



# American Rescue Plan Act (ARPA) Funding Reporting Portal

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## 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: [www.humanservices.state.pa.us/FundingPortal/](http://www.humanservices.state.pa.us/FundingPortal/)

## Login Screen

**PA pennsylvania**

**Keystone Key**

Username

Password

**LOGIN**

**Self-service for Business Partner**

- Forgot User ID
- Forgot Password
- Edit Profile

**Self-service for Commonwealth Employees**

- Change CWOPA Password or Hint Questions

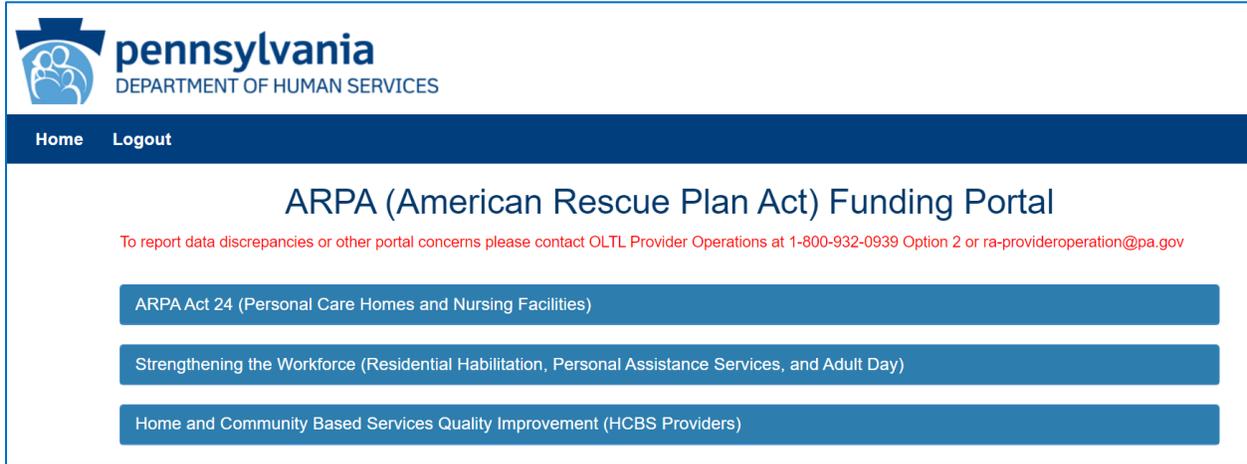
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1. Enter the username-this is your Business Partner username beginning with b-
2. Enter your password
3. Click "Login"
4. For lost Passwords or User IDs, see the "Self-service for Business Partner" section to the right of the login area

# Opening Screen and Main Menu

## Main Menu



The screenshot shows the main menu of the ARPA Funding Portal. At the top left is the Pennsylvania Department of Human Services logo. Below the logo is a dark blue navigation bar with 'Home' and 'Logout' links. The main content area is titled 'ARPA (American Rescue Plan Act) Funding Portal' and includes a red text notice: 'To report data discrepancies or other portal concerns please contact OLTL Provider Operations at 1-800-932-0939 Option 2 or ra-provideroperation@pa.gov'. Below the notice are three blue buttons with white text: 'ARPA Act 24 (Personal Care Homes and Nursing Facilities)', 'Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)', and 'Home and Community Based Services Quality Improvement (HCBS Providers)'.

The portal's main menu will vary according to provider's funding type(s):

1. ARPA Act 24 (Personal Care Homes and Nursing Facilities)
2. ARPA Act 54 (All Provider Types)
3. Home and Community Based Services Quality Improvement (HCBS Providers)
4. Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

## Submenus

Home Logout

### ARPA (American Rescue Plan Act) Funding Portal

To report data discrepancies or other portal concerns please contact OLTL Provider Operations at 1-800-932-0939 Option 2 or ra-provideroperation@pa.gov

ARPA Act 24 (Personal Care Homes and Nursing Facilities)

#### 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

Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

ARPA Act 54 (All Provider Types)

Return to Top

Each funding type button on the main menu will expand to a submenu with eligible provider categories:

1. ARPA Act 24
  - a. ARPA Funding: Personal Care Home/Assisted Living Facilities (PCH)
  - b. ARPA Funding: Nursing Facilities (NF)
2. ARPA Act 54
  - a. All provider types
3. Home and Community Based Services Quality Improvement
  - a. HCBS Providers
4. Strengthening the Workforce
  - a. ARPA Funding: Adult Day – (AD)
  - b. ARPA Funding: Personal Assistance Services – (PAS)
  - c. ARPA Funding: Community Residential Habilitation Services – ResHab

# 1. ARPA Act 24 (Personal Care Homes and Nursing Facilities)

The screenshot shows the ARPA (American Rescue Plan Act) Funding Portal. At the top, there is a navigation bar with 'Home' and 'Logout' links. Below this is the main title 'ARPA (American Rescue Plan Act) Funding Portal' and a red text notice: 'To report data discrepancies or other portal concerns please contact OLTL Provider Operations at 1-800-932-0939 Option 2 or ra-provideroperation@pa.gov'. A blue bar highlights 'ARPA Act 24 (Personal Care Homes and Nursing Facilities)'. The main content area is divided into two sections: 'ARPA Funding : Personal Care Home/Assisted Living Facilities - (PCH)' and 'ARPA Funding : Nursing Facilities - (NF)'. Each section includes a brief instruction and two buttons: 'Create a new PCH/NF Funding Report' and 'View PCH/NF Submissions'. At the bottom, there are two more blue bars: 'Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)' and 'ARPA Act 54 (All Provider Types)'. A 'Return to Top' link is located at the very bottom left.

The ARPA Act 24 button will expand to a submenu with provider type(s) applicable to the business partner’s organization. The possible provider types for Act 24 funding are:

- a.) ARPA Funding: Personal Care Home/Assisted Living Facilities (PCH)
- b.) ARPA Funding: Nursing Facilities (NF)

## Create a New Personal Care Home & Assisted Living Facilities Funding Report

ARPA Act 24 (Personal Care Homes and Nursing Facilities)

### 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](#)

Click the button on the left to create a new funding report.

### Select Provider and Period



Home Logout

### ARPA Funding Tracking: Personal Care Homes & Assisted Living

This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please note that Act 2021-24 provides funding for COVID-19 related costs obligated by December 31, 2024 and incurred by December 31, 2026. Required fields are denoted with an asterisk (\*).

Select Provider/Facility/Entity

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

Report Period: \*

Select Entity

Select Report Period

Select Provider/Facility/Entity

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

Report Period: \*

Select Entity

Select Report Period

- Select Entity
- Fair Hills & Bold Ideas (2110 Every Which Way Wellington)
- Personal Care Homes/Assisted Living Facilities LLC (555502 Personal Care Homes/Assisted Living Facilities BLVD DABURG)
- Personal Care Homes/Assisted Living Facilities LLC (555502 Personal Care Homes/Assisted Living Facilities BLVD DABURG)

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

### ARPA Funding Tracking: Personal Care Homes & Assisted Living

This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency. Please provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where not available. Please enter in the total amounts for the following categories. Please note that Act 2021-24 provides funding for COVID-19 related expenses 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): \*

Fair Hills & Bold Ideas (2110 Every Which Way Wellington) ▼

**Select Report Period**

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

Select Report Period ▼

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

Note: Asterisks (\*) indicate a required field

## Previously Submitted Information

The screenshot shows the Pennsylvania Department of Human Services portal for ARPA Funding Tracking. The page title is "ARPA Funding Tracking: Personal Care Homes & Assisted Living". A pop-up box titled "Previously Submitted Information" is displayed over the form. The pop-up text reads: "A questionnaire was submitted for this reporting period. Selecting Yes will indicate that this new questionnaire will be an amended version." The form behind the pop-up includes a "Select Provider/Facility/Entity" dropdown menu with "Fair Hills & Bold Ideas (2110 Every Which Way Wellington)" selected, and a "Report Period:" dropdown menu with "07/01/2021 - 12/31/2021" selected. There are "Yes" and "No" buttons in the pop-up.

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” screen. Enter the provider and period to report.
- Clicking “Yes” will display existing data and allow editing. To save changes, provider number must be reentered for verification purposes.

## Legal Entity Name & Details

Legal Entity Name & Details

**Legal Entity Name: \***

**Physical Location: \***

**License Number: \***

**DHS Act 24 of 2021 (ARPA) Payment: \***

**Is Provider a Unit of Local Government?: \***

**Does Provider Qualify As a Small Business?: \***

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

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

## Statistic Information

Statistic Information	
Total Number of Employees as of Reporting Period End Date: *	Number of Full-Time Employees: *
<input type="text" value="30"/>	<input type="text" value="17"/>

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

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

## Form Completion Information

Form Completion Information		
<b>Name of Individual Completing Report: *</b>	<b>Date COVID-19 Expense Reporting Form Completed: *</b>	
Jennifer Smith	03/04/2024	
<b>Email Address for Individual Completing Report: *</b>	<b>Telephone Number for Individual Completing Report: *</b>	<b>Extension Number for Individual Completing COVID-19 Report:</b>
RA-PWARPAFundPortal@pa.gov	7175551111	

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

## Labor Cost Information

Labor Cost Information		
<b>Full and Part Time Employee costs: *</b>	<b>Retention Payments: *</b>	<b>Contracted/Agency Usage Costs: *</b>
<input type="text" value="\$250000"/>	<input type="text" value="\$75000"/>	<input type="text" value="\$7500"/>
<b>Overtime Costs: *</b>	<b>Staff Training/Education/Communication Costs: *</b>	
<input type="text" value="\$12500"/>	<input type="text" value="\$5000"/>	
<b>Total Labor Expenses: *</b>		
<input type="text" value="\$350000"/>		

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) for the selected reporting period. Numbers only.*
Retention Payments	Y	The total ARPA retention payments made during the selected reporting period. Numbers only.*
Contracted/Agency Usage Costs	Y	The total costs of contracted employees/agencies during the reporting period because of the PHE. Numbers only.*
Overtime Costs	Y	Overtime costs resulting from the PHE, during the selected reporting period. Numbers only.*
Staff Training/ Education/ Communication Costs	Y	Staff training, education, and communication costs related to the PHE, during the selected reporting period. Numbers only.*
Total Labor Expenses	Pre	Pre-calculated with the total of figures entered in this section; modify by correcting other entries

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

## Supplies Cost Information

Supplies Cost Information

**Personal Protective Equipment Costs: \***

**Testing and Specimen Collection Necessities Costs: \***

**All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): \***

**Total Supplies Cost: \***

Supplies Cost Information		
Field Label	Required (Y/N/Pre)	Description
Personal Protective Equipment Costs	Y	Personal Protective Equipment (PPE) costs related to the Public Health Emergency (PHE), for the reporting period selected. Numbers only.*
Testing and Specimen Collection Necessities Costs	Y	Testing and Specimen Collection Costs resulting from the PHE, for the period selected. Numbers only.*
All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.)	Y	Other supply costs related to the COVID-19 PHE during the selected period. Numbers only.*
Total Supplies Cost	Pre	Pre-calculated with the total of figures entered in this section; modify by correcting other entries.

