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## **SECTION 4.B**

Instructions for Reporting Through  
Aging Resources Management System

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## **B. REPORTING UTILIZING OPTION B**

This option for reporting is to be utilized in the instances when the flow for reporting will be from the Department of Social Services to the Division of Aging and reimbursement will be made from the Division of Aging to the county finance director or his designee. It should be noted that counties choosing to exercise this option for reporting a portion of the Home and Community Care Block Grant Funds will be responsible for keying all client data, reimbursement data, cost sharing/program income data, and correcting data entry errors. It will be necessary for the Department of Social Services to electronically transmit to the Division of Aging's ARMS two files (one containing all unit information and one containing all non-unit reimbursement and Cost Sharing/Program Income information) for funds not flowing through the Area Agency on Aging. Option "A" reporting instructions will be adhered to for the portion of the Home and Community Care Block Grant which continues to flow through the Area Agency on Agency.

Please note that one may find a copy of forms utilized in reporting immediately following the appropriate instructions. One may also find a copy of the service code chart at the end of the reporting instructions. Should questions arise concerning the instructions, call the Division of Aging, MIS Section at (919) 733-8390.

1. Completion of Provider Agency Validation Table (DOA-MIS-300)

a. Purpose

The purpose of this form is to gather information concerning the site routes (points of service delivery) for all service providers. This information, when entered in the ARMS, provides for the sorting of clients on the unit of service report.

b. General Instructions

- 1) This form is to be completed by the Department of Social Services (DSS).
- 2) Site Route Worker information is to be provided for all services provided by an agency.
- 3) The DSS completing the form shall submit it to the Division of Aging.
- 4) The information will be entered in the ARMS by Division of Aging staff.

c. Specific Instructions

- 1) REGION - Enter the appropriate numeric character (1,2,3,4,5,6,7,8,9,0).
- 2) FISCAL YEAR - Enter the last two digits of the contract year.
- 3) PROVIDER INFORMATION - Enter the name of the DSS. Leave the provider code field blank. The State MIS Coordinator will assign a provider code(See Note).

**NOTE: A county department of social services county code will be utilized as the provider code.**

- 4) COUNTY CODE - Enter the numeric code which identifies the county.
- 5) SERVICE NAME - Enter the name of the service and the corresponding three (3) digit numeric service code.

- 6) SITE/ROUTE/WORKER INFORMATION - Enter the full name of the site/route/worker. Leave the site/route/worker code blank. The State MIS Coordinator will assign the code(s).

**Do not use this form to report any changes in Providers, Site Routes, or Services. Use Form DOA-MIS 301 to ADD or DISCONTINUE SITE ROUTE WORKER OR SERVICE CODES.**

Insert Form

DOA-MIS- 300

PROVIDER AGENCY VALIDATION TABLES

2. Completion of DOA-MIS-301

a. Purpose

This form will be utilized to report the addition or discontinuance of Site Routes and the addition or discontinuance of services provided at a particular Site.

b. Specific Instructions for Addition or Discontinuance of a Site/Route/Worker.

- 1) REGION - Enter the appropriate one (1) digit numeric character (1,2,3,4,5,6,7,8,9,0).
- 2) CONTRACT YEAR - Enter the last two digits of the fiscal year.
- 3) PROVIDER CODE - Enter the two (2) digit numeric provider code.
- 4) Check the appropriate box to indicate which action is being taken.
- 5) COUNTY - Enter the numeric county code.
- 6) SITE ROUTE INFORMATION - If an existing site route is being discontinued, enter the name of the site route and the three (3) digit numeric code. If a new route is being added, enter the name of the site and leave the code blank. A code will be assigned by the State MIS Coordinator.
- 7) SERVICE - Enter the name and the corresponding three (3) digit code of the service being provided at the discontinued site.
- 8) Submit the completed form to the Division of Aging for entry into ARMS.

c. Specific Instructions for Addition or Discontinuance of a Service for a Site/Route.

- 1) REGION - Enter the appropriate one (1) digit numeric character (1,2,3,4,5,6,7,8,9,0).

- 2) FISCAL YEAR - Enter the last two (2) digits of the fiscal year.
- 3) PROVIDER CODE - Enter the two (2) digit numeric provider number.
- 4) Check the appropriate box to indicate which action is being taken.
- 5) COUNTY CODE - Enter the numeric county code.
- 6) SITE ROUTE INFORMATION - Enter the name of the Site and the three (3) digit numeric Site Route code.
- 7) SERVICE - Enter the name and the three (3) digit numeric service code of the service being added or discontinued at the site.
- 8) Submit the completed form to the Division of Aging for entry into the ARMS.

**NOTE: No sites will be removed during the current Fiscal Year. Sites will be removed only at the beginning of the Fiscal Year before the first month's processing of Aging data.**

Insert Form

DOA-MIS-301

SERVICE PROVIDER INFORMATION FOR ARMS  
TO ADD OR DISCONTINUE SITE/ROUTE/WORKER AND SERVICE CODES

4.B-8

3. Completion of DOA-MIS-150

a. Purpose

Provider Agency information is collected each year for entry in the ARMS system in order that Provider budget information may be entered in the ARMS system and in order that unit, cost sharing/program income, and reimbursement information may be correctly processed.

b. General Instructions

1. This form is completed each fiscal year by the 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 forms must be received at the Division of Aging for the upcoming fiscal year. The Division of Aging will enter the information in the ARMS system.
3. A DSS should send the white and canary copies of the form to the Division of Aging and maintain the pink copy for their files if they are providing services under Option B.
4. The form should be completed with a blue ball point pen.

c. Specific Instructions

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 in the same contract year is being changed

2. DATE: Enter the date the form is being completed. Enter a two (2) digit number to reflect the month and day. Precede one (1) digit months and days with a

zero (0). Enter the last two (2) digits of the year.

**REQUIRED**

3. REGION: Enter the one (1) digit alpha or numeric character which identifies the region. **REQUIRED**
4. PROVIDER CODE: Leave the two (2) digit Provider Code field blank when submitting new information. The State MIS Coordinator will assign a provider code. A provider code for a DSS will be identical to the county code. **REQUIRED**
5. CONTRACT YEAR: Enter the last two (2) digits of the fiscal year. The entry for fiscal year 1995-96 would be 96. **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** for new forms.
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** for new forms.
9. CONTACT PERSON(S): Enter the first and last name and title of an agency contact person whom the state office can contact regarding the program. At least one contact person's name and title is **REQUIRED** for new forms.
10. TYPE AGENCY: Check the type of agency which is applicable (Non-Profit, Profit, or Public) Also check Minority if applicable. Check all that are applicable. Those not applicable should be left blank. This item is **REQUIRED** for new forms.
11. TYPE SERVICES PROVIDED: Check all types of services provided by the agency which are funded by DOA administered funds. This item is **REQUIRED** for new entries.

If your agency provides supportive services only, do not complete the remainder of the form.

12. NUMBER OF FACILITIES BY TYPE: The Number of Facilities by Type is required 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: **REQUIRED** entry on new forms for providers of Congregate Nutrition. Indicate the number of days per-week the agency provides meals.

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 routinely serves more than one (1) meal per-day and no if it does not. This is a **REQUIRED** entry on new forms 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. **REQUIRED** entry on new forms 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. **REQUIRED** entry on new forms for providers of Home Delivered Nutrition.

