

Pennsylvania Department of Human Services

DHS CARES Act Funding Tracking Tool – Final Reporting User Guide

Office of Child Development and Early Learning (OCDEL)
Office of Developmental Programs (ODP)
Office of Medical Assistance Programs (OMAP)
Office of Long-Term Living (OLTL)
Office of Income Maintenance (OIM)

Version 1.6 December 9, 2020

User Guide Overview & Purpose



- This User Guide provides an overview of how to use the DHS CARES Act Funding Tracking Tool for Final Reporting for Act 24 of 2020. The document also includes frequently asked questions and troubleshooting support.
- To assist providers in projecting eligible costs, DHS recommends using the cost report provided by your program office.
- The entities covered in this user guide include:

OCDEL	ODP/MA	OLTL	OIM
All Entities	All Entities	PAS/HHA Entities ResHab Entities ADC Entities PCH/AL Entities Nursing Facilities	Domestic Violence Legal Assistance Homeless Assistance



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Jump to the FAQs

Logging In

First Time Account Set-Up

(One-Time Activity for New Business Portal Users)



First Time Account Set-Up (One-Time Activity)



Note: This is a one-time activity to set up your user Account. After setting up your account, refer to the [Risk Based Authentication \(RBA\) Login](#) or [Ongoing Login](#) instructions. If you already have a Commonwealth Business Partner user account, these steps are not required. Please Proceed to Slide 12.

1. Click on the link below to navigate to the login page:

<https://www.hhsidm.state.pa.us/iam/im/businesspartners/ca12/index.jsp>

Note: Your login ID and password were provided to you in two separate automated emails from PW, Unified Security inbox (ra-unifiedsecurity@pa.gov).

Note: The recommended browsers are Google Chrome and Microsoft Edge.

A screenshot of the login page for the Pennsylvania Department of Human Services. The page has a blue header with the "PA pennsylvania" logo. Below the header, there's a "Keystone Key" section with two input fields: "Username" and "Password", followed by a yellow "LOGIN" button. To the right of the login fields, there are two panels. The top panel is titled "Self-service for Business Partner" and contains three links: "Forgot User ID", "Forgot Password", and "Edit Profile". The bottom panel is titled "Self-service for Commonwealth Employees" and contains one link: "Change CWOPA Password or Hint Questions". At the bottom of the page, there is a small warning text about unauthorized access and a copyright notice for 2018.

User Release Agreement Page



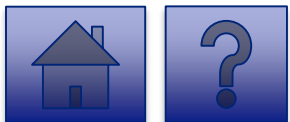
2. Review the Management Directive.
3. Select “**I have read, fully understand, and agree to the Management Directive**” radio button.
4. Enter your Full Name in the **Full Name Box** to E-Sign.
5. Click **[Next]**.

A screenshot of the "DPW User Agreement and Update Hint QA: User Agreement" page. The page has a dark blue header with the "PA pennsylvania" logo. Below the header, there's a "Logged in as:" section with a "(Logout)" link and a "Manage My Profile" link. The main content area has a yellow banner with two steps: "1 User Agreement" (active) and "2 Hint QA". Below the banner, there's a red error message: "Error: [User Agreement:User Agreement] Please accept the agreement to set Password Hint Questions and Answers". A "Required" section follows, stating: "Below is the Commonwealth's Management Directive MD 205.34. You must read, agree with and accept all of the terms and conditions contained in the directive." A large window displays the "MANAGEMENT DIRECTIVE" document from the "Commonwealth of Pennsylvania Governor's Office". The document details the "Subject: Commonwealth of Pennsylvania Information Technology Acceptable Use" and "Number: 205.34 Amended". Below the document, there are two radio buttons: "I have read, fully understand and agree to the Management Directive MD 205.34" (selected) and "I do not accept the terms and conditions in Management Directive MD 205.34". A text box labeled "Full name" is for the user to enter their name. At the bottom right, there are "Next" and "Cancel" buttons. Red arrows point to the "User Agreement" radio button, the "Full name" text box, and the "Next" button.

Verify Account and Password Page

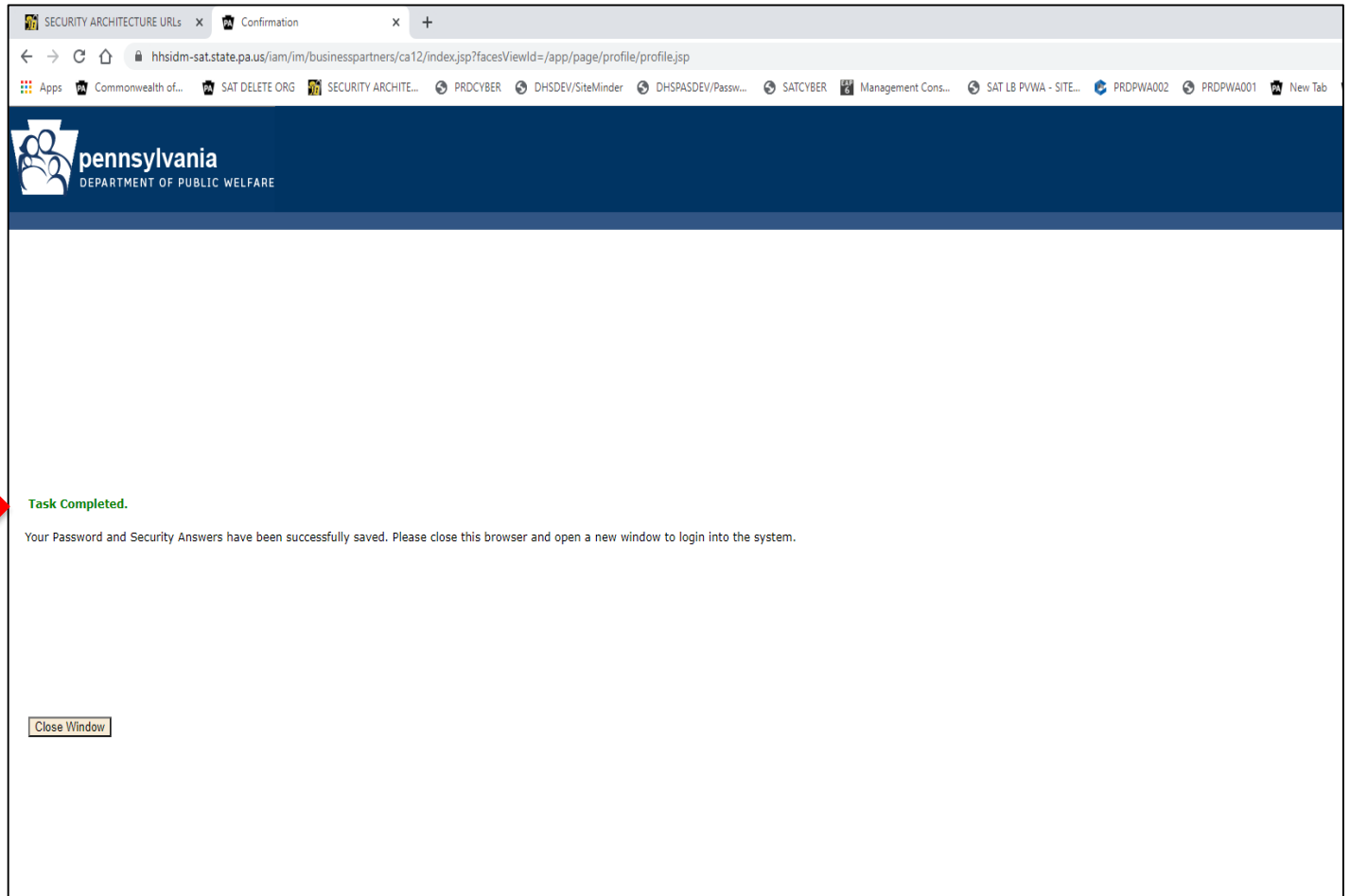


6. On the next page, validate your account information.
7. Please set a new password in the **Password** field per the requirements and **Confirm Password**.
8. Provide your response to the **Security Questions**.
9. Click **[Submit]**.

A screenshot of the "DHS Update Hint Questions" page on the Pennsylvania Department of Human Services website. The page has a dark blue header with the "PA pennsylvania" logo. Below the header, it says "Logged in as: (Logout)" and "Manage My Profile". The main content area is titled "DHS Update Hint Questions" and includes a legend "• = Required". The form fields are: "User ID" (b-testuser), "First Name" (test), "Last Name" (test), "Password" (masked with dots), "Confirm Password" (masked with dots), "Email" (testuser@test.com), "Confirm Email" (testuser@test.com), "Security Question 1" (What is the first school you attended), "Answer 1" (test1), "Security Question 2" (What is the first school you attended), "Answer 2" (test2), "Security Question 3" (What is the first school you attended), "Answer 3" (test4), and "Primary Phone" (123-123-4123). To the right of the password fields, there is a "Password Policy Requirement" section with a list of rules: minimum eight characters, at least one uppercase letter, at least one lowercase letter, at least one number (digit), at least one special character (e.g., #, \$, & %), may not contain the user ID or any part of the user's full name, and may not reuse any of the last ten previously used passwords. At the bottom right, there is a red arrow pointing to a "Submit" button and a "Cancel" button.

10. A **Task Completed** message displays. This completes the initial login process for setting up your account.

11. Proceed to the next step, **Risk Based Authentication**.



Risk Based Authentication (RBA) Login



What is Risk-Based Authentication?



Risk-Based Authentication (RBA) evaluates the risk of a login transaction and identifies if an increased level of authentication is required. If the transaction is considered low risk, the user is directed to their desired application. Similarly, if the transaction is considered high risk, the user is prompted for another level of authentication beyond their user ID and password.

Why is this needed?



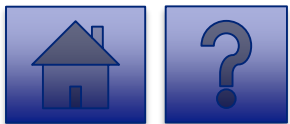
The Commonwealth of Pennsylvania has taken additional measures to protect users' personal information. RBA has been implemented in order to help ensure that the identity of users is protected on state agency sites.



Tool Login Page



1. Open your web browser.
Note: The recommended browsers are Google Chrome and Microsoft Edge.
2. Click on <https://pop.copacld.com/cfast/covid> to navigate to the Website.
3. Enter your credentials- **Username** and **Password** on the login screen.
4. Click **[Login]**.


A screenshot of the Pennsylvania Department of Human Services login page. At the top, it says "PA pennsylvania". Below that is the "Keystone Key" section, which contains a "Username" field, a "Password" field, and a yellow "LOGIN" button. To the right of the login fields are two sections: "Self-service for Business Partner" with links for "Forgot User ID", "Forgot Password", and "Edit Profile"; and "Self-service for Commonwealth Employees" with a link for "Change CWOPA Password or Hint Questions". At the bottom, there is a warning about unauthorized access and a copyright notice for 2016.

Security Code Verification Page



2. Enter the security code sent to your registered email address. The code is sent from: ***automatedemailDONOTREPLY@pa.gov***
3. Click **[Next]**.

Email Security Code Verification



Email Security Code
Receive a security code via your email address to verify your account

A security code has been sent to c*****@y****.com

What is the security code from the email?

[Unhide entries](#)

Submit




Note: If the security code is entered incorrectly five times, your account will be locked. You will need to contact the help desk at RA-PWDHSMFAHELPDESK@pa.gov to unlock it. This security code will expire after one hour. If your code expires, you will have to repeat steps one through three in order to receive a new security code.

4. Select either **Private Device** or **Public Shared Device** based on the criteria below:

- Select **Private** if you are logging in from your personal laptop.
 - Note: You will not be prompted for RBA again for 12 hours.
- Select **Public** if you are logging in from any public computer such as a library or a hotel business center.


What type of device are you using?



Private Device
(Authorize Device)

By selecting this option, you are allowing this website to recognize this device for future logins

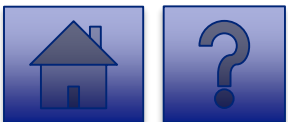
SELECT



Public or Shared Device
(Do NOT Authorize Device)

By selecting this option, this website will NOT recognize this device for future logins

SELECT



Login Completion



Login is complete and you are directed to the **Licensed Facility COVID Data Collection** page.



Data Collection Tools

[b-bdaytreat](#) [Home](#) [Updates](#) [Help](#) [Logout](#)

Licensed Facility COVID Data

[View Submissions](#)

Report new COVID infections at a Licensed Facility

This tool is used by DHS licensed facilities to gather data on staff and program participants COVID-19 infections.



Note: Your session will remain active until you close your browser or log off from the application.

Ongoing Login



Login Page



1. Open your web browser.
Note: The recommended browsers are Google Chrome and Microsoft Edge.
2. Click on <https://pop.copacld.com/cfast/covid> to navigate to the Website.
3. Enter your credentials in the **Username** and **Password** fields.
4. Click **[Login]**.

A screenshot of the login page for the Pennsylvania Department of Human Services. The page has a blue header with the "PA pennsylvania" logo. Below the header, the title "Keystone Key" is centered. There are two input fields: "Username" and "Password", both outlined in red. Below these fields is a yellow "LOGIN" button, also outlined in red. To the right of the login fields, there are two sections: "Self-service for Business Partner" with links for "Forgot User ID", "Forgot Password", and "Edit Profile"; and "Self-service for Commonwealth Employees" with a link for "Change CWOPA Password or Hint Questions". At the bottom, there is a warning message and a copyright notice.

PA pennsylvania

Keystone Key

Username

Password

LOGIN

Self-service for Business Partner

- Forgot User ID
- Forgot Password
- Edit Profile

Self-service for Commonwealth Employees

- Change CWOPA Password or Hint Questions

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

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Using the Data Collection Tool

Homepage Overview



Home Page



1

Click to complete the Final Report for Appropriate Facility/Entity Type (Scroll on home page for additional types)

2

View previously submitted reports and resume saved reports

3

View Help and FAQ documentation

4

Log out of the Data Collection Tool

Data Collection Tools

b-bdaytreat Home Updates Help Logout

Licensed Facility COVID Data

[View Submissions](#) ¹⁸

[Report new COVID infections and deaths at a Licensed Facility](#)

This tool is used by DHS (OMHSAS, OCDEL, OCYF, OLTL-BHSL) licensed facilities to gather data on staff and program participant COVID-19 infections and deaths. Provider agencies licensed by ODP should not enter data into this tool, but should continue using the Provider Staff COVID-19 Tracking Form in the HRST tool and the Enterprise Incident Management (EIM) System.

CARES Act Funding Tracking: OCDEL Entities

[View Submissions](#) ¹

[Report CARES Act funding tracking information](#)

Use this report to capture CARES Act-related funding and expenditure information if you are representing an OCDEL facility.

CARES Act Funding Tracking: ODP/MA Entities

[View Submissions](#)

[Report CARES Act funding tracking information](#)

Use this report to capture CARES Act-related funding and expenditure information if you are representing an ODP facility.

CARES Act Funding Tracking: OLTL PAS/HHA Entities

[View Submissions](#)

[Report CARES Act funding tracking information](#)

Use this report to capture CARES Act-related funding and expenditure information if you are representing an OLTL PAS/HHA facility.

CARES Act Funding Tracking: OLTL ResHab Entities

[View Submissions](#)

[Report CARES Act funding tracking information](#)

Use this report to capture CARES Act-related funding and expenditure information if you are representing an OLTL ResHab facility.

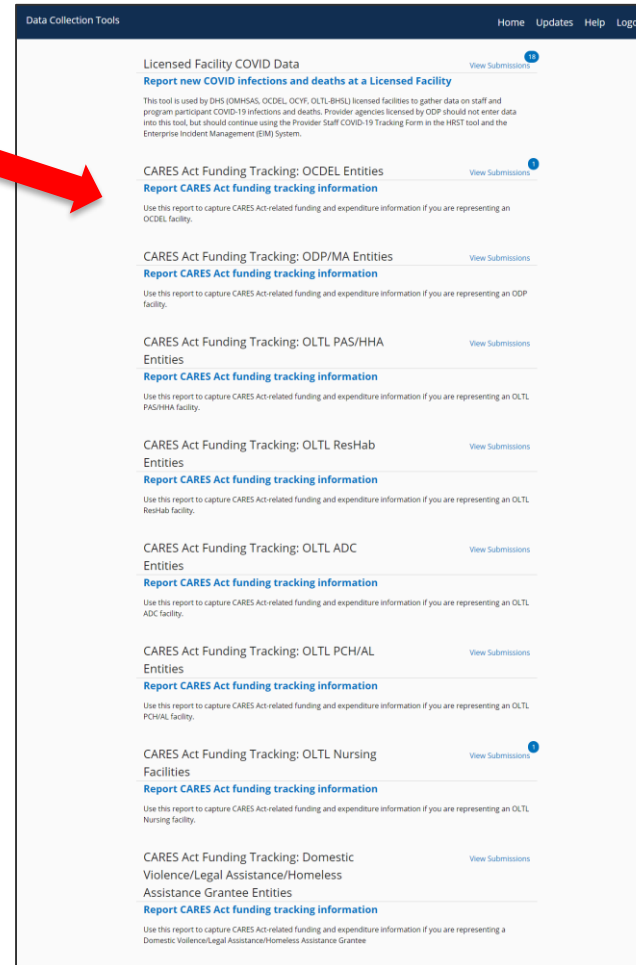


Final Report: OCDEL Entities



Under the **CARES Act Funding Tracking: OCDEL Entities** heading, the **Report CARES Act Funding Tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Instructions:

2. Select a **Child Care Entity Name** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Legal Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.

CARES Act Funding Tracking: OCDEL Entities


Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OCDEL Entities

Please select the Child Care Entity Name that you are reporting on behalf of (Legal Entity identifier selection type will change based on logged-in user).

Select...

- 1090050257 KIDSPEACE NATIONAL CENTERS
- 1060050138 KIDSPEACE NATIONAL CENTERS
- 1060050137 KIDSPEACE NATIONAL CENTERS
- 2390050107 ADAMS HOUSE
- 001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC
- 001692805 BETHLEHEM YWCA ADULT DAY SERVICE
- PENNSYLVANIA LEGAL AID NETWORK (PLAN) - Harrisburg



Final Report: OCDEL Entities



3. Complete each of the Form Fields on Page 1.
4. To continue to Page 2, select the **[Next Page]** button.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.

CARES Act Funding Tracking: OCDEL Entities treat Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OCDEL Entities

Please select the Child Care Entity Name that you are reporting on behalf of (Legal Entity Identifier selection type will change based on logged-in user).

2390050107 ADAMS HOUSE

1 Page 1 **2** Page 2

CARES Act Funding Tracking: OCDEL Entities - Section 1

This report is to be used to capture the COVID-19 funding used for facilities costs, personnel costs, or the cost associated with fulfilling the implementation of increased health and safety practices due to COVID-19. It's very important the provider complete this report to identify how funds were used. Failure to comply with the Act 24 reporting requirement will result in the Department seeking to recoup the funds and may disqualify the provider from receiving future stimulus funds. Childcare providers should prepare one cost report per location. For example, if a provider received payments through Early Learning Resource Centers, they should combine the three payments and submit the information on one report. Please enter in the total amounts for the following categories. Please note that Act 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

Please enter the name of the individual completing the survey*
Required
Please enter the name of an individual who has the authority to submit this survey.