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

## Capital Cost Information

Capital Cost Information	
<b>Construction of Temporary Locations: *</b> <input type="text" value="\$6000"/>	<b>Facility Reconfiguration Costs: *</b> <input type="text" value="\$2500"/>
<b>Total Capital Costs: *</b> <input type="text" value="\$8500"/>	

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 zeros or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

## Information Technology Cost Information

Information Technology Cost Information

**IT Costs - Hardware/Software (COVID-19 Related Only): \***

**IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: \***

**Telemedicine Costs: \***

**Remote Monitoring: \***

**Total IT Costs: \***

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

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

## Other Costs Information

Other Costs Information	
<b>Expenses Related to In-Kind Contributions of Goods/Services: *</b> <input type="text" value="\$5000"/>	<b>Other Expenses: *</b> <input type="text" value="\$200"/>
<b>Total Other Costs: *</b> <input type="text" value="\$5200"/>	

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

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

## Grand Total Expenses

Grand Total Expenses
<b>Total Expenses: *</b> <input type="text" value="\$384700"/>

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.

## Revenue Losses Information

Revenue Losses Information

**Reduced total admissions: \***       **Reduced resident days: \***

**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: \***

**Total Revenue Losses: \***

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

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

## Grand Total Expenses and Revenue Loss

Grand Total Expenses and Revenue Loss

**Grand Total Expenses and Revenue Losses: \***

\$389100

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

## File List

File List

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

Add File

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

## Attestation and Submission

**Attestation**

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

**Enter any Data Caveats:**

Report Testing

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

**Check "I Agree" \***  
 I Agree

Please Verify License Number

[Return to Top](#)

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

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

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

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

## View Personal Care Home & Assisted Living Facilities Submissions

ARPA Act 24 (Personal Care Homes and Nursing Facilities)

### 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](#)

Click the button on the right to view existing funding reports.

## View Previous Submissions



Home Logout

### Personal Care Home/Assisted Living Facilities Submissions

Submission	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#">View</a>	444444	Over Here & In the Know	Completed	01/01/2026 - 06/30/2026	07/22/2022	b-fndguser
<a href="#">View</a>	444444	Over Here & In the Know	In Process	01/01/2024 - 06/30/2024	08/12/2022	b-fndguser
<a href="#">View</a>	444444	Over Here & In the Know	Completed	07/01/2022 - 12/31/2022	07/22/2022	b-fndguser
<a href="#">View</a>	444444	Over Here & In the Know	In Process	01/01/2022 - 06/30/2022	07/26/2022	b-fndguser
<a href="#">View</a>	444444	Over Here & In the Know	Completed	07/01/2021 - 12/31/2021	09/06/2022	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 Detail](#), [Print](#), or [Update/Edit Previous Submission](#)



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

## Personal Care Home/Assisted Living Facilities Survey

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

Personal Care Home/Assisted Living Facilities Survey Submission

Report Period	01/01/2026 - 06/30/2026
Legal Entity Name:	Fair Hills & Bold Ideas
Physical Location:	Over Here & In the Know
Legal Entity License Number:	444444
DHS Act 24 of 2021 (ARPA) Payment	\$0.00
Is Provider a Unit of Local Government?	Y
Does provider qualify As a Small Business	N
Total Number of Employees as of Reporting Period End Date	22
Number of Full Time Employees	12
Date COVID-19 Expense Reporting Form Completed	7/22/2022 10:00:02 AM

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

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

## Create a New Nursing Facilities Funding Report

### ARPA Funding : Nursing Facilities - (NF)

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

Create a new NF Funding Report

View NF Submissions

Click the button on the left to create a new funding report.

## Select Provider and Period



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Home
Logout

### ARPA Funding Tracking: Nursing Facilities

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

Select Provider/Facility/Entity

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

Select Entity

Report Period: \*  
Select Report Period

### ARPA Funding Tracking: Nursing Facilities

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

Select Provider/Facility/Entity

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

Select Entity  

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

Report Period: \*  
 Select Report Period

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

### ARPA Funding Tracking: Nursing Facilities

This report is to be used to capture the COVID-19 patient and payor data, revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The Nursing Facility (NF) completing this form should provide actual revenue, expense, and lost revenue where available, and estimate revenue where not available. A report should be completed for each individual NF and should not be combined chain-level data. Please enter \$0 if you had \$0 expense or revenue. Please note that Act 2021-24 provides funding for COVID-19 related costs obligated by December 31, 2021. 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) ▼

**Select Report Period**

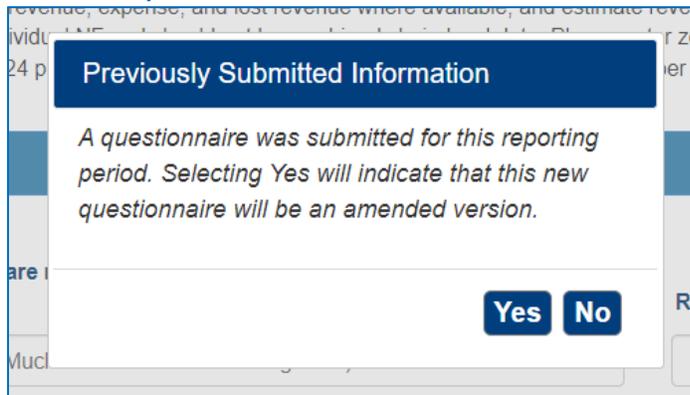
- 07/01/2021 - 12/31/2021
- 01/01/2022 - 06/30/2022
- 07/01/2022 - 12/31/2022
- 01/01/2023 - 06/30/2023
- 07/01/2023 - 12/31/2023
- 01/01/2024 - 06/30/2024
- 07/01/2024 - 12/31/2024
- 01/01/2025 - 06/30/2025
- 07/01/2025 - 12/31/2025
- 01/01/2026 - 06/30/2026
- 07/01/2026 - 12/31/2026

07/01/2021 - 12/31/2021 ▼

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

Note: Asterisks (\*) indicate a required field

## Previously Submitted Information



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

- Clicking “No” will revert to the “Select Provider” 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: \***

**Medicaid Number: \***

**DHS Act 24 of 2021 (ARPA) Payment: \***

**Is Provider a Unit of Local Government?: \***

**Does Provider Qualify As a Small Business?: \***

After the provider and report period are entered, a few other fields will auto-populate. The Medicaid 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.
Medicaid Number	Y	This must be entered to save data or changes made, for verification purposes.
DHS Act 24 of 2021 (ARPA) Payment	Pre	Pre-populated with the amount on file for the Reporting Period and Provider/Facility selected.
Is Provider a Unit of Local Government	Y	Yes/No dropdown list
Does Provider Qualify as a Small Business?	Y	Yes/No dropdown list

## Statistic Information

Statistic Information	
Total Number of Employees as of Reporting Period End Date: *	Number of Full-Time Employees: *
<input type="text" value="50"/>	<input type="text" value="35"/>

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

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

## Form Completion Information

Form Completion Information		
<b>Name of Individual Completing Report: *</b>	<b>Date COVID-19 Expense Reporting Form Completed: *</b>	
Jennifer Smith	04/05/2024	
<b>Email Address for Individual Completing Report: *</b>	<b>Telephone Number for Individual Completing Report: *</b>	<b>Extension Number for Individual Completing COVID-19 Report:</b>
RA-PWARPAFundPortal@pa.gov	5555555555	

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

## Labor Cost Information

Labor Cost Information		
Full and Part Time Employee costs: *	Retention Payments: *	Contracted/Agency Usage Costs: *
<input type="text" value="\$75000"/>	<input type="text" value="\$20000"/>	<input type="text" value="\$45000"/>
Overtime Costs: *	Staff Training/Education/Communication Costs: *	
<input type="text" value="\$10000"/>	<input type="text" value="\$5000"/>	
Total Labor Expenses: *	<input type="text" value="\$155000"/>	

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) for the selected reporting period. Numbers only.*
Retention Payments	Y	The total ARPA retention payments made during the selected reporting period. Numbers only.*
Contracted/Agency Usage Costs	Y	The total costs of contracted employees/agencies during the reporting period because of the PHE. Numbers only.*
Overtime Costs	Y	Overtime costs resulting from the PHE, during the selected reporting period. Numbers only.*
Staff Training/ Education/ Communication Costs	Y	Staff training, education, and communication costs related to the PHE, during the selected reporting period. Numbers only.*
Total Labor Expenses	Pre	Pre-calculated with the total of figures entered in this section; modify by correcting other entries

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

## Supplies Cost Information

Supplies Cost Information		
<b>Personal Protective Equipment Costs: *</b> <input type="text" value="\$2000"/>	<b>Testing and Specimen Collection Necessities Costs: *</b> <input type="text" value="\$5000"/>	<b>All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): *</b> <input type="text" value="\$3000"/>
<b>Total Supplies Cost: *</b> <input type="text" value="\$10000"/>		

Supplies Cost Information		
Field Label	Required (Y/N/Pre)	Description
Personal Protective Equipment Costs	Y	Personal Protective Equipment (PPE) costs related to the Public Health Emergency (PHE), for the reporting period selected. Numbers only.*
Testing and Specimen Collection Necessities Costs	Y	Testing and Specimen Collection Costs resulting from the PHE, for the period selected. Numbers only.*
All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.)	Y	Other supply costs related to the COVID-19 PHE during the selected period. Numbers only.*
Total Supplies Cost	Pre	Pre-calculated with the total of figures entered in this section; modify by correcting other entries.

