pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LONG TERM LIVING

American Rescue Plan Act (ARPA) Funding Reporting Portal

Business Partner Guide

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

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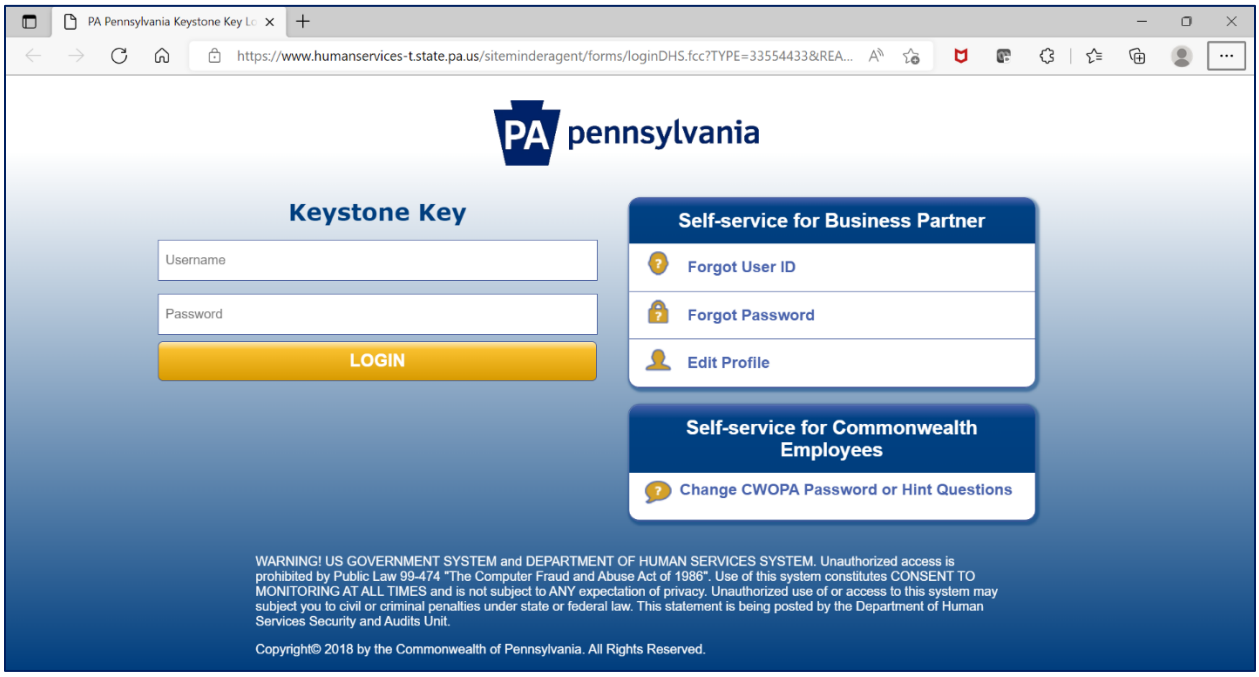
ARPA Funding Reporting Portal Login

Access the login screen:

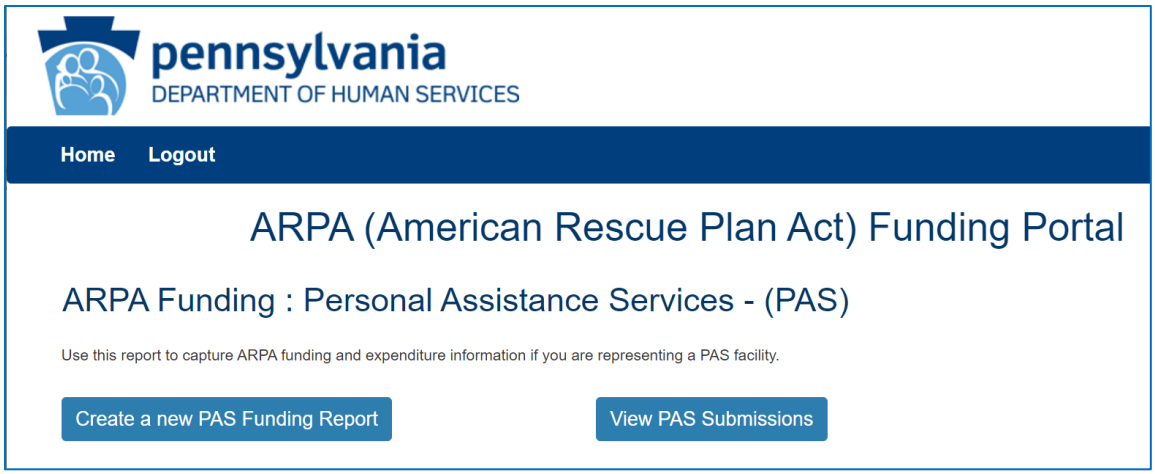


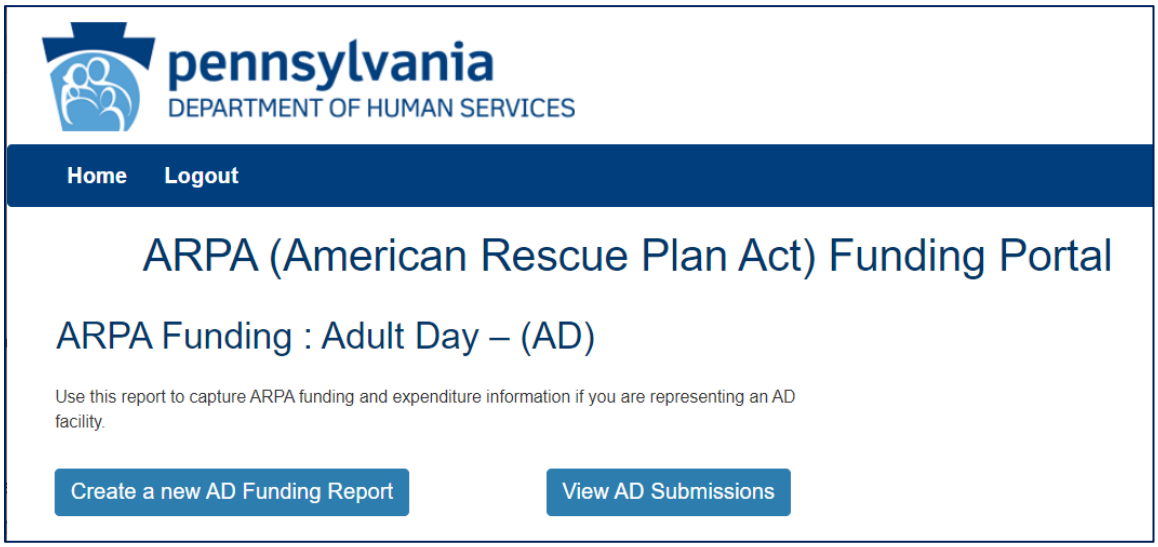
1. Enter the username-this is your Business Partner username beginning with b-
2. Enter your password
3. Click “Login”
4. For lost Passwords or User IDs, see the “Self-service for Business Partner” section to the right of the login area

Opening Screen

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)



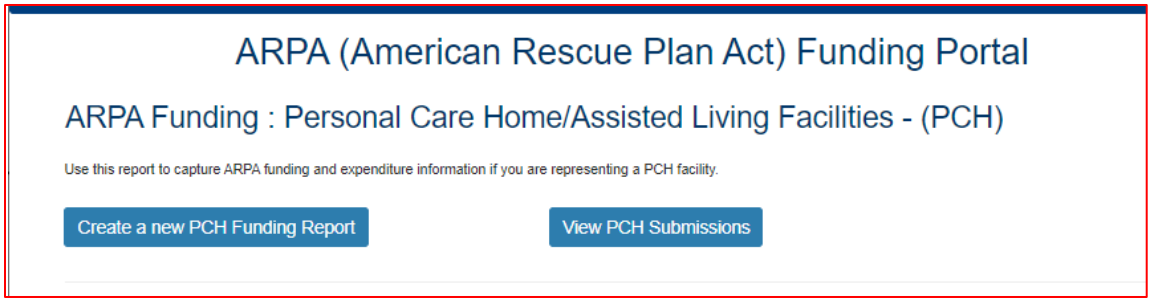


The opening screen may also show only one provider type for the following:

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

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

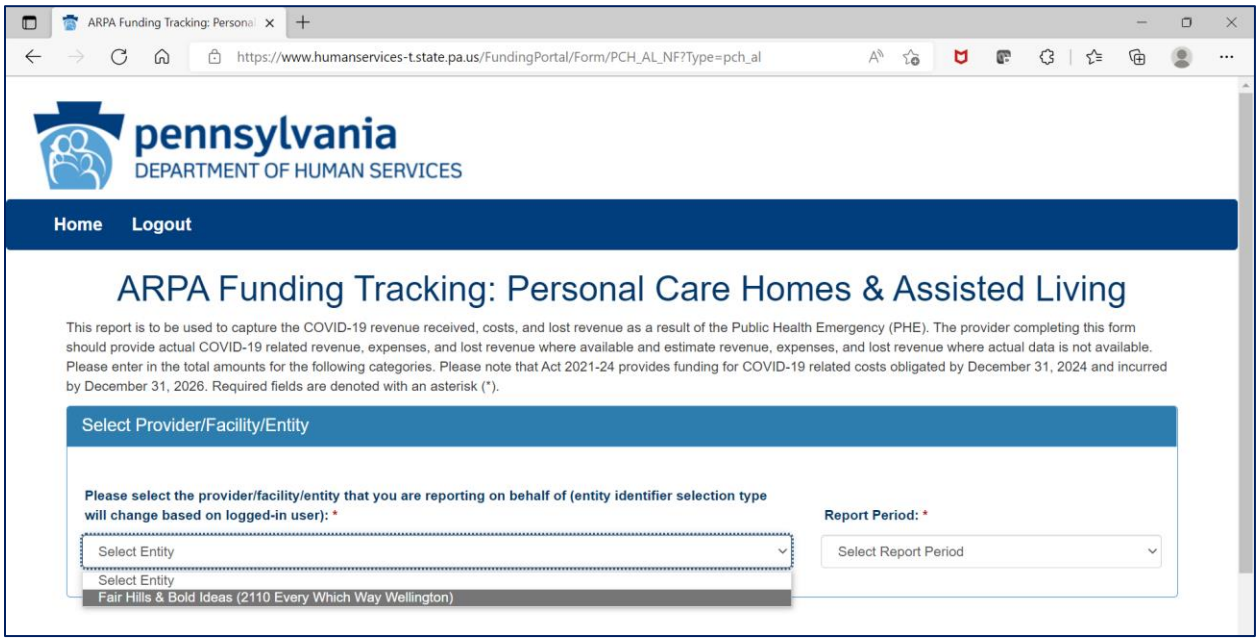
Left Button: Create a New PCH Funding Report



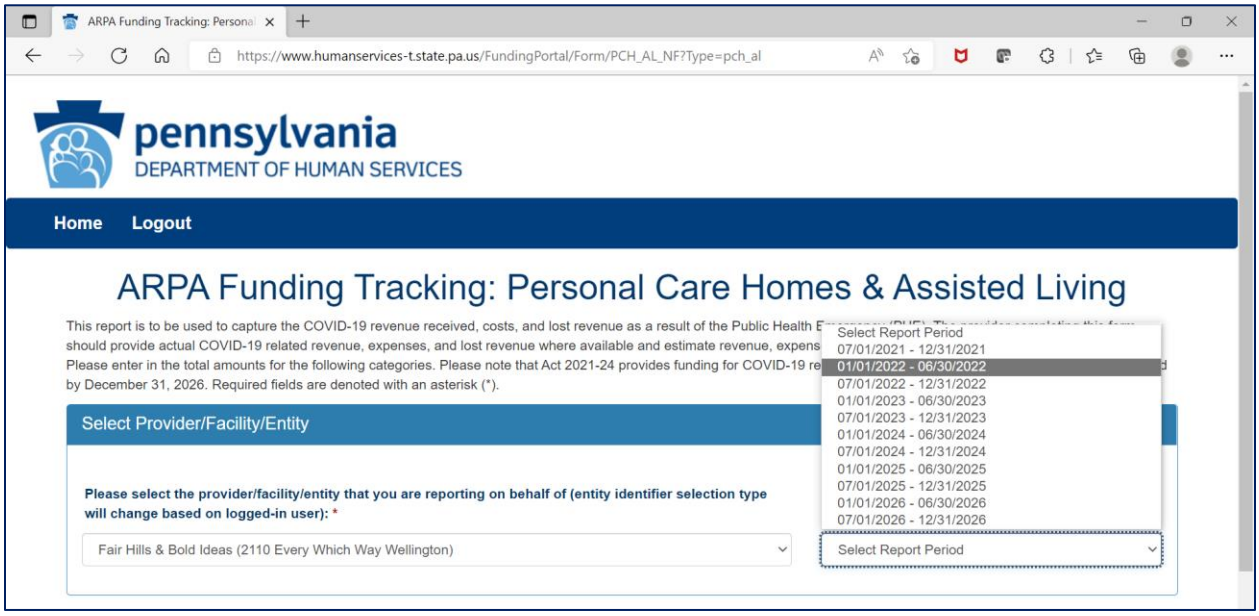
To create a funding report for a PCH facility, click the left button under the PCH portion of the menu.

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



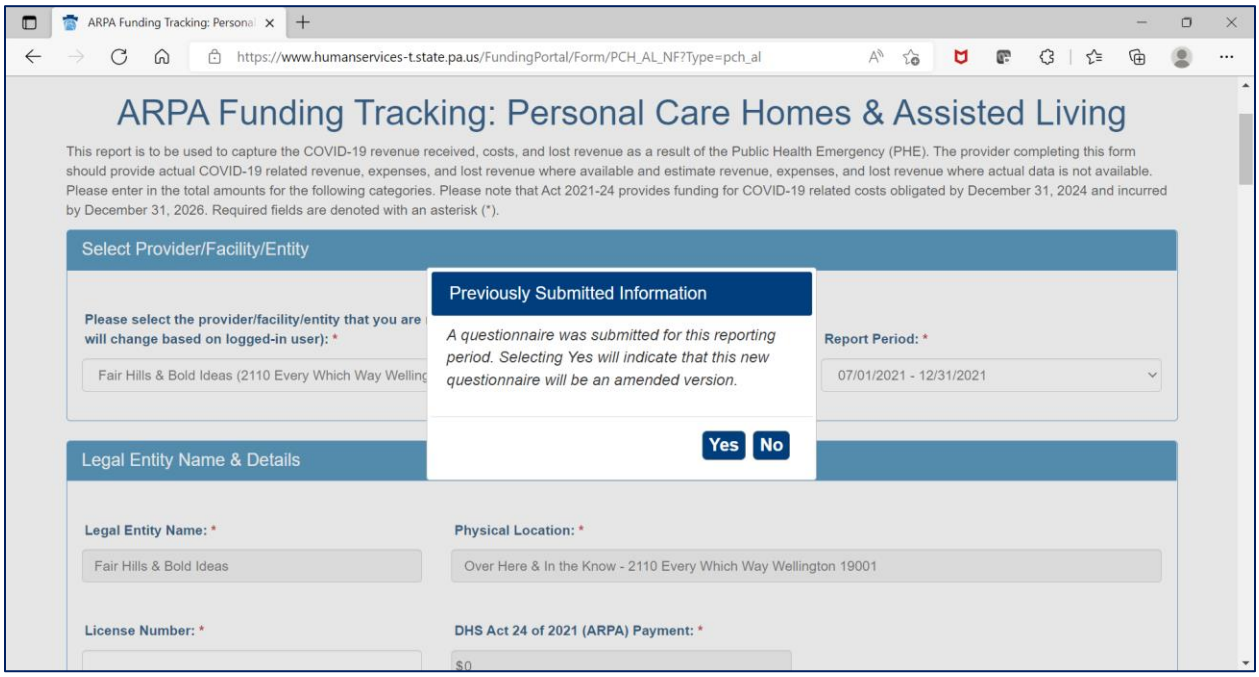
Select the provider, facility, or other entity whose data will be used for this ARPA funding report.



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

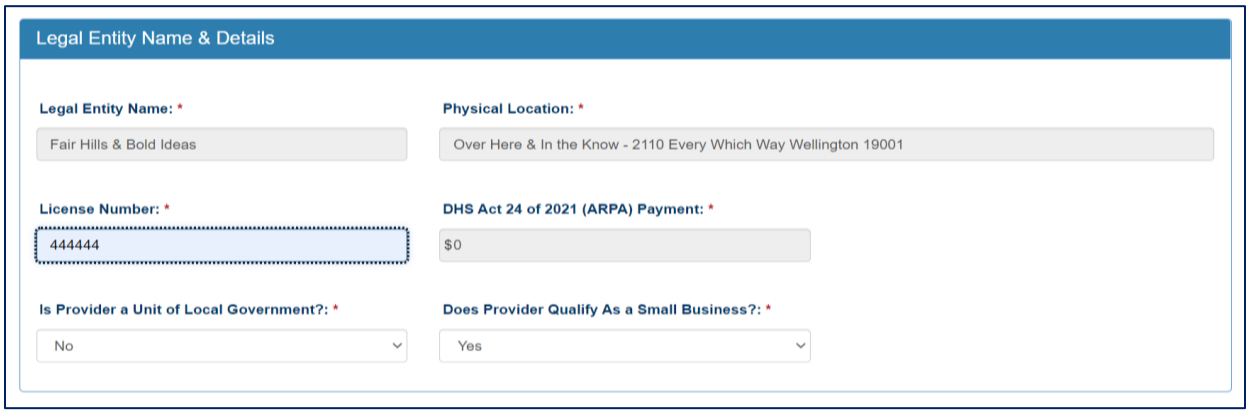
Previously Submitted Information



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.

