

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Aging and
Adult Services

Aging Resource Management System

ARMS

Region User

Version 5

Revised January 25, 2018

Table of Contents

1. Introduction and Overview	3
1.1 What is ARMS?	3
1.2 ARMS Objectives	3
1.3 Who uses ARMS?	3
Table 1 – User Functionality	4
Table 2 – Document Conventions	4
Table 3 – Screen Navigation	5
2 Basic ARMS Functionality	6
2.1 ARMS System Availability and Connectivity	6
2.2 ARMS User Data Entry Requirements	6
2.3 Starting ARMS	6
2.4 ARMS Recommended Internet Settings	11
2.5 Logging Out of ARMS	12
2 Region User	13
2.1 Navigating the Region Functions	13
2.2 Initial Screen (Home)	13
2.3 Change Region Contact Information	14
2.4 Region Budget	15
2.4.1 View / Modify Regional Budget Details and Expenditures	15
2.5 Provider Budgets	18
2.5.1 Add Provider Budgets	18
2.5.2 Viewing / Modifying Provider Budget Information	21
2.5.3 View / Edit Provider Budget Details	22
2.5.4 View / Edit Provider Budget SRWs	23
2.5.5 View / Edit Provider Budget Reimbursements	25
2.5.6 View / Edit Provider Budget Contributions	27
3 Providers	28
3.1.1 Edit / View Provider Details	29
3.1.2 View Clients for Region Providers	30
Appendix	31
Appendix A - Regional Expenditures Change	32
Appendix B – Access to ARMS - User Request Form	35
ARMS User Request Link to Form	35
Appendix C -- Consumer Directed Services ARMS Requirements	43
Appendix D – Provider Agency Form – DAAS-150	49
Appendix E – Monitoring	52
Appendix F – Documents and/or Forms	53

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:

- Data provided by the client on the DAAS-101 Client Registration Form (CRF) is accurate
- There are NO data entry errors when searching for the client record in CNDS
- The user verified data keyed for search criteria is correct before searching CNDS
- 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
Region	Users assigned the “ Region ” role can perform all the Provider functions, with the addition of these administrative functions: <ul style="list-style-type: none"> • Add / Modify Region Details • Add / Update Region Budget • Add / Update Region Expenditures • Add / Update Provider Contract Segments
Provider	Users assigned a role in ARMS as “ Provider ” will be able to perform the following functions. <ul style="list-style-type: none"> • Search for clients and review their information • Add / Update a new client • Add / Update a service to a client • Add / Update monthly service totals for client • Add / Update a site/route/worker code • Modify provider agency information • View / Print Provider specific reports • Import Service Data • Add / Update non-unit reimbursement data • Add / Update consumer contributions/program income •
County	Users with “ County ” access can only View or Print County Reports for their County
Report	Those assigned “ Report ” access can 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:

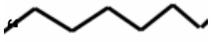
Format or Style	Description
Boldface text	Indicates an action to take in the system such as clicking a button or selecting a drop-down list box item or item on a menu.
<i>Italics</i>	Indicates text to enter into a field in ARMS.
Hyperlinks	A link to a web site or to another part of this User Guide. These are working links for those reading this document electronically.
Pipe Separated Text	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.
Links...	Drill-down links are usually found in columns. Clicking these opens additional detail screens specific to the data item displayed
 tear away” line	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

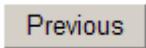
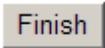
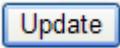
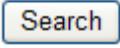
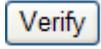
	Click PREVIOUS to return to the previous screen
	Click the FINISH when you have completed the screen to save data keyed
	Click CANCEL to end function without saving
	Click the Next button to advance to next screen
	Update will save the record
	Click to Search for specific criteria
	Clear search criteria
	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.
	The Create New Person displays with CNDS Search and is used to create a new client in ARMS and CNDS.

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 or to run reimbursement reports. 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.

For **Application/Support** e-mail the Division of Aging and Adult Services (DAAS) at ARMS.Inquiry@dhhs.nc.gov. To help with the troubleshooting process, provide exact details about the behavior, issues, or error messages received.

2.2 ARMS User Data Entry Requirements

ARMS data must be keyed in ARMS by 5:00 p.m. on or before the 11th of the each month to be reimbursed for the current report period. When the 11th falls on a holiday the due date is the next working day. If the 11th falls on a weekend, data is due the following Monday. The link to schedule <https://www2.ncdhhs.gov/aging/arms/arms-schedule.pdf>.

The processing of reimbursement reports and other financial documents will occur on the 12th calendar day of the month. When the 12th falls on a holiday the processing date is the next working day. If the 12th 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, verification, waiting list, etc. are 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 when keying data 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.

1. To enable pop-ups in Internet Explorer, Click on the **Tools menu | Pop-up Blocker | Pop-up Blocker Settings**
2. Enter the ARMS website address in the text box under “*Address of Web site to allow*”
3. 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.

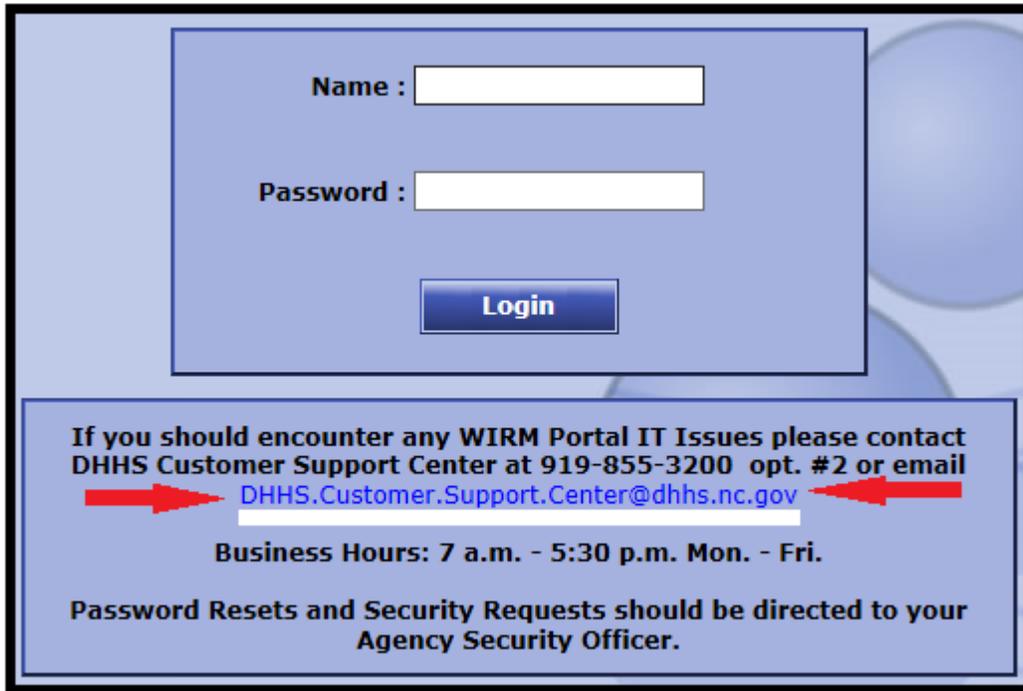


Figure 3 – WIRM Portal Login Screen

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.

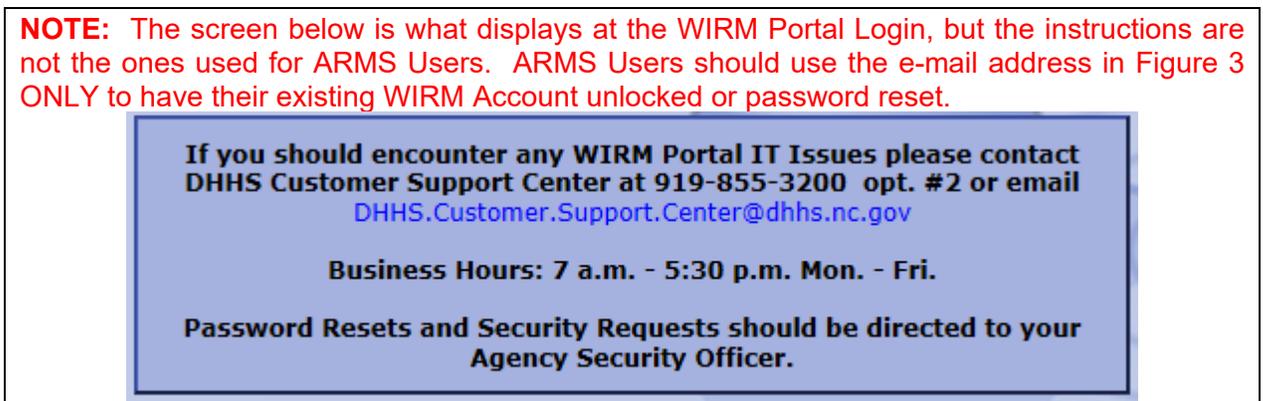


Figure 4 - WIRM Portal Login Information

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 5 – 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 system access.

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.

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 DAAS ARMS Staff.