INSERT FORM

DOA-150

PROVIDER AGENCY INFORMATION

4.B-12

4. Client Registration Form (DOA-101)

a. Purpose

The purpose of this form is to enter client data into the Division of Aging's ARMS System in order to track units of service by client as well as to facilitate reporting, reimbursement, and data management at the state and local level.

b. General Instructions

- 1) The Client Registration Form (DOA-101) is to be completed by all non-DSS Service Providers for each client who receives services funded by the Division of Aging. Departments of Social Services will utilize the DSS-5027 to report client data via the Services Information System (SIS) or by utilizing the DOA-101. Circumstances outlining when a DSS may utilize the DOA-101 are detailed in Section 3, Item IX A. 2.

Instructions for completion of the DSS-5027 will be provided by the Division of Social Services.

- 2) The DOA-101 should be completed at the time of the client's first contact with the provider agency with the intent to receive services.
- 3) Providers responsible for keying their own data and Providers with direct access to ARMS will enter the information from the DOA-101 in the data entry software package prescribed by the Division of Aging or keyed directly on-line in the ARMS. Data keyed in the data entry software package will be submitted to the Area Agency on Aging by a time agreed upon by the Area Agency and the provider or on the 10th calendar day of the month following the month for which data is being reported. (Data received after the prescribed deadlines may be resubmitted the following month for processing.) Providers not keying their own data will submit the white copy of the completed form (DoA 101) to the Area Agency on Aging (AAA) for keying by a time to be agreed upon by the AAA and the provider. All client data will be received by the Division of Aging by 5:00 p.m. on or before the 11th calendar day of each month. Providers with direct access will need to have their data transmitted and converted by 5:00 p.m. on or before the

11th calendar day of each month. The ARMS Client Database will be updated on the 12th calendar day of each month.

- 4) Once a client is entered in the system by means of a Client Registration Form, any Provider may report changes or units of service for the client.
- 5) Complete the form with a blue ball point pen.
- 6) When the Area Agency on Aging is keying DOA-101 information for the provider, the white copy of the DOA-101 will be returned to the Provider by the Area Agency on Aging after the information has been keyed.

c. Specific Instructions for Form Completion

**DATE OF UPDATE** - For Provider use only. Date of Update is not currently tracked by the ARMS system.

- 1) Type Action- Indicate what action is being taken with this form. Check one (1) action only. **(REQUIRED)**

**New Registration** - Check this item if this is the first time (to your knowledge) the client is being entered into the ARMS or if the client was previously in the system but has been purged as a result of inactivity. If New Registration is checked, all appropriate data fields must be completed in order for the ARMS system to accept the client.

**Change** - Check this item when making a routine change to any item including changes to information as the result of an update of client information. When reporting a change, complete the following required fields: 1-3, 8, and then update any additional items.

**Report Death** - Check this item to report the death of a client. Complete items 1 - 3, and 8. In item 3, enter the actual date of death or as close to it as possible. If units were delivered to the client during the month the client died, show the Date of Death as the first date of the next month.

**REGION** - Enter the appropriate one (1) digit alpha/numeric character (A-R, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0).

**REQUIRED ENTRY**

**PROVIDER CODE** Enter the appropriate two (2) digit Provider Code. **REQUIRED ENTRY**

- 2) Social Security Number - Enter the client's nine (9) digit Social Security Number. A client cannot be denied a service because he/she does not have a Social Security Number. However, the system **REQUIRES** a Social Security Number to record units of service provided to that client and thus allow the Provider to claim reimbursement. If a client does not have a Social Security Number, he/she should be encouraged to obtain one from the local Social Security office. If the client continually receives services and fails to obtain a Social Security Number, contact the Area Agency on Aging. **(REQUIRED ENTRY)**

If the Social Security number originally entered on the form must be changed, write **OLD SOCIAL SECURITY NUMBER** in the spaces provided in Item 9. Enter the old Social Security Number in the space provided for the Social Security Number and directly above it write the new number in red ink and forward to the AAA for correction in the ARMS.

- 3) Date - Enter the numeric date of the completion of the form unless the Type Action is Report Death. In the event of the client's death, the date of death will be reported in the date field. Precede one (1) digit month and days with a zero (0) and enter the four (4) digits of the current calendar year. Example: January 1, 1997 would be recorded as 01/01/1997. **(REQUIRED ENTRY)**
- 4) County Code - Enter the numeric county code (Client's County of Residence). Refer to the Codes Appendix for the specific code for each county. **(REQUIRED ENTRY)**
- 5) Race - Enter the appropriate code representing the client's race. **(REQUIRED ENTRY)**
- 6) Sex - Enter the appropriate code indicating the client's sex. **(REQUIRED ENTRY)**
- 7) Date of Birth - Enter the client's numeric date of birth. Precede one digit months and days with a zero (0) and enter the four (4) digits of the calendar year in which the client was born. **(REQUIRED ENTRY)**

- 8) Name - Enter the client's name. Middle initial may be entered if known but is not required. First and last names are **REQUIRED ENTRIES**.
- 9) Address - Enter the address beginning on ADDRESS LINE 1. See the Mailing Address Appendix for correct abbreviations. Use Address Line 2 if an additional line of address is needed. If mail is sent in care of another individual, enter that individual's name on ADDRESS LINE 1. Use ADDRESS LINE 2 to enter the location where the post office must deliver the mail. Use correct abbreviations in all situations in order to conserve space and in order that address entries will be consistent.

**EXAMPLES:**

Line 1 - Albemarle Bldg  
Line 2 - 325 N Salisbury St

Line 1 - Strickland Rd  
Line 2 - Rt 2 Box 108

Line 1 - Shady MHP Lt 39  
Line 2 - 900 Stuckey Rd

Line 1 - c/o John Jones  
Line 2 - Rt 6 Box 46A

Enter City, State, and first five (5) digits of the zip code. **(REQUIRED ENTRY)**. If the four digit extension is available for the zip code you may enter as part of the zip code, however it is not required.

- 10) Telephone Number - Enter the client's telephone number or a number where he/she can be reached. Telephone Number is an optional entry and will not be entered in the system.

Date - Enter the date the client signed the form. This is a **REQUIRED ENTRY** if the Client signature is required.

Client Signature - **REQUIRED** for new registrations. Client Signature is not required for clients waiting for service. However, the signature is required once the client begins to receive the service.

Agency Employee Signature - The form must be signed by an authorized representative of the Provider Agency. It is required on all forms for all types of action.

Emergency Contact Person - Indicate the name, work and home telephone number of an individual who may be reached in the event of an emergency while the client is receiving services. This information will not be entered in the ARMS.