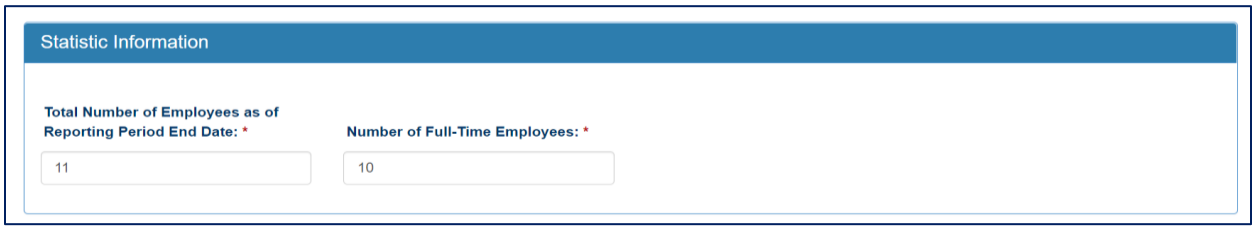
Legal Entity Name & Details



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		
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

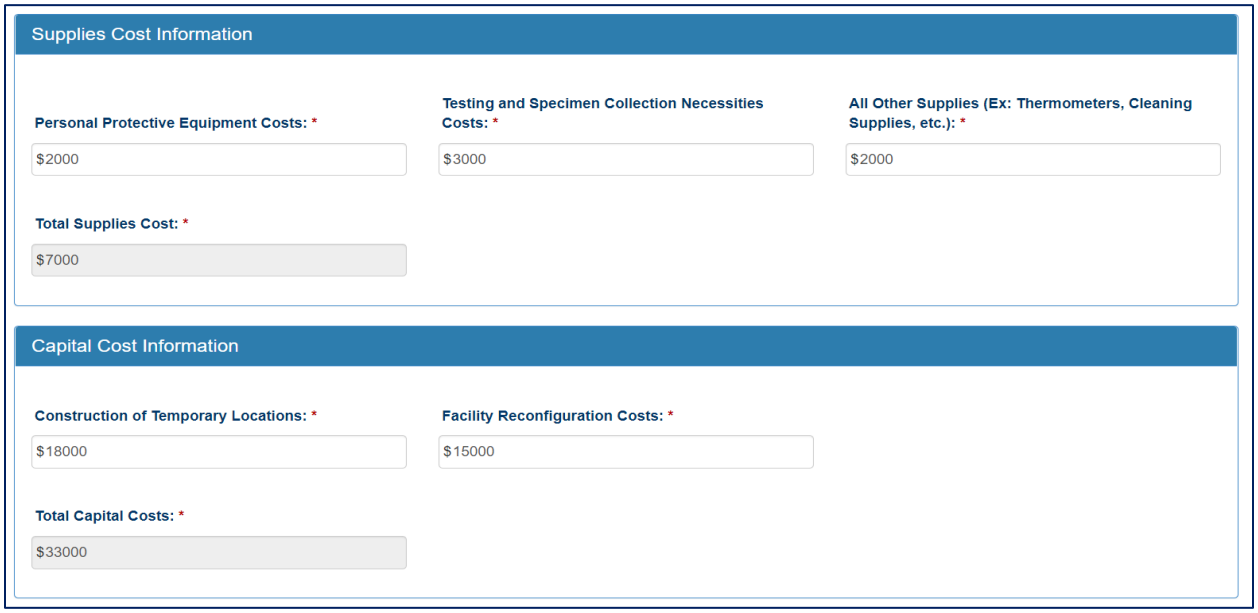
Field Label	Required (Y/N/Pre)	Description
Name of Individual Completing Report	Pre	Pre-populated with the name on file for the account used.
Date COVID-19 Expense Reporting Form Completed	Pre	Pre-populated with the date of entry.
Email Address for Individual Completing Report	Y	Although this information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

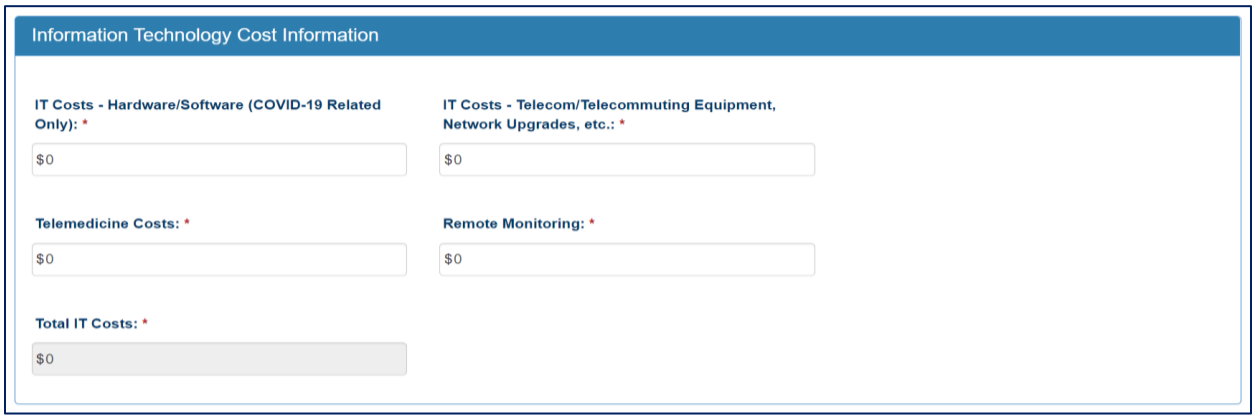
* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

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).

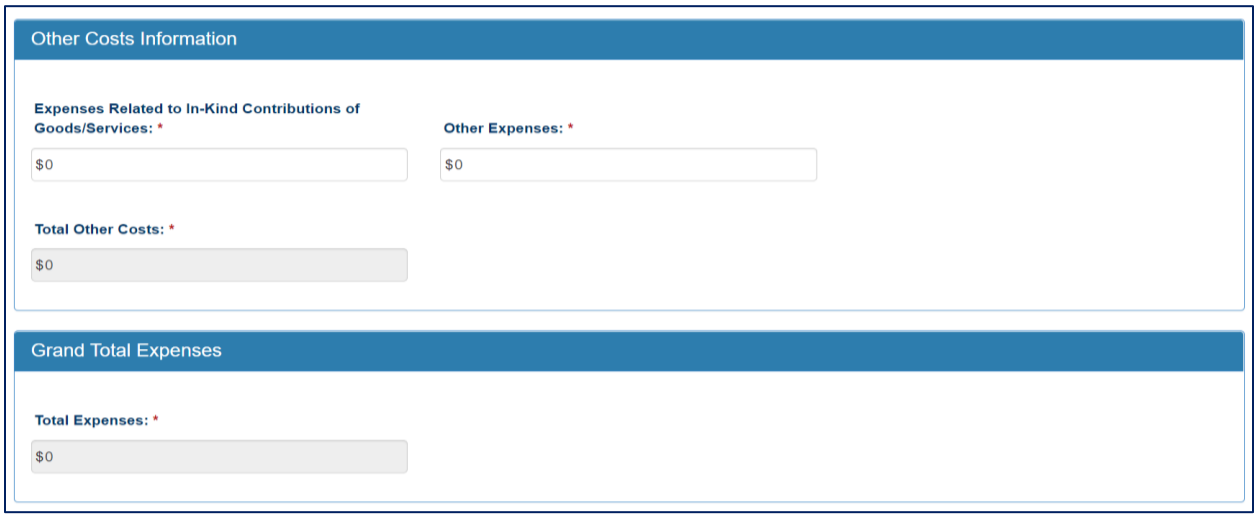
Information Technology Cost Information



Information Technology Cost Information		
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

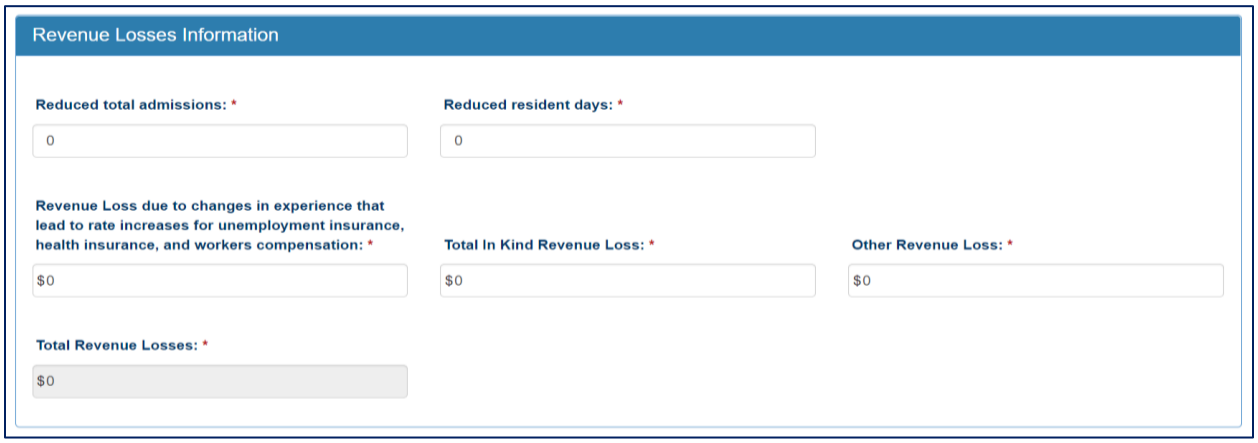


Other Costs Information		
Field Label	**Required (Y/N/Pre)**	**Description**
Expenses Related to In-Kind Contributions of Goods/Services	Y	Expenses related to in-kind contributions for the PHE during the selected period. Numbers only.*
Other Expenses	Y	Expenses related to the PHE not covered by other 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.

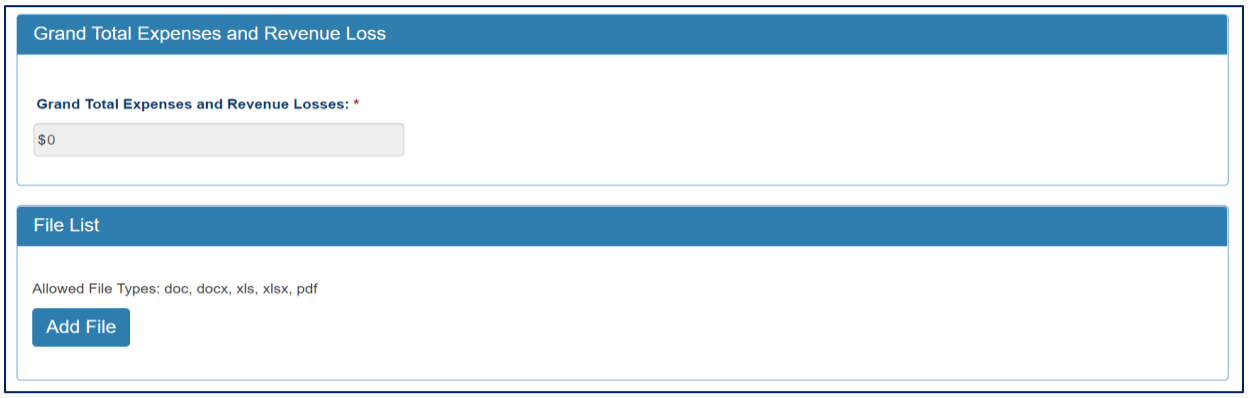
Revenue Losses Information



Revenue Losses Information		
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).

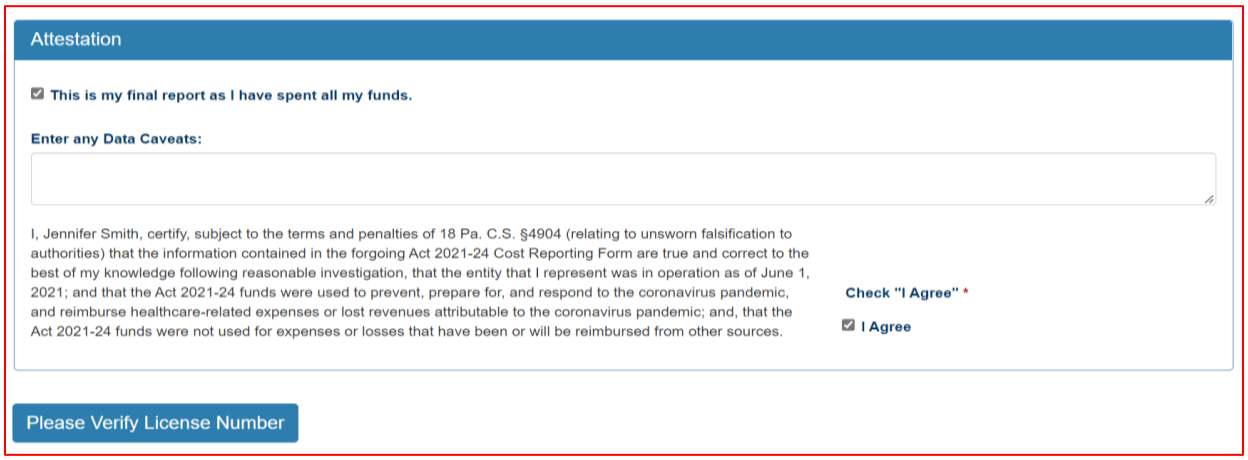
Grand Total Expenses and Revenue Loss, File List



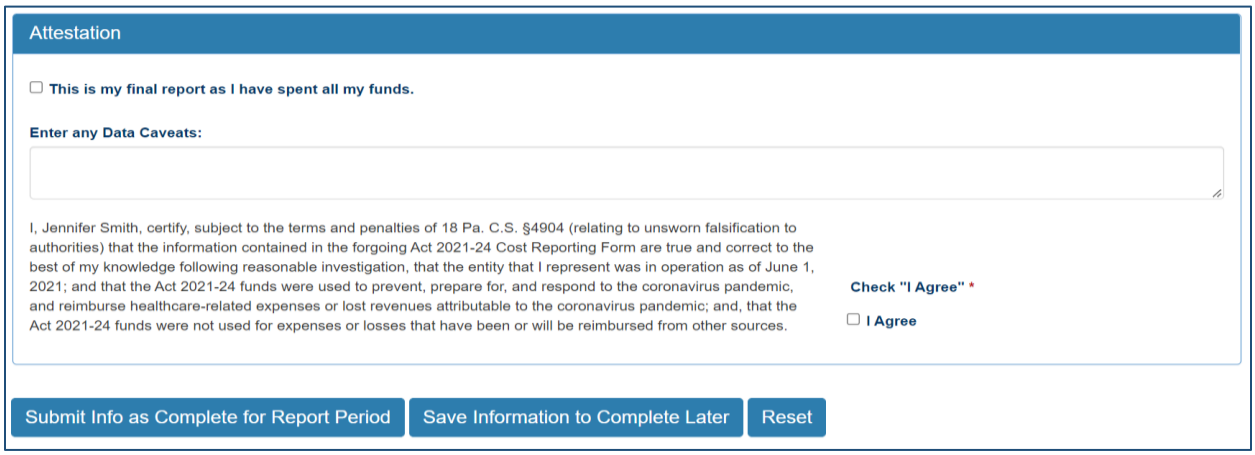
Grand Total Expenses and Revenue Loss		
Field Label	**Required (Y/N/Pre)**	**Description**
Grand Total Expenses and Revenue Losses	Pre	Pre-calculated with the Total Expenses and Total Revenue Losses. Modify by correcting prior expense or loss entries

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



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.



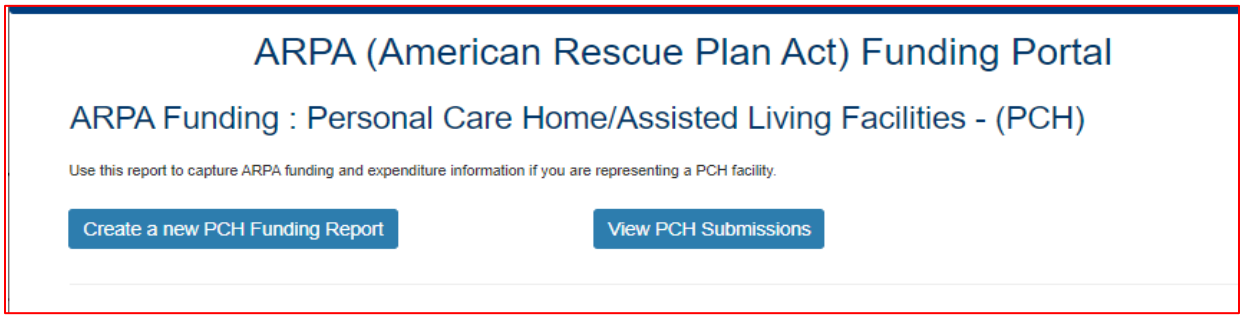
Attestation		
Field Label	**Required (Y/N/Pre)**	**Description**
This is my final report as I have spent all my funds.	N	Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen.
Enter any Data Caveats	N	Enter any information about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

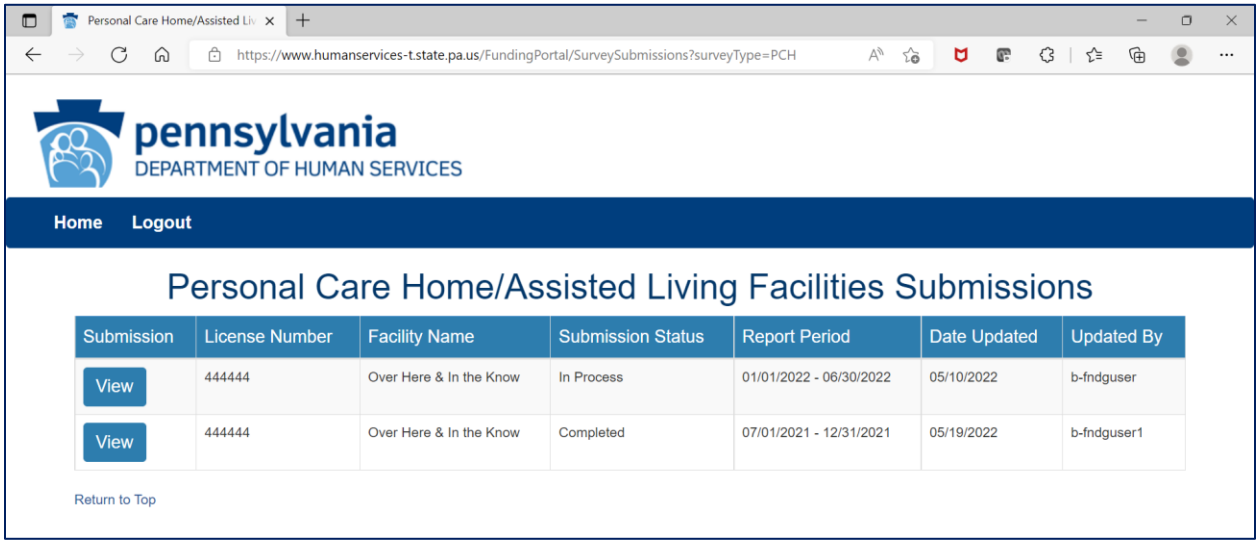
Click the “Reset” button to clear all information entered, and start over at the selection of a provider.