NOTE: DAAS ARMS Staff 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.**

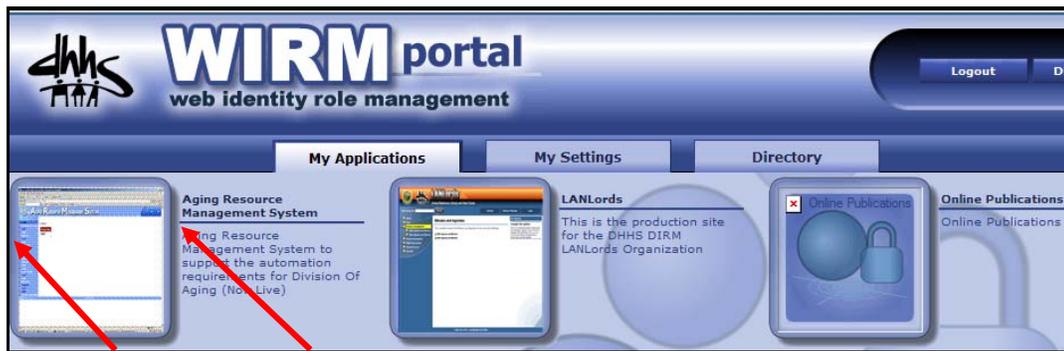


Figure 6 — WIRM Portal “My Applications” Screen

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 7 – 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

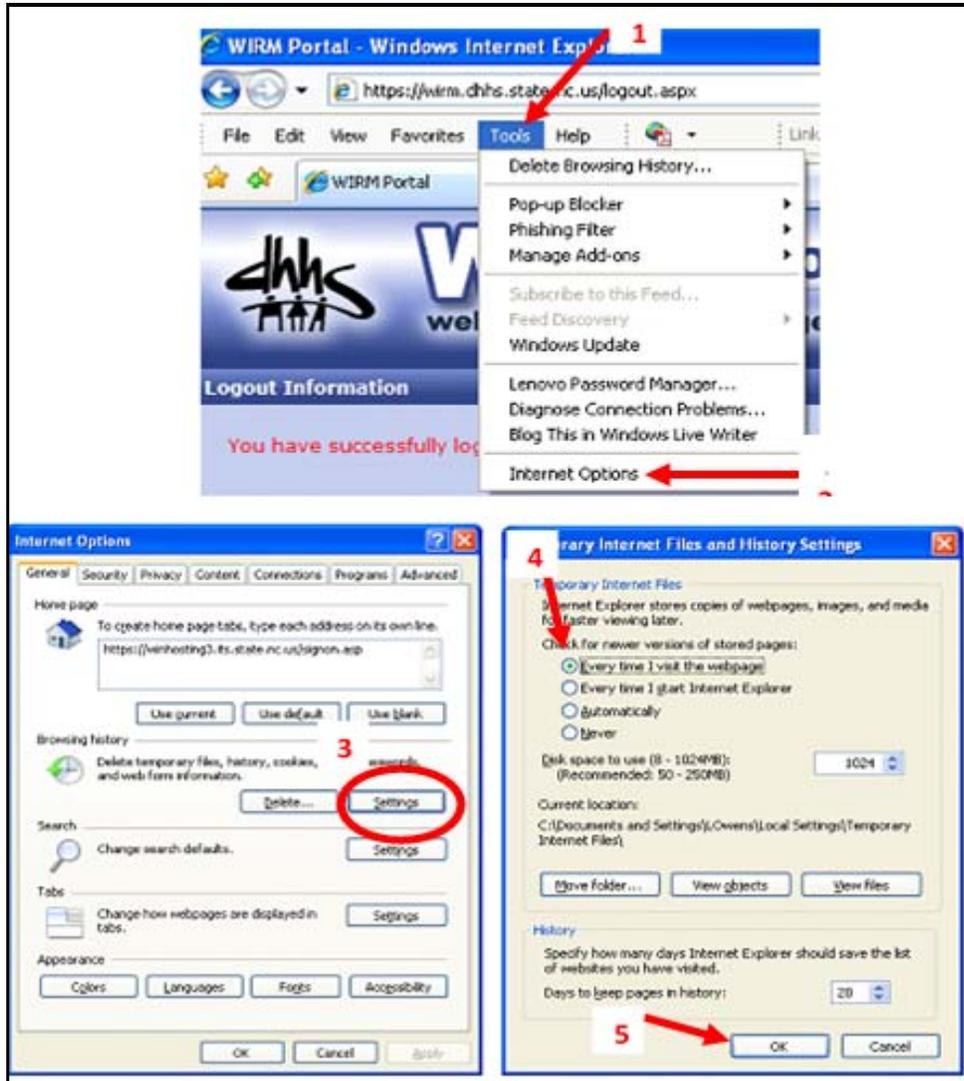
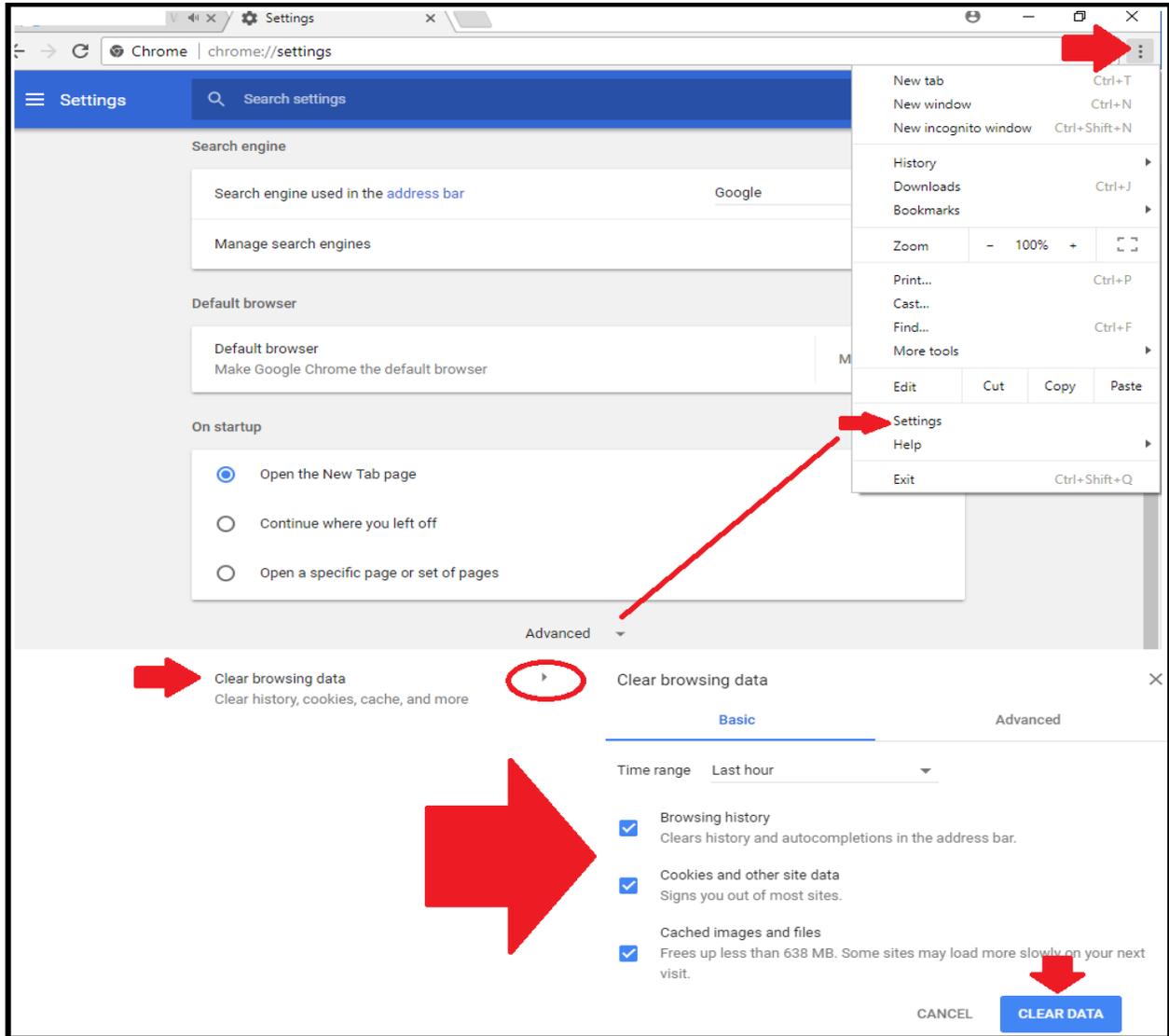


Figure 8 - ARMS Recommended Internet Settings for Internet Explorer

NOTE: This refers to Internet Explorer only. Check the browser you are using to ensure a new webpage is displayed in ARMS each time you access it.

Google Chrome - Clear Browsing data

1. Open Google Chrome, click three vertical dots on right.
2. Select Settings
3. Stroll down to bottom to click on **Advanced**
4. Select **“Clear Browsing Data”**



2.5 Logging Out of ARMS

When finished using ARMS, always log out by clicking Logout in top right corner of screen. 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 7).

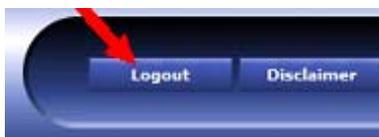


Figure 9 - Logout Prompt

2 Region User

The Region user role in ARMS provides utility for those who manage providers, agency information, budgets and client service data.

2.1 Navigating the Region Functions

The header section of the ARMS screen provides links to available functions. Click on any of the headings on this menu bar to open a separate area of Region user functions.



Figure 6 – Region User Navigation Bar

2.2 Initial Screen (Home)

Region users will see the following screen when they log into ARMS.

