



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Division of Aging and  
Adult Services

# Aging Resource Management System

# ARMS

## *Provider User*

### Version 8

***Prepared for Provider Administrator Users of ARMS***

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# 1. Introduction and Overview

Welcome to the Aging Resources Management System (ARMS). The ARMS system is accessible by all area agencies on aging, service providers, and any government entity with the need to access ARMS data and reports.

In order to streamline the information sharing between the Aging Resource Management System (ARMS) system and other Department of Health and Human Services (DHHS) division's systems, the ARMS system will interface with the *Common Name Data Service (CNDS)* system and obtain a single unified ID called the "*Person ID*" provided by CNDS to its clients. This unified ID is common to DHHS systems and will bring seamless information sharing and client verification to ARMS.

The following **assumptions** are made:

- That data provided by the client on the DAAS-101 Client Registration Form (CRF) is accurate.
- That there are NO data entry errors when searching for the client record in CNDS.
- That the user has verified data keyed for search criteria is correct before searching CNDS.
- That the user verified information transferred from the CRF accurately before creating a new person in CNDS.

## 1.1 What is ARMS?

The Aging Resource Management System (ARMS) is a client tracking system for demographic data and a reimbursement system that ties reimbursement to performance.

ARMS provide users with the convenience of on-line web access. The system includes functionality and features to facilitate data entry, reporting, and tracking of client information and service impacts over time. At any given time during the year, data is available to report service unit, program costs and income, and non-unit reimbursement.

## 1.2 ARMS Objectives

ARMS is designed with the following goals:

- To establish a statewide database for reporting client demographic data including eligibility
- To establish a statewide database for budgetary control, delivery of units of service and non-unit activities incorporating Older Americans Act regulations on matching, program income, and other requirements as needed and other funding sources
- To provide a linkage of databases to track services and costs to the client level
- To meet federal reporting requirements

## 1.3 Who uses ARMS?

The ARMS system is written for the use of the Division of Aging and Adult Services (DAAS) and its constituents. Those who will use ARMS include:

- Regional Area Agencies on Aging staff
- Aging Service Providers (non-profit, profit, public, minority)
- County Lead Agencies and other DHHS Personnel

Only authorized users can access the ARMS System using any Internet connection. An ARMS User ID and password are assigned. User roles require a different level of access to the features and functionality of ARMS. User access is managed by DAAS ARMS Administrators, which will assign each individual ARMS User a different role that is appropriate to the access level of User. User type functionality is shown in Table 1.

| User Type       | Functions Available  |
|-----------------|--|
| <b>Provider</b> | Users assigned a role in ARMS as “ <b>Provider</b> ” will be able to perform the following functions. <ul style="list-style-type: none"> <li>• Search for clients and review their information</li> <li>• Add / Update a new client</li> <li>• Add / Update a service to a client</li> <li>• Add / Update monthly service totals for client</li> <li>• Add / Update a site/route/worker code</li> <li>• Modify provider agency information</li> <li>• View / Print Provider specific reports</li> <li>• Import Service Data</li> <li>• Add / Update non-unit reimbursement data</li> <li>• Add / Update consumer contributions/program income</li> </ul> |
| <b>Region</b>   | Users assigned the “ <b>Region</b> ” role can perform all the Provider functions, with the addition of these administrative functions: <ul style="list-style-type: none"> <li>• Add / Modify Region Details</li> <li>• Add / Update Region Budget</li> <li>• Add / Update Region Expenditures</li> <li>• Add / Update Provider Contract Segments</li> </ul>  |
| <b>County</b>   | Users with “ <b>County</b> ” access may only View or Print County Reimbursement Reports  |
| <b>Report</b>   | Those assigned “ <b>Report</b> ” access may only View or Print Reports   |

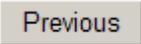
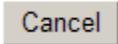
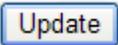
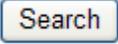
**Table 1 – User Functionality**

This document presents text in different formats which communicate specific information about the system. These formats are described below in Table 2:

| Format or Style   | Description  |
|---|--|
| <b>Boldface text</b>  | Indicates an action to take in the system such as clicking a button or selecting a drop-down list box item or item on a menu.  |
| <i>Italics</i>  | Indicates text to enter into a field in ARMS.  |
| <a href="#">Hyperlinks</a>  | A link to a web site or to another part of this User Guide. These are working links for those reading this document electronically.  |
| <b>Pipe   Separated   Text</b>  | Indicates the need to click on a series of links or menu items, which will appear in order as they are selected. Most commonly, they are used while navigating in ARMS.                      |
| <b>Links...</b>   | Drill-down links are usually found in columns. Clicking these opens additional detail screens specific to the data item displayed  |
| <br><b>tear away” line</b> | ARMS screens are often quite long. This “tear away” line indicates that the actual display is too long to include in this document, and users will need to scroll down to see the full list. |

**Table 2 – Document Conventions**

List below are frequent navigation buttons that display based on screen selected. There are many buttons used throughout ARMS and

|   |  |
|---|--|
|    | Click <b>PREVIOUS</b> to return to the previous screen   |
|    | Click the <b>FINISH</b> when you have completed the screen to save data keyed  |
|    | Click <b>CANCEL</b> to end function without saving   |
|    | Click the Next button to advance to next screen  |
|    | Update will save the record  |
|    | Click to Search for specific criteria  |
|    | Clear search criteria  |
|    | Click to Add Client to Provider Client List  |
|    | This Add can be found on the SRW Details screen to allow User to add names in drop down list to be added to the SRW. Select the name in list and click Add |
|  | Verify can be found on the Provider Client Site/Route/Worker Service Totals Screen. Click to Verify units keyed.   |
|  | This button is found on the Reports screen. Click this button to generate reports based on criteria selected.  |

**Table 3 – Screen Navigation**

## 2 Basic ARMS Functionality

### 2.1 ARMS System Availability and Connectivity

ARMS is designed to be available 24 hours a day including weekends. There will be times when ARMS may be down for maintenance and to updates. There may also be occasional times the server might be unavailable to users.

**Connectivity** for users is available from DHHS Customer Support Center Monday through Friday from 7:00 a.m. to 5:30 p.m. except State observed holidays.

WIRM Portal **PASSWORD RESET** - E-mail [DHHS.Customer.Support.Center@dhhs.nc.gov](mailto:DHHS.Customer.Support.Center@dhhs.nc.gov)  
Include in the e-mail the following:

1. ARMS User
2. Your Name or User ID (example: linda.m.owens)
3. Phone number

Users will be contacted by return e-mail or phone that password has been reset with the password of the day. If users are not familiar with the temporary password, contact Linda Owens at (919) 855-3449.

**Application/Support** call the ARMS Administrators, Linda Owens at (919) 855-3449. To speed the troubleshooting process, be prepared with details about the behavior, issues, or error messages received. You can also request assistance by e-mail to [linda.owens@dhhs.nc.gov](mailto:linda.owens@dhhs.nc.gov).

### 2.2 ARMS User Data Entry Requirements

Data must be in ARMS by 5:00 p.m. on or before the 11<sup>th</sup> of the each month to be reimbursed for the current report period. When the 11<sup>th</sup> falls on a holiday the due date is the next working day. If the 11<sup>th</sup> falls on a weekend, data is due the following Monday.

The processing of reimbursement reports and other financial documents will occur on the 12<sup>th</sup> calendar day of the month. When the 12<sup>th</sup> falls on a holiday the processing date is the next working day. If the 12<sup>th</sup> falls on a weekend, the processing date will be the following Monday. These reports along with previous months will be available at all times. Other reports, such as demographic, waiting list, etc. will be available on demand.

### 2.3 Starting ARMS

Follow these steps to begin using the ARMS system:

1. Launch your Internet browser. Internet Explorer is the **Preferred browser**.
2. Link to WIRM Portal to Access ARMS <https://wirm.dhhs.state.nc.us>

**Helpful Hint:** Users may want to change their Internet Options Browsing History Settings to **Every time I visit the webpage**. This will ensure an updated webpage will display and not pull from Cache.

**Cache is a temporary place on your computer to keep a copy of web pages for faster retrieval on the second request.** [Link for more information](#)

Users may get a Security Alert screen similar to this:

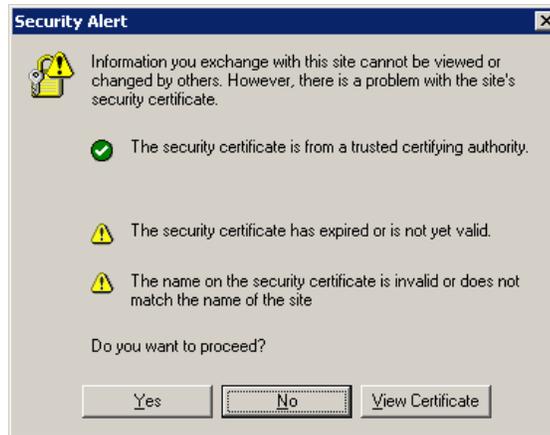


Figure 1 – Security Alert

Click **Yes** to continue.

**NOTE:** You must have pop-ups **enabled** in order for the menu structure to operate correctly.

a. To enable pop-ups in Internet Explorer, Click on the **Tools menu | Pop-up Blocker | Pop-up Blocker Settings**

b. Enter the ARMS website address in the text box under “*Address of Web site to allow*”

c. Click **Add**. This will be required for each PC used to access ARMS.

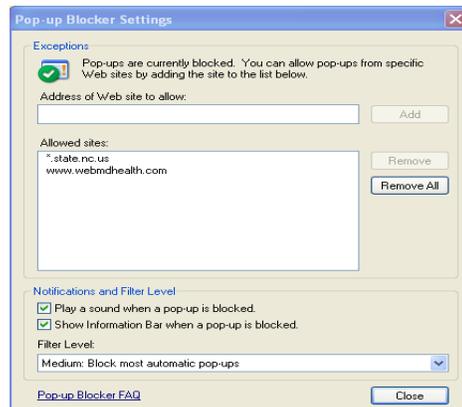


Figure 2 – Pop-Up Blocker Settings

Pop-up Blocker must be **enabled** to run reports

3. The Web Identity Role-based Management (WIRM) login page will display.

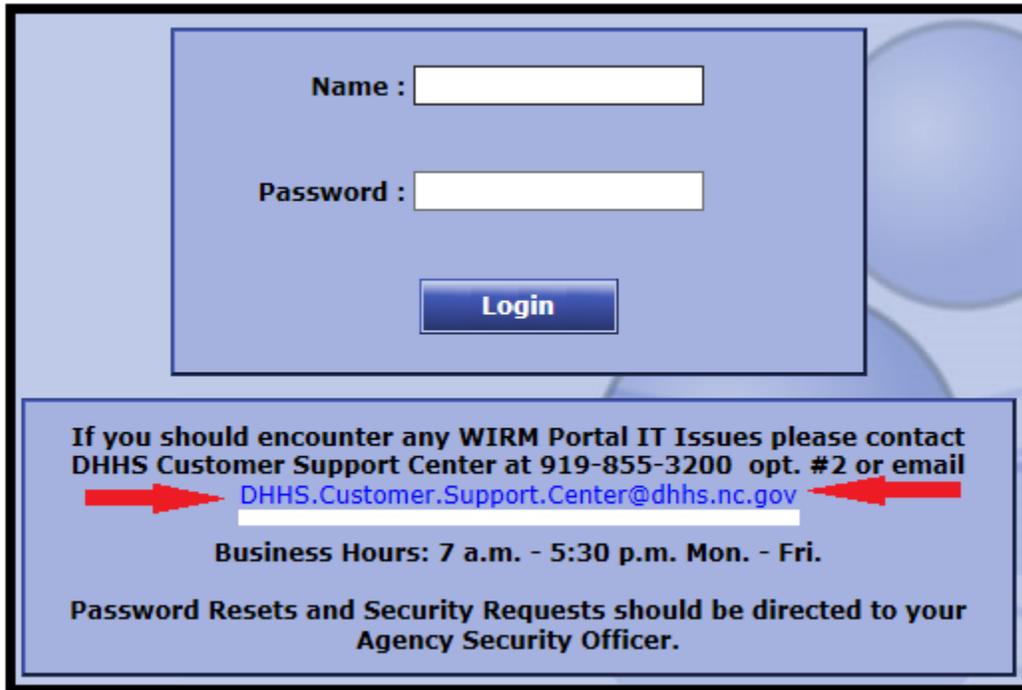


Figure 3 – WIRM Portal Login Screen

4. Enter the assigned WIRM user Name and Password. (This name is typically the user's first and last name (Example – linda.owens). There will be some exceptions with common names (John Smith, Mary Smith) as these require using middle initials or some other combination. The password must be at least 8 alphanumeric characters. The password is case-sensitive and will expire every 90 days.
5. Click Login.

A user profile has been set up for authorized users. Functionality in ARMS is based on the user's unique profile. The profile includes identifying information about each user and the information a user can access. Users will see only that functionality which is assigned to one of the five access roles ([described in Table 1](#)).

You may change your password and other information at any time by using the **My Settings** link after you login.



Figure 4 – My Settings

If the **name is not found** a message will appear, check the assigned username and try again. If the **password is incorrect** a message will appear, check the password and type it again. WIRM users have three consecutive tries to login with their User Name and Password, after which they will be *locked out* of the WIRM portal. This helps prevent “hackers” from gaining access to the system.

If locked out of the WIRM Portal, users can call 919-855-3200, option 2 or e-mail [DHHS.Customer.Support.Center@dhhs.nc.gov](mailto:DHHS.Customer.Support.Center@dhhs.nc.gov). **The following must be included in the e-mail.**

1. ARMS User
2. Your Name or User ID (example: linda.owens or linda.m.owens)
3. Phone number

Users will be contacted by return e-mail or phone that password has been reset with the ARMS temporary password. If users are not familiar with the temporary password contact ARMS Coordinator or David McPhun at (919) 855-3432.

**NOTE:** The ARMS Administrators cannot reset password

Some users have multiple applications in WIRM, all of which are visible by clicking the **My Applications** tab which appears beneath the WIRM logo. Therefore, **users should never share login name and password with other.**



Figure 5 — The WIRM Portal “My Applications” Screen

6. Click the **thumbprint screen shot** or the **title text** to open ARMS to the home page.
7. The WIRM portal automatically logs users OFF the system after a period of inactivity. If the following screen appears simply login again to continue using ARMS.



Figure 6 – Session Expired Screen

## 2.4 ARMS Recommended Internet Settings

Users should change their Internet Settings to load ARMS Web Pages each time they visit a particular page. Changing this option will allow users to see the current webpage each time they click on a link.

Follow the steps outline below with Internet Explorer open

1. Click Tools from the menu
2. Select Internet Options
3. Click Settings
4. Select Every time I visit the webpage
5. Click Ok

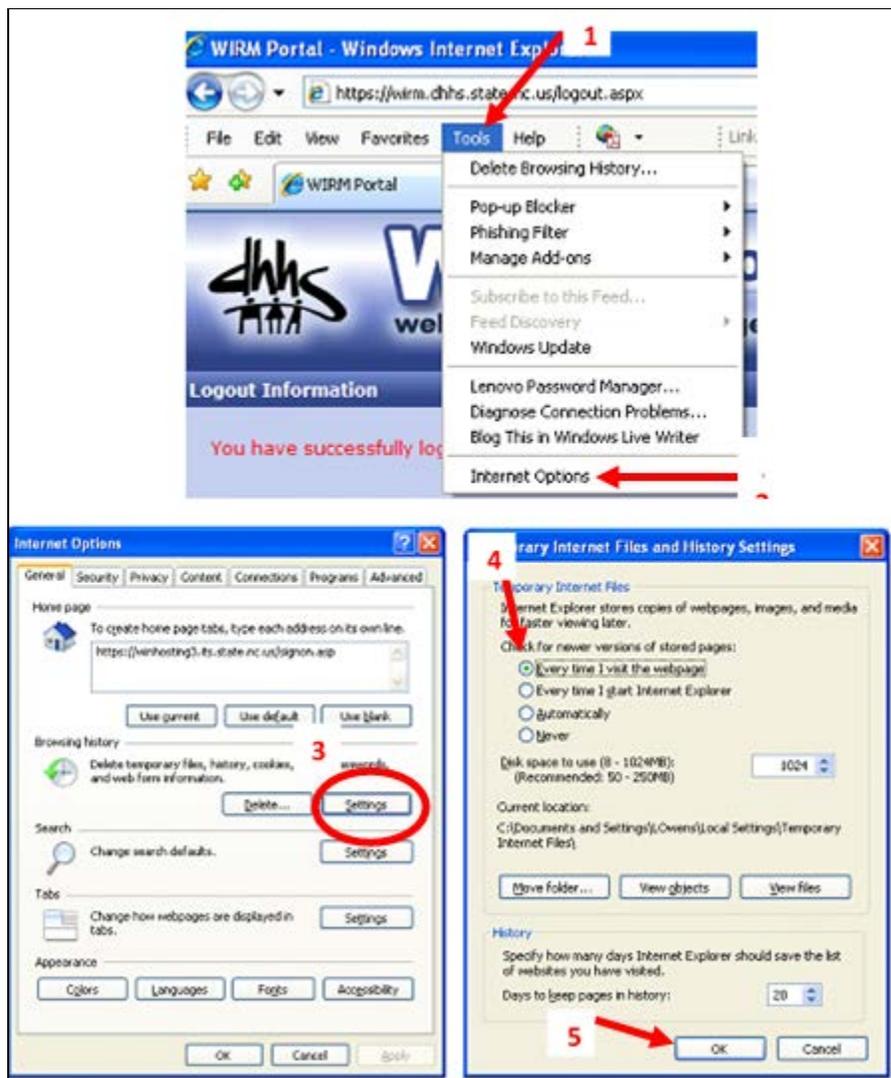


Figure 7 - ARMS Recommended Internet Settings for Internet Explorer

## 2.5 Logging Out of ARMS

When finished using ARMS, always log out by clicking Logout in top right corner of screen.



Figure 8 - Logout Prompt

Logging out helps prevent unauthorized access to ARMS.

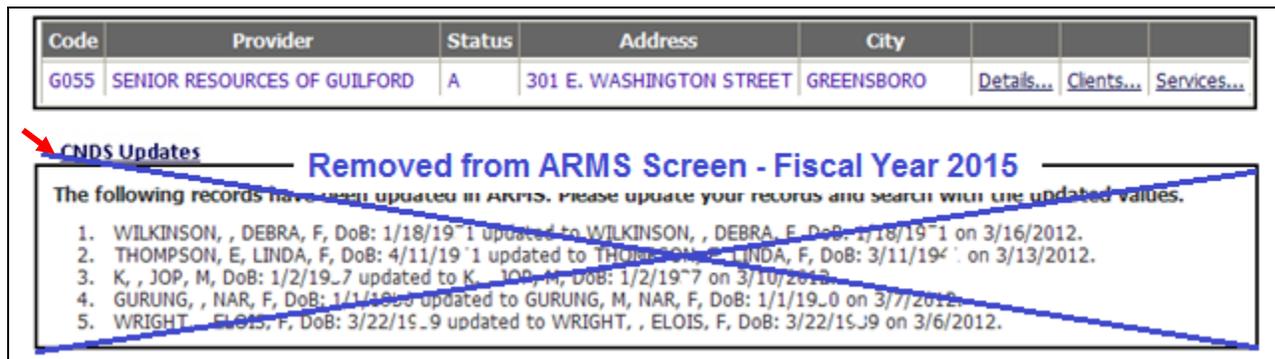
The WIRM portal will automatically log users out of ARMS after a given period of inactivity. (See Figure 8)

## 3 Providers

### 3.1 Provider Home Screen

Users assigned the **Provider** role will see a startup screen similar to the one below. The Provider Home screen not only display actions that can be performed, but also displays a running list of changes made to ARMS Client records when updated by CNDS. A running list displays updated client record for 30 days. Clients appearing on this list will display changes/updates to any of the CNDS owned fields and rotate off every 30 days:

1. Last name
2. First name
3. Gender
4. Date of Birth
5. Race
6. Ethnicity



| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

**CNDS Updates** **Removed from ARMS Screen - Fiscal Year 2015**

The following records have been updated in ARMS. Please update your records and search with the updated values.

1. WILKINSON, , DEBRA, F, DoB: 1/18/1971 updated to WILKINSON, , DEBRA, F, DoB: 1/18/1971 on 3/16/2012.
2. THOMPSON, E, LINDA, F, DoB: 4/11/1971 updated to THOMPSON, E, LINDA, F, DoB: 3/11/1971 on 3/13/2012.
3. K, , JOP, M, DoB: 1/2/1977 updated to K, , JOP, M, DoB: 1/2/1977 on 3/10/2012.
4. GURUNG, , NAR, F, DoB: 1/1/1990 updated to GURUNG, M, NAR, F, DoB: 1/1/1990 on 3/7/2012.
5. WRIGHT, ELOIS, F, DoB: 3/22/1979 updated to WRIGHT, , ELOIS, F, DoB: 3/22/1979 on 3/6/2012.

Figure 9 - Provider Agency Home Screen

This list of clients will be provider specific. In the example above, the records displayed is of client served by provider G055 Senior Resources of Guilford.

Users should review these updates prior to keying Service Totals and note changes if necessary on their ZGA-903 Units of Service Report (Turnaround Document). Also, note changes on the file copy of the DAAS-101 for the clients. This includes Provider Agencies using third party software programs, such as ServTracker.

Each Provider has a unique alphanumeric ID which will never be assigned to another Provider. Therefore, each Provider User will see the initial screen with different contents in the table.

**NOTE:** The hyperlinks on this page include the navigation bar titles (**Home**, **Search Client**, **Create/Update Client**, **Export**, **Reports**, and **Import ARMS/SIS**) and the words on the right-most columns of the table (**Details...Clients...Services...**).

## 3.2 Agency Information

This initial screen for the sample Provider User shows that this user has access to Provider agencies G055-Senior Resources of Guilford.

**NOTE:** The left side of the system header will always display the name of the user who is currently logged into ARMS. The screen displays “**ARMS.Provider,**” which is the user name created for testing.



| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 10 - Provider Agency Home Screen

Additional information about each agency may be obtained by clicking one of the hyperlinks in the columns to the right. For example, to view more details about “Senior Resources of Guilford” follow these steps:

From the initial screen, click on the **Details...** link on the right to view and/or edit Provider Agency Information.



| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 11 – Provider Agency Information

Provider Agency Codes are assigned by DAAS ARMS Administrators and cannot be changed by Users.

Only Regional Staff can request provider agencies access to ARMS using the DAAS-150 Form. Provider codes consist of the Region code and a three digit numeric number. **In this example, the provider code is G055.** This user’s profile has been set up to access a Provider in Region G.

Only **Active** providers with current budgets with AAA will have access to ARMS for the current fiscal year.

### 3.3 Edit / View Provider Details

Click on **Details...** to edit / view Provider Agency information in the editable fields. Provider Code or the Registration Date cannot be changed.

| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

The following screen will display. The user can edit or modify any of the editable fields on this form. When complete, click **Update** to save or **Cancel** to return to the previous screen.

Provider Code : G055  
 Agency Name : SENIOR RESOURCES OF GUILFORD  
 RegistrationDate: 8/24/2001  
 Address : 301 E. WASHINGTON STREET  
 GREENSBORO, NC 27420  
 Work Phone : (336) 373-4816 ext.   
 Fax Number : (336) 373-4922  
 Web Page : www.senior-resources-guil

**Contact Persons**  
 Name: RENEE GRIFFIN Title: ASSISTANT DIRECTOR  
 Email : renee.griffin@ncmail.net  
 Name: ELLEN WHITLOCK Title: DIRECTOR  
 Email :

**Type Of Agency**  
 Profit  
 Public  
 Minority  
 Non-Profit

**Type Services Provided**  
 Supportive  
 Nutrition-Congregate  
 Nutrition-Home Delivered

| Facility Type              | Number Of Facilities |
|----------------------------|----------------------|
| Restaurant                 | 0                    |
| Senior Center              | 3                    |
| All Others                 | 1                    |
| Public or Low Rent Housing | 4                    |
| Religious                  | 0                    |
| Operating School           | 0                    |
| Community Center           | 2                    |

Congregate - Number Of Days Serving  
 7  6  5  4  3  2  1  0

Serving More Than One(1) Meal Per Day  
 Yes  
 No

Home Delivered Meals - Number Of Days Delivering  
 7  6  5  4  3  2  1  0

Delivering More Than One(1) Meal Per Day  
 Yes  
 No

**With Nutrition Congregate and Nutrition-Home Delivered checked, the user will be should complete this portion of the Provider Agency Information**

Figure 12 – Provider Agency Detailed Screen

### 3.4 View Providers Clients

| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 13 - Provider Home Screen

To view the list of Clients associated with a Providers, click on **Clients...** and a full client list for that Provider will display:

| Add Client  |             | Providers                    |     |               |               |                   |        |                            |
|---|-------------|------------------------------|-----|---------------|---------------|-------------------|--------|----------------------------|
| <b>Client List</b>  |             |                              |     |               |               |                   |        |                            |
| Provider Code :   |             | G055                         |     |               |               |                   |        |                            |
| Agency Name :   |             | SENIOR RESOURCES OF GUILFORD |     |               |               |                   |        |                            |
| Index on Last Name: <a href="#">[All]</a> - <a href="#">A</a> - <a href="#">B</a> - <a href="#">C</a> - <a href="#">D</a> - <a href="#">E</a> - <a href="#">F</a> - <a href="#">G</a> - <a href="#">H</a> - <a href="#">I</a> - <a href="#">J</a> - <a href="#">K</a> - <a href="#">L</a> - <a href="#">M</a> - <a href="#">N</a> - <a href="#">O</a> - <a href="#">P</a> - <a href="#">Q</a> - <a href="#">R</a> - <a href="#">S</a> - <a href="#">T</a> - <a href="#">U</a> - <a href="#">V</a> - <a href="#">W</a> - <a href="#">X</a> - <a href="#">Y</a> - <a href="#">Z</a> |             |                              |     |               |               |                   |        |                            |
| SSN#  | Last Name ▲ | First Name                   | Sex | Date Of Birth | Client Status | Registration Date | Status |                            |
| 1111  | BEAM        | JUDY                         | F   | 12/23/1930    | A             | 7/17/2002         | A      | <a href="#">Details...</a> |
| 1111  | BYRD        | RUBY                         | F   | 4/10/ 1930    | A             | 2/23/2005         | A      | <a href="#">Details...</a> |
| 1111  | CARR        | CLONTZ                       | M   | 8/11/1930     | A             | 4/6/2005          | A      | <a href="#">Details...</a> |
| 1111  | CAYNOR      | ASHMORE                      | M   | 9/27/1930     | A             | 7/17/2002         | A      | <a href="#">Details...</a> |

Figure 14 – Client List for a Provider in a Region (test data)

To **View** or **Edit** specific details for a Client Record, click on the **Details...** link on the right. The Provider Client Details screen will appear:

To help locate clients with last name that begins with same lettered alphabet by selecting the alphabet link on the index bar at the top of the Client List. A list will display of client that will display in alphabetical order by last name of letter chosen.

|   |
|---|
| Index on Last Name: <a href="#">[All]</a> - <a href="#">A</a> - <a href="#">B</a> - <a href="#">C</a> - <a href="#">D</a> - <a href="#">E</a> - <a href="#">F</a> - <a href="#">G</a> - <a href="#">H</a> - <a href="#">I</a> - <a href="#">J</a> - <a href="#">K</a> - <a href="#">L</a> - <a href="#">M</a> - <a href="#">N</a> - <a href="#">O</a> - <a href="#">P</a> - <a href="#">Q</a> - <a href="#">R</a> - <a href="#">S</a> - <a href="#">T</a> - <a href="#">U</a> - <a href="#">V</a> - <a href="#">W</a> - <a href="#">X</a> - <a href="#">Y</a> - <a href="#">Z</a> |
|---|

Figure 15 - Index Bar

## 4 Clients

### 4.1 Create New Client

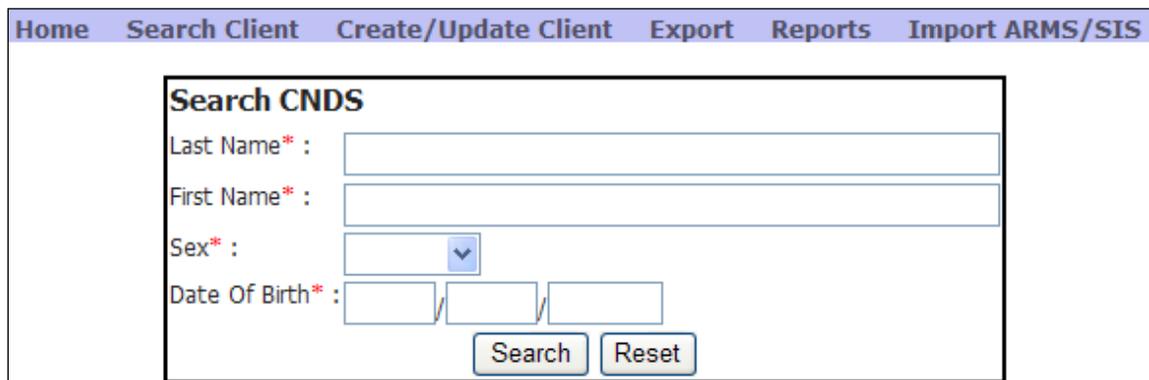
From the Provider Home screen, the user clicks on “**Create/Update**” link from the main menu bar as shown below.



| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 16 - Provider Home Screen

The user is presented with a “Search CNDS” screen with Last Name, First Name, Sex, and Date of Birth as mandatory fields. All fields with an asterisk in Red ( \* ) are mandatory fields.



Home Search Client **Create/Update Client** Export Reports Import ARMS/SIS

**Search CNDS**

Last Name\* :

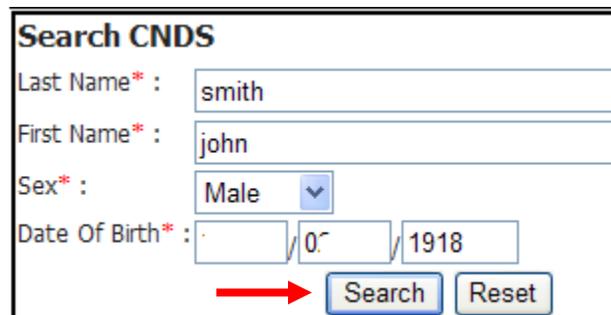
First Name\* :

Sex\* :

Date Of Birth\* :  /  /

Figure 17 - Search CNDS

The user fills in the fields and clicks the “Search” Button as shown below



**Search CNDS**

Last Name\* :

First Name\* :

Sex\* :

Date Of Birth\* :  /  /

Figure 18 – Search CNDS (test data)

#### Note:

The Search CNDS screen has changed in ARMS to allow Users to change existing search criteria without having to click Reset. This change will allow Users to change an entry and prevent the re-keying of all search criteria fields to search on different criteria.

CNDS returns a maximum of 120 search results in the order of best match. ARMS will display up to 20 records per page as shown below.

### Search CNDS

Last Name\* :

First Name\* :

Sex\* :  ▾

Date Of Birth\* :  /  /

### List of Clients

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|------------------------|
| SMITH     | M  | JOHNNIE    |        | 713  | M   | 01/11/1918    | W    | 911111111 | <a href="#">Create</a> |
| SMITH     | B  | JOHN       |        | 115  | M   | 02/05/1918    | B    | 911111111 | <a href="#">Create</a> |
| SMITH     | W  | JOHN       |        | 117  | M   | 03/12/1918    | B    | 940000000 | <a href="#">Create</a> |
| SMITH     |    | JOHN       |        | 811  | M   | 01/17/1918    | B    | 911111111 | <a href="#">Create</a> |
| SMITH     |    | JOHNNIE    |        | 911  | M   | 01/05/1918    | B    | 940000000 | <a href="#">Create</a> |
| SMITH     | C  | JOHN       |        | 113  | M   | 11/20/1918    | W    | 948200000 | <a href="#">Create</a> |

Figure 19 CNDS Search Results (test data)

The User reviews the list of records returned and decides if CNDS has a record for this applicant already. If the name is not in the list, the User can revise the search criteria and click Search again for another list of clients. In the illustration above are first names “Johnnie” and “John.” The User may want to try the first name “Johnny” another variation of the name “Johnnie.”

If a CNDS record is found in the list of search results, the user clicks on the “**Create**” button in the **Action** column of the appropriate row.



The user completes the other required fields and clicks “Create” button.

