

American Rescue Plan Act (ARPA) Funding Reporting Portal

Business Partner Guide

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

Table of Contents

ARPA Funding Reporting Portal Login	5
Opening Screen	6
1. ARPA Funding: Personal Care Home/Assisted Living Facilities (PCH) ..	7
Left Button: Create a New PCH Funding Report	7
Select Provider and Period	9
Previously Submitted Information	10
Legal Entity Name & Details	11
Statistic Information	12
Form Completion Information.....	13
Labor Cost Information.....	14
Supplies Cost Information, Capital Cost Information.....	15
Information Technology Cost Information.....	17
Other Costs Information, Grand Total Expenses.....	18
Revenue Losses Information	19
Grand Total Expenses and Revenue Loss, File List	20
Attestation and Submission.....	21
Right Button: View Personal Care Home/Assisted Living Submissions	23
Select Detail Screen from Personal Care Home/Assisted Living Submissions List	23
View and Print Detail Screen	24
2. ARPA Funding : Nursing Facilities (NF)	25
Left Button: Create a new NF Funding Report.....	25
Select Provider and Period	26
Previously Submitted Information	27
Legal Entity Name & Details	28
Statistic Information, Form Completion Information	29
Labor Cost Information.....	30
Supplies Cost Information, Capital Cost Information.....	31

Information Technology Cost Information	33
Other Costs Information, Grand Total Expenses	34
Revenue Losses Information	35
Grand Total Expenses and Revenue Loss, File List	37
Attestation and Submission.....	38
Right Button: View Nursing Facilities Submissions	40
Select Detail Screen from Nursing Facilities Submissions List.....	40
View and Print Detail Screen	41
3. ARPA Funding : Community Residential Rehabilitation Services	
(ResHab)	42
Left Button: Create a New ResHab Funding Report.....	42
Select Provider and Period	43
Previously Submitted Information	44
Legal Entity Name & Details	45
Statistic Information	46
Form Completion Information.....	48
Labor Statistics Information	49
Labor Cost Information.....	50
Attestation and Submission.....	51
Right Button: View Community Residential Rehabilitation Submissions	53
Select Detail Screen from Residential Rehabilitation Services Submissions List	53
View and Print Detail Screen	54
4. ARPA Funding: Personal Assistance Services (PAS)	55
Left Button: Create a New PAS Funding Report	55
Select Provider and Period	56
Previously Submitted Information	57
Legal Entity Name & Details	58
Statistic Information	59
Form Completion Information.....	60
Labor Statistics Information	61

Labor Cost Information.....	62
Grand Total Expenses	64
File List	64
Attestation and Submission.....	65
Right Button: View Personal Assistance Services Submissions	67
Select Detail Screen from Personal Assistance Services Submissions List	68
View and Print Detail Screen	69
5. ARPA Funding: Adult Day (AD)	70
Left Button: Create a New Adult Day Funding Report	70
Select Provider and Period	71
Previously Submitted Information	72
Legal Entity Name & Details	73
Statistic Information	74
Form Completion Information.....	75
Labor Statistics Information	76
Labor Cost Information.....	77
Grand Total Expenses	79
File List	79
Attestation and Submission.....	80
Right Button: View Adult Day Submissions	82
Select Detail Screen from Adult Day Submissions List	82
View and Print Detail Screen	83

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](#)

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

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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Home Logout

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 ReportView PAS Submissions

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Home Logout

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 ReportView 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

ARPA Funding Tracking: Personal Care Homes & Assisted Living

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 (*).

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

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Report Period: *

Select Report Period

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

ARPA Funding Tracking: Personal Care Homes & Assisted Living

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 (*).

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): *

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Report Period: *

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 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

ARPA Funding Tracking: Personal Care Homes & Assisted Living

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 (*).

Select Provider/Facility/Entity

Please select the provider/facility/entity that you are will change based on logged-in user): *

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Previously Submitted Information

A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.