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

## Capital Cost Information

Capital Cost Information	
<b>Construction of Temporary Locations: *</b> <input type="text" value="\$6000"/>	<b>Facility Reconfiguration Costs: *</b> <input type="text" value="\$2000"/>
<b>Total Capital Costs: *</b> <input type="text" value="\$8000"/>	

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 zeros or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

## Information Technology Cost Information

Information Technology Cost Information	
<b>IT Costs - Hardware/Software (COVID-19 Related Only): *</b> <input type="text" value="\$4000"/>	<b>IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: *</b> <input type="text" value="\$2000"/>
<b>Telemedicine Costs: *</b> <input type="text" value="\$2000"/>	<b>Remote Monitoring: *</b> <input type="text" value="\$3000"/>
<b>Total IT Costs: *</b> <input type="text" value="\$11000"/>	

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

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

## Other Costs Information

Other Costs Information	
<b>Expenses Related to In-Kind Contributions of Goods/Services: *</b> <input type="text" value="\$2000"/>	<b>Other Expenses: *</b> <input type="text" value="\$2000"/>
<b>Total Other Costs: *</b> <input type="text" value="\$4000"/>	

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

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

## Grand Total Expenses

Grand Total Expenses
<b>Total Expenses: *</b> <input type="text" value="\$188000"/>

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.

## Revenue Losses Information

Revenue Losses Information		
<b>Assumed Reduced Total Days for all payors</b> (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: *	<b>Assumed Reduced Medicaid Days</b> (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility). Days will be used in allocating Medicaid lost revenue: *	<b>Total revenue loss from reduced total admissions/reduced rehab/Medicare admissions/uncompensated therapeutic leave days: *</b>
<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="\$1500"/>
<b>Revenue Loss due to changes in experience that lead to rate increases for unemployment insurance, health insurance, and workers compensation: *</b>	<b>Total In-Kind Revenue Loss: *</b>	<b>Other Revenue Loss: *</b>
<input type="text" value="\$1000"/>	<input type="text" value="\$2000"/>	<input type="text" value="\$1500"/>
<b>Total Revenue Losses: *</b>		
<input type="text" value="\$6000"/>		

Revenue Losses Information		
Field Label	Required (Y/N/Pre)	Description
Assumed Reduced Total Days for all payors (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility, etc.) Days will be used in allocating Medicaid lost revenue	Y	Assumed reduction of total days for all payors during the selected period. Numbers only.*
Assumed Reduced Medicaid Days (Include reduced days due to lower admissions, uncompensated therapeutic leaves days, residents leaving the facility.) Days will be used in allocating Medicaid lost revenue	Y	Assumed reduction of Medicaid days during the selected period. Numbers only.*
Total revenue loss from reduced total admissions/reduced rehab/Medicare admissions/uncompensated therapeutic leave days	Y	Total Revenue loss during the selected period due to reduced total admissions, reduced rehab, Medicare admissions, and uncompensated therapeutic leaves days, during the selected period. Numbers only.*

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

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

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

## Grand Total Expenses and Revenue Loss

Grand Total Expenses and Revenue Loss

**Grand Total Expenses and Revenue Losses:** \*

Grand Total Expenses		
Field Label	Required (Y/N/Pre)	Description
Grand Total Expenses and Revenue Losses	Pre	Pre-calculated with the total of expenses, adjusted for revenue losses, entered in previous sections. Modify by correcting prior expense entries.

## File List

File List

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

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

## Attestation and Submission

**Attestation**

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

**Enter any Data Caveats:**

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

**Check "I Agree" \***  
 I Agree

Please Verify Provider Number

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

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

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

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

## View Nursing Facilities 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

Click the button on the right to view existing funding reports.

## View Previous Submissions



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### Nursing Facilities Submissions

Submission	MPI	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#" style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">View</a>	77777777		The Learning Place	Completed	07/01/2023 - 12/31/2023	09/08/2022	b-fndguser
<a href="#" style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">View</a>	77777777		The Learning Place	Completed	07/01/2022 - 12/31/2022	12/02/2022	b-fndguser
<a href="#" style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">View</a>	77777777		The Learning Place	Completed	01/01/2022 - 06/30/2022	05/10/2022	b-fndguser
<a href="#" style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">View</a>	77777777		The Learning Place	Completed	07/01/2021 - 12/31/2021	09/08/2022	b-fndguser

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 Detail](#), [Print](#), or [Update/Edit Previous Submission](#)



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## Nursing Facilities Survey

[Print](#)   [Update/Edit](#)

Nursing Facilities Survey Submission

Report Period	01/01/2022 - 06/30/2022
Legal Entity Name	Suggestions and Much Learning, LLC
Physical Location:	The Learning Place
Medicaid Number	777777777
Legal Entity License Number:	
DHS Act 24 of 2021 (ARPA) Payment	\$0.00
Is Provider a Unit of Local Government	N
Does Provider Qualify As a Small Business	N
Total Number of Employees as of Reporting Period End Date	50
Number of Full Time Employees	40
Date COVID-19 Expense Reporting Form Completed	5/10/2022 1:54:01 PM
Name of Individual Completing Report	Jennifer Smith

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

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

## 2. ARPA Act 54 (All Provider Types)

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### ARPA (American Rescue Plan Act) Funding Portal

To report data discrepancies or other portal concerns please contact OLTL Provider Operations at 1-800-932-0939 Option 2 or ra-provideroperation@pa.gov

ARPA Act 24 (Personal Care Homes and Nursing Facilities)

Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

ARPA Act 54 (All Provider Types)

#### ARPA Funding : Act 54

Use this report to capture ARPA Act 54 funding and expenditure information if you are representing these group of facilities.

[Create a new Act 54 Funding Report](#) [View Act 54 Submissions](#)

The ARPA Act 54 button will expand to a submenu with one provider type:

- a.) ARPA Funding: Act 54

## Create a New Act 54 Funding Report

ARPA Act 54 (All Provider Types)

### ARPA Funding : Act 54

Use this report to capture ARPA Act 54 funding and expenditure information if you are representing these group of facilities.

Create a new Act 54 Funding Report

View Act 54 Submissions

Click the button on the left to create a new funding report.

## Select Provider and Period

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### ARPA Funding Tracking: Act 54

This report is to be used to capture the payments and expenses under the terms of Pennsylvania Act 54 of 2022. This law provides at total of \$250 million in federal funding from the American Rescue Plan Act (ARPA). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please enter zero (0) for any categories that are not applicable or that had \$0 expense or revenue. Please note that Act 54 2021-24 provides funding for COVID-19 related costs obligated by 12/31/2024 and expensed by 12/31/2026. Required fields are denoted with an asterisk (\*).

Select Provider/Facility/Entity

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

Select Entity
▼

Report Period: \*

Select Report Period
▼

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

### ARPA Funding Tracking: Act 54

This report is to be used to capture the payments and expenses under the terms of Pennsylvania Act 54 of 2022. This law provides at total of \$250 million in federal funding from the American Rescue Plan Act (ARPA). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. Please enter zero (0) for any categories that are not applicable or that had \$0 expense or revenue. Please note that Act 54 2021-24 provides funding for COVID-19 related costs obligated by 12/31/2024 and expensed by 12/31/2026. Required fields are denoted with an asterisk (\*).

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
▼

Adult Day LLC (555504 Adult Day BLVD DABURG)  
 Assistive Technologies LLC (555519 Assistive Technologies BLVD DABURG)  
 Community Integration LLC (555517 Community Integration BLVD DABURG)  
 Employment - Benefits Counseling LLC (555512 Employment - Benefits Counseling BLVD DABURG)  
 Employment - Job Coaching LLC (555514 Employment - Job Coaching BLVD DABURG)  
 Employment - Skills Development LLC (555515 Employment - Skills Development BLVD DABURG)  
 LIFE program providers LLC (555506 LIFE program providers BLVD DABURG)  
 Non-Medical Transportation LLC (555510 Non-Medical Transportation BLVD DABURG)  
 Personal Care Homes/Assisted Living Facilities LLC (555502 Personal Care Homes/Assisted Living Facilities BLVD DABURG)  
 Service Coordination (Non-CHC) LLC (555508 Service Coordination (Non-CHC) BLVD DABURG)

Report Period: \*

Select Report Period
▼

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

### ARPA Funding Tracking: Act 54

This report is to be used to capture the payments and expenses under the terms of Pennsylvania Act 54 of 2022. This law provides at total of \$250 million in federal funding from the American Rescue Plan Act (ARPA). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and lost revenue where actual data is not available. Please enter in the total amounts for the following categories. If a category is not applicable or that had \$0 expense or revenue. Please note that Act 54 2021-24 provides funding for COVID-19 related costs. 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): \*

Adult Day LLC (555504 Adult Day BLVD DABURG) ▼

**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 - 06/30/2024

07/01/2024 - 12/31/2024

01/01/2025 - 06/30/2025

07/01/2025 - 12/31/2025

01/01/2026 - 06/30/2026

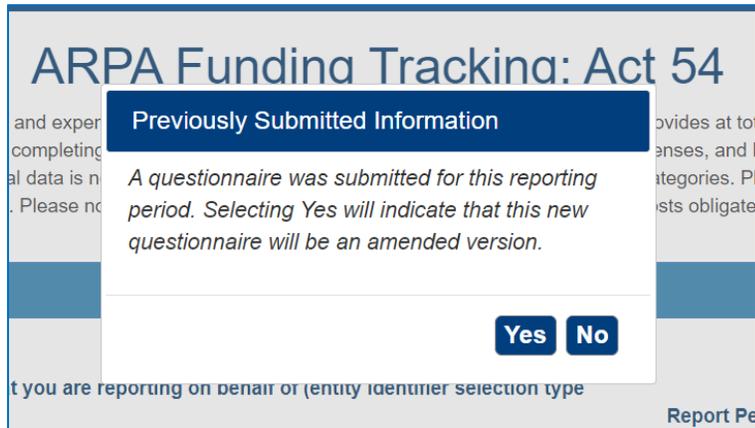
07/01/2026 - 12/31/2026

Select Report Period ▼

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

Note: Asterisks (\*) indicate a required field

## Previously Submitted Information



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” 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 &amp; Details