Region Details

Region Code : G
 Region Name : PIEDMONT TRIAD COG
 Region Contact Name : KIM BERRY
 Address : 2216 W MEADOWVIEW ROAD SUITE 201 GREENSBORO, NC 27407-
 Work Phone : (336) 294-4950 ext.
 Fax Number : (336) 632-0457
 Email : kberry@ptcog.org

Region Allocations

	Allocated Amount	Budgeted	Balance
State AAA Admin Cost	\$27,776	\$18,999	\$8,777
Elder Abuse	\$19,089	\$17,181	\$1,908
ELDER ABUSE CARRYFORWARD	\$0	\$0	\$0
Ombudsman	\$276,534	\$264,181	\$12,353
DISEASE PREVENTION/HEALTH PROMOTION CARRY FORWARD	\$0	\$0	\$0
Senior Center Capital Improvement	\$0	\$0	\$0
Planning And Admin	\$311,350	\$16,078	\$295,272
OMBUDSMAN CARRYFORWARD	\$0	\$0	\$0
Senior Center General Purpose Fund	\$5,882	\$0	\$5,882
Family Caregiver	\$16,000	\$0	\$16,000
SECURITY	\$0	\$0	\$0
Disease Prevention/Health Promotion	\$16,000	\$0	\$16,000
Senior Center Outreach	\$5,000	\$0	\$5,000
Legal	\$5,000	\$0	\$5,000
PLANNING AND ADMIN CARRY FORWARD	\$0	\$0	\$0
Totals:	\$682,631	\$316,439	\$366,192

Home Community Care Block Grant Funding Allocations

County	Allocated Amount	Budgeted	Balance
Davidson	\$1,866,131.00	\$779,986.00	\$1,086,145.00
Montgomery	\$1,250,855.00	\$258,301.00	\$992,554.00
Rockingham	\$1,626,002.00	\$630,643.00	\$995,359.00
Alamance	\$1,782,915.00	\$1,054,333.00	\$728,582.00
Randolph	\$1,701,295.00	\$710,533.00	\$990,762.00
Caswell	\$1,245,023.00	\$260,803.00	\$984,220.00
Guilford	\$12,020,594.00	\$2,184,320.00	\$9,836,274.00
Total:	\$21,492,815		

To update Region Details, click Modify.

The second part of the Region Details screen is View Only and shows the Allocations for the Region. Users cannot change the allocated amounts.

County Allocations Users cannot change (View Only)

Figure 7 – Region User Initial Screen

NOTE: Clicking either **Home** or **Region / County Allocations** from the menu bar will display this screen – Region Details.

2.3 Change Region Contact Information

The initial screen (for both **Home** and **Region / County Allocations**) is divided into two main sections. The top section contains the contact information for the Region User.

Region Details	
Region Code :	G
Region Name :	PIEDMONT TRIAD REGIONAL COUNCIL
Region Contact Name :	BLAIR BARTON-PERCIVAL
Address :	2216 W MEADOWVIEW ROAD
City :	GREENSBORO
State :	NC
Zip :	27407
Work Phone :	(336) 294-4950 ext.
Fax Number :	(336) 632-0457
Email :	BBPERCIVAL@PTRC.ORG
<input type="button" value="Modify"/> <input type="button" value="Cancel"/>	

Figure 8 – Region User Contact Details

The user may update the Region Details by clicking on **Modify**. Click **Cancel** to return to the previous screen without saving.

Update a Region	
Region Code :	G
Region Name :	<input type="text" value="PIEDMONT TRIAD REGIONAL COUNCIL"/>
Region Contact Name :	<input type="text" value="BLAIR BARTON-PERCIVAL"/>
Address :	<input type="text" value="2216 W MEADOWVIEW ROAD"/>
	<input type="text" value="SUITE 201"/>
	<input type="text" value="GREENSBORO, NC"/> <input type="text" value="27407"/> - <input type="text" value=""/>
Work Phone :	(<input type="text" value="336"/>) <input type="text" value="294"/> - <input type="text" value="4950"/> ext. <input type="text" value=""/>
Fax Number :	(<input type="text" value="336"/>) <input type="text" value="632"/> - <input type="text" value="0457"/>
Email :	<input type="text" value="BBPERCIVAL@PTRC.ORG"/>
Created User:	RAMANA.REDDY
Created Time:	6/27/2006 5:49:11 PM
Last Updated User:	LINDA.OWENS
Last Updated Time:	2/6/2013 10:50:54 AM
<input type="button" value="Update"/> <input type="button" value="Cancel"/>	

Figure 9 – Modify Region Contact Information

Changes can be made to any of the editable fields, then click **Update** to save. Click **Cancel** to return to the previous screen without saving.

NOTE: The Region Code cannot be changed by User.

2.4 Region Budget

Click on **Region Budget** on the navigation bar to view the regional budgets associated with the Region.

Region Details

Region Code : G
 Region Name : PIEDMONT TRIAD COG
 Region Contact Name : BLAIR BARTON-PERCIVAL
 Address : 2216 W MEADOWVIEW ROAD
 City : GREENSBORO
 State : NC
 Zip : 27407
 Work Phone : (336) 294-4950 ext.
 Fax Number : (336) 632-0457
 Email : BBPERCIVAL@PTRC.ORG

Region Budgets

Funding Source	Allocated Amount	Budget Amount	Remaining Allocated Amount		
State AAA Admin Cost	\$27,776	\$18,999	\$8,777	Details	Expenditures
Planning And Admin	\$35,000	\$16,078	\$18,921	Details	Expenditures
Elder Abuse	\$19,089	\$17,180	\$1,908	Details	Expenditures
Ombudsman	\$276,534	\$264,180	\$12,353	Details	Expenditures

[Add Region Budget](#)

Figure 10 – Region Budget Screen (Sample)

2.4.1 View / Modify Regional Budget Details and Expenditures

Details for each budget are available for viewing by clicking the **Details...** hyperlink. For example, details for the **State AAA Admin Cost** are:

Region Users may change any editable fields for the Approved Regional Budget on this screen. Click **Update** to save the changes or **Cancel** to return to the previous screen.

Funding Source	Allocated Amount	Budget Amount	Remaining Allocated Amount		
State AAA Admin Cost	\$27,776.00	\$27,629	\$146	Details	Expenditures

Approved Regional Budget

Region : PIEDMONT TRIAD COG
 Funding Source : State AAA Admin Cost

Salaries: Program Income Allowance:
 Fringe: Overmatch Received:
 Travels:
 Admin Support Costs:
 Equipment:
 Indirect:

Created User: Kevin.Thompson
 Created Time: 10/5/2006 10:48:03 AM
 Last Updated User: Arms.Region
 Last Updated Time: 4/11/2007 2:43:56 PM

Figure 11 – Sample Regional Budget Details

To view expenditure details, click the [Expenditures...](#) link:

Funding Source	Allocated Amount	Budget Amount	Remaining Allocated Amount		
State AAA Admin Cost	\$27,776.00	\$27,629	\$146	Details	Expenditures

Region Details

Region Code : G
 Region Name : PIEDMONT TRIAD COG
 Funding Source Name : Ombudsman
 Total Budget Amount : \$264,181
 Remaining Budget Amount : \$218,815

Region Expenditures

Report Month	Expense Amount	
Jan	\$21,602.00	Details
Feb	\$23,764.00	Details
Total:\$45,366		

Figure 12 – Sample Expenditure Details

From this screen Region Users view or edit monthly expenditures prior to reimbursement generation by clicking [Details...](#) Details for January are shown in this example:

Regional Expenditure

Region : G-PIEDMONT TRIAD REGIONAL COUN
 Funding Source : Planning And Admin
 Total Budget : \$652,474
 Remaining Budget Amount: \$120,218
 YTD Expense Amount: \$532,256
 Report Month : Jul

Salaries: Program Income Allowance:
 Fringe: Overmatch Received:
 Travels:
 Admin Support Costs:
 Equipment:
 Indirect:

Created User: G.SUSAN.FERRIOLA
 Created Time: 8/15/2012 1:42:38 PM
 Last Updated User: G.SUSAN.FERRIOLA
 Last Updated Time: 8/15/2012 1:42:38 PM

Previous months are disabled and cannot be changed by Region User after reimbursement has been generated. If keyed in error, adjustments can be in the next reimbursement month

All amounts keyed must be YTD totals

Users are required to key an YTD entry each month even if it is the YTD from a previous to allow the ZGA-060 to calculate reimbursement

Figure 13 – Sample Regional Expenditures by Month

See [Appendix A](#) for additional information

Users may add new regional expenses by clicking the **Add Regional Expense** on the **Regional Expenditures** Details screen:

Funding Source	Allocated Amount	Budget Amount	Remaining Allocated Amount	
State AAA Admin Cost	\$27,776.00	\$27,629	\$146	Details Expenditures

Oct	\$2,400.00	Details
Sep	\$100.00	Details
Total:\$27,070		
Cancel		Add Region Expense

Regional Expenditure

Region : G-PIEDMONT TRIAD COG
 Funding Source : State AAA Admin Cost
 Total Budget : \$27,629
 Remaining Budget Amount: \$559
 YTD Expense Amount: \$27,070
 Report Month :

Salaries: Program Income Allowance:
 Fringe: Overmatch Received:
 Travels:

Admin Support Costs:
 Equipment:
 Indirect:

[Update](#) [Cancel](#)

Click to add new Region Expense. Note only available months to add are shown.

Click Details to edit an existing month

Figure 14 – Add Regional Expenditure (from Details screen)

NOTE:

Region Users cannot change Regional Expenditures of a **Previous Month** after reimbursement has been generated for that particular month. Changes and/or updates should be included in the next month reimbursement period.