- 11) Living Alone - Check the appropriate response box (i.e. yes/no) based on whether or not the client's living arrangement meets the following definition:

***Living Alone - means those persons residing in a one person household where the householder lives by themselves in an owned or rented place of residence in a non-institutional setting, including board and care facilities (rest home), assisted living units and group homes. (REQUIRED ENTRY)***

- 12) Special Eligibility - A client is determined to be a Special Eligibility Client for the specified nutrition services (180, 181,182, 020, 021, 022) when the following conditions exist: (1) An adult under 60 years of age may receive Congregate or Home Delivered Meals if their spouse is over 60 and receiving the same service; (2) An adult under sixty (60) years of age may receive a Home Delivered Meal if disabled and living in the same household as a relative who is 60 years of age or older and receiving the service; (3) A handicapped individual under 60 years of age may receive Congregate Nutrition if residing in a congregate housing facility which serves as a congregate nutrition site for older adults; (4) Is a qualified volunteer. Transportation (Service code 250 General Transportation) units may be reported and reimbursed for congregate nutrition participants under 60 years of age. Units of service for congregate participants who are **spouses** (under 60 years of age) of participants age 60 and over, may be transported to and from the congregate site. These units of service are reimbursable under the Home and Community Care Block Grant. However, eligibility for transportation is limited exclusively to transportation to and from the site. No units other than those attributable to transporting these individuals to

and/or from the site are allowable. (This clarification is outlined on page 3 of the Congregate Nutrition standards.)

**SPECIAL ELIGIBILITY ONLY PERTAINS TO CONGREGATE, HOME DELIVERED MEALS AND GENERAL TRANSPORTATION (CONGREGATE MEALS PARTICIPANTS ONLY).**

Check "Yes" in the space provided if the client meets one of the four (4) criteria listed above. Check "No" otherwise.

- 13) Economically Needy - Check "Yes" if the client has an income at or below 100% of the poverty level. Check "No" if the client is not At or Below 100% of the poverty level. (REQUIRED ENTRY)

The following table will assist in determining the appropriate response.

<u>Number in Household</u>	<u>100% Poverty</u>
1	\$ 7,740.
2	\$ 10,360.
3	\$ 12,980.
4	\$ 15,600.

The poverty rates listed above were effective February 1996. The poverty rates change on an annual basis and are published by the U.S. Department of Health and Human Services.

- 14) Service Relieves a Caregiver - Check "Yes" if the service/care the client is to receive would otherwise be provided by a family member or significant other, e.g. a 60 year old daughter caring for a 79 year old mother. This could also be someone providing assistance to a client but not residing with the client Check "No" otherwise. (REQUIRED ENTRY)
- 15) Is Client the Caregiver - Check "Yes" if the caregiver is being registered as the client on the Client Registration Form. This question only applies to services being provided as a respite activity. For instance, a 65 year old man is caring for his 55 year old wife, the man is registered as the respite client and he is the caregiver. Check "No" otherwise. (REQUIRED ENTRY)

- 16) Self-Declared Disability - **Not required at this time.**
- 17) Is Client Oriented - (Required Entry for the following services: In-Home Aide, Home Delivered Meals, Home Delivered Supplemental Meals, Care Management, Skilled Home (Health) Care, Adult Day Care/Day Health Care, Group Respite and Institutional Respite Care services) This item requires a "Yes" or "No" response. **(REQUIRED ENTRY)**

**Answer the following statements and make the appropriate response.**

- A. The person or agency making the referral for the service, (e.g. family member, caregiver, physician, Alzheimer’s Association chapter, etc.) indicates that the client has a problem with or suffered a significant decline in short-term memory, thinking, or decision making. If this is a true statement, then check the “No” response box. If referral sources do not indicate such a problem, then continue to statement B.
- B. Based on the agency’s professional assessment of the client, it appears that the client has a significant problem with short-term memory, thinking, or decision making. If this is a true statement, then check the “No” response box. If the agency’s professional assessment did not indicate such a problem, then continue to statement C.
- C. There has been no indication of a significant memory problem from either the referral source or the agency’s professional assessment. If this is a correct statement, then check the “Yes” response box.

**NOTE: The response is not a clinical diagnosis but is a way to identify possible cognitive impairment of individuals receiving services. A “NO” response from either the referral source or the agency’s professional assessment should be identified on the Client Registration Form as a “NO” response.**

Possible warning signs of significant cognitive impairment - Inability (due to memory, thinking or decision-making ability) to independently perform one or more of the following

instrumental activities of daily living: using the telephone, shopping, handling funds and finances, going out on errands, taking medications correctly.

- 18) **# Of IADL Impairments** - As of July 1, 1997, will be required for the following services: in-home aide, senior companion, skilled home (health) care, home delivered meals, home delivered supplemental meals, group respite, adult day care, adult day health care, and care management.

Based on the responses obtained to the question below, enter a [0-zero, 1, 2, or 3 (3 means 3 or more impairments)] in the response box for this item to correspond to the number of IADL impairments experienced by the client.

To determine the correct number to enter in the box, ask the client (caregiver if appropriate) if they can perform the following activities without help. Without help means the ability to perform the task without personal or stand-by assistance, supervision, or cues:

Can you carry out the following tasks without help?

prepare meals	Yes__ No__
shop for personal items	Yes__ No__
manage your own medications	Yes__ No__
manage your own money (e.g. pay bills)	Yes__ No__
use the telephone properly	Yes__ No__
do heavy housework	Yes__ No__
do light housework	Yes__ No__

- 19) **# Of ADL Impairments** - As of July 1, 1997, will be required for the following services: in-home aide, senior companion, skilled home (health) care, home delivered meals, home delivered supplemental meals, group respite, adult day care, adult day health care, and care management.

Based on the responses obtained to the question below, enter a [0-zero, 1, 2, or 3 (3 means 3 or more impairments)]

in the response box for this item to correspond to the number of ADL impairments experienced by the client.

To determine the correct number to enter in the box, ask the client (caregiver if appropriate) if they can perform the following activities without help. Without help means the ability to perform the task without personal or stand-by assistance, supervision, or cues:

Can you carry out the following tasks without help?

eat	Yes__ No__
get dressed	Yes__ No__
bathe yourself	Yes__ No__
use the toilet	Yes__ No__
get in and out of bed	Yes__ No__

- 20) Nutrition Health Score - As of July 1, 1997, will be required for congregate meals, home delivered meals (including supplemental meals), and care management.

The “score” to be entered in the response box for this item will be a 1, 2, or 3. These numbers correspond to the following classification scheme:

- 1 - equates to no nutritional risk
- 2 - equates to moderate nutritional risk
- 3 - equates to high nutritional risk
- 4 - client refuses to answer questions

To determine the appropriate number response to enter (i.e. 1, 2, or 3), you will need to ask the client the following ten questions. For each “Yes” response, circle the score in the right hand column that corresponds to the question.

Questions are designed to be asked in their entirety, and not in parts.

