or Paid Sick Leave | Y | PHE-related paid time off or paid sick leave during the selected period. Numbers only.* |
| Vaccination Incentives | Y | PHE Vaccination Incentives paid during the selected period. Numbers only.* |
| Personal Protective Equipment Costs | Y | Personal Protective Equipment (PPE) costs related to the Public Health Emergency during the reporting period selected. Numbers only.* |
| Testing and Specimen Collection Necessities Costs | Y | Testing and Specimen Collection Costs during the PHE in the period selected. Numbers only.* |
| Total Labor Expenses | Pre | Pre-calculated with the total of figures in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

Grand Total Expenses and File List

Grand Total Expenses

Grand Total Expenses: *

File List

Allowed File Types: doc, docx, xls, xlsx, pdf

Add File

| Grand Total Expenses | | |
|----------------------|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Grand Total Expenses | Pre | Pre-calculated with the total of expenses entered in "Total Labor Expenses"; modify by correcting prior expense entries. |

| File List | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Allowed File Types: doc, docx, xls, xlsx, pdf | N | Click the "Add File" button to attach supporting documents. |

Attestation and Submission

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

Test data caveat.

I, Jennifer Smith, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *

 I Agree

Please Verify Provider Number

If the License Number was not entered earlier, the button "Please Verify License Number" will appear at the bottom instead of the Submit/Save/Reset buttons. To proceed, scroll up and enter the provider's license number, then scroll down and the Submit/Save buttons should appear as shown below.

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

Test data caveat.

I, Jennifer Smith, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *
 I Agree

Submit Info as Complete for Report Period
Save Information to Complete Later
Reset

| Attestation | | |
|---|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| This is my final report as I have spent all my funds. | N | Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen. |
| Enter any Data Caveats | N | Enter any information about the data entered for the selected period that you feel is important but were unable to enter above. Limited to 500 characters. |
| Check "I Agree" | Y | This box must be checked to submit data. Data can be saved but not submitted before this box is checked. |

Click the “Submit Info as Complete for Report Period” button if the information entered is ready to report as correct and complete.

Click the “Save Information to Complete Later” button to retain the information entered, but delay submission until after additional data can be entered, or existing entries corrected and verified.

Click the “Reset” button to clear all information entered, and start over at the selection of a provider.

Right Button: View Community Residential Rehabilitation Submissions

ARPA Funding : Community Residential Rehabilitation Services - ResHab

Use this report to capture ARPA funding and expenditure information if you are representing a ResHab facility.

[Create a new ResHab Funding Report](#) [View ResHab Submissions](#)

To create a funding report for Community Residential Habilitation Services, click the right button under the ResHab portion of the menu.

Select Detail Screen from Residential Rehabilitation Services Submissions List



The screenshot shows a web browser window with the URL <https://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions?surveyType=ResHab>. The page header includes the Pennsylvania Department of Human Services logo and navigation links for Home and Logout. The main content area is titled "Residential Rehabilitation Services Submissions" and contains a table with two rows of submission data. Each row has a "View" button in the first column.

| Submission | MPI | Facility Name | Submission Status | Report Period | Date Updated | Updated By |
|----------------------|-----------|----------------------------|-------------------|-------------------------|--------------|------------|
| View | 001911705 | ABC Health & Wellness Land | Completed | 07/01/2022 - 12/31/2022 | 05/19/2022 | b-fndguser |
| View | 001911705 | ABC Health & Wellness Land | Completed | 01/01/2022 - 06/30/2022 | 05/12/2022 | b-fndguser |

[Return to Top](#)

The screen will display a submission list, sorted by the most recent reporting period first.

Click the "View" button to view and print that line's detail screen.

View and Print Detail Screen

The screenshot displays the 'Residential Habilitation Survey' detail screen. At the top, there is a navigation bar with 'Home' and 'Logout' links. The main heading is 'Residential Habilitation Survey', with 'Print' and 'Update/Edit' links to its right. Below the heading, the section is titled 'Residential Habilitation Survey Submission'. A table contains the following data:


| | |
|---|----------------------------|
| Report Period | 07/01/2022 - 12/31/2022 |
| Home Care/Home Health Agency MA Provider Number | 001911705 |
| Home Care/Facility Name | ABC Health & Wellness Land |
| Does Entity Qualify As a Small Business | N |
| Total Number of Employees as of Reporting Period End Date | 30 |
| Number of Full Time Employees | 25 |
| Number of Employees that Identify as Male | 10 |
| Number of Employees that identify as Female | 20 |

Data from each period can be printed by clicking the “Print” link.

Clicking “Update/Edit” will revert to the data entry screen.

4. ARPA Funding: Personal Assistance Services (PAS)

Left Button: Create a New PAS Funding Report



The screenshot shows the top section of the ARPA Funding Portal. At the top left is the Pennsylvania Department of Human Services logo. Below the logo is a dark blue navigation bar with 'Home' and 'Logout' links. The main heading is 'ARPA (American Rescue Plan Act) Funding Portal'. Below this is the sub-heading 'ARPA Funding : Personal Assistance Services - (PAS)'. A small text line reads: 'Use this report to capture ARPA funding and expenditure information if you are representing a PAS facility.' At the bottom of the section are two blue buttons: 'Create a new PAS Funding Report' on the left and 'View PAS Submissions' on the right.

To create a funding report for Personal Assistance Services, click the left button on the Personal Assistance Services menu.