Legal Entity Name & Details		
<b>Legal Entity Name: *</b>	<b>Physical Location: *</b>	
Adult Day LLC	Adult Day Facility - 555504 Adult Day BLVD DABURG 17101	
<b>Medicaid Number: *</b>	<b>DHS Act 54 of 2022 (ARPA) Payment: *</b>	<b>Does Provider Qualify As a Small Business?: *</b>
	\$55504.03	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 to save data or changes made, for verification purposes.
DHS Act 24 of 2021 (ARPA) Payment	Pre	Pre-populated with the amount on file for the Reporting Period and Provider/Facility selected.
Is Provider a Unit of Local Government	Y	Yes/No dropdown list
Does Provider Qualify as a Small Business?	Y	Yes/No dropdown list

## Statistic Information

Statistic Information	
Total Number of Employees as of Reporting Period End Date: *	Number of Full-Time Employees: *
<input type="text" value="100"/>	<input type="text" value="99"/>

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

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

## Form Completion Information

Form Completion Information		
<b>Name of Individual Completing Report: *</b>	<b>Date COVID-19 Expense Reporting Form Completed: *</b>	
Jennifer Smith	03/14/2024	
<b>Email Address for Individual Completing Report: *</b>	<b>Telephone Number for Individual Completing Report: *</b>	<b>Extension Number for Individual Completing COVID-19 Report:</b>
RA-PWARPAFundPortal@pa.gov	7171888888	1234

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

## Subrecipient Profile Information

**Subrecipient Profile Information**

**Is the provider registered in SAM.gov? \***

Yes  No

**In its preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? \***

Yes  No

**In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? \***

Yes  No

**Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov? \***

Yes  No

**If applicable, please provide the legal names of the five highest paid executives, officers, or employees of the provider and the total compensation of each, as defined in 2 CFR part 170.330**

<b>Name of Executive: *</b>	<b>Compensation of Executive: *</b>
<input type="text" value="U. Grant"/>	<input type="text" value="\$50"/>
<b>Name of Executive:</b>	<b>Compensation of Executive:</b>
<input type="text"/>	<input type="text" value="\$"/>
<b>Name of Executive:</b>	<b>Compensation of Executive:</b>
<input type="text"/>	<input type="text" value="\$"/>
<b>Name of Executive:</b>	<b>Compensation of Executive:</b>
<input type="text"/>	<input type="text" value="\$"/>
<b>Name of Executive:</b>	<b>Compensation of Executive:</b>
<input type="text"/>	<input type="text" value="\$"/>

Subrecipient Profile Information		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
Is the provider registered in SAM.gov?	Y	Yes/No radio buttons
In its preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	Y	Yes/No radio buttons
In the preceding fiscal year, did the recipient receive \$25 million or more of its annual gross revenue from federal funds?	Y	Yes/No radio buttons

Subrecipient Profile Information (continued)		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
Is the “total compensation” for the organization’s five highest paid officers publicly listed or otherwise listed in SAM.gov?	Y	Yes/No radio buttons
Name of Executive	Y	The legal names of the five highest paid executives, officers, or employees of the provider (1 of 5, the name of the first person is required)
Compensation of Executive	Y	The total compensation of the person named, as defined in 2 CFR § 170.330 (1 of 5, total compensation of the first person named, required)
Name of Executive	N	The legal names of the five highest paid executives, officers, or employees of the provider (2 of 5, not required if provider has only one executive)
Compensation of Executive	N	The total compensation of the person named, as defined in 2 CFR § 170.330 (2 of 5, not required if provider has only one executive)
Name of Executive	N	The legal names of the five highest paid executives, officers, or employees of the provider (3 of 5, not required if provider has fewer than 3 executives)
Compensation of Executive	N	The total compensation of the person named, as defined in 2 CFR § 170.330 (3 of 5, not required if provider has fewer than 3 executives)
Name of Executive	N	The legal names of the five highest paid executives, officers, or employees of the provider (4 of 5, not required if provider has fewer than 4 executives)
Compensation of Executive	N	The total compensation of the person named, as defined in 2 CFR § 170.330 (4 of 5, not required if provider has fewer than 4 executives)
Name of Executive	N	The legal names of the five highest paid executives, officers, or employees of the provider (5 of 5, not required if provider has fewer than 5 executives)
Compensation of Executive	N	The total compensation of the person named, as defined in 2 CFR § 170.330 (5 of 5, not required if provider has fewer than 5 executives)

## Subaward Reporting

Subaward Reporting

**Primary Sector Information:**

Elections work, Other, Solid Waste or Hazardous Materials Management Response and Cleanup work

**If Other Primary Sector, Please Elaborate:\***

other stuff

Subaward Reporting		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
Primary Sector Information	N	The sector targeted by the work performed by the entity that received funding.
If Other Primary Sector, Please Elaborate	N	This field only appears if “Other” is selected under the previous field, “Primary Sector Information”

## Labor Statistics Information

Labor Statistics Information	
<b>Number of Employees receiving Retention Payments (for Existing Workers): *</b> <input type="text" value="5"/>	<b>Number of Employees receiving Sign-On Bonuses (for New Workers): *</b> <input type="text" value="6"/>
<b>Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *</b> <input type="text" value="7"/>	<b>Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: *</b> <input type="text" value="8"/>
<b>Number of Employees receiving Vaccination Incentives: *</b> <input type="text" value="9"/>	<b>Number of Employees receiving Personal Protective Equipment Benefits: *</b> <input type="text" value="10"/>

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

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

## Labor Cost Information

Labor Cost Information		
<b>Full and Part Time Employee costs: *</b>	<b>Retention Payments: *</b>	<b>Contracted/Agency Usage Costs: *</b>
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Overtime Costs: *</b>	<b>Staff Training/Education/Communication Costs: *</b>	
<input type="text" value="\$12"/>	<input type="text" value="\$13"/>	
<b>Total Labor Expenses: *</b>		
<input type="text" value="\$25"/>		

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) for the selected reporting period. Numbers only.*
Retention Payments	Y	The total ARPA retention payments made during the selected reporting period. Numbers only.*
Contracted/Agency Usage Costs	Y	The total costs of contracted employees/agencies during the reporting period because of the PHE. Numbers only.*
Overtime Costs	Y	Overtime costs resulting from the PHE, during the selected reporting period. Numbers only.*
Staff Training/ Education/ Communication Costs	Y	Staff training, education, and communication costs related to the PHE, during the selected reporting period. Numbers only.*
Total Labor Expenses	Pre	Pre-calculated with the total of figures entered in this section; modify by correcting other entries

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

## Supplies Cost Information

Supplies Cost Information		
<b>Personal Protective Equipment Costs: *</b> <input type="text" value="\$0"/>	<b>Testing and Specimen Collection Necessities Costs: *</b> <input type="text" value="\$0"/>	<b>All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.): *</b> <input type="text" value="\$0"/>
<b>Total Supplies Cost: *</b> <input type="text" value="\$0"/>		

Supplies Cost Information		
Field Label	Required (Y/N/Pre)	Description
Personal Protective Equipment Costs	Y	Personal Protective Equipment (PPE) costs related to the Public Health Emergency (PHE), for the reporting period selected. Numbers only.*
Testing and Specimen Collection Necessities Costs	Y	Testing and Specimen Collection Costs resulting from the PHE, for the period selected. Numbers only.*
All Other Supplies (Ex: Thermometers, Cleaning Supplies, etc.)	Y	Other supply costs related to the COVID-19 PHE during the selected period. Numbers only.*
Total Supplies Cost	Pre	Pre-calculated with the total of figures entered in this section; modify by correcting other entries.

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

## Capital Cost Information

Capital Cost Information	
<b>Construction of Temporary Locations: *</b> <input type="text" value="\$44"/>	<b>Facility Reconfiguration Costs: *</b> <input type="text" value="\$4"/>
<b>Total Capital Costs: *</b> <input type="text" value="\$48"/>	

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 zeros or trailing spaces, maximum 8 digits, no cents, cannot remain blank (use zero instead of a blank field).

## Information Technology Cost Information

Information Technology Cost Information	
<b>IT Costs - Hardware/Software (COVID-19 Related Only): *</b> <input type="text" value="\$5"/>	<b>IT Costs - Telecom/Telecommuting Equipment, Network Upgrades, etc.: *</b> <input type="text" value="\$3"/>
<b>Telemedicine Costs: *</b> <input type="text" value="\$35"/>	<b>Remote Monitoring: *</b> <input type="text" value="\$56"/>
<b>Total IT Costs: *</b> <input type="text" value="\$99"/>	

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

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

## Other Cost Information

Other Costs Information	
<b>Expenses Related to In-Kind Contributions of Goods/Services: *</b> <input type="text" value="\$44"/>	<b>Other Expenses: *</b> <input type="text" value="\$56"/>
<b>Total Other Costs: *</b> <input type="text" value="\$100"/>	

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

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

## Grand Total Expenses

Grand Total Expenses
<b>Total Expenses: *</b> <input type="text" value="\$272"/>

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.

## Revenue Losses Information

Revenue Losses Information	
<b>Total In-Kind Revenue Loss: *</b>	<b>Other Revenue Loss: *</b>
<input type="text" value="\$45"/>	<input type="text" value="\$23"/>
<b>Total Revenue Losses: *</b>	
<input type="text" value="\$68"/>	

Revenue Losses Information		
Field Label	Required (Y/N/Pre)	Description
Total In-Kind Revenue Loss	Y	Loss of in-kind revenue due to the PHE, during the period selected. Numbers only.*
Other Revenue Loss	Y	Other PHE-related revenue losses during the period selected. Numbers only.*
Total Revenue Losses	Pre	Pre-calculated with the total of the three revenue loss fields from this section (not the admissions or resident days figures); modify by correcting revenue entries in this section.

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

## Grand Total Expenses and Revenue Loss

Grand Total Expenses and Revenue Loss
<b>Grand Total Expenses and Revenue Losses: *</b>
<input type="text" value="\$340"/>

Grand Total Expenses		
Field Label	Required (Y/N/Pre)	Description
Grand Total Expenses and Revenue Losses	Pre	Pre-calculated with the total of expenses, adjusted for revenue losses, entered in previous sections; modify by correcting prior expense entries.