Do you have an illness or condition that made you change the kind and/or amount of food you eat?      2

Do you eat fewer than 2 meals per day?      3

**Do you eat few fruits or vegetables,  
or milk products? 2**

**Do you have 3 or more drinks of  
beer, liquor, or wine almost every day? 2**

**Do you have tooth or mouth problems  
that make it hard for you to eat? 2**

**Are there times that you do not always  
have enough money to buy the food  
you need? 4**

**Do you eat alone most of the time? 1**

**Do you take 3 or more different  
prescribed or over the counter drugs  
a day? 1**

**Have you lost or gained 10 pounds  
in the last 6 months without trying? 2**

**Are there times when you are not always  
physically able to shop, cook, and/or  
feed yourself? 2**

**After asking all ten questions, add up the scores for each  
question the client answered “yes”.**

- **if the client’s total score was 0-2 enter a “1” in the  
response box**
- **if the client’s total score was 3-5 enter a “2” in the  
response box**
- **if the client’s total score was 6 or more, enter a “3”  
in the response box**

**The ARMS system will include edit checks for those services that  
have required fields on the client registration form. The edit  
checks will not allow units to be reported for clients receiving  
certain services without having all required fields completed.**

21) Overall Functional Status - **(REQUIRED ENTRY)**

**NOTE: If the questions pertaining to IADL and ADL impairments have been completed, (questions 18 & 19), then the ARMS system will automatically compute the entry for this field. For all clients for whom questions 18 & 19 have not been completed, you must complete this field on the Client Registration Form.**

Overall Functional Status - Overall Functional Status is used as a mechanism to categorize clients served for the purpose of reporting. The Overall Functional Status section includes an evaluation of activities of daily living and independent activities of daily living as determined by the client/caregiver. The overall functional status does not take into account either mental or social functioning which does not have an impact upon the performance of activities of daily living. The overall functional status does not serve as a functional assessment tool. For purposes of reporting, clients are reported as Well, At Risk, or High Risk (Frail). For clarification, each category is defined as follows:

Well - Persons who are free of significant functional impairment and physically able to manage routine daily tasks independently. This includes persons who use assistive devices such as wheelchairs, canes or walkers provided the client feels that they manage adequately on their own.

At Risk - Persons who are unable to perform instrumental activities of daily living (i.e. shopping, housekeeping, preparing meals) and/or are unable to perform self care tasks (i.e. dressing, bathing, eating) due to one or two impairments in activities of daily living.

High Risk (Frail) - Persons who require assistance with self care tasks (i.e. as dressing, bathing, eating) due to impairments in three (3) or more activities of daily living.

The Activity of Daily Living (ADL) questions listed below will be used to determine the client's Physical Functional Status. For all clients, for whom the overall functional status will not be automatically completed, begin with question (a). If the answer to question (a) is "yes" do not ask questions b-g. If the answer to question (a) is "no" ask in order questions b-g.

For the purpose of answering questions b-g:

Without Assistance means that the client can perform the activity independently. For example, a client can use the bathroom independently.

Required Assistance means that the client requires hands on care, supervision, or cueing. For example:

- Hands on care - a client requires assistance with taking a bath
- Supervision - a client requires oversight while learning to walk with a new assistive device
- Cueing - a client needs to be reminded when to eat (i.e. Alzheimer's victim)

Indicate by placing a check in the space provided on the form the client's response to questions b-g.

- a) Can you manage your daily chores? (i.e. Prepare Meals, do Housework, Shop, Take Medicine, Use Transportation)  
Yes\_\_\_ No\_\_\_
- b) Can you feed yourself?  
(A) Without Assistance  
(B) Require Assistance
- c) Can you take a shower or bath?  
(A) Without Assistance  
(B) Require Assistance
- d) Can you dress yourself  
(A) Without Assistance  
(B) Require Assistance
- e) Can you move about your house?  
(A) Without Assistance  
(B) Require Assistance
- f) Can you use the bathroom?  
(A) Without Assistance  
(B) Require Assistance

- g) Can you get in/out of bed?  
(A) Without Assistance  
(B) Require Assistance

Overall Functional Status- Check 1 for Well, 2 for At Risk, or 3 for High Risk (Frail) in the space provided indicating the category which reflects the client's Overall Functional Status.

- a) Well - Question (a) answered 'yes'  
b) At Risk - Question (a) answered "no" and less than 3 (b) responses for questions b-g.  
c) High Risk (Frail) - Question (a) answered 'no', and 3 or more (b) responses for questions b-g.

*For information purposes only, below is the methodology that will be used when the ARMS automatically calculates overall functional status in those instances where question 18 & 19 are completed.*

*Based on the following criteria, enter  
(1) for well;  
(2) for at-risk; or  
(3) for High Risk (frail).*

*Well: the client has no (0) IADL impairments and no (0) IADL impairments and is not cognitively impaired.*

*At-Risk: the client has one or more IADL impairments; and/or the client has 1 but less than 3 ADL impairments; and/or the client is cognitively impaired and has less than 3 IADL impairments.*

*High Risk (Frail): the client has 3 or more ADL impairments; or the client is cognitively impaired and has at least 3 IADL impairments.*

Insert Form

DOA 101

CLIENT REGISTRATION FORM

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**MAILING ADDRESS APPENDIX**

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ADDRESS LINES 1 and 2

Alley	ALY	Grove	GRV
Apartment	APT	Heights	HTS
Avenue	AVE	Highway	HWY
Beach	BCH	In Care Of	C/O
Block	BLK	Lane	LN
Boulevard	Blvd	Lot	Lt
Box	BOX	Mobile Home Park	MHP
Brook	BRK	Mobile Home Village	MHV
Building	BLDG	North	N
Cape	CPE	Northwest, etc. NW, etc.	
Center	CTR	Parkway	PKY
Circle	CIR	Place	PL
City	CTY	Point	PT
Corner(s)	COR(s)	Post Office	PO
Court	CT	Road	RD
Creek	CRK	Route	RT
Drive	DR	South	S
East	E	Terrace	TER
Extension	EXT	Trailer Park	TRLR PK
General Delivery	GEN DEL	West	W

**NOTE:** ENTER NUMERIC STREET NAMES WITH A NUMBER AND THE TWO LETTER ENDING. FOR EXAMPLE: 2ND, 3RD, 4TH, ETC.

**NOTE:** DO NOT PUNCTUATE CITY NAMES, INCLUDING HYPHENS, AND DO NOT EXCEED TWENTY (20) SPACES.

**STATE**

Georgia	GA
North Carolina	NC
South Carolina	SC
Tennessee	TN
Virginia	VA

5. Error Correction Process Client Root Record

a. Purpose

Departments of Social Services will key the client root record in the Service Information System (SIS) or in a data entry software package prescribed by the Division of Aging.

Errors will be made in keying the data. The following process should be followed in correcting data entry errors.

b. Specific Instructions

1. Departments of Social Services will enter the client root record in the SIS or collect the information using the Client Registration Form (DOA 101) for entry in the data entry software package to be prescribed by the Division of Aging.

The DOA-101, the data entry software package, or ARMS may be utilized by Departments of Social Services to enter the client root record when circumstances as outlined in Section 3, Item IX A. 2(a), (b), and (c) exist.

2. If inappropriate entries (i.e. numeric entry keyed in a field requiring an alpha entry) are made or if required entries are omitted, an error will result and the error will be indicated on the error report which will be available on the ARMS to be printed by the Department of Social Services.

3. Department of Social Services (DSS will make corrections to the client record utilizing the DSS-5027 in the Service Information System (SIS) or by utilizing the data entry software package if the client data is being reported utilizing the DOA-101. Corrections made to the client record utilizing the data entry software package will be submitted to the Area Agency on Aging who will submit the data to the Division of Aging with the following month's client information. Corrections to the client record made in SIS will be made prior to the processing of client data the following month. Departments of Social Services that have direct access to ARMS and may also make corrections on-line.

4. It is possible to report incorrect information correctly (i.e. incorrect date of birth, incorrect functional status, incorrect address). In order to correct these errors, resubmit the

record using Computer Keyes in a subsequent month utilizing Type Action "C" indicating a Change. These corrections may also be made on-line in ARMS.

An incorrect Social Security Number cannot be corrected utilizing the data entry software package. If an incorrect social security number has been reported for a client it must be corrected on-line in the ARMS.