Report Period: *

07/01/2021 - 12/31/2021

Legal Entity Name & Details

Legal Entity Name: *

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Physical Location: *

Over Here & In the Know - 2110 Every Which Way Wellington 19001

License Number: *

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: *
11	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: * \$2000	Testing and Specimen Collection Necessities Costs: * \$3000	All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): * \$2000
Total Supplies Cost: * \$7000		

Capital Cost Information	
Construction of Temporary Locations: * \$18000	Facility Reconfiguration Costs: * \$15000
Total Capital Costs: * \$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): * \$0	IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: * \$0
Telemedicine Costs: * \$0	Remote Monitoring: * \$0
Total IT Costs: * \$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: * \$0	Other Expenses: * \$0
Total Other Costs: * \$0	

Grand Total Expenses
Total Expenses: * \$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: *	
0	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: *
\$0	\$0	\$0
Total Revenue Losses: *		
\$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: *

\$0

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 Report](#)[View 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 heading is "Personal Care Home/Assisted Living Facilities Submissions". Below this is a table with two rows of submission data. Each row has a "View" button in the first column. At the bottom left of the table area is a "Return to Top" link.

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

[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 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 a navigation bar with "Home" and "Logout" links. The main title is "Personal Care Home/Assisted Living Facilities Survey". Below the title are two links: "Print" and "Update/Edit". The section "Personal Care Home/Assisted Living Facilities Survey Submission" contains a table with the following data:

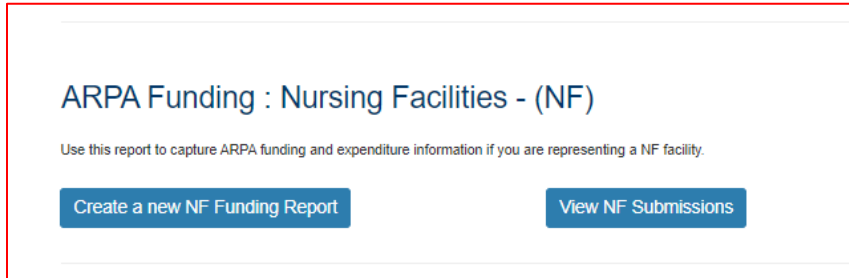
Report Period	01/01/2022 - 06/30/2022
Legal Entity Name:	Fair Hills & Bold Ideas
Physical Location:	Over Here & In the Know
Legal Entity License Number:	444444
DHS Act 24 of 2021 (ARPA) Payment	\$0.00
Is Provider a Unit of Local Government?	N
Does provider qualify As a Small Business	Y
Total Number of 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



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

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 first two visible options are 'Incandescence of the Spirit (707 Peopleton Center Lunchtime)' and '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 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 first two visible options are '07/01/2021 - 12/31/2021' and '01/01/2022 - 06/30/2022'. The 'Select Provider/Facility/Entity' dropdown menu is also visible, showing 'Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)'.

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 is titled "ARPA Funding Tracking: Nursing". The main form is titled "Select Provider/Facility/Entity" and contains a dropdown menu for "Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *". The dropdown menu is open, showing "Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)". To the right of the dropdown is a "Report Period: *" dropdown menu showing "01/01/2022 - 06/30/2022". Below the dropdown menu is a "Previously Submitted Information" pop-up box. The pop-up box contains the text: "A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version." and two buttons: "Yes" and "No". Below the pop-up box is a "Legal Entity Name & Details" section. It contains a "Legal Entity Name: *" dropdown menu showing "Suggestions and Much Learning, LLC". Below that is a "Medicaid Number: *" dropdown menu. To the right of the Medicaid Number dropdown is a "DHS Act 24 of 2021 (ARPA) Payment: *" dropdown menu showing "\$0". Below the Medicaid Number dropdown is an "Is Provider a Unit of Local Government?: *" dropdown menu showing "Select Yes/No". To the right of the "Is Provider a Unit of Local Government?" dropdown is a "Does Provider Qualify As a Small Business?: *" dropdown menu showing "Select Yes/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: * Incandescence of the Spirit	Physical Location: * Flights and Fancies Center for the Aspirational - 707 Peopleton Center Lunchtime 16142
License Number: License Number Required * 	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

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: *	
33	32	

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

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: *

\$0

\$0

\$0

Overtime Costs: *

Staff Training/Education/Communication Costs: *

\$0

\$0

Total Labor Expenses: *

\$0

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: * \$0	Testing and Specimen Collection Necessities Costs: * \$0	All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): * \$0
Total Supplies Cost: * \$0		

Capital Cost Information	
Construction of Temporary Locations: * \$0	Facility Reconfiguration Costs: * \$0
Total Capital Costs: * \$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): * \$0	IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: * \$0
Telemedicine Costs: * \$0	Remote Monitoring: * \$0
Total IT Costs: * \$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: * \$0	Other Expenses: * \$0
Total Other Costs: * \$0	