Name	Status	Type	Category	FundingPercentage
Planning And Admin	A	Region	Operation	79.11
Ombudsman	A	Region	Operation	90.00
Elder Abuse	A	Region	Operation	90.00
STATE AAA ADMIN COST	A	REGION	OPERATION	100.00

Table 4 -Regional Expenditure and Reimbursement Percentages

2.5 Provider Budgets

2.5.1 Add Provider Budgets

Click Add Provider Budget to set up a new budget or provider contract segment.

Home Region Allocation Region Budget **Provider Budgets** Providers Clients Reports Import ARMS/SIS

Add Provider Budget

Region: G-PIEDMONT TRIAD COG

Index on County 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

Figure 15 – Add Provider Budget

The region code and name cannot be changed and is filled in based on user access. The user should select the Funding Source by clicking this symbol - ▾. A drop down box will display with available funding sources. Available services will display based on the Funding Source selected from the drop down menu.

Provider Budget

Region : G-PIEDMONT TRIAD COG

Funding Source : ▾

County : ▾

Provider : ▾

Service : ▾

Net Unit Cost: ▾

Net Service Cost: ▾

Total NSIP Dollars: ▾

Other Matching Resources: ▾

Other Non Matching Resources: ▾

Projected People : ▾

Is Budgets Finalized : Yes No

Update Cancel

Figure 17 Provider Budget – Funding Source

In this example, Home and Community Care Block Grant was selected as the Funding Source.

When you click ▾ on Service, only services tied to funding source Home and Community Block Grant can be selected.

Provider Budget

Region : G-PIEDMONT TRIAD COG

Funding Source : Home Community Care Block Grant ▾

County : Alamance ▾

Provider : ADULT CENTER FOR ENRICHMENT(G010) ▾

Service : ADULT DAY HEALTH(155) ▾

Net Unit Cost: ▾

Net Service Cost: ▾

Total NSIP Dollars: ▾

Other Matching Resources: ▾

Other Non Matching Resources: ▾

Projected People : ▾

Is Budgets Finalized : ▾

Update Cancel

Figure 18 – Provider Budget - Service

Note: Services are available by Funding Service

Provider Budget

Region : G-PIEDMONT TRIAD COG

Funding Source :

County : Alamance

Provider : SERVICE PROVIDER(G100)

Service : HOME DELIVERED MEALS-NSIP(021)

Net Unit Cost: HOME DELIVERED MEALS-NSIP(021)
CONGREGATE NUTRITION-NSIP(181)

Net Service Cost:

Total USDA Dollars:

Other Matching Resources:

Other Non Matching Resources:

Projected People :

Is Budgets Finalized : Yes No

If no funding source is selected, service defaults to NSIP service codes 021 and 181

Figure 19 - Provider Budget – NSIP

Provider Budget

Region : G-PIEDMONT TRIAD COG

Funding Source : Legal

County : Alamance

Provider : SERVICE PROVIDER(G100)

Service : LEGAL SERVICES(130)

Net Unit Cost: LEGAL SERVICES(130)

Net Service Cost:

Total USDA Dollars:

Other Matching Resources:

Other Non Matching Resources:

Projected People :

Is Budgets Finalized : Yes No

If funding source – Legal is selected, only service Legal will appear. This also applies to Senior Center General Purpose Fund and Outreach, Disease Preventions and Family Caregiver

Figure 20 Provider Budget - Legal

Provider Budget

Region : G-PIEDMONT TRIAD COG

Funding Source : Family Caregiver

County : Alamance

Provider : SALUDA SENIOR CENTER(C045)

Service : SENIOR FINANCIAL CARE-CCC(I033)
SENIOR OPPORTUNITY CENTER(B091)
SENIOR RESOURCES OF GUILFORD(G055)
SENIOR SERVICES OF HOKE COUNTY(N048)
SENIOR SERVICES, INC.(I083)
SERVICE PROVIDER(G100)
SHARON UNITED METHODIST CHURCH(P039)
SHEPHERD CENTER OF GREATER WS(I081)
SOUTH IREDELL SENIOR CENTER(F047)
SOUTHEASTERN UNITED CARE(N015)
ST LUKE MEDICAL ALERT(C031)

Net Unit Cost:

Net Service Cost:

Total USDA Dollars:

Other Matching Resources:

Other Non Matching Resources:

Projected People :

Is Budgets Finalized : Yes No

Select provider from the list of all available providers in ARMS. All providers are listed because regions can have contracts across regions, for example, Legal

Figure 21 – Provider Budget -Provider

Users may add the provider budget information in editable fields and click **Update** to save or **Cancel** to return to the previous screen.

Figure 22 – Provider Budget Data Entry Screen

Net Unit Cost should **NOT** be keyed for Non-Unit Services. If a Net Unit Cost is keyed, Reimbursement will **NOT** calculate for Non-Unit Service Codes. See Service Chart for a list of Non-Unit Service Codes. **Hint:** If Reimbursement is displayed as shown in Figure 23, it is a Non-Unit Service Code. Therefore, **NO** Net Unit Cost for this Provider Budget should be keyed.

Instructions for Data Entry in Figure 22	
Net Unit Cost	Net Unit Cost is used in calculating actual expenses for unit-based expenses. Do not key for non-unit services. Refer to service code chart
Net Service Cost	The Net Service Cost is the actual budgeted amount of Federal/ State/Local. When keying the budgeted amount for a provider, key the GROSS amounts. The allocations given to each Region/Service are NET amounts. Regions add the respective LOCAL match to the NET to get the GROSS amount to be keyed into ARMS. This is based on Funding Source Reimbursement Percentages – See Table 5
Total NSIP Dollars	NSIP – <i>Optional Entry</i> for NSIP Only Service Codes
Other Matching Resources	Other matching resources received – <i>Optional Entry</i>
Other Non-Matching Resources	Other non-matching resources received – <i>Optional Entry</i>
Projected People	Number of people this provider expects to serve this year. This number is NOT used in calculating expenses, but used on several demographic reports.
Is Budget Finalized	Check Yes or No to show whether budget if finalized and/or verified. Note: This option was never implemented in ARMS.

Table 3 Provider Budget Data Entry Instructions

2.5.2 Viewing / Modifying Provider Budget Information

Click on **Provider Budgets** to view the complete list of Provider Budgets/Contract Segments for the Region: A linked index bar is available to help users find Providers by County order.

County	Provider	Service	Service Budget	Finalized	▲	▲	▲	▲
Alamance	ALAMANCE CO MEALS ON WHEELS (G040)	CG-ASSISTANCE WITH ACCESS(820)	\$4,095.00	Yes	Detail	SRWs	Reimbursements	Contributions
Alamance	HOMECARE PROVIDERS(G009)	IN-HOME LEVEL 2 - PERSONAL CARE(042)	\$27,461.00	Yes	Detail	SRWs		Contributions
Alamance	HOMECARE PROVIDERS(G009)	IN-HOME LEVEL 3 - PERSONAL CARE(045)	\$97,169.00	Yes	Detail	SRWs		Contributions
Alamance	RANDOLPH CO SENIOR ADULTS(G005)	CARE MANAGEMENT(610)	\$15,000.00	Yes	Detail	SRWs	Reimbursements	Contributions
Alamance	FRIENDSHIP ADULT DAY SERVICES (G002)	ADULT DAY CARE(030)	\$88,237.00	Yes	Detail	SRWs		Contributions
Alamance	LEGAL AIDE OF NC-GREENSBORO(G020)	LEGAL SERVICES(130)	\$7,852.00	Yes	Detail	SRWs		Contributions
Alamance	ALAMANCE CO TRANSP AUTHORITY (G004)	TRANSPORTATION(250)	\$81,326.00	No	Detail	SRWs		Contributions
Alamance	HOMECARE PROVIDERS(G009)	IN-HOME LEVEL 1 - HOME MANAGEMENT(041)	\$13,111.00	Yes	Detail	SRWs		Contributions
Alamance	ALAMANCE ELDERCARE, INC(G003)	CARE MANAGEMENT(610)	\$55,628.00	Yes	Detail	SRWs	Reimbursements	Contributions

Figure 24 – Provider Budgets per Region

Simply click on any of the letters in the bar to index on County Name beginning with that letter. **Click the heading link for additional sort order**

County ▲	Provider	Service	Service Budget	Finalized
----------	----------	---------	----------------	-----------

Figure 25 - Additional Sort Orders

On the Provider Budgets screen the user have four links to choose from:

Detail	SRWs		Contributions	The Details link will allow the user to update or modify and existing provider budget (contract)
Detail		Reimbursements	Contributions	The SRWs link allow the user to add service totals to SRW, create new routes, add clients to SRW
Detail	SRWs		Contributions	Reimbursements link allow user to add non-unit reimbursements, update existing data
Detail	SRWs	Reimbursements	Contributions	Contributions link allow the user to add Consumer Contribution, update existing data
Detail	SRWs		Contributions	

Figure 26 – Provider Budget Links

2.5.3 View / Edit Provider Budget Details

Click on the **Detail** link to **View** or **Edit** Provider Budget details. Users can **Edit** only amounts in editable fields. Click **Update** to save or **Cancel** to return to the previous screen.