6. Instruction for Completion of the Units of Service Report (ZG903)

a. Purpose

The purpose of this form is to record actual units of service delivered to individual clients and to record individuals receiving non-unit services (Information and Case Assistance, Care Management, Mental Health Counseling, Housing and Home Improvement, Group Respite, and Health Promotion/Disease Prevention) for entry into the Division of Aging's ARMS. The ZG903 is utilized to record recipients and units of nutrition services and the units of services for all other Home and Community Care Block Grant services. The ZG903 is a preprinted form utilized to record recipients and units of services provided. This form also serves as an input document for keying units of service into the ARMS resulting in the generation of data for reimbursement.

b. General Instructions

- 1) The units of service report form will be generated for all services by the ARMS and will print the names and social security numbers of clients who received services two months prior to the current month. Blank Units of Service forms will be available for use in creating new sites.
- 2) The units of service report forms will be completed once a month for each service delivered by the Department of Social Services (DSS).
- 3) Departments of Social Services reporting unit provision, cost sharing/program income, and reimbursement information directly to the Division of Aging for a portion of the Home and Community Care Block Grant funds will be required to key all service provision information utilizing a data entry software package to be prescribed by the Division of Aging or through direct access to ARMS except as provided for in number 4. This information will be submitted electronically to the Division of Aging on or before 5:00 p.m. on the 11th calendar day of each month following the month for which information is being reported. (Data received after the prescribed deadlines may be resubmitted the following month for processing.) This information will be processed on the 12th calendar day of the month following the month for which information is being reported.

- 4) Unit provision information for in-home aide services provided directly by Departments of Social Services may be retrieved from the Services Information System (SIS) as a result of DSS-4263 entries. However, should client information for in-home aide service clients be reported by Departments of Social Services utilizing the Client Registration Form (DOA-101) as a result of circumstances specified in Section 3, Item IX A.2 (a), (b), and (c) of this manual, in-home aide service provision information will be reported utilizing the Division of Aging Unit of Service Report and the data entry package to be prescribed by the Division of Aging or by direct access to ARMS.

The utilization of DSS-4263 entries to report in-home aide service provision information will negate the use of the Unit of Service Report for the reporting of these services. However, Cost Sharing /Program Income information will continue to be reported through the ARMS by keying the information in the data entry software package or by direct access to the ARMS.

- 5) Provisions have been made for the reporting of Congregate Meals and Home Delivered Meals for USDA Reimbursement only. The service codes to be utilized are "181" and "021" respectively. A budget will be established in the ARMS for these service codes. The units will be reported by client.
- 6) A DSS should keep a copy of input documents on which units of service are reported through the audit of the fiscal year.

c. Specific Instructions for Computer Generated and Blank Forms

- 1) MONTH/YEAR (Under Title) - Computer Generated. If using a blank form, enter the month and year (MMYY) in the which the service was provided. This can be alpha or numeric.
- 2) REGION - Computer generated. If using a blank form, enter the one (1) digit numeric character (1,2,3,4,5,6,7,8,9,0) representing the region in which the service was provided.
- 3) PROVIDER - Computer generated. If using a blank form, enter the name of the provider agency that delivered the service.

- 4) SITE/ROUTE - Computer generated. If using a blank form, enter the name of the service route or individual staff member connected with the service and units provided.
- 5) I have verified the information on this report: Signature - An authorized representative of the provider agency must sign this statement indicating that review has been made and the form has been completed.
- 6) TITLE - Enter the title of the individual signing the form.
- 7) DATE - Enter the date the form was signed.
- 8) REGION - Computer generated. If using a blank form, enter the one (1) digit numeric character (1,2,3,4,5,6,7,8,9,0,) representing the region in which the services were provided.
- 9) PROVIDER - Computer generated. If using a blank form, enter the two (2) digit numeric provider number assigned by the State MIS Coordinator.
- 10) COUNTY - Computer generated. If using a blank form, enter the numeric county code representing the county in which the services were delivered.
- 11) SITE/ROUTE/WORKER CODE - Computer generated. If using a blank form, enter the three (3) digit numeric site/route/worker code assigned by the State MIS Coordinator for the site, route or worker where the service units were delivered.
- 12) MONTH/YEAR - Computer generated. If using a blank form, enter the two digit month and two digit year the services were delivered (MMYY). This must be the same month and year as entered under the title of the form.
- 13) CLIENT NAME - Computer generated Units of Service forms will have the client name preprinted. Names must be written in manually for the first two months a client receives services. The names printed on the form are those clients who received units of service which were keyed into the system two months prior to the month being reported.

If using a blank form or if the clients name does not appear on the form, write it in. If the client's name is on the list and he does not receive services during the month, draw a line through his name and social security number.

MULTI-SERVICE SITES (example:Transportation)-A client may be listed on the form more than one time if he receives more than one type of service, (i.e. general transportation (250) and medical transportation (033)) in the same month.

Since the service codes are different, units must be kept separately for each type of service, thus requiring the name to be on the form more than once. Add or delete a client's name for each service as instructed above if he begins or ends a new type of service.

- 14) SOCIAL SECURITY NUMBER - Computer generated units of service forms will have the client's social security number preprinted on the form. Social Security numbers must be written in addition to the client name for the first two months of service. The social security numbers printed on the form are for the clients who received units which were keyed into the system two months prior to the month being reported.

Add social security numbers for new clients or delete social security numbers for clients who did not receive services along with names (line through).

- 15) SERVICE CODE - Computer generated. If using a blank form, enter the three (3) digit numeric service code. If the service code is the same for every client enter the service code after the name and SSN of the first client. Draw a line down the column for all of the rest of the clients to indicate that the service code is the same for all.

If the service code changes as in transportation services, enter the three digit numeric service code beside each name. Add new services with the client's name and SSN to the bottom of the list, and delete services not received during the month by drawing a line through the client's name, SSN, and service code.

- 16) CALENDAR DAYS OF THE MONTH - Enter the date of the month in which the services are delivered.

- 17) UNITS OF SERVICE PROVIDED - In the box underneath the calendar day of the month and beside the client name, SSN and service code, enter the number of units delivered to the client on that day.

**NOTE: Providers with a bookkeeping system which will document individual units of service may complete client total units of service only and key this information, or in the event the provider has been granted a waiver of keying responsibilities, submit the information to the Area Agency on Aging for keying. The form is not required as a daily log as long as the provider has sufficient back-up documentation for audit purposes.**

- 18) TOTAL UNITS - Enter the total number of units delivered to each client by adding the daily units provided to that client.
- 19) TOTAL UNITS BY DAY (Bottom of Page) - Enter the total number of units delivered each day by adding the daily units for all clients.

- 20) Sum the client "Total Units" and the "Total" by day. These two figures must agree.