**Create/Update Client**  
Demographics/Status (SMITH, JOHN)

Last 4 Digits SSN: 8983

Last Name: SMITH Suffix: [v]

First Name: JOHN

Middle Initial: [ ]

Registration Date: 03 / 15 / 2011

Date Of Birth: 04 / 09 / [ ] [ ] [ ] [ ]

Address: 916 N MAIN ST

RALEIGH NC 27610

County: Wake

Phone: (999) 999 9999

Sex:  Male  Female

At/below poverty level:  Yes  No

**Marital Status**

Single (never married)

Married

Single (divorced/widowed)

Refused To Answer

**Household Size**

Lives Alone

2 in home

3 or more in home

Group/Shared Home

Refused to answer

**Race (Client Most Closely Identifies)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islands

Refused/Unknown

**Other Race (Check all that apply)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islands

Ethnicity: Not Hispanic/Latino

Primary Language Spoken: English

**Emergency Contact Person**

Name: BETTY SMITH

Day Time Phone: (999) 999 9999

Evening Phone: (999) 999 8888

**Note: Optional entry**

Create Cancel

Grayed out fields cannot be changed by the user, such as: Last 4 Digits SSN, Last name, First Name, Suffix, Date of Birth, and Sex.

Users should also note that Race cannot be the same as the Other Race. In this example, Race (Client Most Closely Identified) chosen is Black/African American; this same Race under Other Race is disabled.

Multiple race codes will not be allowed if **Refused/Unknown** is selected.

Ethnicity codes were changed in ARMS to match CNDS.

Ethnicity: [v]

Hispanic Cuban

Hispanic Other

Hispanic Mexican American

**Not Hispanic/Latino**

Hispanic Puerto Rican

Figure 21

ARMS prompts the user to confirm the creation.

Client created successfully.

Ok

The user clicks “OK” to complete the creation of a client record in **ARMS** and **CNDS**

On success, ARMS displays a message “Client created successfully”.

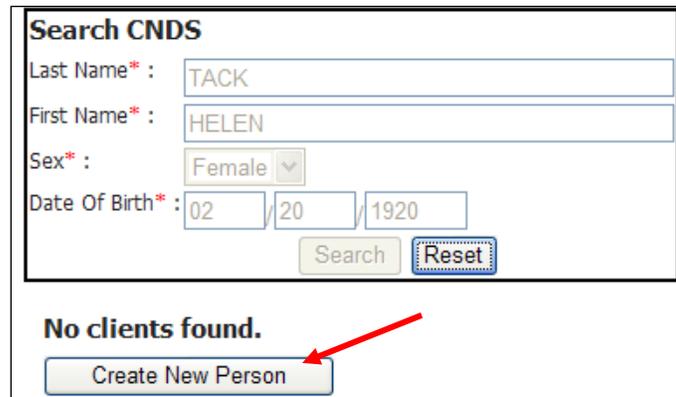
Index on Last Name: - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z

| Last Name | First Name | MI | Suffix | SSN4 | Sex | Date Of Birth | Status | Registration Date |            |
|-----------|------------|----|--------|------|-----|---------------|--------|-------------------|------------|
| SMITH     | JOHN       |    |        | 8 13 | M   | 4/9/2011      | R      | 3/15/2011         | Details... |

Figure 22

## 4.2 Client not found in CNDS and ARMS

If a CNDS record is not found in the list of search results, click on “Create New Person” button at the bottom of the search results page.



The screenshot shows a web form titled "Search CNDS". It contains the following fields: "Last Name\*" with the value "TACK", "First Name\*" with the value "HELEN", "Sex\*" with a dropdown menu set to "Female", and "Date Of Birth\*" with three input boxes containing "02", "20", and "1920". Below these fields are "Search" and "Reset" buttons. Below the form, the text "No clients found." is displayed, followed by a "Create New Person" button. A red arrow points to the "Create New Person" button.

Figure 23

The user is prompted with a question “Are you sure you want to create a new person?”

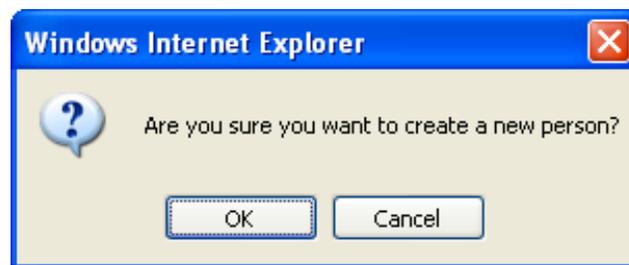


Figure 24

The user can click Ok to **Create** the new person.

The user is presented with the “Create/Update Client” Screen, where the fields are populated either with the user provided information from the previous “Search CNDS” screen if the client is not found in ARMS or with the ARMS information if the client is already present in ARMS while not in CNDS.

**Create/Update Client**  
Demographics/Status (TACK, HELEN)

Last 4 Digits SSN:

Last Name: TACK Suffix:

First Name: HELEN

Middle Initial:

Registration Date:

Date Of Birth: 02 / 20 / 1920

Address:

County:

Phone:  or

Sex:  Male  Female

At/below poverty level:  Yes  No

**Marital Status**

- Single (never married)
- Married
- Single (divorced/widowed)
- Refused To Answer

**Household Size**

- Lives Alone
- 2 in home
- 3 or more in home
- Group/Shared Home
- Refused to answer

**Race (Client Most Closely Identifies)**

- Black/African American
- Asian
- American Indian/Alaska Native
- White
- Native Hawaiian/Other Pacific Islands
- Refused/Unknown

**Other Race (Check all that apply)**

- Black/African American
- Asian
- American Indian/Alaska Native
- White
- Native Hawaiian/Other Pacific Islands

Ethnicity:

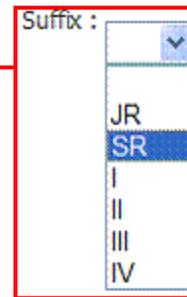
Primary Language Spoken: English

**Emergency Contact Person**

Name:

Day Time Phone:

Evening Phone:



The User can key the last 4-digits of SSN or key all zeroes “0000.”

Users should **STOP** assigning the last 4-digits SSN. If the last 4-digits are not available, please key all zeroes “0000.” If CNDS has the full SSN the last 4-digits will populate.

This is a required field to Create a new ARMS Client Record. The record will not save without an entry in this field.

Figure 25

The user fills in the mandatory fields and clicks “Create” button at the bottom of the page.

ARMS prompts the user to confirm the creation.

The user clicks “OK” to complete the creation of a client record.

On success, ARMS displays a message “Client created successfully.” If record does not create an error message will display in red.

## Client Record Not Created in ARMS

The error message “*Client is already defined with same last 4 Digits of SSN, Last Name and Date of Birth*” in Figure 24 will display if the new client record has non-matching criteria in CNDS, such as the first name, gender and/or date of birth.

Client is already defined with same last 4 Digits of SSN, Last Name and Date Of Birth.

Last Name :  Suffix :

First Name :

Figure 26

This error means that there is a client record in CNDS with same last name, last 4 digits SSN and date of birth. Based on this error message, the first name in CNDS does not match first name keyed in ARMS.

To help resolve this issue, the User should search ARMS on last name and/or part of the first name as shown in illustration below. This allows Users to find the discrepancies in the non-matching criteria by comparing it to CNDS Search Results. In this example, Mary Dew Rogers is the client in ARMS, but in CNDS she is Mary D. Rogers.

**Search ARMS Client**

Last Name\* :

First Name :

Sex :

Date Of Birth :  /  /

**List of Clients**

| Last Name | First Name | MI | SSN4 | Sex | Date Of Birth | Status | Registration Date | ▲                          |
|-----------|------------|----|------|-----|---------------|--------|-------------------|----------------------------|
| ROGERS    | MARYALICE  |    | 0000 | F   | 5/1/1900      |        | 3/4/2008          | <a href="#">Details...</a> |
| ROGERS    | MARY DEW   |    | 0332 | F   | 7/2/1900      | I      | 4/13/2009         | <a href="#">Details...</a> |
| ROGERS    | MARY       | J  | 0406 | F   | 4/6/1900      | A      | 7/12/2011         | <a href="#">Details...</a> |
| ROGERS    | MARY JANE  |    | 1844 | F   | 12/27/1900    | I      | 8/1/2008          | <a href="#">Details...</a> |

Figure 27 – Search ARMS Results

When Users find ARMS clients with non-matching criteria in CNDS, they should contact the Regional ARMS Coordinator with this information. In the example above a search for Mary Rogers shows several possible clients. There are two clients with an Inactive Status and have two first names. These two client records cannot be updated because they have a space in the first name field. A manual change to the ARMS Client database will have to be made by the ARMS Administrator in the State Office. Users can either e-mail or call to report this mismatch data. Once the name has been changed in the ARMS Client database, the User can update the Client Record.

### 4.3 Inactive Clients Issue

Clients with an Inactivation Date prior to May 23, 2011 did not merge with CNDS; therefore, User should Search ARMS for existing Clients and if found, check the Client Status and the date of last update. If the date of last update is less than May 23, 2011, click Update to change client status to **Active**. This automatically add this client to CNDS.

Created User: ARMS.ADMIN  
 Created Time: 8/1/2007 3:07:32 PM  
 Last Updated User: ABDUL.HAMEED  
 Last Updated Time: 10/22/2010 4:18:21 PM

**This date is before May 23, 2011  
 Therefore, this client with an  
 Inactive status did not migrate  
 to CNDS**

Figure 28 - Client Record - Last Updated

In the example, below the Action is to Create this client, but this client is also registered in ARMS with a different first name of Judy with same last name, sex and date of birth. The User will not be able to **Save** changes to this client record in ARMS because of a first name mismatch with CNDS.

**Client is already defined with same last 4 Digits of SSN, Last Name and Date Of Birth.**

Last Name : THOMAS Suffix : [Dropdown]  
 First Name : JUDY

Figure 29 - Client Record Error

If the first name, gender or date of birth does not match CNDS, Users may call the AAA ARMS Coordinators or the State Office to request a manual change to the ARMS Client to match the name in CNDS. In this example, the first name in ARMS does not match first name in CNDS. **Users may report ARMS/CNDS mismatch data via e-mail, but should NOT include any client information that may or can potential identify the client, such as Date of Birth by a third party not affiliated with ARMS.**

**List of Clients ARMS**

| Last Name | First Name | MI | SSN4 | Sex | Date Of Birth | Status | Registration Date |            |
|-----------|------------|----|------|-----|---------------|--------|-------------------|------------|
| THOMAS    | JUDY       |    | 9C70 | F   | 11/17/1946    | I      | 9/18/2008         | Details... |
| THOMASSON | JUDY       |    | 4C77 | F   | 5/25/1928     | I      | 6/17/2004         | Details... |

**List of Clients CNDS**

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|--------|
| THOMAS    | E  | JUDITH     |        | 9C70 | F   | 11/17/1946    | W    | ...       | Create |

Create New Person

Figure 30 - Mismatch Data

The User should request the first name (Judy) in ARMS be changed to match the first name (Judith) in CNDS. Once the first name in ARMS is changed to match CNDS, the Action link of **Create** will change to **Update**.

### Search CNDS

Last Name\* :

First Name\* :

Sex\* :

Date Of Birth\* :  /  /

### List of Clients

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|------------------------|
| SMITH     | S  | MARY       |        | 0000 | F   | 01/01/1930    | B    | 900000000 | <a href="#">Create</a> |
| SMITH     | H  | MARY       |        | 0000 | F   | 01/01/1930    | W    | 950000000 | <a href="#">Create</a> |
| SMITH     | A  | MARY       |        | 0000 | F   | 01/01/1930    | W    | 940000000 | <a href="#">Update</a> |
| SMITH     | L  | MARY       |        | 0000 | F   | 01/01/1930    | B    | 900000000 | <a href="#">Update</a> |
| SMITH     | L  | MARY       |        | 0000 | F   | 01/01/1930    | W    | 950000000 | <a href="#">Create</a> |

Figure 31 - CNDS - Action Options

1. **Create** - the client is in CNDS, but **NOT** in ARMS. The Create will allow the User to add the CNDS client to ARMS.
2. **Update** - the Client is in ARMS **AND** CNDS.

After a thorough search and review of displayed clients and the User concludes that the client is **NOT** in ARMS or CNDS, the User should click **Create New Person** to add client to ARMS and CNDS.

#### 4.4 Client not found in CNDS but found in ARMS

If a CNDS record is not found in the list of search results, click on **“Create New Person”** button at the bottom of the search results page.

### Search CNDS

Last Name\* :

First Name\* :

Sex\* :

Date Of Birth\* :  /  /

Figure 32

### List of Clients

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|------------------------|
| THOMAS    | E  | JUDITH     |        | 9000 | F   | 01/01/1946    | W    | 000000000 | <a href="#">Create</a> |

Figure 33

If the searched record is found in ARMS with the exact *Search Criteria* (Last Name, First Name, Gender, Date of Birth), the user is presented with this message “*Are you sure you want to create a new person?*”

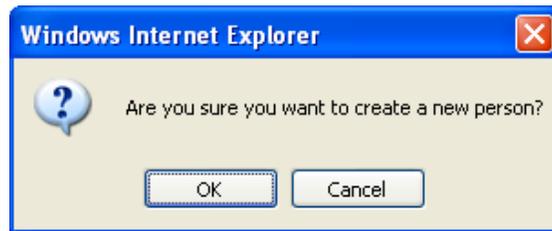


Figure 34

When Ok is clicked another informational message appears: “***Client found in ARMS. Please verify the available information before creating the CNDS record.***”



Figure 35

The User should click Ok to continue.

The user is presented with the “Create/Update Client” Screen, where the fields are populated with information already present in ARMS.

**Create/Update Client**  
Demographics/Status (THOMAS, JUDY)

Last 4 Digits SSN : 9070

Last Name : THOMAS Suffix:

First Name : JUDY

Middle Initial :

Status : INACTIVE

Registration Date : 09 / 18 / 2008

Inactivation Date : 10/22/2010

Date Of Birth : 09 / 11 / 1988

Address : 110 BEER CROSSING LANE

County : Johnston

Phone : (919) 954-3333

Sex :  Male  Female

At/below poverty level :  Yes  No

**Marital Status**

Single (never married)

Married

Single (divorced/widowed)

Refused To Answer

**Household Size**

Lives Alone

2 in home

3 or more in home

Group/Shared Home

Refused to answer

**Race (Client Most Closely Identifies)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islands

Refused/Unknown

**Other Race (Check all that apply)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islands

This particular client is an ARMS client and not found in CNDS; therefore, the User can **change** the fields before clicking **Update**.

If a client is found in both ARMS and CNDS, the users cannot **Update** mandatory fields if the client is receiving services from a federal program. Provider Users should contact their Regional ARMS Coordinator

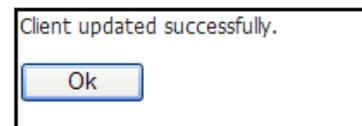
Figure 36

The User is allowed to update the Client record and clicks “Update” button at the bottom of the page.



ARMS prompts the user to confirm the update.

The user clicks “OK” to complete the update of the client record.



On success, ARMS displays a message “Client updated successfully”

The User should note that CNDS returned the SSN4 as “0000” even though a 4-digit SSN4 was keyed for this particular client on 9/18/2008. This happened because CNDS did not find a match for this client.

Inactive clients prior to May 23, 2011 did **NOT** merge with CNDS. This client had an Inactivation Date of 10/22/2010 prior to the CNDS Merger on 5/23/2011; therefore did not merge with CNDS.

| Index on Last Name: - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z |            |    |        |      |     |               |        |                   |            |
|---|------------|----|--------|------|-----|---------------|--------|-------------------|------------|
| Last Name   | First Name | MI | Suffix | SSN4 | Sex | Date Of Birth | Status | Registration Date | ▲          |
| THOMAS  | JUDY       |    |        | 0000 | F   | 05/17/2010    | R      | 09/18/2008        | Details... |

Figure 37

## 5 Updating Existing Client

From the Provider Home screen, the user clicks on “**Create/Update**” link from the main menu bar. (Note: Region Administrator User the menu item will be found under “Clients” on the main menu bar.)

| Code | Provider                     | Status | Address                  | City       |           |           |            |
|------|------------------------------|--------|--------------------------|------------|-----------|-----------|------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | Details.. | Clients.. | Services.. |

Figure 38

The user is presented with a “**Search CNDS**” screen with Last Name, First Name, Sex, and Date of Birth as mandatory fields. All fields with an asterisk in Red ( \* ) are mandatory fields. The user fills in all fields and clicks the “**Search**” button as shown below.

**Search CNDS**

Last Name\* :

First Name\* :

Sex\* :  ▼

Date Of Birth\* :  /  /

Figure 39

CNDS returns a maximum of 120 search results in the order of best match which ARMS displays as 20 records per page.

| List of Clients |    |            |        |      |     |               |      |             |                        |
|-----------------|----|------------|--------|------|-----|---------------|------|-------------|------------------------|
| Last Name       | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID   | Action                 |
| SMITH           | M  | JOHNNIE    |        | 7 28 | M   | 0: 7/1918     | W    | 944010501L  | <a href="#">Create</a> |
| SMITH           | B  | JOHN       |        | 1 15 | M   | 0: 6/1918     | B    | 944010501P  | <a href="#">Update</a> |
| SMITH           | W  | JOHN       |        | 15 7 | M   | 0: 7/1918     | B    | 944010501L  | <a href="#">Create</a> |
| SMITH           |    | JOHNNIE    |        | 9 15 | M   | 0: 0/1918     | B    | 944010501JL | <a href="#">Create</a> |
| SMITH           | C  | JOHN       |        | 1 9  | M   | 1: 6/1918     | W    | 944010501P  | <a href="#">Create</a> |

**Figure 40**

The user should review the list of records returned and decides if CNDS has a record for this applicant already. If no client record matches the search criteria the user can click **Reset** and search again client.

If a CNDS record was found and a matching ARMS client record was found, the corresponding rows in the “Search Results” screen will have an “**Update**” button at the end and the user clicks on the “**Update**” button in the appropriate row. (See Figure 32)

The user is presented with the “**Create/Update Client**” Screen, where the fields are populated with current information about the client, both from CNDS and ARMS. (See Figure 17)

The user changes the appropriate fields and clicks the “**Update**” button at the bottom of the page.

ARMS prompts the user to confirm the update.

The user clicks “OK” to complete updating the client record in ARMS.

On success, ARMS displays a message “Client updated successfully”.

The user clicks “Ok” to end the task.

## 5.1 Client to Update not found in CNDS

If no CNDS record exists for the given search criteria, the user should click the “**Create New Person**” button. User should review the client list to make sure the client is not displayed with another first name, gender or date of birth.

The User should repeat the steps found under “*Client not found in CNDS but found in ARMS*”

## 5.2 CNDS Rejects the Update Request

If the client is a federal aid recipient and if there are updates to any of the CNDS-ID fields like Name, Gender and Date of Birth fields, ARMS displays an error “**Some CNDS fields (Name, Gender, Date of Birth) cannot be updated. Contact your local DSS office. Other fields may have been updated successfully.**”



Figure 41

More detailed error messages are displaying when ARMS Users attempt to make changes to fields owned by CNDS. *In the message illustrated below tells the User that an update is not allowed because the person receives SSI Benefits.*



Error:- PERSON UPDATE IS NOT ALLOWED, PERSON RECEIVES SSI BENEFITS

The User must have client information updated with the federal systems first by contacting the local county department of social services (DSS). See [Memorandum of Understanding](#).

The user clicks “**Ok**” and end the task.

## 5.3 CNDS Partially Rejects the Update Request

If the client is a federal aid recipient and if there are updates to any of the CNDS-ID fields as well as other non CNDS-ID fields, ARMS updates the changes to the non-CNDS ID fields and displays an error “**Partial Update: ARMS does not have the access to update the Name, Gender and Date of Birth in this client record.**”

The User must have client information updated with the federal systems first by contacting the local county department of social services (DSS). See [Memorandum of Understanding](#)

The User clicks “**Ok**” and end the task.

## 5.4 ARMS GUI Validates the Data

If the CNDS mandatory fields like Last Name, First Name, Gender, Date of Birth, Race, Ethnicity and Language are left blank or if there are special characters in these fields, ARMS will display an error asking the user to correct these fields.



Figure 42

The User fixes the client information and verifies the fields and clicks "**Update**" to complete updating the client record in ARMS.

On success, ARMS displays a message "*Client updated successfully*".

The user clicks "**Ok**" and the task ends.

## 5.5 CNDS Rejects the New Person Creation

If the CNDS person creation is not successful, an appropriate error message returned by CNDS is displayed to the user.

The user verifies the client information and clicks "**Update**" to complete updating the client record in ARMS.

On success, ARMS displays a message "*Client updated successfully*".

The user clicks "**Ok**" and the task ends.

## 6 View Existing ARMS Client



|      |                      |                      |        |         |                 |
|------|----------------------|----------------------|--------|---------|-----------------|
| Home | <b>Search Client</b> | Create/Update Client | Export | Reports | Import ARMS/SIS |
|------|----------------------|----------------------|--------|---------|-----------------|

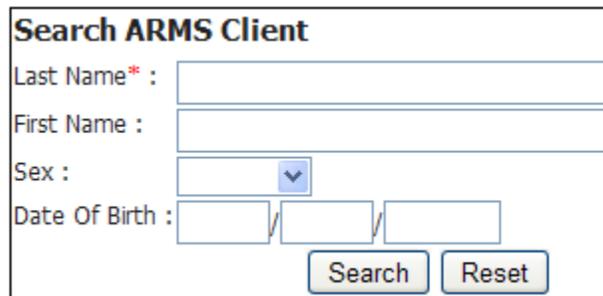
  

| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 43

The **Search Client** feature allows Users to Search ARMS Clients to view a list of clients matching the search criteria. Users can click the **Details** link to view and/or update Client Record. From the main menu, the user clicks on “Search Client as shown above.

The User is presented with a “Search ARMS Client” screen. A mandatory entry must be keyed for Last Name, First Name, Date of Birth and Gender as optional fields. To narrow the search, Users can key search criteria. Mandatory fields are marked with asterisk in red ( \* ).



**Search ARMS Client**

Last Name\* :

First Name :

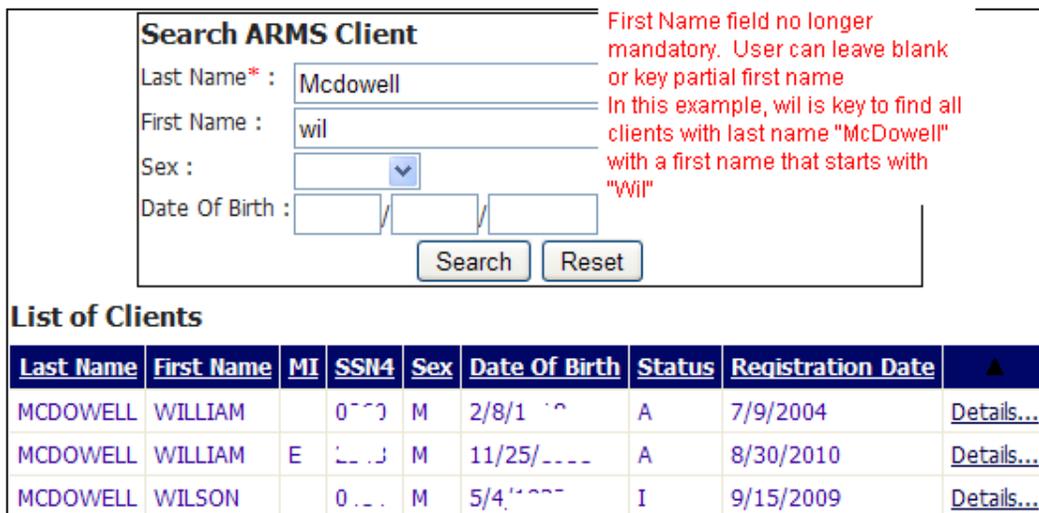
Sex :

Date Of Birth :  /  /

Figure 44

The User fills in the fields and clicks the “**Search**” Button

If client is not found, the Users can click Reset to search on a different name and click Search. ***Always do an exhaustive search before adding a new client to ARMS.***



**Search ARMS Client**

Last Name\* :

First Name :

Sex :

Date Of Birth :  /  /

First Name field no longer mandatory. User can leave blank or key partial first name  
In this example, wil is key to find all clients with last name "McDowell" with a first name that starts with "Wil"

**List of Clients**

| Last Name | First Name | MI | SSN4 | Sex | Date Of Birth | Status | Registration Date | ▲                          |
|-----------|------------|----|------|-----|---------------|--------|-------------------|----------------------------|
| MCDOWELL  | WILLIAM    |    | 0*** | M   | 2/8/1***      | A      | 7/9/2004          | <a href="#">Details...</a> |
| MCDOWELL  | WILLIAM    | E  | ***J | M   | 11/25/****    | A      | 8/30/2010         | <a href="#">Details...</a> |
| MCDOWELL  | WILSON     |    | 0*** | M   | 5/4/1***      | I      | 9/15/2009         | <a href="#">Details...</a> |

Figure 45

If ARMS continues to return “**There are no clients,**” the User can click **Create/Update Client** from the Provider Main Menu bar to add the client to ARMS. [Create/Update Client](#)

If clients match the search criteria, ARMS displays the search results up to 20 records per page.

The User should review the list of records returned and decides if ARMS already has a record for this client. If a matching client record is found in the list of search results, the user clicks on the “**Details...**” link in the appropriate row.

|          |         |   |      |   |            |   |           |                            |
|----------|---------|---|------|---|------------|---|-----------|----------------------------|
| MCDOWELL | WILLIAM | E | 2013 | M | 11/20/2011 | R | 8/30/2010 | <a href="#">Details...</a> |
|----------|---------|---|------|---|------------|---|-----------|----------------------------|

The user is presented with a “**View Client**” screen, where the fields are populated with current information about the client.

The fields are disabled until the User clicks Update.

Updates are **NOT** allowed the mandatory fields on the Client Record if the client is owned by a Federal System, such as Medicaid or Food Stamps. The local DSS can assist Regions with changes to mandatory fields.

Updates are **ALLOWED** to mandatory fields if Client receives only ARMS services. **If a client later becomes part of a federal program, Users will not be allowed to update the mandatory fields.**

This Client is an ARMS Client only; therefore, the User can update any field on this Client Record.

When the User clicks Update, ARMS will display a message that the Client updated successfully. The User is only allowed to click Ok on this screen. The Client is displayed.

Figure 46

## 6.1 Update Client from the Update/ View Client Screen

If the User chooses to **Update** the selected client record and clicks on the “Update” button at the bottom of the page the Client Record will display. The User is allowed to View and/or Update the Client Record.

If the client has a CNDS ID in ARMS or if a CNDS record was found for the ARMS client in the “Search CNDS” screen, the flow follows the steps under **Update / View Existing Client**.

**Search CNDS**

Last Name\* : ADAMS  
 First Name\* : JOHN  
 Sex\* : Male  
 Date Of Birth\* : / /

Search Reset

**List of Clients**

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|------------------------|
| ADAMS     | W  | JOHN       |        | 3    | M   | / /           | W    | 94        | <a href="#">Update</a> |

Create New Person

Figure 47 - Update

If the client does not have a CNDS ID, the user is taken to the “**Search CNDS**” screen. The search results of the ARMS client record being searched against CNDS are displayed.

**Search CNDS**

Last Name\* : MCDOWELL  
 First Name\* : WILLIAM  
 Sex\* : Male  
 Date Of Birth\* : 11 / 25 / 19

Search Reset

**List of Clients**

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|------------------------|
| MCDOWELL  | L  | WILLIAM    |        | 1    | M   | 12/29/19      | W    | 90        | <a href="#">Create</a> |

Create New Person

Figure 48

If the client does not have a CNDS ID and a matching record was not found in the CNDS search results, the flow follows the steps for **Client not found in CNDS**.

**No clients found.**

Create New Person

## 6.2 Client not found in ARMS

If there are no matching records, the user is presented with a message “There are no clients.”

**Search ARMS Client**

Last Name\* : ADAMS

First Name : JOHN

Sex : Male

Date Of Birth : / /

Search Reset

**List of Clients**

There are no clients

Figure 49

## 7 Add Client to Provider

From the Provider Home screen, the user clicks on the “Clients...” link.

| Code | Provider                     | Status | Address                  | City       | Details...                 | Clients...                 | Services...                 |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 50

The User is presented with a list of all clients under for the Provider.

Add Client Providers

**Client List**

Provider Code : G055  
Agency Name : SENIOR RESOURCES OF GUILFORD

Index on Last Name: [All](#) - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z

| SSN# | Last Name ▲ | First Name | Sex | Date Of Birth | Provider Client Status | Registration Date | Details...                 |
|------|-------------|------------|-----|---------------|------------------------|-------------------|----------------------------|
|      | ABRAHAM     | IDA        | F   | 4/17/1927     | Inactive               | 1/5/2007          | <a href="#">Details...</a> |
|      | ACHILLES    | CAROLE     | F   | 9/5/1927      | Active                 | 1/25/2008         | <a href="#">Details...</a> |
|      | ADAMS       | CHINETTA   | F   | 11/15/1951    | Active                 | 9/21/2010         | <a href="#">Details...</a> |
|      | ADAMS       | CLEASY     | F   | 4/23/1977     | Inactive               | 8/23/2006         | <a href="#">Details...</a> |
|      | ADAMS       | WILLIE     | M   | 12/15/1953    | Active                 | 6/18/2007         | <a href="#">Details...</a> |
|      | ADRONG      | HONG       | F   | 12/31/1951    | Active                 | 12/13/2009        | <a href="#">Details...</a> |
|      | ADRONG      | HNU        | F   | 11/2/1951     | Active                 | 9/9/2008          | <a href="#">Details...</a> |

Figure 51

The User clicks on the “Add New Client” button at the top of the list.

Figure 52

The user is taken to the next screen with two option buttons “**Search for existing client**” and “**Register New Client**”.

Figure 53

If “Register New client” is selected, the User is directed to the “**Search CNDS**” screen. Follow the same steps to Create New Client.

Figure 54

If Search for existing Client is selected, the User is presented with the “**Search ARMS**” screen.

Figure 55

The User enters the Search Criteria in the fields provided and click Search

Figure 56

## 7.1 Add Existing Client to Provider Client List

When a User selects a client with a CNDS ID, the User follows the steps to **Add Client** to the Provider Client List.

**List of Clients**  
Legend:  = is currently a client of this provider (use update services instead).

|                                     | Last Name | First Name | MI | SSN4 | Sex | Date Of Birth | Status |
|-------------------------------------|-----------|------------|----|------|-----|---------------|--------|
| <input checked="" type="checkbox"/> | MCDOWELL  | WILLIAM    | E  | 2110 | M   | 11/05/1991    | R      |
| <input type="checkbox"/>            | MCDOWELL  | WILLIAM    |    | 0000 | M   | 2/07/1910     | A      |

Next Cancel

Figure 57

When a user selects a client **without** a CNDS ID to be added, the user is presented with a message “**Client does not have a CNDS ID. Please Create/Update the client in CNDS to add this client.**” The user is prevented from proceeding further. [Create/Update Client](#)

**Provider Client Assessment**  
Provider Code : G010 Agency Name : ADULT CENTER FOR ENRICHMENT  
Last 4Digits of SSN : 0000 Date Of Birth : 2/20/1922  
First Name : HELEN Last Name : TACK

Search for a client that has already been added to the ARMS system  
OR...  
Add a brand NEW client that does not exist in the ARMS system at all  
 Search for existing Client  Register New Client

**Search client**  
Last Name\* : tack  
First Name : helen  
Sex :   
Date Of Birth :   
Search Reset

**List of Clients**  
Legend:  = is currently a client of this provider (use update services instead).

|                                     | Last Name | First Name | MI | SSN4 | Sex | Date Of Birth | Status |
|-------------------------------------|-----------|------------|----|------|-----|---------------|--------|
| <input checked="" type="checkbox"/> | TACK      | HELEN      |    | 0000 | F   | 2/20/1922     | R      |

Next Cancel

Figure 58

The user must go to the **Create/Update Client** to search and update the client. After the client has been assigned a CNDS ID, the user should repeat these steps. [Create/Update Client](#)

### 7.1.1 Add ARMS Client to Provider

**Search for existing client** will allow user to search for a client that is already registered in ARMS. In this example, the search is on the last name, click **Search** and a list of clients with the search criteria will display.

If the client is in the list, select the client by clicking the box to the left. Only one client at a time can be selected.