John Smith 90 of 100 character(s) remaining

Please enter the email address of the person completing this survey*
Required
Email of the user indicated above.

jsmith@facility.org 301 of 320 character(s) remaining

Did the child care provider receive an Act 24 Round 3 CARES Act payment?*
Required
Please choose whether the child care provider received an Act 24 Round 3 CARES Act payment or not.

☒ Yes ☐ No

Next Page **Save for Later**

1 Page 1 **2** Page 2



Final Report: OCDEL Entities



4. Complete each of the Form Fields on Page 2.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.

CARES Act Funding Tracking: OCDEL Entities

Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OCDEL Entities

Please select the Child Care Entity Name that you are reporting on behalf of (Legal Entity Identifier selection type will change based on logged-in user).

2390050107 ADAMS HOUSE

Download Form

1 Page 1 2 Page 2

CARES Act Funding Tracking: OCDEL Entities - Section 2

This section provides information about how the provider used its Act 24/Round 3 CARES Act payment received in September 2020. Do not include any funding received from the Department in June or July. The provider should retain records of all reported Act 24/Round 3 CARES Act spending in case of an audit. In accordance with federal and state requirements, the funds can only be used for items that have not been reimbursed by any other federal funding, state funding, or provided supplies, local funding and supplied, and any other funding sources such as charitable donations. Please enter the amount net of any other funding source. For example, the provider had \$30,000 rent expense in for March, April and May before reopening in June. The provider received a COVID-19 Relief Pennsylvania Statewide Small Business Assistance grant of \$10,000 and received a \$20,000 Act 24/Round 3 CARES Act payment. The child care provider could use the \$20,000 Act 24 funding on rent. In this example, the provider should enter \$20,000 in answering Question 7. The provider used all their Act 24/CARES Act payment and would enter \$0 in Questions 8-11. Costs must be incurred between March 1, 2020 and November 30, 2020. While costs must generally be incurred by November 30th, there are some exceptions such as supplies received but the invoice is not paid till a later date, costs for leased items that end after November 30th, and bulk purchases of supplies, such as personal protective equipment (PPE), that are used after November 30th. Please reference the U.S. Treasury Coronavirus Relief Fund Guidance for additional information.

Enter the amount of Act 24/Round 3 CARES Act Payment received*

Required

Please enter the amount of Act 24/Round 3 CARES Act payment received.

\$ 1,000

Please enter how much of your Act 24/Round 3 CARES Act payment was spent on things to keep the facility operational between March 1, 2020 and November 30, 2020*

Required

Please enter how much of your Act 24/Round 3 CARES Act payment from September 2020 was spent on things to keep the facility operational between March 1, 2020 and November 30, 2020. This includes facility expenses such as rent, leases, mortgages, insurance, utilities, and any business-related loans/credit card bills.

\$ 100

Please enter how much of your Act 24/Round 3 CARES Act payment was spent to retain, hire additional staff, or train staff between March 1, 2020 and November 30, 2020*

Required

Please enter how much of your Act 24/Round 3 CARES Act payment was spent to retain, hire additional staff, or train staff between March 1, 2020 and November 30, 2020. This includes expenses such as staff salaries and benefits.

\$ 800

Please enter how much of your Act 24/Round 3 CARES Act payment was used to implement the Centers for Disease Control (CDC) guidance between March 1, 2020 and November 30, 2020*

Required

Please enter how much of your Act 24/Round 3 CARES Act payment was used to implement the Centers for Disease Control (CDC) guidance between March 1, 2020 and November 30, 2020. This includes expenses like masks, gloves, thermometers, enhanced cleaning, installing plexiglass, or any other changes to comply with CDC guidance.

\$ 100

Please provide the amount of any additional costs that were paid for using your Act 24/CARES Act payment*

Required

Please provide the amount of any additional costs that were paid for using your Act 24/CARES Act payment. This would be for any costs not included in the above answers. If no additional costs were paid for, please answer 0.

\$ 0

Please provide a brief description of the additional costs answered in Question 10 that were paid for using your Act 24/CARES Act payment*

Required

Please provide a brief description of any additional costs that were paid for using your Act 24/CARES Act payment. This would be for any costs not included in the above answers. If you answered 0 to Question 10, please answer N/A.

Not Applicable

486 of 500 character(s) remaining

Will your child care agency spend 100% of your Act 24/CARES Act payment for costs incurred between March 1, 2020 and November 30, 2020?*

Required

Please see the last paragraph of instructions for Section 2 for additional information on incurred costs.

☒ Yes

☐ No

Please enter the amount of Act 24/CARES Act payment that will not be spent for costs incurred between March 1, 2020 and November 30, 2020. (The Commonwealth will seek to recoup funds not spent as of November 30, 2020.)*

Required

Please see the last paragraph of instructions for Section 2 for additional information on incurred costs.

\$ 0



Section 1

This report is to be used to capture the COVID-19 funding used for facilities costs, personnel costs, or the cost associated with fulfilling the implementation of increased health and safety practices due to COVID-19. It's very important the provider complete this report to identify how funds were used. Failure to comply with the Act 24 reporting requirement will result in the Department seeking to recoup the funds and may disqualify the provider from receiving future stimulus funds. Childcare providers should prepare one cost report per location. For example, if a provider received payments through Early Learning Resource Centers, they should combine the three payments and submit the information on one report. Please enter in the total amounts for the following categories. Please note that Act 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

	Steps	Description
1	Please select the Child Care Entity Name that you are reporting on behalf of.	<i>Legal Entity identifier selection type will change based on logged-in user.</i>
2	Please enter the name of the individual completing the survey	<i>Please enter the name of an individual who has the authority to submit this survey.</i>
3	Please enter the email address of the person completing this survey	<i>Email of the user indicated above.</i>
4	Did the child care provider receive an Act 24 Round 3 CARES Act payment?	<i>Please choose whether the child care provider received an Act 24 Round 3 CARES Act payment or not. Select Yes or No</i>



Section 2

This section provides information about how the provider used its Act 24/Round 3 CARES Act payment received in September 2020. Do not include any funding received from the Department in June or July. The provider should retain records of all reported Act 24/Round 3 CARES Act spending in case of an audit. In accordance with federal and state requirements, the funds can only be used for items that have not been reimbursed by any other federal funding, state funding, or provided supplies, local funding and supplied, and any other funding sources such as charitable donations. Please enter the amount net of any other funding source. For example, the provider had \$30,000 rent expense in for March, April and May before reopening in June. The provider received a COVID-19 Relief Pennsylvania Statewide Small Business Assistance grant of \$10,000 and received a \$20,000 Act 24/Round 3 CARES Act payment. The child care provider could use the \$20,000 Act 24 funding on rent. In this example, the provider should enter \$20,000 in answering Question 7. The provider used all their Act 24/CARES Act payment and would enter \$0 in Questions 8-11. Costs must be incurred between March 1, 2020 and November 30, 2020. While costs must generally be incurred by November 30th, there are some exceptions such as supplies received but the invoice is not paid till a later date, costs for leased items that end after November 30th, and bulk purchases of supplies, such as personal protective equipment (PPE), that are used after November 30th. Please reference the U.S. Treasury Coronavirus Relief Fund Guidance for additional information.

	Steps	Description
1	Enter the amount of Act 24/Round 3 CARES Act Payment received	<i>Please enter the amount of Act 24/Round 3 CARES Act payment received.</i>
2	Please enter how much of your Act 24/Round 3 CARES Act payment was spent on things to keep the facility operational between March 1, 2020 and November 30, 2020	<i>Please enter how much of your Act 24/Round 3 CARES Act payment from September 2020 was spent on things to keep the facility operational between March 1, 2020 and November 30, 2020. This includes facility expenses such as rent, leases, mortgages, insurance, utilities, and any business-related loans/credit card bills.</i>



Section 2 (cont.)

	Steps	Description
3	Please enter how much of your Act 24/Round 3 CARES Act payment was spent to retain, hire additional staff, or train staff between March 1, 2020 and November 30, 2020	<i>Please enter how much of your Act 24/Round 3 CARES Act payment was spent to retain, hire additional staff, or train staff between March 1, 2020 and November 30, 2020. This includes expenses such as staff salaries and benefits.</i>
4	Please enter how much of your Act 24/Round 3 CARES Act payment was used to implement the Centers for Disease Control (CDC) guidance between March 1, 2020 and November 30, 202	<i>Please enter how much of your Act 24/Round 3 CARES Act payment was used to implement the Centers for Disease Control (CDC) guidance between March 1, 2020 and November 30, 2020. This includes expenses like masks, gloves, thermometers, enhanced cleaning, installing plexiglass, or any other changes to comply with CDC guidance.</i>
5	Please provide the amount of any additional costs that were paid for using your Act 24/CARES Act payment	<i>Please provide the amount of any additional costs that were paid for using your Act 24/CARES Act payment. This would be for any costs not included in the above answers. If no additional costs were paid for, please answer 0.</i>
6	Please provide a brief description of the additional costs answered in Question 10 that were paid for using your Act 24/CARES Act payment	<i>Please provide a brief description of any additional costs that were paid for using your Act 24/CARES Act payment. This would be for any costs not included in the above answers. If you answered 0 to Question 10, please answer N/A.</i>
7	Will your child care agency spend 100% of your Act 24/CARES Act payment for costs incurred between March 1, 2020 and November 30, 2020?	<i>Please see the last paragraph of instructions for Section 2 for additional information on incurred costs. Select Yes or No</i>



Section 2 (cont.)

	Steps	Description
8	Please enter the amount of Act 24/CARES Act payment that will not be spent for costs incurred between March 1, 2020 and November 30, 2020. (The Commonwealth will seek to recoup funds not spent as of November 30, 2020.)	Please see the last paragraph of instructions for Section 2 for additional information on incurred costs.
9	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources.	Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds. Select I Agree or I Don't Agree from the dropdown.
10	Enter the Name of the Individual who can Bind Entity	Enter the name of an individual who has the legal authority to bind the entity.




5. Complete the **Certification Fields** on Page 2.
6. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
7. A *Thank you for completing the survey!* Message displays.
8. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.

I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 Pennsylvania Child Care Provider Act 24 Cost Reporting Survey are true and correct to the best of my knowledge following reasonable investigation, and the entity that I represent was in operation as of March 31, 2020, as required by Act 24 of 2020.*


Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

I Agree 

Enter the Name of the Individual who can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

John Smith

90 of 100 character(s) remaining

[Previous Page](#) [Save for Later](#) [Submit Survey](#) 

1 Page 1 2 Page 2



CARES Act Funding Tracking: OCDEL Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.

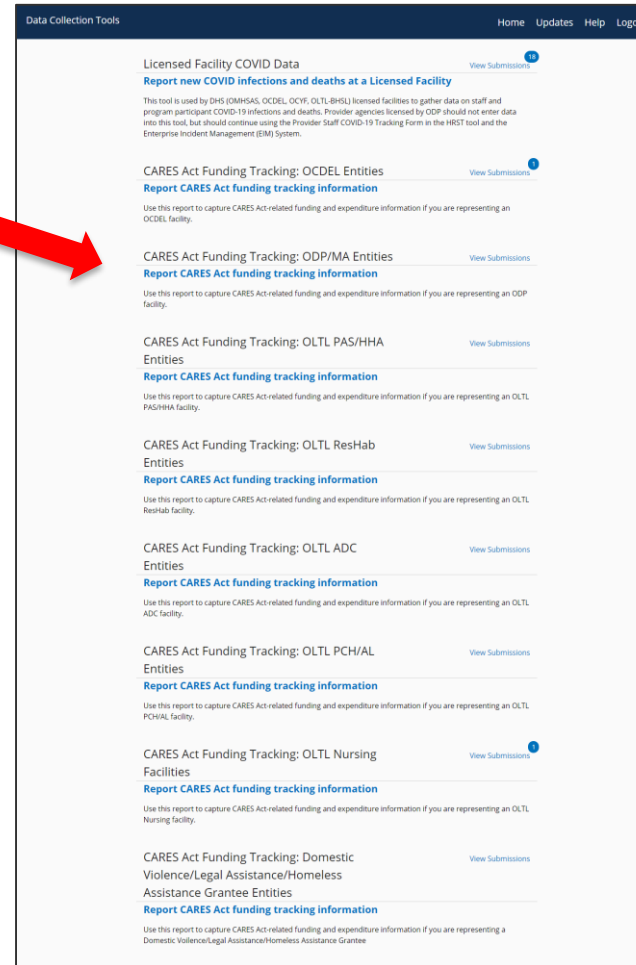
[Return](#)

Final Report: ODP/MA Entities



Under the **CARES Act Funding Tracking: ODP/MA Entities** heading, the **Report CARES Act Funding Tracking** information link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Final Report: ODP/MA Entities



Instructions:

2. Select **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.

CARES Act Funding Tracking: ODP/MA Entities Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: ODP/MA Entities

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

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- 1060050138 KIDSPEACE NATIONAL CENTERS
- 1060050137 KIDSPEACE NATIONAL CENTERS
- 2390050107 ADAMS HOUSE**
- 001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC
- 001692805 BETHLEHEM YWCA ADULT DAY SERVICE
- PENNSYLVANIA LEGAL AID NETWORK (PLAN) - Harrisburg

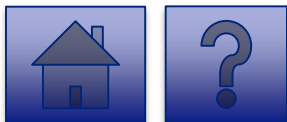
Does Entity Qualify As a Small Business - See Instructions*

Required

Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years.

☐ Yes

☐ No



Final Report: OCDEL Entities

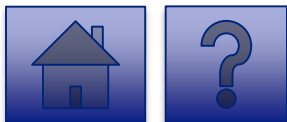


3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.



CARES Act Funding Tracking: ODP/MA Entities

b-bdaytreat Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: ODP/MA Entities

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

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CARES Act Funding Tracking: ODP/MA Entities

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 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

Data Universal Numbering System (DUNS)

A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.

Does Entity Qualify As a Small Business - See Instructions*

Required

Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years.

☐ Yes

☐ No

Labor Costs*

Required

Please reference instructions to allocate costs between DHS programs.

\$

Personal Protective Equipment Costs*

Required

Please reference instructions to allocate costs between DHS programs.

\$

Testing and Specimen Collection Necessities Cost*

Required

Please reference instructions for allocating costs between DHS programs.

\$

Enter your entity's Grand Total Estimated Expenses*

Required

This should include all expenses including labor, PPE, and testing costs, and should be allocated between DHS programs.

\$

Enter your entity's Grand Total Estimated Lost Revenues*

Required

Please reference instructions for allocating lost revenue between DHS programs.

\$

Enter your entity's total COVID-19 revenue*

Required

This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.

\$

Calculated Net Impact*

Required

This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.

\$

Enter any Data Caveats

Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.

500 of 500 character(s) remaining

ODP/MA Question Support Overview



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 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

	Steps	Description
1	Data Universal Numbering System (DUNS)	<i>A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.</i>
2	Does Entity Qualify As a Small Business - See Instructions	<i>Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years. Select Yes or No</i>
3	Labor Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
4	Personal Protective Equipment Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>



ODP/MA Question Support Overview (cont.)



	Steps	Description
5	Testing and Specimen Collection Necessities Cost	<i>Please reference instructions for allocating costs between DHS programs.</i>
6	Enter your entity's Grand Total Estimated Expenses	<i>This should include all expenses including labor, PPE, and testing costs, and should be allocated between DHS programs.</i>
7	Enter your entity's Grand Total Estimated Lost Revenues	<i>Please reference instructions for allocating lost revenue between DHS programs.</i>
8	Enter your entity's total COVID-19 revenue	<i>This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.</i>
9	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
10	Enter any Data Caveats	<i>Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.</i>



ODP/MA Question Support Overview (cont.)



	Steps	Description
11	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources.	Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds. Select I Agree or I Don't Agree from the dropdown.
12	Enter the Name of the Individual who can Bind Entity	Enter the name of an individual who has the legal authority to bind the entity.
13	Upload COVID-19 Act 24 Cost Reporting Form	Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

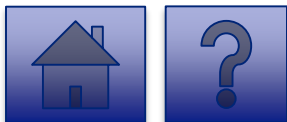
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



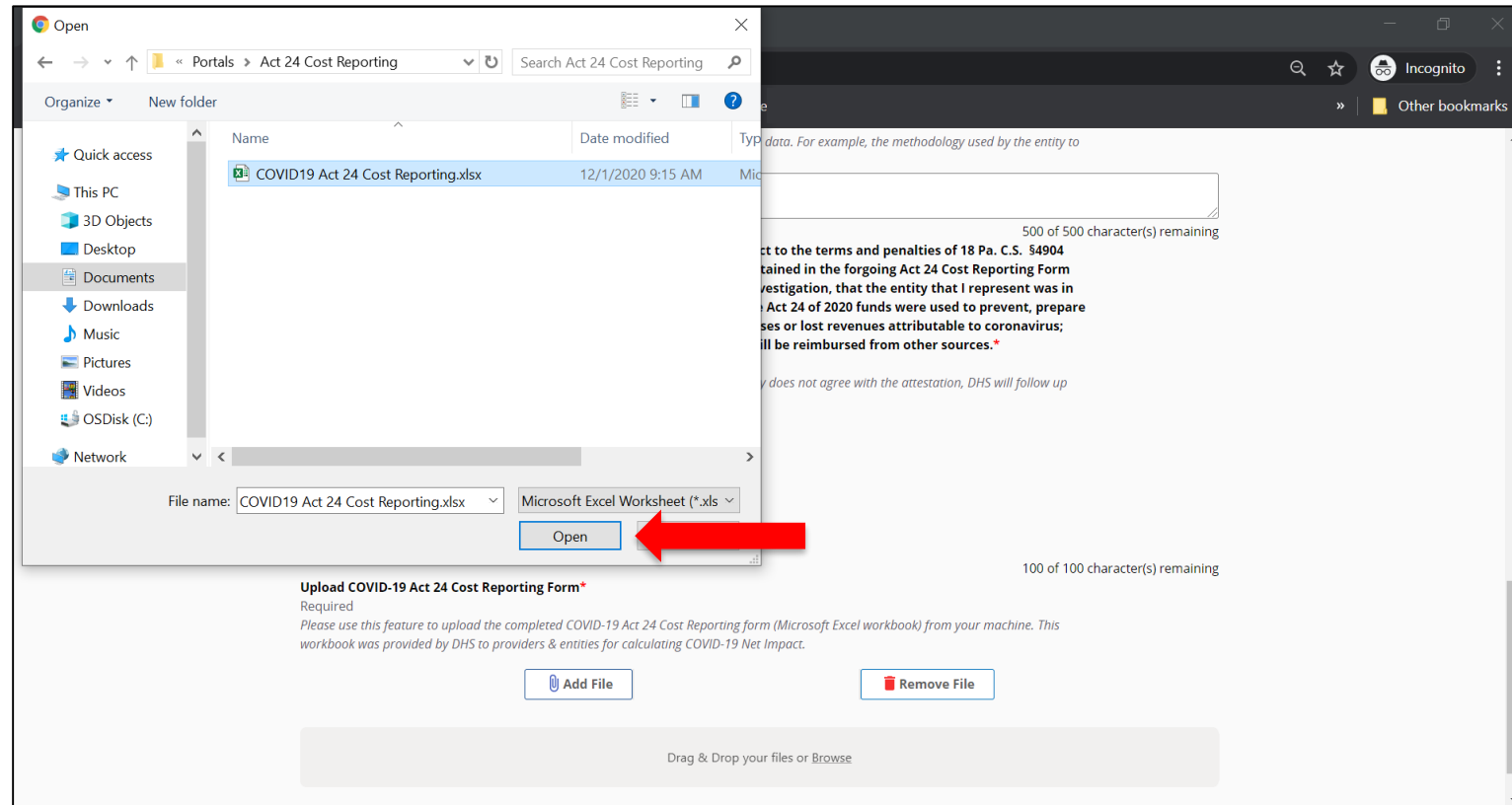
Drag & Drop your files or [Browse](#)