The remaining data entered should reflect, as indicated at the top of the portal page, *“COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available.”*

Select Provider and Period

Home Logout

ARPA Funding Tracking: Personal Assistance Services & Community Integration

This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA Strengthening the Workforce payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and March 31, 2024. Required fields are denoted with an asterisk (*).

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *

Report Period: *

Select Entity

Select Report Period

Select Entity

Life & Other Great Things, Inc. (505 In the Way Circle New Pineapple)

Select the provider, facility, or other entity whose data will be used for this ARPA funding report.

Home Logout

ARPA Funding Tracking: Personal Assistance Services & Community Integration

This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA Strengthening the Workforce payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and March 31, 2024. Required fields are denoted with an asterisk (*).

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *

Report Period: *

Life & Other Great Things, Inc. (505 In the Way Circle New Pineapple)

Select Report Period

Select Report Period

01/01/2022 - 06/30/2022

07/01/2022 - 12/31/2022

01/01/2023 - 06/30/2023

07/01/2023 - 12/31/2023

01/01/2024 - 03/31/2024

Return to Top

Select the reporting period (generally reported after expenditures are made and the reporting period has closed, or prior to the end of the period if all ARPA funds have been spent). Data to follow should fall within statistics and expenditures during this period.

Note: Asterisks (*) indicate a required field

Previously Submitted Information

The screenshot shows a web application interface for ARPA Funding Tracking. At the top, there are links for 'Home' and 'Logout'. The main heading is 'ARPA Funding Tracking: Personal Assistance Services & Community Integration'. Below this, there is a paragraph of text explaining the report's purpose. A pop-up box titled 'Previously Submitted Information' is overlaid on the form. The pop-up contains the text: 'A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.' Below this text are two buttons: 'Yes' and 'No'. The background form has a section titled 'Select Provider/Facility/Entity' with a dropdown menu showing 'Life & Other Great Things, Inc. (505 In the Way Circle New Pineapple)'. To the right, there is a 'Report Period:' dropdown menu showing '07/01/2022 - 12/31/2022'.

If data for the provider and reporting period have already been submitted, the “Previously Submitted Information” pop-up box will appear.

- Clicking “No” will revert back to the “Select Provider and Period” screen. Enter the provider and period to report.
- Clicking “Yes” will display existing data and allow editing. To save changes, provider number must be reentered for verification purposes.

Legal Entity Name & Details

| Legal Entity Name & Details | | |
|--|--|--|
| Home Care/Home Health Agency Name: * | Home Care/Home Health Agency MA Provider Number: * | Home Care/Home Health Agency Chain Name: * |
| <input type="text" value="Life & Other Great Things, Inc."/> | <input type="text" value="555555555"/> | <input type="text" value="The Center for Living"/> |
| Strengthening the Direct Care Worker Workforce Payment: * | Does Provider Qualify As a Small Business?: * | |
| <input type="text" value="\$92194"/> | <input type="text" value="No"/> | |

After the provider and report period are entered, a few other fields will auto-populate. The Agency MA Provider Number must be entered each time for verification purposes.

| Legal Entity Name & Details | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Home Care/Home Health Agency Name | Pre | Pre-populated with agency information on file, based on the provider selected in the previous section. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Home Care/Home Health Agency MA Provider Number | Y | This must be entered to save data or changes made, for verification purposes. |
| Home Care/Home Health Agency Chain Name | Pre | Pre-populated with agency chain name on file. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Strengthening the Direct Care Worker Workforce Payment | Pre | Pre-populated with the amount on file for the Reporting Period and agency selected. |
| Does Provider Qualify as a Small Business? | Y | Yes/No dropdown list |

Statistic Information

| Statistic Information | | | |
|--|---|--|--|
| Total Number of Employees as of Reporting Period End Date: * | Number of Full-Time Employees: * | Number of Employees that Identify as Male: * | Number of Employees that Identify as Female: * |
| <input type="text" value="500"/> | <input type="text" value="200"/> | <input type="text" value="300"/> | <input type="text" value="200"/> |
| Average Age of Employed Workforce: * | Number of Employees Hired as a Result of Strengthening Workforce Payment: * | Number of Employees Gained (+) or Lost (-) Since 12/31/2021: * | |
| <input type="text" value="55"/> | <input type="text" value="250"/> | <input type="text" value="150"/> | |

| Statistic Information | | |
|--|--------------------|---|
| Field Label (as it appears on-screen) | Required (Y/N/Pre) | Description |
| Total Number of Employees as of Reporting Period End Date | Y | Enter the total number of employees of the provider/entity selected, as of the reporting end date. Do not limit this number to employees receiving ARPA payments. Numbers only.* |
| Number of Full-Time Employees | Y | Of the total number of employees referenced above, enter the number who are full-time. Do not limit this number to only those full-time employees receiving ARPA payments. Numbers only.* |
| Number of Employees that Identify as Male | Y | The number of employees during the reporting period who identify as male. Numbers only.* |
| Number of Employees that Identify as Female | Y | The number of employees during the reporting period who identify as female. Numbers only.* |
| Average Age of Employed Workforce | Y | The average age of the employed workforce at the provider/entity selected, during the reporting period. Numbers only.* |
| Number of Employees Hired as a Result of Strengthening Workforce Payment | Y | Number of employees hired as a result of strengthening workforce payments within the reporting period only. Numbers only.* |
| Number of Employees Gained (+) or Lost (-) Since 12/31/2021 | Y | Number of employees gained (+) or lost (-) since 12/31/2021. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank. (Use zero instead of a blank field.)

