

# 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:

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		PA per	nnsylvania		
		Keystone Key	Self-service for Business Partner		
		Username	Forgot User ID		
		Password	6 Forgot Password		
		LOGIN	👤 Edit Profile		
			Self-service for Commonwealth Employees		
			Change CWOPA Password or Hint Questions		
		WARNING! US GOVERNMENT SYSTEM and DEPARTMENT prohibited by Public Law 99-474 "The Computer Fraud and Ab MONITORINC AT ALL TIMES and is not subject to ANV expec subject you to civil or criminal penalties under state or federal I Services Security and Audits Unit. Copyright© 2018 by the Commonwealth of Pennsylvania. All R	OF HUMAN SERVICES SYSTEM. Unauthorized access is buse Act of 1986 <sup>°</sup> . Use of this system constitutes CONSENT TO tation of privacy. Unauthorized use of or access to this system may law. This statement is being posted by the Department of Human Rights Reserved.		

- 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

pennsylvania DEPARTMENT OF HUMAN SERVICES
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)

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 Report View PAS 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 Report View AD Submissions

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

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

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

Left Button: Create a New PCH Funding Report

ARPA (American Rescue Plan Act) Funding Portal									
ARPA Funding : Personal Care Home/Assisted Living Facilities - (PCH)									
Use this report to capture ARPA funding and expenditure information if you are representing a PCH facility.									
Create a new PCH Funding Report View PCH Submissions									

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

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

#### Select Provider and Period

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→ C A https://www.humanservices-t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=pch_al	$\forall_{\theta}$	to	U	æ	G	ל≦	Ē		
pennsylvania DEPARTMENT OF HUMAN SERVICES									
Home Logout									
This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Ei should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expense Please enter in the total amounts for the following categories. Please note that Act 2021-24 provides funding for COVID-19 reli by December 31, 2026. Required fields are denoted with an asterisk (*).	nergency ( s, and lost ated costs (	PHE). T revenue obligated	he provi where d by Dec	ider con actual o cember	mpletir data is r 31, 20	ng this fi not ava )24 and	orm ailable. I incurre	d	
Select Provider/Facility/Entity								_	
Select Provider/Facility/Entity Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *	Report Per	iod: *							
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 Per Select Re	f <b>iod: *</b>	riod				Ŷ		

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

TakPA Funding Tracking: Personal × +								-	٥
$ ightarrow$ C $ m (a)$ https://www.humanservices-t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=pch_al		Aø	î	U	æ	ß	∑≞	Ē	
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Home Logout									
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ARPA Funding Tracking: Personal Care Ho This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public H should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, e Please enter in the total amounts for the following categories. Please note that Act 2021-24 provides funding for COVID by December 31, 2026. Required fields are denoted with an asterisk (*).	DIMES lealth E sxpens 07/0 01/0 01/0 07/0	& / ect Rep 1/202 1/202 1/202 1/202	Ass ort Per 1 - 12/3 2 - 06/3 2 - 12/3 3 - 06/3 3 - 12/3	iod 1/2021 0/2022 1/2022 0/2023 1/2023	ed	Li	vin	g	ł
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Anter A Context	DIMES lealth E sxpens 07/0 0 0 0 0 0 0 0 0 0 0 0 0 0	& / ect Rep 1/202 1/202 1/202 1/202 1/202 1/202 1/202 1/202 1/202 1/202	Ass ort Per 1 - 12/3 2 - 06/3 2 - 12/3 3 - 06/3 3 - 12/3 4 - 06/3 4 - 12/3 5 - 06/3 5 - 12/3	iod 1/2021 0/2022 1/2022 0/2023 1/2023 0/2024 1/2024 0/2025 1/2025	ed	Li	vin	g	3
ARPA Funding Tracking: Personal Care Ho This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public H should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, e Please enter in the total amounts for the following categories. Please note that Act 2021-24 provides funding for COVID 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): *	DITIES ( lealth E Sele expens 07/0 0 07/0 0	& / ect Rep 11/202	Ass ort Per 1 - 12/3 2 - 06/3 2 - 12/3 3 - 06/3 3 - 12/3 5 - 06/3 5	iod 1/2021 0/2022 1/2022 0/2023 1/2023 0/2024 1/2024 0/2025 1/2025 0/2026 1/2026	ed	Li	vin	g	đ

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 × +									-	٥	×
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ARPA Funding Track This report is to be used to capture the COVID-19 revenue re- should provide actual COVID-19 related revenue, expenses, a Please enter in the total amounts for the following categories. by December 31, 2026. Required fields are denoted with an a	ceived, costs, and lost revenue as a result of the Public Heal and lost revenue where available and estimate revenue, expr Please note that Act 2021-24 provides funding for COVID-15 usterisk (*).	nes ( th Emerger enses, and Prelated co	8 / ncy (I lost r	As PHE). revenu	SiS The pro ue wher ed by D	ted ovider c e actua ecembe	ompleti I data is er 31, 2	ng this f s not av 024 and	g form ailable. f incurre	d	
Select Provider/Facility/Entity											
	Previously Submitted Information										
Please select the provider/facility/entity that you are will change based on logged-in user): *	A questionnaire was submitted for this reporting	Report	iod: *								
Fair Hills & Bold Ideas (2110 Every Which Way Welling	questionnaire will be an amended version.	07/0	1/202	21 - 12	/31/202	!1			~		
Legal Entity Name & Details	Yes No										
Legal Entity Name: *	Physical Location: *										
Fair Hills & Bold Ideas	Over Here & In the Know - 2110 Every Which Way Welli	ngton 1900	01								
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

	r nyslou Eoouton.
id Ideas	Over Here & In the Know - 2110 Every Which Way Wellington 19001
er: *	DHS Act 24 of 2021 (ARPA) Payment: *
	\$0

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	receiving ARPA payments. Numbers only.* 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 *	

# Form Completion Information

Form Completion Information			
Name of Individual Completing Report: *	Date COVID-19 Expense Reporting Form Completed: * 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)	Descriptio	n
Name of Individual Completing Report	Pre	Pre-popula account us	ated with the name on file for the sed.
Date COVID-19 Expense Reporting Form Completed	Pre Pre-populated with the date of entry.		ated with the date of entry.
Email Address for Individual Completing Report	ss for IndividualYAlthough this information may be pre populated, it can be modified.		his information may be pre- , 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	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		

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.