Final Report: ODP/MA Entities

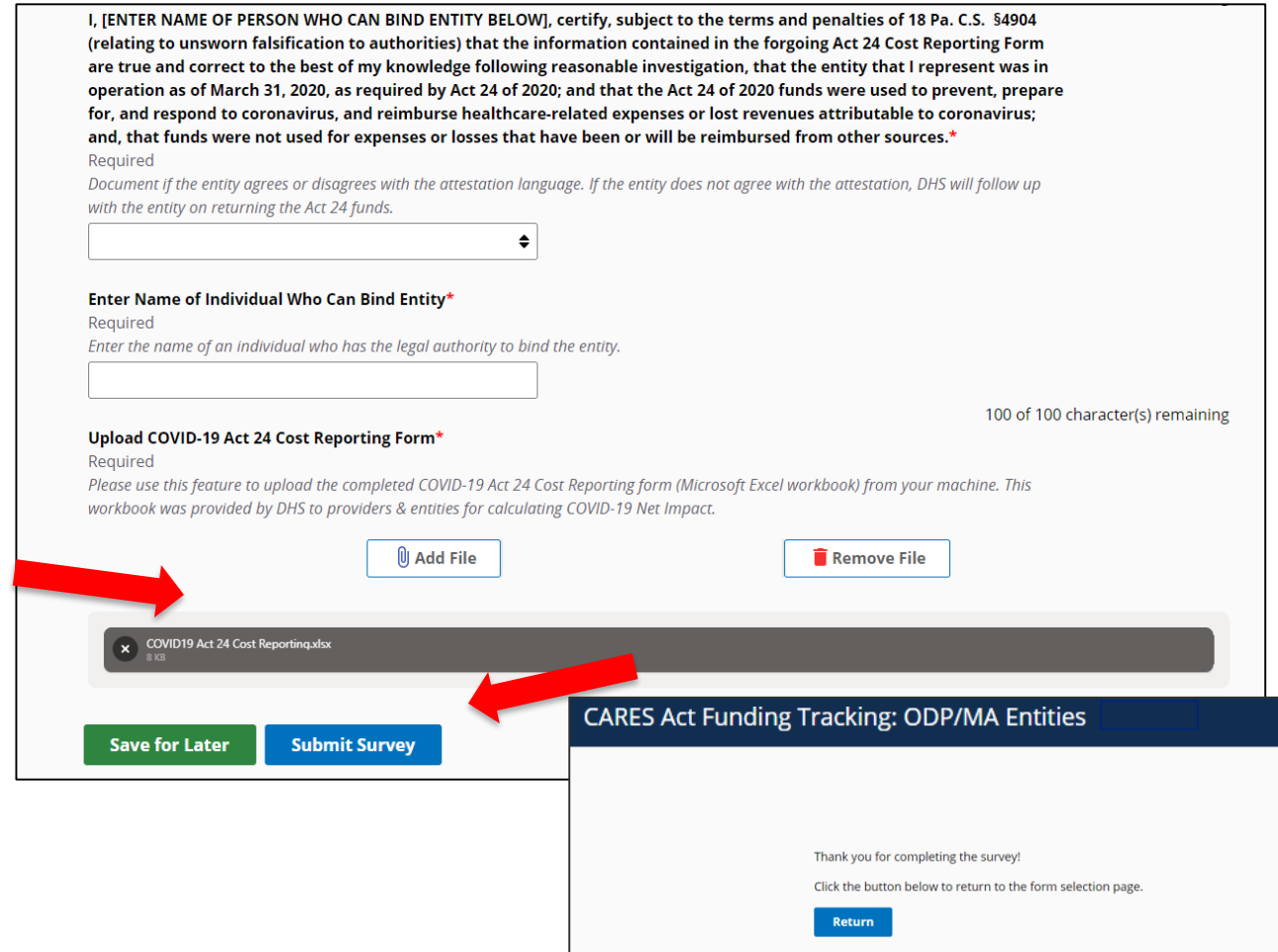


6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.



I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

100 of 100 character(s) remaining

Add File Remove File

COVID19 Act 24 Cost Reporting.xlsx

Save for Later Submit Survey

CARES Act Funding Tracking: ODP/MA Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.

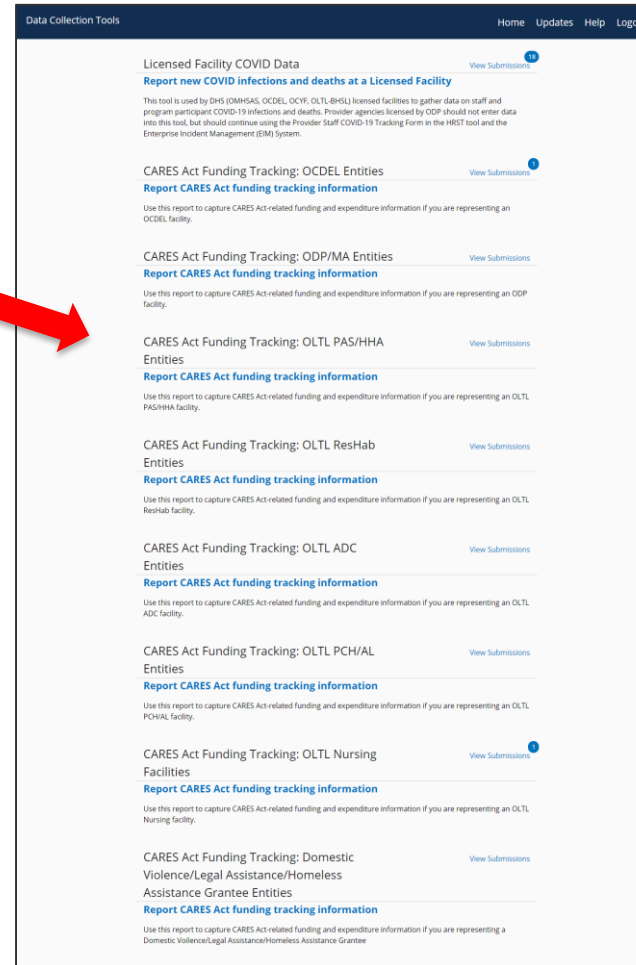
Return

Final Report: OLTL PAS/HHA Entities



Under the **CARES Act Funding Tracking: OLTL PAS/HHA Entities** heading, the **Report CARES Act Funding Tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Instructions:

2. Select **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.

CARES Act Funding Tracking: OLTL PAS/HHA Entities [Home](#) [Updates](#) [Help](#) [Logout](#)

Data Collection Tools / CARES Act Funding Tracking: OLTL PAS/HHA Entities

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user) [Download Form](#)

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- 001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC
- 001692805 BETHLEHEM YWCA ADULT DAY SERVICE

OLTL PAS/HHA Entities

received, costs, and lost revenue as a completing this form should provide where available and estimate available. Please enter in the total provides funding for expenses a result, reporting captured here is

Does Entity Qualify As a Small Business - See Instructions*

Required

Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120



Final Report: OLTL PAS/HHA Entities



3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.

CARES Act Funding Tracking: OLTL PAS/HHA Entities

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Data Collection Tools / CARES Act Funding Tracking: OLTL PAS/HHA Entities

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

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CARES Act Funding Tracking: OLTL PAS/HHA Entities

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Required

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☐ Yes

☐ No

Labor Costs*

Required

Please reference instructions to allocate costs between DHS programs.

\$

Personal Protective Equipment Costs*

Required

Please reference instructions to allocate costs between DHS programs.

\$

Testing and Specimen Collection Necessities Costs*

Required

Please reference instructions to allocate costs between DHS programs.

\$

Enter your entity's Grand Total Estimated Expenses*

Required

This should include all expenses including labor, PPE, and testing costs, and should allocate costs between DHS programs.

\$

Enter your entity's Grand Total Estimated Lost Revenues*

Required

Please reference instructions to allocate lost revenue between DHS programs.

\$

Enter your entity's Retainer Payments received from CHC-MCOs*

Required

Please reference instructions to allocate revenue between DHS programs.

\$

Enter your entity's total COVID-19 revenue*

Required

This figure includes CHC-MCO retainer payments, Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.

\$

Calculated Net Impact*

Required

This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.

\$

Enter any Data Caveats

Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used to determine lost revenue.

500 of 500 character(s) remaining

OLTL PAS/HHA Question Support Overview



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	Steps	Description
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3	Labor Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
4	Personal Protective Equipment Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>



OLTL PAS/HHA Question Support Overview



	Steps	Description
5	Testing and Specimen Collection Necessities Cost	<i>Please reference instructions for allocating costs between DHS programs.</i>
6	Enter your entity's Grand Total Estimated Expenses	<i>This should include all expenses including labor, PPE, and testing costs, and should be allocated between DHS programs.</i>
7	Enter your entity's Grand Total Estimated Lost Revenues	<i>Please reference instructions for allocating lost revenue between DHS programs.</i>
8	Enter your entity's Retainer Payments received from CHC-MCOs	<i>Please reference instructions to allocate revenue between DHS programs.</i>
9	Enter your entity's total COVID-19 revenue	<i>This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.</i>
10	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
11	Enter any Data Caveats	<i>Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.</i>



OLTL PAS/HHA Question Support Overview



	Steps	Description
12	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources.	<i>Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.</i> Select I Agree or I Don't Agree from the dropdown.
13	Enter the Name of the Individual who can Bind Entity	<i>Enter the name of an individual who has the legal authority to bind the entity.</i>
14	Upload COVID-19 Act 24 Cost Reporting Form	<i>Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.</i>



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
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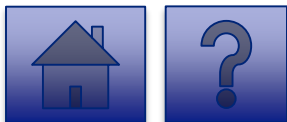
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
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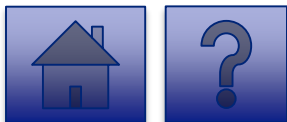
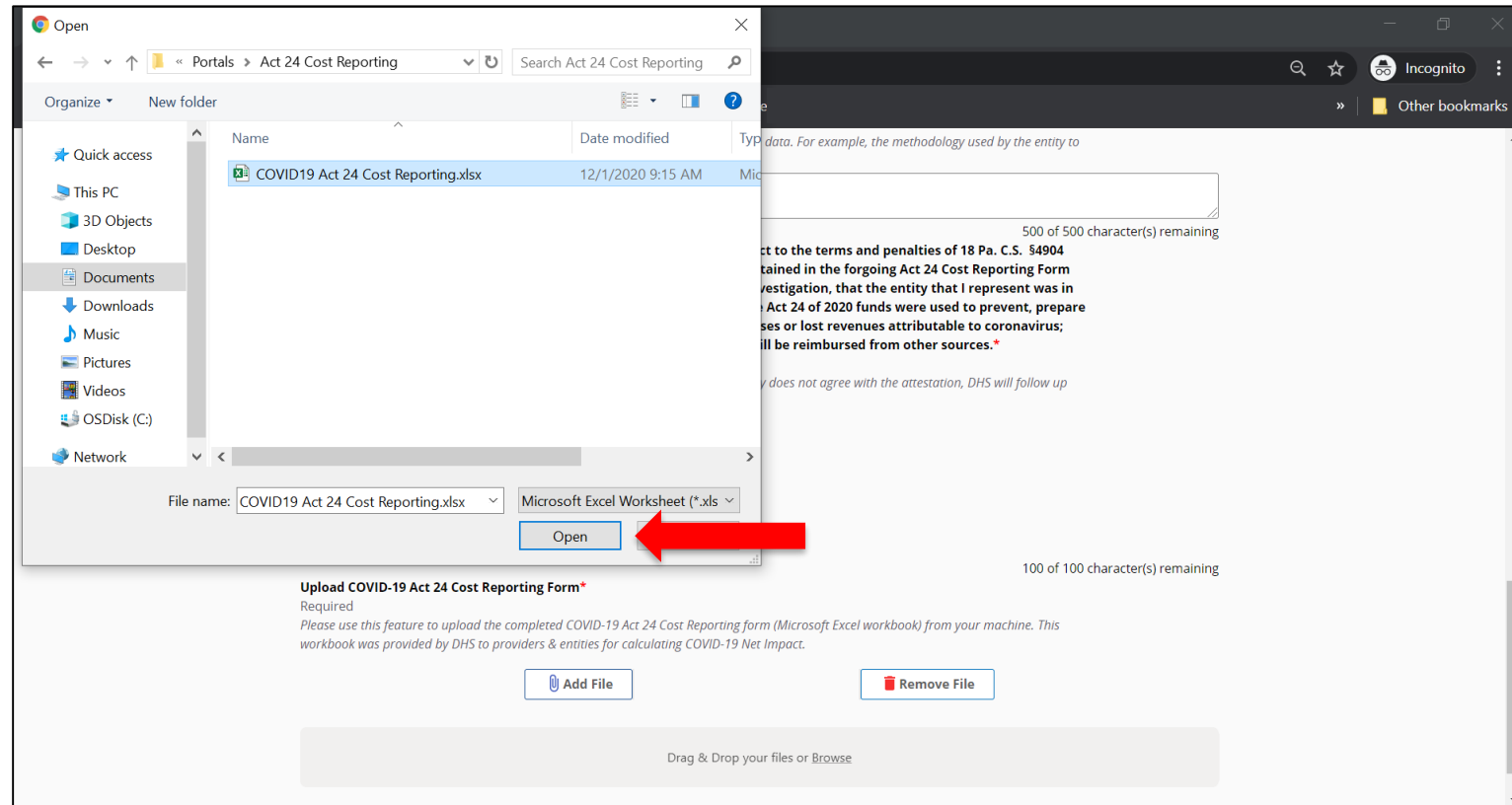
Drag & Drop your files or [Browse](#)



Final Report: OLTL PAS/HHA Entities

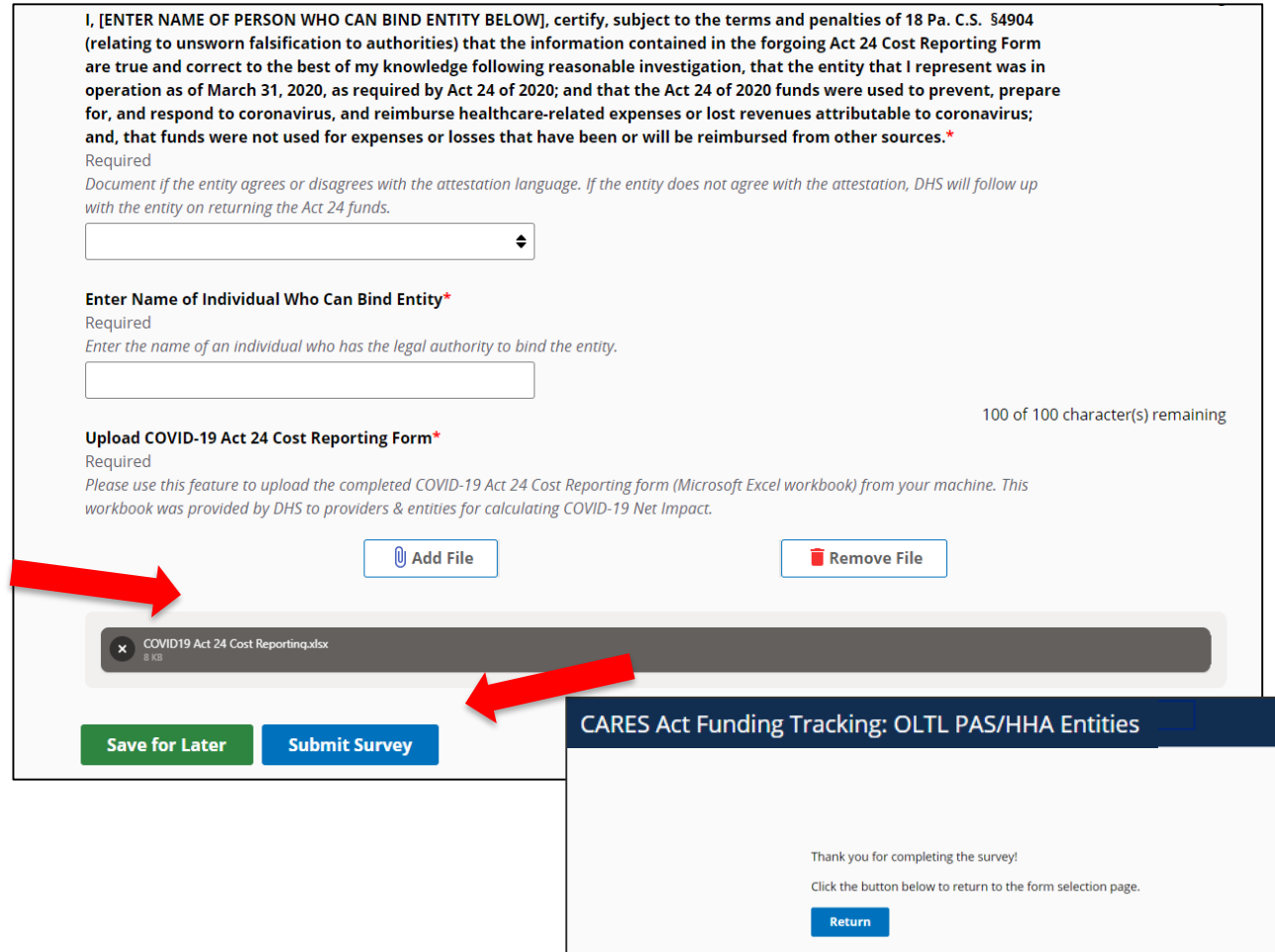


6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

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Required
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Enter Name of Individual Who Can Bind Entity*
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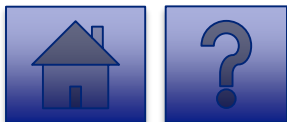
100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
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☒ COVID19 Act 24 Cost Reporting.xlsx
8 KB

CARES Act Funding Tracking: OLTL PAS/HHA Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.