Grand Total Expenses
Total Expenses: * \$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: *
0	0	\$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: *
\$0	\$0	\$0
Total Revenue Losses: *		
\$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: *

\$0

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 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, 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

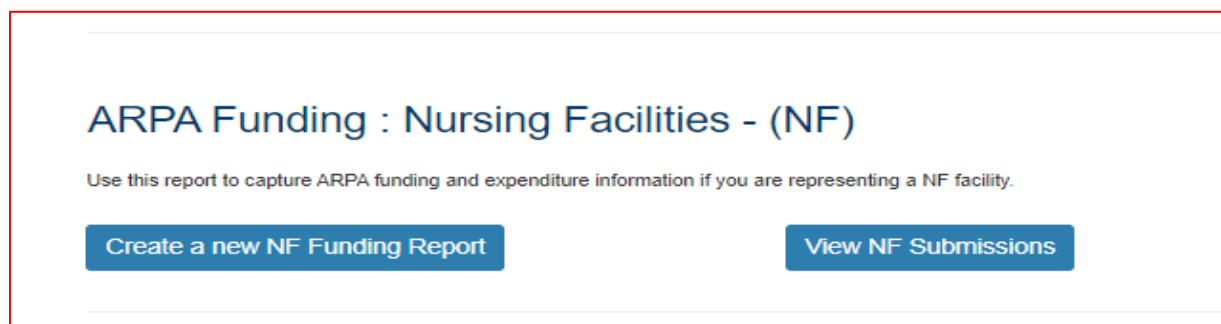
Attestation		
Field Label	Required (Y/N/Pre)	Description
This is my final report as I have spent all my funds.	N	Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen.
Enter any Data Caveats	N	Enter any information about the data 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.

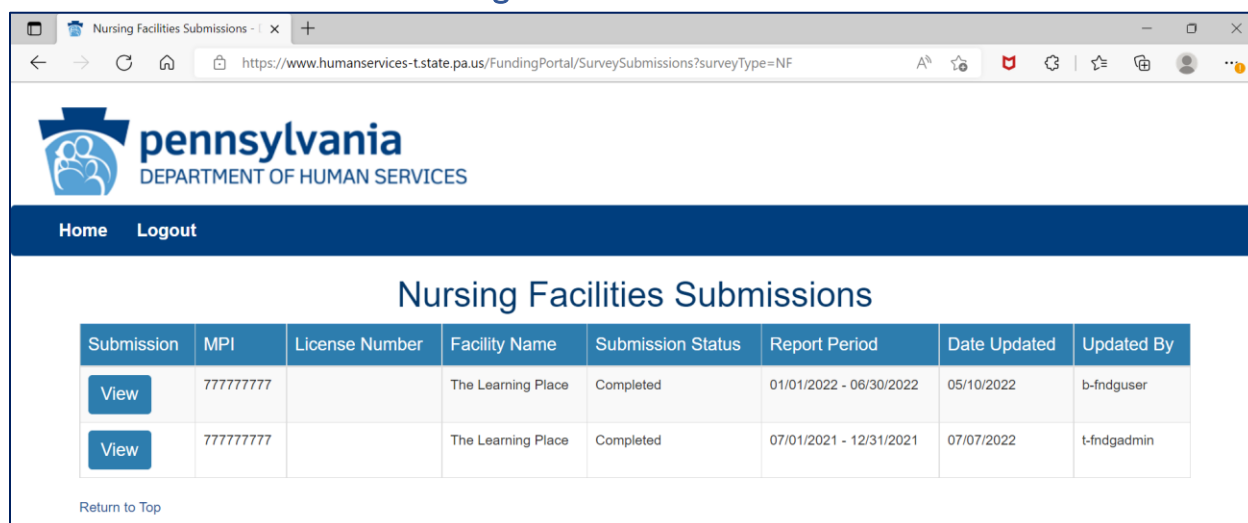
Click the “Reset” button to clear all information entered, and start over at the selection of a provider.

Right Button: View 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 features the Pennsylvania Department of Human Services logo and navigation links for Home and Logout. The main title is "Nursing Facilities Survey". To the right of the title are links for "Print" and "Update/Edit". Below the title is a section titled "Nursing Facilities Survey Submission" containing a table with the following data:

Report Period	01/01/2022 - 06/30/2022
Legal Entity Name	Suggestions and Much Learning, LLC
Physical Location:	The Learning Place
Medicaid Number	777777777
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

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 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 header includes the Pennsylvania Department of Human Services logo and navigation links for 'Home' and 'Logout'. The form title is 'ARPA Funding Tracking: Residential Habilitation'. Below the title 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 is divided into two main sections: 'Select Provider/Facility/Entity' and 'Report Period: *'. The 'Select Provider/Facility/Entity' section has a dropdown menu with the following options: 'Select Entity', 'Select Entity', and 'ABC Health & Wellness, Inc. (555 Up and Down the River Rd Ourtown)'. The 'Report Period: *' section has a dropdown menu with the option 'Select Report Period'.