# Supplies Cost Information, Capital Cost Information

Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: *	All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): *
\$2000	\$3000	\$2000
Total Supplies Cost: *		
\$7000		
Capital Cost Information		
Capital Cost Information	Facility Reconfiguration Costs: *	
Capital Cost Information Construction of Temporary Locations: *	Facility Reconfiguration Costs: *	
Capital Cost Information Construction of Temporary Locations: * \$18000	Facility Reconfiguration Costs: * \$15000	
Capital Cost Information Construction of Temporary Locations: * \$18000 Total Capital Costs: *	Facility Reconfiguration Costs: * \$15000	

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.		

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		

# Information Technology Cost Information

Information Technology Cost Information	
IT Costs - Hardware/Software (COVID-19 Related Only): *	IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: *
\$0	\$0
Telemedicine Costs: *	Remote Monitoring: *
\$0	\$0
Total IT Costs: *	
\$0	

Information Technology Cost Inform	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		

#### Other Costs Information, Grand Total Expenses

Other Costs Information		
Expenses Related to In-Kind Contributions of Goods/Services: * \$0	Other Expenses: *	
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	Y	Expenses related to in-kind contributions for the
Contributions of Goods/Services		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

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

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	Y	Revenue loss from changes related to the PHE
experience that lead to rate increases		that resulted in rate increases for
for unemployment insurance, health		unemployment insurance, health insurance, and
insurance, and workers compensation		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.

# Grand Total Expenses and Revenue Loss, File List

Grand Total Expenses and Revenue Loss	
Grand Total Expenses and Revenue Losses: *	
File List	
Allowed File Types; doc, docx, xls, xlsx, pdf Add File	

Grand Total Expenses and Revenue Loss				
Field Label	Required (Y/N/Pre)	Description		
Grand Total Expenses and Revenue	Pre	Pre-calculated with the Total Expenses and Total		
Losses		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,	N	Click the "Add File" button to attach supporting
pdf		documents.

#### Attestation and Submission

Attestation	
This is my final report as I have spent all my funds.	
Enter any Data Caveats:	
	4
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 researche lawscription to the authorities in penalties are following researched lawscriptions.	
2021; and that the Act 2021-24 funds were used to prevent, prepare for, and respond to the coronavirus pandemic,	Check "I Agree" *
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.	☑ 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:	
	ĥ
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 forming 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,	Check "I Agree" *
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.	C 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	N	Check this box only if all of ARPA funds have
all my funds.		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

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$\leftarrow \rightarrow$ C $\textcircled{a}$	https://www.human	services-t.state.pa.us/FundingPo	ortal/SurveySubmissions?survey	уТуре=РСН А№ б	5 <b>D</b> 🕼 🗘	\ \= \⊕	
per DEPAR	nnsylvar RTMENT OF HUMAI	nia N SERVICES					
Home Logou							
P	ersonal Ca	are Home/As	sisted Living	r Facilities S	Submissio	ne	
					ubrili 5510	115	
Submission	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By	
Submission View	License Number	Facility Name Over Here & In the Know	Submission Status	Report Period	Date Updated	Updated By b-fndguser	
Submission View View	License Number	Facility Name           Over Here & In the Know           Over Here & In the Know	Submission Status In Process Completed	Report Period 01/01/2022 - 06/30/2022 07/01/2021 - 12/31/2021	Date Updated           05/10/2022           05/19/2022	b-fndguser1	

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

Personal Care Home/Assisted Liv x +			-	٥	×
← → C 🙃 https://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions/View_Survey?idx=G8t88 A <sup>®</sup> 🏠	5 🗸 🕼	3   1	<u>^</u> ⊕		
DEPARTMENT OF HUMAN SERVICES					A
Home Logout					
Personal Care Home/Assisted Living Facilities Personal Care Home/Assisted Living Facilities Survey Submission	s Survey	/ rint l	Jpdate/Ed	dit	
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:	44444				
DHS Act 24 of 2021 (ARPA) Payment	\$0.00				
Is Provider a Unit of Local Government?	Ν				
Does provider qualify As a Small Business	Υ				

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

🗖   🦚 MyDHS Intranet 🛛 🗙 📸 ARPA Funding Tracking: Nursing 🗙 🕂					- 0	×
$\leftarrow$ $\rightarrow$ C $\textcircled{a}$ https://www.humanservices-t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=nf	Α <sup>η</sup> τ <b>ο</b>	5	ଓ ∣ ୯≊	<u>ب</u>	ø 🙁	
Home Logout						
ARPA Funding Tracking: Nursing	Facil	ities				
This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue as a r Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and estimate not available. A report should be completed for each individual NF and should not be combined chain-level data. Please en had \$0 expense or revenue. Please note that Act 2021-24 provides funding for COVID-19 related costs obligated by Decen fields are denoted with an asterisk (*).	esult of the Pu revenue, expe ter zero (0) for nber 31, 2024	blic Health E enses, and lo r any categor and incurred	Emergency (PHE ost revenue whe ries that are not d by December 3	E). The Nurs re actual da applicable c 31, 2026. Re	ing ta is ≫r that ∋quired	
Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type						
will change based on logged-in user): *	Report Pe	riod: *				
Select Entity ~	Select R	eport Period			~	
Select Entity Incandenscence of the Spirit (707 Peopleton Center Lunchtime) Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)						

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

AKPA Funding Tracking: Nursing X +								-	U	
→ C ର  https://www.humanservices-t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=nf			Aø	ŵ	U	ß	∑≞	œ		
DEPARTMENT OF HUMAN SERVICES										
Home Logout										
ARPA Funding Tracking: Nursir	na F	acili	ties	5						
9										
This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue a	as a result	of the Pub	lic Hea	th Em	ergenc	y (PHE	). The I	lursing		
This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue a Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and estimates a structure of the s	as a result timate re	of the Pub Select Rep	lic Hea port Pe	Ith Eme	ergenc	y (PHE	). The I	Nursing	1	
This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue a Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and estii not available. A report should be completed for each individual NF and should not be combined chain-level data. Pleas and SN express or revenue. Please note that bet 2021-24 provides funding for 20/ID-19 related costs chlirated by D	as a result timate re ase enter Decembr	of the Pub Select Rep 07/01/202	lic Hea port Pe 1 - 12/3	riod 1/202	ergenc	y (PHE	). The I	Nursing	t	
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This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue a Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and esti not available. A report should be completed for each individual NF and should not be combined chain-level data. Plear had \$0 expense or revenue. Please note that Act 2021-24 provides funding for COVID-19 related costs obligated by D 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): *           Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)	as a result timate re- ase enter Decembri	of the Pub Select Rep 07/01/202 01/01/202 01/01/202 07/01/202 07/01/202 07/01/202 07/01/202 07/01/202 07/01/202 07/01/202 07/01/202	lic Hea port Pe 1 - 12/3 2 - 06/3 2 - 12/3 3 - 06/3 3 - 12/3 4 - 06/3 5 - 06/3 5 - 06/3 6 - 06/3 6 - 12/3 port Pe	th Eme riod 1/2022 0/2022 1/2022 0/2022 0/2022 1/2022 0/2022 1/2022 0/2022 1/2026 1/2026	ergenc 1 2 2 3 3 4 4 5 5 5 6 6 6	y (PHE	:). The f	vursing	t ≱d	