Provider Budget

Region : CENTRALINA COG

Funding Source : HOME COMMUNITY CARE BLOCK GRANT
 County : Anson
 Provider : ANSON COUNTY COUNCIL ON AGING(F005)
 Service : CONGREGATE NUTRITION(180)
 Allocations : **No funds available. No more budgets can be created at this time.**

County	Allocated Amount	Budgeted	Balance
Anson	\$251,522	\$251,522	\$

Net Unit Cost: ← **Note: If Net Unit Cost is changed during the fiscal year, YTD units will re-calculate and display on current reimbursement period. Changing the Net Unit Cost in March, will prompt the report to re-calculate units from July to March at the new Net Unit Cost.**

Net Service Cost:

Total NSIP Dollars:

Other Matching Resources:

Other Non Matching Resources:

Projected People :

Is Budget Finalized : Yes

Created User: EVELYN.PRESSLEY
 Created Time: 7/29/2016 6:39:14 PM
 Last Updated User: EVELYN.PRESSLEY
 Last Updated Time: 8/3/2016 5:14:13 PM

Figure 27 – Provider Budget Details

Reimbursement is made based on the funding source name and funding percentage.

Code	Name	Status	Type	Category	FundingPercentage
00	NSIP	A	REGION	SERVICE	100.00
01	HOME COMMUNITY CARE BLOCK GRANT	A	COUNTY	SERVICE	90.00
02	LEGAL	A	Region	Service	90.00
03	Senior Center Outreach	A	Region	Service	75.00
04	Disease Prevention/Health Promotion	A	Region	Service	90.00
07	Senior Center General Purpose Fund	A	Region	Service	75.00
08	Family Caregiver	A	Region	Service	100.00

Table 5 - Funding Sources and Reimbursement Percentage

2.5.4 View / Edit Provider Budget SRWs

NOTE: Identical functionality for this feature is available for Provider users.

Click on the **SRWs** link to view Site/Route/Workers (SRW) Details (See Figure 24). The following screen appears:

Provider: FRIENDSHIP ADULT DAY SERVICES(G002)			
Region: PIEDMONT TRIAD COG			
County: Alamance			
Service: ADULT DAY CARE			
SRWCode	Description		
100	ADULT DAY CARE	Details	Service Totals

Add Provider Site/Route/Worker Provider Budgets Cancel

Figure 28 – Site/Route/Workers Details

All the Site/Route/Workers associated with this Provider will appear, therefore, the list may be long. Click on **Provider Budgets** or **Cancel** to return to the previous screen.

Click on the **Add Provider Site/Route/Worker** button (see [Figure 29](#)) to add a new SRW for this provider.

Add Provider Site/Route/Worker

Provider Code : G002
Agency Name : FRIENDSHIP ADULT DAY SERVICES
Region : PIEDMONT TRIAD COG
County : Alamance
Service : ADULT DAY CARE(030)

Site/Route/Worker Code :

Description :

Add Cancel

Enter a 3-digit number and a description

Figure 29 – Add Site/Route/Worker

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

The **SRW Details** screen provides two additional links for more information. Click on **Details** to view the clients assigned to this route and a list of Clients that can be assigned this SRW. Select the name from the list, click **Add** and then click **Update** to Save. Click **Cancel** to return to previous screen.

Provider Site/Route/Worker Information

Provider Code : G002
 Agency Name : FRIENDSHIP ADULT DAY SERVICES
 Region : G
 County : Alamance
 Service : ADULT DAY CARE(030)
 Site/Route/Worker Code : 100
 Description : ADULT DAY CARE
 CreateUser: Ramana.Reddy
 CreateTime: 9/19/2006 4:55:43 PM
 ModifyUser: Ramana.Reddy
 ModifyTime: 9/19/2006 4:55:43 PM
 Clients :

SSN4	Name	Sex	Date Of Birth	Client Status		
1111	BEAM JOHN	M	3/1932	A	[Remove]	Details
1111	BYRD KAY	F	1/1933	A	[Remove]	Details
1111	CARR KLARA	M	1/1937	A	[Remove]	Details
1111	SMITH JO	M	1/1923	A	[Remove]	Details
1111	SMITH JOYCE	F	1/1913	A	[Remove]	Details
1111	WOOD JAYNE	F	1/1932	A	[Remove]	Details

ALDRIDGE-4444-F-0 01927

Note: Click the Add button after selecting a client from the list to Add to SRW.

Figure 30 – SRW Additional Details

To view details for a client, click the **Details** link to view the **SRW Service Totals** an individual 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 31—Service Details (from Site/Route/Worker)

Users can add or edit the monthly totals for the client on Provider Site/Route/Worker Service Totals screen in any month. Click one of the four buttons to:

- **Verify** to recalculate the Totals.
- **Update** to save the changes
- **Provider Budgets** to return to the Provider Budgets screen without saving
- **Cancel** to return to the previous screen without saving

Users can click **[Remove]** *permanently remove* a client from a provider S/R/W list only if the client **does not** have Service Totals. The user will have to make the client Inactive if they do not want to add additional service totals amounts.

2.5.5 View / Edit Provider Budget Reimbursements

Click the **Reimbursements** link to add, edit or view Provider Non-Unit Reimbursements data.

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	Detail
Aug	\$2,182.00	\$0.00	\$5,352.00	\$7,534.00	Detail
Cancel	Add Non Unit Reimbursement		Provider Budgets		

Figure 32 – View / Edit Provider Budget Reimbursements

Click **Add Non Unit Reimbursement** to add a monthly non-unit reimbursement record.

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

NOTE: Only whole numbers should be entered in the monetary fields. But, if the User key amounts with decimal the system will automatically round up or down.

Keying examples:

\$99.**49** = \$99 00

\$99.**50** = \$100.00)

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

Amounts can be keyed into the Administrative Direct Cost, Administrative Direct Cost and/or Program Cost fields. **Each line is a separate cost.**

When complete, click **Update** to save or click **Cancel** to return to the previous screen.

Provider Non-Unit Reimbursements

Region : PIEDMONT TRIAD COG County : Alamance
 Provider: NC COOPERATIVE EXT ALAMANCE(G013) Service: CG-COUNSELING, TRAINING, SUPPORT(830)

Report Month	Admin Direct Cost	Admin Indirect Cost	Program Cost	Total Non Unit Reimbursement	
Jul	\$400.00	\$0.00	\$600.00	\$1,000.00	Detail

Buttons: Cancel, Add Non Unit Reimbursement, Provider Budgets

Click Detail to update existing record.

Click Add Non Unit Reimbursement to add a new month

Provider Non-Unit Reimbursements

Region : PIEDMONT TRIAD COG
 County : Alamance
 Provider: NC COOPERATIVE EXT ALAMANCE(G013)
 Service : CG-COUNSELING, TRAINING, SUPPORT(830)
 Report Month : Jul

Administrative Direct Cost: \$400
 Administrative Indirect Cost: \$0
 Program Cost: \$600

Created User: Arms.Region
 Created Time: 5/29/2007 11:38:28 AM
 Last Updated User: Arms.Region
 Last Updated Time: 6/5/2007 11:07:48 AM

Buttons: Cancel, Update

Provider Non-Unit Reimbursements

Region : PIEDMONT TRIAD COG
 County : Alamance
 Provider: NC COOPERATIVE EXT ALAMANCE(G013)
 Service : CG-COUNSELING, TRAINING, SUPPORT(830)
 Report Month : Aug

Administrative Direct Cost:
 Administrative Indirect Cost:
 Program Cost:

Buttons: Cancel, Add

Select month, key data, Click Add to save

Figure 33 – Add / Edit Non-Unit Reimbursement

2.5.6 View / Edit Provider Budget Contributions

Click **Contributions** to add, edit or view Provider Consumer Contribution/Program Income. Click the **Add Consumer Contribution** button to **Add** a new month. Click **Detail** to edit or view a current month.

Provider Consumer Contribution/Program Income
 Region : PIEDMONT TRIAD COG County : Alamance
 Provider: SERVICE PROVIDER(G100) Service: HOME DELIVERED MEALS

Report Month	Income Collected	Income Deducted	Net Amount Collected	
Jul	\$55.00	\$0.00	\$55.00	Detail

Add Consumer Contribution Provider Budgets

Provider Consumer Contribution/Program Income
 Region : PIEDMONT TRIAD COG
 County : Alamance
 Provider: SERVICE PROVIDER(G100)
 Service : HOME DELIVERED MEALS(020)
 Report Month : **Aug** (dropdown menu open with options: Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun)
 Monthly Gross Consumer Contribution/Program Income Collected:
 Monthly Amount Deducted to Cover Allowable Cost:
 Cancel Add

Select month to enter Consumer Contributions/ Program Income Amounts

Figure 34 – Add Provider Contributions / Program Income

Provider Consumer Contribution/Program Income
 Region : PIEDMONT TRIAD COG County : Alamance
 Provider: SERVICE PROVIDER(G100) Service: HOME DELIVERED MEALS

Report Month	Income Collected	Income Deducted	Net Amount Collected	
Jul	\$55.00	\$0.00	\$55.00	Detail

Add Consumer Contribution Provider Budgets

Provider Consumer Contribution/Program Income
 Region : PIEDMONT TRIAD COG
 County : Alamance
 Provider: SERVICE PROVIDER(G100)
 Service : HOME DELIVERED MEALS(020)
 Report Month : Jul
 Monthly Gross Consumer Contribution/Program Income Collected: \$55
 Monthly Amount Deducted to Cover Allowable Cost: \$0
 Created User: Arms.Provider
 Created Time: 5/8/2007 2:52:17 PM
 Last Updated User: Arms.Provider
 Last Updated Time: 5/8/2007 2:52:17 PM
 Cancel Update

Click Detail to edit an existing record

Click Update to save changes

Figure 35 – Edit / View Provider Contributions / Program Income

Click **Detail** to edit or view existing record. Click **Add** to save or **Cancel** to return to the previous screen without saving. Click **Provider Budgets** to return to the budget list.

Note: Enter deduction amount on the second line ONLY if the agency is reporting costs to collect cost sharing.