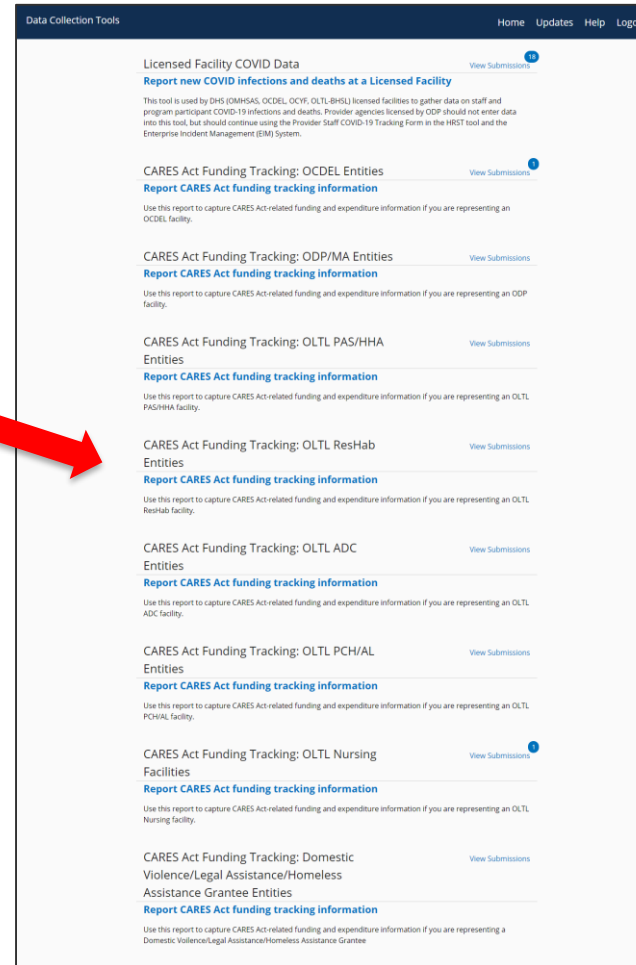


Final Report: OLTL ResHab Entities



Under the **CARES Act Funding Tracking: OLTL ResHab Entities** heading, the **Report CARES Act funding tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Instructions:

2. Select **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.



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

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1060050137 KIDSPEACE NATIONAL CENTERS

2390050107 ADAMS HOUSE

001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC

001692805 BETHLEHEM YWCA ADULT DAY SERVICE

ResHab Entities

received, costs, and lost revenue as a completing this form should provide where available and estimate available. Please enter in the total provides funding for expenses a result, reporting captured here is

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Final Report: OLTL ResHab Entities

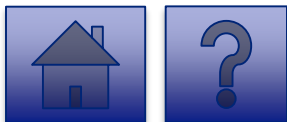


3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.



CARES Act Funding Tracking: OLTL ResHab Entities

Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OLTL ResHab Entities

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

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CARES Act Funding Tracking: OLTL ResHab Entities

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 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

Data Universal Numbering System (DUNS)

A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.

Does Entity Qualify As a Small Business - See Instructions*

Required.

Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years.

☐ Yes
☐ No

Total Days (All Residents)*

Required
This is all residents - Medicaid, private pay, etc.

Total Days for CHC & OBRA Participants*

Required
Subset of #4.

Total Days for Confirmed COVID-19 Residents*

Required
COVID-19 residents only. Subset of #4.

Total Days for Confirmed COVID-19 CHC & OBRA Participants*

Required
Subset of #4.

Total Number of Structured Day Habilitation Units Provided Remotely*

Required

Total Number of Structured Day Habilitation Units Provided Remotely to CHC & OBRA Participants*

Required
This Subset of #10.

Total Number of Cognitive Rehabilitation Units Provided Remotely*

Required

Total Number of Cognitive Rehabilitation Units Provided Remotely to CHC & OBRA Participants*

Required
Subset of #12.

Total Number of Behavior Therapy Units Provided Remotely*

Required

Total Number of Behavior Therapy Units Provided Remotely to CHC & OBRA Participants*

Required
Subset of #14.

Labor Costs*

Required
Please reference instructions to allocate costs between DHS programs.

Personal Protective Equipment Costs*

Required
Please reference instructions to allocate costs between DHS programs.

Testing and Specimen Collection Necessities Costs*

Required
Please reference instructions to allocate costs between DHS programs.

Enter your entity's Grand Total Estimated Expenses*

Required
This should include all expenses including labor, PPE, and testing costs, and between DHS programs.

Enter your entity's Grand Total Estimated Lost Revenues*

Required
Please reference instructions to allocate lost revenue between DHS programs.

Enter Total RRHCP Support Provided to the Provider*

Required
Please reference instructions to allocate revenue between DHS programs.

Enter your entity's total COVID-19 revenue*

Required
This figure includes RRHCP support, Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.

Calculated Net Impact*

Required
This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.

Enter any Data Caveats

Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.

500 of 500 character(s) remaining

OLTL ResHab Question Support Overview



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 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

	Steps	Description
2	Data Universal Numbering System (DUNS)	<i>A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.</i>
3	Does Entity Qualify As a Small Business - See Instructions	<i>Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years. Select Yes or No</i>
4	Total Days (All Residents)	<i>This is all residents – Medicaid, private pay, etc.</i>
5	Total Days for CHC & OBRA Participants	<i>Subset of #4.</i>



OLTL ResHab Question Support Overview



	Steps	Description
6	Total Days for Confirmed COVID-19 Residents	COVID-19 residents only. Subset of #4.
7	Total Days for Confirmed COVID-19 CHC & OBRA Participants	Subset of #6.
8	Total Days for Suspected COVID-19 Residents	Subset of #4.
9	Total Days for Suspected of COVID-19 CHC & OBRA Participants	Subset of #8.
10	Total Number of Structured Day Habilitation Units Provided Remotely	
11	Total Number of Structured Day Habilitation Units Provided Remotely to CHC & OBRA Participants	This Subset of #10.
12	Total Number of Cognitive Rehabilitation Units Provided Remotely	
13	Total Number of Cognitive Rehabilitation Units Provided Remotely to CHC & OBRA Participants	Subset of #12.



OLTL ResHab Question Support Overview



	Steps	Description
14	Total Number of Behavior Therapy Units Provided Remotely	
15	Total Number of Behavior Therapy Units Provided Remotely to CHC & OBRA Participants	<i>Subset of #14.</i>
16	Labor Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
17	Personal Protective Equipment Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
18	Testing and Specimen Collection Necessities Cost	<i>Please reference instructions for allocating costs between DHS programs.</i>
19	Enter your entity's Grand Total Estimated Expenses	<i>This should include all expenses including labor, PPE, and testing costs, and should be allocated between DHS programs.</i>
20	Enter your entity's Grand Total Estimated Lost Revenues	<i>Please reference instructions for allocating lost revenue between DHS programs.</i>
21	Enter Total RRHCP Support Provided to the Provider	<i>Please reference instructions to allocate revenue between DHS programs.</i>



OLTL ResHab Question Support Overview



	Steps	Description
22	Enter your entity's total COVID-19 revenue	<i>This figure includes RRHCP support, Act 24CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.</i>
23	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
24	Enter any Data Caveats	<i>Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.</i>



OLTL ResHab Question Support Overview



	Steps	Description
25	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources.	<i>Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.</i> Select I Agree or I Don't Agree from the dropdown.
26	Enter the Name of the Individual who can Bind Entity	<i>Enter the name of an individual who has the legal authority to bind the entity.</i>
27	Upload COVID-19 Act 24 Cost Reporting Form	<i>Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.</i>



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

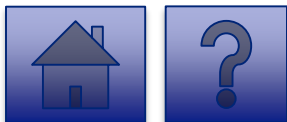
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



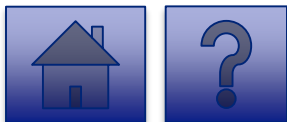
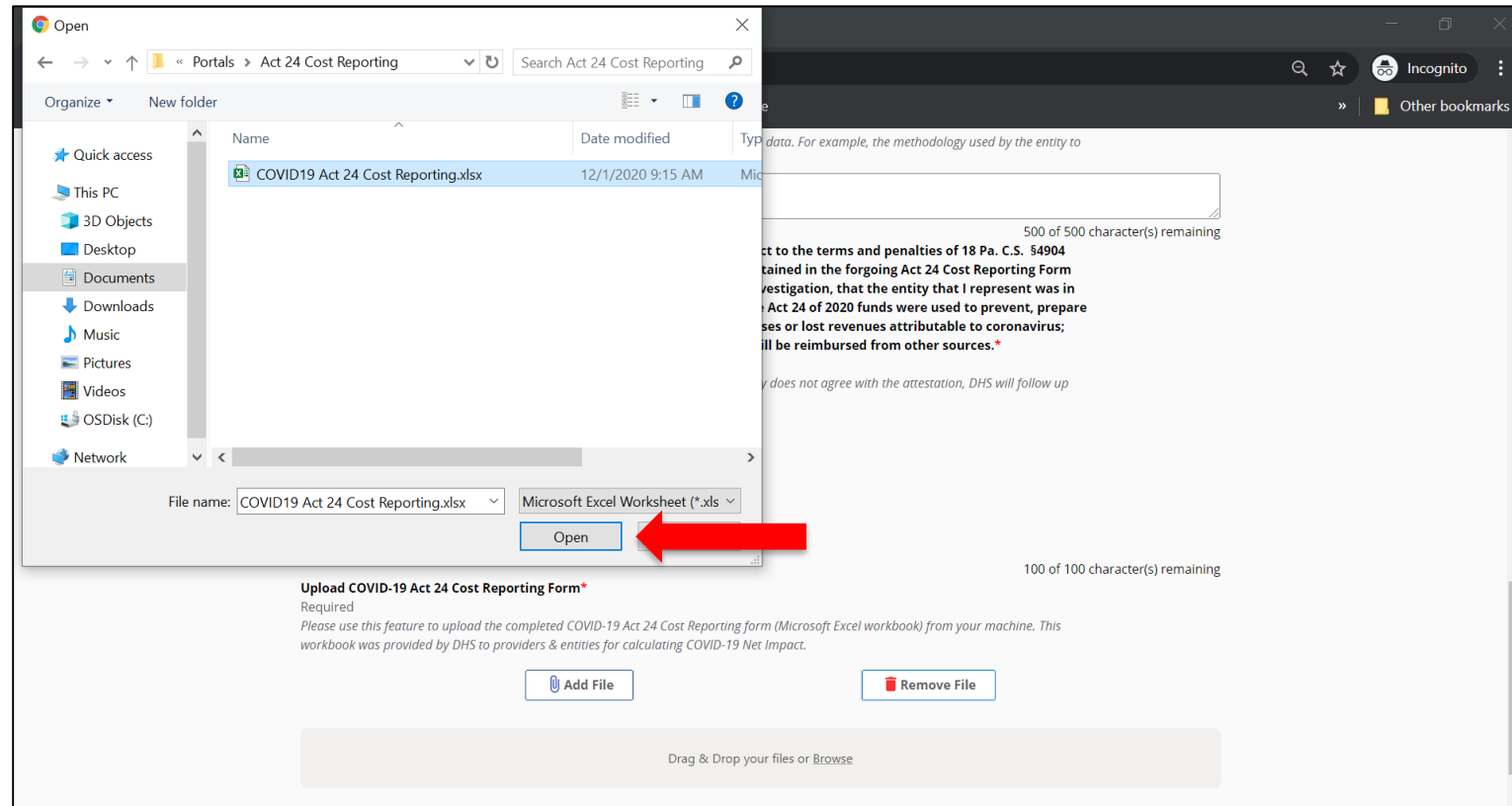
Drag & Drop your files or [Browse](#)



Final Report: OLTL ResHab Entities

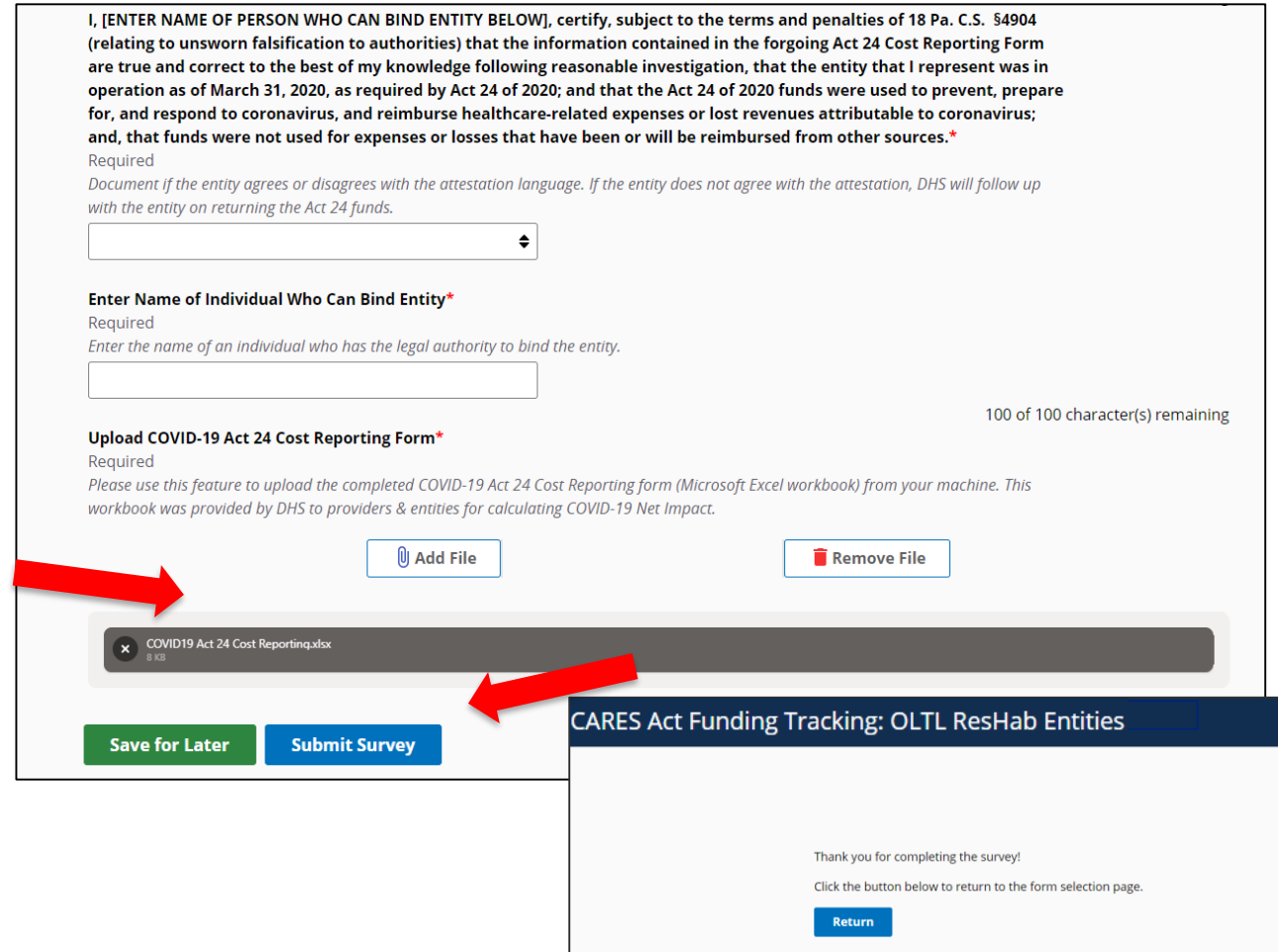


6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.



I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

Add File Remove File

COVID19 Act 24 Cost Reporting.xlsx

Save for Later Submit Survey

CARES Act Funding Tracking: OLTL ResHab Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.

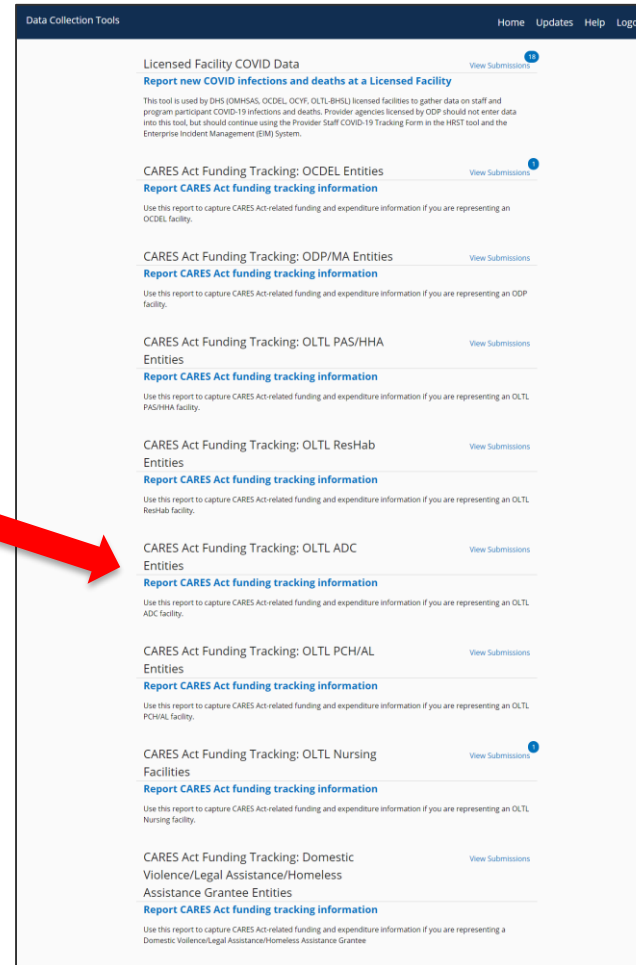
Return

Final Report: OLTL ADC Entities



Under the **CARES Act Funding Tracking: OLTL ADC Entities** heading, the **Report CARES Act funding tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Instructions:

2. Select **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.

CARES Act Funding Tracking: OLTL ADC Entities [Home](#) [Updates](#) [Help](#) [Logout](#)

Data Collection Tools / CARES Act Funding Tracking: OLTL ADC Entities

Please select the provider/facility/entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user) [Download Form](#)

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- 1090050257 KIDSPEACE NATIONAL CENTERS
- 1060050138 KIDSPEACE NATIONAL CENTERS
- 1060050137 KIDSPEACE NATIONAL CENTERS
- 2390050107 ADAMS HOUSE**
- 001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC
- 001692805 BETHLEHEM YWCA ADULT DAY SERVICE
- 00 PENNSYLVANIA LEGAL AID NETWORK (PLAN) -

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Final Report: OLTL ADC Entities



3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.

CARES Act Funding Tracking: OLTL ADC Entities

Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OLTL ADC Entities

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

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CARES Act Funding Tracking: OLTL ADC Entities

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A DUNS number is a unique, non-inductive 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.