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**

C       La       Inteps://www.numanservices-tstate.paus/running/ortar/rom/PCH_AL_NP/type=n/       A       13       C       15         A       13       C       C       15         A       13       14       15       16         A       10       10       10       10<				OLA G
ds 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): Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)  Legal Entity Name & Details A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version. Legal Entity Name:  Suggestions and Much Learning, LLC DHS Act 24 of 2021 (ARPA) Payment:*  Suggestions and Much Learning, LLC	C G Intps://www.humanservices-	t.state.pa.us/FundingPortal/Form/PCH_AL_NF?Type=nt	A" 16 U (	_S   Σ= \⊞
Select Provider/Facility/Entity     Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *   Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)   Legal Entity Name & Details   A questionnaire was submitted Information   Legal Entity Name: *   Suggestions and Much Learning, LLC   Suggestions and Much Learning, LLC     Medicaid Number: *   DHS Act 24 of 2021 (ARPA) Payment: *   \$0	ds are denoted with an asterisk (*).	Provided randing for COVID to Folded dote obligated by Dec		
Stelect Provider/Facility/Entity         Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user):*       Report Period:*         Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)       01/01/2022 - 06/30/2022         Previously Submitted Information       01/01/2022 - 06/30/2022         Legal Entity Name & Details       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.         Legal Entity Name: *       Image: Im				
Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *       Report Period: *         Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)       01/01/2022 - 06/30/2022         Previously Submitted Information       01/01/2022 - 06/30/2022         Legal Entity Name & Details       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.         Legal Entity Name: *       Image: Imag	Select Provider/Facility/Entity			
Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type       Report Period: *         Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)       01/01/2022 - 06/30/2022         Previously Submitted Information       01/01/2022 - 06/30/2022         Legal Entity Name & Details       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.       initiate that this new questionnaire will be an amended version.         Legal Entity Name: *       DHS Act 24 of 2021 (ARPA) Payment: *       initiate that the coll Counterprotect.				
will change based on logged-in user): *     Report Period: *       Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)     01/01/2022 - 06/30/2022       Previously Submitted Information     A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.       Legal Entity Name: *     Yes No       Suggestions and Much Learning, LLC     DHS Act 24 of 2021 (ARPA) Payment: *       \$0	Please select the provider/facility/entity that you a	re reporting on behalf of (entity identifier selection type		
Suggestions and Much Learning, LLC (2022 That Much is Known BLVD Mindingmuch)       01/01/2022 - 06/30/2022         Previously Submitted Information       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.         Legal Entity Name: *       Yes No         Suggestions and Much Learning, LLC       Yes No         Medicaid Number: *       DHS Act 24 of 2021 (ARPA) Payment: *         \$0       \$0	will change based on logged-in user): *	is reporting on bonan or (onling racialities boliced on type	Report Period: *	
Legal Entity Name & Details       Previously Submitted Information         Legal Entity Name: *       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.         Legal Entity Name: *       Yes No         Suggestions and Much Learning, LLC       Yes No         Medicaid Number: *       DHS Act 24 of 2021 (ARPA) Payment: *         \$0       \$0	Suggestions and Much Learning LLC (2022 That M	Auch is Known BLVD Mindingmuch)	01/01/2022 - 06/30/2022	~
Legal Entity Name & Details       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.         Legal Entity Name: *       Yes No         Suggestions and Much Learning, LLC       Yes No         Medicaid Number: *       DHS Act 24 of 2021 (ARPA) Payment: *         \$0       \$0	ouggestions and mach coarming, EEO (2022 Mark		0110112022 - 0013012022	
Legal Entity Name & Details       A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.         Legal Entity Name: *       Yes No         Suggestions and Much Learning, LLC       Yes No         Medicaid Number: *       DHS Act 24 of 2021 (ARPA) Payment: *         \$0       \$0		Previously Submitted Information		
Legal Entity Name: *     period. Selecting Yes will indicate that this new questionnaire will be an amended version.       Legal Entity Name: *     Yes No       Suggestions and Much Learning, LLC     Yes No       Medicaid Number: *     DHS Act 24 of 2021 (ARPA) Payment: *       \$0	and Entity Name & Dataila	A questionnaire was submitted for this reporting		
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Suggestions and Much Learning, LLC     Yes     No       Medicaid Number: *     DHS Act 24 of 2021 (ARPA) Payment: *       \$0	Legal Entity Name: *			
Medicaid Number: * DHS Act 24 of 2021 (ARPA) Payment: * \$0 Pagesides a Unit of Lead Counterment2.1	Suggestions and Much Learning LLC	Yes No	dingmuch 15025	
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Medicaid Number: * DHS Act 24 of 2021 (ARPA) Payment: * \$0 Parailde a Unit of Local Country and the second data and the second				
\$0	Medicaid Number: *	DHS Act 24 of 2021 (ARPA) Payment: *		
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In Menuday a Libit at Least / avaragement // t				
bes Provider quality As a small business?				
	a Unit of Local Government?: *	Does Provider Quality As a Small Business /: *		

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: *
Incandenscence of the Spirit	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?: *	Does Provider Qualify As a Small Business?: *
Select Yes/No	∽ 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	Y	Yes/No dropdown list
Government?		
Does Provider Qualify As a Small	Y	Yes/No dropdown list
Business?		