**Provider Client Assessment**  
 Provider Code G055      Agency Name : SENIOR RESOURCES OF GUILFORD

**Search for a client that has already been added to the ARMS system OR...  
 Add a brand NEW client that does not exist in the ARMS system at all**

Search for existing Client       Register New Client

---

**Search client**

Last Name\* :   
 First Name :   
 Sex :   
 Date Of Birth :  /  /

---

**List of Clients**

Legend:  = is currently a client of this provider (use update services instead).

|                                     | Last Name | First Name | MI | SSN4 | Sex | Date Of Birth | Status |
|-------------------------------------|-----------|------------|----|------|-----|---------------|--------|
| <input type="checkbox"/>            | MCLAMB    | AGATHA     |    | 52 1 | F   | 11/6/19       | D      |
| <input checked="" type="checkbox"/> | MCLAMB    | ANN        |    | 2 3  | F   | 7/10/19       | A      |
| <input type="checkbox"/>            | MCLAMB    | ATLAS      |    | 6 3  | M   | 6/29/19       | I      |
| <input type="checkbox"/>            | MCLAMB    | CLEO       | W  | 67 7 | F   | 5/8/19        | A      |
| <input type="checkbox"/>            | MCLAMB    | CURTISS    | L  | 18 2 | M   | 5/12/19       | R      |

Figure 59

Click **Next** to continue with this client or click **Cancel** to return to previous screen.

Check the box to the left of the services indicated on the DAAS-101 Client Registration Form Section I.

**Provider Client Assessment**

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD  
 Last 4Digits of SSN : 16 Date Of Birth : 7/ . 3  
 First Name : ANN Last Name : MCLAMB

|                                     | Service Code | Name                      | Service Status   |
|-------------------------------------|--------------|---------------------------|--|
| <input checked="" type="checkbox"/> | 020          | HOME DELIVERED MEALS      | Active <input type="button" value="v"/>                                  |
| <input type="checkbox"/>            | 021          | HOME DELIVERED MEALS-NSIP | Active<br>Inactive<br>Waiting<br>Active <input type="button" value="v"/> |
| <input type="checkbox"/>            | 180          | CONGREGATE NUTRITION      | Active <input type="button" value="v"/>                                  |
| <input type="checkbox"/>            | 823          | FC-CARE MANAGEMENT        | Active <input type="button" value="v"/>                                  |
| <input type="checkbox"/>            | 833          | FC-SUPPORT GROUPS         | Active <input type="button" value="v"/>                                  |
| <input type="checkbox"/>            | 843          | FC-COMMUNITY RESPITE      | Active <input type="button" value="v"/>                                  |

**Figure 60 – Provider Client Assessment**

Click **Next**. The next screen to display is based on what services the user selected. In this example, service code 020 – Home Delivered has been selected with a service status of Active. Screens will display based on service code selected.

**NOTE:** There are several possible forms which may appear for client assessments. Examples and instructions for each type of assessment are found in section [7.3 Update Provider Client Services](#)

## 7.2 Update Provider Client Details

From the Provider Client Details screen, click on the **Update** button, then click the client [Details...](#) link. The following screen appears:

Click Agency Name to view or update Provider Agency Information

Click Client Name to view or update record

### Provider Client Details

Provider Code : G100

Agency Name : [SERVICE PROVIDER](#)

Last 4 Digits SSN : 7555

Name : [HENSLEY MARK](#)

Provider Client Established Date : 05 / 10 / 2007

Provider Client Status : Active

Client Status : R

Date Of Birth : 6/6/1970

Registration Date : 5/10/2007

Address : STREET

City : LIZARDLICK

State : NC

Zip : 27655

County : Wake

Phone : ( ) -

Sex : Male

Marital Status : Married

---

Emergency Contact Person

Name: HELEN HENSLEY

Day Time Phone: (336) 555-6001

Evening Phone: (336) 555-7112

---

### Provider Client Services

| Service Code | Service Name                     | Service Status |
|--------------|----------------------------------|----------------|
| 830          | CG-COUNSELING, TRAINING, SUPPORT | A              |

---

### Provider Client Care Recipients

---

### Provider Client Assessments

| AssessmentDate | Functional Status       | Nutrition Health Score |                            |
|----------------|-------------------------|------------------------|----------------------------|
| 5/10/2007      | Old Functional Score: 0 | Good Nutrition         | <a href="#">Details...</a> |

Figure 61 – Provider Client Details Screen

Provider Users may change only the **Provider Client Status** or the **Provider Client Established Date** on this screen. To submit changes, click **Update** or click **Cancel** to exit without saving and return to the previous screen. To change Client Record, click the client name link. Example: [Hensley Mark](#)

## 7.3 Update Provider Client Services

Updating Provider Client Services is a two-part process.

### STEP ONE

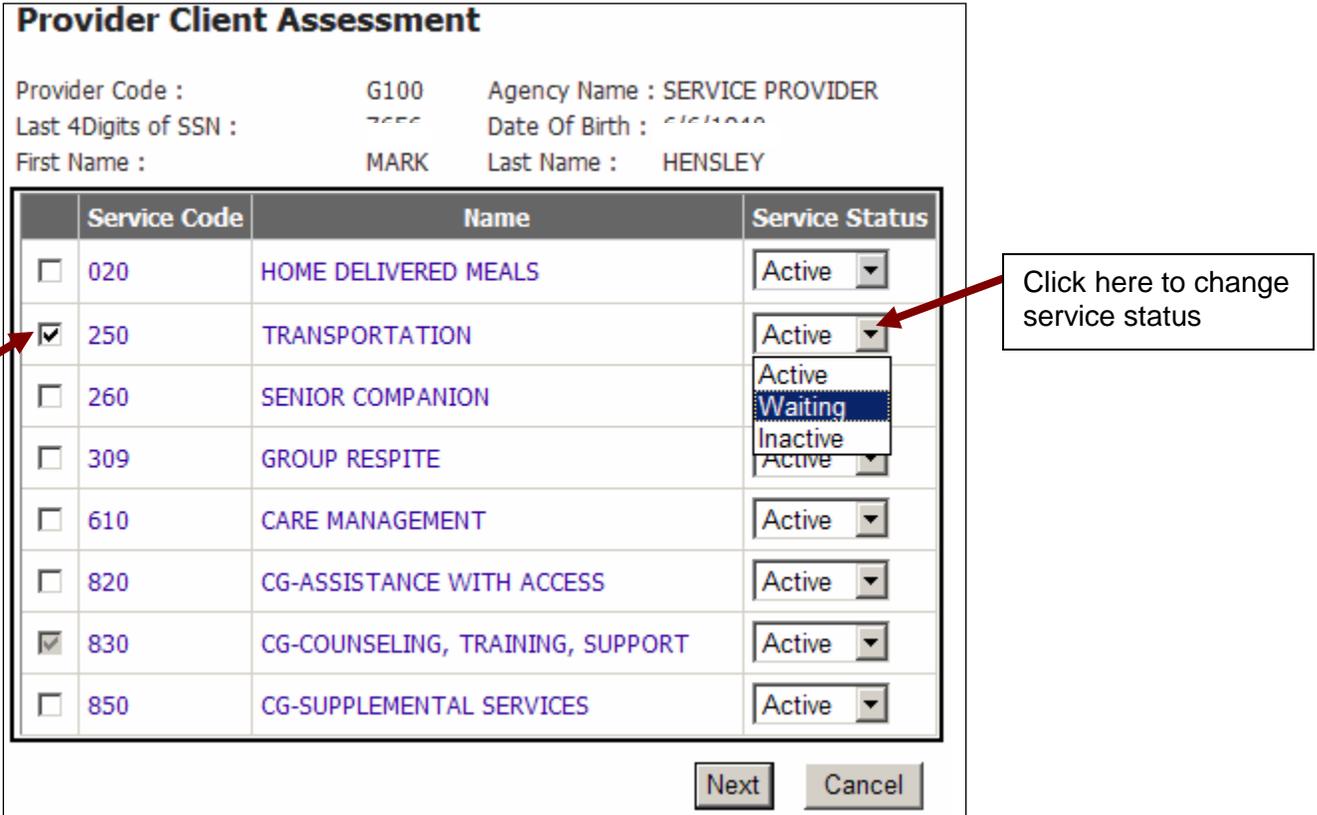
To begin, scroll down to **Add/Update Services**:



| Service Code | Service Name                    | Service Status | Allow Care Recipients |
|--------------|---------------------------------|----------------|-----------------------|
| 042          | IN-HOME LEVEL 2 - PERSONAL CARE | A              | No                    |

Figure 62 – Provider Client Services Screen

Click the **Add/Update Services** button and the first screen in the process appears:



**Provider Client Assessment**

Provider Code : G100      Agency Name : SERVICE PROVIDER  
Last 4Digits of SSN : 7656      Date Of Birth : 6/6/1948  
First Name : MARK      Last Name : HENSLEY

|                                     | Service Code | Name                             | Service Status     |
|-------------------------------------|--------------|----------------------------------|--------------------|
| <input type="checkbox"/>            | 020          | HOME DELIVERED MEALS             | Active             |
| <input checked="" type="checkbox"/> | 250          | TRANSPORTATION                   | Active             |
| <input type="checkbox"/>            | 260          | SENIOR COMPANION                 | Active<br>Waiting  |
| <input type="checkbox"/>            | 309          | GROUP RESPITE                    | Inactive<br>Active |
| <input type="checkbox"/>            | 610          | CARE MANAGEMENT                  | Active             |
| <input type="checkbox"/>            | 820          | CG-ASSISTANCE WITH ACCESS        | Active             |
| <input checked="" type="checkbox"/> | 830          | CG-COUNSELING, TRAINING, SUPPORT | Active             |
| <input type="checkbox"/>            | 850          | CG-SUPPLEMENTAL SERVICES         | Active             |

Click here to change service status

Figure 63 – Provider Client Assessment, Status Selection Screen

All services associated with this **Provider** appear. User should select the service(s) for this client by clicking the box  to the left of the service. Users may change the *Service Status* ONLY to *Active*, *Waiting* or *Inactive* by clicking the arrow to the right of any drop-down box. To view the Service Status options click this symbol. ▼

## STEP TWO

When complete, click **Next**. The appropriate *Provider Client Assessment* form will appear based on service selected.

If the user selected General Transportation (250) or Medical Transportation (033) the following screen will appear for the user to select the Overall Functional Status of the Client.

**Provider Client Assessment**

Provider Code : G100 Agency Name : SERVICE PROVIDER  
Last 4Digits of SSN : 9999 Date Of Birth : 3/ -, ----  
First Name : Franklin Last Name : Jones

| Service Code | Name           | Service Status |
|--------------|----------------|----------------|
| 250          | TRANSPORTATION | A              |

Overall Functional Status:  Well  At-Risk  High Risk

Previous Finish Cancel

**Figure 64 - Client Overall Functional Status**

|  |   |
|--|---|
|  | Click <b>PREVIOUS</b> to return to the list of available services to this Client                                      |
|  | When the Provider Client Assessment is complete, click the <b>FINISH</b> button to return to the Client Detail Screen |
|  | Click <b>CANCEL</b> to return to Provider Client Detail   |

**Table 4 – Screen Navigation – Client Assessment**

Screens will display based on service code selected.

### 7.3.1 Example 1 – Service Code that require Nutrition Health Score

User must enter an Assessment Date that differs from a previous date. All questions and/or Refused to answer on the Nutrition Health Score screen must be keyed. If User leaves the assessment date or any question blank, ARMS will display an error message alerting the User. For example, if no Assessment Date is keyed this error message will display “Invalid assessment date. (Assessment Date is required)”.

| Nutrition health score   |  |                          |
|--|--|--------------------------|
| Question   | Response   | Refused to answer        |
| a.Do you have an illness or condition that made you change the kind and/or amount of food you eat? | <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> |
| b.How many meals do you eat per day?   | 0  | <input type="checkbox"/> |
| c.How many fruits per day?   | 0  | <input type="checkbox"/> |
| d.How many vegetables per day?   | 1<br>2<br>3 or more                                | <input type="checkbox"/> |
| e.How many milk/dairy products per day?  | 0  | <input type="checkbox"/> |
| f.How many drinks of beer,liquor, or wine do you have every day or almost every day?               | 0  | <input type="checkbox"/> |
| g.Do you have tooth/mouth problems that make it hard for you to eat?                               | <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> |
| h.Do you always have enough money or food stamps to buy the food you need?                         | <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> |

Figure 65

### 7.3.2 Example 2 – Service Code where Overall Functional Status is self-declared

User must enter an Assessment Date that differs from a previous date and select an Overall Functional Status.

| Provider Client Assessment  |   |  |
|---|---|--|
| Provider Code :   | A043  | Agency Name : MACON AREA TRANSIT                       |
| Last 4Digits of SSN :   | 0000  | Date Of Birth : 10/12/1973                             |
| First Name :  | MARY  | Last Name : MARTIN                                     |
| Service Code  | Name  | Service Status   |
| 250   | TRANSPORTATION  | A  |
| Assessment Date:  | <input type="text"/>  | Invalid assessment date. (Assessment Date is required) |
| Overall Functional Status:  | <input type="radio"/> Well <input type="radio"/> At-Risk <input type="radio"/> High Risk<br>An explicit answer is required. Please select an answer |  |
| <input type="button" value="Previous"/> <input type="button" value="Finish"/> <input type="button" value="Cancel"/> |   |  |

Figure 66

### 7.3.3 Example 3 – Caregiver Service Code selected

User must enter an Assessment Date that differs from a previous date. All questions and/or Refused to answer on the Nutrition Health Score screen must be keyed. If User leaves the assessment date or any question blank, ARMS will display an error message alerting the User.

|  |  |  |  |                         |
|--|--|--|--|-------------------------|
| Assessment Date:   |  | <input type="text"/>   | <input type="text"/>                       | <input type="text"/>    |
| Overall Functional Status:   |  | <input type="radio"/> WELL <input type="radio"/> AT RISK <input type="radio"/> HIGH RISK |  |                         |
| 24. How many hours per day of help, care, or supervision does client need? (Select DAILY or WEEKLY)                |  |  |  |                         |
| a. # of daily hours needed   | <input type="text"/>                             | <input type="text"/>   | b.If not daily, # of hours per week needed | <input type="text"/>    |
| 25. How many hours per day of help, care, or supervision does caregiver provide? (Select DAILY or WEEKLY)          |  |  |  |                         |
| a. # of daily hours needed   | <input type="text"/>                             | <input type="text"/>   | b.If not daily, # of hours per week needed | <input type="text"/>    |
| 26. Caregiver's Relationship to care recipient   |  |  |  |                         |
| <input type="radio"/> Wife   | <input type="radio"/> Granddaughter/in-law       | <input type="radio"/> Grandmother  |  |                         |
| <input type="radio"/> Husband  | <input type="radio"/> Grandson/in-law            | <input type="radio"/> Grandfather  |  |                         |
| <input type="radio"/> Daughter/in-Law  | <input type="radio"/> Niece                      | <input type="radio"/> Aunt   |  |                         |
| <input type="radio"/> Son/in-law   | <input type="radio"/> Nephew                     | <input type="radio"/> Uncle  |  |                         |
| <input type="radio"/> Sister   | <input type="radio"/> Mother                     | <input type="radio"/> Other relative   |  |                         |
| <input type="radio"/> Brother  | <input type="radio"/> Father                     | <input type="radio"/> Non-relative   |  |                         |
| <b>Should be answered only by caregiver</b>  |  |  |  |                         |
| 27. Primary caregiver's self-reported health on scale of 1(poor) to 5 (excellent)                                  |  | <input type="radio"/> 1  | <input type="radio"/> 2                    | <input type="radio"/> 3 |
| 28. Primary caregiver: How stressful for you is caregiving on a scale from 1 (not at all/very low) to 5(very high) |  | <input type="radio"/> 1  | <input type="radio"/> 2                    | <input type="radio"/> 3 |
| 29. Primary caregiver's paid employment status   |  |  |  |                         |
| <input type="radio"/> Full-Time  | <input type="radio"/> Part-Time                  |  |  |                         |
| <input type="radio"/> Quit while caregiving  | <input type="radio"/> Is/was not working         |  |  |                         |
| <input type="radio"/> Retired early while caregiving   | <input type="radio"/> Retired with full benefits |  |  |                         |
| <input type="radio"/> Lost job/Dismissed while caregiving  |  |  |  |                         |
| 30. Is the primary caregiver a long distance caregiver?  |  | <input type="radio"/> Yes  | <input type="radio"/> No                   |                         |

Figure 67

### 7.3.4 Example 4 – Provider Client Assessment Details

**Provider Client Assessment Details** data cannot be saved unless all questions/responses are answered on this screen. Error message(s) will display in red to prompt users of missing responses.

#### Provider Client Assessment Details

Assessment Date:  /  /

20. Does client have significant memory loss or confusion?  Yes  No

#### Number of IADL (Instrumental Activities of Daily Living)

| Question                   | Can do without help   | Response  |
|----------------------------|---|---|
| a. Prepare meals           | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |
| b. Shop for personal items | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |
| c. Manage own medications  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |
| h. Transportation ability  | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input checked="" type="radio"/> Needs help and has no help |

#### Number of ADL (Activities of Daily Living)

| Question | Can do without help   | Response  |
|----------|---|---|
| a. Eat   | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help |

Figure 68

### 7.3.5 Example 5 – Provider Client Care Recipient Assessment Screen

**Provider Client Care Recipient Assessment Details** data cannot be saved unless all questions/responses are answered on this screen. Error message(s) will display in red to prompt users of missing responses.

| Provider Client Care Recipient Assessment Details                               |   |   |                                   |
|---|---|---|-----------------------------------|
| Assessment Date:  | <input type="text" value="05"/>                               | <input type="text" value="21"/>   | <input type="text" value="2007"/> |
| Is care recipient a person with mental retardation or developmental disability? | <input checked="" type="radio"/> Yes                          | <input type="radio"/> No  |                                   |
| Does care recipient live in same household as caregiver?                        | <input checked="" type="radio"/> Yes                          | <input type="radio"/> No  |                                   |
| 20. Does client have significant memory loss or confusion?                      | <input type="radio"/> Yes                                     | <input checked="" type="radio"/> No   |                                   |
| Number of IADL (Instrumental Activities of Daily Living)                        |   |   |                                   |
| Question  | Can do without help   | Response  |                                   |
| a. Prepare meals  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |                                   |
| b. Shop for personal items  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |                                   |
| c. Manage own medications   | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |                                   |
| <hr/>   |   |   |                                   |
| h. Transportation ability   | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input checked="" type="radio"/> Needs help and has no help |                                   |
| Number of ADL (Activities of Daily Living)                                      |   |   |                                   |
| Question  | Can do without help   | Response  |                                   |
| a. Eat  | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help |                                   |

Figure 69

## 7.4 Add Provider Care Recipients

To add care recipients for the selected client scroll down to the part of the screen:



Figure 70 – Add Care Recipients

Click the **Add Care Recipients** button. The Add Client screen appears:

**Please enter care recipient**

Person Last4 Digits SSN :

Last Name :

First Name :

Middle Initial :

Date Of Birth :  /  /

Address :   
  
 ,   -

Phone : (  )  -

Is care recipient a person with severe disabilities?     Yes    No

Does care recipient live in same household as caregiver?    Yes    No

Marital Status

Single (never married)    Married    Single (divorced/widowed)    Refused To Answer

20. Does client have significant memory loss or confusion?    Yes    No

**Number of IADL (Instrumental Activities of Daily Living)**

| Question         | Can do without help                                | Response   |
|------------------|--|--|
| a. Prepare meals | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help |

Figure 71 – Add Provider Care Client

The user should key the information from the DAAS-101 Client Registration Form. All **Care Recipient** information is required entries. When complete, click **Finish**.

| Provider Client Care Recipients                    |            |     |               |               |                   |                            |
|--|------------|-----|---------------|---------------|-------------------|----------------------------|
| SSN4   | Name       | Sex | Date Of Birth | Client Status | Registration Date |                            |
| 9999   | Iron Metal | F   | 5/___/___     | A             | 1/1/0001          | <a href="#">Details...</a> |
| <input type="button" value="Add Care Recipients"/> |            |     |               |               |                   |                            |

Figure 72 – Update Provider Client Care Recipient

To Update the Care Recipient the user should click the [Details...](#) link. The following screen will display for the user to update existing data from the DAAS-101 Client Registration Form Section III and Section IV.

### Provider Client Care Recipient Assessment Details

Assessment Date:  /  /

Is care recipient a person with mental retardation or developmental disability?  Yes  No

Does care recipient live in same household as caregiver?  Yes  No

20. Does client have significant memory loss or confusion?  Yes  No

#### Number of IADL (Instrumental Activities of Daily Living)

| Question                   | Can do without help   | Response  |
|----------------------------|---|---|
| a. Prepare meals           | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |
| b. Shop for personal items | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |
| c. Manage own medications  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help            |
| h. Transportation ability  | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input checked="" type="radio"/> Needs help and has no help |

#### Number of ADL (Activities of Daily Living)

| Question | Can do without help   | Response  |
|----------|---|---|
| a. Eat   | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help |

DAAS-101  
Section III  
Questions 17-18

DAAS-101  
Section IV  
Question 20

Figure 73 – Provider Client Care Recipient Assessment Details

This data is keyed from DAAS-101 Client Registration Form Section IV, V and VI.

23. How many unpaid caregivers involved in care including primary caregiver?  0  1  2  3 or more

24. How many hours per day of help, care, or supervision does client need? (Select DAILY or WEEKLY)

a. # of daily hours needed

b. If not daily, # of hours per week needed

25. How many hours per day of help, care, or supervision does caregiver provide? (Select DAILY or WEEKLY)

a. # of daily hours needed

b. If not daily, # of hours per week needed

26. Caregiver's Relationship to care recipient

Wife  Granddaughter/in-law  Grandmother

Husband  Grandson/in-law  Grandfather

Daughter/in-Law  Niece  Aunt

Son/in-law  Nephew  Uncle

Sister  Mother  Other relative

Brother  Father  Non-relative

30. Is the primary caregiver a long distance caregiver?  Yes  No

Figure 74 - Provider Client Care Recipient Questions

Items 24 and 25 allow the user to click **Daily** or **Weekly**. Only one entry can be made, either **Daily** or **Weekly**. Selecting **Daily** will disable **Weekly** as will selecting **Weekly** will disable **Daily**.

Click **Update** to save changes or click **Cancel** to discard and return to the previous screen.

The user can change the Assessment Date and make other changes to the Assessment Details. Changing the date will create another Assessment Record for the client.

**Provider Client Care Recipient Assessment Details**

Assessment Date:  /  /

| Provider Client Care Recipient Assessments |                   |                            |
|--|-------------------|----------------------------|
| AssessmentDate                             | Functional Status |                            |
| 5/21/2007                                  | Low Risk          | <a href="#">Details...</a> |
| 5/22/2007                                  | Low Risk          | <a href="#">Details...</a> |

Figure 75 Assessment Date

Clicking [Details...](#) will only allow user to update Care Recipient Established Date and Status.

**Provider Client Care Recipient Details**

Last 4 Digits SSN : 9999  
 Name : [Iron Metal](#)  
 Care Recipient Established Date : 05 / 21 / 2007  
 Care Recipient Status : Inactive

Inactive Status

Adult care home/Assisted living  
 Alternative living arrangements  
 Death  
 Hospitalization  
 Other (Specify)

Improved function/need eliminated  
 Service not needed/wanted  
 Illness  
 Nursing Home Placement

Date Status Changed: / /

Client Status : A  
 Date Of Birth : 5/21/1977  
 Registration Date : 1/1/0001  
 Address : 1529 W ...  
 County : 092  
 Sex : Female  
 Marital Status : Married

**Provider Client Care Recipient Assessments**

| AssessmentDate | Functional Status |                            |
|----------------|-------------------|----------------------------|
| 5/21/2007      | Low Risk          | <a href="#">Details...</a> |
| 5/22/2007      | Low Risk          | <a href="#">Details...</a> |

Figure 76 – Provider Client Care Recipient Inactive Status

When **Inactive** is selected the user is prompted to add the reason **Inactive** was chosen. In this example, the Inactive Status applies to the Care Recipient. The user should key the information recorded on the DAAS-101 Client Registration Form, Section I, Item 1.

The **Date Status Changed** is the date recorded on the DAAS-101 Client Registration Form.

Click **Update** to save changes or click **Cancel** to discard and return to the previous screen.

## 7.5 Update Provider Client Assessment

The Provider Client Assessment Details screen allows the User to View and/or Correct a current assessment and to Create a New Assessment by changing the Assessment Date and responses to existing assessment (re-assessment).

From the Provider Client List, the User should select the client by clicking the Details links to view the Provider Client Details screen. To update an existing Provider Client Assessment, the user should click the Details link on the date of the Assessment Date.

| Provider Client Assessments |     |              |                                  |                           |                            |
|-----------------------------|-----|--------------|----------------------------------|---------------------------|----------------------------|
| Assessment Date             |     |              | Functional Status                | Nutrition Health Score    |                            |
| 6/28/2013                   | NNN | SERVICE NAME | Self-reported score: 2 - AT RISK | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 1/17/2013                   | NNN | SERVICE NAME | Self-reported score: 1 - WELL    | High Risk Of Malnutrition | <a href="#">Details...</a> |

Figure 77 - Provider Client Assessment

There are two options on the Provider Client Assessment Details – **View** and **New Assessment**.

1. With **View / Correct** Users do not have to change the Assessment Date. This allows the User to correct responses to an existing assessment date.
2. **New Assessment** requires the User to key a new Assessment Date that differs from an existing assessment date.

### Provider Client Assessment Details

Assessment Date:  /  /

**View / Correct** (no new assessment date needed)

**New Assessment / Re-Assessment** (requires a new assessment date)

Check the View / Correct box to View existing assessment and/or change or correct responses to an existing assessment

Check New Assessment / Re-Assessment to Update an existing assessment. A new Assessment Date is required if this option is checked

Figure 78 - Provider Client Assessment Details

## 7.6 Search for an existing Client

Click **Search Client** on the menu bar to find a specific client for viewing or updating.

**Search ARMS Client**

Last Name\* :

First Name :

Sex :

Date Of Birth :  /  /

Figure 79 – Client Search- ARMS

Enter search criteria in at least one of the fields above. The more information typed, the fewer the search results will display. For example, typing only “Smith” in the Last Name box will yield many results, but adding the **First Name** or **Date of Birth** will narrow the results significantly.

**NOTE:** A search using the **Date of Birth** must also include at least one other criterion, such as Last Name or First Name.

**NOTE:** Entering too much information in the fields may result in NOT finding the desired client. If a match is not found for a client the cause may be a misspelling or typing mistake; verify information and try again.

For example, entering **Toppin** in last name field, then clicking **Next**, will yield the following displayed search results

| List of Clients |            |    |      |     |               |      |        |                   |                            |  |
|-----------------|------------|----|------|-----|---------------|------|--------|-------------------|----------------------------|--|
| Last Name       | First Name | MI | SSN4 | Sex | Date Of Birth |      | Status | Registration Date | ▲                          |  |
| TOPPIN          | RON        | W  | 1 3  | M   | 7/1           | 4    | A      | 9/13/2010         | <a href="#">Details...</a> |  |
| TOPPIN          | ELIZABETH  | C  | 1 6  | F   | 9/2           | 7    | A      | 3/20/2012         | <a href="#">Details...</a> |  |
| TOPPING         | JAMES      |    | 0 0  | M   | 1/1           |      | R      | 12/15/2011        | <a href="#">Details...</a> |  |
| TOPPINGS        | ELLEN      |    | 7 3  | F   | 6/3           | 5    | A      | 5/18/2010         | <a href="#">Details...</a> |  |
| TOPPINS         | GLADYS     |    | 1 1  | F   | 6/1,          | 2009 | I      | 9/24/2008         | <a href="#">Details...</a> |  |

Figure 80 – Client Search Results

Click the [Details...](#) link to the right to open the client record:

The client form is divided into three sections:

1. Demographics / Status (DAAS-101 Client Registration Form – Questions 1-14)
2. Emergency Contact Info (DAAS-101- Client Registration Form - Section VII)
3. Associated Provider Info providing serving this client

**Create/Update Client**  
**Demographics/Status (TOPPIN, ELIZABETH)**

Last 4 Digits SSN : 1318

Last Name : TOPPIN Suffix :

First Name : ELIZABETH

Middle Initial : C

Status: ACTIVE

Registration Date: 03 20 2012

Activation Date: 3/20/2012

Date Of Birth : 09 27 1988  Special Eligibility

Address :

County :

Phone : (252) 621-1111  No Phone

Sex :  Male  Female

At/below poverty level :  Yes  No

**Marital Status**

Single (never married)

Married

Single (divorced/widowed)

Refused To Answer

**Household Size**

Lives Alone

2 in home

3 or more in home

Group/Shared Home

Refused to answer

**Race (Client Most Closely Identifies)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islander

Refused/Unknown

**Other Race (Check all that apply)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islander

Ethnicity : NOT HISPANIC/LATINO

Primary Language Spoken : English

**Race (Client Most Closely Identifies)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islander

Refused/Unknown

**Other Race (Check all that apply)**

Black/African American

Asian

American Indian/Alaska Native

White

Native Hawaiian/Other Pacific Islander

Ethnicity : NOT HISPANIC/LATINO

Primary Language Spoken : English

Figure 81 – Client Demographics (1)

**Emergency Contact Info**

Emergency Contact Person

Name:

Day Time Phone: (  )  -

Evening Phone: (  )  -

Created User: NANCY.R.MCGOWAN  
 Created Time: 4/19/2012 3:55:22 PM  
 Last Updated User: NANCY.R.MCGOWAN  
 Last Updated Time: 4/19/2012 3:58:05 PM

Figure 82 - Emergency Contact (2)

**Associated Provider Info: (TOPPIN, ELIZABETH)**

| Providers     |        |                          |
|---------------|--------|--------------------------|
| Provider Code | Status | Agency name              |
| Q073          | A      | PITT CO COUNCIL ON AGING |

**Providers where Client is Care Recipient**

There are no associated providers where this client is a Care Recipient

**Providers where Client is Caregiver**

There are no associated providers where this client is a Caregiver

Figure 83 – Associated Provider Information for Client (3)

When the form is complete, click **Update** to save the information and return to the previous screen, or **Cancel** to return without saving.

**NOTE:** If an error message is received the most likely cause is failing to fill in all the required fields. The user will be prompted in red of the error message. Please review the form and try again.

### 7.6.1 Provider Care/Client Assessments

| Provider Client Assessments |                   |                        |                            |
|-----------------------------|-------------------|------------------------|----------------------------|
| AssessmentDate              | Functional Status | Nutrition Health Score |                            |
| 5/22/2007                   | Well              | Good Nutrition         | <a href="#">Details...</a> |

Figure 84 – Provider Client Assessment Selection Screen

Choose one of the assessment types by clicking on the appropriate **Details...** link. The assessment form will appear next. To add a new assessment, change the date and update as needed. Click **Update** to Save new assessment or click **Cancel** to exit the form without saving.

If this is a new assessment, a new Assessment Date must be keyed. It cannot be the same date of an existing Assessment Date.

| Provider Client Assessment Details   |  |                          |
|--|--|--------------------------|
| Assessment Date:   | 07   | /01/2007                 |
| <b>Nutrition health score</b>  |  |                          |
| Question   | Response   | Refused to answer        |
| a.Do you have an illness or condition that made you change the kind and/or amount of food you eat? | <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> |
| b.How many meals do you eat per day?   | <input type="text"/>                               | <input type="checkbox"/> |
| c.How many fruits per day?   | <input type="text"/>                               | <input type="checkbox"/> |
| d.How many vegetables per day?   | <input type="text"/>                               | <input type="checkbox"/> |
| e.How many milk/dairy products per day?  | <input type="text"/>                               | <input type="checkbox"/> |

Figure 85 – Sample Client Assessment Form Details

**NOTE:** There are a number of assessment forms in ARMS. The figure above shows the top part of a typical example. All forms and instructions for using them are included in the Appendix to this manual.



## 7.8 View / Edit Provider Budget SRWs

Click on the **SRWs** link to view Site/Route/Workers details. All the Site/Route/Workers associated with this Provider will appear.

| Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004) |                     |                         |                                |
|--|---------------------|-------------------------|--------------------------------|
| Region: PIEDMONT TRIAD COG                               |                     |                         |                                |
| County: Alamance   |                     |                         |                                |
| Service: TRANSPORTATION                                  |                     |                         |                                |
| SRWCode  | Description         |                         |                                |
| 100  | TRANSIT BUS         | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 401  | GENERAL TRANSP      | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 455  | RALEIGH EAST SIDE   | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 501  | SHAW TOWN COMMUNITY | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 555  | BURLINGTON PLACE    | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| Add Provider Site/Route/Worker                           |                     | Provider Budgets        | Cancel                         |

Figure 88 – Site/Route/Workers Details

Click on **Provider Budgets** OR **Cancel** to return to the previous screen.

Click on the **Add Provider Site/Route/Worker** button to add a new SRW.