Is the entity part of a unit of local government?*

Required
Please select yes from the box if the provider controlled by a unit of local government such as a city or county. Otherwise select no. If the entity is a unit of local government, Act 24 revenue can not be used to cover lost revenue because lost revenue is not allowable for public entities under the federal Coronavirus Relief Fund.

☐ Yes
☐ No

Does Entity Qualify As a Small Business - See Instructions*

Required
Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years.

☐ Yes
☐ No

Total Positive COVID-19 CHC & OBRA Participants*

Required

Labor Costs*

Required
Please reference instructions to allocate costs between DHS programs.

\$

Personal Protective Equipment Costs*

Required
Please reference instructions to allocate costs between DHS programs.

\$

Testing and Specimen Collection Necessities Costs*

Required
Please reference instructions to allocate costs between DHS programs.

\$

Enter your entity's Grand Total Estimated Expenses*

Required
This should include all expenses including labor, PPE, and testing costs, and should allocate costs between DHS programs.

\$

Enter your entity's Grand Total Estimated Lost Revenues*

Required
Please reference instructions to allocate lost revenue between DHS programs.

\$

Enter your entity's total COVID-19 revenue*

Required
This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.

\$

Calculated Net Impact*

Required
This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.

\$

Enter any Data Caveats

Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.

500 of 500 character(s) remaining

OLTL ADC Question Support Overview



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 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

	Steps	Description
1	Data Universal Numbering System (DUNS)	<i>A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.</i>
2	Is the entity part of a unit of local government?	<i>Please select yes from the box if the provider controlled by a unit of local government such as a city or county. Otherwise select no. If the entity is a unit of local government, Act 24 revenue can not be used to cover lost revenue can because lost revenue is it not allowable for public entities under the federal Coronavirus Relief Fund. Select Yes or No</i>
3	Does Entity Qualify As a Small Business - See Instructions	<i>Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years. Select Yes or No</i>



OLTL ADC Question Support Overview



	Steps	Description
4	Total Positive COVID-19 CHC & OBRA Participants	
5	Labor Costs	<i>Please reference instructions for allocating costs between DHS programs.</i>
6	Personal Protective Equipment Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
7	Testing and Specimen Collection Necessities Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
8	Enter your entity's Grand Total Estimated Expenses	<i>This should include all expenses including labor, PPE, and testing costs, and should be allocated between DHS programs.</i>
9	Enter your entity's Grand Total Estimated Lost Revenues	<i>Please reference instructions for allocating lost revenue between DHS programs.</i>
10	Enter your entity's total COVID-19 revenue	<i>This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.</i>
11	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
12	Enter any Data Caveats	<i>Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.</i>



OLTL ADC Question Support Overview



	Steps	Description
13	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources.	<i>Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.</i> Select I Agree or I Don't Agree from the dropdown.
14	Enter the Name of the Individual who can Bind Entity	<i>Enter the name of an individual who has the legal authority to bind the entity.</i>
15	Upload COVID-19 Act 24 Cost Reporting Form	<i>Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.</i>



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

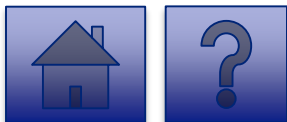
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



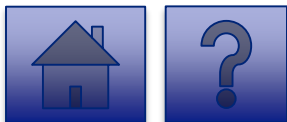
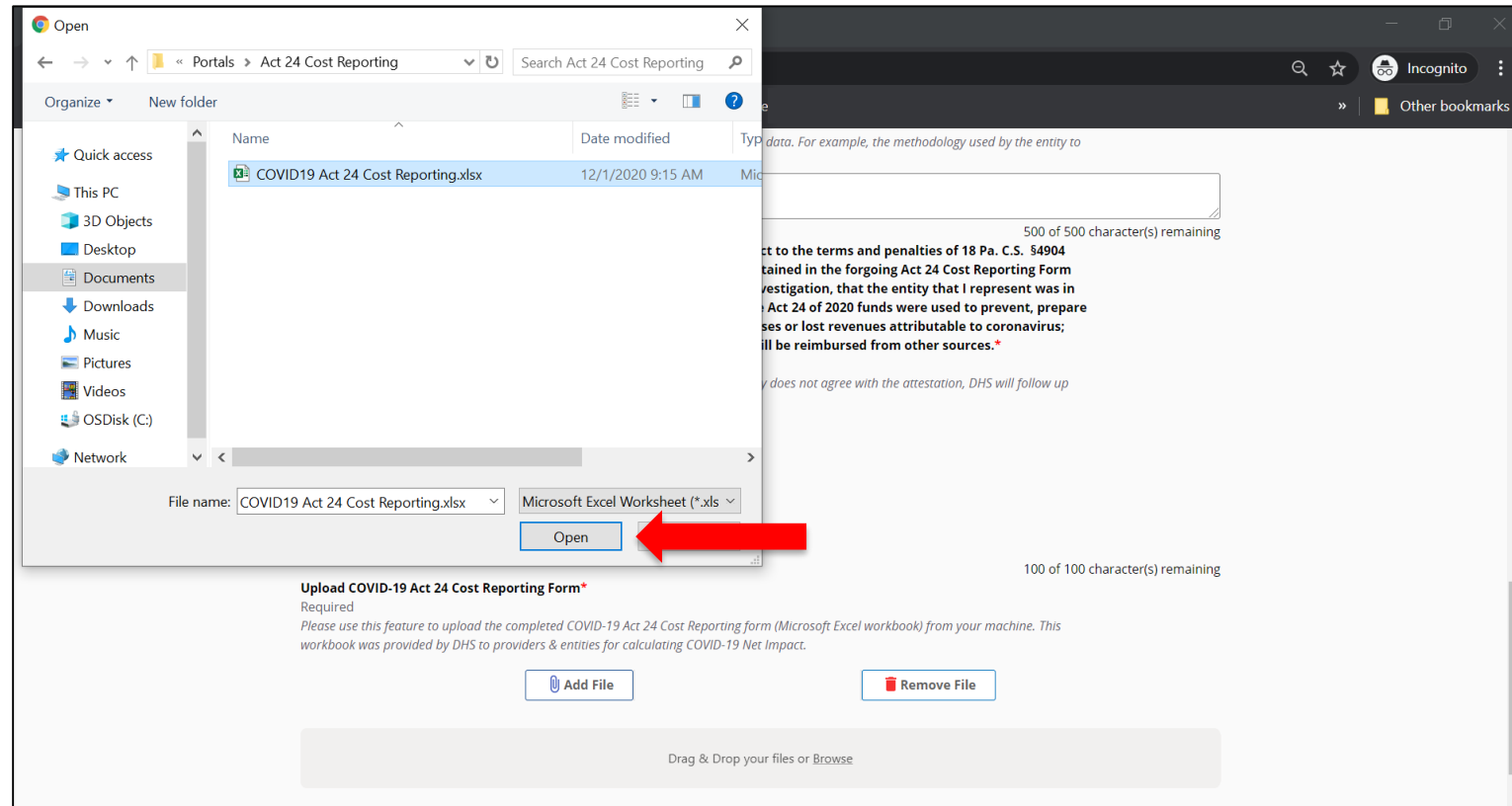
Drag & Drop your files or [Browse](#)



Final Report: OLTL ADC Entities

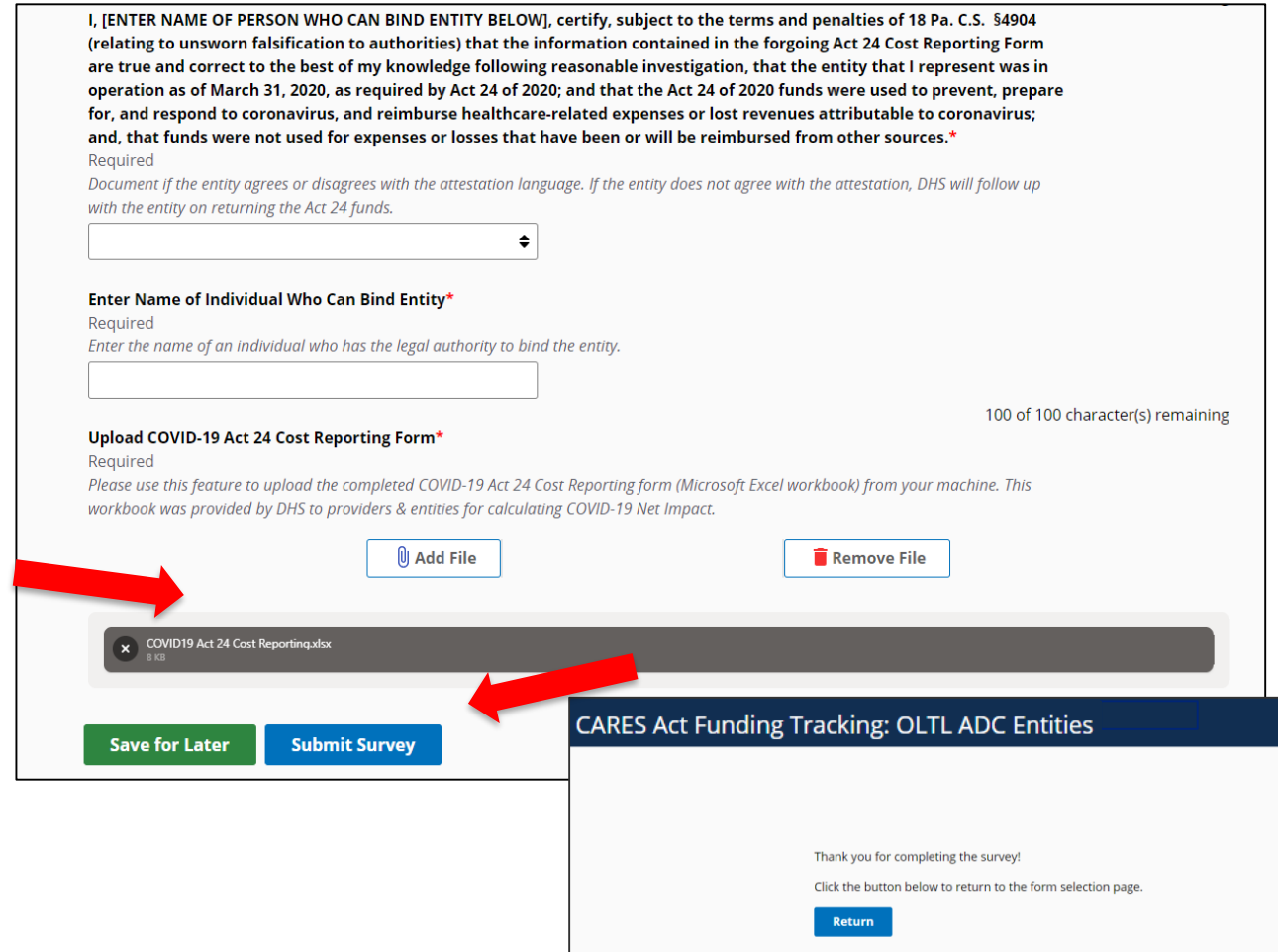


6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.



I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

Add File Remove File

COVID19 Act 24 Cost Reporting.xlsx

Save for Later Submit Survey

CARES Act Funding Tracking: OLTL ADC Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.

Return

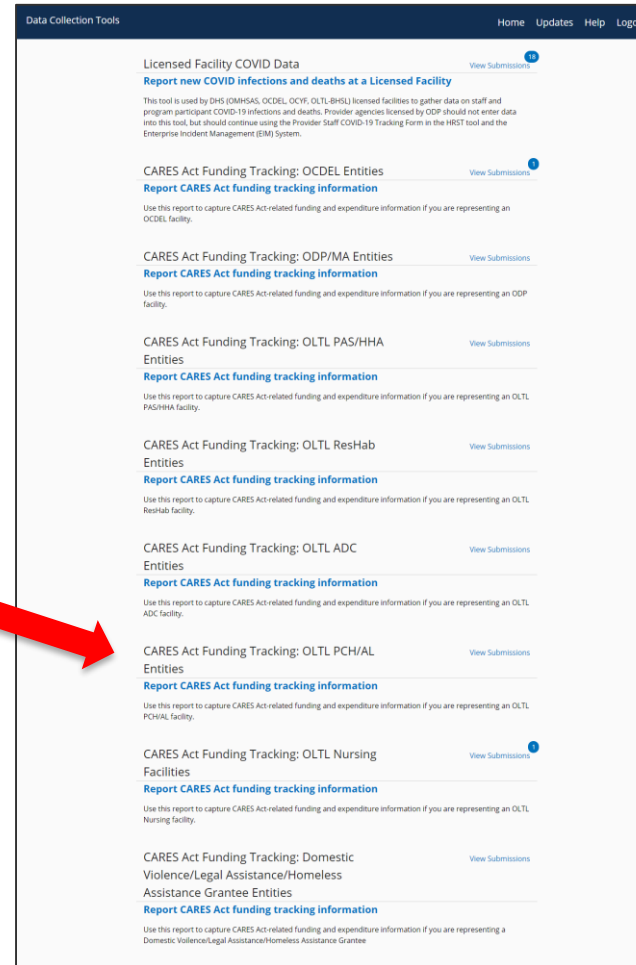


Final Report: OLTL PCH/AL Entities



Under the **CARES Act Funding Tracking: OLTL PCH/AL Entities** heading, the **Report CARES Act funding tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.

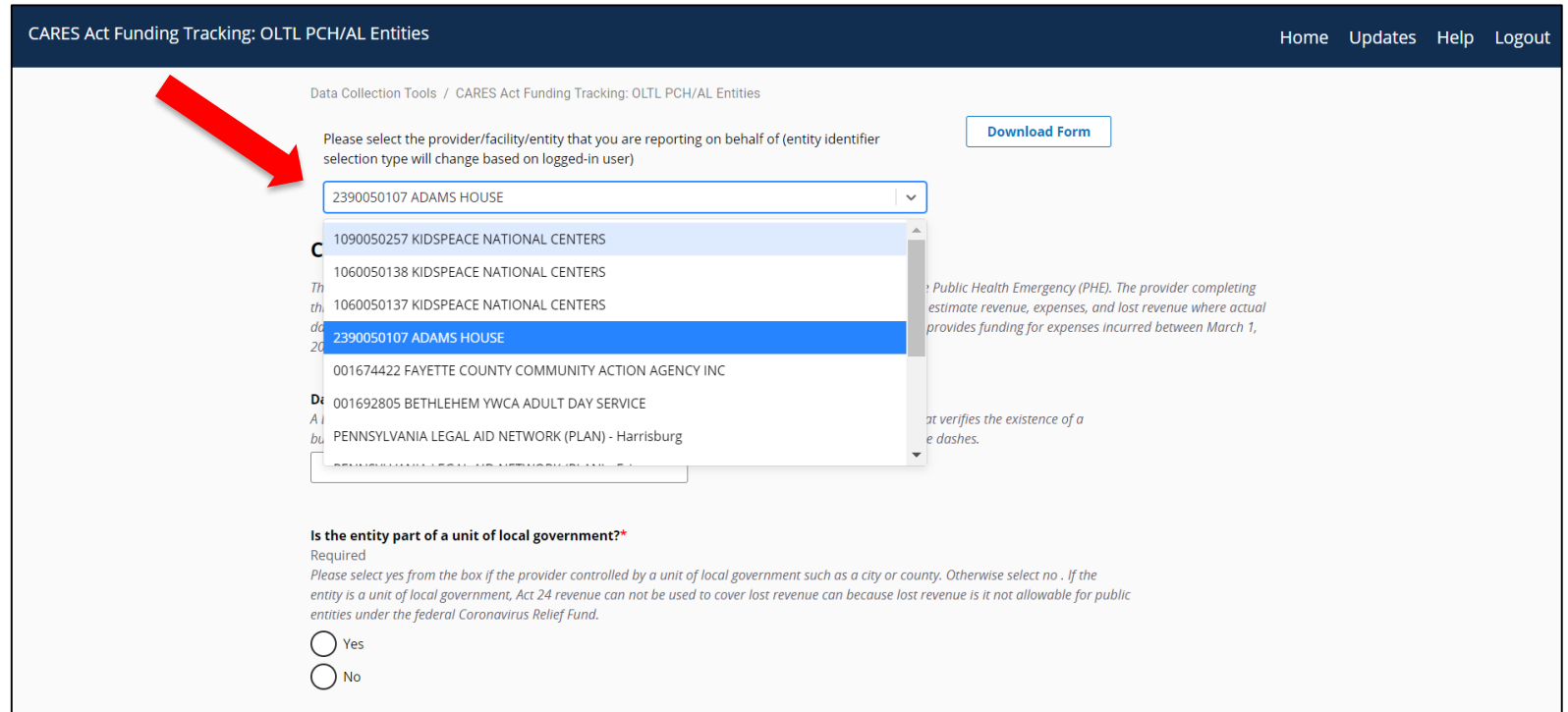


Instructions:

2. Select **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.



CARES Act Funding Tracking: OLTL PCH/AL Entities

Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OLTL PCH/AL Entities

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

Download Form

2390050107 ADAMS HOUSE

1090050257 KIDSPEACE NATIONAL CENTERS

1060050138 KIDSPEACE NATIONAL CENTERS

1060050137 KIDSPEACE NATIONAL CENTERS

2390050107 ADAMS HOUSE

001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC

001692805 BETHLEHEM YWCA ADULT DAY SERVICE

PENNSYLVANIA LEGAL AID NETWORK (PLAN) - Harrisburg

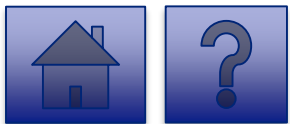
Is the entity part of a unit of local government?*

Required

Please select yes from the box if the provider controlled by a unit of local government such as a city or county. Otherwise select no. If the entity is a unit of local government, Act 24 revenue can not be used to cover lost revenue can because lost revenue is it not allowable for public entities under the federal Coronavirus Relief Fund.

☐ Yes

☐ No



Final Report: OLTL PCH/AL Entities



3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.