Right Button: View Personal Care Home/Assisted Living Submissions



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

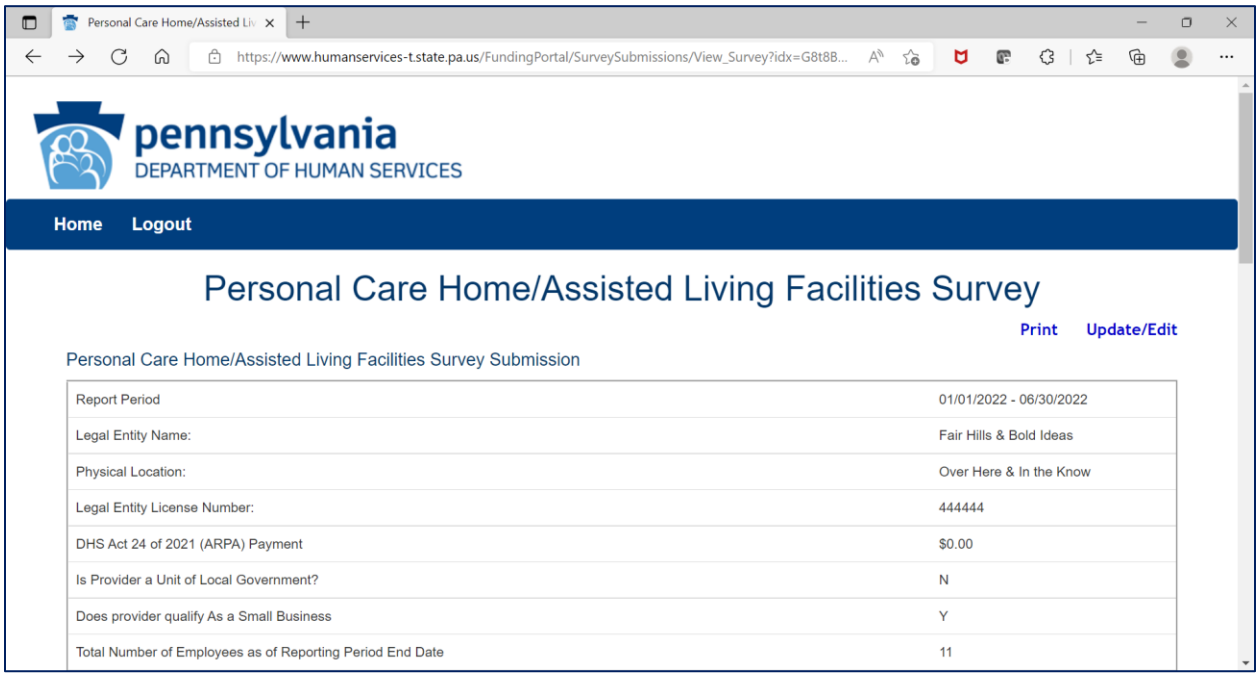
Select Detail Screen from Personal Care Home/Assisted Living Submissions List



The 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



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

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

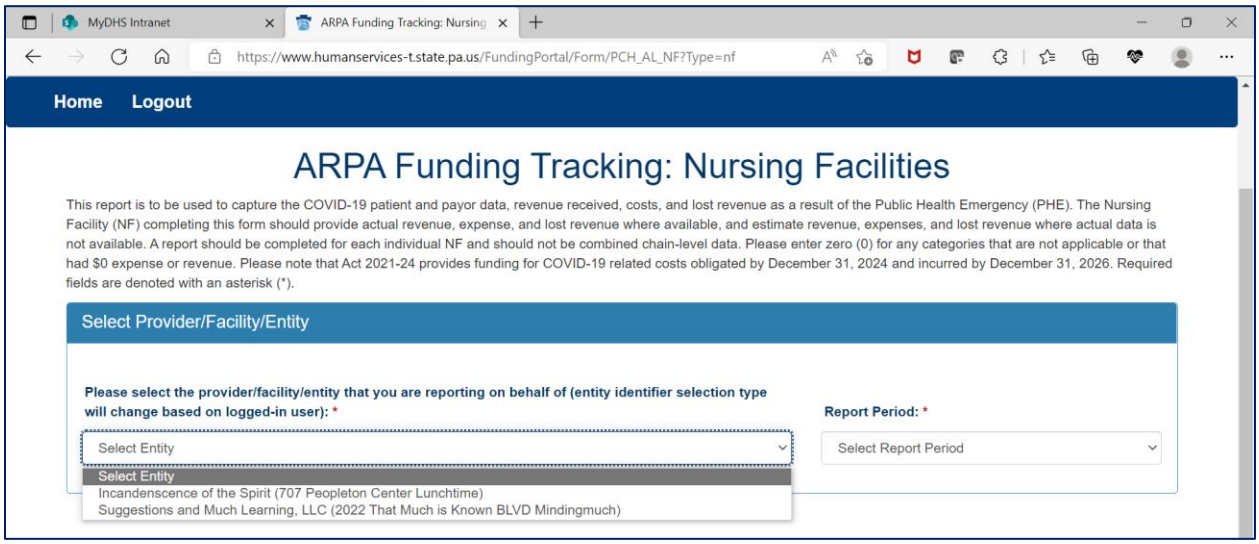
2. ARPA Funding : Nursing Facilities (NF)

Left Button: Create a new NF Funding Report

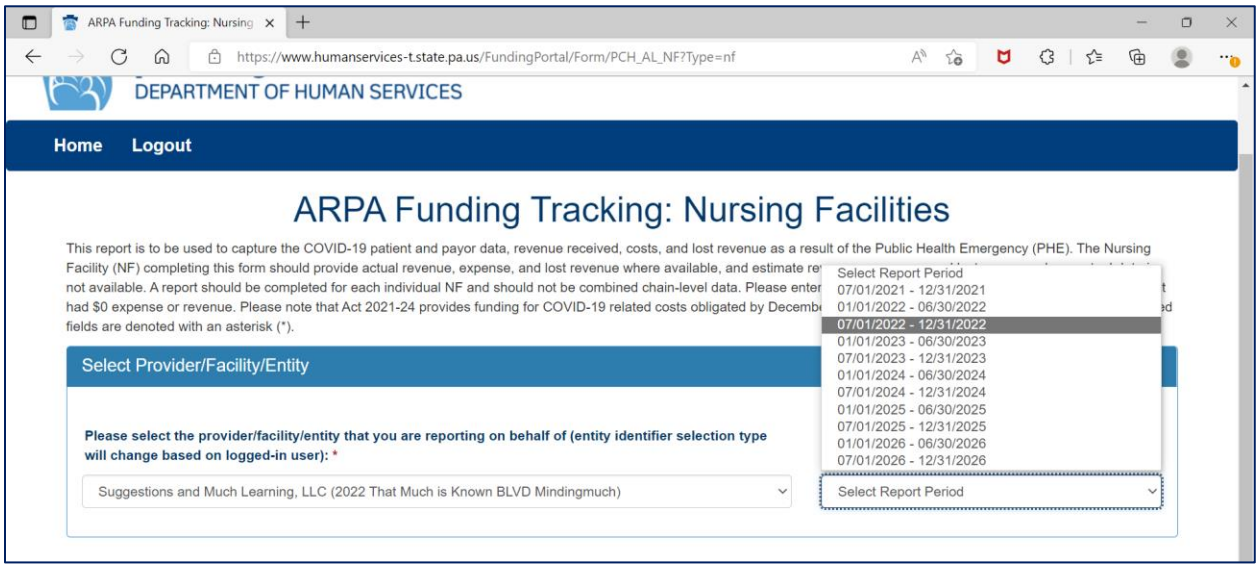
To create a funding report for a Nursing Facility, click the left button under the NF portion of the menu.

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

Select Provider and Period



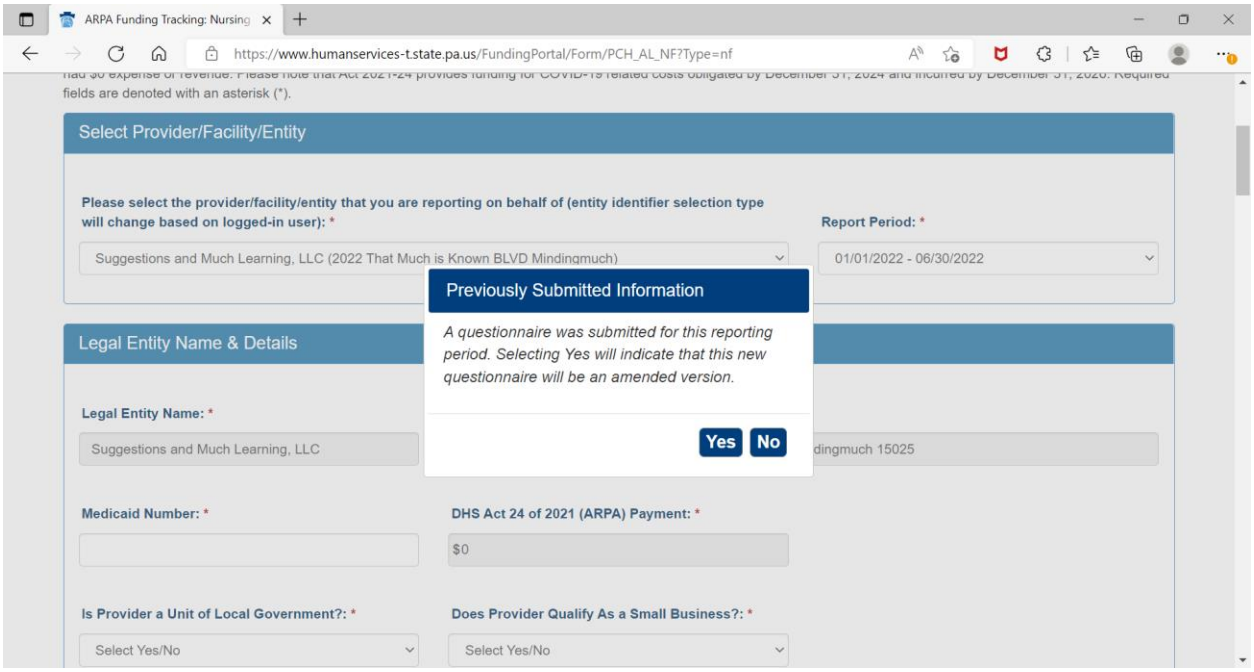
Select the provider, facility, or other entity that is the subject of this ARPA funding report.



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

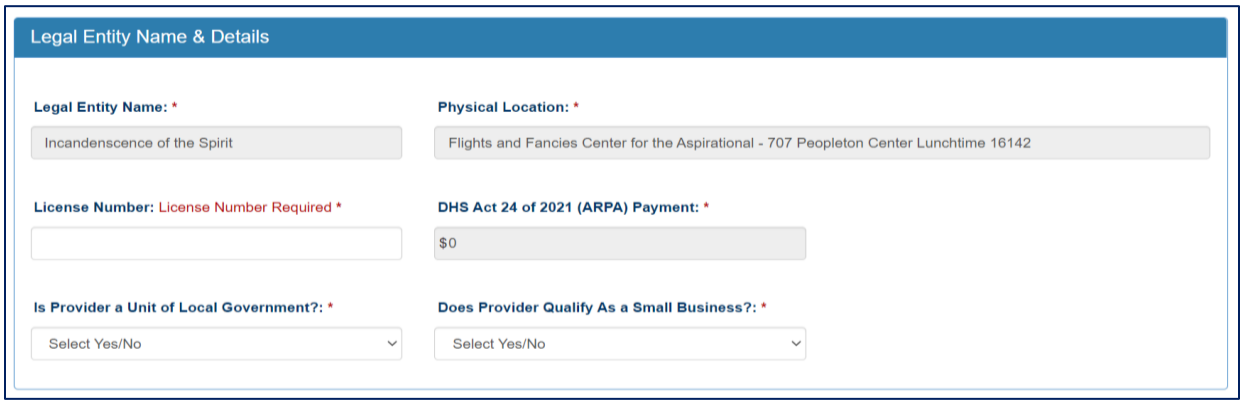
Previously Submitted Information



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.

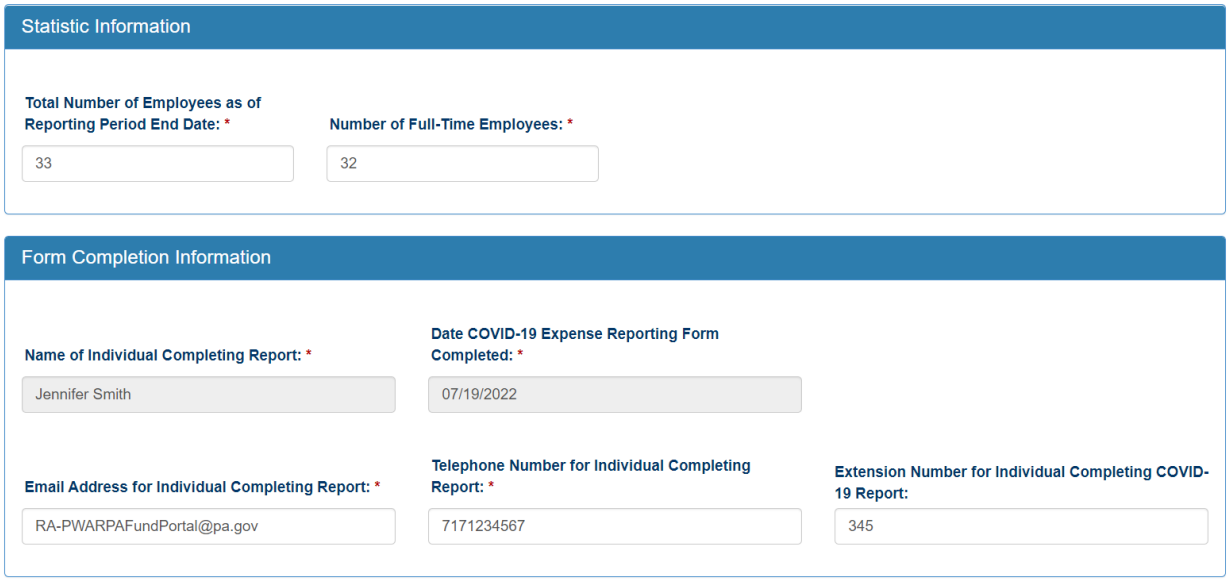
Legal Entity Name & Details



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		
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.

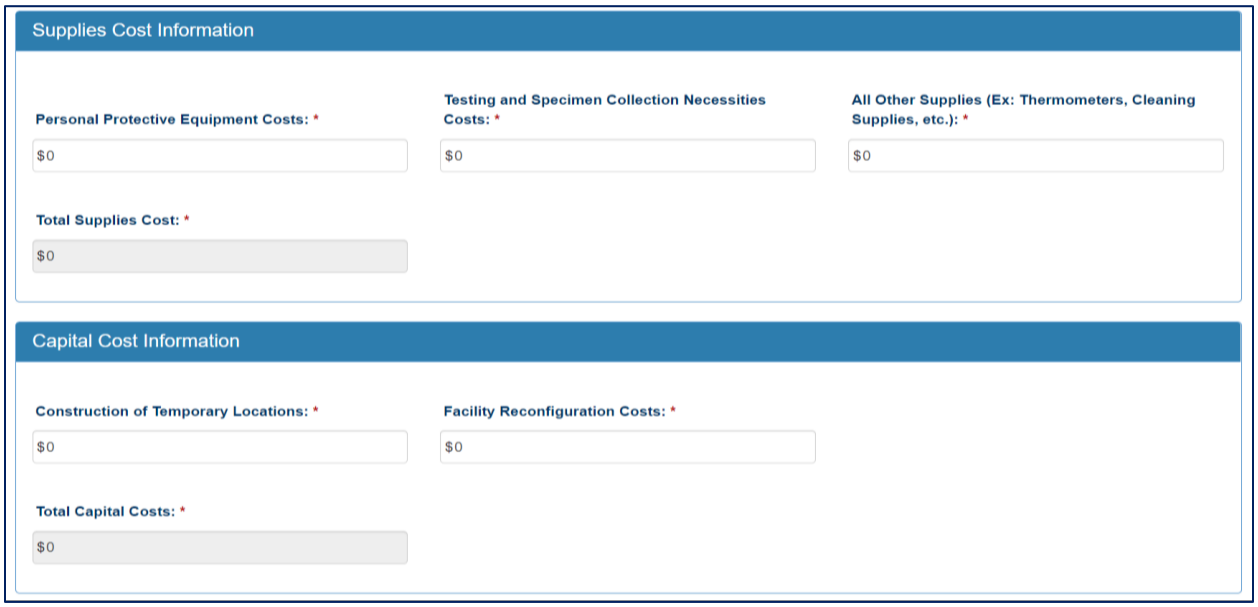
Telephone Number for Individual Completing Report	Y	Must be 10 digits, numbers only, no symbols or spaces (area code and seven-digit phone number).
Extension Number for Individual Completing COVID-19 Report	N	Must be numbers only, no symbols, letters, or spaces, up to 10 digits.

Labor Cost Information

Labor Cost Information		
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		
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.

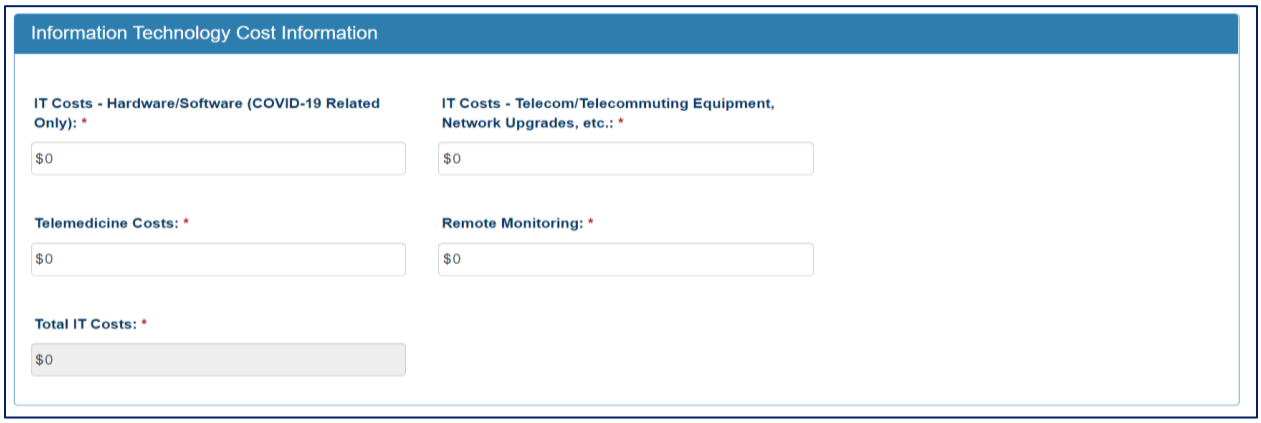
* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

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).

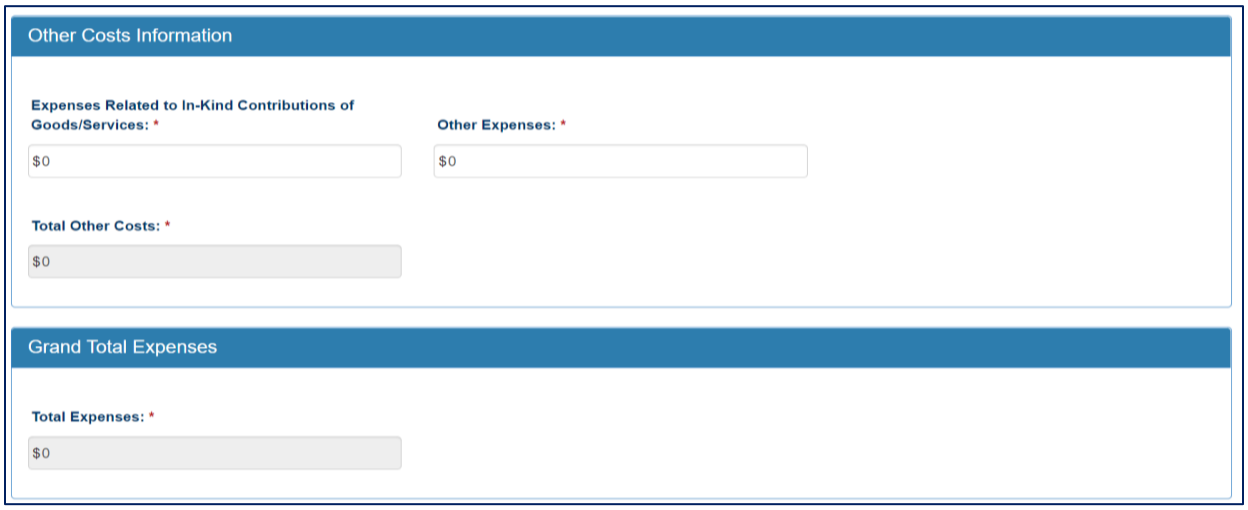
Information Technology Cost Information



Information Technology Cost Information		
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

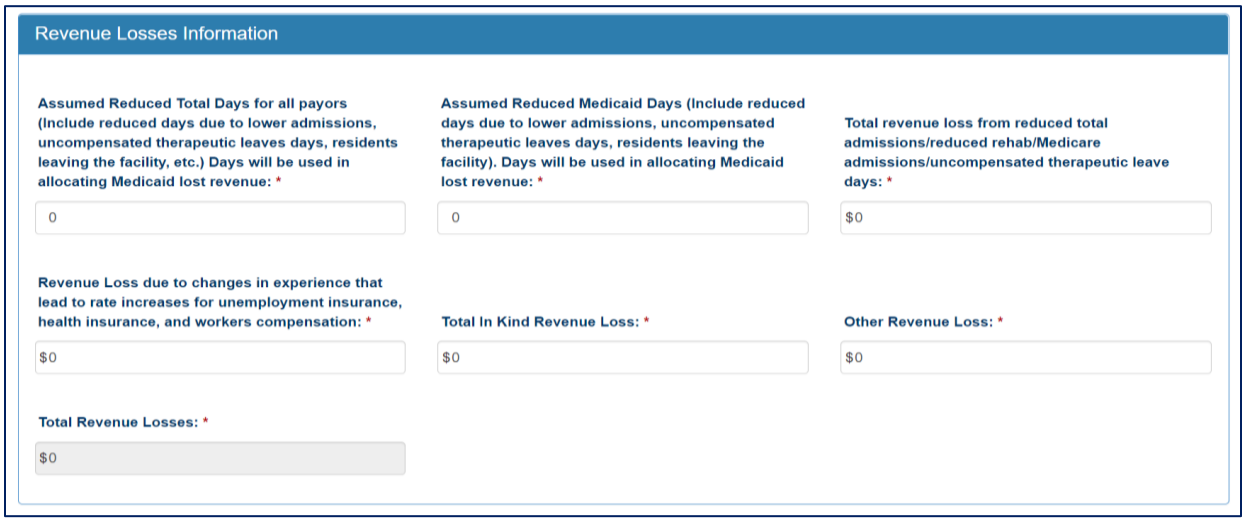


Other Costs Information		
Field Label	**Required (Y/N/Pre)**	**Description**
Expenses Related to In-Kind Contributions of Goods/Services	Y	Expenses related to in-kind contributions for the PHE during the selected period. Numbers only.*
Other Expenses	Y	Expenses related to the PHE not covered by other 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.