This information is pulled from the Provider Budgets

### Add Provider Site/Route/Worker

Provider Code : G004  
 Agency Name : ALAMANCE COUNTY TRANSPORTATION AUTHORITY  
 Region : PIEDMONT TRIAD COG  
 County : Alamance  
 Service : TRANSPORTATION(250)

Site/Route/Worker Code :

Description :

Enter a 3-digit number and a description

Click Add to save new SRW.

Figure 89 – Add Site/Route/Worker

Users may add the information in the two editable fields and click **Add** to save or **Cancel** to return to the previous screen.

The Site/Route/Worker Code field cannot be left blank. If the exact same Site/Route/Worker Code already exists for the service and county, an error message will display.

Click on [Details](#) to make changes to the Provider Site/Route/Worker Information.

Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004)  
 Region: PIEDMONT TRIAD COG  
 County: Alamance  
 Service: TRANSPORTATION

| SRWCode | Description         |                         |                                |
|---------|---------------------|-------------------------|--------------------------------|
| 100     | TRANSIT BUS         | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 401     | GENERAL TRANSP      | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 455     | RALEIGH EAST SIDE   | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 501     | SHAW TOWN COMMUNITY | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 555     | BURLINGTON PLACE    | <a href="#">Details</a> | <a href="#">Service Totals</a> |

Add Provider Site/Route/Worker      Provider Budgets      Cancel

Click **Details** to view or add new clients to the Site/Router/Worker Information.  
 Click **Service Totals** to add or update monthly Service Total records for clients

Figure 90 - Site/Route/Worker Information

### Provider Site/Route/Worker Information

Provider Code : G004  
 Agency Name : ALAMANCE COUNTY TRANSPORTATION AUTHORITY  
 Region : G  
 County : Alamance  
 Service : TRANSPORTATION(250)  
 Site/Route/Worker Code : 455  
 Description :  Edit Description

CreateUser: Arms.Provider  
 CreateTime: 3/9/2007 2:51:08 PM  
 ModifyUser: Arms.Provider  
 ModifyTime: 5/30/2007 3:45:01 PM

Clients :

| SSN4 | Name           | Sex | Date Of Birth | Client Status |                          |                         |
|------|----------------|-----|---------------|---------------|--------------------------|-------------------------|
| 22   | BAITY RUTH     | F   | 2/            | A             | <a href="#">[Remove]</a> | <a href="#">Details</a> |
| 22   | CHANDLER GAYLE | F   | 5/            | A             | <a href="#">[Remove]</a> | <a href="#">Details</a> |
| 22   | GANT MARY      | F   | 10            | A             | <a href="#">[Remove]</a> | <a href="#">Details</a> |
| 22   | GODFREY SARAH  | F   | 1/            | A             | <a href="#">[Remove]</a> | <a href="#">Details</a> |
| 1111 | HARRELL BOB    | M   | 7/1,          | A             | <a href="#">[Remove]</a> | <a href="#">Details</a> |

[Add]

Update      Cancel

Clients can only be added to SRW if the following is met **BOTH** items

1. Provider Client Status must be Active
2. Service Status must be Active.

Figure 91 – S/R/W Additional Details

The **Remove** feature will only allow the user to remove a client from the SRW that do not have any units on the service total record.

To view Service Totals for a client, click **Details**. The service total record displays for the client.

| Provider Site/Route/Worker Service Totals                  |           |        |               |     |     |     |     |     |     |  |     |     |     |     |     |       |
|--|-----------|--------|---------------|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|-------|
| Provider: FRIENDSHIP ADULT DAY SERVICES(G002)              |           |        |               |     |     |     |     |     |     | Region - County : G - Alamance           |     |     |     |     |     |       |
| Service : ADULT DAY CARE(030) [ Maximum monthly units: 0 ] |           |        |               |     |     |     |     |     |     | Site/Route/Worker : 100 - ADULT DAY CARE |     |     |     |     |     |       |
| SSN4   | Name      | Status | Date Of Birth | Jul | Aug | Sep | Oct | Nov | Dec | Jan                                      | Feb | Mar | Apr | May | Jun | Total |
| 1111   | BEAM JOHN | A      | 12/23/1933    | 20  | 23  |     |     |     |     |  |     |     |     |     |     | 43    |
|  |           |        |               | 20  | 23  | 0   | 0   | 0   | 0   | 0  | 0   | 0   | 0   | 0   | 0   | 43    |

Figure 92—Service Details (from Site/Route/Worker)

Enter the total monthly units by month. Users may modify the figures in any month. Click one of the four buttons...

- **Verify** - Recalculate the Totals.
- **Update** - Save the changes and return to previous screen
- **Provider Budgets** to return to the Provider Budgets screen without saving
- **Cancel** to return to the previous screen without saving

The user can click on **Service Totals** to go directly to the Service Totals Report screen.

| Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004) |                     |                         |                                |
|--|---------------------|-------------------------|--------------------------------|
| Region: PIEDMONT TRIAD COG                               |                     |                         |                                |
| County: Alamance   |                     |                         |                                |
| Service: TRANSPORTATION                                  |                     |                         |                                |
| SRWCode  | Description         | Details                 | Service Totals                 |
| 100  | TRANSIT BUS         | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 401  | GENERAL TRANSP      | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 455  | RALEIGH EAST SIDE   | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 501  | SHAW TOWN COMMUNITY | <a href="#">Details</a> | <a href="#">Service Totals</a> |
| 555  | BURLINGTON PLACE    | <a href="#">Details</a> | <a href="#">Service Totals</a> |

In this example, the client status = D and is highlighted in red to indicate the client is death. This system will not allow additional units to be added for the month after the death date has been saved in ARMS. When keying units, the cursor will skip clients that have a status of D or I (Inactive).

| Provider Site/Route/Worker Service Totals                    |                |        |               |     |     |     |     |     |     |   |     |     |     |     |     |       |
|--|----------------|--------|---------------|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-------|
| Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004)     |                |        |               |     |     |     |     |     |     | Region - County : G - Alamance              |     |     |     |     |     |       |
| Service : TRANSPORTATION(250) [ Maximum monthly units: 250 ] |                |        |               |     |     |     |     |     |     | Site/Route/Worker : 455 - RALEIGH EAST SIDE |     |     |     |     |     |       |
| SSN4   | Name           | Status | Date Of Birth | Jul | Aug | Sep | Oct | Nov | Dec | Jan   | Feb | Mar | Apr | May | Jun | Total |
| 245  | BAITY RUTH     | D      | 10/1/1933     |     |     |     |     |     |     |   |     |     |     |     |     | 0     |
| 213  | CHANDLER GAYLE | A      | 5/6/1966      |     |     |     |     |     |     |   |     |     |     |     |     | 0     |
| 213  | GANT MARY      | A      | 10/7/1939     |     |     |     |     |     |     |   |     |     |     |     |     | 0     |
| 413  | GODFREY SARAH  | A      | 1/1/1934      |     |     |     |     |     |     |   |     |     |     |     |     | 0     |
| 111  | HARRELL BOB    | R      | 7/1/1934      |     |     |     |     |     |     |   |     |     |     |     |     | 0     |
|  |                |        |               | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0     |

**A** = Active Client – client record updated in the new ARMS system  
**D** = Death  
**R** = New Registration for Current Fiscal Year.

Figure 93 - Service Totals Data Entry Screen

## 7.8.1 View / Edit Provider Budget Reimbursements

Click the **Reimbursements** link to view the following:

| Provider Non-Unit Reimbursements  |                               |                     |              |                              |                        |
|---|-------------------------------|---------------------|--------------|------------------------------|------------------------|
| Region :  | PIEDMONT TRIAD COG            |                     | County :     | Alamance                     |                        |
| Provider:   | ALAMANCE ELDERCARE, INC(G003) |                     | Service:     | CARE MANAGEMENT(610)         |                        |
| Report Month  | Admin Direct Cost             | Admin Indirect Cost | Program Cost | Total Non Unit Reimbursement |                        |
| Jul   | \$2,182.00                    | \$0.00              | \$2,680.00   | \$4,862.00                   | <a href="#">Detail</a> |
| Aug   | \$2,182.00                    | \$0.00              | \$5,352.00   | \$7,534.00                   | <a href="#">Detail</a> |
| <input type="button" value="Cancel"/> <input type="button" value="Add Non Unit Reimbursement"/> <input type="button" value="Provider Budgets"/> |                               |                     |              |                              |                        |

Figure 94 – View / Edit Provider Budget Reimbursements

Click **Add Non Unit Reimbursement** to view this screen:

| Provider Non-Unit Reimbursements   |                                  |
|--|----------------------------------|
| Region :   | PIEDMONT TRIAD COG               |
| County :   | Alamance                         |
| Provider:  | ALAMANCE ELDERCARE, INC(G003)    |
| Service :  | CARE MANAGEMENT(610)             |
| Report Month :   | <input type="text" value="Sep"/> |
| Administrative Direct Cost:  | \$ <input type="text"/>          |
| Administrative Indirect Cost:  | \$ <input type="text"/>          |
| Program Cost:  | \$ <input type="text"/>          |
| <input type="button" value="Cancel"/> <input type="button" value="Add"/> |                                  |

**NOTE:** Only whole numbers can be entered in the monetary fields. Entering a decimal will result in an error message.

Figure 95 – Add Non-Unit Reimbursement

Choose the correct month from the drop-down and complete the empty fields. Click **Add** to save the information or **Cancel** to exit without saving.

To view the existing non-unit reimbursement information for any month, click the appropriate **Detail** link:

| Provider Non-Unit Reimbursements  |                               |
|---|-------------------------------|
| Region :  | PIEDMONT TRIAD COG            |
| County :  | Alamance                      |
| Provider:   | ALAMANCE ELDERCARE, INC(G003) |
| Service :   | CARE MANAGEMENT(610)          |
| Report Month :  | Jul                           |
| Administrative Direct Cost:   | \$ 2182                       |
| Administrative Indirect Cost:   | \$ 0                          |
| Program Cost:   | \$ 2680                       |
| Created User:   | Ramana.Reddy                  |
| Created Time:   | 9/19/2006 11:17:25 PM         |
| Last Updated User:  | Ramana.Reddy                  |
| Last Updated Time:  | 9/19/2006 11:17:25 PM         |
| <input type="button" value="Cancel"/> <input type="button" value="Update"/> |                               |

Figure 96 -- View / Modify Non Detail

When keying non-unit reimbursement, users should key amounts in the report month. The current month and report month are not the same. For example, to request non-unit reimbursement for the report month of August, the amounts must be keyed in the report month of August and not the month you key reimbursement amounts in ARMS. When August reimbursement data is generated in September, ARMS will pick up changes in July and the report month August. Non-unit reimbursement keyed in the report month of September will not be captured in August reimbursement generation. **Reimbursement will capture previous report months, but not future report months.**

The ZGA-544 Non-Unit Reimbursement Verification Report shows Real-Time Data at time of printing. This report is not designed to match Reimbursement Reports.

Enter the appropriate amounts for the “**Administrative Direct Cost**,” “**Administrative InDirect Cost**” and “**Program Cost**.” Click **Update** to save or click **Cancel** to return to the previous screen.

### 7.8.2 Non-Unit Reimbursement Edit Check

A non-unit reimbursement edit check will not allow a monthly entry for service codes where a client has to be registered and served. If a Non-Unit Reimbursement Request is keyed for a month where no service total exists for the month, ARMS will return an error message “No Provider Client Service Total Record Found” as shown below.

**Provider Non-Unit Reimbursements**

Region : SOUTHWESTERN COMMISSION  
 County : Graham  
 Provider: SW NC PLANNING COMMISSION(A018)  
 Service : FC-INCONTINENCE SUPPLIES(857)  
 Report Month :

Administrative Direct Cost: \$   
 Administrative Indirect Cost: \$   
 Program Cost: \$

No Provider Client Service Total Record Found

Figure 97 – Non-Unit Reimbursement Error Message

In Figure 93, the month of July was selected. In Figure 94 you will note *No Provider Client Service Totals* for the month of July.

| Provider Site/Route/Worker Service Totals                             |                |        |                     |                                |                                |                                |                                |                                |                                |   |                                 |                                 |                                 |                                 |                                 |       |
|---|----------------|--------|---------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------|
| Provider: SW NC PLANNING COMMISSION(A018)                             |                |        |                     |                                |                                |                                |                                |                                |                                | Region - County : A - Graham                              |                                 |                                 |                                 |                                 |                                 |       |
| Service : FC-INCONTINENCE SUPPLIES(857) [ Maximum monthly units: 12 ] |                |        |                     |                                |                                |                                |                                |                                |                                | Site/Route/Worker : 357 - GRAHAM FC-INCONTINENCE SUPPLIES |                                 |                                 |                                 |                                 |                                 |       |
| SSN#  | Name           | Status | Date Of Birth       | Jul                            | Aug                            | Sep                            | Oct                            | Nov                            | Dec                            | Jan   | Feb                             | Mar                             | Apr                             | May                             | Jun                             | Total |
| 51 18   | BARMES VERNON  | R      | 9/24/15 12:00:00 AM | <input type="text"/>                                      | <input type="text" value="12"/> | 60    |
| 5 2   | MURRAY CAROL   | A      | 2/4/15 12:00:00 AM  | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text" value="6"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text"/>                                      | <input type="text"/>            | <input type="text"/>            | <input type="text"/>            | <input type="text"/>            | <input type="text"/>            | 8     |
| 40  | WALKER CAROLYN | R      | 7/30/15 12:00:00 AM | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text" value="6"/> | <input type="text" value="7"/> | <input type="text" value="7"/>                            | <input type="text"/>            | 20    |
|   |                |        |                     | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="6"/> | <input type="text" value="7"/> | <input type="text" value="8"/> | <input type="text" value="7"/>                            | <input type="text" value="12"/> | 88    |

Figure 98

The edit check applies to the following service codes, *which is subject to change*.

|     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|
| 140 | 823 | 835 | 846 | 853 | 858 | 718 |
| 160 | 824 | 842 | 847 | 854 | 859 | 720 |
| 610 | 832 | 843 | 848 | 855 | 860 | 723 |
|     | 833 | 844 | 849 | 856 | 862 | 725 |
|     | 834 | 845 | 852 | 857 | 863 |     |
|     |     |     |     | 864 |     |     |

### 7.8.3 View / Edit Provider Budget Contributions

From the budget list, click **Contributions** to view the following information:

| Provider Consumer Contribution/Program Income            |                          |   |                                 |
|--|--------------------------|---|---------------------------------|
| Region :   | PIEDMONT TRIAD COG       | County :  | Alamance                        |
| Provider:  | HEMOCARE PROVIDERS(G009) | Service:  | IN-HOME LEVEL 2 - PERSONAL CARE |
| <input type="button" value="Add Consumer Contribution"/> |                          | <input type="button" value="Provider Budgets"/> |                                 |

Figure 99 – Provider Cost Sharing Contributions / Program Income

Click the **Add Consumer Contribution** button to view:

| Provider Consumer Contribution/Program Income                 |                                      |
|---|--------------------------------------|
| Region :  | PIEDMONT TRIAD COG                   |
| County :  | Alamance                             |
| Provider:   | HEMOCARE PROVIDERS(G009)             |
| Service :   | IN-HOME LEVEL 2 - PERSONAL CARE(042) |
| Report Month :  | <input type="text" value="Jul"/>     |
| Monthly Gross Consumer Contribution/Program Income Collected: | <input type="text" value="\$"/>      |
| Monthly Amount Deducted to Cover Allowable Cost:              | <input type="text" value="\$"/>      |
| <input type="button" value="Cancel"/>                         | <input type="button" value="Add"/>   |

Figure 100 – Add Provider Contribution Item / Program Income

Make any required changes, and then click **Add** to save or **Cancel** to return to the previous screen without saving.

Click **Provider Budgets** to return to the budget list.

## 8 Reports ([See also Appendix R](#))

Many reports are available for Provider users. To see the list, click **Reports** on the navigation bar. The following list displays:



Figure 101 – Provider Reports Categories

Click on any of the named categories to view all the reports in that heading. For example, click on **Reimbursement Reports** to view list of available reimbursement reports.

### Reimbursement Reports

| Name                              | Description   |
|-----------------------------------|---|
| <a href="#">ZGA370</a>            | Provider Reimbursement                                    |
| <a href="#">ZGA370-A</a>          | Provider Summary  |
| <a href="#">ZGA370-A-YTD</a>      | Year-to-Date Provider Summary                             |
| <a href="#">ZGA370-YTD</a>        | Year-to-Date Provider Reimbursement                       |
| <a href="#">ZGA370-CNTY</a>       | Provider Reimbursement Sorted by County                   |
| <a href="#">ZGA370-CNTY-YTD</a>   | Year-to-Date Provider Reimbursement Sorted by County      |
| <a href="#">ZGA370-A-CNTY</a>     | Provider Summary Sorted by County                         |
| <a href="#">ZGA370-A-CNTY-YTD</a> | Year-to-Date Provider Summary Sorted by County            |
| <a href="#">ZGA370-5</a>          | Legal Summary Report                                      |
| <a href="#">ZGA370-6</a>          | Senior Center Outreach Summary Report                     |
| <a href="#">ZGA370-7</a>          | Provider Reimbursement Report - IIID/Health Promotion 90% |
| <a href="#">ZGA370-10</a>         | Provider Reimbursement Report - IIID/Health Promotion 85% |
| <a href="#">ZGA370-11</a>         | State Senior Center General Purpose Funding Report        |
| <a href="#">ZGA370-12</a>         | Family Caregiver Support Summary Report                   |
| <a href="#">ZGA380-A</a>          | Regional Summary Report by Category                       |
| <a href="#">ZGA380-B</a>          | Regional Summary All Categories                           |
| <a href="#">ZGA390</a>            | Area Agency Summary                                       |
| <a href="#">ZGA390-A</a>          | State Summary   |

Figure 102 – Provider Reimbursement Reports

The name of each report (left column) is a hyperlink which opens the report-builder screen. For example, clicking on the first named report ([ZGA370](#) | Provider Reimbursement) opens the parameter selection process:

Each report differs slightly in the parameters a Provider user may select. What follows are typical examples, after which parameter selection will be self evident.

| Reimbursement Reports |                               |
|-----------------------|-------------------------------|
| Name                  | Description                   |
| ZGA370                | Provider Reimbursement        |
| ZGA370-A              | Provider Summary              |
| ZGA370-A-YTD          | Year-to-Date Provider Summary |

Click on the report name to view the following parameter selection screen

**Report - ZGA370**  
Provider Reimbursement

Report Month:

Region:

County:

Provider:

Each user will have unique report parameters from which to choose. In this example, this user can select report month and county.

NON Selectable Fields

**Report - ZGA370**  
Provider Reimbursement

Report Month:

Region:

County:

Provider:

This report requires that the user select the Report Month and County using the drop-down selection method

Click Generate Report to create the report

**NOTE:** Reports may take a few seconds to a few minutes to generate.

**Report - ZGA370**  
Provider Reimbursement

Report Month:

Region:

County:

Provider:

Figure 103 - Typical Report Parameter Selection

**Clicking any of the Report Category Links will display a list of available reports**

**Financial Reports**

| Name                   | Description                  |
|------------------------|------------------------------|
| <a href="#">ZGA060</a> | Financial Report (AAA)       |
| <a href="#">ZGA517</a> | Service Reimbursement Report |
| <a href="#">ZGA545</a> | Invoice for MIS Services     |

**Client/Waiting Lists**

| Name                   | Description                                     |
|------------------------|---|
| <a href="#">ZGA600</a> | Clients Waiting for Service Grouped by Service  |
| <a href="#">ZGA625</a> | Clients Waiting for Service Grouped by Provider |

**Other Reports**

| Name                       | Description  |
|----------------------------|--|
| <a href="#">ZGA903</a>     | Units of Service Report (Turnaround Document)                      |
| <a href="#">YTD Export</a> | Year to Date Data NOTE: This report is for Exporting to Excel Only |

Figure 104 – Report Category Links

Refer to ARMS Reimbursement Manual for information on reports.

Sample ZGA-370 Report

**The RUN DATE is the actual date DAAS processed the monthly reimbursement**

**Report month**

**Date report was generated by the user**

**The way Reimbursement Reports are compiled and/or calculated have not changed**

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
 PROVIDER REIMBURSEMENT REPORT - ZGA370  
 WASHINGTON COUNTY 001 Alamance  
 FRIENDSHIP ADULT DAY SERVICES  
 CATEGORY IN HOME AND SUPPORT SERVICES

RUN DATE: 04/27/2007  
 MONTH REPORTING: March 2007  
 PRINT DATE: 06/08/2007

| SERV CODE   | GROSS BUDGETED SERVICE COST | PROGRAM GROSS HCCBG ALLOTMENT | CURRENT UNITS | GROSS UNIT RATE | GROSS CURRENT MONTH EXP | CURRENT MONTH CS/PI | OTHER ADJ | ADJ CURRENT MONTH EXPEND | CURRENT MONTH LOCAL SHARE | NET CURRENT MONTH EXPEND | NSIP CURRENT MONTH REIMB |
|---|-----------------------------|-------------------------------|---------------|-----------------|-------------------------|---------------------|-----------|--------------------------|---------------------------|--------------------------|--------------------------|
| 030   | 88,237                      | 66,178                        | 0             | 32.8997         | 0                       | 0                   | 0         | 0                        | 0                         | 0                        | 0                        |
| CATEGORY IN HOME AND SUPPORT SERVICES TOTAL       |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |
|   | 88,237                      | 66,178                        | 0             |                 | 0                       | 0                   | 0         | 0                        | 0                         | 0                        | 0                        |
| PROVIDER G002 FRIENDSHIP ADULT DAY SERVICES TOTAL |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |
|   | 88,237                      | 66,178                        | 0             |                 | 0                       | 0                   | 0         | 0                        | 0                         | 0                        | 0                        |

Figure 105 – Sample Report

**Demographic Reports**

| Name                     | Description   |
|--------------------------|---|
| <a href="#">ZGA204-1</a> | Cumulative Unduplicated Persons Served by Region and Provider |
| <a href="#">ZGA204-2</a> | Cumulative Unduplicated Persons Served by Region and County   |
| <a href="#">ZGA204-3</a> | Cumulative Unduplicated Persons Served by Region              |
| <a href="#">ZGA541-1</a> | Client Demographic Information by State                       |
| <a href="#">ZGA541-2</a> | Client Demographic Information by Region                      |
| <a href="#">ZGA541-3</a> | Client Demographic Information by County                      |
| <a href="#">ZGA541-4</a> | Client Demographic Information by Provider                    |

**Click on the link Name of the report**

**The report functions are the same for all selected report, except Financial Report – ZGA060**

**As a Region user you can select the year and specify a county if you do not want to print the whole report for the region**

Fiscal Year:

Region:

County:

Provider:

Figure 106 – Report Criteria

Reports are available by User Role. For example, a Region User has access to more Financial Report than a Provider User as shown below.

| <b>Financial Reports (Provider User)</b> |                               |
|--|-------------------------------|
| Name                                     | Description                   |
| <a href="#">ZGA801</a>                   | Expenditure Compliance Report |
| <a href="#">ZGA517</a>                   | Service Reimbursement Report  |
| <a href="#">ZGA545</a>                   | Invoice for MIS Services      |

| <b>Financial Reports (Regional User)</b> |   |
|--|---|
| Name                                     | Description                             |
| <a href="#">ZGA060</a>                   | Financial Report (AAA)                  |
| <a href="#">ZGA515-1</a>                 | Area Plan Service by Activity by Region |
| <a href="#">ZGA515-2</a>                 | Area Plan Service by Activity by County |
| <a href="#">ZGA515-3</a>                 | Service Expenditures                    |
| <a href="#">ZGA801</a>                   | Expenditure Compliance Report           |
| <a href="#">ZGA517</a>                   | Service Reimbursement Report            |
| <a href="#">ZGA545</a>                   | Invoice for MIS Services                |

Reimbursement reports are generated on the 12<sup>th</sup> day of the month with two exceptions: if the 12th falls on a weekend reimbursement will generate the following Monday. If the 12<sup>th</sup> falls on a holiday, reimbursement is generated the following working day. Also note that Veteran's Day always fall on November 11<sup>th</sup>; which affects reimbursement.

After the successful generation of the Reimbursement Report the **month** and **fiscal year** will be listed in the Report Month drop down box. If you do not see the **report month** and or the **fiscal year** in the drop down box the report are available for that specific report month.

**Report Month:**

If Report Month and Fiscal Year is shown, data is displayed based on the reimbursement period

**Fiscal Year:**

If only Fiscal Year is shown, real-time data will display on reports

## 8.1 Report Functionality

A Report Navigation panel appears in the upper left screen of all generated reports. The following table describes the functionality associated with each icon in this bar.

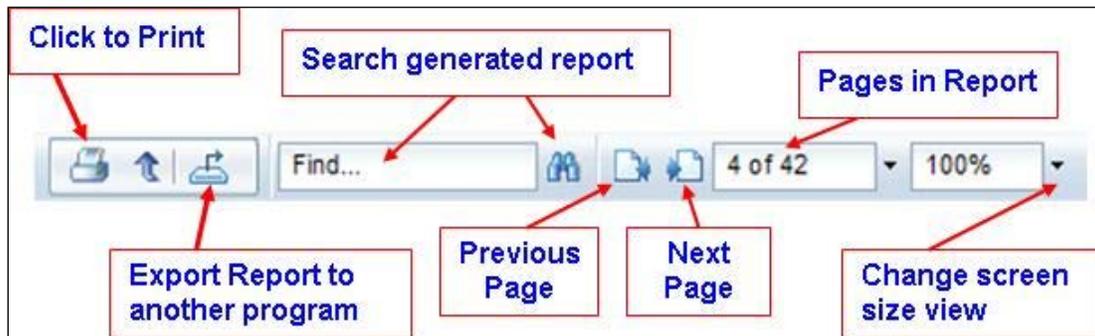


Figure 107

### 8.1.1 Report Navigation Panel

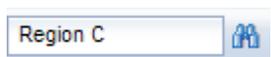
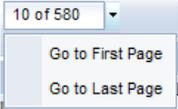
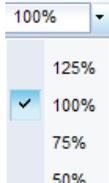
| ICON  | FUNCTION             | DESCRIPTION   |
|---|----------------------|---|
|    | <b>Print</b>         | Prints the report to a user-selectable printer  |
|   | <b>Export</b>        | Save the report to a different file format (TXT, CSV, PDF, etc.) for use by an external application. <sup>1</sup> |
|  | <b>Tree View</b>     | Expands/Collapses reports into logical section ( <b>NOTE:</b> May not be available for all reports)               |
|  | <b>Find</b>          | Search generated report for specific information  |
|  | <b>Select Page</b>   | Navigates to the First Page or Last Page of the report. User can also type in page number                         |
|  | <b>Previous Page</b> | Navigates to the previous page of the report  |
|  | <b>Next Page</b>     | Navigates to the next page of the report  |
|  | <b>Display View</b>  | Change the report view on the screen  |

Table 5 – Report Navigation Panel Options

<sup>1</sup> **TXT** = Text File, for import into word processor; **CSV** = Comma-Separated Values, for importing into spreadsheet or database files; **PDF** = opens with Adobe Acrobat Reader, if installed on the local PC.

### 8.1.2 Report View

The Report View will allow Users to drill down to view specific pages. In the example below for Region G, the user is allowed to select a county link and then a provider link. When a link is selected the corresponding page will display in the window to the right of the list.

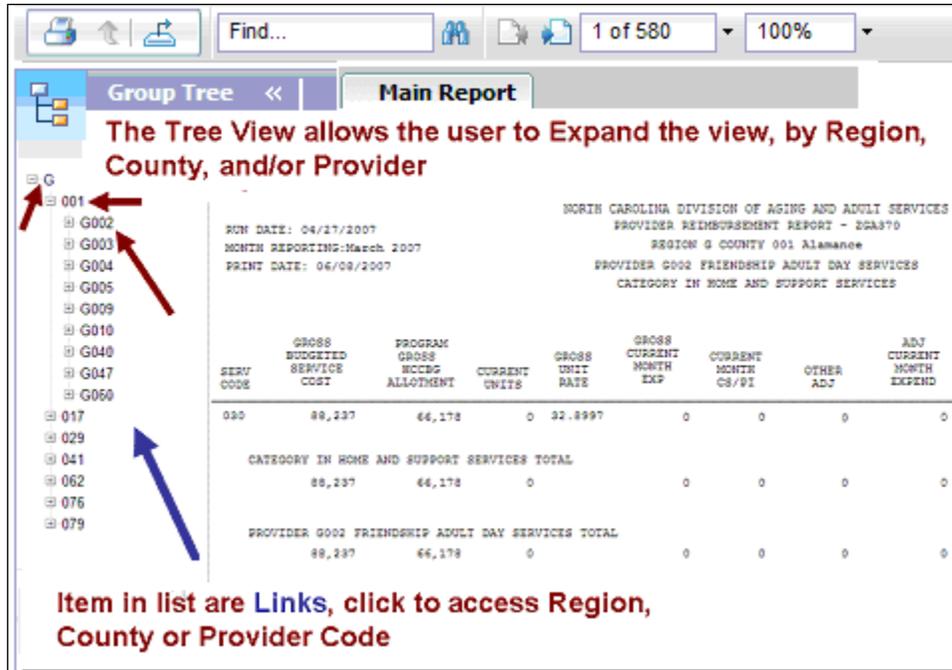


Figure 108 – Report View

### 8.1.3 Print Report

The entire report or print specific pages can be selected to print. In the example below, In-Home and Support Services were selected as highlighted in the report title. The User can select to only print the page in the view or can print a range of pages.

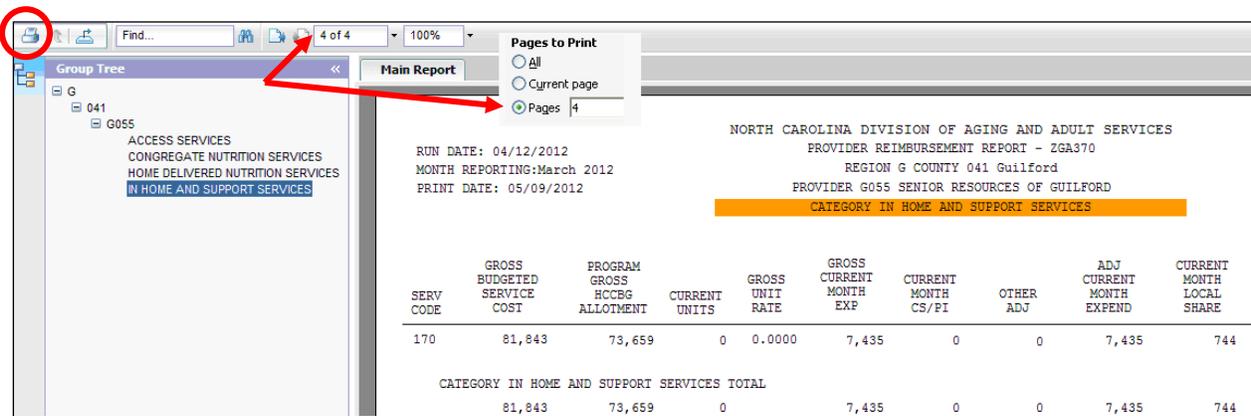


Figure 109

### 8.1.4 Report Heading

The following statement will display on several verification reports to denote the following:

*Real-Time Data Captured on this report;  
Not designed to match Reimbursement Reports*

#### **Verification Reports**

| <b>Name</b>              | <b>Description</b>   |
|--------------------------|--|
| <a href="#">ZGA542</a>   | Units of Service Verification Report                       |
| <a href="#">ZGA542-1</a> | Service Totals Summary by State                            |
| <a href="#">ZGA542-2</a> | Service Totals Summary by Region                           |
| <a href="#">ZGA542-3</a> | Service Totals Summary by County                           |
| <a href="#">ZGA542-4</a> | Service Totals Summary by Provider                         |
| <a href="#">ZGA543</a>   | Consumer Contributions/Program Income Verification Report  |
| <a href="#">ZGA544</a>   | Non-Unit Service Verification Report                       |
| <a href="#">ZGA300</a>   | Site/Route/Worker Code Table                               |
| <a href="#">ZGA301</a>   | Site/Route/Worker Code Information                         |
| <a href="#">ZGA546</a>   | Information and Assistance Contacts Report                 |
| <a href="#">ZGA547</a>   | Caregiver Unregistered I & A Contacts Report               |
| <a href="#">ZGA548-1</a> | Legal Client And Unit Verification Report                  |
| <a href="#">ZGA548-2</a> | Family Caregiver Legal Client And Unit Verification Report |
| <a href="#">ZGA549</a>   | Housing and Home Improvement Report                        |
| <a href="#">ZGA550</a>   | Care Management Persons Served Report                      |
| <a href="#">ZGA551</a>   | CONSUMER DIRECTED CARE (CDC) REPORTS                       |
| <a href="#">ZGA552</a>   | PROJECT CARE PERSONS SERVED REPORT                         |
| <a href="#">ZGA553</a>   | PROJECT CARE REPORT- STATE RECURRING                       |
| <a href="#">ZGA554</a>   | PROJECT CARE REPORT- FEDERAL ALZHEIMER'S SUPPORT SERVICES  |
| <a href="#">ZGA555</a>   | PROJECT CARE REPORT- UNC RESPITE SERVICES REPORT           |

Figure 110 - List of Verification Reports

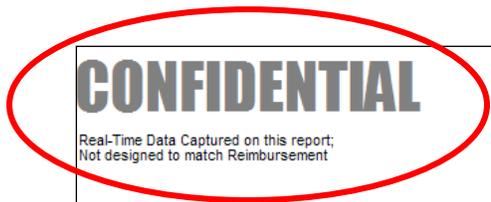
|   |  |  |
|---|--|--|
|  <p><b>CONFIDENTIAL</b></p> <p>Real-Time Data Captured on this report;<br/>Not designed to match Reimbursement</p> | <p><b>North Carolina</b></p> <p><b>Division of Aging and Adult Services</b></p> <p><b>ZGA542 - Unit of Services Verification Report</b></p> <p><b>July 1, 2008 through June 30, 2009</b></p> <p><b>FY 2009</b></p> | <p>Print Date: 8/31/2009 2:16:58PM</p> |
|   | <p>Region A    Provider A011    Site / Route 100</p>   |  |

Figure 111 - Sample Report Heading

Some reports will also have a print date and time stamp. This is useful for reports with real-time data to alert Users as to the date and time a report was generated and/or created in comparing reports.