## File List

**File List**

Delete File

File Name: Sample.docx

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

Add File

File List		
Field Label	Required (Y/N/Pre)	Description
File Name: Sample.docx	N	Click "Delete File" to remove a file previously uploaded
Allowed File Types: doc, docx, xls, xlsx, pdf	N	Click the "Add File" button to attach supporting documents.

## Attestation and Submission

**Attestation**

This is my final report as I have spent all my funds.
 This report contains excess Act 24 expenses.

**Enter any Data Caveats:**

caveat stuff test

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

Check "I Agree" \*  
 I Agree

Please Verify Provider Number

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

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

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

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

## View Act 54 Submissions

ARPA Act 54 (All Provider Types)

### ARPA Funding : Act 54

Use this report to capture ARPA Act 54 funding and expenditure information if you are representing these group of facilities.

Create a new Act 54 Funding Report
View Act 54 Submissions

Click the button on the right to view existing funding reports.

## View Previous Submissions



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Home
Logout

### Act 54 Submissions

Submission	MPI	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#" style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">View</a>		555502	Personal Care Homes/Assisted Living Facilities Facility	In Process	01/01/2023 - 06/30/2023	08/10/2023	b-fndguser

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 Detail](#), [Print](#), or [Update/Edit Previous Submission](#)



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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## Act 54 Survey

[Print](#)   [Update/Edit](#)

Act 54 Survey Submission

Report Period	01/01/2023 - 06/30/2023
Legal Entity Name	Personal Care Homes/Assisted Living Facilities LLC
Facility Name	Personal Care Homes/Assisted Living Facilities Facility
Medicaid Number	
Legal Entity License Number:	555502
Act 54 payment	\$55502.03
Does Entity Qualify As a Small Business	N
Total Number of Employees as of Reporting Period End Date	

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

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

### 3. Home and Community Based Services Quality Improvement (HCBS Providers)

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Home and Community Based Services Quality Improvement (HCBS Providers)

#### ARPA Funding : Home and Community Based Services Quality Improvement

Use this report to capture Home and Community Based Services Quality Improvement funding and expenditure information if you are representing these group of facilities.

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

The Home and Community Based Services button will expand to a submenu with one provider type:  
a.) ARPA Funding: Home and Community Based Services Quality Improvement

## Create a new HCBS & Quality Improvement Funding Report

Home and Community Based Services Quality Improvement (HCBS Providers)

### ARPA Funding : Home and Community Based Services Quality Improvement

Use this report to capture Home and Community Based Services Quality Improvement funding and expenditure information if you are representing these group of facilities.

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

Click the button on the left to create a new funding report.

## Select Provider and Period



Home Logout

### ARPA Funding Tracking: Home and Community Based Services & Quality Improvement

This report is to be used to capture the funding opportunity focused on supplementing activities in a manner that improves and strengthens the quality of HCBS services, and to help HCBS providers implement projects to improve the quality of services provided to individuals in the CHC and the OBRA waiver programs. The provider completing this form should provide actual expenses where available and estimate expenses, where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA HCBS QI payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and [date]. Required fields are denoted with an asterisk (\*)

Select Provider/Facility/Entity

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

Select Entity

Report Period: \*

Select Report Period

### ARPA Funding Tracking: Home and Community Based Services & Quality Improvement

This report is to be used to capture the funding opportunity focused on supplementing activities in a manner that improves and strengthens the quality of HCBS services, and to help HCBS providers implement projects to improve the quality of services provided to individuals in the CHC and the OBRA waiver programs. The provider completing this form should provide actual expenses where available and estimate expenses, where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA HCBS QI payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and [date]. Required fields are denoted with an asterisk (\*)

Select Entity

- Employment - Career Assessment LLC (555513 Employment - Career Assessment BLVD DABURG)
- Employment - Job Finding LLC (555516 Employment - Job Finding BLVD DABURG)
- Home Delivered Meals LLC (555511 Home Delivered Meals BLVD DABURG)
- Home Health Agency LLC (555507 Home Health Agency BLVD DABURG)
- Nursing Facilities LLC (555501 Nursing Facilities BLVD DABURG)
- Personal Assisted Services LLC (555503 Personal Assisted Services BLVD DABURG)
- Reshab LLC (555505 Reshab BLVD DABURG)
- Specialized Medical Equipment and Supplies LLC (555509 Specialized Medical Equipment and Supplies BLVD DABURG)
- Structured Day Habilitation LLC (555518 Structured Day Habilitation BLVD DABURG)

Select Entity

Report Period: \*

Select Report Period

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

## ARPA Funding Tracking: Home and Community Based Services & Quality Improvement

This report is to be used to capture the funding opportunity focused on supplementing activities in a manner that improves and strengthens the quality of HCBS services, and to help HCBS providers implement projects to improve the quality of services provided to individuals in the CHC and the OBRA waiver programs. The provider completing this form should provide actual expenses where available and estimate expenses, where actual data is not available. Please enter in the total amounts for the following categories. Please note that ARPA HCBS QI payments provide funding for expenses that qualify as expanding, enhancing, or strengthening home and community based services (HCBS) and are incurred between the date the provider receives the funding and [date]. 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): \*

Employment - Career Assessment LLC (555513 Employment - Career Assessment BLVD DABURG) ▼

Report Period: \*

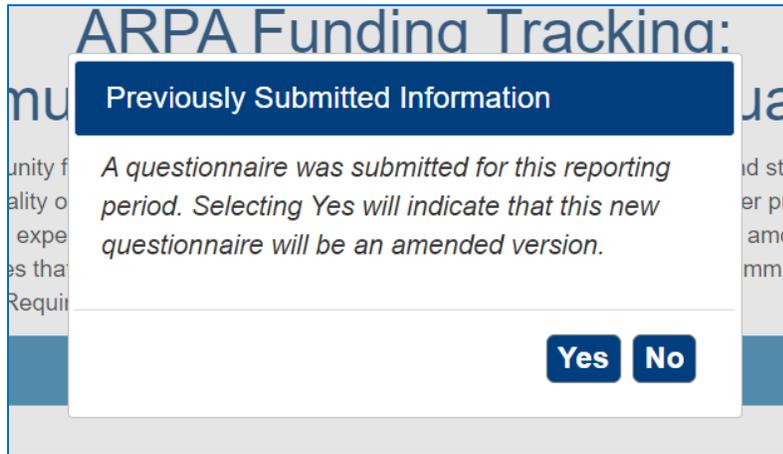
Select Report Period ▼

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

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

Note: Asterisks (\*) indicate a required field

## Previously Submitted Information



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” 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: \***

**Medicaid Number: \***

**DHS Home and Community Based Services Quality Improvement Payment: \***

**Does Provider Qualify As a Small Business?: \***

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

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

## Statistic Information

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

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

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

## Form Completion Information

Form Completion Information		
<b>Name of Individual Completing Report: *</b>	<b>Date COVID-19 Expense Reporting Form Completed: *</b>	
Paula Chilson	03/22/2024	
<b>Email Address for Individual Completing Report: *</b>	<b>Telephone Number for Individual Completing Report: *</b>	<b>Extension Number for Individual Completing COVID-19 Report:</b>
RA-PWARPAFundPortal@pa.gov	7179999999	

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

Quality Improvement Cost and Outcome Information (part 1 of 4)

Quality Improvement Cost and Outcome Information	
<b>Supplemental activities to address the Social Determinants of Health (SDOH)</b>	
<b>Affordable and Accessible Housing Costs: *</b> <input type="text" value="\$1"/>	<b>Affordable and Accessible Housing Intended Outcome: *</b> <input checked="" type="radio"/> Enhance <input type="radio"/> Expand <input type="radio"/> Strengthen
<b>Competitive Integrated Employment Costs: *</b> <input type="text" value="\$2"/>	<b>Competitive Integrated Employment Intended Outcome: *</b> <input type="radio"/> Enhance <input checked="" type="radio"/> Expand <input type="radio"/> Strengthen
<b>Transportation Costs: *</b> <input type="text" value="\$3"/>	<b>Transportation Intended Outcome: *</b> <input type="radio"/> Enhance <input type="radio"/> Expand <input checked="" type="radio"/> Strengthen
<b>Food Insecurities Costs: *</b> <input type="text" value="\$4"/>	<b>Food Insecurities Intended Outcome: *</b> <input checked="" type="radio"/> Enhance <input type="radio"/> Expand <input type="radio"/> Strengthen

Quality Improvement Cost and Outcome Information (part 1 of 4)		
Field Label	Required (Y/N/Pre)	Description
<b>Section: Supplemental activities to address the Social Determinants of Health (SDOH)</b>		
Affordable and Accessible Housing Costs	Y	Affordable and accessible housing costs during the selected period. Numbers only.*
Affordable and Accessible Housing Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Competitive Integrated Employment Costs	Y	Competitive integrated employment costs during the selected period. Numbers only.*
Competitive Integrated Employment Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Transportation Costs	Y	Transportation costs during the selected period. Numbers only.*
Transportation Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Food Insecurities Costs	Y	Food insecurities costs during the selected period. Numbers only.*
Food Insecurities Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons

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

Quality Improvement Cost and Outcome Information (part 2 of 4)

**Remote support technology**

**Service Transparency Costs: \***       **Service Transparency Intended Outcome: \***  
 Enhance     Expand     Strengthen

**Quality Assurance Costs: \***       **Quality Assurance Intended Outcome: \***  
 Enhance     Expand     Strengthen

Quality Improvement Cost and Outcome Information (part 2 of 4), Continued		
Field Label	Required (Y/N/Pre)	Description
<b>Section: Remote Support Technology</b>		
Service Transparency Costs	Y	Service transparency costs for remote support technology during the selected period. Numbers only.*
Service Transparency Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Quality Assurance Costs	Y	Quality assurance costs for remote support technology during the selected period. Numbers only.*
Quality Assurance Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons

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

Quality Improvement Cost and Outcome Information (part 3 of 4)