Form Completion Information

| Form Completion Information | | |
|--|---|--|
| Name of Individual Completing Report: * | Date COVID-19 Expense Reporting Form Completed: * | |
| <input type="text" value="Patty Stevens"/> | <input type="text" value="08/26/2022"/> | |
| Email Address for Individual Completing Report: * | Telephone Number for Individual Completing Report: * | Extension Number for Individual Completing COVID-19 Report: |
| <input type="text" value="RA-PWARPAFundPortal@pa.gov"/> | <input type="text" value="2153215789"/> | <input type="text"/> |

| Form Completion Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Name of Individual Completing Report | Pre | Pre-populated with the name on file for the account used. |
| Date COVID-19 Expense Reporting Form Completed | Pre | Pre-populated with the date of entry. |
| Email Address for Individual Completing Report | Y | Although this information may be pre-populated, it can be modified. |
| Telephone Number for Individual Completing Report | Y | Must be 10 digits, numbers only, no symbols or spaces (area code and seven-digit phone number). |
| Extension Number for Individual Completing COVID-19 Report | N | Must be numbers only, no symbols, letters, or spaces, up to 10 digits. |

Labor Statistics Information

| Labor Statistics Information | |
|--|---|
| Number of Employees receiving Retention Payments (for Existing Workers): * | Number of Employees receiving Sign-On Bonuses (for New Workers): * |
| <input type="text" value="444"/> | <input type="text" value="278"/> |
| Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * | Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: * |
| <input type="text" value="45"/> | <input type="text" value="500"/> |
| Number of Employees receiving Vaccination Incentives: * | Number of Employees receiving Personal Protective Equipment Benefits: * |
| <input type="text" value="450"/> | <input type="text" value="57"/> |

| Labor Statistics Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Number of Employees receiving Retention Payments (for Existing Workers) | Y | The number of existing employees receiving retention payments during the selected period. Numbers only.* |
| Number of Employees receiving Sign-On Bonuses (for New Workers) | Y | The number of new employees receiving sign-on bonuses in the selected period. Numbers only.* |
| Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits) | Y | The number of new employees receiving leave benefits such as health insurance premiums within the period selected. Numbers only.* |
| Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave | Y | The number of employees receiving COVID-19-related Paid Time Off or Paid Sick Leave, during the selected period. Numbers only.* |
| Number of Employees receiving Vaccination Incentives | Y | The number of employees receiving vaccination incentives within the selected period. Numbers only.* |
| Number of Employees receiving Personal Protective Equipment Benefits | Y | The number of employees receiving Personal Protective Equipment (PPE) benefits within the period selected. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, cannot remain blank. (Use zero instead of a blank field.)

Labor Cost Information

| Labor Cost Information | | |
|--|---|--|
| Retention Payments (for Existing Workers): * | Sign-On Bonuses (for New Workers): * | |
| <input type="text" value="\$450"/> | <input type="text" value="\$100"/> | |
| Overtime Costs: * | Staff Training/Education/Communication Costs: * | |
| <input type="text" value="\$560"/> | <input type="text" value="\$560"/> | |
| Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * | COVID-related Paid Time Off or Paid Sick Leave: * | |
| <input type="text" value="\$1000"/> | <input type="text" value="\$530"/> | |
| Vaccination Incentives: * | Personal Protective Equipment Costs: * | Testing and Specimen Collection Necessities Costs: * |
| <input type="text" value="\$560"/> | <input type="text" value="\$410"/> | <input type="text" value="\$850"/> |
| Total Labor Expenses: * | <input type="text" value="\$5020"/> | |

| Labor Cost Information | | |
|---|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| Retention Payments (for Existing Workers) | Y | The total ARPA retention payments made during the selected reporting period. Numbers only.* |
| Sign-On Bonuses (for New Workers) | Y | The total of sign-on bonuses in the selected period. Numbers only.* |
| Overtime Costs | Y | Overtime costs resulting from the PHE during the selected reporting period. Numbers only.* |
| Staff Training/Education/Communication Costs | Y | Staff training, education, and communication costs related to the PHE during the selected reporting period. Numbers only.* |
| Leave Benefits (Health Insurance Premiums or Other Employee Benefits) | Y | PHE-related leave benefits (health insurance premiums or other employee benefits) paid during the selected period. Numbers only.* |
| COVID-related Paid Time Off or Paid Sick Leave | Y | PHE-related paid time off or paid sick leave for the selected period. Numbers only.* |
| Vaccination Incentives | Y | PHE Vaccination Incentives paid during the selected period. Numbers only.* |
| Personal Protective Equipment Costs | Y | Personal Protective Equipment (PPE) costs related to the Public Health Emergency, during the reporting period selected. Numbers only.* |
| Testing and Specimen Collection Necessities Costs | Y | Testing and Specimen Collection Costs during the PHE in the period selected. Numbers only.* |
| Total Labor Expenses | Pre | Pre-calculated with the total of figures in this section; modify by correcting other entries. |

- * Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank. (Use zero instead of a blank field.)