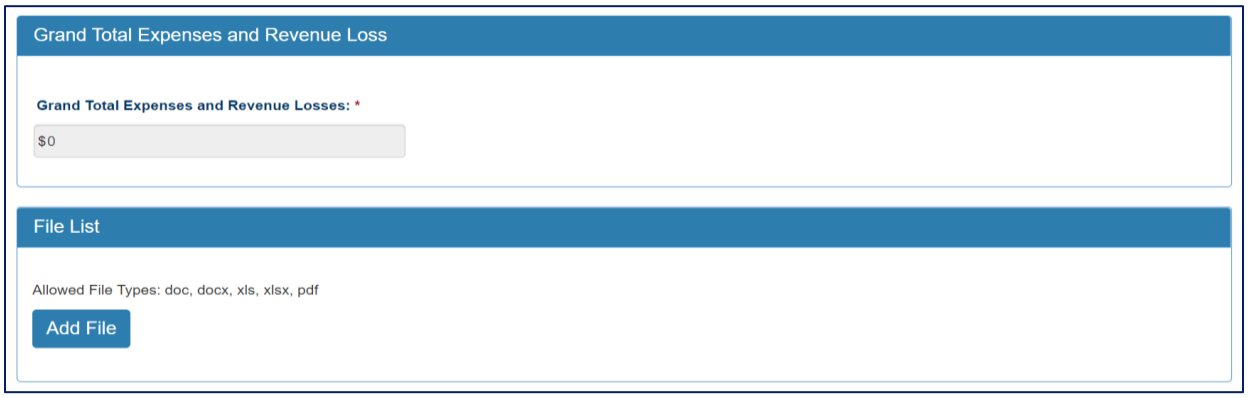
Revenue Losses Information



Revenue Losses Information		
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).

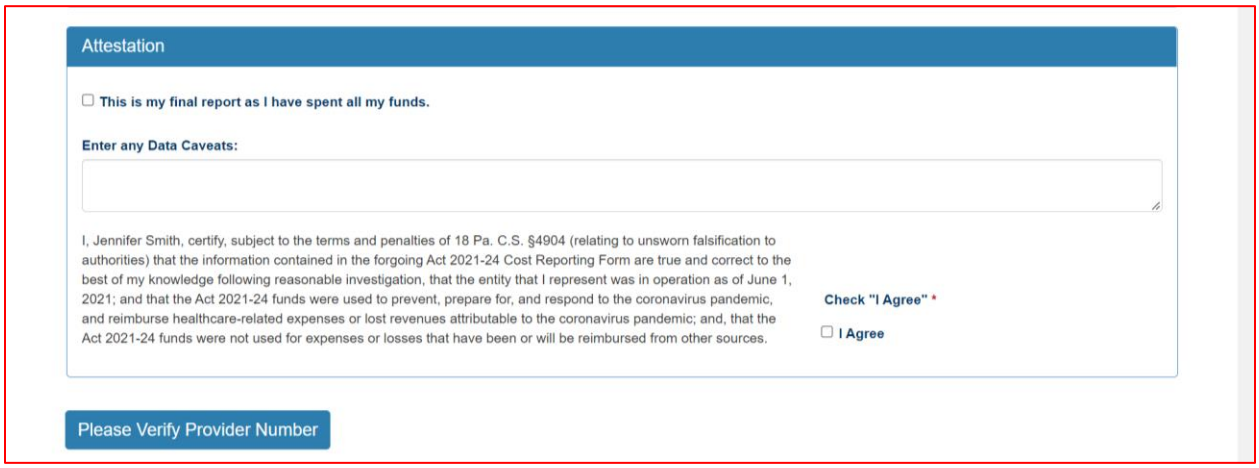
Grand Total Expenses and Revenue Loss, File List



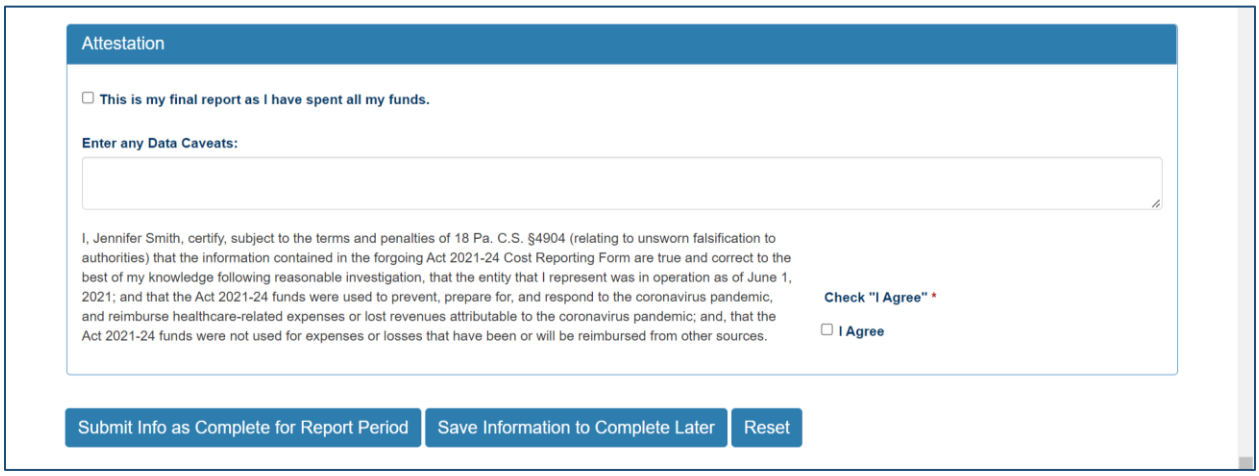
Grand Total Expenses and Revenue Loss		
Field Label	**Required (Y/N/Pre)**	**Description**
Grand Total Expenses and Revenue Losses	Pre	Pre-calculated with the Total Expenses and Total Revenue Losses. Modify by correcting prior expense or loss entries.

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



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		
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

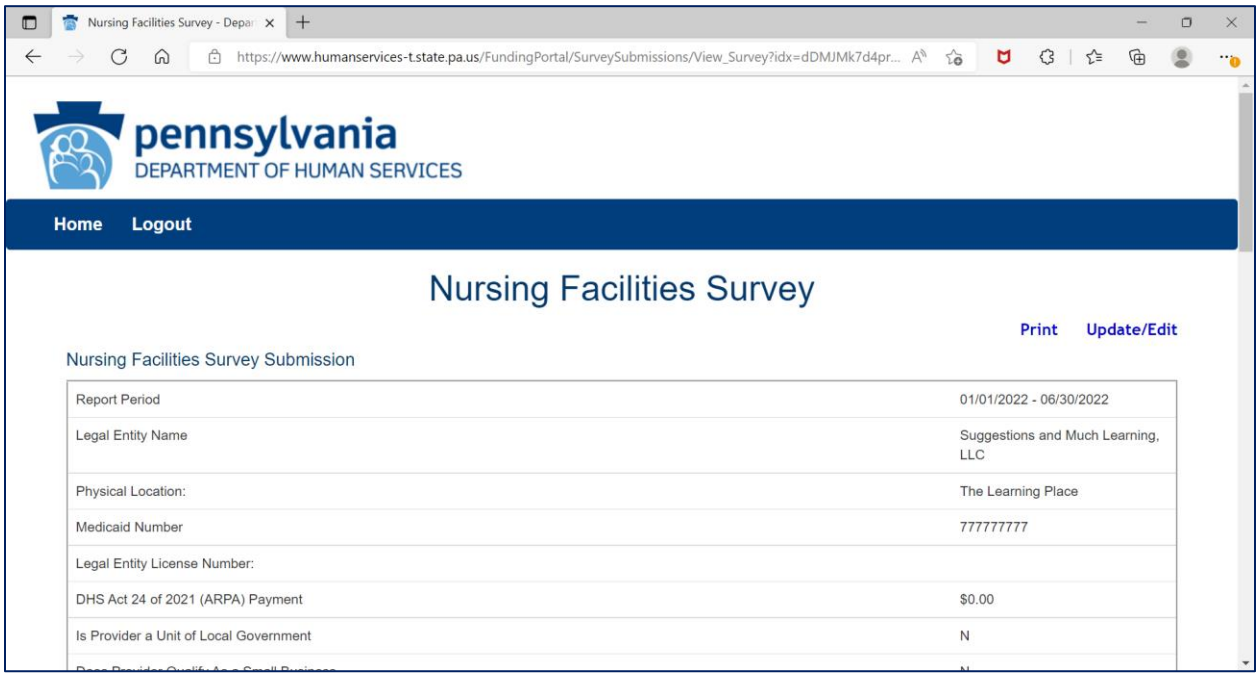
To view Nursing Facilities submissions in summary form, click the right button under the NF portion of the menu.

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

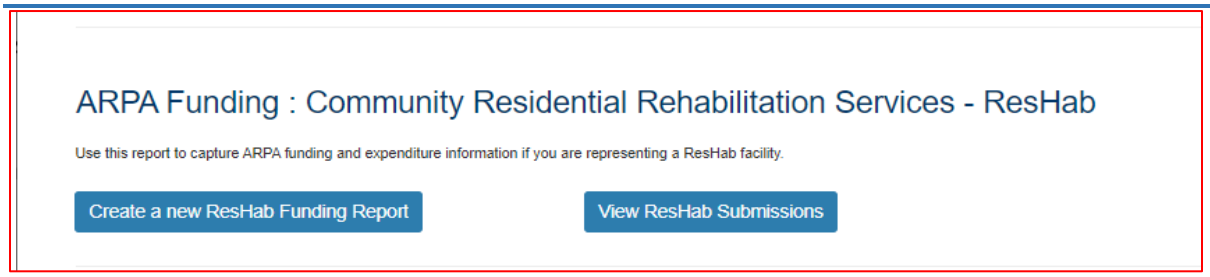


Data from each period can be printed by clicking the “Print” link.

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

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

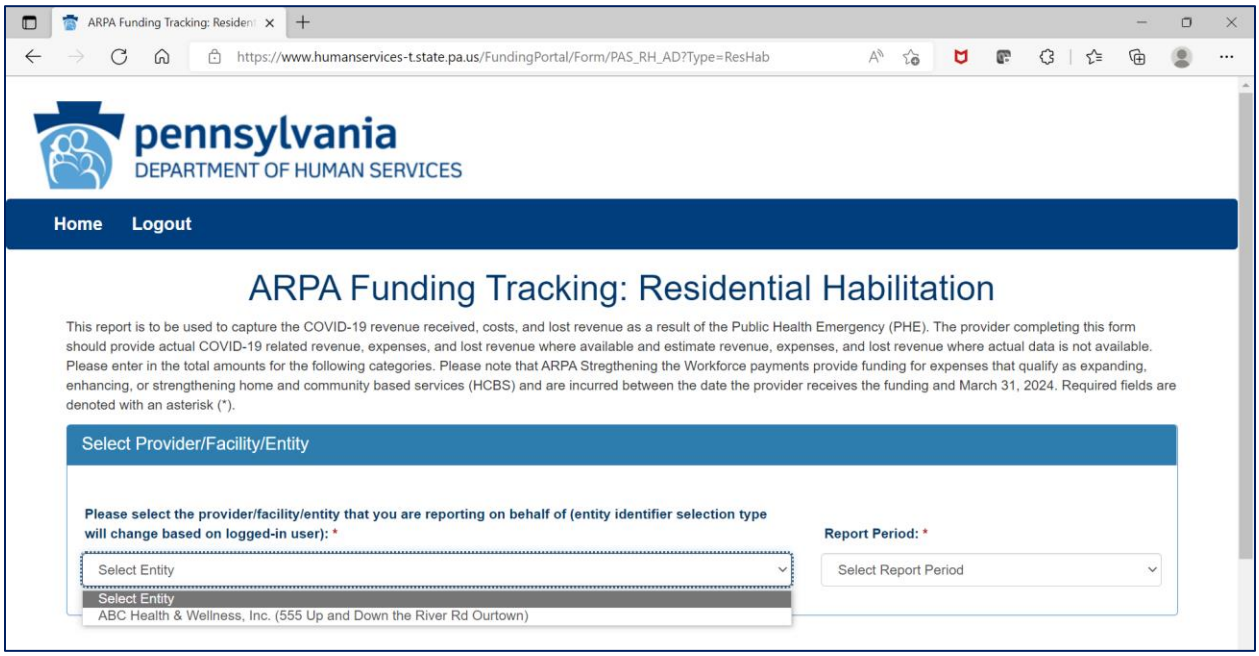
Left Button: Create a New ResHab Funding Report



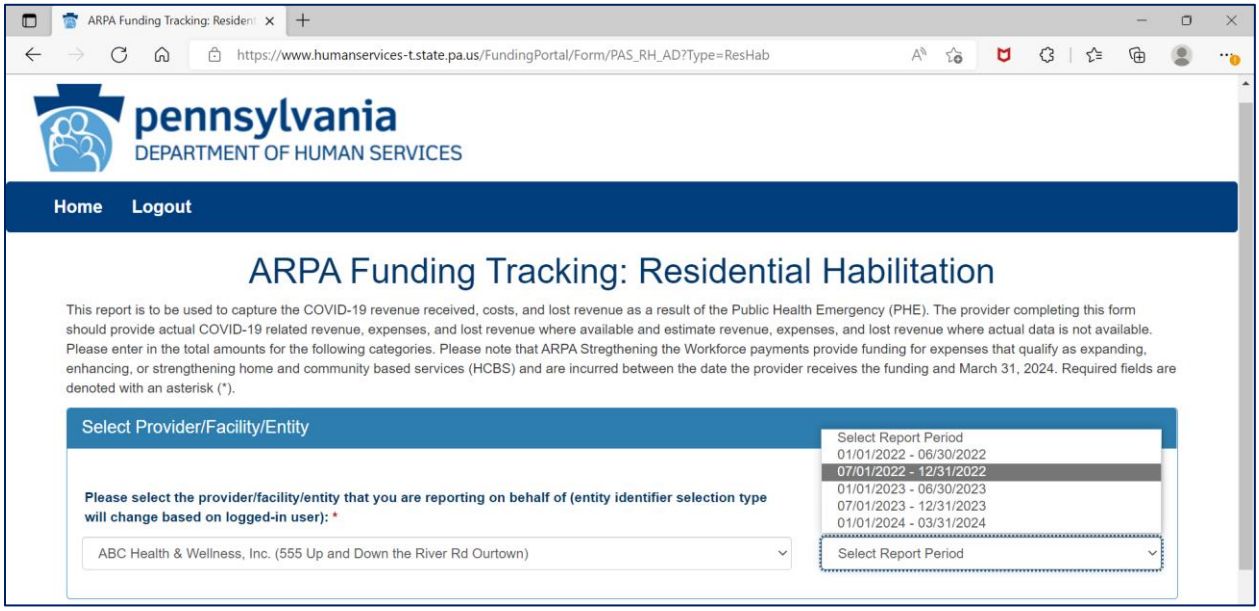
To create a funding report for a Residential Habilitation Service, click the left button under the ResHab portion of the menu.

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

Select Provider and Period



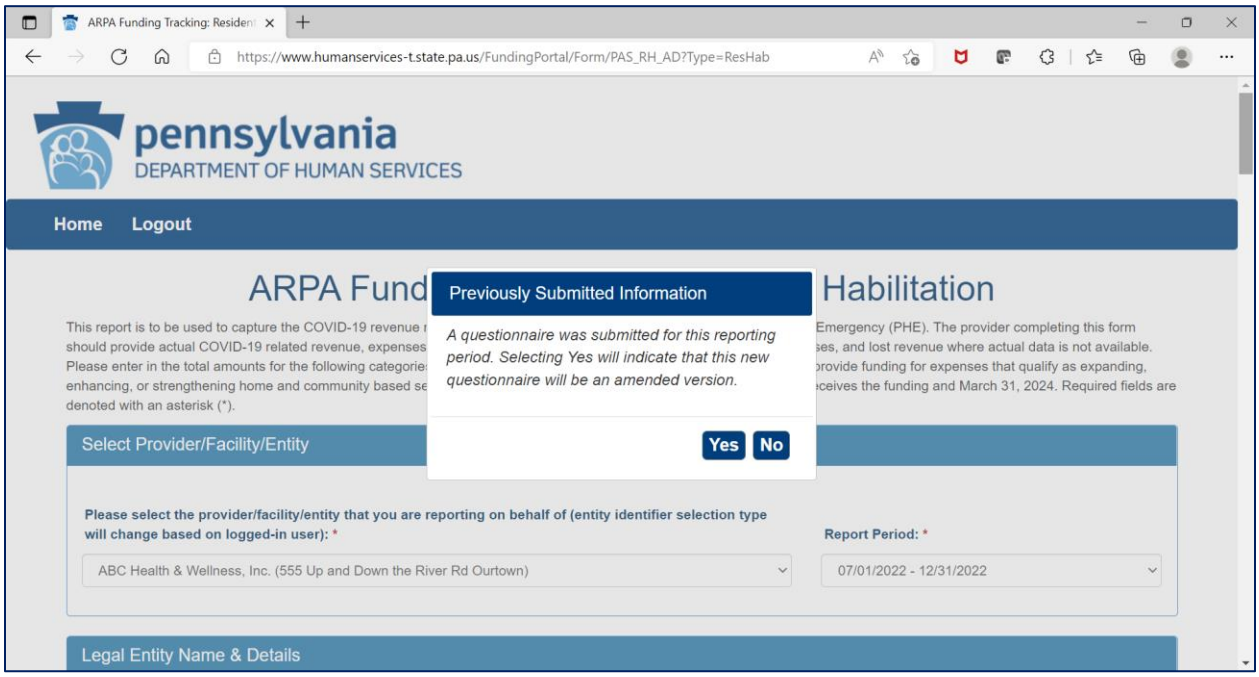
Select the provider, facility, or other entity whose data will be used for this ARPA funding report.