## 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 Forn Completed: *	1
Jennifer Smith	07/19/2022	
Email Address for Individual Completing R	Telephone Number for Individual Compl eport: * Report: *	eting Extension Number for Individual Completing COVID- 19 Report:

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.*			

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

#### Labor Cost Information

Retention Payments: * \$0	Contracted/Agency Usage Costs: * \$0
Staff Training/Education/Communication Costs: *	
	Retention Payments: * \$0 Staff Training/Education/Communication Costs: * \$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	Y	Staff training, education, and communication			
Training/Education/Communication		costs related to the PHE during the selected			
Costs		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					

# Supplies Cost Information, Capital Cost Information

Supplies Cost Information			
Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: * \$0	4 9	All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): *
Total Supplies Cost: * \$0			
Capital Cost Information			
Construction of Temporary Locations: *	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,	Y	Other supply costs related to the PHE during the	
Cleaning Supplies, etc.)		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			

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			

# Information Technology Cost Information

Information Technology Cost Information	
IT Costs - Hardware/Software (COVID-19 Related Only): *	IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: *
\$0	\$O
Telemedicine Costs: *	Remote Monitoring: *
\$0	\$0
Total IT Costs: * \$0	

Information Technology Cost Information			
Field Label	Required (Y/N/Pre)	Description	
IT Costs - Hardware/Software (COVID-	Y	IT hardware and software costs due to the PHE	
19 Related Only)		during the selected period. Numbers only.*	
IT Costs - Telecom/Telecommuting	Y	IT Telecom and Telecommuting costs related to	
Equipment, Network Upgrades, etc.		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			

### 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	Y	Expenses related to in-kind contributions for the	
Contributions of Goods/Services		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.	

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	Y	Assumed reduction of total days for all payors	
payors (Include reduced days due to		during the selected period, including lower	
lower admissions, uncompensated		admissions, uncompensated therapeutic leave	
therapeutic leaves days, residents		days, and residents leaving the facility, etc. For	
leaving the facility, etc.) Days will be		purposes of allocating Medicaid lost revenue.	
used in allocating Medicaid lost		Numbers only.*	
revenue			
Assumed Reduced Medicaid Days	Y	Assumed reduction of Medicaid days during the	
(Include reduced days due to lower		selected period, including lower admissions,	
admissions, uncompensated		uncompensated therapeutic leave days, and	
therapeutic leaves days, residents		residents leaving the facility. For purposes of	
leaving the facility). Days will be used		allocating Medicaid lost revenue. Numbers	
in allocating Medicaid lost revenue		only.*	
Total revenue loss from reduced total	Y	Total revenue loss from reductions in total	
admissions/reduced rehab/Medicare		admissions, rehab, and Medicare admissions,	
admissions/uncompensated		added to loss from uncompensated therapeutic	
therapeutic leave days		leave days. Numbers only.*	
Revenue Loss due to changes in	Y	Revenue loss from changes related to the PHE	
experience that lead to rate increases		that resulted in rate increases for	
for unemployment insurance, health		unemployment insurance, health insurance, and	
insurance, and workers compensation		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.	
# 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	Pre	Pre-calculated with the Total Expenses and Total				
Losses		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,	N	Click the "Add File" button to attach supporting			
pdf		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.

	e spent all my funds.		
Enter any Data Caveats:			
lonnifor Creith contifu cubicct to t	no terms and nonaltice of 49 De C. C. S4004 (relating to uppurers folgification to		h
authorities) that the information con	ained in the forgoing Act 2021-24 Cost Reporting Form are true and correct to the		
best of my knowledge following reas 2021; and that the Act 2021-24 fund	sonable investigation, that the entity that I represent was in operation as of June 1, s were used to prevent, prepare for, and respond to the coronavirus pandemic,	Check "I Agree" *	
and reimburse healthcare-related ex Act 2021-24 funds were not used fo	penses or lost revenues attributable to the coronavirus pandemic; and, that the r expenses or losses that have been or will be reimbursed from other sources.	I Agree	

Attestation		
Field Label	Required (Y/N/Pre)	Description
This is my final report as I have spent	N	Check this box only if all of ARPA funds have
all my funds.		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

🔲 📷 Nursing Facilities S	ubmissions - 🗆 🗙	+					-	o ×			
$\leftarrow$ $\rightarrow$ C a	🖒 https://	/www.humanservices-t.sta	te.pa.us/FundingPortal/	SurveySubmissions?surveyTyp	pe=NF A <sup>№</sup>	ි 💆 🕃	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•••			
ре рера	Pennsylvania DEPARTMENT OF HUMAN SERVICES										
Home Logou	t										
		Nu	irsing Fac	ilities Subr	nissions						
Submission	MPI	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By				
View	777777777		The Learning Place	Completed	01/01/2022 - 06/30/2022	05/10/2022	b-fndguser				
View	777777777		The Learning Place	Completed	07/01/2021 - 12/31/2021	07/07/2022	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

Nursing Facilities Survey - Depar X +					-	C
→ C A thtps://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions/View_Survey?idx=dDMJMk7d4pr A	to	a	3	£'≡	¢	6
DEPARTMENT OF HUMAN SERVICES						
ome Logout						
Nursing Facilities Survey						
		P	rint	Up	date/F	dit
Nursing Facilities Survey Submission		P	rint	Up	date/E	dit
Nursing Facilities Survey Submission Report Period	01/01	P	rint - 06/30	<b>Up</b>	date/E	dit
Nursing Facilities Survey Submission Report Period Legal Entity Name	01/01 Sugg LLC	P 1/2022	- 06/30 s and N	Up 0/2022 Much I	2 Learning	dit
Nursing Facilities Survey Submission         Report Period         Legal Entity Name         Physical Location:	01/01 Sugg LLC The L	P 1/2022 Jestions	rint - 06/30 s and M ng Plac	Up 0/2022 /luch L	2 Learning	dit
Nursing Facilities Survey Submission         Report Period         Legal Entity Name         Physical Location:         Medicaid Number	01/01 Sugg LLC The L 7777	P 1/2022 Jestions Learnir 77777	rint - 06/30 s and M ng Plac	Up 0/2022 Much L	2 Learning	dit
Nursing Facilities Survey Submission         Report Period         Legal Entity Name         Physical Location:         Medicaid Number         Legal Entity License Number:	01/01 Sugg LLC The L 7777	P 1/2022 Jestions Learnir	rint - 06/30 s and M	Up 0/2022 Much L	2 Learning	,
Nursing Facilities Survey Submission         Report Period         Legal Entity Name         Physical Location:         Medicaid Number         Legal Entity License Number:         DHS Act 24 of 2021 (ARPA) Payment	01/01 Sugg LLC The L 7777	P 1/2022 Jestions Learnir 77777	rint - 06/30 s and M	Up D/2022 Much I	2 Learning	dit
Nursing Facilities Survey Submission         Report Period         Legal Entity Name         Physical Location:         Medicaid Number         Legal Entity License Number:         DHS Act 24 of 2021 (ARPA) Payment         Is Provider a Unit of Local Government	01/01 Sugg LLC The L 7777 \$0.00	P 1/2022 eestion: _earnir 77777	rint - 06/30 s and M ng Plac	Up D)/2022 Much L	2 Learning	,