**Enhanced training**

**Infection Control Costs: \***  **Infection Control Intended Outcome: \***  
 Enhance    Expand    Strengthen

**Professional Development Costs: \***  **Professional Development Intended Outcome: \***  
 Enhance    Expand    Strengthen

Quality Improvement Cost and Outcome Information (part 3 of 4)		
Field Label	Required (Y/N/Pre)	Description
<b>Section: Enhanced Training</b>		
Infection Control Costs	Y	Infection control enhanced training costs during the selected period. Numbers only.*
Infection Control Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Professional Development Costs	Y	Professional development enhanced training costs during the selected period. Numbers only.*
Professional Development Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons

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

Quality Improvement Cost and Outcome Information (part 4 of 4)

**New software and technology purchase and implementation**

Electronic Health Records Cost: \*       Electronic Health Records Intended Outcome: \*  
 Enhance     Expand     Strengthen

Quality or Risk Management Functions Cost: \*       Quality or Risk Management Functions Intended Outcome: \*  
 Enhance     Expand     Strengthen

Contract with a Health Information Organization Costs: \*       Contract with a Health Information Organization Intended Outcome: \*  
 Enhance     Expand     Strengthen

Total Improvement Expenses: \*

Quality Improvement Cost and Outcome Information (part 4 of 4)		
Field Label	Required (Y/N/Pre)	Description
<b>Section: New software and technology purchase and implementation</b>		
Electronic Health Records Costs	Y	Electronic health records costs during the selected period. Numbers only.*
Electronic Health Records Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Quality or Risk Management Functions Costs	Y	Quality or risk management functions costs during the selected period. Numbers only.*
Quality or Risk Management Functions Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Contract with a Health Information Organization Costs	Y	Health information organization contractual costs during the selected period. Numbers only.*
Contract with a Health Information Organization Intended Outcome	Y	Enhance/Expand/Strengthen radio buttons
Total Improvement Expenses	Pre	Pre-calculated with the total of figures entered in the quality improvement section; modify by correcting other entries.

\* Must be a number, no symbols or spaces, no leading zeros 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:** \*

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

## File List

File List

Delete File

File Name: Sample.pdf

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

Add File

File List		
Field Label	Required (Y/N/Pre)	Description
File Name: Sample.docx	N	Click "Delete File" to remove a file previously uploaded.
Allowed File Types: doc, docx, xls, xlsx, pdf	N	Click the "Add File" button to attach supporting documents.

## Attestation and Submission

**Attestation**

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

**Enter any Data Caveats:**

caveat

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

**Check "I Agree"**  I Agree

Please Verify Provider Number

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

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

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

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

## View HCBS & Quality Improvement Submissions

Home and Community Based Services Quality Improvement (HCBS Providers)

### ARPA Funding : Home and Community Based Services Quality Improvement

Use this report to capture Home and Community Based Services Quality Improvement funding and expenditure information if you are representing these group of facilities.

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

Click the button on the right to view existing funding reports.

## View Previous Submissions



Home Logout

### Home and Community Based Services Quality Improvement Submissions

Submission	MPI	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#">View</a>	55555513	555513	Employment - Career Assessment Facility	Completed	01/01/2023 - 06/30/2023	08/10/2023	b-fndguser1

[Return to Top](#)

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

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

[View Detail](#), [Print](#), or [Update/Edit Previous Submission](#)



**Home**   [Logout](#)

## Home and Community Based Services & Quality Improvement Survey

[Print](#)   [Update/Edit](#)

Home and Community Based Services & Quality Improvement Survey Submission

Report Period	01/01/2023 - 06/30/2023
Legal Entity Name	Employment - Career Assessment LLC
Facility Name	Employment - Career Assessment Facility
Medicaid Number	55555513
Legal Entity License Number:	555513
Act 54 payment	\$55513.04
Does Entity Qualify As a Small Business	N
Total Number of Employees as of Reporting Period End Date	22

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

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

## 4. Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

### ARPA Funding : Community Residential Habilitation 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](#)

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### ARPA Funding : Personal Assistance Services - (PAS)

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

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

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### ARPA 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 Strengthening the Workforce button will expand to a submenu with provider type(s) applicable to the business partner’s organization. The possible provider types for Strengthening the Workforce funding are:

- b.) ARPA Funding: Adult Day – (AD)
- c.) ARPA Funding: Personal Assistance Services – (PAS)
- d.) ARPA Funding: Community Residential Habilitation Services – ResHab

## Create a New Adult Day Funding Report

### 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

Click the button on the left to create a new funding report.

## Select Provider and Period

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

### ARPA Funding Tracking: Adult Day

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

Select Provider/Facility/Entity

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

Report Period: \*

Select Entity

Select Report Period

### ARPA Funding Tracking: Adult Day

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

Select Provider/Facility/Entity

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

Report Period: \*

Select Entity

- Select Entity
- Personal Care Homes/Assisted Living Facilities LLC (555502 Personal Care Homes/Assisted Living Facilities BLVD DABURG)

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

### ARPA Funding Tracking: Adult Day

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

**Select Provider/Facility/Entity**

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

Personal Care Homes/Assisted Living Facilities LLC (555502 Personal Care Homes/Assisted Living Facilities f

**Report Period: \***

Select Report Period

**Select Report Period**

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

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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: Adult Day

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

**Previously Submitted Information**

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

Yes
No

on behalf of (entity identifier selection type)

Report Period: \*

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” 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: \***

**Strengthening the Direct Care Worker Workforce Payment: \***

**Is Provider a Unit of Local Government?: \***

**Does Provider Qualify As a Small Business?: \***

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

Legal Entity Name & Details		
Field Label	Required (Y/N/Pre)	Description
Home Care / Home Health Agency 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	Y	This must be entered to save data or changes made, for verification purposes.
Home Care / Home Health Agency Chain Name	Pre	Pre-populated with the 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 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: *	Number of Employees that Identify as Male: *	Number of Employees that Identify as Female: *	Number of Employees that Identify as Non-Binary: *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average Age of Employed Workforce: *	Number of Employees Hired as a Result of Strengthening Workforce Payment: *	Number of Employees Gained (+) or Lost (-) Since 12/31/2021: *	Total Positive COVID-19 CHC & OBRA Participants: *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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.*
Number of Employees that Identify as Non-Binary	Y	The number of employees during the reporting period who identify as non-binary. Numbers only.*
Average Age of Employed Workforce	Y	The average age of the employed workforce at the provider/entity selected, during the reporting period. Numbers only.*
Number of Employees Hired as a Result of Strengthening Workforce Payment	Y	Number of employees hired as a result of strengthening workforce payments within the reporting period only. Numbers only.*
Number of Employees Gained (+) or Lost (-) Since 12/31/2021	Y	Number of employees gained (+) or lost (-) since 12/31/2021. Numbers only.*
Total Positive COVID-19 CHC & OBRA Participants	Y	Total number of positive COVID-19 CHC & OBRA participants during the selected period. Numbers only.*

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

## Form Completion Information

Form Completion Information		
Name of Individual Completing Report: *	Date COVID-19 Expense Reporting Form Completed: *	
<input type="text"/>	<input type="text" value="03/18/2024"/>	
Email Address for Individual Completing Report: *	Telephone Number for Individual Completing Report: *	Extension Number for Individual Completing COVID-19 Report:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

## Labor Statistics Information

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

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

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

## Labor Cost Information

Labor Cost Information		
Retention Payments (for Existing Workers): *	Sign-On Bonuses (for New Workers): *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Overtime Costs: *	Staff Training/Education/Communication Costs: *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *	COVID-related Paid Time Off or Paid Sick Leave: *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Vaccination Incentives: *	Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: *
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Outreach for Recruitment of New Workers: *	Advertising for Participants: *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Construction Costs (Physical Plan Modification Costs): *	Expenses to Re-open Center After COVID-19 Related Closure: *	Alternative Model Development Costs: *
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Total Labor Expenses: *	<input type="text" value="\$0"/>	

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

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

Labor Cost Information, Continued		
Field Label	Required (Y/N/Pre)	Description
COVID-related Paid Time Off or Paid Sick Leave	Y	PHE-related paid time off or paid sick leave during the selected period. Numbers only.*
Vaccination Incentives	Y	PHE Vaccination Incentives paid during the selected period. Numbers only.*
Personal Protective Equipment Costs	Y	Personal Protective Equipment (PPE) costs related to the Public Health Emergency during the reporting period selected. Numbers only.*
Testing and Specimen Collection Necessities Costs	Y	Testing and Specimen Collection Costs during the PHE in the period selected. Numbers only.*
Outreach for Recruitment of New Workers	Y	Recruitment costs for new workers in the period selected. Numbers only.*
Advertising for Participants	Y	Advertising costs related to the search for new participants, in the period selected. Numbers only.*
Construction Costs (Physical Plan Modification Costs)	Y	Construction costs for physical modifications and related planning, in the period selected. Numbers only.*
Expenses to Re-Open Center After COVID-19 Related Closure	Y	Reopening costs after COVID-19 related closure, in the period selected. Numbers only.*
Alternative Model Development Costs	Y	Alternative model development costs in the period selected. Alternative models encourage greater independence for individuals through the use of technology. 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 zeros 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: \***

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

## File List

**File List**

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

Add File

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

## Attestation and Submission

**Attestation**

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

**Enter any Data Caveats:**

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

Check "I Agree" \*  
 I Agree

Please Verify Provider Number

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

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

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

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

## View Adult Day Submissions

### 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](#)

Click the button on the right to view existing funding reports.

## View Previous Submissions



**Home** **Reports** **Change Request** **Logout**

### Adult Day Submissions

Submission	MPI	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#">View</a>	55555504	555504	Adult Day LLC	Completed	07/01/2022 - 12/31/2022	02/28/2023	b-fndguser1
<a href="#">View</a>	55555504	555504	Adult Day LLC	Completed	01/01/2022 - 06/30/2022	01/12/2023	b-fndguser1

## Create a New Personal Assistance Services Funding Report

### ARPA Funding : Personal Assistance Services - (PAS)

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

Create a new PAS Funding ReportView PAS Submissions

Click the button on the left to create a new funding report.