**NOTES: The possibility exists that a client unit total for a month for a service received will contain a partial unit (i.e. 10.25 units). In these occurrences, rounding will be necessary. Adhere to the following instructions when rounding. If the partial unit is greater than or equal to one-half (1/2) unit, round up to the nearest whole unit. If the partial unit is less than one-half (1/2) unit, round down to the nearest whole unit.**

Insert Form

ZG903

UNITS OF SERVICE REPORT

4.B-36

7. Recommended Error Correction Process Unit of Service Records

a. Purpose

Departments of Social Services will begin keying data to be utilized to process reimbursement effective July 1, 1992. Errors will be made during this process of keying data. Therefore, a process for the correction of data entry errors is necessary. All errors will be corrected utilizing the data entry software to be prescribed by the North Carolina Division of Aging or by direct access to the ARMS.

b. Specific Instructions

1. A file containing all service provision information will be electronically submitted to the Division of Aging by the 11th calendar day of the month following the month for which reporting is taking place. The data will be processed on the 12th calendar day of the month.
2. An error report will be generated by the batch update program and will be on the ARMS the following morning.
3. The Department of Social Services will print the error report and identify which sites are not balanced. A site is determined to be out of balance when the number of units on the unit of service report is not the number of units accepted in the ARMS.
4. After generating the Error Report, the Department of Social Services will determine corrections which need to be made to client service records (examples: records omitted, last name does not match database, client not on database). In instances when a client service record was completely rejected, the record can be rekeyed in the data entry software package or directly on-line in ARMS. If an incorrect number of units was keyed in a client service record and requires a correction, it will be necessary to rekey the client service record and key a "C" at the end of the record in the error correction field. This will indicate to the ARMS that a unit correction is being made to the record. All corrections keyed in Computer Keys will be submitted to the Division of Aging with the following month's unit reimbursement information file.

The Department of Social Services should contact the State MIS Coordinator at the Division of Aging concerning any corrections which cannot be made on-line or in the batch file the following month.

5. After corrections are submitted to the ARMS for processing in the following month's batch update, the Department of Social Services (DSS) should balance the unit of service report to the error report. The error report will indicate number of units processed, number of units accepted, and number of units rejected. A site may be considered balanced for a month when the number of units accepted in the system in the initial unit run plus units accepted as a result of record corrections in the previous month(s) equals units processed on the initial error report and total units provided as indicated on the unit of service report.

8. Service Totals (Adding or Updating Existing Units)

a. Purpose

The purpose of this function is to add, update, or delete units of service for a client on the client data base. This function on the ARMS will be utilized to correct errors not correctable utilizing the data entry software package prescribed by the Division of Aging, or for direct on-line keying.

b. Specific Instructions

Figure 1 is the Service Totals detail screen. The Service Totals detail screen is displayed after the “Add” or “Edit” button has been chosen from the Service Totals Browse Screen.

NOTE: There must be a Provider Budget on file for the correct Region/Provider/County/Service Code. Only one record may be entered per SSN/ServiceCode/FiscalYear/Region/Provider/County/SRW combination.

The Service Totals Browse screen has an additional option (SSN List - F7). This option allows the user to quickly find all Service Total Records for a particular Region/SSN. To use this option, simply enter the desired Region/SSN and press <ENTER>. A “mini-browse” list will be displayed containing all records for this Region/SSN. To edit a particular record in the list, move the cursor to the record and press <ENTER>. This will automatically take the user into Edit mode for this record!

When adding a record, if an entry is not made in the SSN field, then a Service Code of “130” is automatically entered into the service field, and the cursor moves to the Fiscal Year field. An entry can only be made in the Number of Legal Persons Served fields if the Service Code is “130”. When an entry is made into the SSN field, a entry must also be made in the Service field. Entries must be made in the Region, Provider, and County fields before an entry is made in the SRW field. If an incorrect entry is made in the Service, Region, Provider, County, or SRW fields, an error will be displayed, and then a list of valid choices will pop up depending on

the field in error. The list of valid choices can also be viewed by pressing the **F1** or **Ctrl+F1** keys while the cursor is positioned in one of previously mentioned five fields.

To save information and return to the Service Totals Browse Screen, press the **<Ctrl-W>** button. To erase any modifications that have been made to the data, press the **<Esc>** button. The **<PgUp>** button will display the previous record, and the **<PgDn>** button will display the next record. The **<F7>** button will display a screen which lists the monthly and yearly totals for legal persons and number of units for any SRW code.

Depending on the security level of the user, certain fields will be disabled. If the user is an "Agency", the Region field will be disabled. If the user is a "Provider", the Region and Provider fields will be disabled. The fields on the Add screen are blank, while the fields on the Edit screen are filled with the values from the currently selected record on the Service Totals Browse screen.

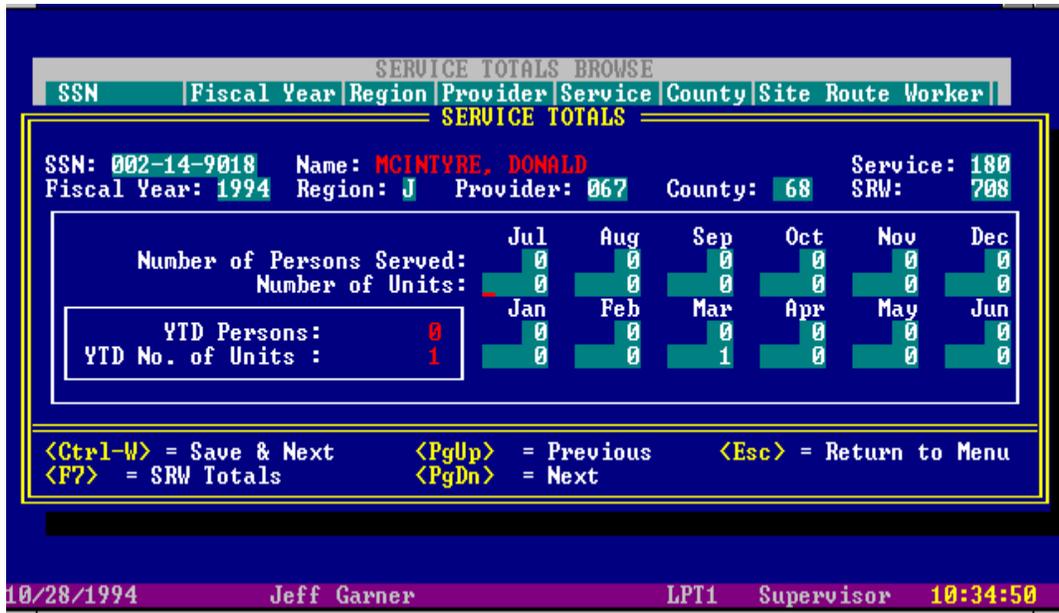


Figure 1 Service Totals Screen

Service Total Fields

Entry Field	Contents
SSN	The Social Security Number must be a valid SSN, or be blank if the Service Code is 130, which is the legal services code.
Name	Client's Name is a display only field and cannot be changed.
Service	The service field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes. The Service Code must be a current service (as designated with a "Y" in the current field of the Service Codes database file).
Fiscal Year	This field must be the current year or a previous year and should be entered in the format YYYY.
Region	The Region field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
Provider	The Provider field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
County	The County field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
SRW	The SRW field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
Number of legal Persons Served	Represents the number of legal persons served that month. Completion is only allowed if the Service Code is 130.
Number of Units	Represents the number of units provided that month.
YTD Legal Persons	The Number of Legal Persons Served in the current Fiscal Year is calculated from the entered data.
YTD No. of Units	Number of Units in the current Fiscal Year is calculated from the entered data.