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

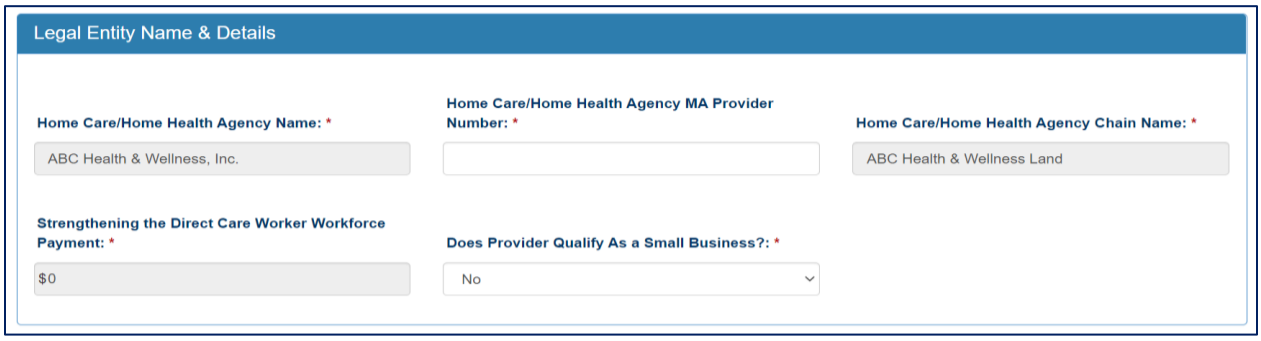
Previously Submitted Information



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.

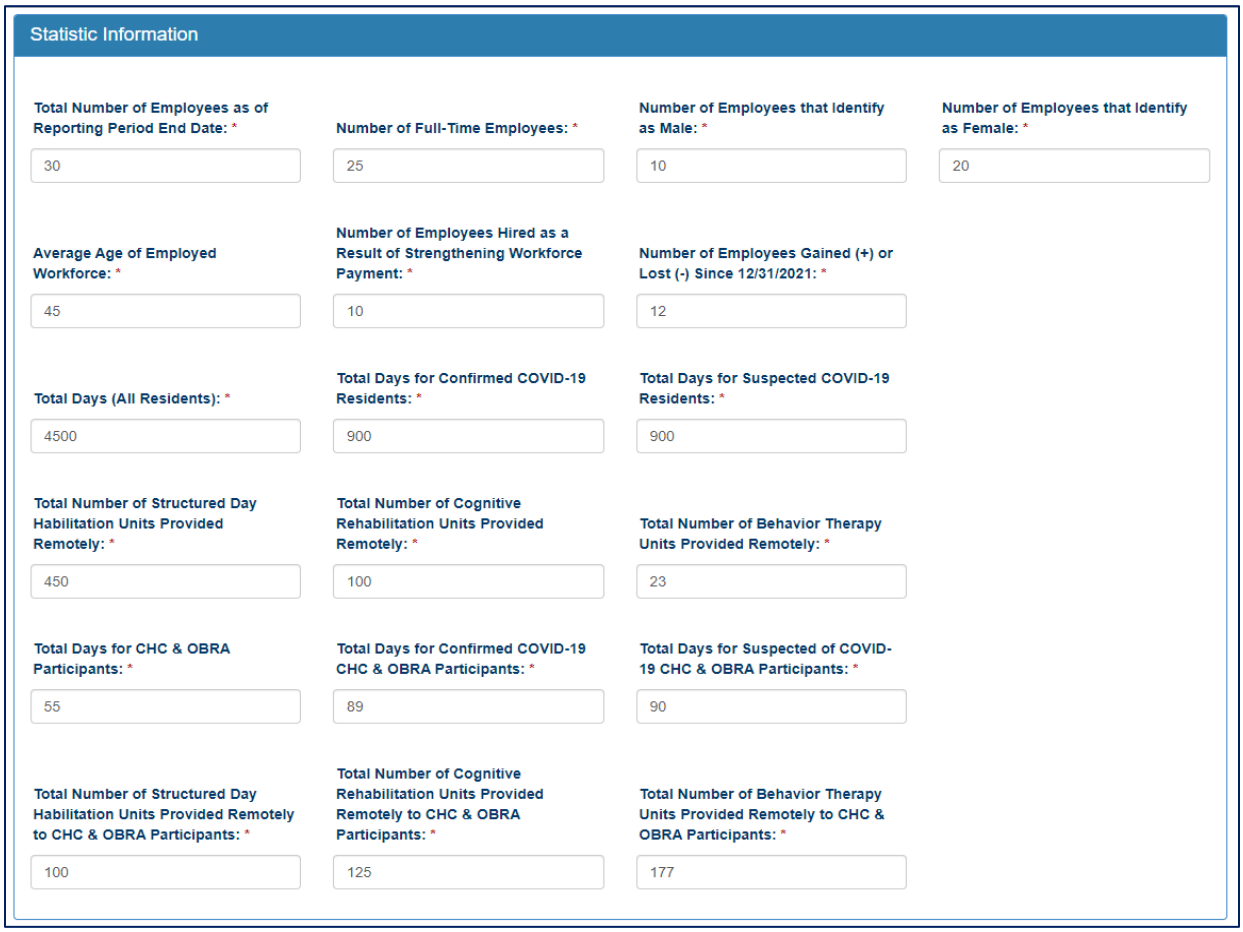
Legal Entity Name & Details



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

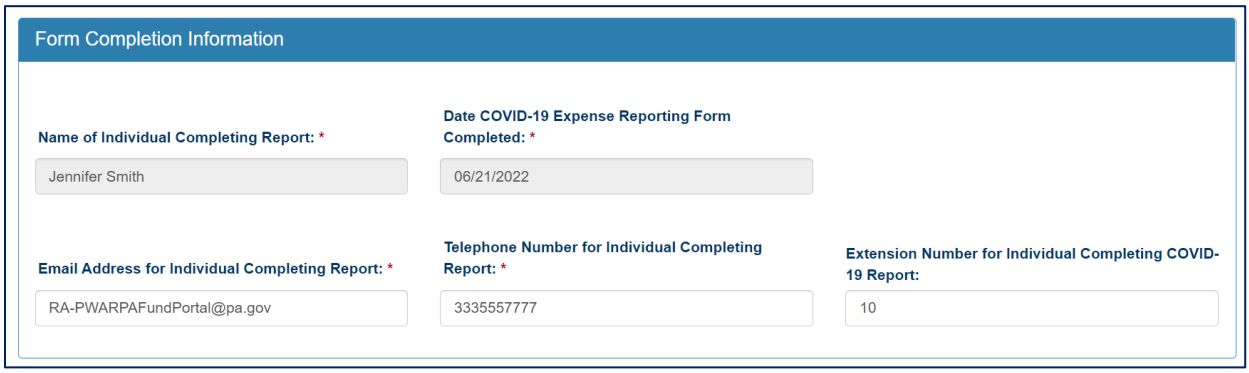


Statistic Information		
Field Label (as it appears on-screen)	**Required (Y/N/Pre)**	**Description**
Total Number of Employees as of Reporting Period End Date	Y	Enter the total number of employees of the provider/entity selected, as of the reporting end date. Do not limit this number to employees receiving 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.*

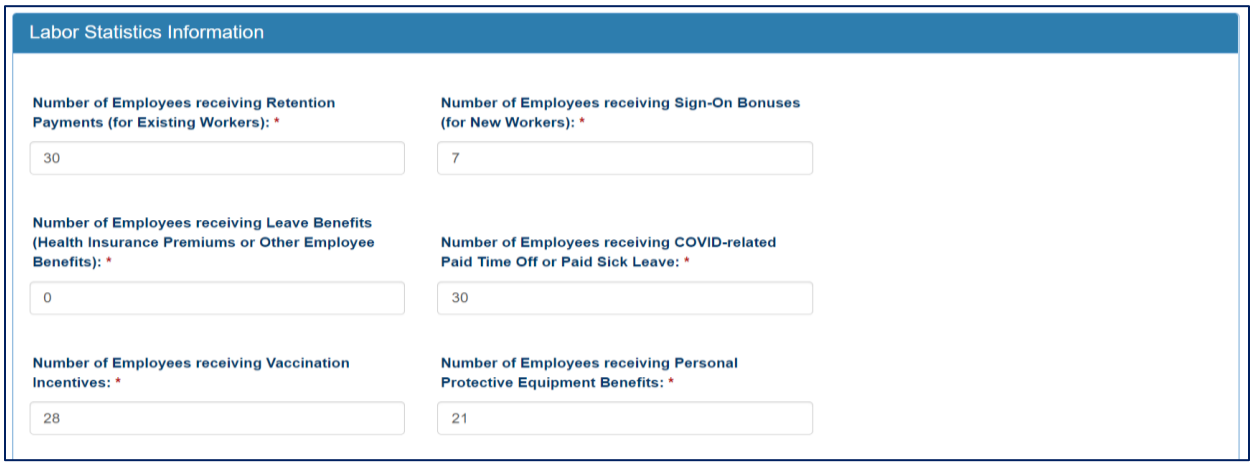
* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank (use zero instead of a blank field).

Form Completion Information



Form Completion Information		
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.

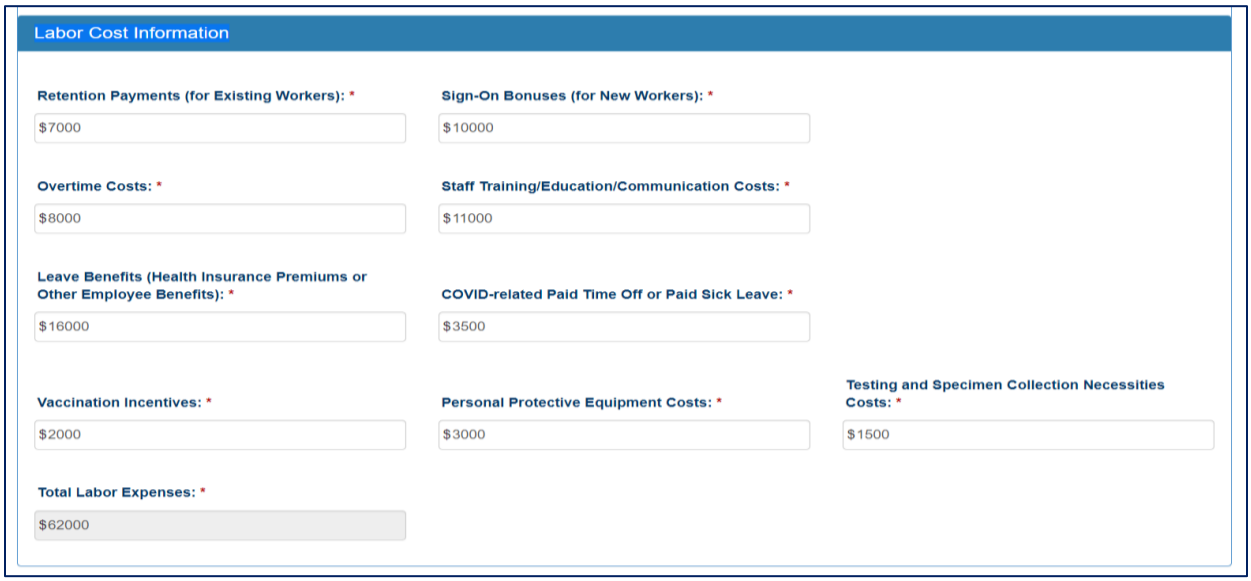
Labor Statistics Information



Labor Statistics Information		
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).

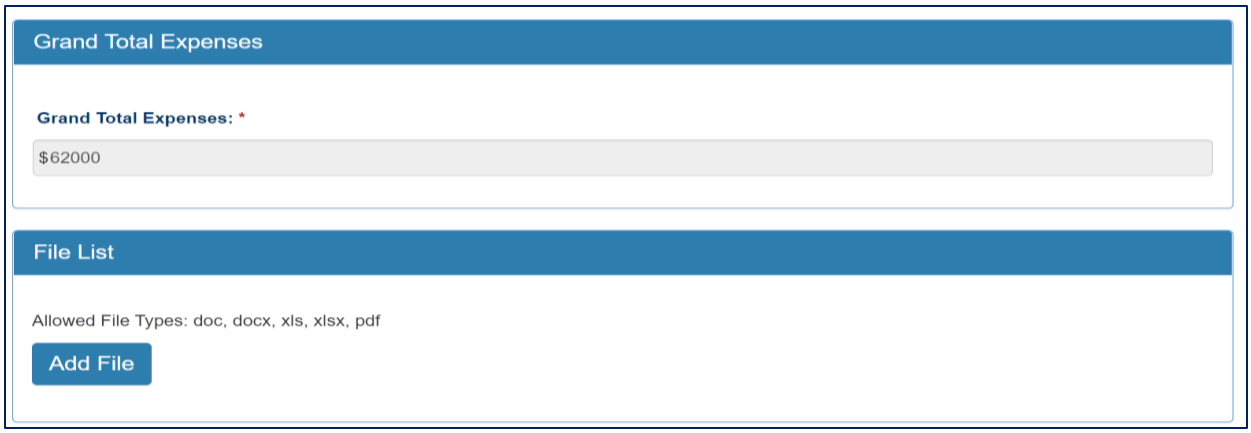
Labor Cost Information



Labor Cost Information		
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).

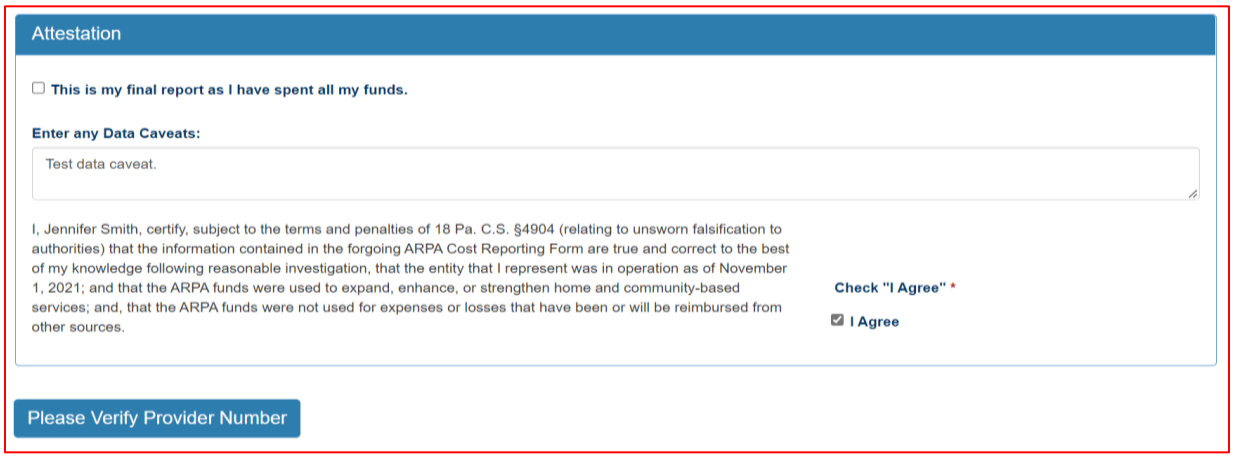
Grand Total Expenses and File List



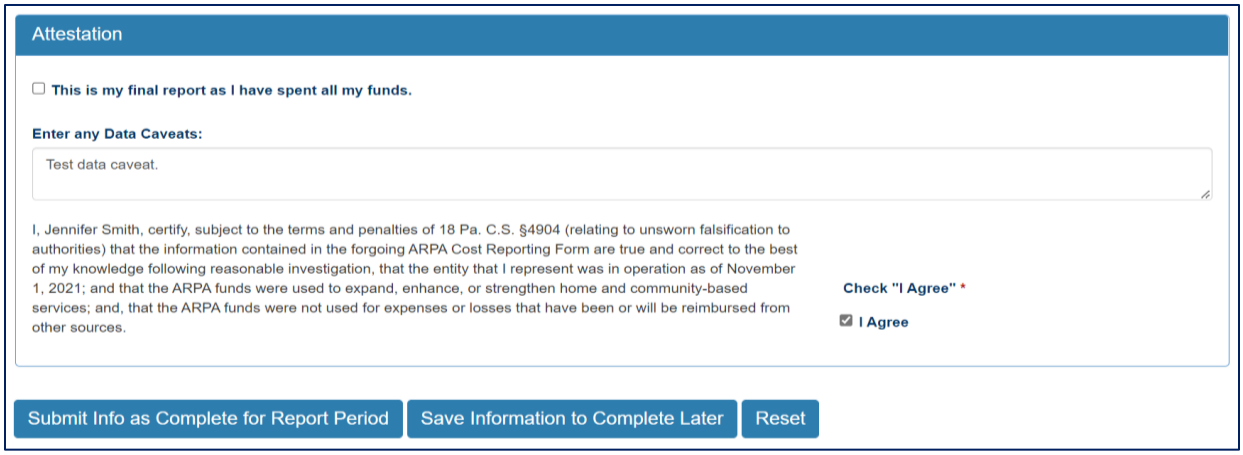
Grand Total Expenses		
Field Label	**Required (Y/N/Pre)**	**Description**
Grand Total Expenses	Pre	Pre-calculated with the total of expenses entered in “Total Labor Expenses”; modify by correcting prior expense entries.

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



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.



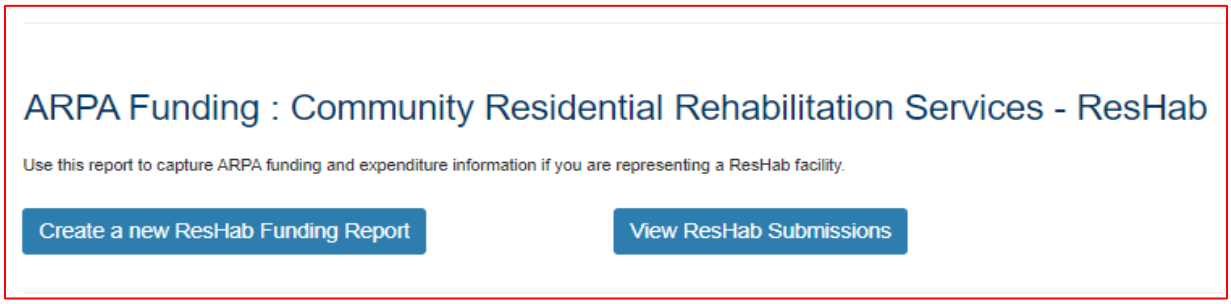
Attestation		
Field Label	**Required (Y/N/Pre)**	**Description**
This is my final report as I have spent all my funds.	N	Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen.
Enter any Data Caveats	N	Enter any information about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



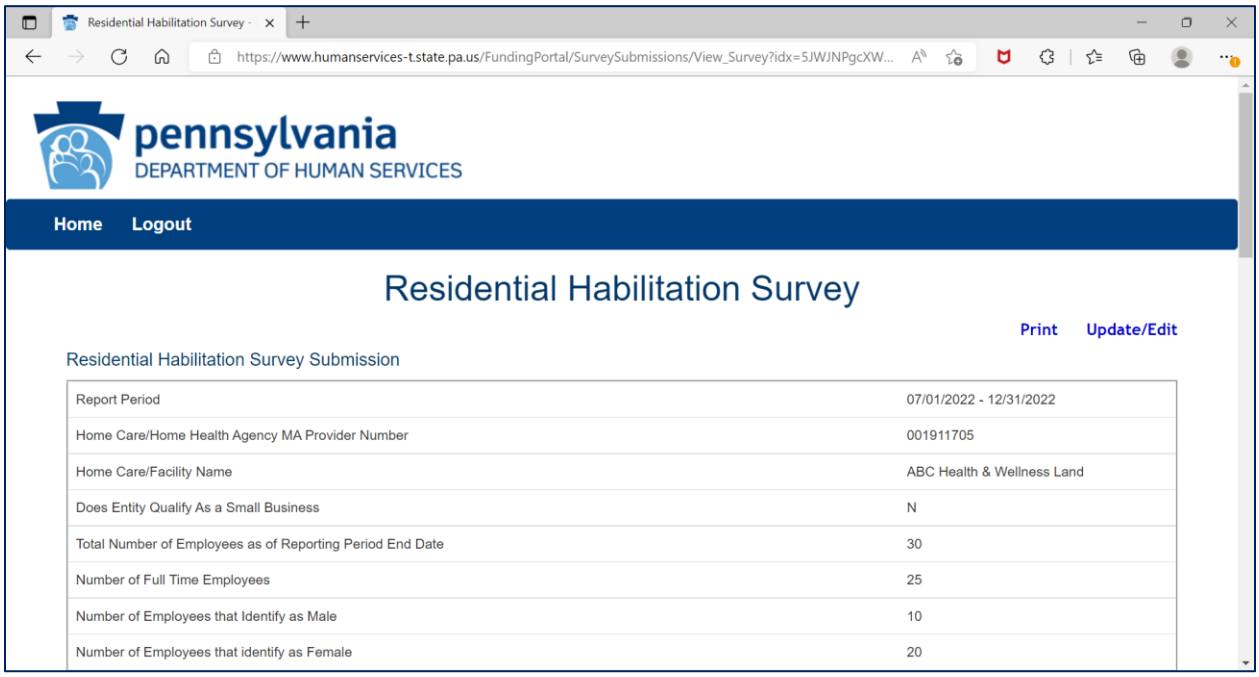
To create a funding report for Community Residential Habilitation Services, click the right button under the ResHab portion of the menu.