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

ARPA Funding Tracking: Resident × +							-	٥	×
← → C A thtps://www.humanservices-t.state.pa.us/FundingPortal/Form/PAS_RH_AD?Type=ResHab	A#	to	U	<b>e</b> ?	G	{ <u>`</u> ≣	Ē	۲	
pennsylvania DEPARTMENT OF HUMAN SERVICES									
Home Logout									
CACPA FUNCTION INCOMENTATION INCOMENTATION IN A CONTRACT AND A CON	Habi Emergency ( ses, and lost provide fundi aceives the fu	(PHE). revenuing for e	The prov le where expenses and Marc	vider co actual s that c ch 31,	ompletir I data is qualify a 2024. F	ng this f not ava is expar Required	form ailable. nding, d fields a	are	
Select Provider/Facility/Entity									- 1
Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *	Report Per	riod: *							
Select Entity ~	Select R	eport P	eriod				~		- 1
Select Entity ABC Health & Wellness, Inc. (555 Up and Down the River Rd Ourtown)									

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

The ARPA Funding Tracking: Resident X +						-	٥	
$ ightarrow$ C $\ \textcircled{a}$ https://www.humanservices-t.state.pa.us/FundingPortal/Form/PAS_RH_AD?Type=ResHab	/	4" 2 <b>0</b>	U	ß	{≦	Ē		
DEPARTMENT OF HUMAN SERVICES								
Home Logout								
ARPA Funding Tracking: Residential	Habilit	tatio	n					
ARPA Funding Tracking: Residential	Habilit	tatio	n	amplat	ling this	form		
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health I should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses	Habilit Emergency (PHI es, and lost reve	E). The pro-	<b>n</b> ovider co re actual	omplet I data i	ting this	form vailable.		
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expense Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payments p enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider re	Habilit Emergency (PH es, and lost rever rovide funding for ceives the fundi	E). The pre- enue where or expension of and Ma	n ovider co re actual es that c arch 31,	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ed fields	are	
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health I should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expense Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payments p enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider re denoted with an asterisk (*).	Habilit Emergency (PHI es, and lost revi rovide funding fi ceives the fundi	E). The pro- enue when or expens ng and Ma	n ovider co re actual es that c arch 31,	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ed fields	are	
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expense Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payments p enhancing, or strengthening nome and community based services (HCBS) and are incurred between the date the provider re- dented with an asterisk (*). Select Provider/Facility/Entity	Habilit Emergency (PHI es, and lost rever rovide funding fr ceives the funding	E). The prive enue when or expens ng and Ma	n povider co re actual es that c arch 31,	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ad fields	are	
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expense Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payments p enhancing, or strengthening nome and community based services (HCBS) and are incurred between the date the provider re- denoted with an asterisk (*). Select Provider/Facility/Entity	Habilit Emergency (PHI es, and lost rever rovide funding fi ceives the fundion Select Repor 01/01/2022 -	E). The pri- enue where or expens ng and Ma t Period 06/30/20/	n ovider co re actual es that c arch 31,	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ad fields	are	
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expense Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payments p enhancing, or strengthening nome and community based services (HCBS) and are incurred between the date the provider re- denoted with an asterisk (*). Select Provider/Facility/Entity	Habilit Emergency (PHI es, and lost rever rovide funding fi ceives the fundia Select Report 01/01/2022 - 07/01/2022 - 01/01/2023 -	E). The pri- enue when or expensing and Ma 06/30/202 12/31/202 06/30/202	n povider co re actual es that c arch 31, 22 22 23	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ed fields	are	
ARPA Funding Tracking: Residential This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, expenses, expenses, expenses, and lost revenue where available and estimate revenue, expenses, e	Habilit Emergency (PHI es, and lost rever rovide funding fi ceives the fundia Select Report 01/01/2022 - 07/01/2022 - 07/01/2023 - 07/01/2023 -	tatio E). The prenue when or expensing and Ma t Period 06/30/201 12/31/201 12/31/201	n ovider core actual es that c arch 31, 22 22 23 23	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ad fields	are	
ARPA Funding Tracking: Residential         This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where available and estimate revenue, expenses performed actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, expen	Habilit Emergency (PHI es, and lost rev rovide funding fi ceives the funding Select Repor 01/01/2022 - 07/01/2022 - 07/01/2023 - 07/01/2023 - 01/01/2023 -	tatio E). The prenue when or expens ng and Ma t Period 06/30/20; 12/31/20; 03/31/20;	n povider co re actual es that c arch 31, 22 22 23 23 24	omplet I data i qualify 2024.	ting this is not av as expa Require	form vailable. anding, ad fields	are	

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**

AREA Funding fracking, Resident X					-	٥	>
$ ightarrow$ C $\ $ $\ $ https://www.humanservices-t.stat	AN TO	5	Q   C	•	۲		
pennsylvania DEPARTMENT OF HUMAN SERVIC	ES						
Home Logout							
ARPA Fund	Previously Submitted Information	Habilitati	on				
This report is to be used to capture the COVID-19 revenue r should provide actual COVID-19 related revenue, expenses Please enter in the total amounts for the following categorie enhancing, or strengthening home and community based se denoted with an asterisk (*).	A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.	Emergency (PHE). The ses, and lost revenue w provide funding for exp receives the funding and	e provider o vhere actua enses that I March 31	completing thi al data is not a qualify as exp , 2024. Requi	s form available. banding, red fields	are	
Select Provider/Facility/Entity	Yes No						
Please select the provider/facility/entity that you are re will change based on logged-in user): *	porting on behair of (entity identifier selection type	Report Period: *					