### 8.1.5 Export Report Data

Users can Export reports to one of the format listed above by clicking the down arrow at end of prompt to select format. User can also select a Page Range depending of type of format chosen.

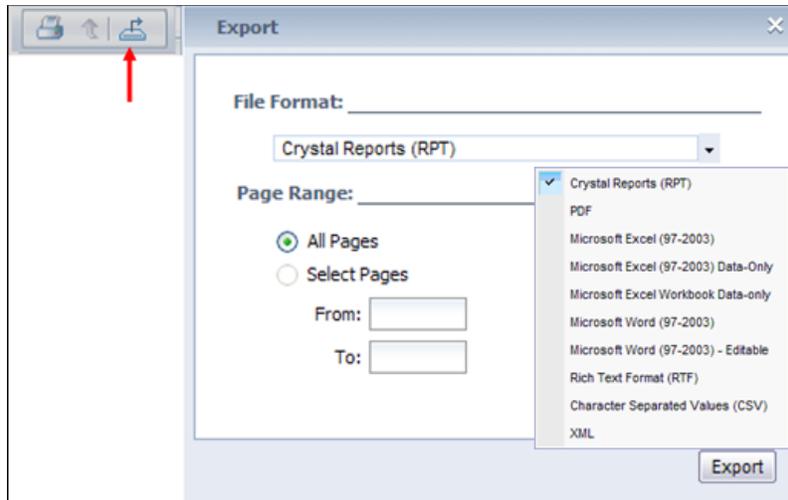


Figure 112 – Report Options to Export

## 8.2 YTD Export

### Other Reports

| Name                       | Description  |
|----------------------------|--|
| <a href="#">ZGA701</a>     | Aging Service Providers  |
| <a href="#">ZGA702-A</a>   | Provider Directory by Service                                      |
| <a href="#">ZGA702-B</a>   | Provider Directory by County                                       |
| <a href="#">ZGA903</a>     | Units of Service Report (Turnaround Document)                      |
| <a href="#">YTD Export</a> | Year to Date Data NOTE: This report is for Exporting to Excel Only |



Figure 113 - YTD Export

## 9 ARMS File Import

The File Import function in ARMS is used to import service units from a file created outside of ARMS. Using the format below, users are allowed to Import this file to ARMS. The file must match the SRW in ARMS of Active Clients and the file must be formatted correctly with a coma separating each field. An "Error Report" is generated of rejected service units. Users can print the error report and to aid in keying rejected units on-line in ARMS. Users can also correct the imported file and Import it again. The ZGA-542 Report Series will allow users to verify service units accepted.

Click the Import Data link on the Navigation Bar drop-down.

The following screen will display



### 9.1 File Import Layout

|                     |   |
|---------------------|---|
| State Fiscal Year   | 4 Characters                                |
| Region              | 1 Character                                 |
| Provider            | 4 Characters                                |
| County Code         | 3 Characters                                |
| Month               | 2 Characters                                |
| Year                | 4 Characters                                |
| Last Name           | 40 Characters                               |
| SSN                 | 4 Characters (Last 4 digits of SSN or 0000) |
| Date of Birth (DOB) | 8 Characters (Must be a valid date)         |
| Service Code        | 3 Characters                                |
| <b>Units</b>        | <b>3 Characters (Zero filled)</b>           |
| Route               | 3 Characters (Zero filled)                  |

The following is a sample data based on the above format:

```
FY,Region,ProviderCode,CountyCode,ReportMonth,ReportYear,LastName,SSN,DOB,Service,Units,SRW
2006,D,D058,097,07,2004,Poteat,1234,01000060,180,003,041
2006,D,D057,096,06,2005,Smith,5678,02000061,180,004,041
2006,D,D056,095,05,2005,Rauschenberger,9012,04000062,180,005,041
2006,D,D055,094,04,2005,Allen,3456,05000062,180,006,041
```

There is no need to pad each record to the maximum length. Using commas to separate the data means that each record is determined by the comma, not by the length of the field, thus making the file smaller and reducing the import time.

The filename can be what you want; however, he suggests that we use the extension ".CSV" instead of .TXT. CSV stands for comma separated values.

**Table 6 - ARMS File Import Layout**

## 9.2 Import ARMS Service Units

Click the Import Data link on the Navigation Bar drop-down.

Home Search Client Create/Update Client Export Reports **Import ARMS/SIS**

The following screen will display.

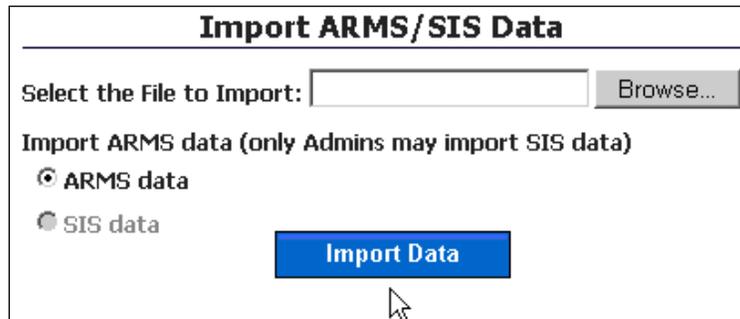


Figure 114 – Import ARMS / SIS Data

Click on **Browse...** to open the Windows File | Open Dialog to choose a file to Import

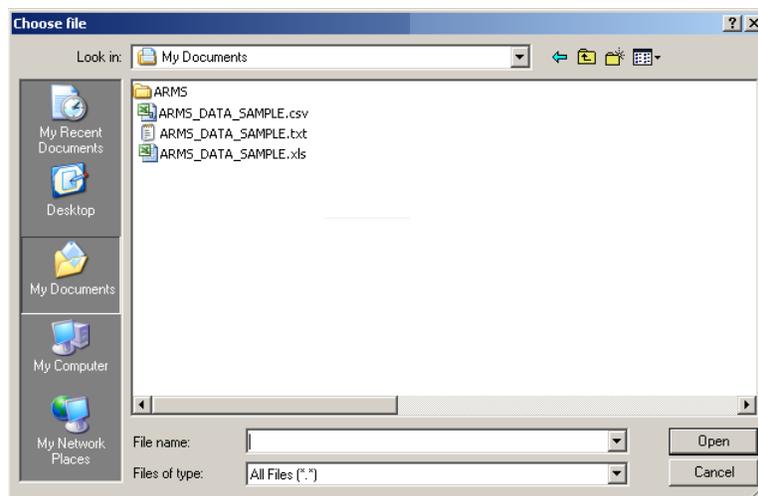


Figure 115 - Choose Import File

Only the following three data file types may be selected for import into ARMS:

1. CSV (“Comma-Separated Values,” a common database export/import format)
2. TXT (Text-only files)
3. XLS (Microsoft Excel spreadsheet format)

**NOTE:** Users must be sure that the file chosen contains the correct data

Select the appropriate file and click **Open**. Then click **Import Data** to transfer the data into ARMS.

The user will be prompted that data was successfully added to ARMS. An Error Report will display records that were not imported in ARMS.

### 9.3 Print Error Report

Users should use their Internet Browser print function to print this report. To get the entire report to print, the user may have to change the paper orientation to Landscape using the Page Setup feature of their Internet Browser. This report ONLY displays on the screen service units were rejected. The User should immediately print the error report or save the screen display.

**Rejected service units can only be corrected on-line in ARMS.**

| The following Error(s) were encountered, please correct and import your data again:                                  |             |        |          |        |       |      |          |       |            |              |       |       |
|--|-------------|--------|----------|--------|-------|------|----------|-------|------------|--------------|-------|-------|
| Error Message  | Fiscal Year | Region | Provider | County | Month | Year | LastName | SSN   | DOB        | Service Code | Units | Route |
| Provider record not found in ProviderSiteRouteWorker table, Provider Client record not found in ProviderClient table | 2012        | K      | K093     | 093    | 01    | 2012 | COPPEDGE | 2...1 | 07/10/1955 | 235          | 016   | 093   |
| Client status not Active for Import  |             |        |          |        |       | 2012 | FRIDAY   | 3766  | 02/10/1952 | 041          | 015   | 034   |
| Client record is not unique, multiple Client records found in client table   | 2012        | I      | I034     | 034    | 01    | 2012 | PLUMMER  | ...   | 02/20/1955 | 041          | 008   | 034   |

Figure 116 - Error Report

### 9.4 Error Report

| Error Message   | Causes   |
|---|--|
| <p><b>Client record is not unique, multiple client records found in client table</b></p> <p><u>Explanation of Error</u><br/> <i>No unique client record was found and multiple clients record matching same unique criteria were found</i></p>  | <p>Wrong birthday</p> <p>Wrong social security number</p> <p>Duplicate client with one inactive</p> <p>Duplicate client serviced by 2 different providers</p> <p>Wrong information on Client Registration Form – only SS# without a name, address, phone number</p> <p>Duplicate client – one in correctly</p> <p>No units entered</p> <p>Duplicate – no units on either with both inactive</p> <p>Name probably wrong (for example, found name of William for last name and could not find name in overall client list)</p> |
| <p><b>Client status no Active for Import</b></p> <p><u>Explanation of Error</u><br/> <i>One or more Client Status is Inactive on the Overall Client Record and/or the Provider Client Status</i></p>  | <p>The status of the client is not Active.</p>   |
| <p><b>Provider record not found in ProviderSiteRouteWorker table, Provider Client record not found in ProviderClient Table</b></p> <p><u>Explanation of Error</u><br/> <i>Registered client has not been added to the Provider Client list to assign service and placed on SRW. Client was not found on SRW</i></p> | <p>Wrong service code (for example, listed service code 236 instead of 042)</p> <p>No service or not assigned to provider</p> <p>Wrong service code where client has wrong SS#</p> <p>Inactive status and not on route</p> <p>Duplicate service codes with different providers – for example, service code 020 would be correct while service code 041 would not</p> <p>Client not on route but service code indicated on client record</p>  |

Table 1 - File Import Error Messages

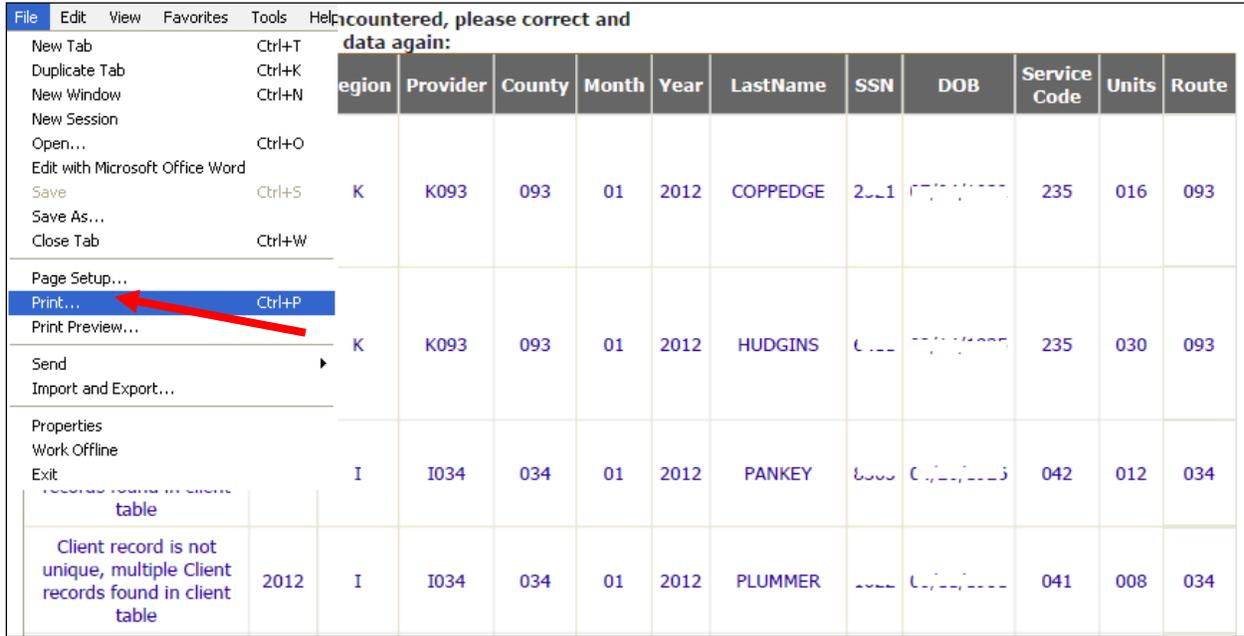


Figure 117 Print Error Report Functions

**Note:** Users may want to print the Units of Service Verification Report (ZGA-542) to verify that services units were accepted correctly.

## 10 ARMS-CNDS Error Reporting

In the illustration below, the client has two first names “Anita Marie” and a Status of “I” for Inactive. An attempt to update this client by clicking the Details link will open the client record. All the fields are grayed out until the User clicks Update at the bottom of the screen.

Index on Last Name: - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z

| Last Name | First Name  | MI | Suffix | SSN4  | Sex | Date Of Birth | Status | Registration Date |                            |
|-----------|-------------|----|--------|-------|-----|---------------|--------|-------------------|----------------------------|
| ABBE      | ANITA MARIE |    |        | 4...9 | F   | 01/01/1942    | I      | 11/3/2008         | <a href="#">Details...</a> |

Figure 118 - First Name Error

This Client has an Inactive Status prior to May 23, 2011; therefore, when Update is selected it will redirect the User to Search CNDS with the fields populated.

**Search CNDS**

Last Name\* :

First Name\* :

Sex\* :

Date Of Birth\* :  /  /

---

**List of Clients**

| Last Name | MI | First Name | Suffix | SSN4  | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|-------|-----|---------------|------|-----------|------------------------|
| ABBE      |    | ANITA      |        | 4...9 | F   | 01/01/1942    | W    | 94*****   | <a href="#">Create</a> |

Figure 119

The Action link **Create** is displayed indicating that a client by the name of Anita Abbe is in CNDS, but not in ARMS. This client has an Inactive status prior to May 23, 2011; therefore, this client did not merge with CNDS and was not part of the ARMS Client cleanup to remove the space in the first name field.

**Emergency Contact Info (ABBE, ANITA MARIE)**

Emergency Contact Person

Name: ALICE FULLER

Day Time Phone: (910) 555-5555

Evening Phone: ( ) - -

Created User: DERISSA.M.GORE  
 Created Time: 11/3/2008 11:09:48 AM  
 Last Updated User: ABDUL.HAMEED  
 Last Updated Time: 10/22/2010 4:18:21 PM

Figure 120

A search of ARMS shows this client is registered, but with a first name mismatch and has a status of Inactive.

Index on Last Name: - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z

| Last Name | First Name  | MI | Suffix | SSN4 | Sex | Date Of Birth | Status | Registration Date |                            |
|-----------|-------------|----|--------|------|-----|---------------|--------|-------------------|----------------------------|
| ABBE      | ANITA MARIE |    |        | 4..9 | F   | 05/24/1942    | I      | 11/3/2008         | <a href="#">Details...</a> |

If the User clicks the Action link Create, the ARMS Create/Update Client Record will display. The CNDS owned fields will populate and the User is allowed to complete the Client Record for Anita Abbe. But, when the User clicks Create on bottom of Client Record the record will not allow a Save because the “Client is already defined in ARMS with the same 4 digits SSN, last name and date of birth.” Although this is the same client in ARMS and CNDS, this record cannot be created in ARMS because the first name does not match the first name in CNDS.

**Create/Update Client**  
**Demographics/Status (ABBE, ANITA)**

Last 4 Digits SSN : 4..9

Client is already defined with same last 4 Digits of SSN, Last Name and Date Of Birth.

Last Name : ABBE Suffix :

First Name : ANITA

Middle Initial :

Registration Date 05 / 24 / 2012

Figure 121

## 10.1 How to Report ARMS-CNDS Data Mismatch

This type of error below must be handled by the State ARMS Administrators.

Client is already defined with same last 4 Digits of SSN, Last Name and Date Of Birth.

1. The User shall call the ARMS Administrators to request the First Name, Gender and/or Date of Birth in ARMS be changed to match CNDS. Date of Birth should not be sent via an e-mail when Client name is used. This is a security violation when used with client name.
2. The change will be made in ARMS immediately when the User speaks with ARMS Administrators. An e-mail can be sent asking the ARMS Administrators to call to assist with changing ARMS data to match CNDS.
3. The User should verify that the correct client record was changed.

## 10.2 Data that cannot be changed in ARMS

CNDS owned fields cannot be changed in ARMS.

The last 4-digits of SSN cannot be changed if CNDS returned the last 4-digits as 0000. This indicates that this is a new client added to CNDS or no client was found in CNDS with the last 4-digits keyed by the User.

The names in CNDS have been verified by the Social Security Administration and are deemed correct by CNDS.

The last name, first name, gender, date of birth or the last 4-digits SSN cannot be changed in CNDS if client is part of a federal program unless verified and proven that CNDS is incorrect. These changes can only be done by a DSS agency or CNDS staff.

# Appendix

## Appendix A - Updating Assessments Details

To Add an Assessment for a Client with **NO** Assessment or Missing Assessments, the users should click the **Add/Update Services** button to change the Client Service Status as outlined in the image below.

| Add/Update Services  |                    | <u>Steps to Add Missing Assessments</u> |      |                |   |                  |        |                              |                |                    |                              |                   |                   |                              |                    |        |   |
|--|--------------------|---|------|----------------|---|------------------|--------|------------------------------|----------------|--------------------|------------------------------|-------------------|-------------------|------------------------------|--------------------|--------|---|
| <div style="border: 1px solid black; padding: 5px;"> <p><b>Provider Client Assessment</b></p> <p>Provider Code : G010      Agency Name : ADULT CENTER FOR ENRICHMENT<br/>           Last 4Digits of SSN : . . . .      Date Of Birth : 10/4, . . . . .<br/>           First Name : HEN      Last Name : CAMP</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Service Code</th> <th>Name</th> <th>Service Status</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 155</td> <td>ADULT DAY HEALTH</td> <td>Active</td> </tr> <tr> <td><input type="checkbox"/> 309</td> <td>RESPIRE, GROUP</td> <td>Active<br/>Inactive</td> </tr> <tr> <td><input type="checkbox"/> 833</td> <td>FC-SUPPORT GROUPS</td> <td>Waiting<br/>Active</td> </tr> <tr> <td><input type="checkbox"/> 842</td> <td>FC-IN-HOME RESPITE</td> <td>Active</td> </tr> </tbody> </table> <p style="text-align: right;"> <input type="button" value="Next"/>    <input type="button" value="Cancel"/> </p> </div> |                    | Service Code                            | Name | Service Status | <input checked="" type="checkbox"/> 155 | ADULT DAY HEALTH | Active | <input type="checkbox"/> 309 | RESPIRE, GROUP | Active<br>Inactive | <input type="checkbox"/> 833 | FC-SUPPORT GROUPS | Waiting<br>Active | <input type="checkbox"/> 842 | FC-IN-HOME RESPITE | Active | <ol style="list-style-type: none"> <li>1. Click <b>Add/Update Services</b></li> <li>2. Change the Client Service Status to Inactive</li> <li>3. Click Next</li> <li>4. Click Finish</li> <li>5. Same Client, click Add/Update Services again</li> <li>6. Change Client Service Status to Active</li> <li>7. Click Next</li> </ol> |
| Service Code   | Name               | Service Status                          |      |                |   |                  |        |                              |                |                    |                              |                   |                   |                              |                    |        |   |
| <input checked="" type="checkbox"/> 155  | ADULT DAY HEALTH   | Active                                  |      |                |   |                  |        |                              |                |                    |                              |                   |                   |                              |                    |        |   |
| <input type="checkbox"/> 309   | RESPIRE, GROUP     | Active<br>Inactive                      |      |                |   |                  |        |                              |                |                    |                              |                   |                   |                              |                    |        |   |
| <input type="checkbox"/> 833   | FC-SUPPORT GROUPS  | Waiting<br>Active                       |      |                |   |                  |        |                              |                |                    |                              |                   |                   |                              |                    |        |   |
| <input type="checkbox"/> 842   | FC-IN-HOME RESPITE | Active                                  |      |                |   |                  |        |                              |                |                    |                              |                   |                   |                              |                    |        |   |

Table 7 - Add Missing Assessment

More information can be found in [Appendix J \(Missing Assessment\)](#)

## Appendix B – Provider Client Export

This Provider Client Export can be found under Other Reports. This Export files will Open in MS-Excel and can be Saved as an Excel file on the User’s computer. The Excel file can be imported into MS-Access or other applications. This Export file includes the Provider Client Status of **Active** and **Inactive**. Some Inactive clients may not appear on the Provider Client List in ARMS, but may display in the Export file if Client had an Inactive Status in prior year(s).

The screenshot shows a web application menu with the following items: Home, Search Client, Create/Update Client, Export, **Reports**, and Import ARMS/SIS. Under the Reports menu, several categories are listed: Reimbursement Reports, Demographic Reports, Verification Reports, Financial Reports, Client/Waiting Lists, NAPIS Reports, and **Other Reports**. Below this, a table lists the following reports:

| Name                                 | Description                                   |
|--------------------------------------|---|
| <a href="#">ZGA702-A</a>             | Provider Directory by Service                 |
| <a href="#">ZGA702-B</a>             | Provider Directory by County                  |
| <a href="#">ZGA702-C</a>             | Block Grant Service Provider                  |
| <a href="#">ZGA702-D</a>             | Total Unduplicated Service Provider Summary   |
| <a href="#">ZGA903</a>               | Units of Service Report (Turnaround Document) |
| <a href="#">YTD Export</a>           | Export Year to Date Reimbursement Data        |
| <a href="#">ProviderClientExport</a> | Export Provider Client Information            |

Figure 122 - Other Reports

When the ProviderClientExport is selected, Provider users will be able to Export all of their clients by service. This report is by service; therefore, if clients received more than one service by this Provider they will be duplicated.

The screenshot shows a form titled "Report - ProviderClientExport" with the subtitle "Export Provider Client Information". The form contains the following fields:

- Fiscal Year: 2013
- Region: All
- County: All
- Provider: All
- Service: All

At the bottom of the form is a button labeled "Export to File".

Figure 123 - Export Provider Client Information

## Provider Client Export Column Definitions

| Column Name       | Description   |
|-------------------|---|
| ID                | Last 4-digits of Client SSN   |
| Region Code       | Region  |
| Region Name       | Name of Area Agency   |
| Provider Code     | Code assigned to Provider Agency  |
| Provider Name     | Name of Provider Agency   |
| County Code       | Three digit county code   |
| County Name       | Name of County  |
| Service Code      | Three digit service code  |
| Service Name      | Name of Service   |
| Registration Date | Date of Client Registration   |
| Activation Date   | Date Client Status Changed  |
| Last Name         | Last name of Client   |
| First Name        | First name of Client  |
| Middle Initial    | Middle Initial of Client  |
| DOB               | Date of Birth of Client   |
| Age               | Age of Client at time report created  |
| Gender            | Gender of Client  |
| Marital Status    | Marital Status of Client<br><br>R=Refused To Answer<br>S=Single (divorced/widowed)<br>M=Married<br>N=Single (never married)   |
| Household Size    | Size of Client Household<br><br>G=Group/Shared Home<br>R=Refused to answer<br>3=3 or more in home<br>1=Lives Alone<br>2=2 in home   |
| Race              | Race of Client  |
| Hispanic/Latino   | Client Ethnicity – Response legend below<br><br>N = NOT HISPANIC/LATINO<br>P = HISPANIC PUERTO RICAN<br>U = UNREPORTED<br>C = HISPANIC CUBAN<br>H = HISPANIC OTHER<br>M = HISPANIC MEXICAN AMERICAN |

|                                |   |
|--------------------------------|---|
| Street1                        | Address where Client live   |
| Street2                        | Additional address of Client  |
| City                           | City where Client live  |
| State                          | State where Client live   |
| Zip                            | Zip Code where Client live  |
| Client Phone                   | Telephone number of Client  |
| Contact Person Name            | Emergency Contact Person Name   |
| Contact Day Phone              | Emergency Contact Daytime Telephone number  |
| Contact Eve Phone              | Emergency Contact Evening Telephone number  |
| Provider Client Status         | Status of Provider Client   |
| Established Date               | Date Client was assigned to Provider Agency   |
| Fiscal year                    | Current State Fiscal Year   |
| Primary Language               | Primary Language of Client  |
| Below Poverty                  | At or below Poverty Level – <b>Y</b> =Yes if the client has income at or below 100% of the poverty level and <b>N</b> =No if the client is above 100% of the poverty level. |
| Provider Client Service Status | Client Service Status – <b>A</b> =Active / <b>I</b> =Inactive / <b>W</b> =Waiting   |
| Assessment Date                | Date of Last Assessment   |

## Appendix C - Remove Inactive and Dead Clients from SRW

There is NO feature in ARMS at this time to automatically remove Clients with an Inactive or Death Status from SRWs. Therefore, Users should manually remove these client that are highlighted in Red where no service units have be keyed for the Fiscal year.

Provider Users should click the Service link on their home screen to access SRWs. Click the SRW link and then click the Details link of the SRW to edit and/remove these clients.

| Code | Provider                     | Status | Address                  | City       |                            |                            |                             |
|------|------------------------------|--------|--------------------------|------------|----------------------------|----------------------------|-----------------------------|
| G055 | SENIOR RESOURCES OF GUILFORD | A      | 301 E. WASHINGTON STREET | GREENSBORO | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

| SRWCode | Description       | Region | County   | Service                       |                            |                                   |
|---------|-------------------|--------|----------|-------------------------------|----------------------------|-----------------------------------|
| 400     | MEDICAL TRANSPORT | G      | Alamance | TRANSPORTATION (MEDICAL)(033) | <a href="#">Details...</a> | <a href="#">Service Totals...</a> |
| 401     | GENERAL TRANSP    | G      | Alamance | TRANSPORTATION(250)           | <a href="#">Details...</a> | <a href="#">Service Totals...</a> |

Provider Site/Route/Worker Service Totals

Provider: ALAMANCE CO TRANSP  
Service: TRANSPORTATION (MEDICAL)

**Remove Inactive / Dead Clients from SRWs**

| SSN# | Name             | Status | Date Of Birth | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|------|------------------|--------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 0    | ALBRIGHT CLAUDIA | I      | 11/1/29       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 8    | ALDRIDGE IONA    | A      | 3/7/11        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 0    | ALDRIDGE RUTH    | D      | 4/2/00        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 3    | ALFORD NANCY     | A      | 7/7/77        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 8    | ALLEN ELIZABETH  | A      | 11/2/77       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 7    | ALLISON BARBARA  | I      | 7/11/9        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 8    | ALLISON MARJORIE | A      | 7/25/8        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 0    | ANDERSON DELSIE  | I      | 2/9/11        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 2    | ANDREWS BETTY    | A      | 3/11/21       |     |     |     |     |     |     |     |     |     |     |     |     |       |

Message from webpage

**This client can't be removed from Site Route Worker, Client has service totals**

OK

Provider Code: 00 - MEDICAL TRANSPORT  
Agency Name: ALAMANCE CO TRANSPORTATION (MEDICAL)  
Region: Alamance  
County: Alamance  
Service: TRANSPORTATION (MEDICAL)  
Site/Route/Worker: 000 - MEDICAL TRANSPORT  
Description: TRANSPORTATION (MEDICAL)  
CreateUser: MICHELLE.C.CARTER  
CreateTime: 8/1/2007 3:30:09 PM  
ModifyUser: MICHELLE.C.CARTER  
ModifyTime: 8/7/2014 5:03:19 PM  
Clients:

| SSN# | Name             | Sex | Date Of Birth | Client Status |          |         |
|------|------------------|-----|---------------|---------------|----------|---------|
| 0    | ALBRIGHT CLAUDIA | F   | 11/1/29       | A             | [Remove] | Details |
| 8    | ALDRIDGE IONA    | F   | 3/7/11        | A             | [Remove] | Details |
| 0    | ALDRIDGE RUTH    | F   | 4/2/00        | A             | [Remove] | Details |
| 3    | ALFORD NANCY     | F   | 7/7/77        | A             | [Remove] | Details |
| 8    | ALLEN ELIZABETH  | F   | 11/2/77       | A             | [Remove] | Details |
| 7    | ALLISON BARBARA  | F   | 7/11/9        | A             | [Remove] | Details |
| 8    | ALLISON MARJORIE | F   | 7/25/8        | A             | [Remove] | Details |
| 0    | ANDERSON DELSIE  | F   | 2/9/11        | A             | [Remove] | Details |
| 2    | ANDREWS BETTY    | F   | 3/11/21       | A             | [Remove] | Details |
| 3    | ANDREWS PATRICIA | F   | 7/11/21       | A             | [Remove] | Details |

**Clients highlighted in Red can be removed from the Site/Route/Worker Service Totals if no service units has been keyed.**

Updated image – 8/12/2014

See also [Appendix L](#)

## Appendix D - Password reset

Users are now allowed to change their WIRM password after the password has expired ONLY if the knows the correct old password used to login. The screen below will display to allow Users to change their password to a new password. As soon as the password has successfully changed, the User will be able to login to WIRM with the new password.

This change has been implemented to help ARMS Users when their password expired when User have not logged into WIRM Portal within 10 days before the password is due to expire. In this case the User is not prompted that password will expire in set number of days; therefore, not giving User the chance to reset the password at that time. This will only work if the User knows the previous or last used password to access the WIRM Portal. Too many attempts will lock the User out; therefore, a call or e-mail for a Reset will be required. E-mail [DHHS.Customer.Support.Center@dhhs.nc.gov](mailto:DHHS.Customer.Support.Center@dhhs.nc.gov).



Old Password :

New Password :

Verify New Password :

Your password has expired.  
You must change it to login.

If you do not know the temp password reset, Users can call David McPhun at 919-855-3432.

## Appendix E - Internet Explorer Compatibility Mode/Issue

If ARMS does not display properly in Internet Explorer, click on the "Compatibility Mode" icon.



The icon is to the right of the address (URL) bar, just to the left of the refresh icon. The Compatibility Mode icon looks a bit like a page that has been torn in half.