3 Providers

To view list Provider Agencies, click on the **Providers** link on the navigation bar. A list of provider agencies will display.

Users can list all **Providers** by selecting the **All** link or User may narrow the list by clicking on the letter links on the index bar across the top to sort by **Agency Name**. Additional sorting can be done by clicking on the column headings. For example, to sort by City, click the column heading **City**.

Code	Agency	Status	Address	City	▲	▲
G002	FRIENDSHIP ADULT DAY SERVICES	A	1946 Martin Street	BURLINGTON	Details...	Clients...
G003	ALAMANCE ELDERCARE, INC	A	2732 Anne Elizabeth Drive	BURLINGTON	Details...	Clients...
G004	ALAMANCE COUNTY TRANSPORTATION AUTHORITY	A	PO BOX 2746	BURLINGTON	Details...	Clients...
G005	RANDOLPH CO SENIOR ADULTS	A	133 W WAINMAN AVENUE	ASHEBORO	Details...	Clients...
G007	LIFE CENTER OF DAVIDSON	A	601 W. Center Street	LEXINGTON	Details...	Clients...
G008	HOME HEALTH RANDOLPH HOSPITAL	A	PO BOX 1048	ASHEBORO	Details...	Clients...
G009	HOMECARE PROVIDERS	A	PO BOX 205	BURLINGTON	Details...	Clients...
G010	ADULT CENTER FOR ENRICHMENT	A	122 N ELM STREET	GREENSBORO	Details...	Clients...
G012	NC COOPERATIVE EXT RANDOLPH	A	2222-A S FAYETTEVILLE ST	ASHEBORO	Details...	Clients...
G013	NC COOPERATIVE EXT ALAMANCE	A	209 N GRAHAM-HOPEDALE RD	BURLINGTON	Details...	Clients...
G014	UNITED WAY OF RANDOLPH COUNTY	A	PO BOX 2822	ASHEBORO	Details...	Clients...
G015	NC COOPERATIVE EXT MONTGOMERY	A	203 W MAIN ST	TROY	Details...	Clients...
G018	CASWELL COUNTY	A	PO BOX 1405	YANCEYVILLE	Details...	Clients...
G020	LEGAL AIDE OF NC-GREENSBORO	A	PO BOX 3467	GREENSBORO	Details...	Clients...

Figure 36 – Providers Associated with a Region

Provider codes consist of the Region code and a three digit numeric number. Provider Agency Codes are assigned by the DAAS ARMS Staff and will not change. Once a **Provider Code** is setup in ARMS it will never be assigned to another Provider Agency.

Status = A indicates that the Provider Agency is Active for the current fiscal year.

The **Details...** link will allow the user to edit or view Provider Agency information.

The **Clients...** link will allow the user to Add, Edit, or View Clients assigned to a Provider Agency.

3.1.1 Edit / View Provider Details

Click on Details... to edit / view Provider Agency information in the editable fields. Provider Code or Registration Date cannot be changed. 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 : G002
 Agency Name : FRIENDSHIP ADULT DAY SERVICES
 RegistrationDate: 9/3/1998
 Address : 1946 Martin Street
 BURLINGTON, NC 27216
 Work Phone : (336) 222-7797 ext.
 Fax Number : (336) 222-7798
 Web Page :
 Contact Persons
 Name: Kathryn Porter Title: EXEC DIRECTO
 Email : friend39@bellsouth.net
 Name: Title:
 Email :
 Type Of Agency
 Profit
 Public
 Minority
 Non-Profit
 Type Services Provided
 Supportive
 Nutrition-Congregate
 Nutrition-Home Delivered
 Update Cancel

Once keyed this section of the form can not be changed by Users.

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

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	
	<input type="radio"/> 7 <input type="radio"/> 6 <input checked="" type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0
Serving More Than One(1) Meal Per Day	
	<input checked="" type="radio"/> Yes <input type="radio"/> No
Home Delivered Meals - Number Of Days Delivering	
	<input type="radio"/> 7 <input type="radio"/> 6 <input checked="" type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0
Delivering More Than One(1) Meal Per Day	
	<input type="radio"/> Yes <input checked="" type="radio"/> No

Update Cancel

Figure 37 – View / Modify Provider by Region

3.1.2 View Clients for Region Providers

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

SSN#	Last Name ▲	First Name	Sex	Date Of Birth	Client Status	Registration Date	Status	Details...
1111	BEAM	JUDY	F	12/23/1930	A	7/17/2002	A	Details...
1111	BYRD	RUBY	F	4/10/ 1930	A	2/23/2005	A	Details...
1111	CARR	CLONTZ	M	8/11/1930	A	4/6/2005	A	Details...
1111	CAYNOR	ASHMORE	M	9/27/1930	A	7/17/2002	A	Details...

Figure 38 – Client List for a Provider in a Region

To see the details for a particular Client, click the **Details....** link to open the Clients Detail screen, which allows the Region User to perform all the same functions as described in the [Provider User Manual](#), Sections 4-7.

Region Users may also add a new Client by clicking on  .

To return to the list of Providers click on either the **Providers** link on the navigation bar or the  Button.

Appendix

Below are the YTD for July and the ZGA-060 report for Report Month July.

Regional Expenditure

Region : COMMISSION
 Funding Source : Planning And Admin
 Total Budget : \$154,194
 Remaining Budget Amount: \$145,903
 YTD Expense Amount: \$8,291
 Report Month : Jul

Salaries: Program Income Allowance:
 Fringe: Overmatch Received:
 Travels:
 Admin Support Costs:
 Equipment:
 Indirect:

Created User:
 Created Time: 8/13/2008 12:25:58 PM
 Last Updated User:
 Last Updated Time: 8/13/2008 12:25:58 PM

Figure 41

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
 ZGA060 - Planning And Admin
 FINANCIAL REPORT (AAA)
 REGION : COMMISSION

MONTH REPORTING: July 2008
 PRINT DATE: 10/28/2008

EXPENDITURES:	APPROVED BUDGET	CURRENT MONTH	CUMULATIVE YEAR TO DATE	BUDGET BALANCE	PERCENT EARNED
SALARIES	72,076	3,502	3,502	68,573	5
FRINGE	15,117	1,857	1,857	13,260	12
TRAVEL	10,000	0	0	10,000	0
ADMINISTRATIVE SUPPORT COSTS	23,803	1,319	1,319	22,484	6
EQUIPMENT	0	0	0	0	0
INDIRECT	33,199	1,613	1,613	31,586	5
TOTAL COST	154,194	8,291	8,291	145,903	5
LESS PROGRAM INCOME	0	0	0	0	0
OVERMATCH	0	0	0	0	0
NET COST	154,194	8,291	8,291	145,903	5

Figure 42

In Figure 40, the ZGA-060 report did not calculate because no YTD expenditures were keyed in the current report month. The ZGA-060 calculated corrected in Figure 42 for report month July. For the report to calculate correctly, the user can re-key the previous as shown in Figure 43.

Region Details

Region Code :
 Region Name : COMMISSION
 Funding Source Name : Planning And Admin
 Total Budget Amount : \$154,194
 Remaining Budget Amount : \$145,903

Region Expenditures

Report Month	YTD Expenses	
Jul	\$8,291	Details
Aug	\$8,291	Details

Regional Expenditure

Region : COMMISSION
 Funding Source : Planning And Admin
 Total Budget : \$154,194
 Remaining Budget Amount: \$145,903
 YTD Expense Amount: \$8,291
 Report Month : Aug

Salaries: Program Income Allowance:
 Fringe: Overmatch Received:
 Travels:
 Admin Support Costs:
 Equipment:
 Indirect:

Created User: LINDA.OWENS
 Created Time: 10/28/2008 11:56:55 AM
 Last Updated User: LINDA.OWENS
 Last Updated Time: 10/28/2008 11:56:55 AM

Figure 43

Keying the same YTD Expenditures in Current Month (August) as was in Previous Month (July) will allow the ZGA-060 to perform the calculations correctly. The report is setup to subtract the previous month YTD from the Current Month YTD as shown in Figure 44. Therefore, if the user decides not to key Current Month expenditures, the User are encouraged to key the Previous Month YTD expenditures as the Current Month YTD Expenditures, which is actually the YTD expenditures being reported in ARMS.

In comparing the ZGA-060 for July (Figure 42) and August (Figure 44) you will note that in July expenditures show up on the Current Month, but in August, the Current Month expenditures are zero.