The screenshot shows a web application for "CARES Act Funding Tracking: OLTL PCH/AL Entities". The interface includes a navigation bar with "b-bdaytreat", "Home", "Updates", "Help", and "Logout". A "Download Form" button is visible. The form contains several sections with required fields marked by red asterisks:

- Entity Selection:** A dropdown menu showing "2390050107 ADAMS HOUSE".
- CARES Act Funding Tracking: OLTL PCH/AL Entities:** A section with a detailed instruction paragraph about the report's purpose and data requirements.
- Data Universal Numbering System (DUNS):** A text input field for a DUNS number, with a grey italicized help text explaining its purpose.
- Is the entity part of a unit of local government?*** A radio button selection between "Yes" and "No", with a grey italicized help text.
- Does Entity Qualify As a Small Business - See Instructions*** A radio button selection between "Yes" and "No", with a grey italicized help text.
- Labor Costs*** A text input field with a dollar sign, accompanied by a grey italicized instruction to reference allocation instructions.
- Personal Protective Equipment Costs*** A text input field with a dollar sign, accompanied by a grey italicized instruction to reference allocation instructions.
- Testing and Specimen Collection Necessities Costs*** A text input field with a dollar sign, accompanied by a grey italicized instruction to reference allocation instructions.
- Enter your entity's Grand Total Estimated Expenses*** A text input field with a dollar sign, accompanied by a grey italicized instruction to include all expenses.
- Enter your entity's Grand Total Estimated Lost Revenues*** A text input field with a dollar sign, accompanied by a grey italicized instruction to reference allocation instructions.
- Enter Total RRHCP Support Provided to the Provider*** A text input field with a dollar sign, accompanied by a grey italicized instruction to reference allocation instructions.
- Enter your entity's total COVID-19 revenue*** A text input field with a dollar sign, accompanied by a grey italicized instruction to include Act 24 CARES Act funding and RRHCP support.
- Calculated Net Impact*** A text input field with a dollar sign, accompanied by a grey italicized instruction to reflect the net impact of COVID-19 expenses.
- Enter any Data Caveats** A large text area for providing caveats, with a grey italicized instruction to explain data limitations.

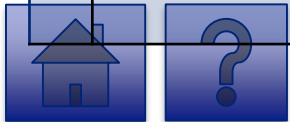
A "500 of 500 character(s) remaining" indicator is shown at the bottom right of the caveats section.

OLTL PCH/AL Question Support Overview



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 24 provides funding for expenses incurred between March 1, 2020 and November 30, 2020 as a result, reporting captured here is only through November 30th.

	Steps	Description
1	Data Universal Numbering System (DUNS)	<i>A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.</i>
2	Is the entity part of a unit of local government?	<i>Please select yes from the box if the provider controlled by a unit of local government such as a city or county. Otherwise select no. If the entity is a unit of local government, Act 24 revenue can not be used to cover lost revenue can because lost revenue is it not allowable for public entities under the federal Coronavirus Relief Fund. Select Yes or No</i>
3	Does Entity Qualify As a Small Business - See Instructions	<i>Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years. Select Yes or No</i>



OLTL PCH/AL Question Support Overview



	Steps	Description
4	Labor Costs	<i>Please reference instructions for allocating costs between DHS programs.</i>
5	Personal Protective Equipment Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
6	Testing and Specimen Collection Necessities Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
7	Enter your entity's Grand Total Estimated Expenses	<i>This should include all expenses including labor, PPE, and testing costs, and should be allocated between DHS programs.</i>
8	Enter your entity's Grand Total Estimated Lost Revenues	<i>Please reference instructions for allocating lost revenue between DHS programs.</i>
9	Enter Total RRHCP Support Provided to the Provider	<i>Please reference instructions to allocate revenue between DHS programs.</i>
10	Enter your entity's total COVID-19 revenue	<i>This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Please reference instructions to allocate revenue between DHS programs.</i>
11	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
12	Enter any Data Caveats	<i>Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.</i>



OLTL PCH/AL Question Support Overview



	Steps	Description
13	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources	<i>Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.</i> Select I Agree or I Don't Agree from the dropdown.
14	Enter the Name of the Individual who can Bind Entity	<i>Enter the name of an individual who has the legal authority to bind the entity.</i>
15	Upload COVID-19 Act 24 Cost Reporting Form	<i>Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.</i>



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

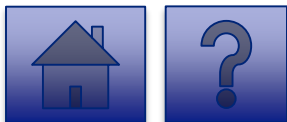
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



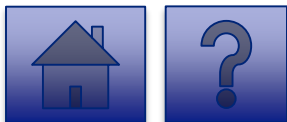
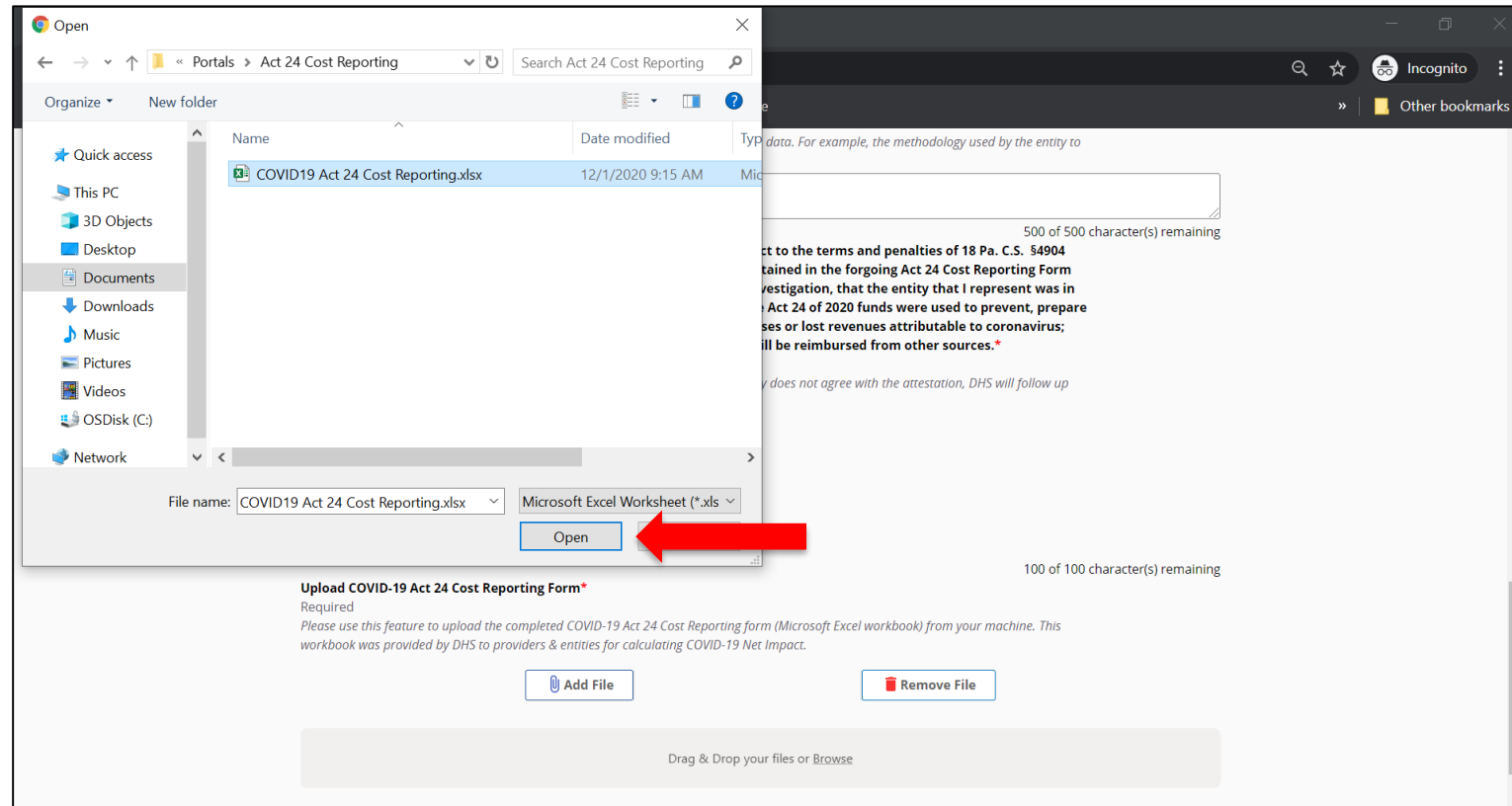
Drag & Drop your files or [Browse](#)



Final Report: OLTL PCH/AL Entities

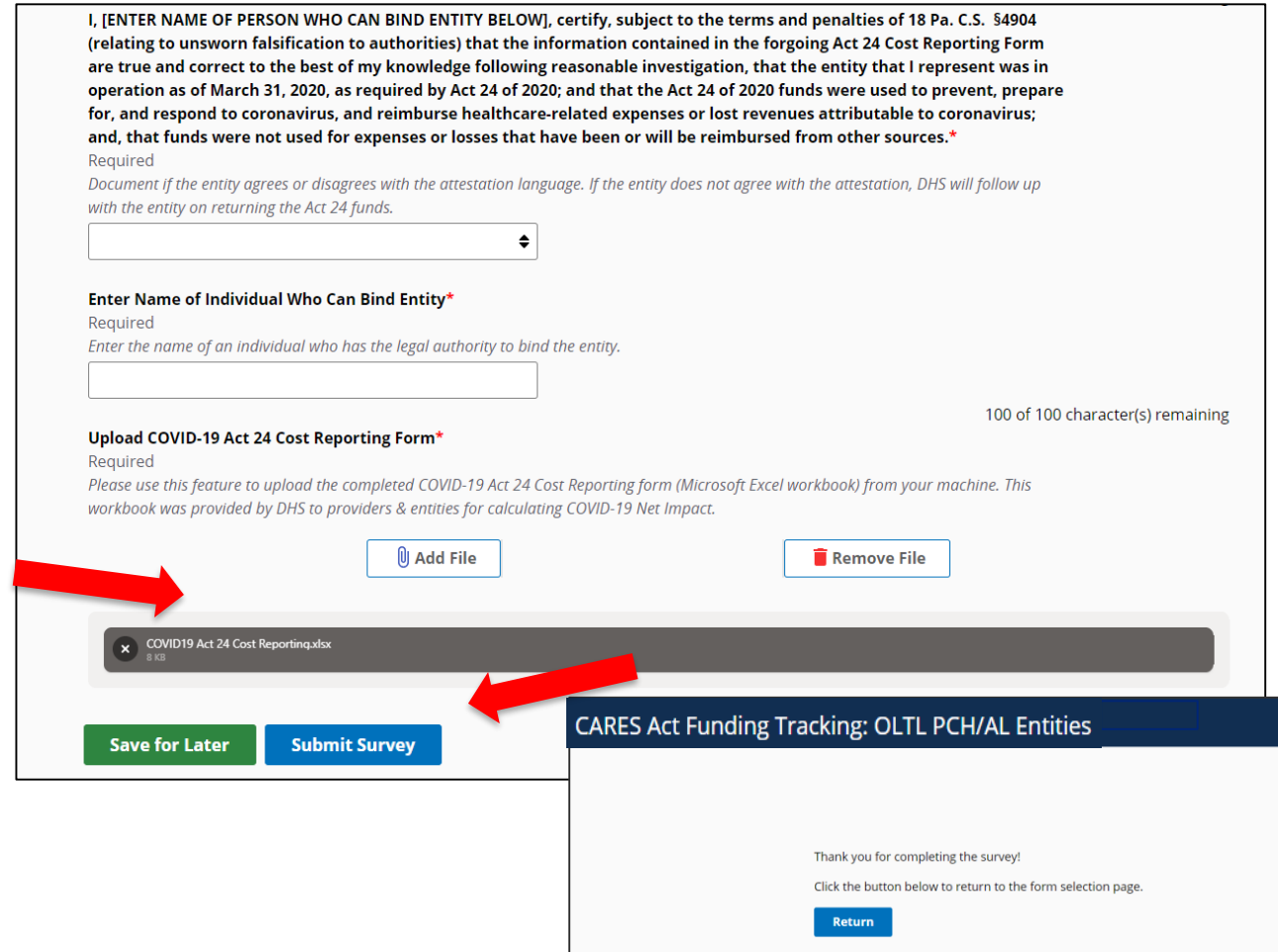


6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.



I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

Add File Remove File

COVID19 Act 24 Cost Reporting.xlsx

Save for Later Submit Survey

CARES Act Funding Tracking: OLTL PCH/AL Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.

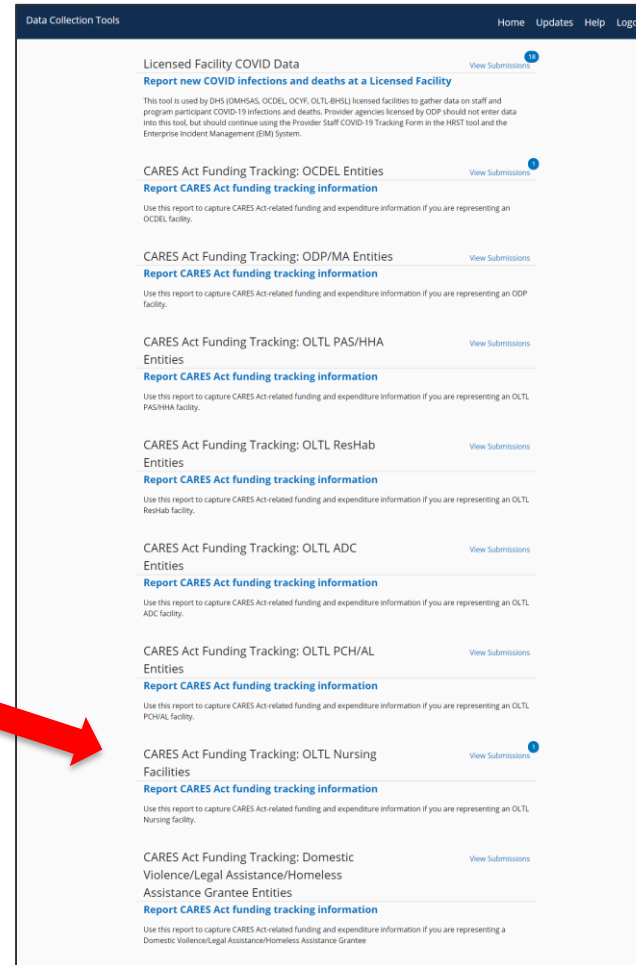
Return

Final Report: OLTL Nursing Facilities



Under the **CARES Act Funding Tracking: OLTL Nursing Facilities** heading, the **Report CARES Act funding tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Instructions:

2. Select the **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.



CARES Act Funding Tracking: OLTL Nursing Facilities

Home Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OLTL Nursing Facilities

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

[Download Form](#)

2390050107 ADAMS HOUSE

- 1090050257 KIDSPEACE NATIONAL CENTERS
- 1060050138 KIDSPEACE NATIONAL CENTERS
- 1060050137 KIDSPEACE NATIONAL CENTERS
- 2390050107 ADAMS HOUSE**
- 001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC
- 001692805 BETHLEHEM YWCA ADULT DAY SERVICE
- PENNSYLVANIA LEGAL AID NETWORK (PLAN) -

Nursing Facilities

Major data, revenue received, costs, E). The Nursing Facility (NF) and lost revenue where available, and is not available. A report should be chain-level data. Please enter zero (0) or revenue. Please note that Act 24 mber 30, 2020 as a result, this

Data Universal Numbering System (DUNS)

A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.

Is the entity part of a unit of local government?*

Required

Please select yes from the box if the provider controlled by a unit of local government such as a city.

Final Report: OLTL Nursing Facilities



3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.



CARES Act Funding Tracking: OLTL Nursing Facilities

ie Updates Help Logout

Data Collection Tools / CARES Act Funding Tracking: OLTL Nursing Facilities

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

2390050107 ADAMS HOUSE

[Download Form](#)

CARES Act Funding Tracking: OLTL Nursing Facilities

This report is to be used to capture the COVID-19 patient and payer 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 24 provides funding for incurred between March 1, 2020 and November 30, 2020 as a result, this reporting is only through November 30th.

Data Universal Numbering System (DUNS)

A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.

Is the entity part of a unit of local government?*

Required
Please select yes from the box if the provider controlled by a unit of local government such as a city or county. Otherwise select no. If the entity is a unit of local government, Act 24 revenue can not be used to cover lost revenue because lost revenue is it not allowable for public entities under the federal Coronavirus Relief Fund.

☐ Yes
☐ No

Does Entity Qualify As a Small Business - See Instructions*

Required
Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years.

☐ Yes
☐ No

Enter your entity's total net revenue*

Required
Please provide actual and estimated revenue you expect to receive through November 30, 2020. Do not include COVID-19 related revenue except any increases in Medicare revenue.

\$

Enter your entity's Medicare revenue*

Required
This figure is a subset of the total revenue figure above.

\$

Enter your entity's revenue for all other Payers*

Required
This figure is a subset of the total revenue figure above.

\$

Enter your entity's Total NF Days for all residents*

Required
NF should enter the actual/estimated total days for all payors. This is used in allocating expenses and analyzing the COVID-19 impact on the nursing facility assessment program.

Enter your entity's Total Days for Medicaid Participants*

Required
NF should enter the actual/estimated Medicaid days. This is used in allocating expenses and in analyzing the impact on the nursing facility assessment program. For Medicare Only Nursing Facilities, enter 0.

Enter your entity's Total Days for Medicare Participants*

Required
NF should enter the actual/estimated Medicare days. This is used in allocating expenses and in analyzing the impact on the nursing facility assessment program.

Labor Costs*

Required
Please reference instructions to allocate costs between DHS programs.

\$

Enter your entity's total personal protective Equipment costs*

Required
This figure is for actual/projections through November 30th, 2020.

\$

Enter your entity's total Testing and Specimen Collection Necessities Costs*

Required
This figure is for actual/projections through November 30th, 2020.

\$

Enter your entity's Total Estimated Expenses*

Required
This figure is for actual/projections through November 30th, 2020.

\$

Enter your entity's Grand Total Lost Revenue*

Required
This figure is for actual/projections through November 30th, 2020.

\$

Enter your entity's reimbursement from an insurer for COVID-19 testing*

Required
Please include any reimbursement from an insurer or other source not identified in another category for COVID-19 related testing. This would not include reimbursement when the nursing facility is self-insured and PPE provided by or reimbursed RRHCP on this line.

\$

Enter Total RRHCP Support Provided to the Provider*

Required
Please reference instructions to allocate revenue between DHS programs.

\$

Enter your entity's Total COVID-19 Revenue*

Required
Nursing facility should enter any revenue and funding received from any source for COVID-19 expenses. This includes any federal funding, state funding or provided supplies, and any other funding sources such as charitable donations. Please include Act 24 funding and RRHCP support in this figure.

\$

Calculated Net Impact*

Required
This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.

\$

Enter any Data Caveats

Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used to determine lost revenue.

500 of 500 character(s) remaining

OLTL Nursing Facilities Question Support Overview



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 24 provides funding for incurred between March 1, 2020 and November 30, 2020 as a result, this reporting is only through November 30th.