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 Y	

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	Y	Enter the total number of employees of the
Reporting Period End Date		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	Y	The number of employees during the reporting
Male		period who identify as male. Numbers only.*
Number of Employees that Identify as	Y	The number of employees during the reporting
Female		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	Y	Number of employees hired as a result of	
Result of Strengthening Workforce		strengthening workforce payments within the	
Payment		reporting period only. Numbers only.*	
Number of Employees Gained (+) or	Y	Number of employees gained (+) or lost (-) since	
Lost (-) Since 12/31/2021		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	Y	Total days for confirmed COVID-19 residents	
Residents		during the selected period. Numbers only.*	
Total Days for Suspected COVID-19	Y	Total days for suspected COVID-19 residents	
Residents		during the selected period. Numbers only.*	
Total Number of Structured Day	Y	Total number of structured day habilitation	
Habilitation Units Provided Remotely		units provided remotely during the selected	
		period. Numbers only.*	
Total Number of Cognitive	Y	Total number of cognitive rehabilitation units	
Rehabilitation Units Provided		provided remotely during the selected period.	
Remotely		Numbers only.*	
Total Number of Behavior Therapy	Y	Total number of behavior therapy units	
Units Provided Remotely		provided remotely during the selected period.	
		Numbers only.*	
Total Days for CHC & OBRA	Y	Total days for CHC & OBRA Participants during	
Participants		the selected period. Numbers only.*	
Total Days for Confirmed COVID-19	Y	Total days for confirmed COVID-19 CHC & OBRA	
CHC & OBRA Participants		Participants during the selected period.	
		Numbers only.*	
Total Days for Suspected of COVID-19	Y	Total days for suspected COVID-19 CHC & OBRA	
CHC & OBRA Participants		Participants during the selected period.	
		Numbers only.*	
I otal Number of Structured Day	Y	I otal structured day habilitation units provided	
Habilitation Units Provided Remotely		remotely to CHC & OBRA Participants during the	
to CHC & OBRA Participants		selected period. Numbers only.*	
I otal Number of Cognitive	Y	I otal cognitive rehabilitation units provided	
Renabilitation Units Provided		remotely to CHC & OBKA Participants during the	
Total Number of Debasier Therese	V	Tetal Debayioral Therapy units provided	
Lucita Number of Benavior Therapy	Y	Total Benavioral Therapy Units provided	
OPPA Participants		remotely to CHC & OBKA participants during the	
OBKA Participants		selected period. Numbers only."	
* Navetha a november of some hals an endered			

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

# Form Completion Information

Form Completion Information		
Name of Individual Completing Report: *	Date COVID-19 Expense Reporting Form Completed: *	
Jennifer Smith	06/21/2022	
Email Address for Individual Completing Report: *	Telephone Number for Individual Completing Report: *	Extension Number for Individual Completing COVID- 19 Report:
DA DWARDA Fund Partal@na day	3335557777	10

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	Pre	Pre-populated with the date of entry.		
Form Completed				
Email Address for Individual	Y	Although this information may be pre-		
Completing Report		populated, it can be modified.		
Telephone Number for Individual	Y	Must be 10 digits, numbers only, no symbols or		
Completing Report		spaces (area code and seven-digit phone		
		number).		
Extension Number for Individual	N	Must be numbers only, no symbols, letters, or		
Completing COVID-19 Report		spaces, up to 10 digits.		

## Labor Statistics Information

Labor Statistics Information	
Number of Employees receiving Retention Payments (for Existing Workers): *	Number of Employees receiving Sign-On Bonuses (for New Workers): *
30	7
Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *	Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: *
0	30
Number of Employees receiving Vaccination Incentives: *	Number of Employees receiving Personal Protective Equipment Benefits: *

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

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: *	
Other Employee Benefits): * \$16000	COVID-related Paid Time Off or Paid Sick Leave: * \$3500	
Other Employee Benefits): * \$16000 Vaccination Incentives: *	COVID-related Paid Time Off or Paid Sick Leave: * \$3500 Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: *

Field Label	Required	Description	
Retention Payments (for Existing	γ	The total ARPA retention payments made during	
Workers)		the selected reporting period Numbers only *	
Sign-On Bonuses (for New Workers)	v	The total of sign-on bonuses during the selected	
Sign on bondses (for new workers)	•	period Numbers only *	
Overtime Costs	v	Overtime costs resulting from the DHE during	
Over time costs	1	the selected reporting period. Numbers only *	
Staff	V	Staff training education and communication	
Stall	T	Stan training, education, and communication	
Training/Education/Communication		costs related to the PHE during the selected	
		reporting period. Numbers only.*	
Leave Benefits (Health Insurance	Y	PHE-related leave benefits (health insurance	
Premiums or Other Employee		premiums or other employee benefits) paid	
Benefits)		during the selected period. Numbers only.*	
COVID-related Paid Time Off or Paid	Y	PHE-related paid time off or paid sick leave	
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	Y	Testing and Specimen Collection Costs during	
Necessities Costs		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 conte, cannot remain			

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: *
\$62000
File List
Allowed File Types: doc, docx, xls, xlsx, pdf
Add File

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

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

#### Attestation and Submission

Attestation	
□ This is my final report as I have spent all my funds.	
Enter any Data Caveats:	
Test data caveat.	
I, Jennifer Smith, certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing ARPA Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of November 1, 2021; and that the ARPA funds were used to expand, enhance, or strengthen home and community-based	Check "I Agree" *
services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.	I Agree
Please Verify Provider Number	
ricase venig riovidei valiber	

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.
*	Check "I Agree" * ⊠ I Agree	I (relating to unsworn falsification to Form are true and correct to the best ont was in operation as of November home and community-based ave been or will be reimbursed from	I, Jennifer Smith, certify, subject to the terms and penaltic authorities) that the information contained in the forgoing of my knowledge following reasonable investigation, that 1, 2021; and that the ARPA funds were used to expand, services; and, that the ARPA funds were not used for exp other sources.
		n to Complete Later Reset	Submit Info as Complete for Report Period

Attestation Required **Field Label** Description (Y/N/Pre) This is my final report as I have spent Ν Check this box only if all of ARPA funds have all my funds. been exhausted for the provider/facility/entity selected at the top of the screen. Enter any Data Caveats Ν 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" Υ This box must be checked to submit data. Data can be saved but not submitted before this box

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

is checked.

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

🗖 📑 Residential Rehabilit	ation Service 🗙	+				-	٥
$\leftarrow$ $\rightarrow$ C a	https://w	ww.humanservices-t.state.pa.us/Fundi	ingPortal/SurveySubmissions?su	rveyType=ResHab	A to U	ଓ \ ८ ⊕	•
per DEPAR	DEPARTMENT OF HUMAN SERVICES						
Home Logout							
	Residential Rehabilitation Services Submissions						
Submission	MPI	Facility Name	Submission Status	Report Period	Date Updated	Updated By	
View	001911705	ABC Health & Wellness Land	Completed	07/01/2022 - 12/31/2022	05/19/2022	b-fndguser	
View	001911705	ABC Health & Wellness Land	Completed	01/01/2022 - 06/30/2022	05/12/2022	b-fndguser	
Return to Top							