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

The screenshot shows the 'ARPA Funding Tracking: Residential Habilitation' form. The header includes the Pennsylvania Department of Human Services logo and navigation links for 'Home' and 'Logout'. The form title is 'ARPA Funding Tracking: Residential Habilitation'. Below the title 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 is divided into two main sections: 'Select Provider/Facility/Entity' and 'Report Period: *'. The 'Select Provider/Facility/Entity' section has a dropdown menu with the following options: 'Select Entity', 'Select Entity', and 'ABC Health & Wellness, Inc. (555 Up and Down the River Rd Ourtown)'. The 'Report Period: *' section has a dropdown menu with the following options: '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', and '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 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 displayed, 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 this 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 form also includes a 'Legal Entity Name & Details' section.

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: *
ABC Health & Wellness, Inc.		ABC Health & Wellness Land
Strengthening the Direct Care Worker Workforce Payment: *	Does Provider Qualify As a Small Business?: *	
\$0	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: *
30	25	10	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: *	
45	10	12	
Total Days (All Residents): *	Total Days for Confirmed COVID-19 Residents: *	Total Days for Suspected COVID-19 Residents: *	
4500	900	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: *	
450	100	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: *	
55	89	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: *	
100	125	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: * Jennifer Smith	Date COVID-19 Expense Reporting Form Completed: * 06/21/2022	
Email Address for Individual Completing Report: * RA-PWARPAFundPortal@pa.gov	Telephone Number for Individual Completing Report: * 3335557777	Extension Number for Individual Completing COVID-19 Report: 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): * 30	Number of Employees receiving Sign-On Bonuses (for New Workers): * 7
Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * 0	Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: * 30
Number of Employees receiving Vaccination Incentives: * 28	Number of Employees receiving Personal Protective Equipment Benefits: * 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

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:

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

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

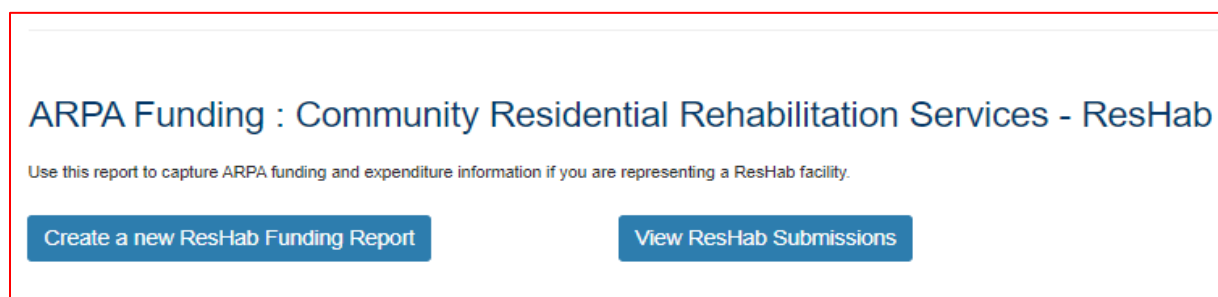
Attestation		
Field Label	Required (Y/N/Pre)	Description
This is my final report as I have spent all my funds.	N	Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen.
Enter any Data Caveats	N	Enter any information about the data 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



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

Select Detail Screen from Residential Rehabilitation Services 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=5JWJNPgcXW.... The page header features the Pennsylvania Department of Human Services logo and a navigation bar with "Home" and "Logout" links. The main heading is "Residential Habilitation Survey". To the right of the heading are links for "Print" and "Update/Edit". Below the heading is a section titled "Residential Habilitation Survey Submission" containing a table with 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