	Steps	Description
1	Data Universal Numbering System (DUNS)	<i>A DUNS number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. Do not include dashes.</i>
2	Is the entity part of a unit of local government?	<i>Please select yes from the box if the provider controlled by a unit of local government such as a city or county. Otherwise select no. If the entity is a unit of local government, Act 24 revenue can not be used to cover lost revenue because lost revenue is not allowable for public entities under the federal Coronavirus Relief Fund. Select Yes or No</i>



OLTL Nursing Facilities Question Support Overview



	Steps	Description
3	Does Entity Qualify As a Small Business - See Instructions	<i>Identify if entity qualifies as a small business per 13 CFR § 121.105 based on revenue for the applicable North American Industrial Classification System (NAICS) code. NAIC code 624120, Services for the Elderly and Persons with Disabilities, has a \$12 million maximum. This means that if the providers average annual receipts was less than \$12 million, the provider would qualify as a small business. The average annual receipts is determined by averaging your gross annual receipts for the last three years. Select Yes or No</i>
4	Enter your entity's total net revenue	<i>Please provide actual and estimated revenue you expect to receive through November 30, 2020. Do not include COVID-19 related revenue except any increases in Medicare revenue.</i>
5	Enter your entity's Medicare revenue	<i>This figure is a subset of the total revenue figure above.</i>
6	Enter your entity's Medicaid revenue	<i>This figure is a subset of the total revenue figure above. For Medicare Only Nursing Facilities, enter \$0.</i>
7	Enter your entity's revenue for all other Payors	<i>This figure is a subset of the total revenue figure above.</i>
8	Enter your entity's Total NF Days for all resident	<i>NF should enter the actual/estimated total days for all payors. This is used in allocating expenses and analyzing the COVID-19 impact on the nursing facility assessment program.</i>



OLTL Nursing Facilities Question Support Overview



	Steps	Description
9	Enter your entity's Total Days for Medicaid Participants	<i>NF should enter the actual/estimated Medicaid days. This is used in allocating expenses and in analyzing the impact on the nursing facility assessment program. For Medicare Only Nursing Facilities, enter 0.</i>
10	Enter your entity's Total Days for Medicare Participants	<i>NF should enter the actual/estimated Medicare days. This is used in allocating expenses and in analyzing the impact on the nursing facility assessment program.</i>
11	Labor Costs	<i>Please reference instructions to allocate costs between DHS programs.</i>
12	Enter your entity's total personal protective Equipment costs	<i>This figure is for actual/projections through November 30th, 2020.</i>
13	Enter your entity's total Testing and Specimen Collection Necessities Costs	<i>This figure is for actual/projections through November 30th, 2020.</i>
14	Enter your entity's Total Estimated Expenses	<i>This figure is for actual/projections through November 30th, 2020.</i>
15	Enter your entity's Grand Total Lost Revenue	<i>This figure is for actual/projections through November 30th, 2020.</i>
16	Enter your entity's reimbursement from an insurer for COVID-19 testing*	<i>Please include any reimbursement from an insurer or other source not identified in another category for COVID-19 related testing. This would not include reimbursement when the nursing facility is self-insured and PPE provided by or reimbursed RRHCP on this line.</i>
17	Enter Total RRHCP Support Provided to the Provider	<i>Please reference instructions to allocate revenue between DHS programs.</i>



OLTL Nursing Facilities Question Support Overview



	Steps	Description
18	Enter your entity's Total COVID-19 revenue	<i>Nursing Facility should enter any revenue and funding received from any source for COVID-19 expenses. This includes any federal funding, state funding or provided supplies, and any other funding sources such as charitable donations. Please include Act 24 funding and RRHCP support in this figure.</i>
19	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
20	Enter any Data Caveats	<i>Provider should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used by the entity to estimate lost revenue.</i>



OLTL Nursing Facilities Question Support Overview



	Steps	Description
13	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources	Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds. Select I Agree or I Don't Agree from the dropdown.
14	Enter the Name of the Individual who can Bind Entity	Enter the name of an individual who has the legal authority to bind the entity.
15	Upload COVID-19 Act 24 Cost Reporting Form	Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

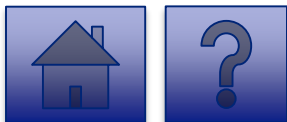
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



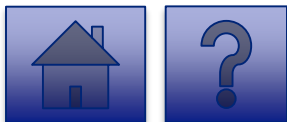
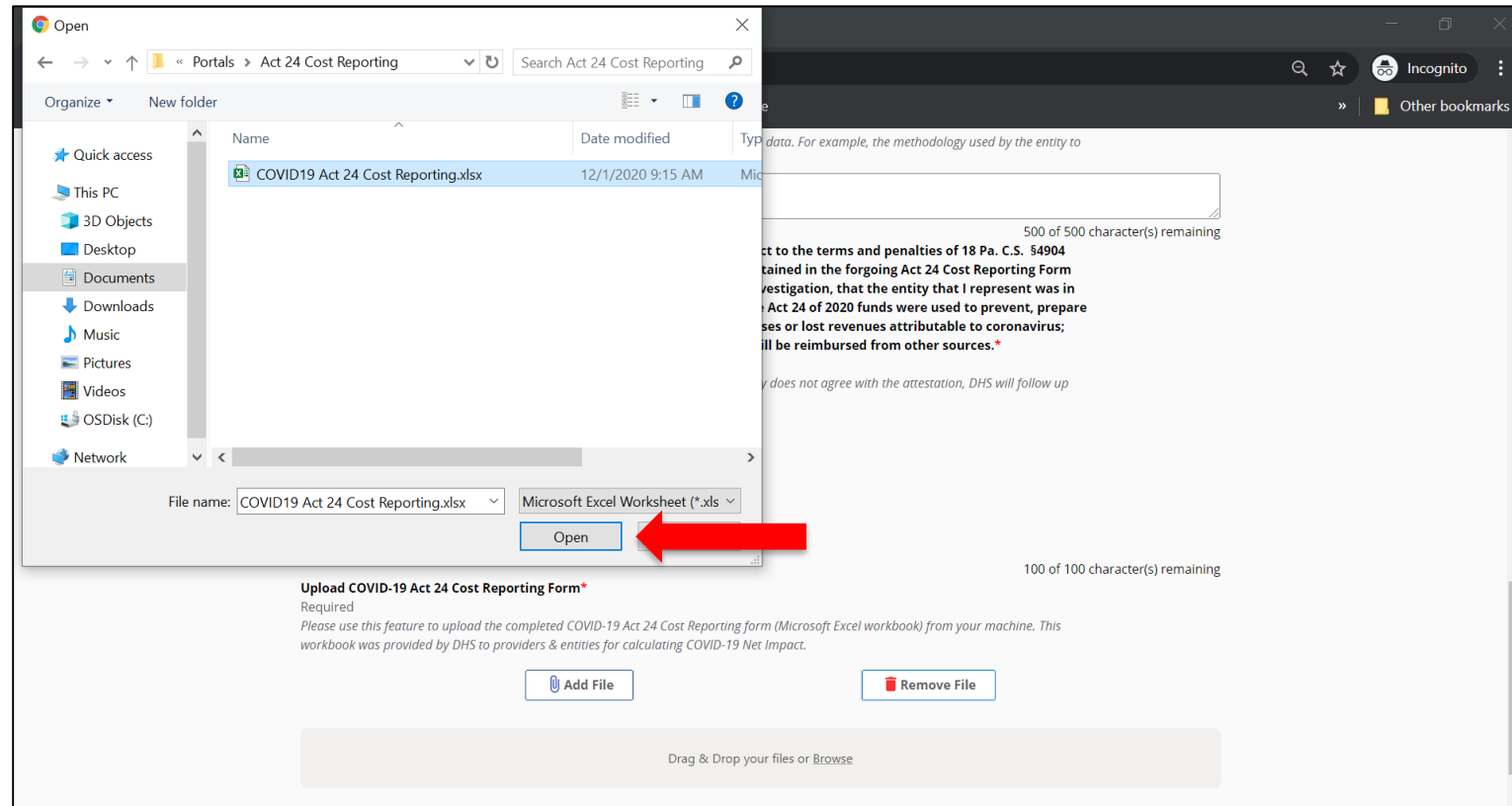
Drag & Drop your files or [Browse](#)



Final Report: OLTL Nursing Facilities

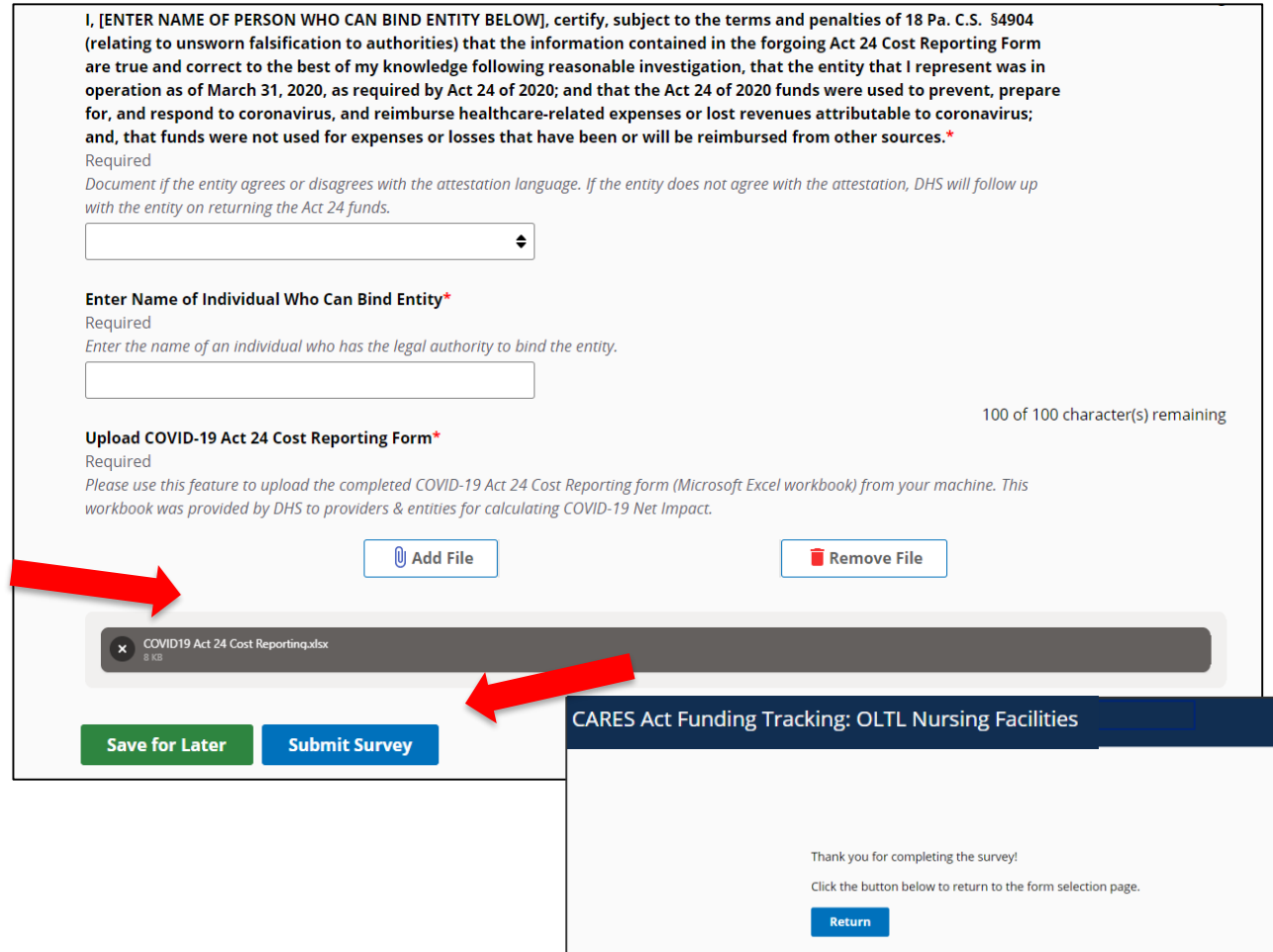


6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.



I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

Add File Remove File

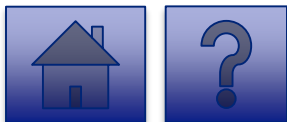
COVID19 Act 24 Cost Reporting.xlsx
8 KB

Save for Later Submit Survey

CARES Act Funding Tracking: OLTL Nursing Facilities

Thank you for completing the survey!
Click the button below to return to the form selection page.

Return

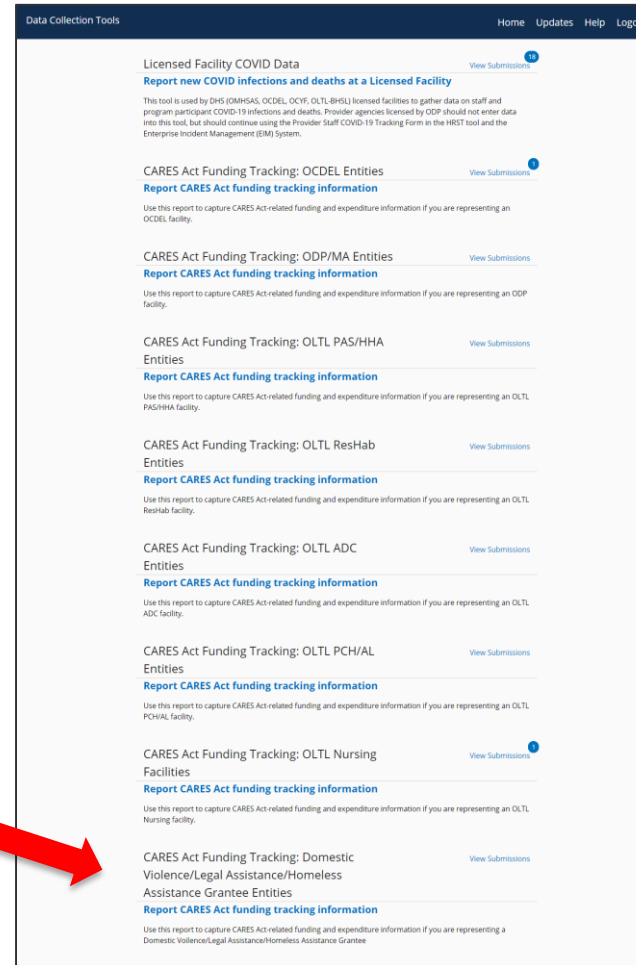


Final Report: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities



Under the **CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities** heading, the **Report CARES Act funding tracking information** link allows users to enter the final report information for OCDEL entities.

1. Click on the **Report CARES Act funding tracking information** link.



Final Report: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities



Instructions:

2. Select **Provider/Facility/Entity** from the dropdown list.

Note: Legal Entities are listed by Facility ID and/or Legal Name. The Entity identifier selection type will change based on logged-in user.

Tip: If a user has a number of facilities listed, you can type into the search field the Facility ID and/or Legal Name and the results will narrow.

CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities

Data Collection Tools / CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities

Please select the grantee entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user)

[Download Form](#)

2390050107 ADAMS HOUSE

- 1090050257 KIDSPEACE NATIONAL CENTERS
- 1060050138 KIDSPEACE NATIONAL CENTERS
- 1060050137 KIDSPEACE NATIONAL CENTERS
- 2390050107 ADAMS HOUSE
- 001674422 FAYETTE COUNTY COMMUNITY ACTION AGENCY INC
- 001692805 BETHLEHEM YWCA ADULT DAY SERVICE
- PENNSYLVANIA LEGAL AID NETWORK (PLAN) -

This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Only include Grantee or County Revenue and not subgrantee revenue in this line.

\$

Enter Subgrantees' total COVID-19 revenue* Required



Final Report: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities



3. Complete each of the Form Fields.

Note: All fields are required and are denoted by a red asterisk (*).

Tip: Help text is available in grey italics below each question for additional guidance.

Tip: If you are not ready to submit the report, click the **[Save for Later]** button. You can access saved services from the home page using the **View Submissions** link.



CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities

Data Collection Tools / CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities

Please select the grantee entity that you are reporting on behalf of (entity identifier selection type will change based on logged-in user)

2390050107 ADAMS HOUSE

[Download Form](#)

CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities

This report is to be used to capture the COVID-19, revenue received and costs as a result of the Public Health Emergency (PHE). The Grantee completing this form should provide actual revenue and expenses where available and estimate revenue and expenses where actual data is not available. Please note that Act 24 provides funding for incurred between March 1, 2020 and November 30, 2020 as a result, this reporting is only through November 30th.

Enter your entity's total COVID-19 revenue*
Required
This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Only include Grantee or County Revenue and not subgrantee revenue in this line.

\$

Enter Subgrantees' total COVID-19 revenue*
Required
This figure includes Act 24 CARES Act funding and refers to COVID-19 actual and projected revenue through November 30th, 2020. Only include Grantee or County Revenue and not subgrantee.

\$

Enter your entity's total COVID-19 related estimated expenses*
Required
Report COVID-19-related costs projected through November 30th, 2020. Do not list expenses as negative. Examples of expenses include accounting/audit, consultants, dues/memberships, equipment, postage, printing/photocopy, professional development, space costs, supplies, telephone, travel. Only include grantee expenses in this line.

\$

Enter the amount of funds payments/costs*
Required
Report the amount of funding that has been committed/paid to subgrantee awards through November 30, 2020.

\$

Calculated Net Impact*
Required
This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.

\$

Enter any Data Caveats
Entity should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used to determine lost revenue.

500 of 500 character(s) remaining

Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities Question Support Overview



This report is to be used to capture the COVID-19, revenue received and costs as a result of the Public Health Emergency (PHE). The Grantee completing this form should provide actual revenue and expenses where available and estimate revenue and expenses where actual data is not available. Please note that Act 24 provides funding for incurred between March 1, 2020 and November 30, 2020 as a result, this reporting is only through November 30th.

	Steps	Description
1	Enter your entity's total COVID-19 revenue	<i>This figure includes Act 24 CARES Act funding, and refers to COVID-19 actual and projected revenue through November 30th, 2020. Only include Grantee or County Revenue and not subgrantee revenue in this line.</i>
2	Enter Subgrantees' total COVID-19 revenue	<i>Report COVID-19-related costs projected through November 30th, 2020. Do not list expenses as negative. Examples of expenses include accounting/audit, consultants, dues/memberships, equipment, postage, printing/photocopy, professional development, space costs, supplies, telephone, travel. Only include grantee expenses in this line.</i>
3	Enter your entity's total COVID-19 related estimated expenses	<i>Report COVID-19-related costs projected through November 30th, 2020. Do not list expenses as negative. Examples of expenses include accounting/audit, consultants, dues/memberships, equipment, postage, printing/photocopy, professional development, space costs, supplies, telephone, travel. Only include grantee expenses in this line.</i>
4	Enter the amount of funds payments/costs	<i>Report the amount of funding that has been committed/paid to subgrantee awards through November 30, 2020.</i>



Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities Question Support Overview



	Steps	Description
5	Calculated Net Impact	<i>This line reflects the net impact of COVID-19 expenses less COVID-19 revenue. A positive number reflects uncovered COVID-19 expenses. A negative number reflects COVID-19 revenue exceeds COVID-19 expenses.</i>
6	Enter any Data Caveats	<i>Entity should explain below any data limitations, clarifications or assumptions in data. For example, the methodology used to determine lost revenue.</i>



Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities Question Support Overview



	Steps	Description
7	I, [ENTER NAME OF PERSON WITH THE AUTHORITY TO SIGN ON BEHALF OF THE LEGAL ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 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 24 of 2020 funds were not used for expenses or losses that have been or will be reimbursed from other sources	Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds. Select I Agree or I Don't Agree from the dropdown.
8	Enter the Name of the Individual who can Bind Entity	Enter the name of an individual who has the legal authority to bind the entity.
9	Upload COVID-19 Act 24 Cost Reporting Form	Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.