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

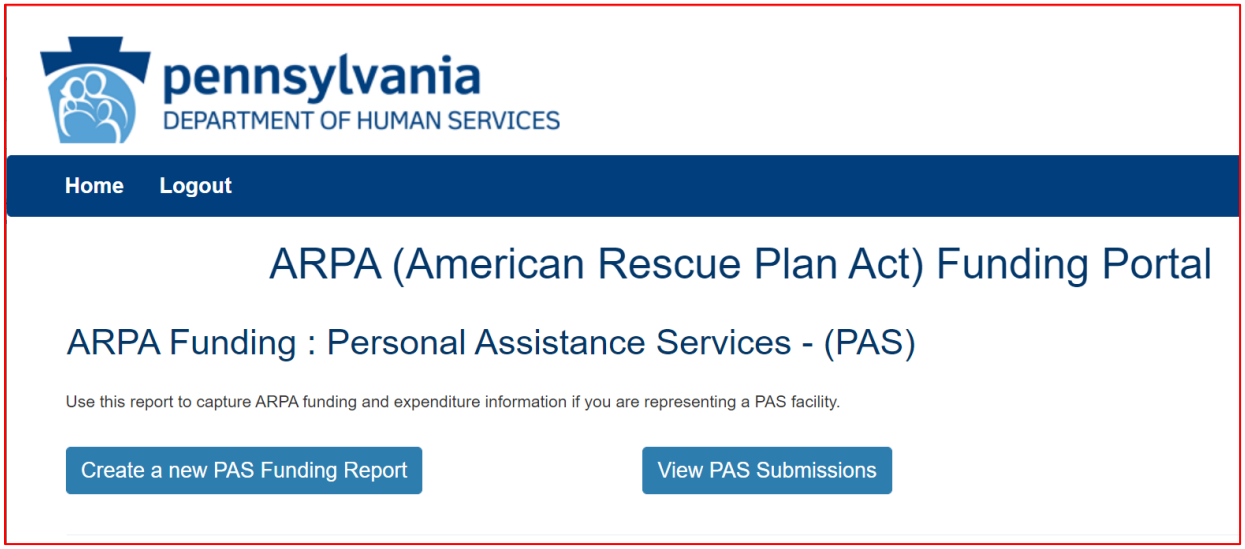


Data from each period can be printed by clicking the “Print” link.

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

4. ARPA Funding: Personal Assistance Services (PAS)

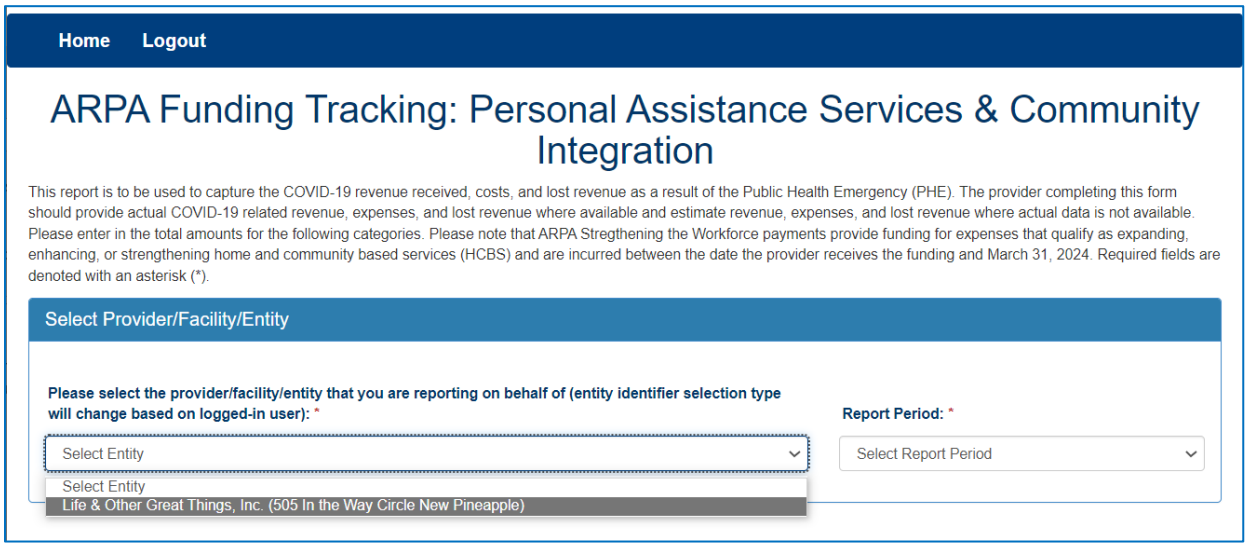
Left Button: Create a New PAS Funding Report



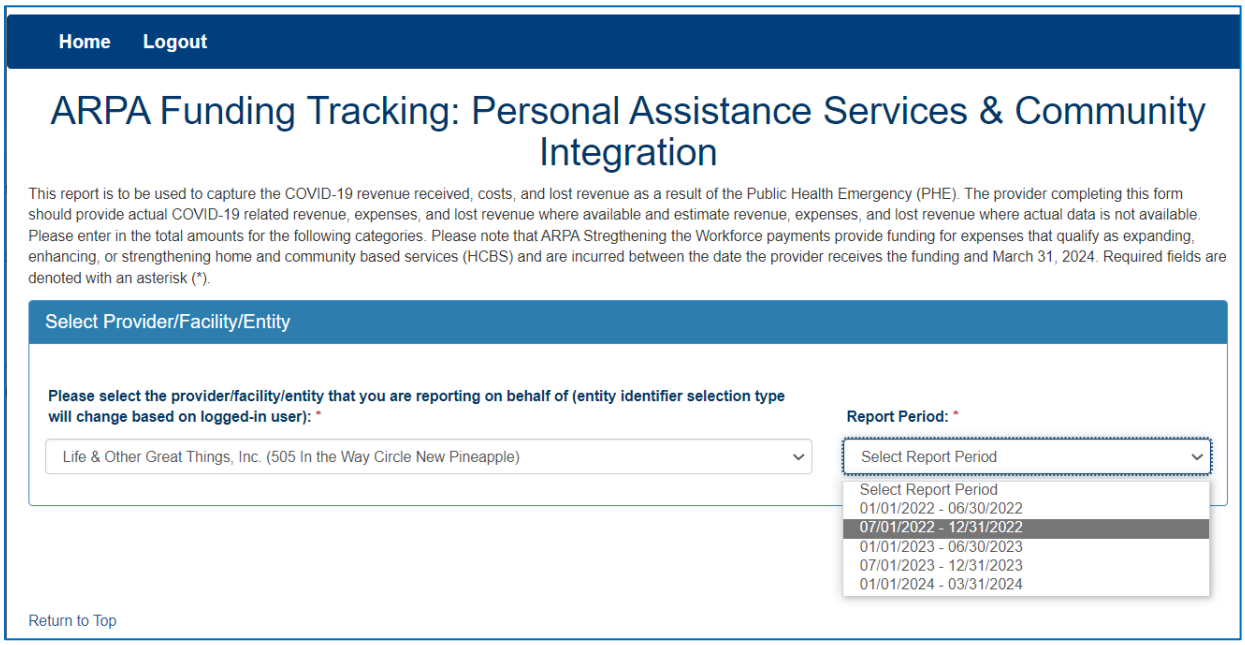
To create a funding report for Personal Assistance Services, click the left button on the Personal Assistance Services menu.

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



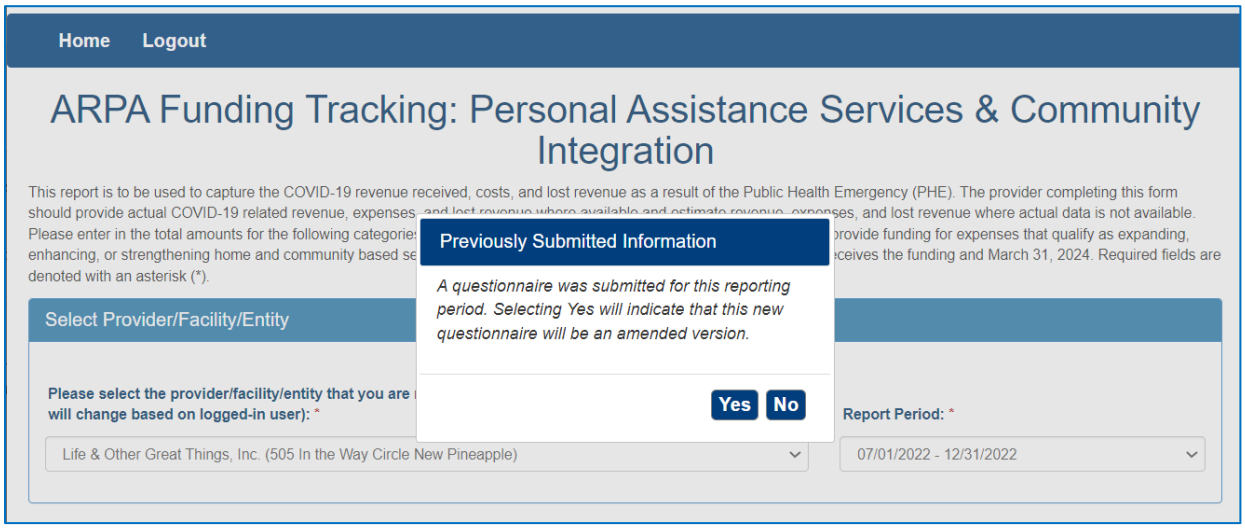
Select the provider, facility, or other entity whose data will be used for this ARPA funding report.



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

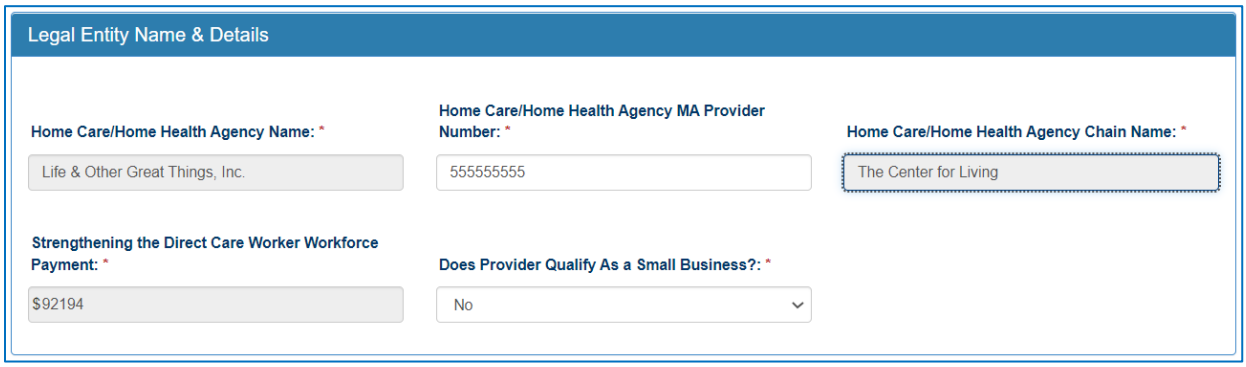
Previously Submitted Information



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.

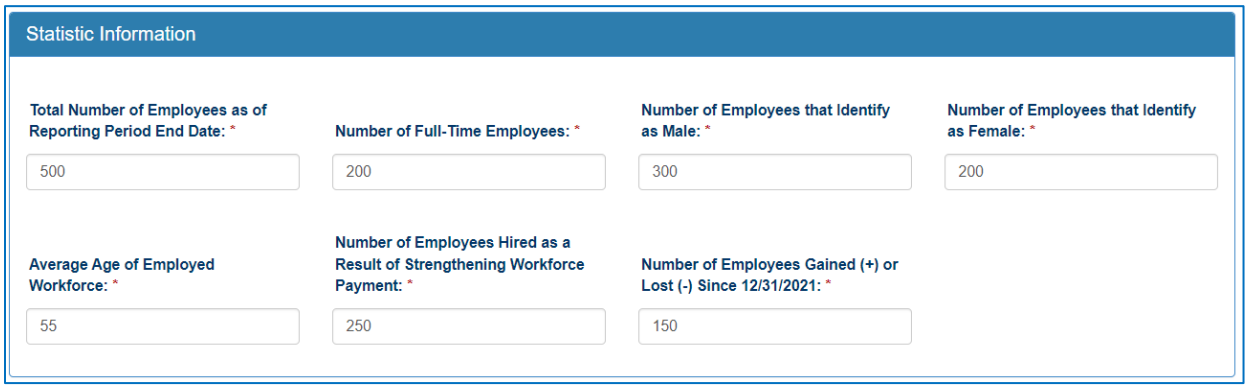
Legal Entity Name & Details



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

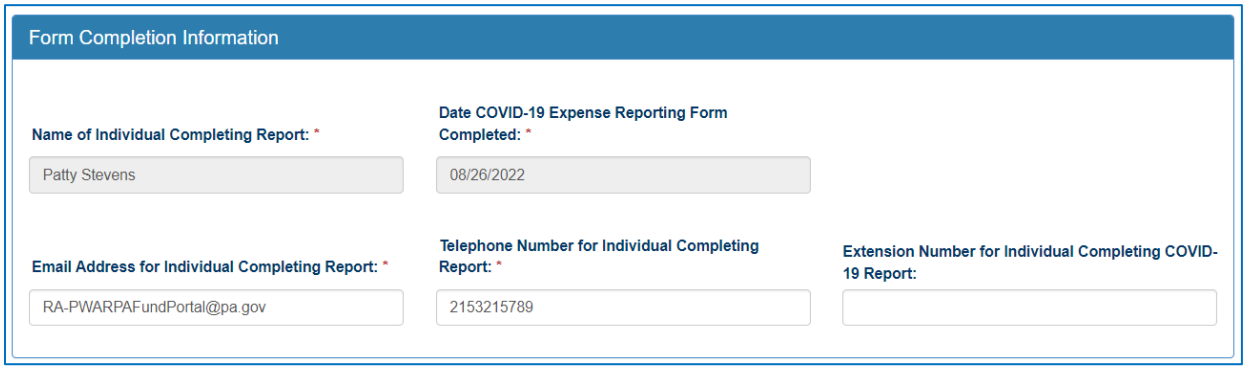
Statistic Information



Statistic Information		
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.*

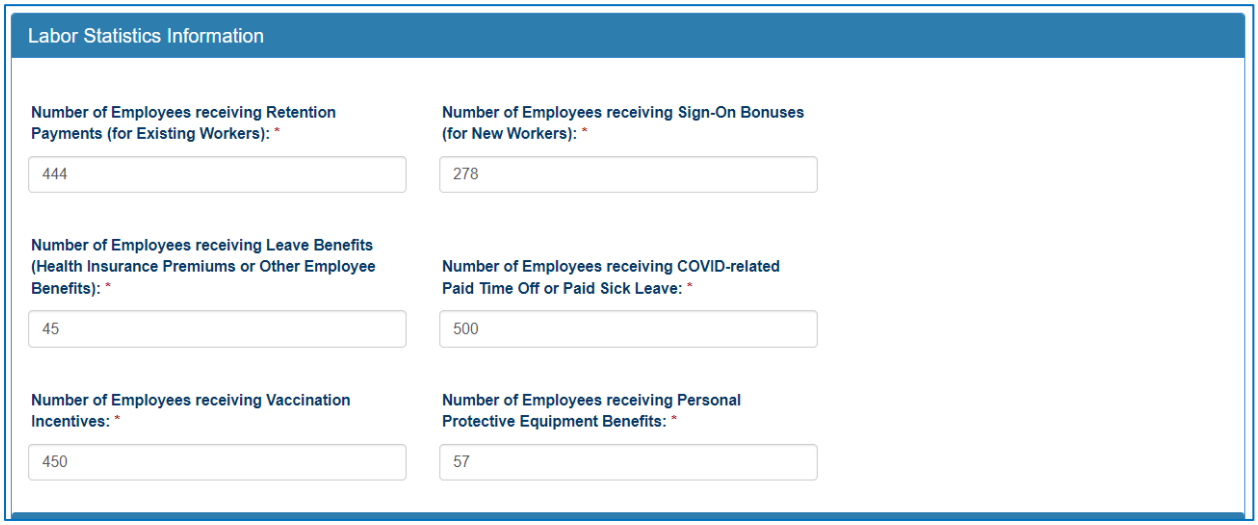
* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank. (Use zero instead of a blank field.)

Form Completion Information



Form Completion Information		
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.