9. Instructions for Completion of Form DOA-543

a. Purpose

This form may be utilized by Departments of Social Services as an input document when requesting reimbursement for non-unit services and when reporting cost sharing/program income information utilizing the data entry software package prescribed by the Division of Aging. Departments of Social Services may also use this form as an input document for keying directly on-line in ARMS.

b. Specific Instructions

NON-UNIT REIMBURSEMENT

- 1) Enter the last two (2) digits of the fiscal year for which the reimbursement is being requested (i.e. Enter 97 for fiscal year 1996-97).
- 2) Enter the one (1) digit numeric character (1,2,3,4,5,6,7,8,9,0) of the region in which the county is located.
- 3) Enter the two (2) digit numeric provider number.
- 4) Enter the three (3) digit numeric service code.
- 5) Enter the numeric county code.
- 6) Enter the month and year for which reimbursement is being requested. Utilize two (2) digits to identify month. Precede one (1) digit months with a zero (0). Year will be identified by the last two (2) digits of the calendar year. The entry for a reimbursement request for January, 1997 would be 01/97.
- 7) When requesting reimbursement for a non-unit service, enter the Administrative Direct Cost, the Administrative Indirect Cost, and the Programmatic Cost for the service for which reimbursement is being requested. When requesting reimbursement, enter the monthly cost on the form not the cumulative year to date cost. CAUTION: The ARMS will add these three field together to obtain one amount for the reimbursement total.

## **COST SHARING/PROGRAM INCOME**

- 1) Enter the appropriate amount of cost sharing/program income revenues, if any, for the service. (See Section 3 regarding reporting gross/net program income.)
- 2) Enter the appropriate amount allowable for deduction. (See Section 3 regarding reporting gross/net program income.)
- 3) Enter the Monthly Net Amount Collected.(See Section 3 regarding reporting gross/net program income.)
- 4) Enter agency name. The appropriate agency representative should sign and date the form.
- 5) Submit this information to the Area Agency on Aging on computer diskette by 10:00 a.m. on the 10th calendar day of each month following the month for which the data is being reported or on the DOA-543 by a date to be negotiated between the Area Agency on Aging and the provider. This data shall be submitted to the ARMS on or before 5:00 p.m. on the 11th calendar day of each month following the month for which reimbursement is being requested. (Data received after the prescribed deadlines may be resubmitted the following month for processing.) This information will be processed on the 12th calendar day of each month. Providers with direct access may key monthly reimbursement data directly on-line in the ARMS.

Insert Form

DOA-543

MONTHLY COST SHARING/PROGRAM INCOME DATA  
MONTHLY NON-UNIT REIMBURSEMENT DATA

4.B-44

10. Error Correction Process-Monthly Reimbursement for Non-Unit Services and Cost Sharing/Program Income.

a. Purpose

The reporting of reimbursement information for non-unit services and the reporting of cost sharing/program income will be keyed in a data entry software package to be provided by the Division of Aging. Errors which are made in the entry of this data will be corrected in the data entry software package by adhering to the following process or directly on-line in ARMS.

b. Specific Instructions

1. An error will result in reporting reimbursement information when certain data is keyed inappropriately (i.e. in-home detail service code entered instead of Level (i.e.LV1, LV2, etc.) which is required to match the contract) or omitted. When this occurs, an error report will be produced which will indicate the keying error which has been made.
2. The record which contained the keying error should be rekeyed and submitted to the Division of Aging with the following month's reimbursement information or corrected directly on-line in ARMS.
3. In the event you discover that an incorrect amount was keyed and accepted, the record should be rekeyed and resubmitted with the following month's reimbursement information. The corrected record must have a "C" keyed at the end of the record in the record correction field in order to alert ARMS to the amount being changed. Departments of Social Services also have the option of correcting this error on-line in ARMS.
4. Corrections keyed in Computer Keyes will be submitted to the Division of Aging with the following month's reimbursement information.

11. Data Entry Instructions for Unit and Non-Unit Information using Computer Keyes

### **INTRODUCTION**

The Data Entry Program is executed directly from the DOS prompt using the DE command. The program will display an initial screen and prompt the operator for a format name. A valid format created by the Format Generator must already exist in the specified directory. Division of Aging formats will be UNITFMT.FMT, REIMBURS.FMT, and CLIENT.FMT.

After the program loads in the format, it will prompt the operator for a filename. The program will create a data file with the record length that is specified in the format. The CR/LF attribute in the format will determine if carriage return/line feeds (CR/LF) will be placed after each record. If the file already exists on the disk, then the program will check to make sure that it is a valid data entry file with the correct record length before allowing it to be updated.

### **HOW TO START AND STOP THE DATA ENTRY PROGRAM**

1. Enter the DE batch command with or without the optional parameters.

Type: DE {format} {,filename}

NOTE: Filename must be preceded by a comma even if the format name is not keyed.

2. The Data Entry Program screen should appear and it will load in the format, if it was specified in the DE command.
3. If the filename was specified in the DE command, the program will create it with the correct record length and CR/LF attribute, as specified in the format. If the file already exists, the program will allow it to be updated.
4. When you are finished keying data, end the task.

Press: Alt-F10 (End Task)

## WHAT IS THE STATUS AREA?

The Status area refers to the top 6 lines of the Data Entry Screen. The bottom 18 lines of the display contain your formats.

```
*****  
Record# Next# Rec Len Dup/Skip DATA ENTRY PROGRAM  
xxx   xxx   xxxY DEKB Verify      Instructions here...  
xxRecord Format Name  Format:xxxxxxx File:xxxxxxx  
Batch Totals/Verify Mismatches/Previous Record here....  
Continued onto this line..  
*****
```

### Record #

This indicates the current record number that is being displayed. Record numbers may range from 1 to 9999.

### Next #

This number indicates the next record number that is available to enter into the data entry file.

### Rec Len

This is the record length and CR/LF attribute of the data entry file as specified in the format.

### DEKB

This message indicates that the DE style keyboard has been activated by the operator. The DE style keyboard can be activated or deactivated by pressing (Alt-K).

### Dup/Skip

This message indicates that Dup/Skip has been activated. It may be activated or deactivated by pressing (F1). Field that were described as Auto Dup or Auto Skip in the format will be duplicated or skipped, respectively.

## Verify

This message indicates that the program is in Verify mode. Verify mode may be activated or deactivated by pressing (Alt-F1).

### The Third Line:

Instruction messages are displayed here to prompt the operator for any input data that is needed by the program to perform a particular task. These are usually in response to a function key being pressed.

### The Fourth Line:

The current record format, the Format name, and the File name are all displayed in the 4th line of the Status area.

### The Fifth & Sixth Lines:

The Batch Total Accumulators, any Verify Mismatch fields, or up to 156 characters of the previous record are displayed in the 5th & 6th lines of the Status area.

## **MORE ABOUT VERIFICATION**

After keying data into a file, the operator may then verify the data. As the verify operator rekeys the data (records must be rekeyed in the order they were keyed originally), each character is checked and compared to the original data. Characters that do not match the original data will cause the program to sound an alarm and lock the keyboard.

### Verify Correction

An Error Reset key (ESC) allows the operator to unlock the keyboard and correct a mismatched character. After unlocking the keyboard, if the operator keys the same character that caused the mismatch, a verify correction is performed.

### Field Correction

Fields with multiple mismatches, and right justify fields with an incorrect number of characters keyed, may have to be corrected using a Field Correction key (also ESC). After pressing the ESC key, the program allows the operator to key the field without checking it, the program will then force the operator to verify the corrected field.