Grand Total Expenses

| Grand Total Expenses |
|---|
| <p>Grand Total Expenses: *</p> <input type="text" value="\$5020"/> |

| Grand Total Expenses | | |
|----------------------|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Expenses | Pre | Pre-calculated with the total of expenses entered in previous sections; modify by correcting prior expense entries. |

File List

| File List |
|---|
| <p>Allowed File Types: doc, docx, xls, xlsx, pdf</p> <p>Add File</p> |

| File List | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Allowed File Types: doc, docx, xls, xlsx, pdf | N | Click the "Add File" button to attach supporting documents. |

Attestation and Submission

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

Test data caveat to save for later

I, Patty Stevens, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *
 I Agree

Please Verify Provider Number

If the License Number was not entered earlier, the button “Please Verify License Number” will appear at the bottom instead of the Submit/Save/Reset buttons. To proceed, scroll up and enter the provider’s license number, then scroll down and the Submit/Save buttons should appear as shown below.

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

Test data caveat to save for later

I, Patty Stevens, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *
 I Agree

Submit Info as Complete for Report Period

Save Information to Complete Later

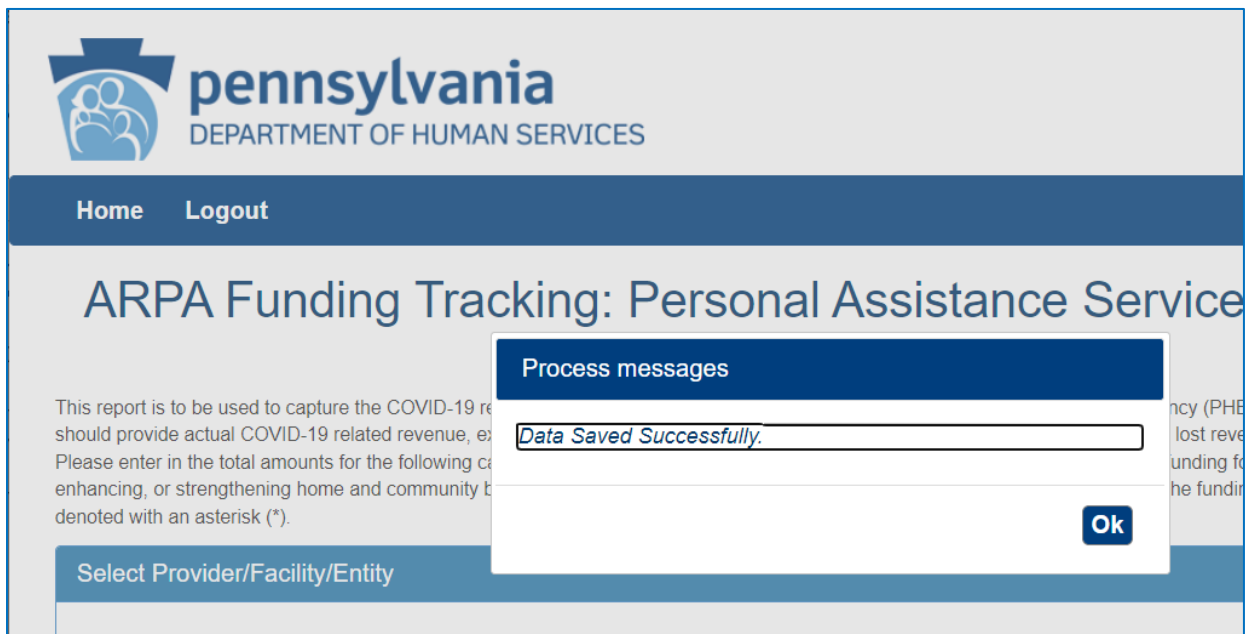
Reset

| Attestation | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| This is my final report as I have spent all my funds. | N | Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen. |
| Enter any Data Caveats | N | Enter any information about the data entered for the selected period that you feel is important, but were unable to enter above. Limited to 500 characters. |
| Check "I Agree" | Y | This box must be checked to submit data. Data can be saved but not submitted before this box is checked. |

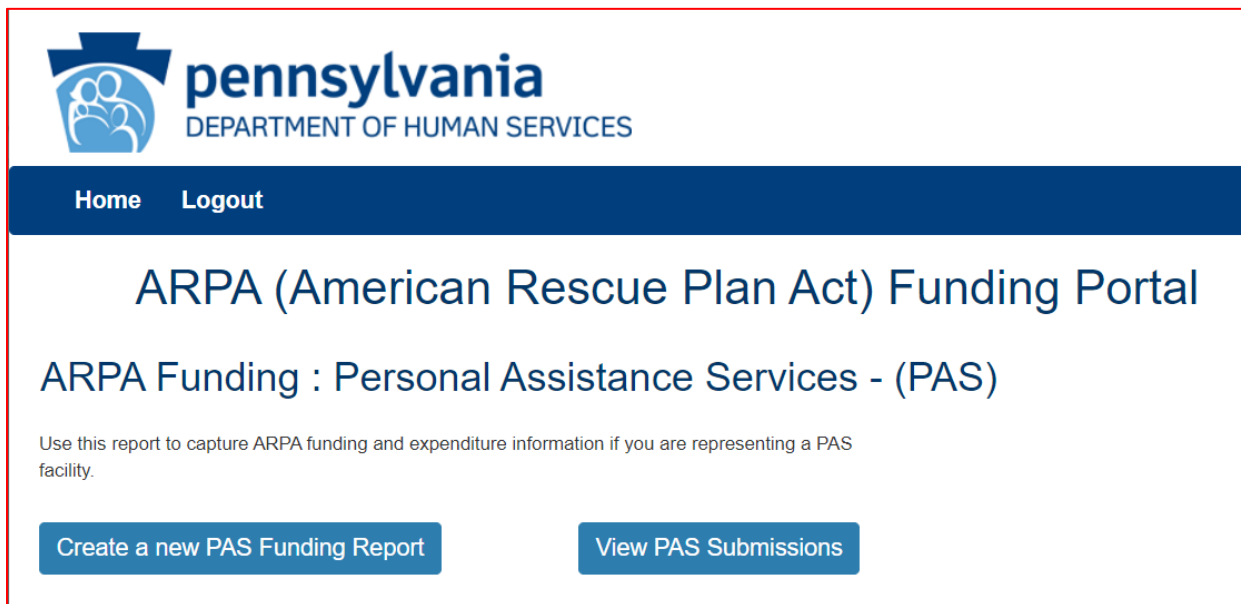
Click the “Submit Info as Complete for Report Period” button if the information entered is ready to report as correct and complete.