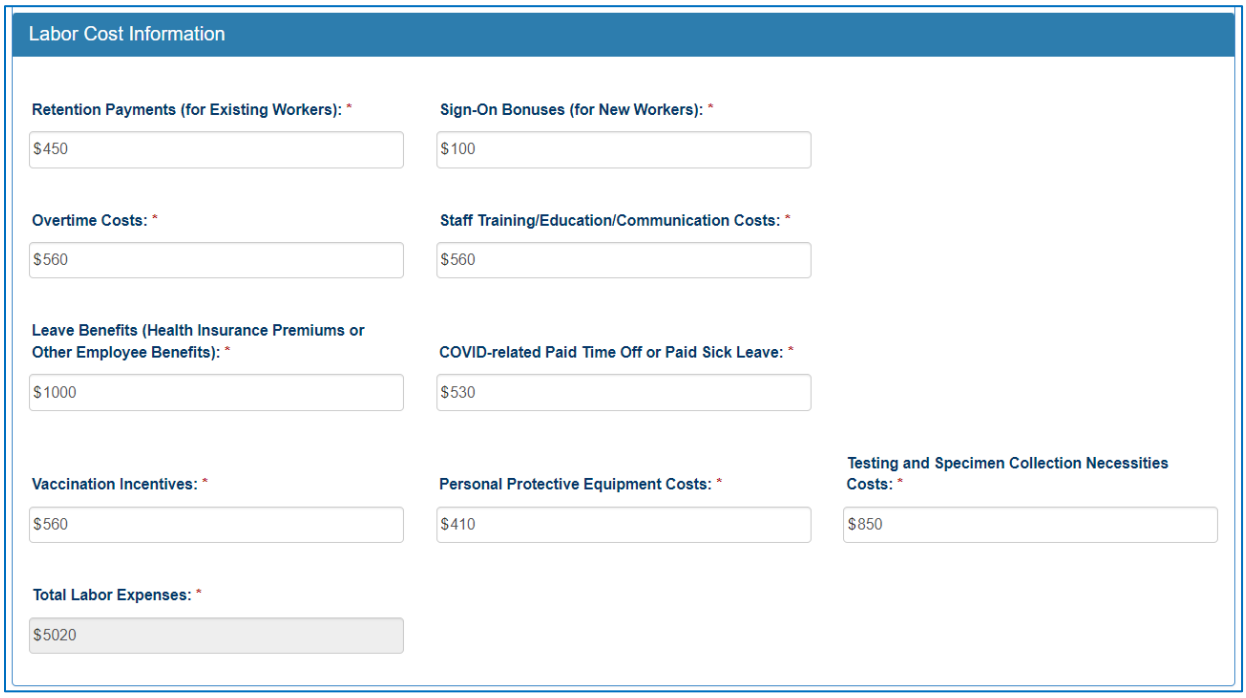
Labor Statistics Information



Labor Statistics Information		
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		
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.)

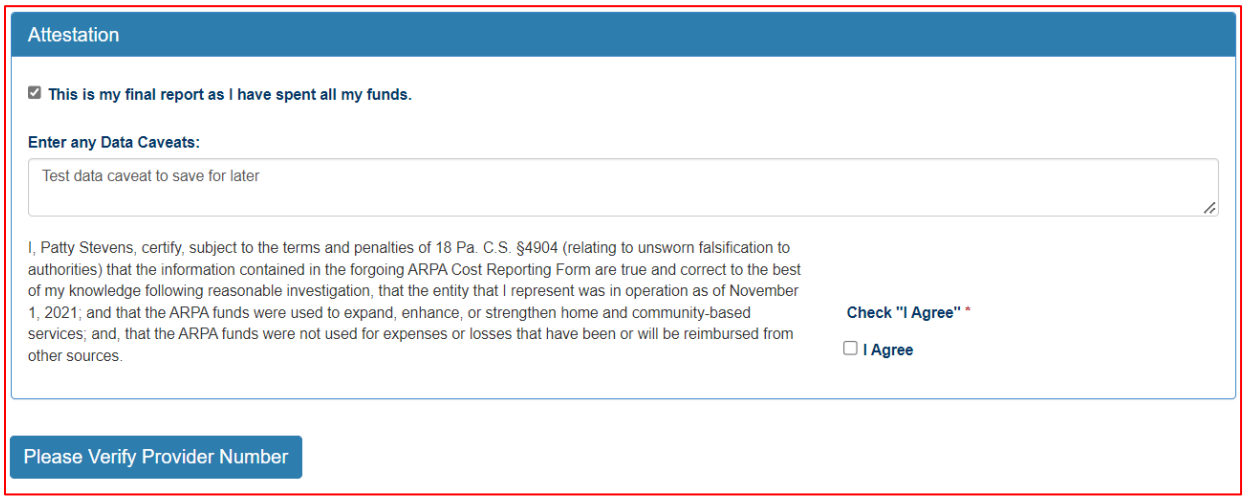
Grand Total Expenses

Grand Total Expenses		
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.

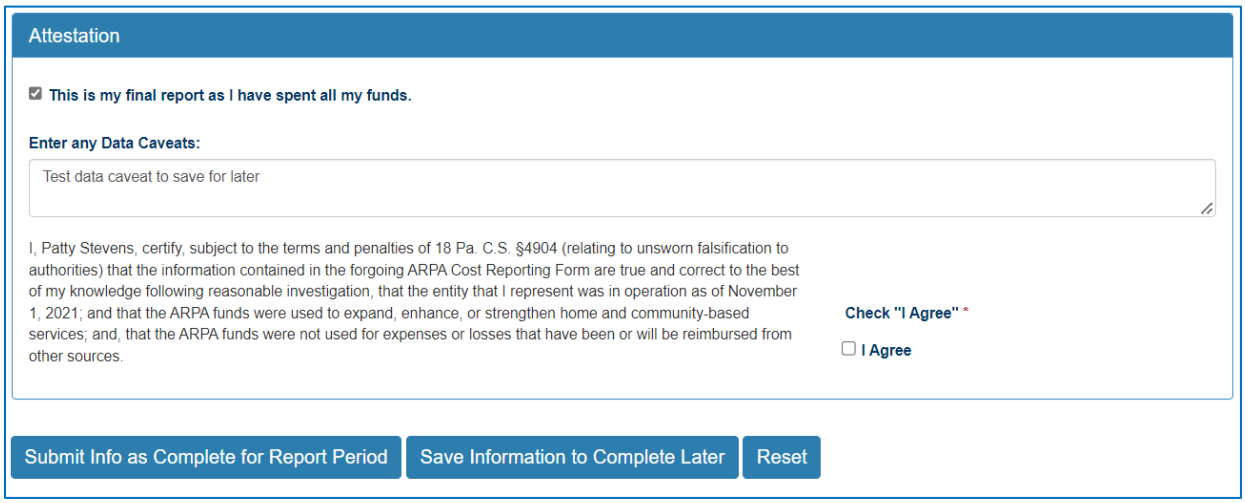
File List

File List		
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



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.

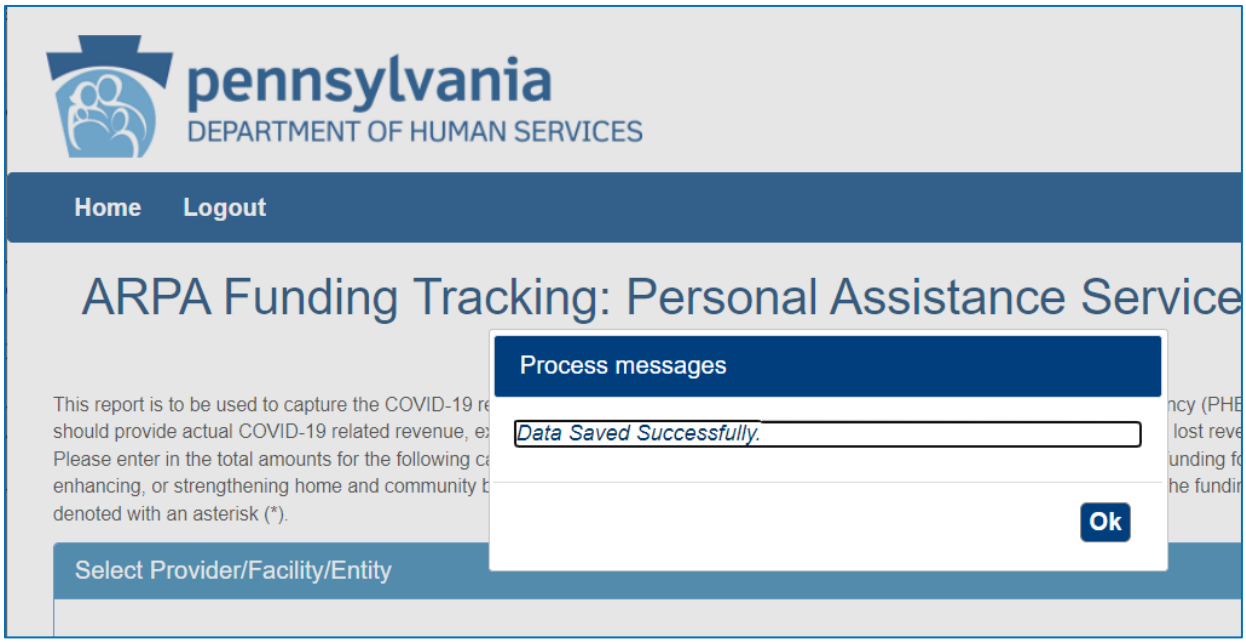


Attestation		
Field Label	**Required (Y/N/Pre)**	**Description**
This is my final report as I have spent all my funds.	N	Check this box only if all of ARPA funds have been exhausted for the provider/facility/entity selected at the top of the screen.
Enter any Data Caveats	N	Enter any information about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

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

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

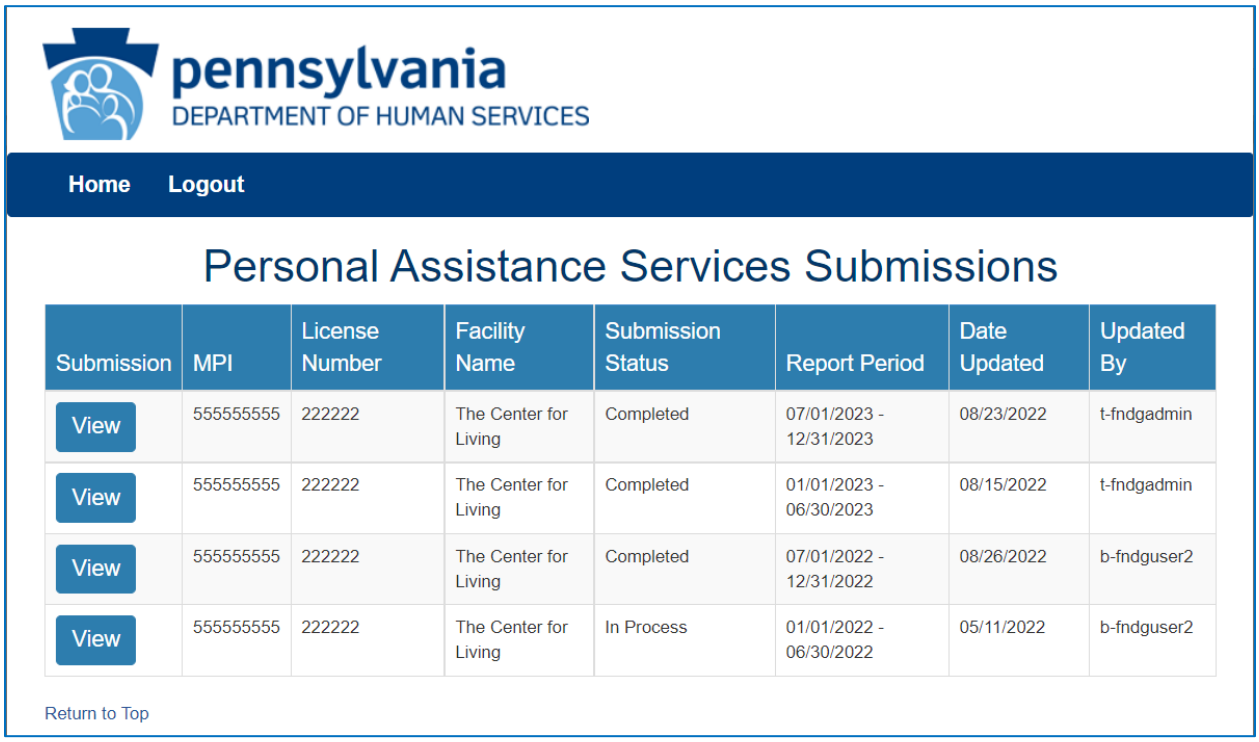
Click the “Reset” button to clear all information entered, and start over at the selection of a provider.



Right Button: View Personal Assistance Services Submissions

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

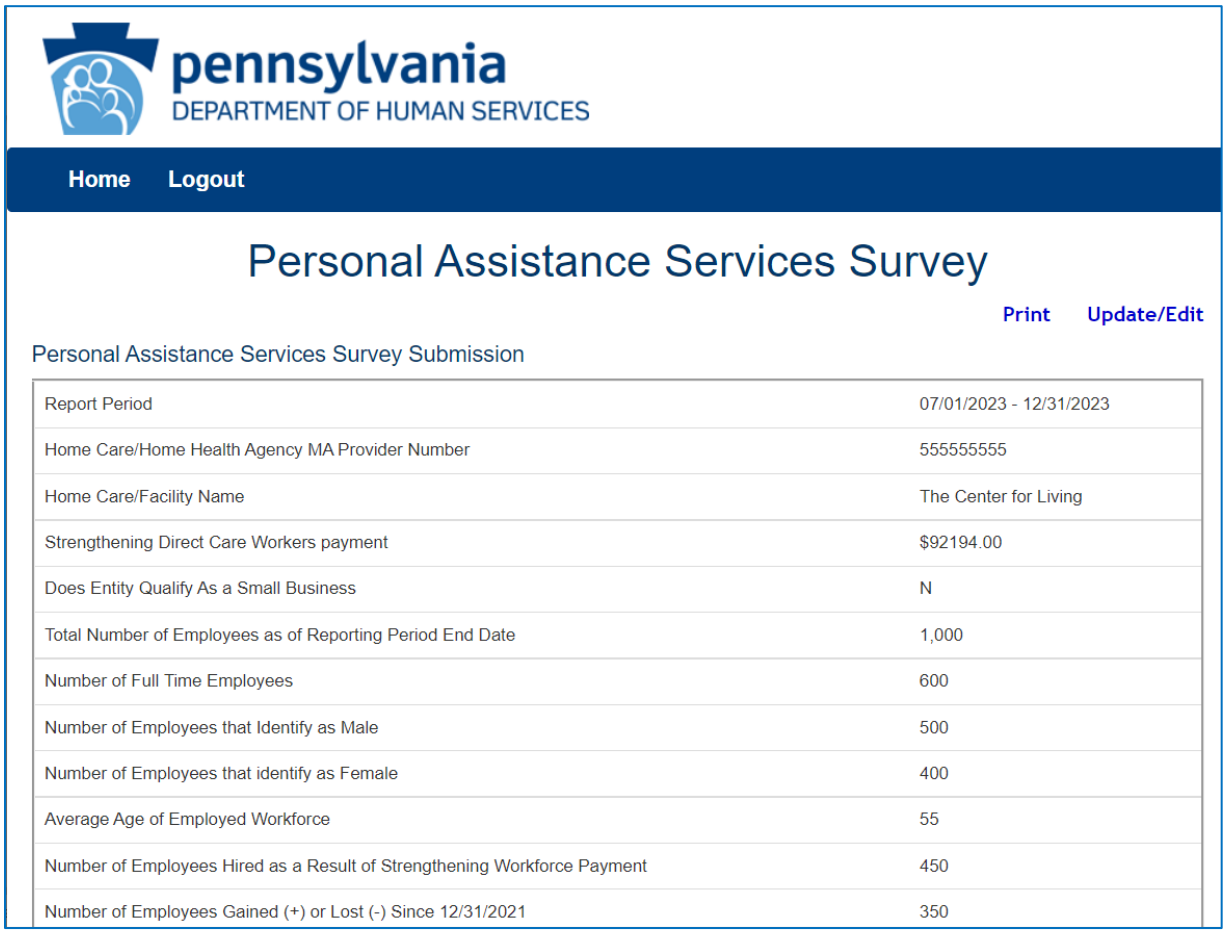
Select Detail Screen from Personal Assistance Services Submissions List



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



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

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

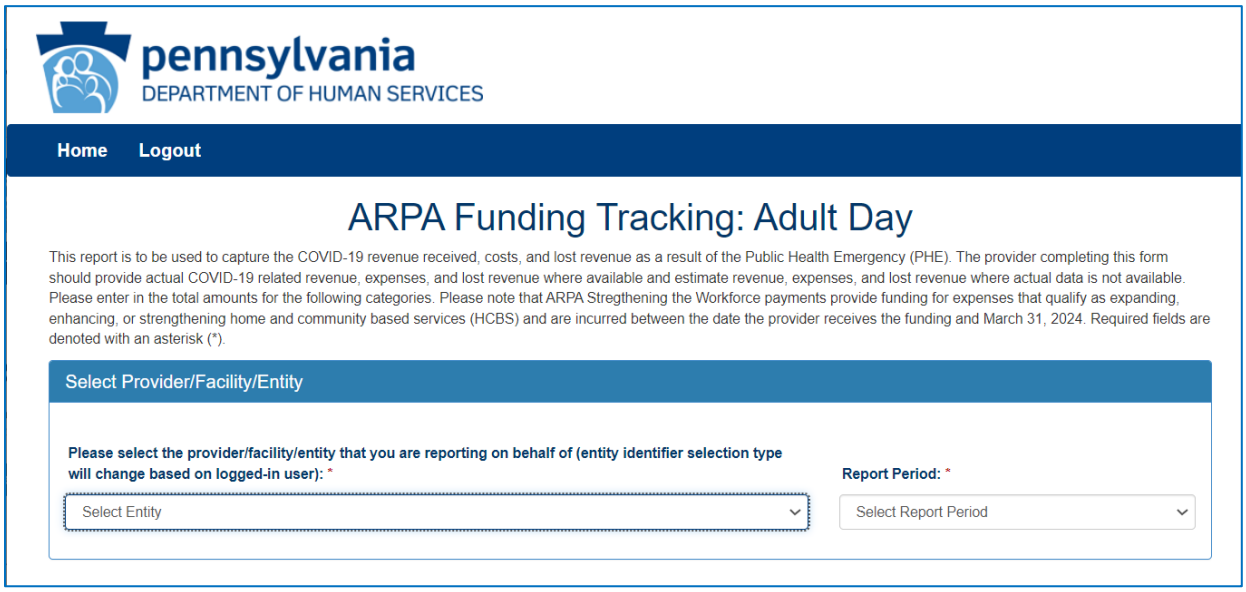
5. ARPA Funding: Adult Day (AD)

Left Button: Create a New Adult Day Funding Report

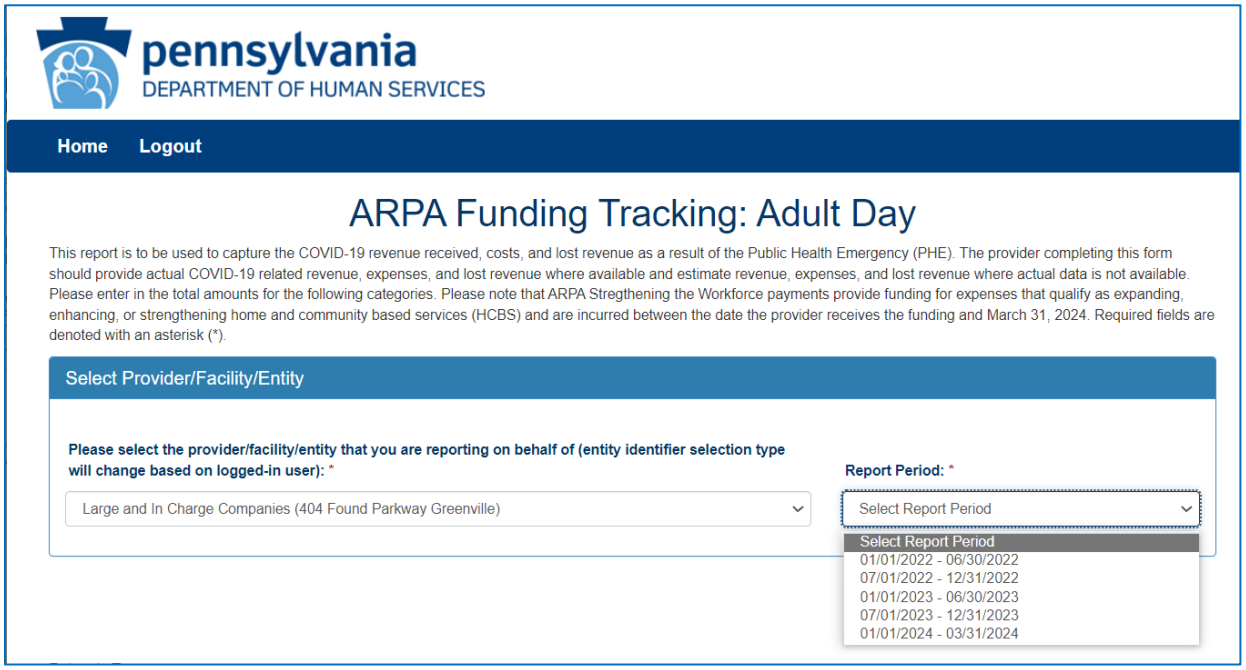
To create a funding report for an Adult Daily Living Provider, click the left button on the Adult Day menu.