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

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

#### View and Print Detail Screen

🗈 👼 Residential Habilitation Survey - x +								-	٥	×
← → C 🙃 https://www.humanservices-t.state.pa.us/FundingPortal/SurveySubmissions/View_Survey?idx=5JWJNPgcXW	/	A∌	ô	۵	¢		£≡	Ē		
pennsylvania DEPARTMENT OF HUMAN SERVICES										A
Home Logout										
Residential Habilitation Survey										
Residential Habilitation Survey Submission					Print		Upd	ate/Ed	lit	
Report Period	0	7/01	/2022	- 12/31	/2022					
Home Care/Home Health Agency MA Provider Number	0	0191	11705							
Home Care/Facility Name	A	BC	Health	& Well	ness L	.and				
Does Entity Qualify As a Small Business	N	1								
Total Number of Employees as of Reporting Period End Date	3	0								
Number of Full Time Employees	2	5								
Number of Employees that Identify as Male	1	0								
Number of Employees that identify as Female	2	0								

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

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 Report View PAS Submissions					

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 Integration	Services & Community
This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Hee should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, exp Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payment enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provide denoted with an asterisk (*).	Ith Emergency (PHE). The provider completing this form benses, and lost revenue where actual data is not available. Its provide funding for expenses that qualify as expanding, r receives the funding and March 31, 2024. Required fields are
Select Provider/Facility/Entity	
Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *	Report Period: *
Select Entity ~	Select Report Period 🗸
Select Entity Life & Other Great Things, Inc. (505 In the Way Circle New Pineapple)	

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

Home Logout	
ARPA Funding Tracking: Personal Assistance Integration	Services & Community
This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Heal should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expe Please enter in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payment enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider denoted with an asterisk (*).	th Emergency (PHE). The provider completing this form enses, and lost revenue where actual data is not available. is provide funding for expenses that qualify as expanding, receives the funding and March 31, 2024. Required fields are
Select Provider/Facility/Entity	
Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user): *	Report Period: *
Life & Other Great Things, Inc. (505 In the Way Circle New Pineapple)	Select Report Period 🗸
	Select Report Period 01/01/2022 - 06/30/2022 07/01/2022 - 12/31/2022 01/01/2023 - 06/30/2023 07/01/2023 - 12/31/2023 01/01/2024 - 03/31/2024
Return to Top	

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

Note: Asterisks (\*) indicate a required field

#### Previously Submitted Information

Home Logout							
ARPA Funding Tracking: Personal Assistance Services & Community Integration							
This report is to be used to capture the COVID-19 revenue re should provide actual COVID-19 related revenue, expenses	eceived, costs, and lost revenue as a result of the Public Health	n Emergency (PHE). The provider completing this form					
Please enter in the total amounts for the following categorie: enhancing, or strengthening home and community based se	Previously Submitted Information	provide funding for expenses that qualify as expanding, aceives the funding and March 31, 2024. Required fields are					
denoted with an asterisk (*).	A questionnaire was submitted for this reporting						
Select Provider/Facility/Entity	period. Selecting Yes will indicate that this new questionnaire will be an amended version.						
		-					
Please select the provider/facility/entity that you are will change based on logged-in user): *	Yes No	Report Period: *					
Life & Other Great Things, Inc. (505 In the Way Circle N	New Pineapple) V	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

are/Home Health Agency MA Provider : *	Home Care/Home Health Agency Chain Name: *
5555	The Center for Living
ovider Qualify As a Small Business?: *	
~	
	ovider Qualify As a Small Business?: *

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	Pre	Pre-populated with agency information on file,
Name		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	Y	This must be entered to save data or changes
Provider Number		made, for verification purposes.
Home Care/Home Health Agency	Pre	Pre-populated with agency chain name on file.
Chain Name		Contact the OLTL Provider Helpline at 1-800-
		932-0939 to discuss any corrections or concerns.
Strengthening the Direct Care Worker	Pre	Pre-populated with the amount on file for the
Workforce Payment		Reporting Period and agency selected.
Does Provider Qualify as a Small	Y	Yes/No dropdown list
Business?		

#### 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: *	Date COVID-19 Expense Reporting Form Completed: *	
Patty Stevens	08/26/2022	
Email Address for Individual Completing Report: *	Telephone Number for Individual Completing Report: *	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	Pre	Pre-populated with the date of entry.	
Form Completed			
Email Address for Individual	Y	Although this information may be pre-	
Completing Report		populated, it can be modified.	
Telephone Number for Individual	Y	Must be 10 digits, numbers only, no symbols or	
Completing Report		spaces (area code and seven-digit phone	
		number).	
Extension Number for Individual	N	Must be numbers only, no symbols, letters, or	
Completing COVID-19 Report		spaces, up to 10 digits.	

#### Labor Statistics Information

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

Labor Statistics Information			
Field Label	Required (Y/N/Pre)	Description	
Number of Employees receiving	Y	The number of existing employees receiving	
Retention Payments (for Existing		retention payments during the selected period.	
Workers)		Numbers only.*	
Number of Employees receiving Sign-	Y	The number of new employees receiving sign-on	
On Bonuses (for New Workers)		bonuses in the selected period. Numbers only.*	
Number of Employees receiving Leave	Y	The number of new employees receiving leave	
Benefits (Health Insurance Premiums		benefits such as health insurance premiums	
or Other Employee Benefits)		within the period selected. Numbers only.*	
Number of Employees receiving	Y	The number of employees receiving COVID-19-	
COVID-related Paid Time Off or Paid		related Paid Time Off or Paid Sick Leave, during	
Sick Leave		the selected period. Numbers only.*	
Number of Employees receiving	Y	The number of employees receiving vaccination	
Vaccination Incentives		incentives within the selected period. Numbers	
		only.*	
Number of Employees receiving	Y	The number of employees receiving Personal	
Personal Protective Equipment		Protective Equipment (PPE) benefits within the	
Benefits		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	Y	The total ARPA retention payments made during
Workers)		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	Y	Staff training, education, and communication
Training/Education/Communication		costs related to the PHE during the selected
Costs		reporting period. Numbers only.*
Leave Benefits (Health Insurance	Y	PHE-related leave benefits (health insurance
Premiums or Other Employee		premiums or other employee benefits) paid
Benefits)		during the selected period. Numbers only.*
COVID-related Paid Time Off or Paid	Y	PHE-related paid time off or paid sick leave for
Sick Leave		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	Y	Testing and Specimen Collection Costs during
Necessities Costs		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	
		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,	Ν	Click the "Add File" button to attach supporting
pdf		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 APPA funds were not used for expenses or losses that have been or will be reimbursed from	Check "I Agree" *	10
other sources.	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	Check "I Agree" *	
services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.		
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	Ν	Check this box only if all of ARPA funds have
all my funds.		been exhausted for the provider/facility/entity
		selected at the top of the screen.
Enter any Data Caveats	Ν	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

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 Report View 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	5555555555	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

	nonnevlvania
02	pennsylvania
(ma)	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	55555555
Home Care/Facility Name	The Center for Living
Strengthening Direct Care Workers payment	\$92194.00
Does Entity Qualify As a Small Business	Ν
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