MONTH REPORTING: August 2008
 PRINT DATE: 10/28/2008

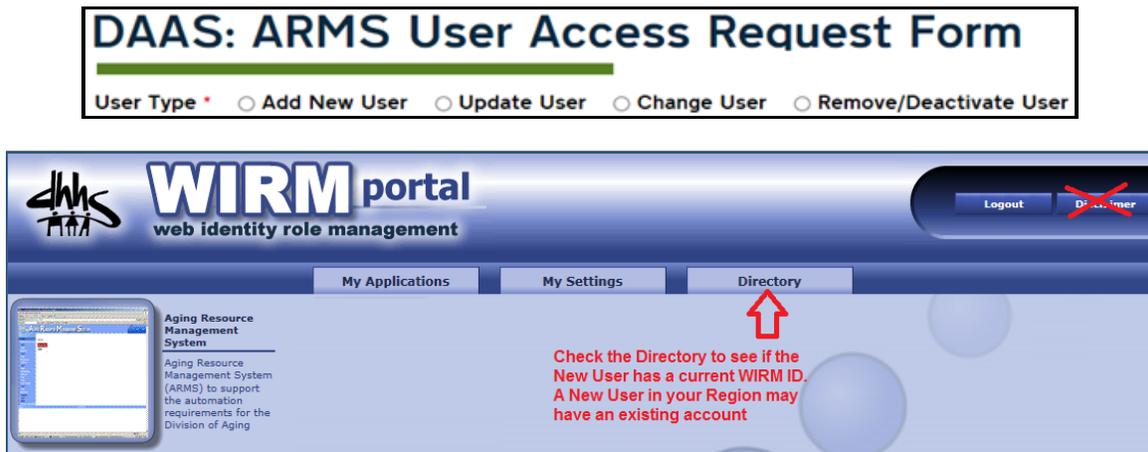
NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
 ZGA060 - Planning And Admin
 FINANCIAL REPORT (AAA)
 REGION :

EXPENDITURES:	APPROVED BUDGET	CURRENT MONTH	CUMULATIVE YEAR TO DATE	BUDGET BALANCE	PERCENT EARNED
SALARIES	72,076	0	3,502	68,574	10
FRINGE	15,117	0	1,867	13,250	25
TRAVEL	10,000	0	0	10,000	0
ADMINISTRATIVE SUPPORT COSTS	23,803	0	1,319	22,484	11
EQUIPMENT	0	0	0	0	0
INDIRECT	33,199	0	1,613	31,586	10
TOTAL COST	154,194	0	8,291	145,903	5
LESS PROGRAM INCOME	0	0	0	0	0
OVERMATCH	0	0	0	0	0
NET COST	154,194	0	8,291	145,903	5

Figure 44

Appendix B – Access to ARMS - User Request Form

Access to ARMS is **ONLY** granted to Agencies that have contracted to key client and service data for reimbursement in ARMS in the current Fiscal Year. Therefore, if access is given to a User and there is no provider budget in the current fiscal year or the Provider Agency is not **Active**, the User will get a server error.



Regional Staff should check the **Directory** in the WIRM Portal to see if the User has an existing WIRM Account. If the new User is not found after a Search, select **Add New User** on the form for the User Type. When prompted for the WIRM Name, type New. *Note: To search the Directory, it must be selected before selecting the ARMS application.*



There are several ways to search the directory, as illustrated above. In this illustration a search was performed on last name "Owens" and County "Wake."

ARMS User Request Link to Form

The ARMS User Request Form is available to Users with Region Administrator rights to ARMS. Click link on menu bar to access the form.



DAAS: ARMS User Access Request Form

User Type * Add New User Update User Change User Remove/Deactivate User

WIRM New Account Name *
For Add New User Account, Type "New" in the WIRM Account field above.

New Update User Change User Remove/Deactivate User

WIRM Account Name *
For Update User, Change User and Remove/Deactivate User requests, please provide WIRM account name.

← Key existing WIRM Name

First Name *

Middle Initial *

Last Name *

Email *

Agency *

Position Title *

Phone Number *
(###) ###-####

Street Address *

City *

State *
 Select State from list

Zip Code *

County *

ARMS User Role *
 Region Administrator/User
 Provider Administrator/User
 County Report User
 Report User

When ARMS User Role is chosen a selection list will display. Except Report User

County *

- Select -
- Select -
Alamance (001)
Alexander (002)
Alleghany (003)
Anson (004)
Ashe (005)

Select the County where the Agency is located

All fields with red asterisk * are mandatory and must be completed or selected.

ARMS will not allow more than one **User Role** per WIRM Account. The different types of User Roles are explained in [Section 1.3 - Who Uses ARMS](#).

Region Administrator/User can only be assigned to one Region

ARMS User Role *

Region Administrator/User
 Provider Administrator/User
 County Report User
 Report User

Region Needed

(A) Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain
 (B) Buncombe, Henderson, Madison, Transylvania
 (C) Cleveland, McDowell, Polk, Rutherford
 (D) Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey

Only one User Role can be selected

Only one Region can be selected

Region User

ARMS User Role *

Region Administrator/User
 Provider Administrator/User
 County Report User
 Report User

Provider(s) Needed

A011 JACKSON COUNTY TRANSIT
 A014 EARWOOD AND MOORE PLLC
 A016 INTERIM HEALTHCARE
 A017 CHEROKEE COUNTY TRANSIT

Only one User Role can be selected

Select Provider from List

Multiple Providers can be selected if User need access to more than one Provider.

Provider User Role

Provider Administrator/User can be assigned multiple Providers across Regions. For example: Provider C005 can also have access to G003, J017, etc.

ARMS User Role *

Region Administrator/User
 Provider Administrator/User
 County Report User
 Report User

County/Counties Needed

Alamance (001)
 Alexander (002)
 Alleghany (003)
 Anson (004)

Only one User Role can be selected

Select County from List

Multiple Counties can be selected

County Report User

ARMS User Role *

- Region Administrator/User – choose Region below
- Provider Administrator/User – choose Provider(s) below
- County Report User – choose County or Counties below
- Report User

Only one User Role can be selected

Select the Report User Role if User **ONLY** needs to print and/or view ARMS Reports.

Report User

Submit ARMS Inquiry

When the **Submit ARMS Inquiry** is selected, a message will display regarding sensitive information. If there is no sensitive information click Ok to submit the form.

Message to Requester

User Type * <input type="radio"/> Add New User <input type="radio"/> Update User <input type="radio"/> Change User <input type="radio"/> Remove/Deactivate User	
User Type	Selection Criteria
Add New User	User does NOT have access to ARMS and User NOT FOUND WIRM Directory
Update User	Add ARMS attributes to a WIRM Account or Add additional attributes to an existing ARMS User. (Include the WIRM Name found in WIRM Directory)
Change User	Change/Replace ONLY ARMS attributes for existing ARMS User with new attributes (Include the WIRM Name found in WIRM Directory)
Remove/Deactivate User	REMOVE ARMS User Access Only (Include the WIRM Name found in WIRM Directory)

ARMS User Request Selection Criteria

Three e-mails are generated when form is submitted:

1. The AAA ARMS Coordinator will receive an e-mail similar to the one illustrated below. This e-mail alerts the ARMS Coordinator that the request has been received by DAAS Staff.

Your ARMS User Access request has been submitted for processing within the next 2 business days. If you did not submit a request please notify this office immediately.

ARMS Job ID: 4977
Submission Date & Time: Friday, September 30, 2016 - 9:14 am

User Type: Change User
WIRM Account Name: swarna,reddy

First Name: Swarna
Middle Initial: D
Last Name: Reddy
Email: swarna.reddy@dhhs.nc.gov
Agency: DAAS
Position Title: Data Specialist
Phone Number: 919-855-3442
Office Address: 693 Palmer Drive, Raleigh, NC 27699-2101
County: Wake (092)

ARMS User Role: Provider Administrator/User – choose Provider(s) below

Region Needed:

Provider(s) Needed:

- F001 Legal Services of Southern Piedmont
- G040 Alamance Co Meals On Wheels
- K095 Legal Aid of NC-Region K
- M065 Legal Aid of NC-Fayetteville
- P026 Legal Aid of NC-Wilmington

County/Counties Needed:

Director/Coordinator's Name: Linda Owens Director/Coordinator's Email: linda.owens@dhhs.nc.gov

Thank you,
Division of Aging and Adult Services (ARMS Application)

Confirmation E-mail

2. The person ARMS Access is being requested for will receive a similar e-mail as illustrated below. This e-mail alerts the User that the request has been made and the AAA ARMS Coordinator will let them know they have been granted access to ARMS and provide the User with the temporary password.

From: webmaster.ncgov@its.nc.gov [mailto:webmaster.ncgov@its.nc.gov] On Behalf Of ARMS Inquiry
Sent: Friday, September 30, 2016 9:14 AM
To: Reddy, Swarna <swarna.reddy@dhhs.nc.gov>
Subject: ARMS 4977: Swarna Reddy

You are receiving this communication to inform you that your request for ARMS access has been submitted and is being processed. Once your access has been established, you will be contacted by your regional AAA ARMS Coordinator for guidance in logging in and technical assistance.

ARMS Job ID: 4977
Submission Date & Time: Friday, September 30, 2016 - 9:14 am

User Type: Change User
WIRM Account Name: swarna,reddy

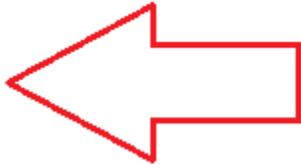
First Name: Swarna
Middle Initial: D
Last Name: Reddy
Email: swarna.reddy@dhhs.nc.gov
Agency: DAAS
Position Title: Data Specialist
Phone Number: 919-855-3442
Office Address: 693 Palmer Drive, Raleigh, NC 27699-2101
County: Wake (092)

ARMS User Role: Provider Administrator/User – choose Provider(s) below

Region Needed:

Provider(s) Needed:

- F001 Legal Services of Southern Piedmont
- G040 Alamance Co Meals On Wheels
- K095 Legal Aid of NC-Region K
- M065 Legal Aid of NC-Fayetteville
- P026 Legal Aid of NC-Wilmington



County/Countries Needed:

Director/Coordinator's Name: Linda Owens Director/Coordinator's Email: linda.owens@dhhs.nc.gov

Change User Request

3. The third e-mail is sent to DAAS Staff. The information in this e-mail is used to create, change, update and or remove the User Account.