## Appendix F - CNDS Return 0000 to ARMS Client for SSN4

If a client record is updated that is **NOT** in CNDS,  
the last 4-digit of SSN will return **0000** as the 4-digit SSN

### Create/Update Client Demographics/Status (SMITH, JOHN)

|                     |   |  |                                    |  |
|---------------------|---|--|------------------------------------|--|
| Last 4 Digits SSN : | <input type="text" value="0000"/>             |  |                                    |  |
| Last Name :         | <input type="text" value="SMITH"/>            | Suffix : <input type="text" value=""/> |                                    |  |
| First Name :        | <input type="text" value="JOHN"/>             |  |                                    |  |
| Middle Initial :    | <input type="text" value="W"/>                |  |                                    |  |
| Status:             | <input type="text" value="NEW REGISTRATION"/> |  |                                    |  |
| Registration Date   | <input type="text" value="03"/> /             | <input type="text" value="22"/> /      | <input type="text" value="2011"/>  |  |
| Date Of Birth :     | <input type="text" value="1"/> /              | <input type="text" value="0"/> /       | <input type="text" value="19"/>    | <input type="checkbox"/> Special Eligibility |
| Address :           | <input type="text" value="1. BOWEN AVE"/>     |  |                                    |  |
|                     | <input type="text" value=""/>                 |  |                                    |  |
|                     | <input type="text" value="MOREH"/>            | <input type="text" value="NC"/>        | <input type="text" value="28111"/> | <input type="text" value=""/>                |
| County :            | <input type="text" value="C..."/>             |  |                                    |  |

## Appendix G - CNDS Action - Update vs Create

**Search CNDS**

Last Name\* : SMITH

First Name\* : JOHN

Sex\* : Male

Date Of Birth\* : 03 / 26 / 1910

**List of Clients**

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth         | Race | Person ID  | Action                 |
|-----------|----|------------|--------|------|-----|-----------------------|------|------------|------------------------|
| SMITH     | M  | JOHNNIE    |        | 7 28 | M   | <del>03/26/1910</del> | W    | 9410.....L | <a href="#">Create</a> |
| SMITH     | B  | JOHN       |        | 1 15 | M   | <del>03/26/1910</del> | B    | 91.....P   | <a href="#">Update</a> |
| SMITH     | W  | JOHN       |        | 15 7 | M   | <del>03/26/1910</del> | B    | 9.....L    | <a href="#">Create</a> |
| SMITH     |    | JOHNNIE    |        | 9 15 | M   | <del>03/26/1910</del> | B    | 9.....L    | <a href="#">Create</a> |
| SMITH     | C  | JOHN       |        | 1 9  | M   | <del>03/26/1910</del> | W    | 94L.....P  | <a href="#">Create</a> |

Create = Client is in CNDS and not ARMS

If user selects a Client with Create in the Action column, the user can add this new client to ARMS

Update = Client is in ARMS and CNDS

If client is on this list, click update to assign CNDS Person Id to ARMS Client

After a thorough search and review, if Client is not on the list then and only then click Create New Person. Creating a New Person without a thorough review can lead to adding a duplicate client record in CNDS that will need to be deleted.

## Appendix H – Client Status = R

### What does the **R** mean on the Client Record?

The Client Status of "R" is assigned to new clients added in the current fiscal year. At the start of a new year all Client Status that have "R" for New Registration will automatically convert to Active (A).

| Provider Client Details            |                               |
|------------------------------------|-------------------------------|
| Provider Code :                    | L068                          |
| Agency Name :                      | SCOTLAND NECK MEALS ON WHEELS |
| Last 4 Digits SSN :                | 5842                          |
| Name :                             | EMMERE KATE                   |
| Provider Client Established Date : | 08 / 08 / 2007                |
| Provider Client Status :           | Active                        |
| Client Status :                    | R — R=New Registration        |
| Date Of Birth :                    | 5/14/1910                     |
| Registration Date                  | 8/8/2007                      |
| Address :                          | 1710 GUNDSUM CT               |
| City :                             | SCOTLAND NECK                 |
| State :                            | NC                            |
| Zip :                              | 27874                         |
| County :                           | Halifax                       |
| Phone :                            | (252) 333-1010                |
| Sex :                              | Female                        |
| Marital Status :                   | Single (divorced/widowed)     |
| Emergency Contact Person           |                               |

## Appendix I – SRW Edit Check

### SRW Edit Check

An **Edit Check** will be implemented on the Services Totals data entry screen that will look at the Functional Status of Clients served and/or the Functional Status of the Caregiver's Care Recipients. The following error message will display when service units are keyed for a client with an incorrect or missing functional status for clients or the care recipient.

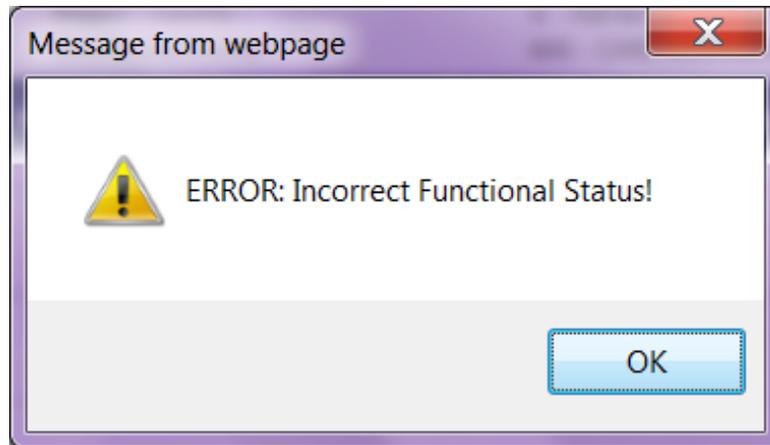


Figure 124 - Error Message Alert

The new edit checks will not allow an Update to Save for a SRW if units from previous months has already been reimbursed for a client(s) with an Incorrect Functional Status.

Users may want to re-check functional status before keying units on SRWs with existing units by first clicking Update on the Services Totals data entry screen. This will alert the User in case the functional status changed during a re-assessment. Units with Incorrect Functional Status will turn **Red**. The units in **Red** will allow Users to see clients and caregivers' care recipient with an Incorrect Functional Status.

Removing units in **Red** from SRW to allow an Update to Save must be re-keyed after updating the functional status. ~~If any units in **Red** from previous months that have been reimbursed, this may cause a reduction in the next reimbursement period.~~

## Screen Changes

**View Client**  
**Demographics/Status (JONES, DELORES)**

To update this client, click "Update" at the bottom of

|  |                               |                                     |                     |
|--|-------------------------------|-------------------------------------|---------------------|
| Last 4 Digits SSN :                        |                               |                                     |                     |
| Last Name :                                | JONES                         | Suffix :                            |                     |
| First Name :                               | DELORES                       |                                     |                     |
| Middle Initial :                           | G                             |                                     |                     |
| Status:                                    | ACTIVE                        |                                     |                     |
| Registration Date                          | 07 / 30 / 2012                |                                     |                     |
| Assessment Last Updated By Provider Code : | Q007                          |                                     |                     |
| Assessment Last Update :                   | 8/1/2012                      |                                     |                     |
| Functional Status :                        | Self-reported score: 1 - WELL |                                     |                     |
| Nutrition Health Score :                   | High Risk Of Malnutrition     |                                     |                     |
| Date Of Birth :                            | C: / 17 / 1                   | <input checked="" type="checkbox"/> | Special Eligibility |
| Address :                                  |                               |                                     |                     |

New items added to the Client Demographic and Provider Client / Care Recipient Screens

Figure 125 - Client Screen Change

## Provider Client

**Provider Client Details**

|  |                               |
|--|-------------------------------|
| Provider Code :                          | Q00                           |
| Agency Name :                            | BEAUFORT COUNTY DSS           |
| Last 4 Digits SSN :                      | 3751                          |
| Name :                                   | JONES DELORES                 |
| Provider Client Established Date :       | 08 / 10 / 2012                |
| Provider Client Status :                 | Active                        |
| Provider Client Assessment Date :        | 8/1/2012                      |
| Provider Client Functional Status :      | Self-reported score: 1 - WELL |
| Provider Client Nutrition Health Score : | High Risk Of Malnutrition     |
| Client Status :                          | A                             |
| Date Of Birth :                          | 4 / 17 / 1958                 |
| Registration Date                        | 7/30/2012                     |

New items added to the Client Demographic and Provider Client / Care Recipient Screens

Figure 126 - Provider Client Screen

## Provider Client Assessment Date

**Provider Client Assessment Date** will display the most recent Assessment for this Client. N/A will be displayed for services where no Nutrition Health Score is required. The Edit Check will look at the most recent Assessment Date.

| Provider Client Services    |                                 |                        |                            |
|-----------------------------|---------------------------------|------------------------|----------------------------|
| Service Code                | Service Name                    | Service Status         | Allow Care Recipients      |
| 042                         | IN-HOME LEVEL 2 - PERSONAL CARE | A                      | No                         |
| Add/Update Services         |                                 |                        |                            |
| Provider Client Assessments |                                 |                        |                            |
| Assessment Date             | Functional Status               | Nutrition Health Score |                            |
| 7/18/2012                   | High Risk                       | Good Nutrition         | <a href="#">Details...</a> |
| 1/25/2011                   | High Risk                       | Good Nutrition         | <a href="#">Details...</a> |
| 7/27/2010                   | High Risk                       | Good Nutrition         | <a href="#">Details...</a> |
| 1/5/2010                    | High Risk                       | Good Nutrition         | <a href="#">Details...</a> |
| 1/12/2009                   | High Risk                       | Good Nutrition         | <a href="#">Details...</a> |

Figure 127 - Assessment Dates

## Provider Client Functional Status

In this example, the functional status for this in-home aide client is “Well” with a last assessment date of June 4, 2008.

**Provider Client Details**

Provider Code : 1031  
 Agency Name : DAVIE CO HOME HEALTH AGENCY  
 Last 4 Digits SSN : ..14  
 Name : BURTON SADIE  
 Provider Client Established Date : 06 / 04 / 2008  
 Provider Client Status : Active  
 Provider Client Assessment Date : 6/4/2008  
 Provider Client Functional Status : Well  
 Provider Client Nutrition Health Score : N/A  
 Client Status : A

State : NC Update

**Provider Client Services**

| Service Code        | Service Name                      | Service Status | Allow Care Recipients |
|---------------------|-----------------------------------|----------------|-----------------------|
| 043                 | IN-HOME LEVEL 2 - HOME MANAGEMENT | A              | No                    |
| Add/Update Services |                                   |                |                       |

**Provider Client Assessments**

| Assessment Date | Functional Status | Nutrition Health Score |                            |
|-----------------|-------------------|------------------------|----------------------------|
| 6/4/2008        | Well              | N/A                    | <a href="#">Details...</a> |

The functional status for this In-Home Level 2 service should not be “Well”  
 This assessment must be updated to allow an Update to Save units on SRW

Figure 128 - Provider Client Functional Status

## Check Functional Status - Existing Clients

**Provider Site/Route/Worker Service Totals**

Provider: DAVIE CO HOME HEALTH AGENCY(1031)      Region - County : G - Davie  
 Service : IN-HOME LEVEL 2 - HOME MANAGEMENT(043) [ Maximum monthly units: 200 ]      Site/Route/Worker : 309 - HOME MANAGEMENT

**ERROR: Incorrect Functional Status.**

| SSN# | Name             | Status | Date Of Birth             | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|------|------------------|--------|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 10   | ARMSWORTHY BARRY | A      | 12/11/1962<br>12:00:00 AM | 7   |     |     |     |     |     |     |     |     |     |     |     | 7     |
| 5    | BURTON SADIE     | A      | 7/11/1962<br>12:00:00 AM  | 7   |     |     |     |     |     |     |     |     |     |     |     | 7     |
| ---  | LEQUIRE MYRTLE   | A      | 10/11/1960<br>12:00:00 AM | 3   |     |     |     |     |     |     |     |     |     |     |     | 3     |
| --   | WHITAKER MARTHA  | A      | 5/11/1967<br>12:00:00 AM  | 8   |     |     |     |     |     |     |     |     |     |     |     | 8     |
|      |                  |        |                           | 25  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 25    |

**If service units have been keyed for previous months, click Update to view Clients with incorrect functional status before new service units are added. Update Client Assessments before you key additional service units. You will not be able to save the SRW if any Client on the SRW has an incorrect functional status. You will have to remove existing service units in Red before an Update will allow a Save.**

Figure 129 - SRW Data Entry Screen

The functional status for this In-Home Level 2 service should not be **“Well”**

The assessment must be updated to allow an Update to Save units on SRW

**Note:** This only applies to SRWs with existing service units. If no service units have been keyed for a Client or the SRW is not required

**Provider Site/Route/Worker Service Totals**

Provider: DAVIE CO HOME HEALTH AGENCY(1031)      Region - County : G - Davie  
 Service : IN-HOME LEVEL 2 - HOME MANAGEMENT(043) [ Maximum monthly units: 200 ]      Site/Route/Worker : 309 - HOME MANAGEMENT

| SSN# | Name             | Status | Date Of Birth | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|------|------------------|--------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 1    | ARMSWORTHY BARRY | A      | 12:00:00 AM   | 7   |     |     |     |     |     |     |     |     |     |     |     | 7     |
| 5    | BURTON SADIE     | A      | 12:00:00 AM   | 7   |     |     |     |     |     |     |     |     |     |     |     | 7     |
| 1    | LEQUIRE MYRTLE   | A      | 12:00:00 AM   |     |     |     |     |     |     |     |     |     |     |     |     |       |
| 5    | WHITAKER MARTHA  | A      | 12:00:00 AM   |     |     |     |     |     |     |     |     |     |     |     |     |       |

**Provider Site/Route/Worker Service Totals**

Provider: DAVIE CO HOME HEALTH AGENCY(1031)      Region - County : G - Davie  
 Service : IN-HOME LEVEL 2 - HOME MANAGEMENT(043) [ Maximum monthly units: 200 ]      Site/Route/Worker : 309 - HOME MANAGEMENT

**ERROR: Incorrect Functional Status.**

| SSN# | Name             | Status | Date Of Birth | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|------|------------------|--------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 1    | ARMSWORTHY BARRY | A      | 12:00:00 AM   | 7   |     |     |     |     |     |     |     |     |     |     |     | 7     |
| 5    | BURTON SADIE     | A      | 12:00:00 AM   | 7   |     |     |     |     |     |     |     |     |     |     |     | 7     |
| 1    | LEQUIRE MYRTLE   | A      | 12:00:00 AM   |     |     |     | 3   |     |     |     |     |     |     |     |     | 3     |
| 5    | WHITAKER MARTHA  | A      | 12:00:00 AM   |     |     |     | 8   |     |     |     |     |     |     |     |     | 8     |
|      |                  |        |               | 25  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 25    |

**Update**

Update    Verify    Provider Budgets    Cancel

Figure 130 - SRW Screen

In this example, the units in **Red** must be removed to allow an Update for this SRW. Clicking Ok will continue to allow units keyed, but User will not be able to **Update** this SRW until all units in **Red** are removed. Therefore, it is important to make sure that existing Clients on SRW have a correct functional status before keying by clicking the Update button to show you Clients with units in **Red**. This will allow the Users to note Clients that have Incorrect Functional Status. User should click Cancel and update Provider Clients' assessments before keying units on SRW. Clicking **OK** only clears the error message and allow Users to continue keying service units.

With the implementation of edit check by service code, Clients without an assessment will not allow Users to key service units on the SRW.

The Edit Check is checking the functional status of the most recent assessment date.

## Waiting for Service(s)

The Edit Check fixes the issue of units being keyed for clients waiting for the same service they have a Service Status of Waiting. Users will have to update the **Service Status** to **Active** to allow Assessment screens to allow an Update.

Users will still be allowed to add clients with a Service Status of Waiting to SRWs, but if **NO** assessment is found when service units are keyed, Users will immediately receive an error message.

In order for units to be keyed for a Provider Client with **No Assessments**, the Users shall select **Add/Update Services** to display the Provider Client Assessment screen.



Figure 131 - Add/Update Services

Change the Service Status to Active and select Next will cause the Assessment Screen to display for data entry. The User should complete the Assessments.

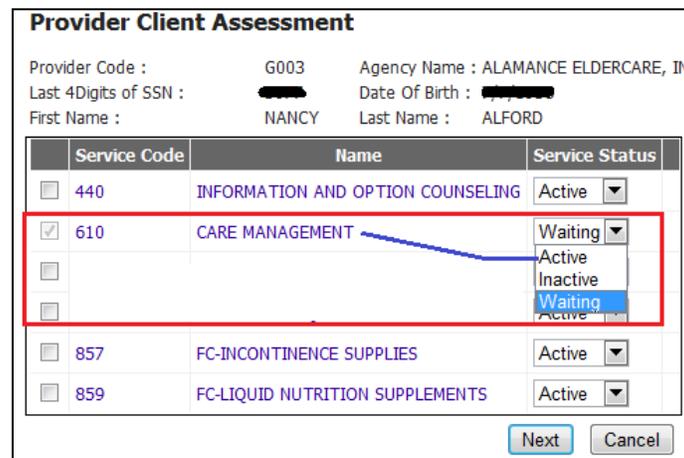


Figure 132 - Change Service Status

## Missing Assessment

For Clients with no **Missing Assessment** with a Service Status of **Active**, the User will have to select **Add/Update Services** to change the Service Status from **Active** to **Inactive** and then back to **Active** as a way to “*trigger*” ARMS to display Assessment Screens

**Provider Client Details**

Provider Code : G009  
 Agency Name : HOMECARE PROVIDERS  
 Last 4 Digits SSN :  
 Name : BRADSHAW LARRY  
 Provider Client Established Date : 08 / 01 / 2007  
 Provider Client Status : Active

Provider Client Assessment Date :  
 Provider Client Functional Status :  
 Provider Client Nutrition Health Score :

Client Status : A  
 Date Of Birth :  
 Registration I : Update cancel

Address :  
 City :  
 State :  
 Zip :  
 County :  
 Phone :  
 Sex :  
 Marital Status :  
 Emergency Name :

**Provider Client Services**

| Service Code | Service Name                    | Service Status | Allow Care Recipients |
|--------------|---------------------------------|----------------|-----------------------|
| 045          | IN-HOME LEVEL 3 - PERSONAL CARE | A              | No                    |

Add/Update Services

**Provider Client Assessments**

Add Missing Assessment(s)

Figure 133 - Add Missing Assessment

To Add Missing Assessment click **Add/Update Services**. The Provider Client Assessment screen will display to allow the Service Status to be temporarily changes to Inactive.

1. Click **Add/Update Services**
2. Change the Client Service Status to Inactive (temporarily)
3. Click Next
4. Click Finish
5. Same Client, click Add/Update Services again
6. Change Client Service Status to Active

**Provider Client Assessment**

Provider Code : G010 Agency Name : ADULT CENTER ENRICHMENT  
 Last 4Digits of SSN : --- Date Of Birth : 10/4, ----  
 First Name : HEN Last Name : CAMP

| Service Code                            | Name                 | Service Status |
|---|----------------------|----------------|
| <input checked="" type="checkbox"/> 155 | ADULT DAY HEALTH     | Active         |
| <input type="checkbox"/> 309            | RESPIRE, GROUP       | Active         |
| <input type="checkbox"/> 833            | FC-SUPPORT GROUPS    | Waiting        |
| <input checked="" type="checkbox"/> 835 | FC-TRAINING PROGRAMS | Active         |

Next Cancel

Figure 134 - Change Service Status Back to Active

**Provider Client Assessment**

Provider Code : G010 Agency Name : ADULT CENTER ENRICHMENT  
 Last 4Digits of SSN : --- Date Of Birth : 10/4, ----  
 First Name : HEN Last Name : CAMP

| Service Code                            | Name               | Service Status |
|---|--------------------|----------------|
| <input checked="" type="checkbox"/> 155 | ADULT DAY HEALTH   | Active         |
| <input type="checkbox"/> 309            | RESPIRE, GROUP     | Active         |
| <input type="checkbox"/> 833            | FC-SUPPORT GROUPS  | Waiting        |
| <input type="checkbox"/> 842            | FC-IN-HOME RESPITE | Active         |

Next Cancel

Figure 135 - Change Service Status to Inactive

7. Click **Next**. The Assessment Screens will display for data entry. It appears the client illustrated below has a completed assessment. But there are two key factors that indicate there is no Provider Client Assessment for the client.

**Provider Client Details**

Provider Code : [I031](#)  
 Agency Name : [DAVIE CO HOME HEALTH AGENCY](#)  
 Last 4 Digits SSN : [...](#)  
 Name : [ARMSWORTHY BARRY](#)  
 Provider Client Established Date : 08 / 01 / 2007

Provider Client Status : Active

Provider Client Assessment Date : 12/27/2006  
 Provider Client Functional Status : Well  
 Provider Client Nutrition Health Score : Moderate Risk of Malnutrition

Client Status : A  
 Date Of Birth : 11/11/1926  
 Registration Date : 12/27/2006  
 Activation Date : 12/27/2006  
 Address : 307 ...  
 City : ...  
 State : NC  
 Zip : 27...  
 County : ...  
 Phone : ...  
 Sex : Male  
 Marital Status : Unknown

Emergency Contact Person  
 Name : ...  
 Day Time Phone : (...)  
 Evening Phone : (...)

**Provider Client Services**

| Service Code | Service Name                      | Service Status | Allow Care Recipients |
|--------------|-----------------------------------|----------------|-----------------------|
| 043          | IN-HOME LEVEL 2 - HOME MANAGEMENT | A              | No                    |

**Provider Client Assessments**

| Assessment Date | Functional Status       | Nutrition Health Score        |                            |
|-----------------|-------------------------|-------------------------------|----------------------------|
| 12/27/2006      | Old Functional Score: 2 | Moderate Risk of Malnutrition | <a href="#">Details...</a> |

Figure 136 - Provider Client Details - Illustrating Old Assessment

- The Assessment Date of **12/27/2006** shows that this in-home client has not been re-assessed since 2006.
- Functional status = **Old Functional Score: 2** that also shows this client has not been re-assessed with new assessment criteria since migrating to Web-based ARMS.

When the Details link is selected, this screen will display. Users should select **Cancel** and repeat Add/Updates Services to trigger ARMS to display the Assessment screen.

**Provider Client Assessment Details**

Assessment Date: 12 / 27 / 2006

View / Correct (no new assessment date needed)  
 New Assessment / Re-Assessment (requires a new assessment date)

Overall Functional Status:  WELL  AT RISK  HIGH RISK

Figure 137 - Provider Client Assessment Details

## Edit Check Summary

1. The Edit Check is on the SRWs
  2. Client must have a correct functional status
  3. Click Update to view existing Clients on SRW to find those that do not have a correct functional status for the service
  4. Correct functional status of clients with Units in **Red** before keying
  5. If no assessment or missing assessment, users should update Service Status to trigger assessment screens for data entry
  6. User will not be able to Update SRW if **ANY** client has an incorrect functional status
-

## Appendix J – Assessment Date Error

### Assessment Date Error

Users will now get an error message when a duplicate assessment date has been keyed when adding or updating a service.

If you click finish after adding an assessment for a new service and the screen does not return to the Provider Client Details screen, scroll back to the top and you will see the error message in Red. User should change this date and click finish again.

This fix should will cut down on Server Errors and that dreaded yellow screen.

| Provider Client Assessment |                                 |   |  |
|----------------------------|---------------------------------|---|--|
| Provider Code :            | .031                            | Agency Name :   | HOME HEALTH AGENCY                           |
| Last 4Digits of SSN :      | 1111                            | Date Of Birth :   | 7/7/2011                                     |
| First Name :               | FANI...                         | Last Name :   | BODFOR                                       |
| Service Code               | Name                            | Service Status  | Action                                       |
| 042                        | IN-HOME LEVEL 2 - PERSONAL CARE | A   | Adding new Active service, service code: 042 |
| Assessment Date:           | 09 / 14 / 2011                  | Invalid date:- Assessment already exists for this date. |  |

Figure 138 - Assessment Date Error Message

## Appendix K – Functional Status Discrepancies

### Functional Status Discrepancies

Users may find discrepancies in the Provider Client Functional Status shown at top of Provider Client Details Screen with the Provider Client Assessment at the bottom of the screen as illustrated below. This problem is caused in the database and “refreshing of the data.”

The screenshot shows the 'Provider Client Details' screen for a client named JOHNSON DAVID. The 'Provider Client Status' is 'Active'. The 'Provider Client Assessment Date' is 10/29/2013, and the 'Provider Client Functional Status' is 'At Risk'. The 'Provider Client Nutrition Health Score' is 'High Risk Of Malnutrition'. A red box highlights these three fields, and a blue arrow points from the 'At Risk' status to the 'High Risk Of Malnutrition' score. Below this, the 'Provider Client Services' table shows a service with code 610, name 'CARE MANAGEMENT', status 'A', and 'Allow Care Recipients' set to 'No'. The 'Provider Client Assessments' table shows a list of assessments, with the most recent one on 10/29/2013 having a functional status of 'High Risk' and a nutrition health score of 'High Risk Of Malnutrition'. A red box highlights this row, and a blue arrow points from the 'High Risk' status to the 'High Risk Of Malnutrition' score.

| Service Code | Service Name    | Service Status | Allow Care Recipients |
|--------------|-----------------|----------------|-----------------------|
| 610          | CARE MANAGEMENT | A              | No                    |

| Assessment Date | Functional Status | Nutrition Health Score    |                            |
|-----------------|-------------------|---------------------------|----------------------------|
| 10/29/2013      | High Risk         | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 10/30/2012      | At Risk           | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 10/12/2011      | At Risk           | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 11/2/2010       | At Risk           | High Risk Of Malnutrition | <a href="#">Details...</a> |

To resolve this issue, User can click the Details link for the most recent Assessment and select “**View / Correct**” at the top of the Provider Client Assessment Details screen. Scroll down to the bottom and click **Update**.

The screenshot shows the 'Provider Client Assessment Details' screen. The 'Assessment Date' is 10/29/2013. Below this, there are two radio button options: 'View / Correct (no new assessment date needed)' which is selected, and 'New Assessment / Re-Assessment (requires a new assessment date)' which is not selected.

**Update**

The Provider Client Details screen will display the updated Provider Client Assessment as shown in the example below.

Name : [JOHNSON DAVID](#)  
 Provider Client Established Date : 05 / 28 / 2009  
 Provider Client Status : Active ▾  
 Provider Client Assessment Date : 10/29/2013  
 Provider Client Functional Status : High Risk  
 Provider Client Nutrition Health Score : High Risk Of Malnutrition  
 Client Status : A

Date Of Birth :  
 Registration Date  
 Date Status Change:  
 Address :  
 City :  
 State :  
 Zip :  
 County :  
 Phone :  
 Sex :  
 Marital Status :  
 Emergency Contact Name:  
 Day Time Phone:  
 Evening Phone:

| Provider Client Services            |                 |                |                       |
|-------------------------------------|-----------------|----------------|-----------------------|
| Service Code                        | Service Name    | Service Status | Allow Care Recipients |
| 610                                 | CARE MANAGEMENT | A              | No                    |
| <a href="#">Add/Update Services</a> |                 |                |                       |

| Provider Client Assessments |                   |                           |                            |
|-----------------------------|-------------------|---------------------------|----------------------------|
| Assessment Date             | Functional Status | Nutrition Health Score    |                            |
| 10/29/2013                  | High Risk         | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 10/30/2012                  | At Risk           | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 10/12/2011                  | At Risk           | High Risk Of Malnutrition | <a href="#">Details...</a> |
| 11/2/2010                   | At Risk           | High Risk Of Malnutrition | <a href="#">Details...</a> |

## Appendix L – Remove Clients from SRW

### Remove Clients from SRW

There is **NO** feature in ARMS at this time to automatically remove Inactive or Dead Clients from SRWs. It is recommended that Users manually remove Inactive and Dead Clients from the SRW at the start of a New Fiscal Year. Provider Users should click the Services link on their Provider home screen to access SRWs

**Provider Site/Route/Worker Information**

Provider Code : .032  
Agency Name : DURHAM COUNTY  
Region : J  
County : Durham  
Service : IN-HOME LEVEL 2 - PERSONAL CARE(042)  
Site/Route/Worker Code : 035  
Description : IN HOME AIDE SERVICES  
CreateUser: DEBORAH.WILLIAMS  
CreateTime: 8/7/2007 2:11:03 PM  
ModifyUser: CASSEY.SIMMONS  
ModifyTime: 11/5/2014 4:01:35 PM  
Clients :

| SSN4 | Name               | Sex | Date Of Birth | Client Status |          |         |
|------|--------------------|-----|---------------|---------------|----------|---------|
| 4 3  | ABAYHAN DEYU       | M   | 4/1 5         | A             | [Remove] | Details |
| 5 2  | ADDISON JACQUELINE | F   | 4/1 0         | A             | [Remove] | Details |
| 2 0  | AITKIN MARGRET     | F   | 4/1 7         | A             | [Remove] | Details |
| 7 10 | YATES ALICE        | F   | 6/20/19       | A             | [Remove] | Details |
| 4 9  | YELVERTON GENE     | M   | 6/13/19       | A             | [Remove] | Details |

ALSTON-4479-F-01011007  
[Add]

[Update] [Cancel]

Figure 139 - Provider Site/Route/Worker Information

#### Steps to remove clients from SRW

1. Click the SRWs link and then click the Details link of the SRW to edit.
2. Select the Click to Remove from SRW.
3. Client will not allow a Remove if units have been keyed.
4. Click Update to Save changes to SRW

There are 4 types of Client Status that display on the SRW

- A** = Active
- R** = Active (New Registration in current fiscal year)
- I** = Inactive
- D** = Death

| Provider Site/Route/Worker Service Totals |                    |        |               |     |     |     |     |     |     |     |     |     |     |     |     |       |
|---|--------------------|--------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| SSN#                                      | Name               | Status | Date Of Birth | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
| 41 3                                      | ABAYHAN DEYU       | A      | 4/12/12 AP    |     |     |     |     |     |     |     |     |     |     |     |     | 0     |
| 51 2                                      | ADDESON JACQUELINE | A      | 4/12/12 AP    |     |     |     |     |     |     |     |     |     |     |     |     | 0     |
| 21 10                                     | AITKEN MARGRET     | A      | 5/12/12 AP    |     |     |     |     |     |     |     |     |     |     |     |     | 0     |
| 61 2                                      | ALLEN MINNIE       | A      | 5/12/12 AP    | 130 | 120 | 122 | 91  |     |     |     |     |     |     |     |     | 463   |
| 21 16                                     | ALLEN SARAH        | R      | 10/12/12 AP   |     |     |     | 18  |     |     |     |     |     |     |     |     | 18    |
| 31 16                                     | ALPERN NAOMI       | A      | 2/12/12 AP    |     |     |     |     |     |     |     |     |     |     |     |     | 0     |
| 1   | BLAKE JEWELL       | I      | 9/12/12:00 AM |     | 10  | 11  |     |     |     |     |     |     |     |     |     | 33    |
| 61  | BLAKE LOVIE        | A      | 5/7/12:00 AM  | 46  | 42  | 44  | 49  |     |     |     |     |     |     |     |     | 181   |
| 60  | BLANDING SANDRA    | D      | 8/30/12:00 AM |     |     |     |     |     |     |     |     |     |     |     |     | 0     |
| 41 1                                      | BOONE PAUL         | A      | 2/4/12:00 AM  | 36  | 42  | 35  | 44  |     |     |     |     |     |     |     |     | 155   |

Figure 140 - Provider Site/Route/Worker Services Totals

Clients cannot be removed from SRW if units exist for the current fiscal year. ARMS will alert the User that the Client has service totals.

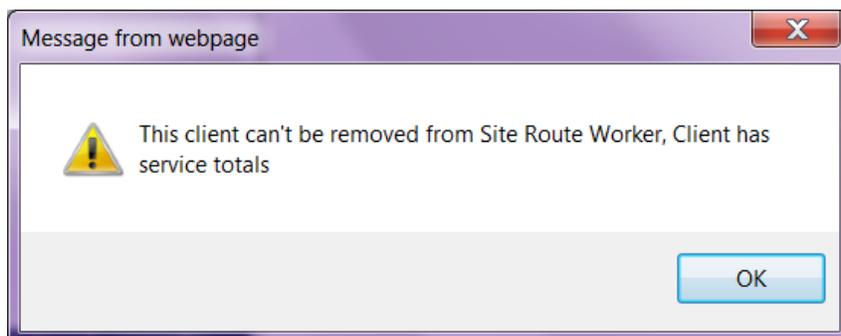


Figure 141 - SRW Alert

Only Clients with **ZERO** units for any of the 12 months can be removed from the SRW.



## Appendix M – Remove Clients from Waiting List

Users can Remove Clients from Waiting List by changing the Service Status.

1. Select Add/Update Services

| Provider Client Services    |                   |                                 |                              |                       |
|-----------------------------|-------------------|---------------------------------|------------------------------|-----------------------|
| Date                        | Service Code      | Service Name                    | Service Status               | Allow Care Recipients |
| 9/25/2013                   | 042               | IN-HOME LEVEL 2 - PERSONAL CARE | W                            | No                    |
| 9/25/2013                   | 020               | HOME DELIVERED MEALS            | A                            | No                    |
| Add/Update Services         |                   |                                 |                              |                       |
| Provider Client Assessments |                   |                                 |                              |                       |
| Assessment Date             | Functional Status | Nutrition Health Score          |                              |                       |
| 9/25/2013                   | At Risk           | High Risk Of Malnutrition       | <a href="#">Details.....</a> |                       |

Figure 144 - Service Status

2. Click the down arrow under Service Status as shown below for the drop down to display choices.

|                                     | Service Code | Name                            | Service Status |
|-------------------------------------|--------------|---------------------------------|----------------|
| <input checked="" type="checkbox"/> | 020          | HOME DELIVERED MEALS            | Active ▼       |
| <input checked="" type="checkbox"/> | 042          | IN-HOME LEVEL 2 - PERSONAL CARE | Waiting ▼      |

Next    Cancel

Figure 145 - Change Service Status

3. Select Inactive to remove Provider Client Service from Waiting List.

|                                     | Service Code | Name                            | Service Status                |
|-------------------------------------|--------------|---------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | 020          | HOME DELIVERED MEALS            | Active<br>Inactive<br>Waiting |
| <input checked="" type="checkbox"/> | 042          | IN-HOME LEVEL 2 - PERSONAL CARE | Waiting                       |

Next    Cancel

Figure 146 - Change Waiting Status

4. After changing the Service Status to Inactive from Waiting, click Next button. The User will be presented with a screen. Click Finish to return to the Provider Client Record.