Home Logout ARPA (American Rescue Plan Act) Funding Portal				
ARPA (American Rescue Plan Act) Funding Portal				
ARPA Funding : Adult Day – (AD) Use this report to capture ARPA funding and expenditure information if you are representing an AD facility. Create a new AD Funding Report				

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

Home	Logout
	ARPA Funding Tracking: Adult Day
ould prov ease ente hancing, noted wit	ide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available or in the total amounts for the following categories. Please note that ARPA Stregthening the Workforce payments provide funding for expenses that qualify as expanding, 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 th an asterisk (*).
Select	Provider/Facility/Entity

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

DEPARTMENT OF HUMAN SERVICES			
Home Logout			
ARPA Funding Trac	ckina: Adult	Dav	
Please enter in the total amounts for the following categories. Please note that ARPA Stregthenin	ig the Workforce payments pro	ovide funding for expenses that qualify	as expanding,
enhancing, or strengthening home and community based services (HCBS) and are incurred betw denoted with an asterisk (*). Select Provider/Facility/Entity Please select the provider/facility/entity that you are reporting on behalf of (entity identity will change based on logged-in user): *	reen the date the provider rec	eives the funding and March 31, 2024.	Required fields
enhancing, or strengthening home and community based services (HCBS) and are incurred betw Jenoted with an asterisk (*). Select Provider/Facility/Entity Please select the provider/facility/entity that you are reporting on behalf of (entity identity will change based on logged-in user): * Large and In Charge Companies (404 Found Parkway Greenville)	ifier selection type	eives the funding and March 31, 2024.	Required fields

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

pennsylvania DEPARTMENT OF HUMAN SERV	/ICES			
Home Logout				
ARPA Funding Tracking: Adult Day				
This report is to be used to capture the COVID-19 revenue r should provide actual COVID-19 related revenue, expenses	Previously Submitted Information	Emergency (PHE). The provider comp ses, and lost revenue where actual da		
Please enter in the total amounts for the following categorie enhancing, or strengthening home and community based se denoted with an asterisk (*).	A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version.	provide funding for expenses that qua aceives the funding and March 31, 202		
Select Provider/Facility/Entity	•			
Please select the provider/facility/entity that you are will change based on logged-in user): *	Yes No	Report Period: *		
Large and In Charge Companies (404 Found Parkway	Greenville) ~	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	Y	Enter the total number of employees of the
Reporting Period End Date		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
	X	only.*
Number of Employees that identify as	Y	Ine number of employees during the reporting
Male		period who identity as male. Numbers only.*
Number of Employees that Identify as	Y	The number of employees during the reporting
Female		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	Y	Number of employees hired as a result of
Result of Strengthening Workforce		strengthening workforce payments within the
Payment		reporting period only. Numbers only.*
Number of Employees Gained (+) or	Y	Number of employees gained (+) or lost (-) since
Lost (-) Since 12/31/2021		12/31/2021. Numbers only.*
Total Positive COVID-19 CHC & OBRA	Y	Total positive COVID-19 CHC & OBRA
Participants		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

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

Date COVID-19 Expense Reporting Form Completed: *	
08/29/2022	
Telephone Number for Individual Completing Report: *	Extension Number for Individual Completing COVID- 19 Report:
7175553333	15
	Date COVID-19 Expense Reporting Form Completed: * 08/29/2022 Telephone Number for Individual Completing Report: * 7175553333

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	Pre	Pre-populated with the date of entry.	
Form Completed			
Email Address for Individual	Y	Although this information may be pre-	
Completing Report		populated, it can be modified.	
Telephone Number for Individual	Y	Must be 10 digits, numbers only, no symbols or	
Completing Report		spaces (area code and seven-digit phone	
		number).	
Extension Number for Individual	Y	Must be numbers only, no symbols, letters, or	
Completing COVID-19 Report		spaces, up to 10 digits.	

## Statistics Information

Labor Statistics Information	
Number of Employees receiving Retention Payments (for Existing Workers): *	Number of Employees receiving Sign-On Bonuses (for New Workers): *
30	10
Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *	Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: *
Number of Employees receiving Vaccination	Number of Employees receiving Personal Protective Equipment Benefits: *
50	21

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

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

_abor 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: *		

Labor Cost Information		
Field Label	Required (Y/N/Pre)	Description
Retention Payments (for Existing	Y	The total ARPA retention payments made during
Workers)		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	Y	Staff training, education, and communication
Training/Education/Communication		costs related to the PHE, during the selected
Costs		reporting period. Numbers only.*
Leave Benefits (Health Insurance	Y	PHE-related leave benefits (health insurance
Premiums or Other Employee		premiums or other employee benefits) paid
Benefits)		during the selected period. Numbers only.*
COVID-related Paid Time Off or Paid	Y	PHE-related paid time off or paid sick leave for
Sick Leave		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	Y	Testing and Specimen Collection Costs during
Necessities Costs		the PHE in the period selected. Numbers only.*
Outreach for Recruitment of New	Y	Costs of outreach for the recruitment of new
Workers		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	Y	Construction costs for physical plan modification
Modification Costs)		resulting from the PHE, during the period
		selected. Numbers only.*
Expenses to Re-open Center After	у	Costs for re-opening center after COVID-19-
COVID-19 Related Closure		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,	N	Click the "Add File" button to attach supporting
pdf		documents.

### Attestation and Submission

Attestation		
□ This is my final report as I have spent all my funds.		
Enter any Data Caveats:		
		1.
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	Check "I Agree" *	
services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.	I Agree	
Diagon Varify Dravidar Number		
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	5.			
Enter any Data Caveats:				
			1.	
I, Adriana Day, certify, subject to the terms and penalties	of 18 Pa. C.S. §4904 (relating to unsworn falsification to			
of my knowledge following reasonable investigation, that 1, 2021: and that the ARPA funds were used to expand.	the entity that I represent was in operation as of November enhance, or strengthen home and community-based	Check "I Agree" *		
services; and, that the ARPA funds were not used for expenses or losses that have been or will be reimbursed from other sources.				
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	N	Check this box only if all of ARPA funds have		
all my funds.		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

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 Report View AD Submissions				

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

### Select Detail Screen from Adult Day Submissions List

ре ре	DEPARTMENT OF HUMAN SERVICES						
Home Logou	ıt						
	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

pennsylvania DEPARTMENT OF HUMAN SERVICES	
Home Logout	
Adult Day Su	rvey
Adult Day Survey Submission	Print Update/Edit
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	Ν
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.