### Select Provider and Period



## pennsylvania

DEPARTMENT OF HUMAN SERVICES

HomeLogout

## ARPA Funding Tracking: Personal Assistance Services & Community Integration

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

Select Provider/Facility/Entity

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

Select Entity

Report Period: \*

Select Report Period



## pennsylvania

DEPARTMENT OF HUMAN SERVICES

HomeLogout

## ARPA Funding Tracking: Personal Assistance Services & Community Integration

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

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

- APPLE TREE HOME HEALTH CARE LLC (1 INTERNATIONAL PLAZA II SUITE 546 PHILADELPHIA)
- BAYADA HOME HEALTH CARE INC (100 E LANCASTER AVE STE 220 DOWNINGTOWN)
- BAYADA HOME HEALTH CARE INC (100 N 20TH ST STE 202 PHILADELPHIA)
- BAYADA HOME HEALTH CARE INC (100 N 20TH ST STE 401 PHILADELPHIA)
- BAYADA HOME HEALTH CARE INC (100 N 20TH ST SUITE 204 PHILADELPHIA)
- BAYADA HOME HEALTH CARE INC (100 W SIXTH ST 2ND FLOOR SUITE 201 MEDIA)
- BAYADA HOME HEALTH CARE INC (1189 HIGHWAY 315 BLVD STE SUITE 4 WILKES BARRE)
- BAYADA HOME HEALTH CARE INC (1850 WILLIAM PENN WAY SUITE 110 LANCASTER)
- BAYADA HOME HEALTH CARE INC (2133 ARCH ST FL 4 PHILADELPHIA)
- BAYADA HOME HEALTH CARE INC (2147 W 12TH ST UNIT A-5 ERIE)
- BAYADA HOME HEALTH CARE INC (231 E MARKET ST BLAIRSVILLE)
- BAYADA HOME HEALTH CARE INC (2490 BOULEVARD OF THE GENERALS SUITE 130 NORRISTOWN)
- BAYADA HOME HEALTH CARE INC (2500 YORK RD SUITE 150 JAMISON)
- BAYADA HOME HEALTH CARE INC (300 OXFORD DR STE 410 MONROEVILLE)
- BAYADA HOME HEALTH CARE INC (317 S CEDAR CREST BLVD ALLENTOWN)
- BAYADA HOME HEALTH CARE INC (320 ABINGTON DR SUITE 330 READING)
- BAYADA HOME HEALTH CARE INC (355 LINCOLN HWY NORTH VERSAILLES)
- BAYADA HOME HEALTH CARE INC (3565 ROUTE 611 STE 100 BARTONSVILLE)
- BAYADA HOME HEALTH CARE INC (525 N 12TH ST SUITE 102 LEMOYNE)

Report Period: \*

Select Report Period

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

## ARPA Funding Tracking: Personal Assistance Services & Community Integration

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

**Select Provider/Facility/Entity**

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

APPLE TREE HOME HEALTH CARE LLC (1 INTERNATIONAL PLAZA II SUITE 546 PHILADELPHIA) ▼

**Report Period: \***

Select Report Period ▼

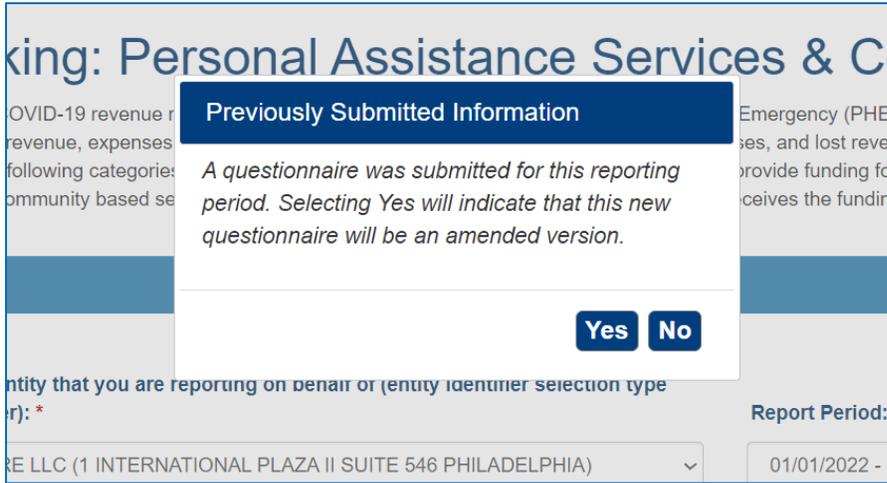
- Select Report Period
- 01/01/2022 - 06/30/2022
- 07/01/2022 - 12/31/2022
- 01/01/2023 - 06/30/2023
- 07/01/2023 - 12/31/2023
- 01/01/2024 - 03/31/2024

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

Note: Asterisks (\*) indicate a required field

## Previously Submitted Information



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

- Clicking “No” will revert back to the “Select Provider” 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: \***

**Strengthening the Direct Care Worker Workforce Payment: \***

**Does Provider Qualify As a Small Business?: \***

Legal Entity Name & Details		
Field Label	Required (Y/N/Pre)	Description
Home Care / Home Health Agency 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	Y	This must be entered to save data or changes made, for verification purposes.
Home Care / Home Health Agency Chain Name	Pre	Pre-populated with the 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 Provider/Facility selected.
Does Provider Qualify as a Small Business?	Y	Yes/No dropdown list

## Statistic Information

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

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.*
Number of Employees that Identify as Non-Binary	Y	The number of employees during the reporting period who identify as non-binary. 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 zeros 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: \***

**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 name on file for the account used.
Date COVID-19 Expense Reporting Form Completed	Pre	Pre-populated with the date of entry.
Email Address for Individual Completing Report	Y	Although this information may be pre-populated, it can be modified.
Telephone Number for Individual Completing Report	Y	Must be 10 digits, numbers only, no symbols or spaces
Extension Number for Individual Completing COVID-19 Report	N	Must be numbers only, no symbols, letters, or spaces, up to 10 digits

## Labor Statistics Information

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

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

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

## Labor Cost Information

Labor Cost Information		
Retention Payments (for Existing Workers): *	Sign-On Bonuses (for New Workers): *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Overtime Costs: *	Staff Training/Education/Communication Costs: *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *	COVID-related Paid Time Off or Paid Sick Leave: *	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Vaccination Incentives: *	Personal Protective Equipment Costs: *	Testing and Specimen Collection Necessities Costs: *
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Total Labor Expenses: *	<input type="text" value="\$0"/>	

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

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

Labor Cost Information, Continued		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
Personal Protective Equipment Costs	Y	Personal Protective Equipment (PPE) costs related to the Public Health Emergency during the reporting period selected. Numbers only.*
Testing and Specimen Collection Necessities Costs	Y	Testing and Specimen Collection Costs during the PHE in the period selected. Numbers only.*
Total Labor Expenses	Pre	Pre-calculated with the total of figures in this section; modify by correcting other entries.

\* Must be a number, no symbols or spaces, no leading zeros 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: \***

\$0

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

## File List

File List

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

Add File

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

## Attestation and Submission

**Attestation**

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

**Enter any Data Caveats:**

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

**Check "I Agree" \***

I Agree

Please Verify Provider Number

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

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

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

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

## View Personal Assistance Services & Community Integration Submissions

### 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](#)

Click the button on the right to view existing funding reports.

### View Previous Submissions

The screenshot shows the Pennsylvania Department of Human Services website. The header includes the state logo and the text 'pennsylvania DEPARTMENT OF HUMAN SERVICES'. Below the header is a navigation bar with 'Home' and 'Logout' links. The main content area is titled 'Personal Assistance Services Submissions' and contains a table with the following data:

Submission	MPI	License Number	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#">View</a>	555555003	555503	Personal Assistance LLC	Completed	01/01/2022 - 06/30/2022	01/27/2023	b-fndguser1

Return to Top

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

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

[View Detail](#), [Print](#), or [Update/Edit Previous Submission](#)



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

## Personal Assistance Services Survey

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

Personal Assistance Services Survey Submission

Report Period	01/01/2022 - 06/30/2022
Home Care/Home Health Agency MA Provider Number	555555503
Home Care/Facility Name	Personal Assistance LLC
Strengthening Direct Care Workers payment	\$29959.00
Does Entity Qualify As a Small Business	Y
Total Number of Employees as of Reporting Period End Date	15
Number of Full Time Employees	15
Number of Employees that Identify as Male	6
Number of Employees that identify as Female	9
Number of Employees that identify as Non-Binary	0
Average Age of Employed Workforce	1

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

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

## Create a New Residential Habilitation Funding Report

Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

### ARPA Funding : Community Residential Habilitation 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](#)

Click the button on the left to create a new funding report.

## Select Provider and Period



Home Logout

### ARPA Funding Tracking: Residential Habilitation

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

Select Provider/Facility/Entity

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

Report Period: \*

Select Entity

### ARPA Funding Tracking: Residential Habilitation

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

Select Provider/Facility/Entity

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

Report Period: \*

Select Entity

- Select 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.

## ARPA Funding Tracking: Residential Habilitation

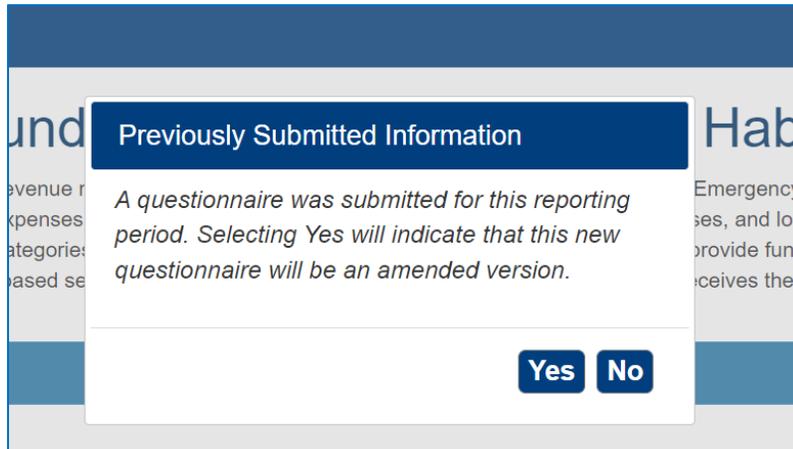
This report is to be used to capture the COVID-19 revenue received, costs, and lost revenue as a result of the Public Health Emergency (PHE). The provider completing this form should provide actual COVID-19 related revenue, expenses, and lost revenue where available and estimate revenue, expenses, and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

The screenshot shows a form with two dropdown menus. The first dropdown is titled "Select Provider/Facility/Entity" and contains the text "ABC Health & Wellness, Inc. (555 Up and Down the River Rd Ourtown)". The second dropdown is titled "Select Report Period" and contains a list of date ranges: "01/01/2022 - 06/30/2022", "07/01/2022 - 12/31/2022", "01/01/2023 - 06/30/2023", "07/01/2023 - 12/31/2023", and "01/01/2024 - 03/31/2024". Below the second dropdown is a label "Select Report Period" with a downward arrow.