Click the “Save Information to Complete Later” button to retain the information entered, but delay submission until after additional data can be entered, or existing entries corrected and verified.

Click the “Reset” button to clear all information entered, and start over at the selection of a provider.




Right Button: View Personal Assistance Services Submissions



The screenshot shows the Pennsylvania Department of Human Services logo at the top left. Below the logo is a dark blue navigation bar with the text "Home" and "Logout". The main heading is "ARPA (American Rescue Plan Act) Funding Portal". Below this is the sub-heading "ARPA Funding : Personal Assistance Services - (PAS)". A paragraph of text reads: "Use this report to capture ARPA funding and expenditure information if you are representing a PAS facility." At the bottom, there are two blue buttons: "Create a new PAS Funding Report" on the left and "View PAS Submissions" on the right.

To view Personal Assistance Services submissions in summary form, click the right button on the PAS menu.

Select Detail Screen from Personal Assistance Services Submissions List



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[Home](#) [Logout](#)

Personal Assistance Services Submissions


| Submission | MPI | License Number | Facility Name | Submission Status | Report Period | Date Updated | Updated By |
|----------------------|-----------|----------------|-----------------------|-------------------|-------------------------|--------------|-------------|
| View | 555555555 | 222222 | The Center for Living | Completed | 07/01/2023 - 12/31/2023 | 08/23/2022 | t-fndgadmin |
| View | 555555555 | 222222 | The Center for Living | Completed | 01/01/2023 - 06/30/2023 | 08/15/2022 | t-fndgadmin |
| View | 555555555 | 222222 | The Center for Living | Completed | 07/01/2022 - 12/31/2022 | 08/26/2022 | b-fndguser2 |
| View | 555555555 | 222222 | The Center for Living | In Process | 01/01/2022 - 06/30/2022 | 05/11/2022 | b-fndguser2 |

[Return to Top](#)

The screen will display a submission list, sorted by the most recent reporting period first.

Click the “View” button to view and print that line’s detail screen.

View and Print Detail Screen



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[Home](#) [Logout](#)

Personal Assistance Services Survey

[Print](#) [Update/Edit](#)

Personal Assistance Services Survey Submission

| | |
|--|-------------------------|
| Report Period | 07/01/2023 - 12/31/2023 |
| Home Care/Home Health Agency MA Provider Number | 555555555 |
| Home Care/Facility Name | The Center for Living |
| Strengthening Direct Care Workers payment | \$92194.00 |
| Does Entity Qualify As a Small Business | N |
| Total Number of Employees as of Reporting Period End Date | 1,000 |
| Number of Full Time Employees | 600 |
| Number of Employees that Identify as Male | 500 |
| Number of Employees that identify as Female | 400 |
| Average Age of Employed Workforce | 55 |
| Number of Employees Hired as a Result of Strengthening Workforce Payment | 450 |
| Number of Employees Gained (+) or Lost (-) Since 12/31/2021 | 350 |

Data from each period can be printed by clicking the “Print” link.

Clicking “Update/Edit” will revert to the data entry screen.

5. ARPA Funding: Adult Day (AD)

Left Button: Create a New Adult Day Funding Report



The screenshot shows the Pennsylvania Department of Human Services ARPA Funding Portal. At the top left is the state logo and the text "pennsylvania DEPARTMENT OF HUMAN SERVICES". Below this is a dark blue navigation bar with "Home" and "Logout" links. The main heading is "ARPA (American Rescue Plan Act) Funding Portal". Underneath, it says "ARPA Funding : Adult Day – (AD)". A descriptive sentence reads: "Use this report to capture ARPA funding and expenditure information if you are representing an AD facility." At the bottom, there are two blue buttons: "Create a new AD Funding Report" on the left and "View AD Submissions" on the right.

To create a funding report for an Adult Daily Living Provider, click the left button on the Adult Day menu.

The remaining data entered should reflect, as indicated at the top of the portal page, *“COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available.”*

Select Provider and Period

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Home Logout

ARPA Funding Tracking: Adult Day

This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA Strengthening the Workforce payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and March 31, 2024. Required fields are denoted with an asterisk (*).

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *

Select Entity

Report Period: *

Select Report Period

Select the provider, facility, or other entity whose data will be used for this ARPA funding report.

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Home Logout

ARPA Funding Tracking: Adult Day

This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA Strengthening the Workforce payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and March 31, 2024. Required fields are denoted with an asterisk (*).

