

PA Department of Human Services COVID-19 Vaccine Administration Tracker

The Pennsylvania Department of Human Services (DHS) wants to track the initial administration of the COVID-19 vaccination in some of the facilities that it licenses. This will be a one-time data collection to understand the level of vaccination for residents and staff at these facilities.

It is very important that facilities complete this form. This information is essential to implementing the Commonwealth's vaccine planning and administration plan and to help ensure that vaccines are being administered as soon as can be accomplished. Completing this form is a major component to stopping the spread of COVID-19 in the Commonwealth.

What agencies/facility types should complete the form

For the **Office of Developmental Programs (ODP)** the following license types should provide the requested information

1. Community Homes for Individuals with an Intellectual Disability or Autism
2. Private Intermediate Care Facilities for Individuals with an Intellectual Disability

For the **Office of Mental Health and Substance Abuse Services (OMHSAS)** the following license types should provide the requested information?

1. Long Term Structured Residences (LTSR)
2. Residential Treatment Facility for Adults (RTF-A)
3. Private Psychiatric Hospitals

For the Office of **Long-Term Living/Bureau of Human Services Licensing (OLTL/BHSL)** the following license types should provide the requested information

1. Personal Care Homes
2. Assisted Living Facilities

For the **Office of Children Youth and Family (OCYF)** the following license types should provided the requested information

1. Child Residential Facilities (Chapter 3800) - NOTE: Just for staff and residents over 18 years of age

When do I need to submit the needed information?

A facility/agency should submit the information when you have completed the vaccine administration process for the facility. "Completing the vaccine administration process" generally means that the people served in the facility and the staff who work in the facility have been vaccinated or have chosen not to be vaccinated. The Step-by-Step instruction section below provides additional information about how to complete the form and when to submit it. **As such, you only need to submit the online form once.** Do not update your data on any new staff or residents that subsequently become associated with the facility.

Our agency has multiple facilities/locations, how should I report my information?

The information should be submitted by location and not agency wide. That means for OLTL/BHSL, OMHSAS and OCYF it should be submitted based upon your license/certificate number, one entry for each license. For ODP, it should be for your MPI and Service Location Number.

Step by Step Directions

Please note, there are some differences for how information is inputted for those who are licensed by the Office of Developmental programs (ODP) from the other three offices. As such, there is one set of directions for those licensed by OCYF, OMHSAS, OLTL and another set of directions for those licensed by ODP.

For those licensed by the OMHAS, OLTL/BHSL and OCYF:

1. In the first box, please select the program office that licenses the facility that you will be providing information.
2. In the second box, start to type the unique name of the facility you will be providing information for. As you type, the names of facilities will appear. Select the facility name for which you will be providing information. Please note, since many facilities may have similar names please make sure the license/certificate number for the facility you are providing data is the same as the number located next to the facility name you have selected.
3. If your facility name does not appear, make sure that you have selected the correct program office. If you selected the correct program office and the name still does not appear, make sure you are using the correct name of the facility. If you are still unable to locate the facility name, please email your information to the program office that licenses your facility.
 - OMHSAS resource email is RA-PWOMHSASCOVID-19@pa.gov
 - OLTL/BHSL resource email is RA-pwarlheadquarters@pa.gov
 - OCYF resource email is RA-PWOCYFCOVIDTRACKE@pa.gov
4. If you get a message that data has already been submitted for the facility you selected, please make sure you selected the correct facility. If you did select the correct facility and are looking to modify the data from what was previously submitted, you must enter data in each field again even if some numbers have not changed since the last submission. Please note that this submission will erase and replace the previous data submitted.
5. For Question 1, enter the total number of staff working at the location when the form is submitted. If staff work at multiple locations, you may “assign” them to a single location for purposes of completing this form.
6. For Question 2, enter the total number of staff who received only 1 dose of a COVID-19 vaccine. Reasons why staff may have only received 1 dose of the vaccine generally include:
 - The vaccine administered did not require a second dose.
 - The staff person elected not to receive a second dose.
 - The staff person stopped working at the service location before the second dose was administered.
7. For Question 3, enter the total number of staff who received 2 doses of a COVID-19 vaccine.

8. For Question 4, enter the total number of staff who chose not to be vaccinated.
9. For Question 5, enter the total number of staff who did not disclose whether they received any doses of the vaccine.
10. For Question 6, enter the total number of individuals who were served at the location when the form is submitted.
11. For Question 7, enter the total number of individuals who received only 1 dose of a COVID-19 vaccine. Reasons why individuals may have only received 1 dose of the vaccine generally include:
 - The vaccine administered did not require a second dose.
 - The individual elected not to receive a second dose.
 - The individual moved out of the location before the second dose was administered.
12. For Question 8, enter the total number of individuals who received 2 doses of a COVID-19 vaccine.
13. For Question 9, enter the total number of individuals who chose not to be vaccinated.
14. Click the “I’m not a robot” checkbox.
15. Click “Submit Stats.”

For Locations Licensed by ODP

ODP-licensed facilities will enter information by service location.

As a reminder, you will only enter this information when the service location has completed the vaccination process. You are not required to update the information or submit a new form if information changes.

You are encouraged to contact ODP at RA-PW6100REGADMIN@pa.gov with questions or to request guidance with any part of this process.

1. In the “Program Office” box, select “Office of Developmental Programs (ODP).”
2. In the “Find Provider” box, begin typing your agency’s IRS name and choose the appropriate selection. Note that the IRS name is the name associated with the agency’s FEIN number, not the name of the service location.
3. In the Service Location Code box, enter the 4-digit service location code associated with the service location information you are entering.
 - If you receive an error message indicating that the location you entered is invalid, please check to make sure that you selected the correct agency name and that you entered the

correct service location code. If you still receive an error message, please contact ODP at RA-PW6100REGADMIN@pa.gov for assistance.

4. For Question 1, enter the total number of staff working at the location when the form is submitted. If staff work at multiple locations, you may “assign” them to a single location for purposes of completing this form.
5. For Question 2, enter the total number of staff who received only 1 dose of a COVID-19 vaccine. Reasons why staff may have only received 1 dose of the vaccine generally include:
 - The vaccine administered did not require a second dose.
 - The staff person elected not to receive a second dose.
 - The staff person stopped working at the service location before the second dose was administered.
6. For Question 3, enter the total number of staff who received 2 doses of a COVID-19 vaccine.
7. For Question 4, enter the total number of staff who chose not to be vaccinated.
8. For Question 5, enter the total number of staff who did not disclose whether they received any doses of the vaccine.
9. For Question 6, enter the total number of individuals who reside at the location when the form is submitted.
10. For Question 7, enter the total number of individuals who received only 1 dose of a COVID-19 vaccine. Reasons why individuals may have only received 1 dose of the vaccine generally include:
 - The vaccine administered did not require a second dose.
 - The individual elected not to receive a second dose.
 - The individual moved out of the location before the second dose was administered.
11. For Question 8, enter the total number of individuals who received 2 doses of a COVID-19 vaccine.
12. For Question 9, enter the total number of individuals who chose not to be vaccinated.
13. Click the “I’m not a robot” checkbox.
14. Click “Submit Stats.”
 - If you receive an error message indicating that data has already been submitted for the service location you entered, please check to make sure that you selected the correct agency name and that you entered the correct service location code. If you still receive an error message, please contact ODP at RA-PW6100REGADMIN@pa.gov for assistance.