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

Note: Asterisks (\*) indicate a required field

## Previously Submitted Information



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

- Clicking “No” will revert back to the “Select Provider” 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: \***

**Strengthening the Direct Care Worker Workforce Payment: \***

**Does Provider Qualify As a Small Business?: \***

Legal Entity Name & Details		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
Home Care/Home Health Agency 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	Y	This must be entered in order to save data or changes made, for verification purposes.
Home Care/Home Health Agency Chain 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: *	Number of Employees that Identify as Non-Binary: *
<input type="text" value="50"/>	<input type="text" value="50"/>	<input type="text" value="30"/>	<input type="text" value="20"/>	<input type="text"/>
Average Age of Employed Workforce: *	Number of Employees Hired as a Result of Strengthening Workforce Payment: *	Number of Employees Gained (+) or Lost (-) Since 12/31/2021: *		
<input type="text" value="45"/>	<input type="text" value="5"/>	<input type="text" value="4"/>		
Total Days (All Residents): *	Total Days for Confirmed COVID-19 Residents: *	Total Days for Suspected COVID-19 Residents: *		
<input type="text" value="400"/>	<input type="text" value="900"/>	<input type="text" value="20"/>		
Total Number of Structured Day Habilitation Units Provided Remotely: *	Total Number of Cognitive Rehabilitation Units Provided Remotely: *	Total Number of Behavior Therapy Units Provided Remotely: *		
<input type="text" value="5"/>	<input type="text" value="2"/>	<input type="text" value="2"/>		
Total Days for CHC & OBRA Participants: *	Total Days for Confirmed COVID-19 CHC & OBRA Participants: *	Total Days for Suspected of COVID-19 CHC & OBRA Participants: *		
<input type="text" value="395"/>	<input type="text" value="10"/>	<input type="text" value="15"/>		
Total Number of Structured Day Habilitation Units Provided Remotely to CHC & OBRA Participants: *	Total Number of Cognitive Rehabilitation Units Provided Remotely to CHC & OBRA Participants: *	Total Number of Behavior Therapy Units Provided Remotely to CHC & OBRA Participants: *		
<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>		

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.*

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

Statistic Information (continued)		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
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.*
Number of Employees that Identify as Non-Binary	Y	The number of employees during the reporting period who identify as non-binary. Numbers only.*
Average Age of Employed Workforce	Y	The average age of the employed workforce at the provider/entity selected, during the reporting period. Numbers only.*
Number of Employees Hired as a Result of Strengthening Workforce Payment	Y	Number of employees hired as a result of strengthening workforce payments within the reporting period only. Numbers only.*
Number of Employees Gained (+) or Lost (-) Since 12/31/2021	Y	Number of employees gained (+) or lost (-) since 12/31/2021. Numbers only.*
Total Days (All Residents)	Y	Totals days for all residents during the selected reporting period. Numbers only.*
Total Days for Confirmed COVID-19 Residents	Y	Total days for confirmed COVID-19 residents during the selected period. Numbers only.*
Total Days for Suspected COVID-19 Residents	Y	Total days for suspected COVID-19 residents during the selected period. Numbers only.*
Total Number of Structured Day Habilitation Units Provided Remotely	Y	Total number of structured day habilitation units provided remotely during the selected period. Numbers only.*
Total Days for Confirmed COVID-19 CHC & OBRA Participants	Total Days for Confirmed COVID-19 CHC & OBRA Participants	Total Days for Confirmed COVID-19 CHC & OBRA Participants
Total Number of Behavior Therapy Units Provided Remotely	Y	Total number of behavior therapy units provided remotely during the selected period. Numbers only.*
Total Days for CHC & OBRA Participants	Y	Total days for CHC & OBRA Participants during the selected period. Numbers only.*
Total Days for Confirmed COVID-19 CHC & OBRA Participants	Y	Total days for confirmed COVID-19 CHC & OBRA Participants during the selected period. Numbers only.*

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

Statistic Information (continued)		
Field Label (as it appears on-screen)	Required (Y/N/Pre)	Description
Total Days for Suspected of COVID-19 CHC & OBRA Participants	Y	Total days for suspected COVID-19 CHC & OBRA Participants during the selected period. Numbers only.*
Total Number of Structured Day Habilitation Units Provided Remotely to CHC & OBRA Participants	Y	Total structured day habilitation units provided remotely to CHC & OBRA Participants during the selected period. Numbers only.*
Total Number of Cognitive Rehabilitation Units Provided Remotely to CHC & OBRA Participants	Y	Total cognitive rehabilitation units provided remotely to CHC & OBRA Participants during the reporting period. Numbers only.*
Total Number of Behavior Therapy Units Provided Remotely to CHC & OBRA Participants	Y	Total Behavioral Therapy units provided remotely to CHC & OBRA participants during the selected period. Numbers only.*

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

## Form Completion Information

Form Completion Information		
<b>Name of Individual Completing Report: *</b>	<b>Date COVID-19 Expense Reporting Form Completed: *</b>	
Jennifer Smith	03/07/2024	
<b>Email Address for Individual Completing Report: *</b>	<b>Telephone Number for Individual Completing Report: *</b>	<b>Extension Number for Individual Completing COVID-19 Report:</b>
RA-PWARPAFundPortal@pa.gov	7175554444	

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

## Labor Statistics Information

Labor Statistics Information	
<b>Number of Employees receiving Retention Payments (for Existing Workers): *</b> <input type="text" value="200"/>	<b>Number of Employees receiving Sign-On Bonuses (for New Workers): *</b> <input type="text" value="5"/>
<b>Number of Employees receiving Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *</b> <input type="text" value="0"/>	<b>Number of Employees receiving COVID-related Paid Time Off or Paid Sick Leave: *</b> <input type="text" value="22"/>
<b>Number of Employees receiving Vaccination Incentives: *</b> <input type="text" value="350"/>	<b>Number of Employees receiving Personal Protective Equipment Benefits: *</b> <input type="text" value="350"/>

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

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

## Labor Cost Information

Labor Cost Information		
<b>Retention Payments (for Existing Workers): *</b>	<b>Sign-On Bonuses (for New Workers): *</b>	
<input type="text" value="\$30000"/>	<input type="text" value="\$4000"/>	
<b>Overtime Costs: *</b>	<b>Staff Training/Education/Communication Costs: *</b>	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<b>Leave Benefits (Health Insurance Premiums or Other Employee Benefits): *</b>	<b>COVID-related Paid Time Off or Paid Sick Leave: *</b>	
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<b>Vaccination Incentives: *</b>	<b>Personal Protective Equipment Costs: *</b>	<b>Testing and Specimen Collection Necessities Costs: *</b>
<input type="text" value="\$100"/>	<input type="text" value="\$5000"/>	<input type="text" value="\$0"/>
<b>Total Labor Expenses: *</b>	<input type="text" value="\$39100"/>	

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

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

<b>Labor Cost Information, Continued</b>		
<b>Field Label (as it appears on-screen)</b>	<b>Required (Y/N/Pre)</b>	<b>Description</b>
Personal Protective Equipment Costs	Y	Personal Protective Equipment (PPE) costs related to the Public Health Emergency during the reporting period selected. Numbers only.*
Testing and Specimen Collection Necessities Costs	Y	Testing and Specimen Collection Costs during the PHE in the period selected. Numbers only.*
Total Labor Expenses	Pre	Pre-calculated with the total of figures in this section; modify by correcting other entries.

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

## Grand Total Expenses

Grand Total Expenses	
<b>Grand Total Expenses: *</b>	<input type="text" value="\$39100"/>

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

## File List

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

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

## Attestation and Submission

**Attestation**

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

**Enter any Data Caveats:**

New Data caveats on edited final report.

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

Check "I Agree" \*  
 I Agree

Please Verify Provider Number

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

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

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

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

## View Residential Habilitation Submissions

Strengthening the Workforce (Residential Habilitation, Personal Assistance Services, and Adult Day)

### ARPA Funding : Community Residential Habilitation 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](#)

Click the button on the right to view existing funding reports.



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### Residential Habilitation Services Submissions

Submission	MPI	Facility Name	Submission Status	Report Period	Date Updated	Updated By
<a href="#">View</a>	001911705	ABC Health & Wellness Land	Completed	01/01/2024 - 03/31/2024	09/12/2022	b-fndguser
<a href="#">View</a>	001911705	ABC Health & Wellness Land	In Process	01/01/2023 - 06/30/2023	07/22/2022	b-fndguser
<a href="#">View</a>	001911705	ABC Health & Wellness Land	Completed	07/01/2022 - 12/31/2022	05/19/2022	b-fndguser
<a href="#">View</a>	001911705	ABC Health & Wellness Land	Completed	01/01/2022 - 06/30/2022	09/12/2022	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 Detail](#), [Print](#), or [Update/Edit Previous Submission](#)



**Home** **Logout**

## Residential Habilitation Survey

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

Residential Habilitation Survey Submission

Report Period	01/01/2024 - 03/31/2024
Home Care/Home Health Agency MA Provider Number	001911705
Home Care/Facility Name	ABC Health & Wellness Land
Does Entity Qualify As a Small Business	N
Total Number of Employees as of Reporting Period End Date	50
Number of Full Time Employees	40
Number of Employees that Identify as Male	25
Number of Employees that identify as Female	25
Number of Employees that identify as Non-Binary	
Average Age of Employed Workforce	40
Number of Employees Hired as a Result of Strengthening Workforce Payment	10
Number of Employees Gained (+) or Lost (-) Since 12/31/2023	3

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

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