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *

Large and In Charge Companies (404 Found Parkway Greenville)

Report Period: *

Select Report Period

- Select Report Period
- 01/01/2022 - 06/30/2022
- 07/01/2022 - 12/31/2022
- 01/01/2023 - 06/30/2023
- 07/01/2023 - 12/31/2023
- 01/01/2024 - 03/31/2024

Select the reporting period (generally reported after expenditures are made and the reporting period has closed, or prior to the end of the period if all ARPA funds have been spent). Data to follow should fall within statistics and expenditures during this period.

Note: Asterisks (*) indicate a required field

Previously Submitted Information

The screenshot shows the Pennsylvania Department of Human Services portal for ARPA Funding Tracking: Adult Day. The page title is "ARPA Funding Tracking: Adult Day". A pop-up box titled "Previously Submitted Information" is displayed in the center, containing the text: "A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version." Below the text are two buttons: "Yes" and "No". The background of the portal includes the Pennsylvania Department of Human Services logo, navigation links for "Home" and "Logout", and a "Select Provider/Facility/Entity" dropdown menu with the selected option "Large and In Charge Companies (404 Found Parkway Greenville)". A "Report Period:" dropdown menu shows "07/01/2022 - 12/31/2022".

If data for the provider and reporting period have already been submitted, the “Previously Submitted Information” pop-up box will appear.

- Clicking “No” will revert back to the “Select Provider and Period” screen. Enter the provider and period to report.
- Clicking “Yes” will display existing data and allow editing. To save changes, provider number must be reentered for verification purposes.

Legal Entity Name & Details

| Legal Entity Name & Details | | |
|---|--|---|
| Home Care/Home Health Agency Name: * | Home Care/Home Health Agency MA Provider Number: * | Home Care/Home Health Agency Chain Name: * |
| Large and In Charge Companies | 001304216 | Small and Peaceful In the Park |
| Strengthening the Direct Care Worker Workforce Payment: * | Is Provider a Unit of Local Government?: * | Does Provider Qualify As a Small Business?: * |
| \$0 | No | No |

After the provider and report period are entered, a few other fields will auto-populate. The Agency MA Provider Number must be entered each time for verification purposes.

| Legal Entity Name & Details | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Home Care/Home Health Agency Name (Adult Day providers should see their legal entity name here. OLTL is aware that the Field Label is not accurate, and this will be fixed with the next production release of the portal.) | Pre | Pre-populated with agency information on file, based on the provider selected in the previous section. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Home Care/Home Health Agency MA Provider Number (This should be the Adult Day Provider Name) | Y | This must be entered to save data or changes made, for verification purposes. |
| Home Care/Home Health Agency Chain Name (This should be the Adult Day Provider Name) | Pre | Pre-populated with agency chain name on file. Contact the OLTL Provider Helpline at 1-800-932-0939 to discuss any corrections or concerns. |
| Strengthening the Direct Care Worker Workforce Payment | Pre | Pre-populated with the amount on file for the Reporting Period and agency selected. |
| Is Provider a Unit of Local Government? | Y | Yes/No dropdown list |
| Does Provider Qualify as a Small Business? | Y | Yes/No dropdown list |

Statistic Information

| Statistic Information | | | |
|--|---|--|--|
| Total Number of Employees as of Reporting Period End Date: * | Number of Full-Time Employees: * | Number of Employees that Identify as Male: * | Number of Employees that Identify as Female: * |
| <input type="text" value="50"/> | <input type="text" value="40"/> | <input type="text" value="18"/> | <input type="text" value="32"/> |
| Average Age of Employed Workforce: * | Number of Employees Hired as a Result of Strengthening Workforce Payment: * | Number of Employees Gained (+) or Lost (-) Since 12/31/2021: * | Total Positive COVID-19 CHC & OBRA Participants: * |
| <input type="text" value="45"/> | <input type="text" value="10"/> | <input type="text" value="17"/> | <input type="text" value="6"/> |

| Statistic Information | | |
|--|--------------------|---|
| Field Label (as it appears on-screen) | Required (Y/N/Pre) | Description |
| Total Number of Employees as of Reporting Period End Date | Y | Enter the total number of employees of the provider/entity selected, as of the reporting end date. Do not limit this number to employees receiving ARPA payments. Numbers only.* |
| Number of Full-Time Employees | Y | Of the total number of employees referenced above, enter the number who are full-time. Do not limit this number to only those full-time employees receiving ARPA payments. Numbers only.* |
| Number of Employees that Identify as Male | Y | The number of employees during the reporting period who identify as male. Numbers only.* |
| Number of Employees that Identify as Female | Y | The number of employees during the reporting period who identify as female. Numbers only.* |
| Average Age of Employed Workforce | Y | The average age of the employed workforce at the provider/entity selected, during the reporting period. Numbers only.* |
| Number of Employees Hired as a Result of Strengthening Workforce Payment | Y | Number of employees hired as a result of strengthening workforce payments within the reporting period only. Numbers only.* |
| Number of Employees Gained (+) or Lost (-) Since 12/31/2021 | Y | Number of employees gained (+) or lost (-) since 12/31/2021. Numbers only.* |
| Total Positive COVID-19 CHC & OBRA Participants | Y | Total positive COVID-19 CHC & OBRA Participants during the reporting period. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank. (Use zero instead of a blank field.)