**Note:** If the Service Status is changed to Active and the Next button selected, the Assessment Screens will display for User to complete.

## Appendix N – Consumer Directed Services ARMS Requirements

With GT Financial Services serving as fiscal intermediary for Consumer Directed Services (CDS) some unique challenges arose with reporting. A new procedure for compiling clients and reimbursements in ARMS was created to reduce duplication of effort and increase fiscal transparency and ease of reporting

There are four main types of data entry in ARMS for Consumer Directed Services (CDS) Provider Agencies

1. Client information
  - Client demographics
  - Assessment information
2. Units for services received
3. Non-unit based reimbursement requests
4. Consumer contributions

### CDS Reporting Procedures

Duties will be split between GT Financial and Local Agency

The illustration below displays the local agency, Yancey County Committee on Aging (D060), home screen when they login in to ARMS. The local agency (D060) is given access to their agency as well and access to GT Financial (D160).

| Code | Provider                     | Status | Address         | City       |                            |                            |                             |
|------|------------------------------|--------|-----------------|------------|----------------------------|----------------------------|-----------------------------|
| D060 | YANCEY CO COMMITTEE ON AGING | A      | PO BOX 546      | BURNSVILLE | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| D160 | GT FINANCIAL SERVICES-YANCEY | A      | 113 N MONROE ST | STURGIS    | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 147 - Local Agency Home Screen

GT Financial will have a unique provider code for each county it serves. The home screen for GT Financial is illustrated below. ARMS Provider User Access is given to person(s) identified by GT Financial to access each agency with one login.

| Index on Agency Name: [All] - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z |                                   |        |                     |         |                            |                            |                             |
|---|-----------------------------------|--------|---------------------|---------|----------------------------|----------------------------|-----------------------------|
| Code  | Agency                            | Status | Address             | City    |                            |                            |                             |
| D150  | GT FINANCIAL SERVICES-ALLEGHANY   | A      | 113 N MONROE STREET | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| Q107  | GT FINANCIAL SERVICES-BEAUFORT    | A      | 215 BROADUS ST      | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| F112  | GT FINANCIAL SERVICES-CABARRUS    | A      | 215 BROADUS         | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| F155  | GT FINANCIAL SERVICES-LINCOLN     | A      | 113 N MONROE ST     | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| Q175  | GT FINANCIAL SERVICES-MARTIN      | A      | 215 BROADUS ST      | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| F160  | GT FINANCIAL SERVICES-MECKLENBURG | A      | 113 N MONROE ST     | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| D160  | GT FINANCIAL SERVICES-YANCEY      | A      | 113 N MONROE ST     | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| M180  | GT FINANCIAL-CUMBERLAND           | A      | 215 BROADUS ST      | STURGIS | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 148 - GT Financial Services Home Screen

A budget for CDS services 501 and 503 will be created in ARMS under GT Financial Provider Code. In ARMS, GT Financial is allowed to key units of services for these two service codes and report any contributions. These budgets are set up in ARMS by the Area Agency on Aging (Region) for the county by service.

| Provider Budgets                              |        |  |                |                      |                               |  |
|---|--------|--|----------------|----------------------|-------------------------------|--|
| Provider : GT FINANCIAL SERVICES-YANCEY(D160) |        |  |                |                      |                               |  |
| Region  | County | Service                                  | Service Budget |                      |                               |  |
| HIGH COUNTRY COG                              | Yancey | CDC-PERSONAL ATTENDANT(501)              | \$4,580.00     | <a href="#">SRWs</a> | <a href="#">Contributions</a> |  |
| HIGH COUNTRY COG                              | Yancey | CDC-FINANCIAL MANAGEMENT SERVICES(503)   | \$976.00       | <a href="#">SRWs</a> | <a href="#">Contributions</a> |  |
| <input type="button" value="Cancel"/>         |        | <input type="button" value="Providers"/> |                |                      |                               |  |

Figure 149 - GT Financial Budgets

GT Financial cannot change budgets in ARMS. GT Financial shall submit budget revisions for their budgets to the Area Agency on Aging (Region). In the illustration above, request for budget revisions must be sent to High County COG, which is Region D.

Budgets are set up in ARMS at the beginning of the State Fiscal Year, but with ARMS processes being a month behind; August 1 is when Area Agencies are allowed to key new budgets for the year. Provider Agencies are not allowed to add services to new clients or key units of services until the Area Agency have set the budgets up in ARMS. If budgets are not set up by 10<sup>th</sup> calendar day of the month, provider agencies should call or e-mail the Area Agency of that county.

| Provider Code : |                              | D160                         |        |  |                            |                                   |
|-----------------|------------------------------|------------------------------|--------|--|----------------------------|-----------------------------------|
| Agency Name :   |                              | GT FINANCIAL SERVICES-YANCEY |        |  |                            |                                   |
| SRWCode         | Description                  | Region                       | County | Service                                |                            |                                   |
| 501             | CDS- PERSONAL ATTENDANT      | D                            | Yancey | CDC-PERSONAL ATTENDANT(501)            | <a href="#">Details...</a> | <a href="#">Service Totals...</a> |
| 503             | CDS- FINANCIAL MGMT SERVICES | D                            | Yancey | CDC-FINANCIAL MANAGEMENT SERVICES(503) | <a href="#">Details...</a> | <a href="#">Service Totals...</a> |

Figure 150 –Service Totals

The local agency can only assign these two budget services for clients of GT Financial as shown below.

|                          | Service Code | Name                              | Service Status        |
|--------------------------|--------------|-----------------------------------|-----------------------|
| <input type="checkbox"/> | 501          | CDC-PERSONAL ATTENDANT            | Active <span>▼</span> |
| <input type="checkbox"/> | 503          | CDC-FINANCIAL MANAGEMENT SERVICES | Active <span>▼</span> |

Figure 151 - Allowable Services

A budget for all other Consumer Directed service codes, 500, 502, 504, 505, 506, and 507 will be set up under the Provider Code of local provider agency.

### Clients

The local agency will be responsible for all client entry. This includes setting up new client in ARMS, completing assessment information and adding client to appropriate SRW based on service. Therefore, the local agency has full access to GT Financial.

| Code | Provider                     | Status | Address         | City       |                            |                            |                             |
|------|------------------------------|--------|-----------------|------------|----------------------------|----------------------------|-----------------------------|
| D060 | YANCEY CO COMMITTEE ON AGING | A      | PO BOX 546      | BURNSVILLE | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |
| D160 | GT FINANCIAL SERVICES-YANCEY | A      | 113 N MONROE ST | STURGIS    | <a href="#">Details...</a> | <a href="#">Clients...</a> | <a href="#">Services...</a> |

Figure 152 - Local Agency Home Screen

Local Agency will log into ARMS, click on clients link next to GT Financial Service Code. This will allow local agencies to add clients to GT Financial and assign contracted service(s).

| <input type="button" value="Add Client"/>  | <input type="button" value="Providers"/> |            |     |               |                        |                   |                            |
|--|--|------------|-----|---------------|------------------------|-------------------|----------------------------|
| <b>Client List</b>   |  |            |     |               |                        |                   |                            |
| Provider Code :  | D160                                     |            |     |               |                        |                   |                            |
| Agency Name :  | GT FINANCIAL SERVICES-YANCEY             |            |     |               |                        |                   |                            |
| Index on Last Name: <b>All</b> - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z |  |            |     |               |                        |                   |                            |
| SSN4   | Last Name ▲                              | First Name | Sex | Date Of Birth | Provider Client Status | Registration Date |                            |
| 0000   | CROUSE                                   | ELVIRA     | F   | 11/28/2007    | Active                 | 11/28/2007        | <a href="#">Details...</a> |
| 0000   | EDWARDS                                  | ANNA       | F   | 5/1/2012      | Active                 | 5/1/2012          | <a href="#">Details...</a> |
| 0000   | MILLER                                   | EDNA       | F   | 5/10/2011     | Active                 | 5/10/2011         | <a href="#">Details...</a> |
| <input type="button" value="Add Client"/>  | <input type="button" value="Providers"/> |            |     |               |                        |                   |                            |

Figure 153 – Provider Client List

| Provider Client Services |                                   |                |                       |
|--------------------------|-----------------------------------|----------------|-----------------------|
| Service Code             | Service Name                      | Service Status | Allow Care Recipients |
| 503                      | CDC-FINANCIAL MANAGEMENT SERVICES | A              | No                    |
| 501                      | CDC-PERSONAL ATTENDANT            | A              | No                    |

Add/Update Services

| Provider Client Assessments |  |                   |                        |                            |
|-----------------------------|--|-------------------|------------------------|----------------------------|
| Assessment Date             |  | Functional Status | Nutrition Health Score |                            |
| 3/20/2012                   |  | At Risk           | Good Nutrition         | <a href="#">Details...</a> |

Assessment

Figure 154 – Services assigned to Client

Local agency will set up Site/Route/Worker (SRW) Codes for budgeted services and add clients to Service Totals data entry screen to key units of services. [Refer to section on SRWs.](#)

### **Responsibilities**

Local Agency responsible for entering units and data for service codes:

1. 500 – Care Advisor
2. 502 – Adult day health
3. 504 – Personal care supplies, etc.
4. 505 – Home delivered meals
5. 506 – Emergency Response Equipment
6. 507 – Medical Adaptive Equipment

GT Financial responsible for entering units and data for service codes:

1. 501 – Personal Assistant
2. 503 – Financial Management Services

### **Implementation (Start-up)**

1. AAA must request a separate provider code for GT Financial for each county where they provide financial management services (FMS). GT Financial's name should be "GT Financial- County Name." Example: *GT Financial-Alleghany*.
2. DAAS ARMS Staff will assign a unique Provider Code and register the Provider in ARMS. DAAS ARMS Staff will inform the AAA of the new Provider Code.
3. AAA must have local provider complete separate 732 forms for the budget of CDS units of service for service codes 501 and 503 to be entered to ARMS by GT Financial and for the local provider agency to enter those units service for all other service codes.

4. AAA must request ARMS Provider User access for GT Financial designated personnel to enter units for service codes 501 and 503. The ARMS User Request Form must be submitted to DAAS ARMS Administrators from the AAA and not from GT Financial.
5. **GT Financial and/or the Local Agency will not be able to access this new provider code until a budget has been set up in ARMS by the AAA and the new provider code added to their login.**
6. Local service provider should have ARMS access to all CDS service codes for purposes of monitoring and oversight of all funds budgeted for CDS.

#### Service Codes for Funding Plan

- Service Code 503 has a set unit rate of \$75.00
- Each client will receive 1 unit of code 503 the first month they receive service. This unit will cover the costs associated with setting up a new client and employee.
- Each client will receive 1 unit every month for monthly payroll services provided by GT Financial
- (Note- This means that the very first month of service by GT, a client will receive 2 units for 503. Every month after they will receive only 1 unit)
- Service code 501 should initially be set up with unit rate of \$10.87 (per DAAS).
- Twice a year (December 30 and June 30, prior to year end closeout), GT will send the local agency a breakdown of actual costs for the Personal Assistant code for the preceding six month period.
  - Agency will then need to calculate the updated unit rate. They will take the total actual costs and divide that by the number of units reported to ARMS year to date.
  - Agency will complete a 732r with new unit rate for service code 501 and submit to AAA for ARMS entry. GT Financial will be advised of the new reimbursement rate for service code 501 by the AAA.
  - The new unit rate will apply to all units reported for the year to date and ARMS will adjust the reimbursement rate in the following month's payment.

7. AAA should request 40% of state funds for HCCBG 501 budget for GT Financial from DAAS before service begins. At least 30 days is recommended.
  - Once signed HCCBG contract is received by AAA, AAA will release advance to local provider.
  - Note- Provider can agree to pay GT Financial the 40% advance before they receive payment from the AAA (in the case of a hold up in HCCBG contract). GT Financial will not be able to start services until advance is received

## Monthly Reimbursement

ZGA-370 report: This report shows service specific reimbursements by service codes in each county and serves as a monthly invoice of services provided by both GT Financial and the local provider agency.

| NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
|---|-----------------------------|-------------------------------|---------------|-----------------|-------------------------|---------------------|-----------|--------------------------|---------------------------|--------------------------|--------------------------|-------------|
| PROVIDER REIMBURSEMENT REPORT - ZGA370              |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
| REGION D COUNTY 100 Yancey                          |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
| PROVIDER D160 GT FINANCIAL SERVICES-YANCEY          |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
| CATEGORY IN HOME AND SUPPORT SERVICES               |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
| SERV CODE   | GROSS BUDGETED SERVICE COST | PROGRAM GROSS HCCBG ALLOTMENT | CURRENT UNITS | GROSS UNIT RATE | GROSS CURRENT MONTH EXP | CURRENT MONTH CS/PI | OTHER ADJ | ADJ CURRENT MONTH EXPEND | CURRENT MONTH LOCAL SHARE | NET CURRENT MONTH EXPEND | NSIP CURRENT MONTH REIMB | TOTAL REIMB |
| 501   | 4,580                       | 763                           | 88            | 10.2700         | 957                     | 0                   | -194      | 763                      | 76                        | 687                      | 0                        | 687         |
| 503   | 976                         | 163                           | 1             | 75.0000         | 75                      | 0                   | 0         | 75                       | 8                         | 67                       | 0                        | 67          |
| CATEGORY IN HOME AND SUPPORT SERVICES TOTAL         |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
|   | 5,556                       | 926                           | 89            |                 | 1,032                   | 0                   | -194      | 838                      | 84                        | 754                      | 0                        | 754         |
| PROVIDER D160 GT FINANCIAL SERVICES-YANCEY TOTAL    |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
|   | 5,556                       | 926                           | 89            |                 | 1,032                   | 0                   | -194      | 838                      | 84                        | 754                      | 0                        | 754         |
| COUNTY 100 Yancey TOTAL                             |                             |                               |               |                 |                         |                     |           |                          |                           |                          |                          |             |
|   | 5,556                       | 926                           | 89            |                 | 1,032                   | 0                   | -194      | 838                      | 84                        | 754                      | 0                        | 754         |

Figure 155 - Sample ZGA-370 Reimbursement Report

To calculate amount to be paid each month, the AAA will need to:

1. Add together the "total reimbursement" columns for code 501 and 503.
2. Take that total and divide it by 0.9. The new amount will be the total reimbursement to be paid to GT that month. (\*note- The reimbursement amount on the ZGA report is 90% of expenditures reported. The 10% local match is provided from local resources and not GT Financial)
3. CDS reimbursements other than service codes 501 and 503 will be remitted to the local agency for the services rendered by the agency or for payment to a contracted local provider.

**NOTE: The AAA handles funds for the CDS program per established procedures of the Region for paying providers of HCCBG funded services.**

## Appendix O - Helpful Hint

### What this screen is telling the User

---

There are several things on this Client screen that can help the User determine how to handle this client in ARMS and CNDS.

**View Client**  
Demographics/Status (MOORE, J.C. LEONARD)

To update this client, click "Update" at the bottom of the page.

|  |  |  |  |
|--|--|--|--|
| Last 4 Digits SSN :                        | 9...   |  |  |
| Last Name :                                | MOORE  | Suffix :                                     |  |
| First Name :                               | J.C. LEONARD   |  |  |
| Middle Initial :                           |  |  |  |
| Status:                                    | INACTIVE   |  |  |
| Registration Date                          | 08 / 02 / 2001   |  |  |
| Assessment Last Updated By Provider Code : | J0.  |  |  |
| Assessment Last Update :                   | 8/2/2001   |  |  |
| Functional Status :                        | Well   |  |  |
| Nutrition Health Score :                   | Moderate Risk of Malnutrition                                      |  |  |
| Activation Date:                           | 8/2/2001   |  |  |
| Inactivation Date:                         | 10/22/2010   |  |  |
| Date Of Birth :                            | 08 / 2 / 1991  | <input type="checkbox"/> Special Eligibility |  |
| Address :                                  | [Redacted]   |  |  |
| County :                                   | W...   |  |  |
| Phone :                                    | ( ) - - - - -  | <input type="checkbox"/> No Phone            |  |
| Sex :                                      | <input checked="" type="radio"/> Male <input type="radio"/> Female |  |  |

1. First name is not in the correct format  
There should be no punctuation or spaces in first and last name fields
2. Client has an Inactive Status
3. Registration date = August 2, 2001  
This tells you that this client migrated in from the old ARMS System
4. Last Assessment = August 2, 2001  
This tells you that there are no current Assessment
5. Activation Date = August 2, 2001  
This date is repeated from the old ARMS System
6. Inactivation Date = October 22, 2010  
Anytime you see and Client with an Inactive Status with an Inactivation Date of October 22, 2010 is an indicator that this client is not in CNDS. Inactive Client prior to May 23, 2011 did not merge with CNDS. This is why the User is re-directed to CNDS when Update is selected.

7. Before this Client can be activated the User will have to use a different first name, because the current name is Invalid. In reviewing the list of Clients returned by CNDS, the User should review carefully any close matches. In this list the first name is “**JC**” with a middle initial of “**L.**” Based on this list, there is a JC with a middle initial of L, same last name, sex and date of birth.
  - a. If the User select Create under “Action” a duplicate client record will be added to ARMS.

**Search CNDS**

Last Name\* :

First Name\* :

Sex\* :

Date Of Birth :  /  /

---

**List of Clients**

| Last Name | MI | First Name | Suffix | SSN4 | Sex | Date Of Birth | Race | Person ID | Action                 |
|-----------|----|------------|--------|------|-----|---------------|------|-----------|------------------------|
| MOORE     |    | JACK       |        | 8. 3 | M   | 01/11/1934    | B    | 9000010   | <a href="#">Create</a> |
| MAYNOR    |    | JESSE      |        | 56 2 | M   | 12/03/1934    | U    | 9000078   | <a href="#">Create</a> |
| MOORE     | L  | JC         |        | 9 1  | M   | 01/12/1934    | B    | 9000020   | <a href="#">Create</a> |
| MOORE     | C  | JACK       |        | 4. 3 | M   | 01/03/1934    | B    | 9000034   | <a href="#">Create</a> |

- b. If the User select Create New Person and attempt to add information for the Client it will not allow a Save, but will return an Error Message that the record exist.
- c. To prevent duplicate Users must first make sure the Client does not exist in ARMS and/or CNDS before Creating New Clients. If there are slight differences in ARMS and CNDS time should be taken to compare the clients. It may be necessary to search ARMS again with the name presented in CNDS.
- d. In this situation the User should call the ARMS Administrator to ask that the first name in ARMS be changed to match CNDS. We can change ARMS to match CNDS, but not CNDS to match ARMS. The Sex and Date of Birth can also be changed to match CNDS.
- e. Once the ARMS Administrator change the name in ARMS, a search of CNDS will show Update under the Action column.

### Reminder: Create vs Update

Create – means the Client is in CNDS and not ARMS. If Create is selected it will add a duplicate client in ARMS if the Client is in ARMS with a different name, sex or date of birth. When Create is selected only the CNDS fills will populate on a new Client Record. The User will be required to complete the registration form for this client.

Update – means the Client is in ARMS and CNDS. When Update is selected, the completed Client record will display. Users are allowed to Update information on this screen. For example: if Client Status is Inactive, they are allowed to change it to Active.

## Appendix P – Revised Changes to Service Code 140

Service code 140 reporting has changed to allow the use of Site/Route/Worker (SRW) Codes to distinguish the different types of categories for Housing and Home Improvement. Users are to set up SRWs using the five new categories as the SRW Description.

- 141 – Security Enhancements
- 142 – Home Repair
- 143 – Mobility/Accessibility
- 144 – Furnishings/Appliances
- 145 – Waiver Requests (formerly Other)

| Provider Code : |                          | A065                           |          |                                   |            |                   |
|-----------------|--------------------------|--------------------------------|----------|-----------------------------------|------------|-------------------|
| Agency Name :   |                          | J ROBERT PENLAND SENIOR CENTER |          |                                   |            |                   |
| SRWCode         | Description              | Region                         | County   | Service                           | Details... | Service Totals... |
| 142             | HOME REPAIR              | A                              | Cherokee | HOUSING AND HOME IMPROVEMENT(140) | Details... | Service Totals... |
| 143             | MOBILITY / ACCESSIBILITY | A                              | Cherokee | HOUSING AND HOME IMPROVEMENT(140) | Details... | Service Totals... |
| 144             | FURNISHINGS / APPLIANCES | A                              | Cherokee | HOUSING AND HOME IMPROVEMENT(140) | Details... | Service Totals... |
| 145             | WAIVER REQUESTS          | A                              | Cherokee | HOUSING AND HOME IMPROVEMENT(140) | Details... | Service Totals... |
| 300             | HIWASSEE DAM             | A                              | Cherokee | CONGREGATE NUTRITION-ARRA(183)    | Details... | Service Totals... |

Figure 156 - SRW Table Description

Service code 140 will remain a Non-Unit Reimbursement service. Users must continue to key the total non-unit reimbursement each month for the service code 140.

Instead of keying one to count the client, Users should key expenditure dollars by client on the SRWs. These expenditures will not be used to calculate reimbursement. No unit calculation will take place on entries keyed on the SRWs. It will serve ONLY as a placeholder to capture expenditures by client by month the services are received.

| Provider Site/Route/Worker Service Totals   |                 |        |                             |      |     |     |     |     |     |     |     |                                       |     |     |     |       |
|---|-----------------|--------|-----------------------------|------|-----|-----|-----|-----|-----|-----|-----|---------------------------------------|-----|-----|-----|-------|
| Provider: J ROBERT PENLAND SENIOR CENTER(A065)  |                 |        |                             |      |     |     |     |     |     |     |     | Region - County : A - Cherokee        |     |     |     |       |
| Service : HOUSING AND HOME IMPROVEMENT(140) [ Maximum monthly units: 1500 ]   |                 |        |                             |      |     |     |     |     |     |     |     | Site/Route/Worker : 142 - HOME REPAIR |     |     |     |       |
| SSN#  | Name            | Status | Date Of Birth               | Jul  | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar                                   | Apr | May | Jun | Total |
| 3   | ADAMS<br>BLAINE | A      | 1/12/1944<br>12:00:00<br>AM | 500  | 100 |     |     |     |     |     |     |                                       |     |     |     | 600   |
| 100   | BAINES<br>CLARA | A      | 7/26/1933<br>12:00:00<br>AM | 1500 |     |     |     |     |     |     |     |                                       |     |     |     | 1500  |
|   |                 |        |                             | 2000 | 100 | 0   | 0   | 0   | 0   | 0   | 0   | 0                                     | 0   | 0   | 0   | 2100  |
| <input type="button" value="Update"/> <input type="button" value="Verify"/> <input type="button" value="Provider Budgets"/> <input type="button" value="Cancel"/> |                 |        |                             |      |     |     |     |     |     |     |     |                                       |     |     |     |       |

Figure 157 - Service Totals Data Entry Screen

The SRW data entry is not program to key 4-digits automatically. Users should follow these instructions when there is a need to key 4-digits for a client.

ARMS will allow 4-digits to be keyed on SRWs, but not when there are multiple clients on an SRW. There is no issue with keying 4-digits if there is only one client on the SRW. ARMS is programmed to advance to the next record in the month being keyed after 3-digits are keyed to aid in faster data entry.

| Provider Site/Route/Worker Service Totals                                   |                  |        |                        |     |      |     |     |     |     |                     |     |     |                |     |     |       |
|---|------------------|--------|------------------------|-----|------|-----|-----|-----|-----|---------------------|-----|-----|----------------|-----|-----|-------|
| Provider: CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS(M035)                   |                  |        |                        |     |      |     |     |     |     | Region - County :   |     |     | M - Cumberland |     |     |       |
| Service : HOUSING AND HOME IMPROVEMENT(140) [ Maximum monthly units: 1500 ] |                  |        |                        |     |      |     |     |     |     | Site/Route/Worker : |     |     |                |     |     |       |
| SSN4  | Name             | Status | Date Of Birth          | Jul | Aug  | Sep | Oct | Nov | Dec | Jan                 | Feb | Mar | Apr            | May | Jun | Total |
| 4   | SUCHANEK VERNICE | A      | 2/13/19<br>12:00:00 AM | 63  | 1500 |     |     |     |     |                     |     |     |                |     |     | 63    |
|   |                  |        |                        | 63  | 0    | 0   | 0   | 0   | 0   | 0                   | 0   | 0   | 0              | 0   | 0   | 63    |

If only one client is on SRW, Users are allowed to key 4-digits

Figure 158 - SRW Data Entry - One Client

To get around the 3-digits keying issue, the User can key the 3-digits and then go back to the field and add another digit to complete the entry of 4-digits.

| Provider Site/Route/Worker Service Totals                                   |                  |        |                         |     |     |     |     |     |     |                     |     |     |                |     |     |       |
|---|------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|---------------------|-----|-----|----------------|-----|-----|-------|
| Provider: CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS(M035)                   |                  |        |                         |     |     |     |     |     |     | Region - County :   |     |     | M - Cumberland |     |     |       |
| Service : HOUSING AND HOME IMPROVEMENT(140) [ Maximum monthly units: 1500 ] |                  |        |                         |     |     |     |     |     |     | Site/Route/Worker : |     |     |                |     |     |       |
| SSN4  | Name             | Status | Date Of Birth           | Jul | Aug | Sep | Oct | Nov | Dec | Jan                 | Feb | Mar | Apr            | May | Jun | Total |
| C 3   | CARTER MARJORIE  | R      | 12/10/19<br>12:00:00 AM |     | 327 |     |     |     |     |                     |     |     |                |     |     |       |
| 2 7   | GILLIS PAULINE   | A      | 8/28/19<br>12:00:00 AM  |     |     |     | 18  |     |     |                     |     |     |                |     |     |       |
| 5 4   | LENNON PATRICIA  | A      | 4/12/19<br>12:00:00 AM  |     |     | 337 |     |     |     |                     |     |     |                |     |     |       |
| C 3   | MEACHAM VIRGINIA | A      | 8/13/19<br>12:00:00 AM  |     |     |     | 2   |     |     |                     |     |     |                |     |     |       |
| E 3   | OCONNELL RITA    | R      | 10/6/19<br>12:00:00 AM  |     |     |     | 14  |     |     |                     |     |     |                |     |     |       |
| C 3   | QUICK ANNIE      | A      | 12/5/19<br>12:00:00 AM  |     |     | 230 |     |     |     |                     |     |     |                |     |     |       |
| C 7   | ROWE THERESA     | R      | 3/20/19<br>12:00:00 AM  |     |     |     | 232 |     |     |                     |     |     |                |     |     |       |
| 1 5   | SHAW MAGGIE      | A      | 4/1/19<br>12:00:00 AM   |     |     |     | 30  |     |     |                     |     |     |                |     |     |       |
| 4 2   | SUCHANEK VERNICE | A      | 2/13/19<br>12:00:00 AM  | 63  |     |     |     |     |     |                     |     |     |                |     |     |       |
|   |                  |        |                         | 63  | 327 | 567 | 296 | 0   |     |                     |     |     |                |     |     |       |

Users are allowed to key on 3-digits on SRW with more than one Client. ARMS will allow Users go back and add another digit.

Figure 159 - SRW Data Entry - Multiple Clients

Client information will display on the ZGA-542 Verification Unit Report.

| <b>CONFIDENTIAL</b>   |              | <b>North Carolina</b>                                |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
|---|--------------|--|------|-------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|--------------------------------|
| Real-Time Data Captured on this report<br>Not designed to match Reimbursement |              | <b>Division of Aging and Adult Services</b>          |      |       |     |      |     |     |     |     |     |     |     |     |      | Print Date: 8/2/2013 9:56:02AM |
|   |              | <b>ZGA542 - Unit of Services Verification Report</b> |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
|   |              | <b>July 1, 2013 through June 30, 2014</b>            |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
|   |              | <b>FY 2014</b>                                       |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
| Region A  |              | Provider A065  |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
|   |              | Site / Route 141 - Security / Enhancements           |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
|   |              | <a href="#">Add SRW descriptions</a>                 |      |       |     |      |     |     |     |     |     |     |     |     |      |                                |
| County  | Service Code | Client Name  | ID # | Jul   | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total Units                    |
| 020   | 140          | GLIDDEN, EVELYN M                                    | 4... | 300   | 0   | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0    | 300                            |
| 020   | 140          | MARLOW, DELBERT                                      | ...  | 400   | 0   | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0    | 400                            |
| 020   | 140          | SHIELDS, EUNICE                                      | ...  | 1,500 | 0   | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0    | 1500                           |
| <b>Site/Route/Worker Total Units:</b>   |              |  |      | 2,200 | 0   | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0    | 2,200                          |
| <b>Total People Served:</b>   |              |  |      | 3     |     |      |     |     |     |     |     |     |     |     |      |                                |

Figure 160 - Verification Report

# Appendix Q – Client Registration Form

## DAAS-101 Short Form

| <b>CLIENT REGISTRATION FORM • DAAS 101 (Short Form)</b><br>NC Department of Health and Human Services, Division of Aging and Adult Services  |  |  |   |
|--|--|--|---|
| <b>Section I: Required for all clients</b>   |  |  |   |
| This Short Form of the DAAS-101 Client Registration Form may only be used to register congregate meal and transportation clients. Complete all applicable information below.   |  |  |   |
| <ul style="list-style-type: none"> <li>• HCCBG congregate nutrition (<b>180</b>), NSIP-only congregate meals (<b>181</b>), congregate liquid nutritional supplement (<b>182</b>) – complete Sections I, II, and VII only.</li> <li>• HCCBG general (<b>250</b>) or medical (<b>033</b>) transportation – complete Sections I and VII only.</li> </ul>  |  |  |   |
| Service Code(s):   | Region Code:   | Provider Code:   |   |
| <b>1. Client Status:</b> Check the appropriate box(es). Enter the date of client status change.  |  |  |   |
| <input type="checkbox"/> New Registration/Activate (Date: _____)   |  |  |   |
| <input type="checkbox"/> Waiting for Service (complete Section I only): (Date: _____)<br>Enter waiting for service codes: _____  |  |  |   |
| <input type="checkbox"/> Change of information (Date: _____)<br>(Complete Section 1 – Items 2, 4, 5, plus the information that needs to be changed)  |  |  |   |
| <input type="checkbox"/> Inactive (Date client made inactive and not expected to return: _____)<br><i>Enter reason for making client inactive. Make a client inactive only if the person is thought to be permanently leaving the service system. Indicate the reason for making the client inactive below.</i><br>If the client is a caregiver receiving FCSP or Project C.A.R.E. services and the reason for making the client inactive relates more to the care recipient's status, check the box for "Care Recipient." |  |  |   |
| Reason for making client inactive applies to: Client/Caregiver <input type="checkbox"/> OR Care Recipient <input type="checkbox"/>   |  |  |   |
| <input type="checkbox"/> Moved to adult care home/assisted living<br><input type="checkbox"/> Alternative living arrangement<br><input type="checkbox"/> Death<br><input type="checkbox"/> Hospitalization (not expected to return)<br><input type="checkbox"/> Nursing home placement   |  | <input type="checkbox"/> Moved out of service area<br><input type="checkbox"/> Improved function/Need eliminated<br><input type="checkbox"/> Service not needed/wanted<br><input type="checkbox"/> Illness (not expected to return)<br><input type="checkbox"/> Other (Specify): _____ |   |
| <b>2. Legal Name, Last</b>   |  | <b>First</b>   | <b>MI</b>   |
|  |  | <b>Suffix</b>  | <b>4. Last 4 digits SSN</b>   |
| Not for data entry -- name person likes to be called, if different from legal name on SS card:   |  |  |   |
| <b>3. Street Address</b>   |  | <b>5. Date of Birth</b>  |   |
|  |  | <input type="checkbox"/> Check if special eligibility  |   |
| <b>Mailing Address</b>   |  | <input type="checkbox"/> Same as street address  |   |
| <b>6. Phone #</b>  |  | <input type="checkbox"/> No phone  |   |
| <b>City</b>  | <b>State</b>   | <b>Zip</b>   | <b>County</b>   |
| <b>7. Sex</b><br>(check one)<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male   | <b>8. At or Below Poverty Level?</b><br>(check one)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>9. Marital Status</b> (check one)<br><input type="checkbox"/> Single (never married)<br><input type="checkbox"/> Married<br><input type="checkbox"/> Single (divorced/widowed)<br><input type="checkbox"/> Refused to answer  | <b>10. Household Size</b> (check one)<br><input type="checkbox"/> Lives alone<br><input type="checkbox"/> 2 in home<br><input type="checkbox"/> 3 or more in home<br><input type="checkbox"/> Group/shared home<br><input type="checkbox"/> Refused to answer |
| <b>11. Race</b>  |  | <b>12. Ethnicity</b> (Are you of Hispanic or Latino origin?)   |   |
| Check the one race with which client most identifies:  |  | Check all that apply:  |   |
| Black or African-American .....  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Not Hispanic or Latino   |
| Asian .....  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Unreported   |
| American Indian or Alaska Native .....   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Hispanic Puerto Rican  |
| White .....  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Hispanic Cuban   |
| Native Hawaiian or other Pacific Islander .....  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Hispanic Mexican American  |
| Unknown/refused .....  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Hispanic Other   |
| <b>13. Primary language spoken in the home:</b><br>(see 30 language options in CRF instructions manual)  |  |  |   |
| <b>Name of Emergency Contact:</b> _____ <input type="checkbox"/> Refused to provide emergency contact information<br><b>Day phone no.:</b> _____ <b>Evening phone no.:</b> _____   |  |  |   |
| <b>14. Client's Overall Functional Status:</b> <input type="checkbox"/> Well <input type="checkbox"/> At risk <input type="checkbox"/> High risk<br>Enter the client's self-reported overall functional status here. If the client receives other services in addition to congregate nutrition and transportation, use the DAAS-101 Long Form to register the client and complete section IV to report functional status.  |  |  |   |

**Section II: Required only for congregate meals, congregate liquid nutritional supplement, or NSIP-only congregate meals.**

| 15. Nutrition Health Score  |  | Refused to Answer        |
|---|--|--------------------------|
| a. Do you have an illness or condition that made you change the kind and/or amount of food you eat? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| b. How many meals do you eat per day?   | #  | <input type="checkbox"/> |
| c. How many servings of fruit per day?  | #  | <input type="checkbox"/> |
| d. How many servings of vegetables per day?   | #  | <input type="checkbox"/> |
| e. How many servings of milk/dairy products per day?  | #  | <input type="checkbox"/> |
| f. How many drinks of beer, liquor, or wine do you have every day or almost every day?              | #  | <input type="checkbox"/> |
| g. Do you have tooth/mouth problems that make it hard for you to eat?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| h. Do you always have enough money or food stamps to buy the food you need?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| i. How many meals do you eat alone daily?   | #  | <input type="checkbox"/> |
| j. How many prescribed drugs do you take per day?   | #  | <input type="checkbox"/> |
| k. How many over-the-counter drugs do you take per day?   | #  | <input type="checkbox"/> |
| l. Have you lost 10 or more pounds in the past 6 months without trying?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| m. Have you gained 10 or pounds in the past 6 months without trying?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| n. Are you physically able to shop for yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| o. Are you physically able to cook for yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| p. Are you physically able to feed yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |

**Section VII: REQUIRED FOR ALL CLIENTS**

I, the client, understand that the information contained on this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. I understand that any entitlement I may have to Social Security benefits or other federal or state sponsored benefits shall not be affected by the provision of the aforementioned information. My signature authorizes the providing agency to begin the service(s) requested.