ARMS Job ID: 4977
Submission Date & Time: Friday, September 30, 2016 - 9:14 am

User Type: Change User
WIRM Account Name: swarna,reddy

First Name: Swarna
Middle Initial: D
Last Name: Reddy
Email: swarna.reddy@dhhs.nc.gov
Agency: DAAS
Position Title: Data Specialist
Phone Number: 919-855-3442
Office Address: 693 Palmer Drive, Raleigh, NC 27699-2101
County: Wake (092)

ARMS User Role: Provider Administrator/User – choose Provider(s) below

Extended Attributes Needed:

Region:

Provider(s):
- F001 Legal Services of Southern Piedmont
- G040 Alamance Co Meals On Wheels
- K095 Legal Aid of NC-Region K
- M065 Legal Aid of NC-Fayetteville
- P026 Legal Aid of NC-Wilmington

County/Counties:

Director/Coordinator's Name: Linda Owens Director/Coordinator's Email:
linda.owens@dhhs.nc.gov

E-mail Sent to DAAS Staff

Appendix C - 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	Details...	Clients...	Services...
D160	GT FINANCIAL SERVICES-YANCEY	A	113 N MONROE ST	STURGIS	Details...	Clients...	Services...

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	Details...	Clients...	Services...
Q107	GT FINANCIAL SERVICES-BEAUFORT	A	215 BROADUS ST	STURGIS	Details...	Clients...	Services...
F112	GT FINANCIAL SERVICES-CABARRUS	A	215 BROADUS	STURGIS	Details...	Clients...	Services...
F155	GT FINANCIAL SERVICES-LINCOLN	A	113 N MONROE ST	STURGIS	Details...	Clients...	Services...
Q175	GT FINANCIAL SERVICES-MARTIN	A	215 BROADUS ST	STURGIS	Details...	Clients...	Services...
F160	GT FINANCIAL SERVICES-MECKLENBURG	A	113 N MONROE ST	STURGIS	Details...	Clients...	Services...
D160	GT FINANCIAL SERVICES-YANCEY	A	113 N MONROE ST	STURGIS	Details...	Clients...	Services...
M180	GT FINANCIAL-CUMBERLAND	A	215 BROADUS ST	STURGIS	Details...	Clients...	Services...

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 can 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	SRWs	Contributions
HIGH COUNTRY COG	Yancey	CDC-FINANCIAL MANAGEMENT SERVICES(503)	\$976.00	SRWs	Contributions

Cancel Providers

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 can 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 10th 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)	Details... Service Totals...
503	CDS- FINANCIAL MGMT SERVICES	D	Yancey	CDC-FINANCIAL MANAGEMENT SERVICES(503)	Details... Service Totals...

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 <input type="button" value="v"/>
<input type="checkbox"/>	503	CDC-FINANCIAL MANAGEMENT SERVICES	Active <input type="button" value="v"/>

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 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	Details...	Clients...	Services...
D160	GT FINANCIAL SERVICES-YANCEY	A	113 N MONROE ST	STURGIS	Details...	Clients...	Services...

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"/>						
Client List							
Provider Code :	D160						
Agency Name :	GT FINANCIAL SERVICES-YANCEY						
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	
0000	CROUSE	ELVIRA	F	11/28/2007	Active	11/28/2007	Details...
0000	EDWARDS	ANNA	F	5/1/2012	Active	5/1/2012	Details...
0000	MILLER	EDNA	F	5/10/2011	Active	5/10/2011	Details...
<input type="button" value="Add Client"/>	<input type="button" value="Providers"/>						

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	Details...

Assessment

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 ARMS Provider User Manual, pages 54-58. This manual can be found on the ARMS Support Website at www.ncdhhs.gov/aging/arms/manual/ARMS_ProviderUser.pdf.

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 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 via link in ARMS from the AAA and not from GT Financial.** (revised 1/25/2018)

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 one 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 two units for 503. Every month after they will receive only one 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 yearend 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	10.8700	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	

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.

Department of Health and Human Services
NC DIVISION OF AGING AND ADULT SERVICES
Aging Resources Management System (ARMS)

FORMS INSTRUCTIONS

PROVIDER AGENCY INFORMATION DAAS-150

A. PURPOSE

Provider Agency information is collected each year and/or updated as needed in the ARMS system. This information must exist in ARMS before provider budgets or contract segments can be setup in ARMS and before service unit, consumer contributions, and non-unit reimbursement data, can process for reimbursement.

B. GENERAL INSTRUCTIONS

1. This form is completed for new aging service providers or Department of Social Services (DSS) providing services under Option B. The local service provider must have a contract with the AAA. This form is not applicable to subcontractors.
2. All **new** forms must be sent to the Division of Aging and Adult Services (DAAS). DAAS will enter the information in the ARMS system.
3. DSS should send the form to DAAS and maintain a copy for their files, if they are providing services under Option B.

C. SPECIFIC INSTRUCTIONS FOR EACH ITEM

1. TYPE OF INFORMATION: Indicate what action is being taken with this form. Check one item only. REQUIRED
 - a. New - Check this item the first time this form is completed each contract year
 - b. Change - Check this item when information which was previously submitted is being changed.
2. DATE: Enter the date the form is being completed. Enter a two (2) digit number to reflect the month and days. Precede one (1) digit months and days with a zero (0). Enter the four (4) digit year. REQUIRED
3. REGION: Enter the one (1) digit alpha or numeric character which identifies the region. REQUIRED
4. PROVIDER CODE: Leave the four (4) digit Provider Code field **blank** when submitting **new information**. The State ARMS Coordinator will assign a provider code. A provider code for a DSS will be identical to the county code with the region code preceding (example: A022). REQUIRED
5. CONTRACT YEAR: Enter the four (4) digit fiscal year. REQUIRED

6. AGENCY NAME: Enter the complete Agency Name. Spaces and dashes are allowed. If adequate spaces are not available, enter as much of the name as possible. Enter no more than one (1) letter per space. REQUIRED for new forms.
7. TELEPHONE: Enter the agency telephone number, include area code. REQUIRED
EXTENSION: OPTIONAL
FAX NUMBER: Enter the agency FAX number, include area code. OPTIONAL
8. AGENCY ADDRESS: Enter the Agency's mailing address. Spaces and dashes are allowed. If adequate spaces are not available, enter as much of the address as possible. Enter no more than one (1) letter per space. Address, City, State, and the first five (5) digits of the zip code are REQUIRED.
9. CONTACT PERSON(S): Enter the first and last name and title of an agency contact person to contact regarding the program and services. At least one contact person, title and a valid e-mail address REQUIRED.
10. TYPE AGENCY: Check the type of agency which is applicable (Non-Profit, Profit, Public, Minority). An agency cannot be Non-Profit and Profit, or Public and Profit, etc. But an agency can be Non-Profit and Minority or Profit and Minority. Those not applicable should be left blank. At least one agency type is REQUIRED.
11. TYPE SERVICES PROVIDED: Check all types of services provided by the agency which are funded by DAAS administered funds. If your agency provides supportive services only, do not complete the remainder of the form. All items can be checked as appropriate. At least one service type is REQUIRED.
12. NUMBER OF FACILITIES BY TYPE: The Number of Facilities by Type for providers of Congregate Nutrition ONLY. Indicate the number of facilities your agency operates by type. Those not applicable should be left blank. At least one (1) type must have a number greater than zero (0).
13. CONGREGATE - NUMBER OF DAYS SERVING: Indicate the number of days serving per-week. This is REQUIRED for providers of Congregate Nutrition.
14. SERVING MORE THAN ONE MEAL PER DAY: Indicate whether the agency serves more than one (1) meal per-day. Check YES if the agency habitually serves more than one (1) meal per-day and NO if it does not. This is REQUIRED for providers of Congregate Nutrition.
15. HOME DELIVERED MEALS - NUMBER OF DAYS DELIVERING: Indicate the number of days the agency normally provides Home Delivered Meals per-week. This is REQUIRED for providers of Home Delivered Meals.
16. DELIVERING MORE THAN ONE MEAL PER DAY: Indicate if more than one (1) Home Delivered Meal is delivered per day per person by checking YES or NO. This is REQUIRED for providers of Home Delivered Meals.

Revised 3/28/2007

Appendix E – Monitoring

Excerpt - Monitoring Website - <http://www.ncdhhs.gov/divisions/daas/monitoring>

The Division of Aging and Adult Services (DAAS) is dedicated to monitoring and assessing aging services and programs funding through the Older Americans Act and State Allocations.

Monitoring includes a periodic in-depth review of programs and the day to day oversight and guidance of programs. Through a strong monitoring process, the DAAS uses this monitoring process to work toward growth of quality programs and services serving older adults and adults with disabilities and their caregivers.

Tools

1. [DAAS Compliance Monitoring Tools](#)
2. [DAAS Fiscal Monitoring Tools](#)
3. [DAAS Programmatic Monitoring Tools](#)
4. [DAAS Self-Assessment Guide for Monitoring of Area Agencies on Aging](#)
5. [DAAS Subcontractor Performance Evaluation Tools](#)
6. [DAAS Other Monitoring Tools](#)

Policies/Procedures/Service Standards

1. [Consumer Contribution Policy and Procedures](#)
2. [Division of Aging and Adult Services Monitoring Policy](#)
3. [DHHS Monitoring Policy](#)
4. [Section 308 of AAA Policies and Procedures Manual](#)
5. [Service Standards](#)

Appendix F – Documents and/or Forms

1. [ARMS Support Web page](#)
2. [Administrative Letters](#)
3. [Provider User Manual](#)
4. [Reimbursement Manual](#)
5. [Report User Manual](#)
6. [County Budget Instructions Documents](#)
Home and Community Care Block Grant (HCCBG)
<http://www.ncdhhs.gov/document/home-and-community-care-block-grant-hccbg-county-budget-instructions-documents>