Form Completion Information

| Form Completion Information | | |
|--|---|--|
| Name of Individual Completing Report: * | Date COVID-19 Expense Reporting Form Completed: * | |
| Adriana Day | 08/29/2022 | |
| Email Address for Individual Completing Report: * | Telephone Number for Individual Completing Report: * | Extension Number for Individual Completing COVID-19 Report: |
| RA-PWARPAFundPortal@pa.gov | 7175553333 | 15 |

| Form Completion Information | | |
|--|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Name of Individual Completing Report | Pre | Pre-populated with the name on file for the account used. |
| Date COVID-19 Expense Reporting Form Completed | Pre | Pre-populated with the date of entry. |
| Email Address for Individual Completing Report | Y | Although this information may be pre-populated, it can be modified. |
| Telephone Number for Individual Completing Report | Y | Must be 10 digits, numbers only, no symbols or spaces (area code and seven-digit phone number). |
| Extension Number for Individual Completing COVID-19 Report | Y | Must be numbers only, no symbols, letters, or spaces, up to 10 digits. |

Statistics Information

| Labor Statistics Information | |
|---|---|
| Number of Employees receiving Retention Payments (for Existing Workers): * <input type="text" value="30"/> | Number of Employees receiving Sign-On Bonuses (for New Workers): * <input type="text" value="10"/> |
| Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * <input type="text" value="4"/> | Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: * <input type="text" value="13"/> |
| Number of Employees receiving Vaccination Incentives: * <input type="text" value="50"/> | Number of Employees receiving Personal Protective Equipment Benefits: * <input type="text" value="21"/> |

| Labor Statistics Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Number of Employees receiving Retention Payments (for Existing Workers) | Y | The number of existing employees receiving retention payments during the selected period. Numbers only.* |
| Number of Employees receiving Sign-On Bonuses (for New Workers) | Y | The number of new employees receiving sign-on bonuses in the selected period. Numbers only.* |
| Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits) | Y | The number of new employees receiving leave benefits such as health insurance premiums within the period selected. Numbers only.* |
| Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave | Y | The number of employees receiving COVID-19-related Paid Time Off or Paid Sick Leave, during the selected period. Numbers only.* |
| Number of Employees receiving Vaccination Incentives | Y | The number of employees receiving vaccination incentives within the selected period. Numbers only.* |
| Number of Employees receiving Personal Protective Equipment Benefits | Y | The number of employees receiving Personal Protective Equipment (PPE) benefits within the period selected. Numbers only.* |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, cannot remain blank. (Use zero instead of a blank field.)

Labor Cost Information

| Labor Cost Information | | |
|--|--|--|
| Retention Payments (for Existing Workers): * | Sign-On Bonuses (for New Workers): * | |
| <input type="text" value="\$350000"/> | <input type="text" value="\$50000"/> | |
| Overtime Costs: * | Staff Training/Education/Communication Costs: * | |
| <input type="text" value="\$189000"/> | <input type="text" value="\$5000"/> | |
| Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * | COVID-related Paid Time Off or Paid Sick Leave: * | |
| <input type="text" value="\$60000"/> | <input type="text" value="\$7800"/> | |
| Vaccination Incentives: * | Personal Protective Equipment Costs: * | Testing and Specimen Collection Necessities Costs: * |
| <input type="text" value="\$3310"/> | <input type="text" value="\$5370"/> | <input type="text" value="\$5700"/> |
| Outreach for Recruitment of New Workers: * | Advertising for Participants: * | |
| <input type="text" value="\$700"/> | <input type="text" value="\$1890"/> | |
| Construction Costs (Physical Plan Modification Costs): * | Expenses to Re-open Center After COVID-19 Related Closure: * | Alternative Model Development Costs: * |
| <input type="text" value="\$1500"/> | <input type="text" value="\$3205"/> | <input type="text" value="\$950"/> |
| Total Labor Expenses: * | <input type="text" value="\$684425"/> | |

| Labor Cost Information | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Retention Payments (for Existing Workers) | Y | The total ARPA retention payments made during the selected reporting period. Numbers only.* |
| Sign-On Bonuses (for New Workers) | Y | The total of sign-on bonuses in the selected period. Numbers only.* |
| Overtime Costs | Y | Overtime costs resulting from the PHE, during the selected reporting period. Numbers only.* |
| Staff Training/Education/Communication Costs | Y | Staff training, education, and communication costs related to the PHE, during the selected reporting period. Numbers only.* |
| Leave Benefits (Health Insurance Premiums or Other Employee Benefits) | Y | PHE-related leave benefits (health insurance premiums or other employee benefits) paid during the selected period. Numbers only.* |
| COVID-related Paid Time Off or Paid Sick Leave | Y | PHE-related paid time off or paid sick leave for the selected period. Numbers only.* |
| Vaccination Incentives | Y | PHE Vaccination Incentives paid during the selected period. Numbers only.* |

| | | |
|---|-----|--|
| Personal Protective Equipment Costs | Y | Personal Protective Equipment (PPE) costs related to the Public Health Emergency, during the reporting period selected. Numbers only.* |
| Testing and Specimen Collection Necessities Costs | Y | Testing and Specimen Collection Costs during the PHE in the period selected. Numbers only.* |
| Outreach for Recruitment of New Workers | Y | Costs of outreach for the recruitment of new workers during the period selected. Numbers only.* |
| Advertising for Participants | Y | Advertising for participants resulting from the PHE, during the period selected. Numbers only.* |
| Construction Costs (Physical Plan Modification Costs) | Y | Construction costs for physical plan modification resulting from the PHE, during the period selected. Numbers only.* |
| Expenses to Re-open Center After COVID-19 Related Closure | y | Costs for re-opening center after COVID-19-related closure, during the period selected. Numbers only.* |
| Alternative Model Development Costs | Y | Alternative model development costs resulting from the PHE during the period selected. Numbers only.* |
| Total Labor Expenses | Pre | Pre-calculated with the total of figures in this section; modify by correcting other entries. |

* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank. (Use zero instead of a blank field.)