DATE: \_\_\_\_\_ CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGENCY EMPLOYEE SIGNATURE: \_\_\_\_\_

**Provider Use Only – initial below if no changes:**

Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_

**Provider Use Only – initial below if no changes:**

Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_

# DAAS-101 Long Form

## CLIENT REGISTRATION FORM • DAAS 101 (Long Form)

NC Department of Health and Human Services, Division of Aging and Adult Services

### Section I: Required for all clients

|                         |   |
|-------------------------|---|
| <b>Service Code(s):</b> | <p><i>Complete all sections of this form identified for the applicable service codes.</i></p> <ul style="list-style-type: none"> <li>HCCBG congregate nutrition (180), NSIP-only congregate meals (181), congregate liquid nutritional supplement (182) – complete Sections I, II, and VII only.</li> <li>HCCBG general (250) or medical (033) transportation – complete Sections I and VII only.</li> <li>Family Caregiver Support Program (all codes in 820, 830, 840, 850 except 821, 822, 831, 841, 851, 861) and Project C.A.R.E. – enter information for caregiver in Sections I, VI, and VII and for care recipient in Sections III, IV, and V.</li> </ul> |
| <b>Region Code:</b>     | <ul style="list-style-type: none"> <li>HCCBG In-home Aide Respite (235, 236, 237, 238), Group Respite (309), and Institutional Respite (210) – enter information for the hands-on recipient of services (not the caregiver) in Section I, IV, V (if appropriate), VI (if appropriate), and VII.</li> </ul>  |
| <b>Provider Code:</b>   | <ul style="list-style-type: none"> <li>HCCBG care management (610), home-delivered meals (020), NSIP-only home-delivered meals (021), home-delivered liquid nutritional supplement (022) – complete Sections I, II, IV, V (if appropriate), VI (if appropriate), and VII.</li> <li>For all other HCCBG services, complete Sections I, IV, V (if appropriate), VI (if appropriate), and VII.</li> </ul>  |

**1. Client Status:** Check the appropriate box(es). Enter the date of client status change.

New Registration/Activate (Date: \_\_\_\_\_)

Waiting for Service (complete Section I only): (Date: \_\_\_\_\_)  
Enter waiting for service codes: \_\_\_\_\_

Change of information (Date: \_\_\_\_\_) (Complete Section 1 – Items 2, 4, 5, plus information that needs to be changed)

Inactive (Date that provider believes client became inactive for the reason stated below: \_\_\_\_\_)  
*Enter reason for making client inactive below. Make a client inactive only if the person is thought to be permanently leaving the service system.*

*If the client is a caregiver receiving FCSP or Project C.A.R.E. services and the reason for making the client inactive relates more to the care recipient's status, check the box for "Care Recipient."*

Reason for making client inactive applies to:    Client/Caregiver  OR    Care Recipient

|  |  |
|--|--|
| <input type="checkbox"/> Moved to adult care home/assisted living<br><input type="checkbox"/> Alternative living arrangement<br><input type="checkbox"/> Death<br><input type="checkbox"/> Hospitalization (not expected to return)<br><input type="checkbox"/> Nursing home placement | <input type="checkbox"/> Moved out of service area<br><input type="checkbox"/> Improved function/Need eliminated<br><input type="checkbox"/> Service not needed/wanted<br><input type="checkbox"/> Illness (not expected to return)<br><input type="checkbox"/> Other (Specify): _____ |
|--|--|

|                            |       |    |        |                             |
|----------------------------|-------|----|--------|-----------------------------|
| <b>2. Legal Name, Last</b> | First | MI | Suffix | <b>4. Last 4 digits SSN</b> |
|----------------------------|-------|----|--------|-----------------------------|

Not for data entry -- name person likes to be called, if different from legal name on SS card:

|                          |                         |
|--------------------------|-------------------------|
| <b>3. Street Address</b> | <b>5. Date of Birth</b> |
|--------------------------|-------------------------|

|                 |   |
|-----------------|---|
| Mailing Address | <input type="checkbox"/> Same as street address |
|-----------------|---|

|      |       |     |        |                   |
|------|-------|-----|--------|-------------------|
| City | State | Zip | County | <b>6. Phone #</b> |
|------|-------|-----|--------|-------------------|

|  |   |   |  |
|--|---|---|--|
| <b>7. Sex</b><br><i>(check one)</i>                              | <b>8. At or Below Poverty Level?</b><br><i>(check one)</i>  | <b>9. Marital Status</b> <i>(check one)</i>   | <b>10. Household Size</b> <i>(check one)</i>   |
| <input type="checkbox"/> Female<br><input type="checkbox"/> Male | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Single (never married)<br><input type="checkbox"/> Married<br><input type="checkbox"/> Single (divorced/widowed)<br><input type="checkbox"/> Refused to answer | <input type="checkbox"/> Lives alone <input type="checkbox"/> Group/shared home<br><input type="checkbox"/> 2 in home <input type="checkbox"/> Refused to answer<br><input type="checkbox"/> 3 or more in home |

|  |   |
|--|---|
| <b>11. Race</b>  | <b>12. Ethnicity</b> <i>(Are you of Hispanic or Latino origin?)</i>   |
| <p><i>Check the one race with which client most identifies:</i></p> <p>Black or African-American ..... <input type="checkbox"/></p> <p>Asian ..... <input type="checkbox"/></p> <p>American Indian or Alaska Native ..... <input type="checkbox"/></p> <p>White ..... <input type="checkbox"/></p> <p>Native Hawaiian or other Pacific Islander ..... <input type="checkbox"/></p> <p>Unknown/refused ..... <input type="checkbox"/></p> | <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Not Hispanic or Latino      <input type="checkbox"/> Unreported<br/> <input type="checkbox"/> Hispanic Puerto Rican      <input type="checkbox"/> Hispanic Cuban<br/> <input type="checkbox"/> Hispanic Mexican American      <input type="checkbox"/> Hispanic Other</p> |

**13. Primary language spoken in the home:**  
*(see 30 language options in CRF instructions manual)*

**Name of Emergency Contact:** \_\_\_\_\_  Refused to provide emergency contact information

**Day phone no.:** \_\_\_\_\_ **Evening phone no.:** \_\_\_\_\_

**14. Caregiver's Overall Functional Status:**     Well     At risk     High risk

*(When the caregiver is registered as the client, use this field for the caregiver's self-reported functional status and then complete Section IV for care recipient.)*

**Section II: Required only for clients of HCCBG congregate meals, home-delivered meals, liquid nutritional supplement meals, NSIP-only meals, or care management services.**

| <b>15. Nutrition Health Score</b>   |  | Refused to Answer        |
|---|--|--------------------------|
| a. Do you have an illness or condition that made you change the kind and/or amount of food you eat? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| b. How many meals do you eat per day?   | #  | <input type="checkbox"/> |
| c. How many servings of fruit per day?  | #  | <input type="checkbox"/> |
| d. How many servings of vegetables per day?   | #  | <input type="checkbox"/> |
| e. How many servings of milk/dairy products per day?  | #  | <input type="checkbox"/> |
| f. How many drinks of beer, liquor, or wine do you have every day or almost every day?              | #  | <input type="checkbox"/> |
| g. Do you have tooth/mouth problems that make it hard for you to eat?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| h. Do you always have enough money or food stamps to buy the food you need?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| i. How many meals do you eat alone daily?   | #  | <input type="checkbox"/> |
| j. How many prescribed drugs do you take per day?   | #  | <input type="checkbox"/> |
| k. How many over-the-counter drugs do you take per day?   | #  | <input type="checkbox"/> |
| l. Have you lost 10 or more pounds in the past 6 months without trying?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| m. Have you gained 10 or pounds in the past 6 months without trying?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| n. Are you physically able to shop for yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| o. Are you physically able to cook for yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| p. Are you physically able to feed yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |

**Section III: Complete for the care recipient (not caregiver) if services are funded by Family Caregiver Support Program and/or Project C.A.R.E.**

**CARE RECIPIENT #1** (For additional service recipients, attach an additional DAAS-101, Section III, IV, and V.)

|                 |       |   |   |                              |
|-----------------|-------|---|---|------------------------------|
| 16. Name, Last  | First | M.I.  | SUFFIX  | Last 4 Digits SSN (or zeros) |
| Street Address  |       | Phone #<br><input type="checkbox"/> No phone    |   | Date of Birth                |
| Mailing Address |       | <input type="checkbox"/> Same as street address |   | MM DD YYYY                   |
| City            | State | Zip   | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male |                              |

17. Is care recipient a person with severe disabilities?  Yes  No

18. Does care recipient live in same household as caregiver?  Yes  No

19. Care recipient marital status:  single (never married)  single (divorced/widowed)  
(check one)  married  refused to answer

**Section IV: Complete for all clients unless the client is the caregiver, in which case complete Section IV for the care recipient. The only exception is that Section IV is not required for FCSP services involving minor relative children.**

20. Does client (care recipient) have significant memory loss or confusion?  Yes  No

| 21. Number of IADL (Instrumental Activities of Daily Living) | Client (or care recipient) can carry out the following tasks without help. |                          | If the answer to items a-h in question #21 or items a-f #22 is "no," then select one of the following: |  |   |   |
|--|--|--------------------------|--|--|---|---|
|  | YES  | NO                       | Client (or care recipient) cannot do and has <u>someone</u> <u>unpaid</u> who assists.                 | Client (or care recipient) cannot do and has <u>someone</u> <u>paid</u> who assists. | Client (or care recipient) cannot do and has <u>both</u> <u>unpaid &amp; paid</u> assistance. | Client (or care recipient) has <u>no one</u> who assists. |
| a. Prepare meals   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| b. Shop for personal items                                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| c. Manage own medications                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| d. Manage own money (pay bills)                              | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| e. Use telephone   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| f. Do heavy housework  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| g. Do light cleaning   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |
| h. Transportation ability                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                  |

Total "no" column = IADL impairments

| 22. Number of ADL (Activities of Daily Living)                   |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Eat   | <input type="checkbox"/> |
| b. Get dressed   | <input type="checkbox"/> |
| c. Bathe self  | <input type="checkbox"/> |
| d. Use the toilet  | <input type="checkbox"/> |
| e. Transfer into/out of bed/chair                                | <input type="checkbox"/> |
| f. Ambulate (walk or move about the house without anyone's help) | <input type="checkbox"/> |

Total "no" column = ADL impairments

23. How many unpaid caregivers involved in care including primary caregiver? Enter # \_\_\_\_\_  
(If answer to this question is "0," skip to Section VII.)

**Section V: Complete for HCCBG respite, FCSP, and others responding with "1" or more in Q23.**

**24. How many hours per day of help, care, or supervision does care recipient need?**

a. # of daily hours needed \_\_\_\_\_ b. If not daily, # of hours per week needed \_\_\_\_\_

**25. How many hours per day of help, care, or supervision does primary caregiver provide?**

a. # of daily hours provided \_\_\_\_\_ b. If not daily, #of hours per week provided \_\_\_\_\_

**26. Primary caregiver's relationship to care recipient: (check one)**

- wife                       sister     mother     aunt                       other relative  
 husband                   brother    father     uncle                       non-relative  
 daughter/daughter-in-law    niece     grandmother    granddaughter/granddaughter-in-law  
 son/son-in-law               nephew    grandfather    grandson/grandson-in-law

**Section VI: Complete for all caregivers. Questions 27-30 should be answered only by caregiver.**

**27. Primary caregiver's self-reported health on scale of**

**1 (poor) to 5 (excellent) (choose one)**

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> |

**28. Primary caregiver: How stressful for you is caregiving on a scale**

**from 1 (not at all/very low) to 5 (very high) (choose one.)**

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> |

**29. Primary caregiver's paid employment status:**

- Full-time     Part-time     Quit due to caregiving     Is not/was not working  
 Retired early due to caregiving     Retired/full benefits     Lost job/dismissed due to caregiving

**30. Is the primary caregiver a long distance caregiver?**

Yes     No

**Section VII: REQUIRED FOR ALL CLIENTS.**

I, the client, understand the information contained on this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. I understand that any entitlement I may have to Social Security benefits or other federal or state sponsored benefits shall not be affected by the provision of the aforementioned information. My signature authorizes the providing agency to begin the service(s) requested.

DATE: \_\_\_\_\_ CLIENT (Caregiver) SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGENCY EMPLOYEE SIGNATURE: \_\_\_\_\_

**Provider Use Only – initial below if no changes:**

Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_

**Provider Use Only – initial below if no changes:**

Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_  
 Registration Update \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_

## Client Registration Form Changes

**DAAS-101 - Client Registration Form:** Outline of the changes on the Long Form to assist you with using it until the new instructions are posted. The changes on the Short Form follow these changes where appropriate.

- Instructions at the top of the page reflect the changes in Administrative Letter DAAS 12-13 requiring providers to register the hands-on care recipient, not the caregiver, for respite services (in-home aide respite, group respite, and institutional respite). These clients must be 60 years of age and older unless they qualify for one of the nutrition special eligibility categories.
- **Client Status** – the “inactive” reasons have been changed back to a single column in order to gain space on the page for other changes and also to reflect the data entry screen. If the reason for making the client inactive relates only to the client, mark the client box and mark the applicable reason for the inactivation. If the client is a caregiver getting FCSP or Project C.A.R.E. services and the reason for making the client inactive relates more to the care recipient, check the box for care recipient and mark the applicable reason for inactivation.
- **Legal name** – this was added to support the interface between ARMS and CNDS since the search for an existing client record in CNDS will try to make a match based on the client’s name as reported to the Social Security Administration.
- **Name person likes to be called** - this will not be entered in ARMS, but may be used by providers to note a person’s nick name.
- **Check box for special eligibility** – a check box for special eligibility has been added under the date of birth to help identify any client who meets the special eligibility requirements.
- **Emergency contact information** – this information formerly was at the bottom of the printed form under the signature lines, but it was moved to a position on p. 1 above Overall Functional Status (Q14) because this is where it is on the data entry screen. We hope this change will make data entry easier.
- **Q14 – Overall Functional Status** – Q14 on the Long Form will only be used if the client being registered is a caregiver getting FCSP or Project C.A.R.E. services. Providers do not need to complete Q14 on any client other than a caregiver getting FCSP or Project C.A.R.E. services. For all other clients, functional status will be documented in Section IV.
- **Section III heading** – this wording has been changed to reflect the changes detailed in Administrative Letter 12-13. Section III will only be completed when the client being registered is a caregiver getting FCSP or Project C.A.R.E services.

# Verification of Citizenship under the Older Americans Act



## North Carolina Department of Health and Human Services Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Tel 919 733-3983 • Fax No. 919 733-0443

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Dennis W. Streets  
Director

### DAAS Administrative Letter No. 07-05

To: Aging Service Providers  
Area Agencies on Aging

Subject: Verification of Citizenship under the Older Americans Act

Date: March 8, 2007

As you know, the older adult population in North Carolina continues to increase rapidly. In addition, the immigration rate is increasing at varying rates across all 100 counties. Specifically, local providers are experiencing more requests for service(s) from older adults and their caregivers who are residents but not citizens of the United States. The purpose of this letter is to clarify the citizenship eligibility of service recipients under the Older Americans Act.

After conferring with the U.S. Administration on Aging and the N.C. Attorney General's Office, we can affirm that **verification of citizenship of service recipients by service providing agencies is not required nor appropriate**. Furthermore, please note that the 2006 amendments to the Older Americans Act included a new priority group of "*older individuals with limited English proficiency*" which is in addition to "*low-income older individuals, including low-income minority older individuals, and older individuals residing in rural areas.*"

Additional eligibility requirements for each affected service, such as age and need, can be found in the individual service Policies and Procedures (i.e., Service Standards) through the Division's web site at: <http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>.

If you have any questions, please contact Mark Hensley, Lead Monitor with the Division.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Streets".

Dennis W. Streets, Director

cc: Jackie Sheppard  
Pat Jeter  
DAAS Staff

**Dear County Director of Social Services Letter In Reference to CNDS**  
*Home and Community Care Block Grant Provider use of Common Name Data Service (CNDS) (Page 1)*



**North Carolina Department of Health and Human Services**  
**Division of Medical Assistance**

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

June 6, 2011

**Dear County Director of Social Services**

**SUBJECT: Home and Community Care Block Grant Provider use of Common Name Data Service (CNDS)**

Effective May 23, 2011, the Division of Aging and Adult Services (DAAS) through the Area Agencies on Aging and the local Home and Community Care Block Grant (HCCBG) providers will use the Common Name Data Service (CNDS) as the source for personal demographic information for persons who apply for services through the Home and Community Care Block Grant.

As each Aging Resource Management System (ARMS) client is registered, HCCBG providers will access CNDS to determine if the client already has a CNDS ID number. If so, they will utilize that number in ARMS. If not, then a CNDS ID number will be assigned through normal CNDS protocol. If there is a close match on the demographic information keyed by the HCCBG provider to the demographic data in the CNDS there may need to be coordination with the county department of social services agency to determine whether to utilize that ID number in CNDS or assign a new ID number.

The local HCCBG providers work closely with the Area Agencies on Aging (AAAs) in ensuring the accuracy and completeness of ARMS data. For purposes of the CNDS coordination, the HCCBG provider will contact the AAA who will in turn contact the local DSS when there is a need to reconcile information.

The purpose of this letter is to inform the county departments of social services that AAA staff may be contacting social services staff to assist them in making the determination regarding the CNDS ID number. There may also be instances where data may have been keyed incorrectly in the Eligibility Information System (EIS) or the Food Stamp Information System (FSIS) that needs to be corrected. For example, there may be transposed numbers in the Date of Birth or the gender may have been keyed as female when the person is actually male. As HCCBG providers discover this type of data problem, they will need to contact their AAA who will contact social services staff to correct data when deemed appropriate. There will be no sharing of benefit information as this information has no relevance in determining whether to use the existing CNDS ID number.

The State is requesting that each county department of social services designate specific staff to handle these requests and that you make staff aware of the procedure.

The State has requested that AAA staff calling for this purpose identify the purpose by stating they need assistance with a "CNDS ID ISSUE."

We appreciate the effort of you and your staff to make this a smooth transition for the HCCBG providers and the Area Agencies on Aging. We want to encourage the use of an existing CNDS ID number and must do everything we can to prevent duplicate CNDS ID numbers from being assigned.

Location: 1985 Umstead Drive • Dorothea Dix Hospital Campus • Raleigh, N.C. 27603  
An Equal Opportunity / Affirmative Action Employer  
[www.ncdhs.gov/dma](http://www.ncdhs.gov/dma)



## Appendix R - Reports / Descriptions

### Demographic Reports

#### Demographic Reports

All Demographic Reports are in Real-Time that include totals in ARMS at the time the report is generated.

| Name                     |   |   |
|--------------------------|---|---|
| <a href="#">ZGA204-1</a> | Cumulative Unduplicated Persons Served by Region and <u>Provider</u>      | <u>Clients</u>  |
| <a href="#">ZGA204-2</a> | Cumulative Unduplicated Persons Served by Region and <u>County</u>        | Totals displayed by Provider, County, Region and State Totals                                 |
| <a href="#">ZGA204-3</a> | Cumulative Unduplicated Persons Served by <u>Region</u>                   |   |
| <a href="#">ZGA204-4</a> | Cumulative Unduplicated Persons Served - <u>State Totals</u>              |   |
| <a href="#">ZGA210-1</a> | Cumulative Contract Performance Information by Region and <u>Provider</u> |   |
| <a href="#">ZGA210-2</a> | Cumulative Contract Performance Information by Region and <u>County</u>   | Totals displayed by Provider, County, Region and State Totals                                 |
| <a href="#">ZGA210-3</a> | Cumulative Contract Performance Information by <u>Region</u>              |   |
| <a href="#">ZGA210-4</a> | Cumulative Units Served - <u>State Totals</u>                             |   |
| <a href="#">ZGA537-1</a> | Service Information Report by <u>State</u>                                |   |
| <a href="#">ZGA537-2</a> | Service Information Report by <u>Region</u>                               |   |
| <a href="#">ZGA537-3</a> | Service Information Report by <u>County</u>                               |   |
| <a href="#">ZGA537-4</a> | Service Information Report by <u>Provider</u>                             |   |
| <a href="#">ZGA541-1</a> | Client Demographic Information by <u>State</u>                            | Totals displayed are unduplicated clients served by <b>Funding Source</b> . See example below |
| <a href="#">ZGA541-2</a> | Client Demographic Information by <u>Region</u>                           |   |
| <a href="#">ZGA541-3</a> | Client Demographic Information by <u>County</u>                           |   |
| <a href="#">ZGA541-4</a> | Client Demographic Information by <u>Provider</u>                         |   |
| <a href="#">ZGA541-5</a> | Client Demographic Information by <u>Service</u>                          |   |
| <a href="#">ZGA541-6</a> | Client Demographic Information by <u>Language</u>                         |   |

## Verification Report List and Description

| <b>Verification Reports</b> |  | <b>All Verification Reports are in Real-Time that include totals in ARMS at the time the report is generated.</b> |
|-----------------------------|--|---|
| Name                        |  |   |
| <a href="#">ZGA542</a>      | Units of Service Verification Report                       | ZGA-542 Series - Verification Reports   |
| <a href="#">ZGA542-1</a>    | Service Totals Summary by State                            | Totals are pulled from Service Totals Site/Route/Worker (SRW)<br>Totals on these reports are Real Time            |
| <a href="#">ZGA542-2</a>    | Service Totals Summary by Region                           |   |
| <a href="#">ZGA542-3</a>    | Service Totals Summary by County                           |   |
| <a href="#">ZGA542-4</a>    | Service Totals Summary by Provider                         |   |
| <a href="#">ZGA543</a>      | Consumer Contributions/Program Income Verification Report  | Total dollar amount keyed - Real time data  |
| <a href="#">ZGA544</a>      | Non-Unit Service Verification Report                       | Total dollar amount keyed - Real time data  |
| <a href="#">ZGA300</a>      | Site/Route/Worker Code Table                               | Display SRW setup by Provider   |
| <a href="#">ZGA301</a>      | Site/Route/Worker Code Information                         | Displays location of Nutrition Sites  |
| <a href="#">ZGA546</a>      | Information and Assistance Contacts Report                 | Display number of contacts - Service Code 040   |
| <a href="#">ZGA547</a>      | Caregiver Unregistered I & A Contacts Report               | Report displays total contacts for Service Codes 811, 812 and 822   |
| <a href="#">ZGA548-1</a>    | Legal Client And Unit Verification Report                  | Display total Client and Units - Service code 130   |
| <a href="#">ZGA548-2</a>    | Family Caregiver Legal Client And Unit Verification Report | Display FCSP Legal Clients - Service Code 861   |
| <a href="#">ZGA549</a>      | Housing and Home Improvement Report                        | Display dollar amounts by County and SRW Description as of 2014. Prior to 2014 the total was Client Served        |
| <a href="#">ZGA550</a>      | Care Management Persons Served Report                      | Total Client Served by month - Service Code 610   |
| <a href="#">ZGA551</a>      | CONSUMER DIRECTED CARE (CDC) REPORTS                       | Total Client Service - Service Codes 500 series   |
| <a href="#">ZGA553</a>      | PROJECT CARE REPORT- STATE RECURRING                       | Total Clients - Region S Only   |

## Financial Report – List and Description

| <b>Financial Reports</b> |   | <b>Reports display data for a Reimbursement Period by Month and Fiscal Year</b>        |
|--------------------------|---|--|
| Name                     |   |  |
| <a href="#">ZGA515-1</a> | Area Plan Service by Activity by Region | Expenditures by Region for County, Provider and Service                                |
| <a href="#">ZGA515-2</a> | Area Plan Service by Activity by County | Expenditures by County for Provider and Service  |
| <a href="#">ZGA515-3</a> | Service Expenditures                    | Display Budget Amount, YTD Expenditures and Percent of Expenditures                    |
| <a href="#">ZGA801</a>   | Expenditure Compliance Report           | Federal/State Budgeted and Reimbursed and Percentage Reimbursed By Region and Category |
| <a href="#">ZGA517</a>   | Service Expenditure Report              | YTD Expenditures by Service  |
| <a href="#">ZGA545</a>   | Invoice for MIS Services                | Report calculates total service records by rate per record by Provider                 |

## Client/Waiting Report - List and Description

| Client/Waiting Lists |   |
|----------------------|---|
| Name                 | Description   |
| ZGA100               | Client Master List - Active by County Displays all Clients with an <b>Active Status</b>   |
| ZGA101               | Client Master List - Provider Clients Served Displays Active Client <u>Served</u> , by Region, County, Provider and Service                       |
| ZGA102               | Client Master List - Inactive by Provider Displays Clients with an Inactive Status  |
| ZGA103               | Client Master List -Emergency Contact -Active by County Displays Emergency Contact of Client by   |
| ZGA104               | Client Master List -Emergency Contact -Active by Provider County and Provider.  |
| ZGA105               | Registered Client Master List by County Displays all Clients in ARMS regardless of their Status   |
| ZGA106               | Client Master List - Provider Clients Service Status Displays Service Status of Client  |
| ZGA110               | Client Master List Displays Demographic Information on Clients. Report also include Client Status, City and Zip Code                              |
| ZGA111               | Client Master List - Missing Functional Status Displays Client with Missing Functional Status   |
| ZGA600               | Clients Waiting for Service Grouped by Service Total Clients waiting by Service   |
| ZGA600-1             | Client Waiting For Service Totals by Service Sort By Service Code Displays Client by Name by Service  |
| ZGA600-2             | Client Waiting For Service Totals by Service Sort By Region/Provider/County Client by Region, Provider and Service. The total waiting by Provider |
| ZGA625               | Clients Waiting for Service Grouped by Provider Total Clients Waiting by Provider and Service   |

### Report examples for Client Waiting Lists – ZGA-600 and ZGA-625

| <b>CONFIDENTIAL</b>   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES           |                                   |                                    |
| <u>ZGA600</u> - CLIENT WAITING FOR SERVICE GROUPED BY SERVICE |                                   |                                    |
| PRINT DATE: 02/21/2017 11:41:05AM                             |                                   |                                    |
| Region:A  |                                   |                                    |
| County:All  |                                   |                                    |
| <u>Provider:A054</u>  |                                   |                                    |
| SERVICE CODE  | SERVICE DESCRIPTION               | TOTAL CLIENTS WAITING FOR SERVICES |
| 041   | IN-HOME LEVEL 1 - HOME MANAGEMENT | 25                                 |
| 042   | IN-HOME LEVEL 2 - PERSONAL CARE   | 27                                 |
| 235   | IN-HOME LEVEL 1 - RESPITE         | 1                                  |
| 236   | IN-HOME LEVEL 2 - RESPITE         | 4                                  |
| TOTAL   |                                   | 57                                 |

| 050 JACKSON   |                                   | <b>ZGA-625</b>                     |
|---|-----------------------------------|------------------------------------|
| <u>A054</u> PATHWAYS FOR THE FUTURE-DISABILITY PARTNERS |                                   |                                    |
| SERVICE CODE  | SERVICE DESCRIPTION               | TOTAL CLIENTS WAITING FOR SERVICES |
| 041   | IN-HOME LEVEL 1 - HOME MANAGEMENT | 25                                 |
| 042   | IN-HOME LEVEL 2 - PERSONAL CARE   | 27                                 |
| 235   | IN-HOME LEVEL 1 - RESPITE         | 1                                  |
| 236   | IN-HOME LEVEL 2 - RESPITE         | 4                                  |
| A054 PATHWAYS FOR THE FUTURE-DISABILITY PARTNERS TOTAL  |                                   | 57                                 |

Information on the Client Waiting List report series are pulled from the Provider Client Service Status.

| Provider Client Services    |              |                                   |   |                       |
|-----------------------------|--------------|-----------------------------------|---|-----------------------|
| Date                        | Service Code | Service Name                      | Service Status  | Allow Care Recipients |
| 2/8/2016                    | 041          | IN-HOME LEVEL 1 - HOME MANAGEMENT | W  | No                    |
| Add/Update Services         |              |                                   |   |                       |
| Provider Client Assessments |              |                                   |   |                       |
| Add Missing Assessment(s)   |              |                                   |   |                       |

### Other Reports - List and Description

| Name                                 | Description   |
|--------------------------------------|---|
| <a href="#">ZGA701</a>               | Aging Service Providers Only Active Providers of those with a Provider Budget in current state fiscal year  |
| <a href="#">ZGA701-B</a>             | Aging Service Providers E-Mail Addresses E-mail address of Active Providers   |
| <a href="#">ZGA702-A</a>             | Provider Directory by Service  Providers by Service and by County. |
| <a href="#">ZGA702-B</a>             | Provider Directory by County Reports used to create Aging Service Directories on web site   |
| <a href="#">ZGA702-C</a>             | Block Grant Service Provider Displays only HCCBG Provider Agencies  |
| <a href="#">ZGA702-D</a>             | Total Unduplicated Service Provider Summary Report displays unduplicated Service Providers  |
| <a href="#">ZGA903</a>               | Units of Service Report (Turnaround Document) Providers use for data entry of clients receiving services  |
| <a href="#">YTD Export</a>           | Export Year to Date Reimbursement Data YTD Reimbursement Data exported to Excel   |
| <a href="#">ProviderClientExport</a> | Export Provider Client Information Export Clients information by Providers to Excel   |