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



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



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.

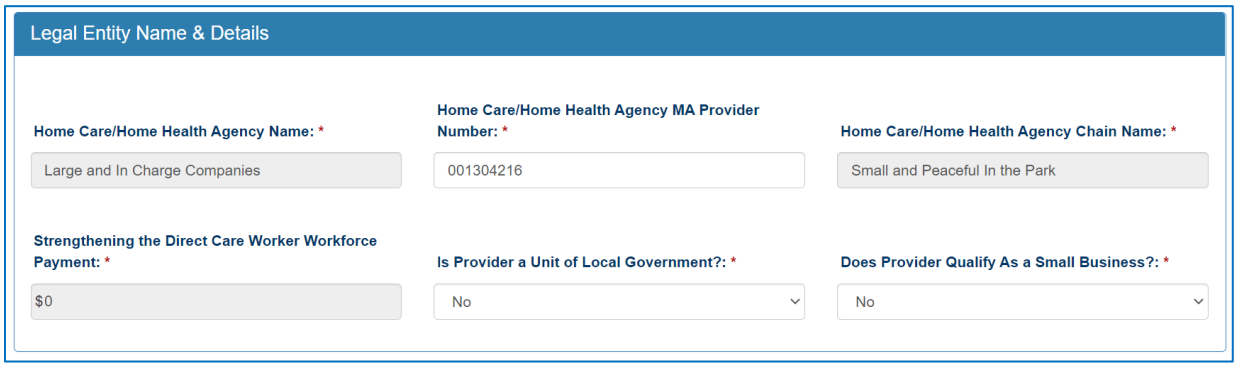
Note: Asterisks (*) indicate a required field

Previously Submitted Information

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.

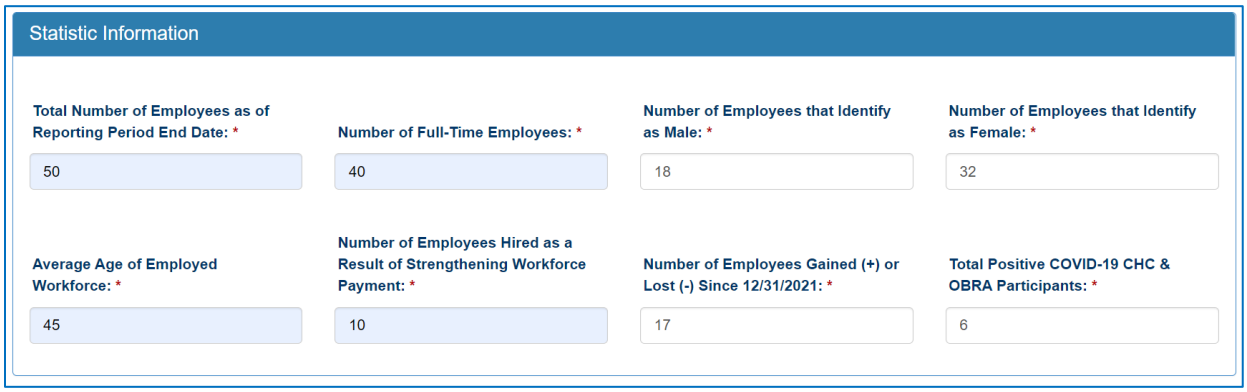
Legal Entity Name & Details



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

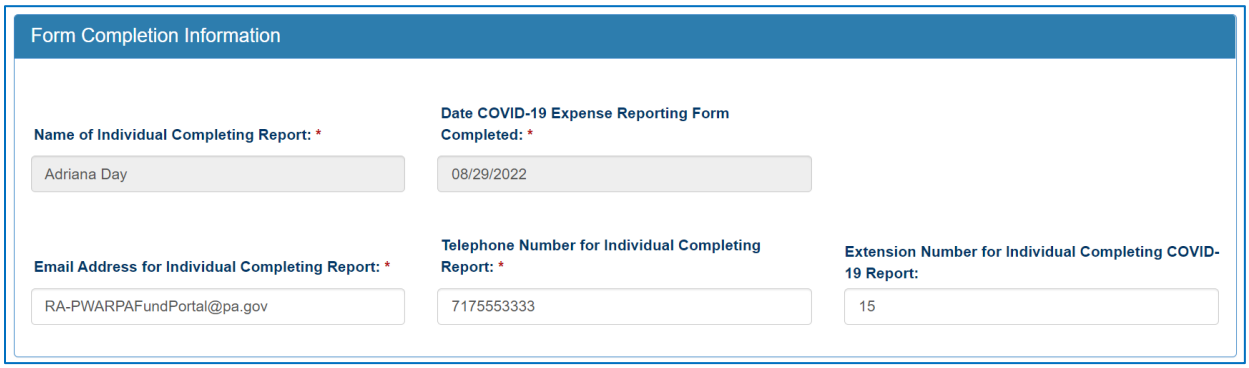
Statistic Information



Statistic Information		
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.*

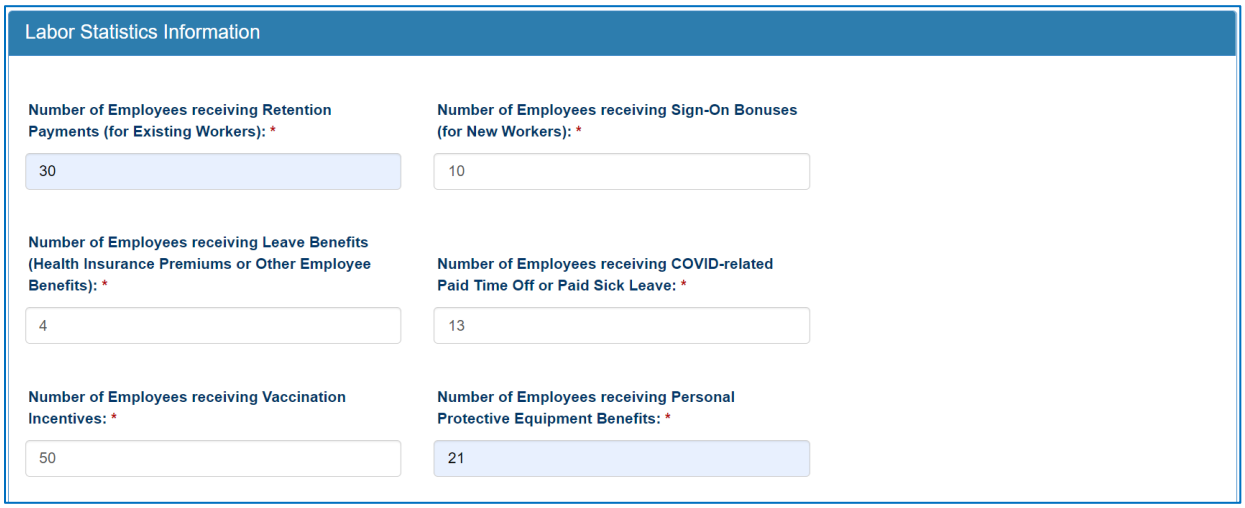
* Must be a number, no symbols or spaces, no leading zeroes or trailing spaces, no decimals, cannot remain blank. (Use zero instead of a blank field.)

Form Completion Information



Form Completion Information		
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.

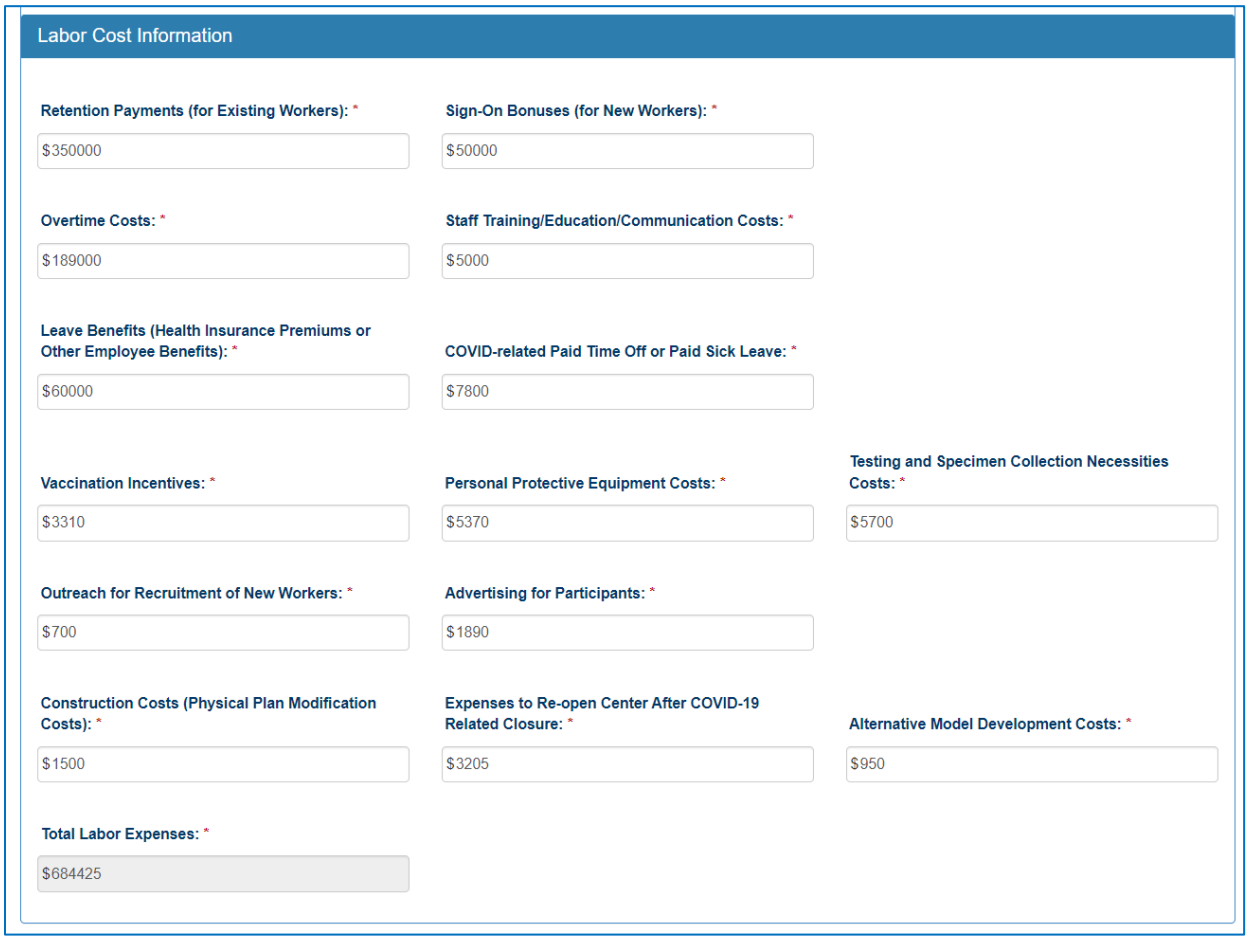
Statistics Information



Labor Statistics Information		
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		
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.)

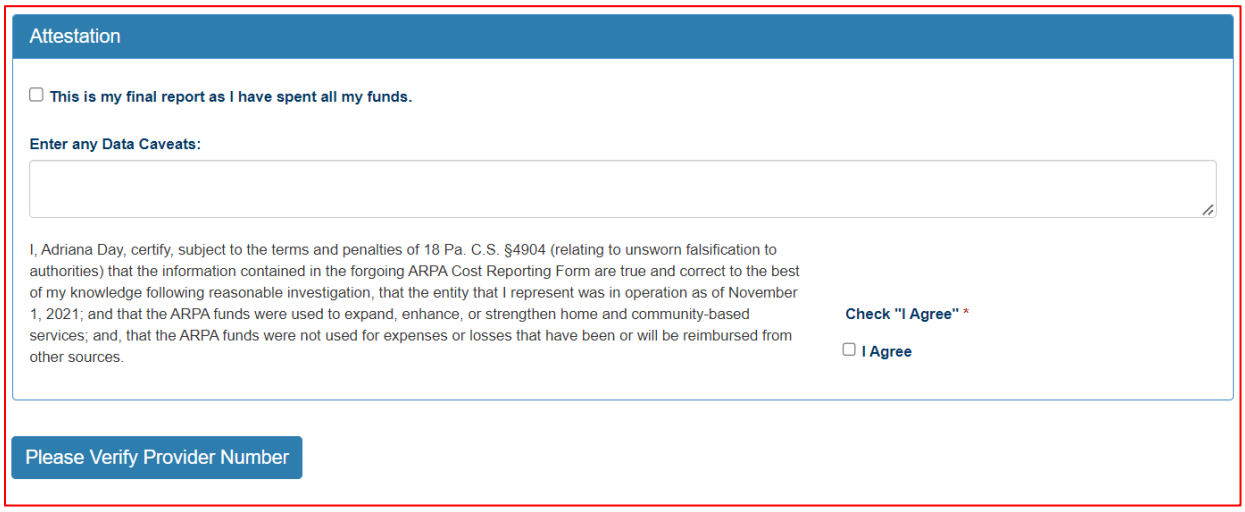
Grand Total Expenses

Grand Total Expenses		
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.

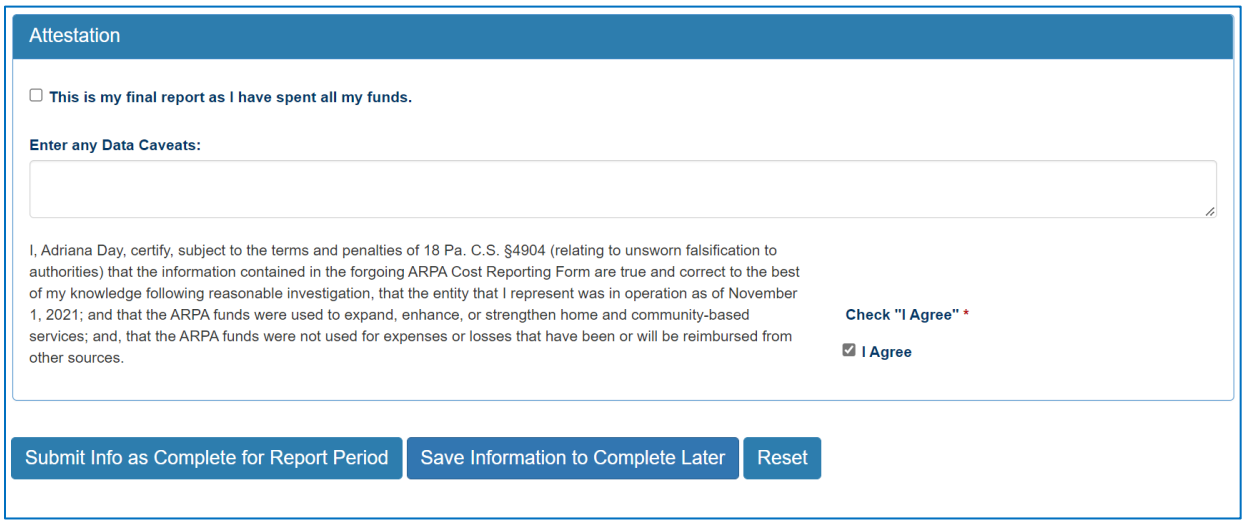
File List

File List		
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



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

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

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

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

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

Right Button: View Adult Day Submissions

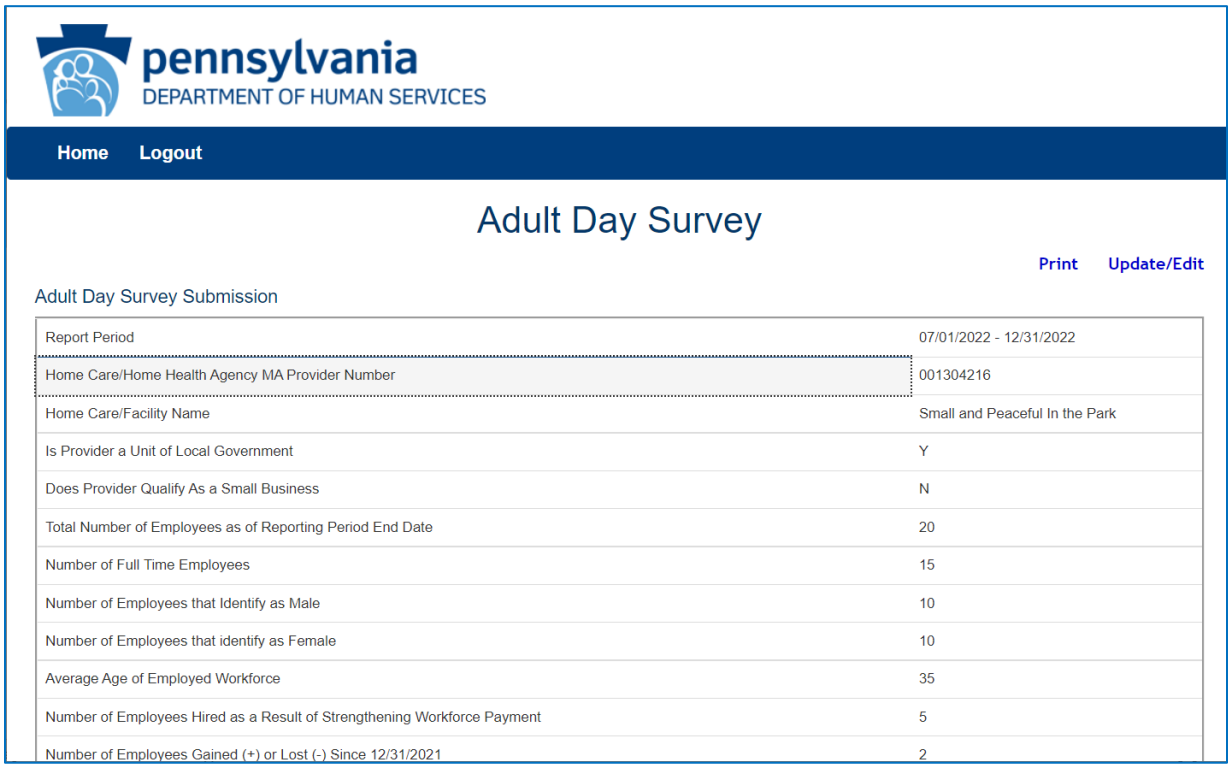
To view Adult Day submissions in summary form, click the right button under the Adult Day menu.

Select Detail Screen from Adult Day Submissions List

The 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



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

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