Grand Total Expenses

| Grand Total Expenses | |
|---------------------------------------|--|
| Grand Total Expenses: * | |
| <input type="text" value="\$684425"/> | |

| Grand Total Expenses | | |
|----------------------|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Total Expenses | Pre | Pre-calculated with the total of expenses entered in previous sections; modify by correcting prior expense entries. |

File List

| File List |
|---|
| Allowed File Types: doc, docx, xls, xlsx, pdf |
| <input type="button" value="Add File"/> |

| File List | | |
|---|--------------------|---|
| Field Label | Required (Y/N/Pre) | Description |
| Allowed File Types: doc, docx, xls, xlsx, pdf | N | Click the "Add File" button to attach supporting documents. |

Attestation and Submission

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

I, Adriana Day, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *
 I Agree

Please Verify Provider Number

If the License Number was not entered earlier, the button “Please Verify License Number” will appear at the bottom instead of the Submit/Save/Reset buttons. To proceed, scroll up and enter the provider’s license number, then scroll down and the Submit/Save buttons should appear as shown below.

Attestation

This is my final report as I have spent all my funds.

Enter any Data Caveats:

I, Adriana Day, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.

Check "I Agree" *
 I Agree

Submit Info as Complete for Report Period

Save Information to Complete Later

Reset

| Attestation | | |
|---|--------------------|--|
| Field Label | Required (Y/N/Pre) | Description |
| This is my final report as I have spent all my funds. | N | Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen. |
| Enter any Data Caveats | N | Enter any information about the data entered for the selected period that you feel is important but were unable to enter above. Limited to 500 characters. |

| | | |
|-----------------|---|--|
| Check "I Agree" | Y | This box must be checked to submit data. Data can be saved but not submitted before this box is checked. |
|-----------------|---|--|

Click the "Submit Info as Complete for Report Period" button if the information entered is ready to report as correct and complete.

Click the "Save Information to Complete Later" button to retain the information entered, but delay submission until after additional data can be entered, or existing entries corrected and verified.

Click the "Reset" button to clear all information entered, and start over at the selection of a provider.

Right Button: View Adult Day Submissions



The screenshot shows the Pennsylvania Department of Human Services ARPA Funding Portal. The header includes the state logo and the text 'pennsylvania DEPARTMENT OF HUMAN SERVICES'. Below the header is a navigation bar with 'Home' and 'Logout' links. The main content area is titled 'ARPA (American Rescue Plan Act) Funding Portal' and 'ARPA Funding : Adult Day – (AD)'. A sub-header reads 'Use this report to capture ARPA funding and expenditure information if you are representing an AD facility.' Two buttons are visible: 'Create a new AD Funding Report' and 'View AD Submissions'.

To view Adult Day submissions in summary form, click the right button under the Adult Day menu.

Select Detail Screen from Adult Day Submissions List



The screenshot shows the 'Adult Day Submissions' screen. It features the same header and navigation as the previous screenshot. The main content area is titled 'Adult Day Submissions' and contains a table with the following data:


| Submission | MPI | License Number | Facility Name | Submission Status | Report Period | Date Updated | Updated By |
|----------------------|-----------|----------------|--------------------------------|-------------------|-------------------------|--------------|-------------|
| View | 001304216 | 111111 | Small and Peaceful In the Park | In Process | 01/01/2024 - 03/31/2024 | 09/01/2022 | t-fndgadmin |
| View | 001304216 | 111111 | Small and Peaceful In the Park | Completed | 07/01/2022 - 12/31/2022 | 08/30/2022 | t-fndgadmin |
| View | 001304216 | 111111 | Small and Peaceful In the Park | Completed | 01/01/2022 - 06/30/2022 | 08/30/2022 | t-fndgadmin |

Below the table is a 'Return to Top' link.

The screen will display a submission list, sorted by the most recent reporting period first.

Click the “View” button to view and print that line’s detail screen.

View and Print Detail Screen



pennsylvania
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[Home](#) [Logout](#)

Adult Day Survey

[Print](#) [Update/Edit](#)

Adult Day Survey Submission

| | |
|--|--------------------------------|
| Report Period | 07/01/2022 - 12/31/2022 |
| Home Care/Home Health Agency MA Provider Number | 001304216 |
| Home Care/Facility Name | Small and Peaceful In the Park |
| Is Provider a Unit of Local Government | Y |
| Does Provider Qualify As a Small Business | N |
| Total Number of Employees as of Reporting Period End Date | 20 |
| Number of Full Time Employees | 15 |
| Number of Employees that Identify as Male | 10 |
| Number of Employees that identify as Female | 10 |
| Average Age of Employed Workforce | 35 |
| Number of Employees Hired as a Result of Strengthening Workforce Payment | 5 |
| Number of Employees Gained (+) or Lost (-) Since 12/31/2021 | 2 |

Data from each period can be printed by clicking the “Print” link.

Clicking “Update/Edit” will revert to the data entry screen.