Final Report: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities



4. Complete the **Certification Fields.**
5. Click the **[Add File]** button.


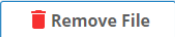
I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], certify, subject to the terms and penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that the information contained in the forgoing Act 24 Cost Reporting Form are true and correct to the best of my knowledge following reasonable investigation, that the entity that I represent was in operation as of March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.



100 of 100 character(s) remaining

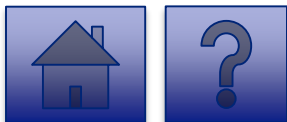
Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

Drag & Drop your files or [Browse](#)

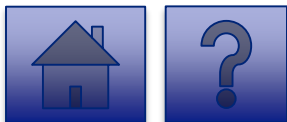
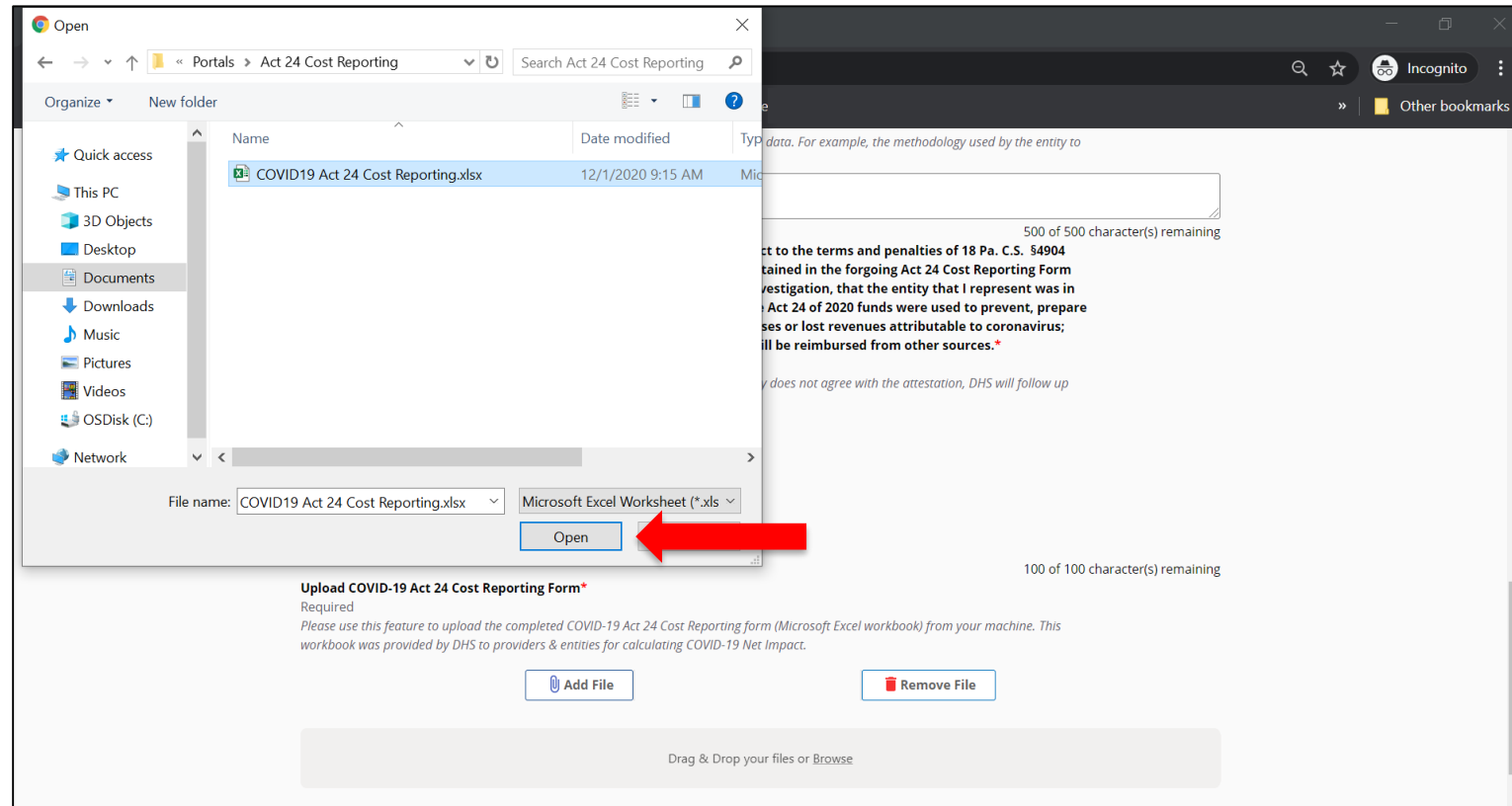
 



Final Report: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities



6. A file viewer window pops up.
7. Navigate to the file location for the entities **COVID-19 Act 24 Cost Reporting form** (Microsoft Excel workbook).
8. Click the **[Open]** button or drag the file to the **Drag & Drop your files** section.



Final Report: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities



9. The added file now appears on the page. If the incorrect file was uploaded, select the **[Remove File]** button.
10. To submit the report, click the **[Submit Survey]** button located at the bottom of the page.
11. A *Thank you for completing the survey!* Message displays.
12. Click the **[Return]** button to return to the homepage.

Tip: If any fields are not filled out, the user will not be able to submit the form and the user receives a **“Please enter a value for all required fields before submitting the form”** error message.

I, [ENTER NAME OF PERSON WHO CAN BIND ENTITY BELOW], 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 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 March 31, 2020, as required by Act 24 of 2020; and that the Act 24 of 2020 funds were used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare-related expenses or lost revenues attributable to coronavirus; and, that funds were not used for expenses or losses that have been or will be reimbursed from other sources.*

Required
Document if the entity agrees or disagrees with the attestation language. If the entity does not agree with the attestation, DHS will follow up with the entity on returning the Act 24 funds.

Enter Name of Individual Who Can Bind Entity*
Required
Enter the name of an individual who has the legal authority to bind the entity.

100 of 100 character(s) remaining

Upload COVID-19 Act 24 Cost Reporting Form*
Required
Please use this feature to upload the completed COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook) from your machine. This workbook was provided by DHS to providers & entities for calculating COVID-19 Net Impact.

☒ COVID19 Act 24 Cost Reporting.xlsx
8 KB

CARES Act Funding Tracking: Domestic Violence/Legal Assistance/Homeless Assistance Grantee Entities

Thank you for completing the survey!
Click the button below to return to the form selection page.



Logging Out

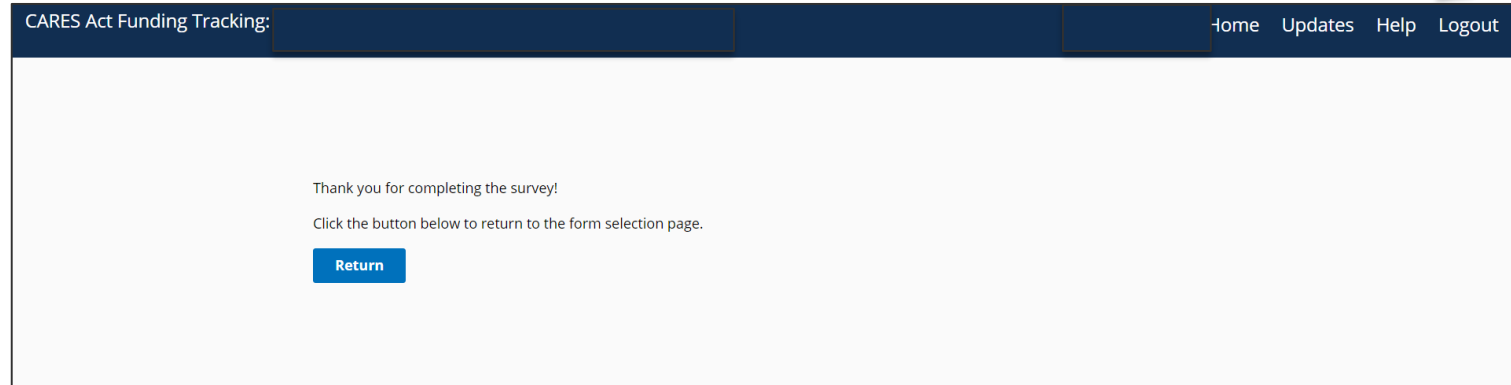


Logging Out



1. Once a user completes the report, to logout, the user clicks the **[Logout]** button in the upper right corner to end the session.

Tip: To return to the homepage and review prior submissions, click the **[Return]** or **[Home]** button.



Troubleshooting

Frequently Asked Questions



Q: Where do I receive my login credentials and password?

A: You will receive two emails to the email associated with your account from **PW, Unified Security inbox** (ra-unifiedsecurity@pa.gov). The first will include your username and the second one will have a temporary password for first-time sign in.

Q: What if I forget my Username?

A: On the login page, click **Forgot User ID** under the **Self-service For Business Partners** menu and follow the prompts.

Q: How do I reset my Password if I forget it?

A: On the login page, click **Forgot Password** under the **Self Service for Business Partners** menu and follow the prompts.



Q: How long is my verification security code valid?

A: Your security code is valid for up to one hour and is sent email registered to your account. You are required to use the security code from your latest email; previously sent codes will not work.

Q: Why am I not being prompted for RBA?

A: If you have labeled your device as private, you will not be asked to enter a security code on that device for 12 hours after you login. If you are not prompted and the tool does not load, please ensure all browser windows are closed to end your active session and prompt RBA.

Q: What happens if I don't enter the right security code?

A: If the security code is entered incorrectly five times, your account is locked and you must contact the help desk at RA-PWDHSMFAHELPDESK@pa.gov.



Q: After logging in, what if the page won't load properly or is blank?

A: Try using Google Chrome or Microsoft Edge as they are the recommended browsers. You also may need to clear your cache or browsing history. Please see the attached document:



Troubleshooting
Browser Issues

Q: What do I do if I don't see a Facility/Entity I need to enter data for or need to change the User associated with a Facility/Entity?

A: Please complete the [DHS COVID Tracking - User Change Request](#) survey.



Q: What do I do if I'm associated with more than one Facility/Entity?

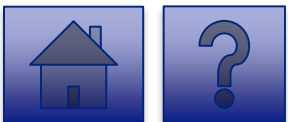
A: You will see a list of all Facilities/Entities you are associated with after you click on the **Report CARES Act funding tracking information** link. If you need to submit more than one report, complete the report for the first Facility/Entity and continue to complete for the others.

Q: What if multiple users are associated with one Facility/Entity?

A: Each user sees their associated Facilities/Entities in the drop-down list.

Q: What if I don't know the Facility ID/MPI/License Number?

A: The Facility ID and the Legal name are pre-populated in the drop-down based on the User ID logged in.



Frequently Asked Questions-Completing the Report



Q: What do I do if I receive an error message attempting to upload the COVID-19 Act 24 Cost Reporting form (Microsoft Excel workbook)?

A:

#	Message	Issue
1	Selected file does not use the expected template and cannot be uploaded. Please use the template provided by DHS and upload the file again.	Spreadsheet is in incorrect template, please use the latest spreadsheet provided by your program office.
2	Selected file contains macros and cannot be uploaded. Please remove macros from the file and upload the file again.	Spreadsheet includes macro(s). Please remove any macros.
3	Selected file is password-protected and cannot be uploaded. Please remove password protection and upload the file again.	Spreadsheet is password-protected. Please remove any passwords.
4	Selected file is not the expected filetype and cannot be uploaded. Please use the template provided by DHS, and convert to .xlsx format and upload the file again.	Spreadsheet is not in .xlsx format. Please confirm the file format and resave.
5	Selected file exceeds maximum allowed file size and cannot be uploaded. Please reduce the file size to less than 20MB and upload the file again.	Spreadsheet exceeds maximum allowed size. Please try resaving or reducing the file size.



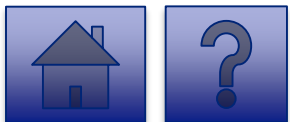
Password Reset



Password Reset



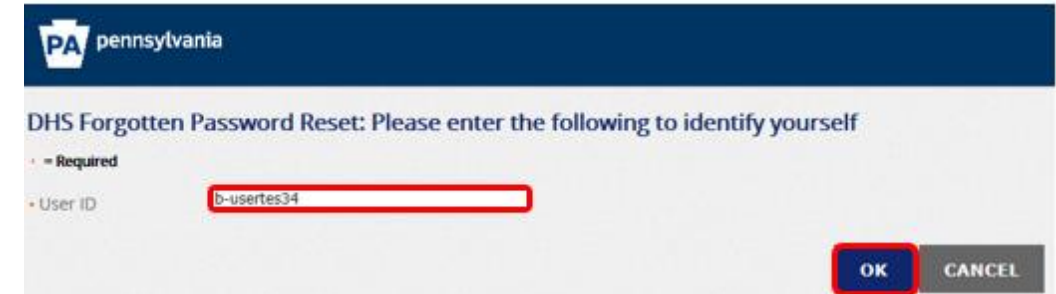
1. Click **Forgot Password** under the **Self-service for Business Partner** menu.

A screenshot of the Pennsylvania Department of Human Services login page. The page has a blue header with the "PA pennsylvania" logo. Below the logo, there is a "Keystone Key" section with a "Username" input field, a "Password" input field, and a yellow "LOGIN" button. To the right of the login fields, there is a "Self-service for Business Partner" menu with three options: "Forgot User ID" (with a question mark icon), "Forgot Password" (with a question mark icon and a red arrow pointing to it), and "Edit Profile" (with a person icon). Below this menu, there is a "Self-service for Commonwealth Employees" section with one option: "Change CWOPA Password or Hint Questions" (with a question mark icon).


Password Reset



2. Enter the **User ID** and click **[OK]**
3. After entering the **User ID**, complete the **First Name** and **Last Name** fields, the user is asked to answer two **Password Hint** security questions.
4. Click **[OK]**.



This screenshot shows the second step of the password reset process. The header is "DHS Forgotten Password Reset: Please enter the following to identify yourself". Below this, there is a section for "Required" fields. The "User ID" field is highlighted with a red border and contains the text "b-useres34". At the bottom right, there are two buttons: "OK" (highlighted with a red border) and "CANCEL".

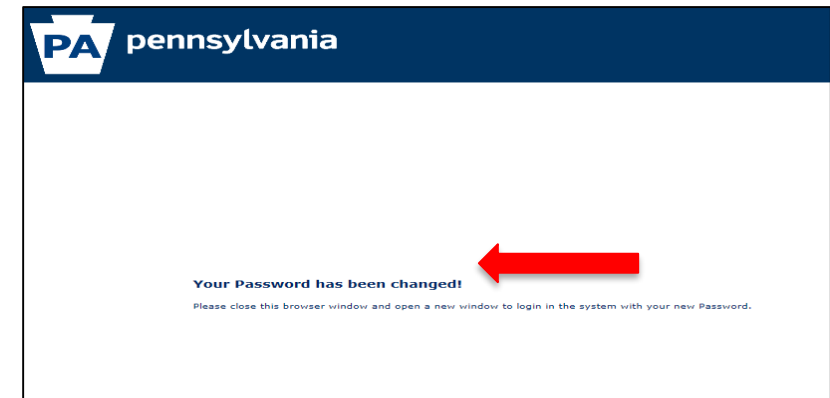


This screenshot shows the third step of the password reset process. The header is "DHS Forgotten Password Reset: Please enter the following to verify your identity". Below this, there is a section for "Required" fields. The "User ID" field is pre-filled with "b-useres34". The "First Name" field is pre-filled with "user" and the "Last Name" field is pre-filled with "test". There are two "Password Hint" questions. The first question is "What is your favorite movie?" and its "Answer" field is pre-filled with "user" and highlighted with a red border. The second question is "What city was your spouse born in?" and its "Answer" field is pre-filled with "test" and highlighted with a red border. At the bottom right, there are two buttons: "OK" (highlighted with a red border) and "CANCEL".



Set a New Password

- Once the security questions are successfully answered, the user enters a new password in the **Password** field and confirms the new password in the **Confirm Password** field.
- Click **[SUBMIT]**.
- User is redirected to a confirmation page displaying a *Your Password has been changed!* message.

A screenshot of the 'DHS Forgotten Password Reset' form. The form has a dark blue header with the 'PA pennsylvania' logo. Below the header, the title 'DHS Forgotten Password Reset' is displayed. The form contains several input fields: 'Organization' (with 'ExampleOrg7244' entered), 'User ID' (with 'b-useres34' entered), 'First Name' (with 'user' entered), and 'Last Name' (with 'test' entered). There are also 'Password' and 'Confirm Password' fields, both containing masked text (asterisks). A green progress bar next to the Password field indicates it is 'Strong'. To the right of the form, a 'Password Policy Requirement' section lists rules: minimum eight characters, at least one Uppercase Letter, at least one Lowercase Letter, at least one Number (0-9), at least one Special Character (e.g., @, #, \$, %), and restrictions on using user ID or full name, and not reusing the last ten passwords. At the bottom right, there are 'SUBMIT' and 'CANCEL' buttons.

Login with a New Password



7. User can now log in using the new password.

A screenshot of the Pennsylvania Department of Human Services login page. The page has a blue gradient background. At the top center, there is a logo with "PA" in a blue square followed by "pennsylvania" in white. Below the logo, the text "Keystone Key" is centered. Underneath, there are two input fields: "Username" and "Password". Below these fields is a yellow button with the text "LOGIN" in black. To the right of the login fields, there are two stacked boxes. The top box is titled "Self-service for Business Partner" and contains three links: "Forgot User ID", "Forgot Password", and "Edit Profile". The bottom box is titled "Self-service for Commonwealth Employees" and contains one link: "Change CWOPA Password or Hint Questions". At the bottom of the page, there is a small warning text: "WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 'The Computer Fraud and Abuse Act of 1986'. Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit." Below the warning text, it says "Copyright© 2018 by the Commonwealth of Pennsylvania. All Rights Reserved."

Additional Support



Additional Support Contacts



Password Support: If you continuing to experience password issues after trying to reset, send an email to the *PW, Unified Security inbox* (ra-unifiedsecurity@pa.gov).

Risk-Based Authentication (RBA) Support: If you continue to experience RBA issues, please email the help desk at RA-PWDHSMFAHELPDESK@pa.gov.

Tool Technical Issues: If the tool will not load, you do not see a needed Facility in the drop-down, or need to change your designated users, please contact your specific program office for support:

- OCDEL: RA-ocdchildcarecert@pa.gov
- ODP: Rick Smith at riesmit@pa.gov
- OMAP-Critical Access Hospitals: FinancialGatekeeper@pa.gov
- OLTL: act24reporting@pa.gov
- OIM-Homeless Assistance: RA-PWHAPOIM@pa.gov
- OIM-Grantees: Jazmin Cartwright at jnixoncart@pa.gov