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): *

Select Entity

Select Entity

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

Report Period: *

Select Report Period

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): *

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

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

[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 is a navigation bar with 'Home' and 'Logout' links. The main heading is 'ARPA Funding Tracking: Personal Assistance Services & Community Integration'. Below this, there is a paragraph of text explaining the purpose of the report. A pop-up box titled 'Previously Submitted Information' is displayed in the center, containing the message: 'A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.' Below the pop-up, there are two buttons: 'Yes' and 'No'. To the left of the pop-up, there is 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 of the pop-up, there is a section titled 'Report Period: *' with a 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: *
Life & Other Great Things, Inc.	555555555	The Center for Living
Strengthening the Direct Care Worker Workforce Payment: *	Does Provider Qualify As a Small Business?: *	
\$92194	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: *
500	200	300	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: *	
55	250	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: * Patty Stevens	Date COVID-19 Expense Reporting Form Completed: * 08/26/2022	
Email Address for Individual Completing Report: * RA-PWARPAFundPortal@pa.gov	Telephone Number for Individual Completing Report: * 2153215789	Extension Number for Individual Completing COVID-19 Report:

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): * 444	Number of Employees receiving Sign-On Bonuses (for New Workers): * 278
Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * 45	Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: * 500
Number of Employees receiving Vaccination Incentives: * 450	Number of Employees receiving Personal Protective Equipment Benefits: * 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): *	
\$450	\$100	
Overtime Costs: *	Staff Training/Education/Communication Costs: *	
\$560	\$560	
Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *	COVID-related Paid Time Off or Paid Sick Leave: *	
\$1000	\$530	
Vaccination Incentives: *	Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: *
\$560	\$410	\$850
Total Labor Expenses: *		
\$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
Grand Total Expenses: * \$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
Allowed File Types: doc, docx, xls, xlsx, pdf 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:

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.

The screenshot displays the 'ARPA Funding Tracking: Personal Assistance Service' web application. At the top, the Pennsylvania Department of Human Services logo is visible. Below the header, there are links for 'Home' and 'Logout'. The main title of the page is 'ARPA Funding Tracking: Personal Assistance Service'. A modal message box is open in the center, titled 'Process messages', displaying the text 'Data Saved Successfully.' with an 'Ok' button. The background content includes instructions: 'This report is to be used to capture the COVID-19 related revenue, expenses, and other financial data for the reporting period. Please enter in the total amounts for the following categories: enhancing, or strengthening home and community based services denoted with an asterisk (*).' Below this text is a section labeled 'Select Provider/Facility/Entity'.

Right Button: View Personal Assistance Services Submissions

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Home Logout

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 ReportView PAS Submissions

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

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

[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 logo at the top left. Below it is a dark blue navigation bar with 'Home' and 'Logout' links. The main heading is 'ARPA (American Rescue Plan Act) Funding Portal'. Underneath is 'ARPA Funding : Adult Day – (AD)'. A descriptive text states: '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' and 'View AD Submissions'.

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

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

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.

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

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 (DHS) portal for ARPA Funding Tracking: Adult Day. The page header includes the DHS logo and the text 'pennsylvania DEPARTMENT OF HUMAN SERVICES'. Below the header is a navigation bar with 'Home' and 'Logout' links. The main title is 'ARPA Funding Tracking: Adult Day'. A text block explains that the report is used to capture COVID-19 revenue and expenses, and that users should provide actual data. A 'Previously Submitted Information' pop-up box is centered on the screen, 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 this text are 'Yes' and 'No' buttons. The background form has a 'Select Provider/Facility/Entity' section with a dropdown menu showing 'Large and In Charge Companies (404 Found Parkway Greenville)'. There is also a 'Report Period' section with a date range of '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: *
50	40	18	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: *
45	10	17	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): * 30	Number of Employees receiving Sign-On Bonuses (for New Workers): * 10
Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): * 4	Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: * 13
Number of Employees receiving Vaccination Incentives: * 50	Number of Employees receiving Personal Protective Equipment Benefits: * 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): *	
\$350000	\$50000	
Overtime Costs: *	Staff Training/Education/Communication Costs: *	
\$189000	\$5000	
Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *	COVID-related Paid Time Off or Paid Sick Leave: *	
\$60000	\$7800	
Vaccination Incentives: *	Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: *
\$3310	\$5370	\$5700
Outreach for Recruitment of New Workers: *	Advertising for Participants: *	
\$700	\$1890	
Construction Costs (Physical Plan Modification Costs): *	Expenses to Re-open Center After COVID-19 Related Closure: *	Alternative Model Development Costs: *
\$1500	\$3205	\$950
Total Labor Expenses: *		
\$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: * \$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 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.
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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

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Home Logout

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 ReportView 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

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Home Logout

Adult Day Submissions

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

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

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.