### Displaying Original Field

By pressing the ESC key twice the operator can view the original field in the Status area, if this becomes necessary. After viewing the original field the program will be in Field Correction mode. The operator may continue keying in the Field Correction mode or may press the ESC key a third time to put the program back into regular Verify mode.

Original fields that have been corrected are shown to the verify operator in the Status area. The record in the data file will not actually be changed until the entire record has been verified and a RECORD ADVANCE has been performed. The verify operator may add, change, insert, or delete records at any time during the process.

#### Scanning the Data

Pressing the Record Backspace or Record Advance keys without keying any data will allow the operator to scan the file in the Status area without verifying the data. When record advancing or record backspacing, deleted records are bypassed. The PgUp or PgDn keys may also be used to scan the file.

The operator may remove the program from Verify mode at any time by pressing Alt-F1. Then return to Verify mode later. This may be useful in determining if duplicate records have been keyed in the file, or if records have been missed.

#### Deleting or inserting Records

When extra records have been keyed simply delete them by pressing Alt-F4 (Delete Record). When records have been omitted, use Alt-F3 (Insert Records) to make space available. After keying in any new records, the program will automatically switch back into Verify mode and force you to reverify the inserted records.

#### How To Bypass Certain Fields During Verify

In some applications there may be fields that you do not wish to verify, such as names or addresses. But, data in the remaining fields of the record that need to be verified. A verify bypass can be accomplished by keying a "B" in the Field Type column in the Format Generator. This defines the field as a Verify Bypass field.

The program will automatically display the data from the original records for Verify Bypass fields. The cursor will automatically jump over them. The operator may visually verify the data in the fields, and can still change the bypassed fields by field backspacing into them.

#### How To Enter Records Into A New File

1. Select the record format to be used.  
Press: F2 (Chg Fmt)  
Select the desired number 0-24.
2. Key data into the fields for the first record.  
NOTE: Records are not entered (saved) into the file until a Record Advance is performed. Auto Rec Adv will occur after the last field is entered.
3. Turn on automatic duplication and skipping if desired.  
  
Press: F1 (Dup/Skip)
4. Key additional records.
5. To end the program after the last record is keyed.  
  
Press: Alt-F10 (End Task)

#### How To Add Records To An Existing File

1. To add records to an existing file jump to the end of the file.  
  
Press: Alt-F8 (End)  
Press: Rec Adv
2. Select the desired format, if it is not already displayed.  
  
Press F2 (Chg Fmt)  
Select the desired number 0-24.
3. Turn on automatic duplication and skipping if desired.  
  
Press: F1 (Dup/Skip)
4. Key additional records.

5. To end the program after the last record is keyed.

Press: Alt-F10 (End Task)

#### How To Update Records In An Existing File

1. Find and display the record to be updated using one of the search methods, or simply paging through the file.
2. If record codes are being used, the correct format should be automatically displayed. If not, change to the desired format.

Press: F2 (Chg Fmt)

Select the desired number 0-24

3. Advance to the field desired using one or more of the cursor movement keys, the Field Adv, or New Line key.  
**(Do not use any of the Field Exit keys).**  
You may access a Skipped Prefilled field by Field Backspacing into it with Dup/Skip turned OFF.
4. Change the field or fields desired then press the Rec Adv key.

**NOTE: Records are not updated in the file until the Rec Adv key is pressed. Auto Rec Adv will occur after the last field is entered on the screen.**

5. Repeat steps 1-4 for any additional changes.
6. To end the program after the last record has been changed.

Press: Alt-F10 (End Task)

#### How To Verify Records

1. Place the program into Verify mode.

Press: Alt-F1 (Verify)

The program will jump to the next record that is to be verified.

2. If record codes are being used, the correct format should be automatically displayed. If not, change to the desired format.

Press: F2 (Chg Fmt)

Select the desired number 0-24.

3. Key the data onto the screen just as if the program were in Enter mode.

4. Turn on automatic duplication and skipping, if desired.

Press: F1 (Dup/Skip)

5. If a verify mismatch is found, the computer will beep. Unlock the keyboard using the ESC key and key the character correctly. Verify corrections are written to the file after the last field is verified and a Record Advance is performed.

6. Verify additional records.

7. To end the program after the last record is verified.

Press: Alt-F10 (End Task)

#### How To Search For Records

1. Place the program into Search mode.

Press: F6 (Perform Function)

Type: S (Search by Content)

or: Q (Search Seq Content)

2. Select the desired format of the record being searched for.

Press: F2 (Chg Fmt) Select the desired number 0-24.

3. Key the search data onto the screen.

4. Start the search.

5. The program will start the search at the record following the current record. All fields keyed in the search data must match for the search to be successful.

6. If a record is displayed but it is not the desired record, the search may be continued at the next record in the file, as follows:

Press: F6 (Perform Function)

Type: S (Search by Content)  
Press: Rec Adv

### How To Insert Records

1. Display the record that should be moved down in the file, to allow for additional records to be inserted.

2. Place the program into Insert mode.

Press: Alt-F3 (Ins Rec)

3. Key the number of records to insert then press a Field Exit key.

4. The program will move all records, starting with the current record, toward the end of the file. The vacated spaces are filled with deleted blank records.

5. Select desired format for the new records to be inserted.

Press: F2 (Chg Fmt)

Select the desired number 0-24

6. Reactivate each deleted record and key new data for each of the inserted records.

Press: Alt-F6 (reActivate a record)

### How To Change A Field For Many Records In A Batch

1. Display the first record that is to be changed.

2. Switch to Global Change mode.

Press: F6 (Perform Function)

Type: G (Global Changes)

3. If you wish to change only records that are for a particular format, then be sure that the record code for that format is on the screen.

4. If you wish to change all records regardless of the record codes, then you must clear the record code off of the screen.

5. Enter the characters on the screen that you wish to have

changed for all records. To change a character to a blank, you must key a period "." in its place. Then

Press: Rec Adv

6. The program will ask you to "Key Ending Record #". Enter the last record number that you wish to have changes made (usually the end of a batch), then press a Field Exit key.
7. All non-blank characters in the change record will be changed in the file from the current record to the ending record number that you entered. Periods will be changed to blanks. If a record code was keyed in the change record, then only records that match the record code will be changed.

#### Function Keys For Data Entry Program

Dup/Skip	(F1)
Verify	(Alt-F1)
Chg Fmt (F2)	(Change Format)
Jmp to Rec	(Alt-F2) (Jump to Record)
Ins	(F3) (Insert)
Ins Rec	(Alt-F3) (Insert Record)
Del	(F4) (Delete)
Del Rec	(Alt-F4)(Delete Record)
Dsp F/T	(F5) (Display Field Totals)
Clear T	(Alt-F5) (Clear Totals)
Calc	(Ctl-F5) (Calculate)
Perform	(F6)
"S"	Search by Content
"Q"	Search Seq Content
"G"	Global Changes
"I"	ReIncrementing
ReActivate	(Alt-F6) (Activate Record)
Up	(F7)
Home	(Alt-F7)
Down	(F8)
End	(Alt-F8)
Left	(F9)
Acc W/E	(Alt-F9) (Accept with Error)
Right	(F10)
End Task	(Alt-F10)
Switch Files	(Ctl-F10)

PgUp - Page Up will cause the program to display the preceding 15 records in the data entry file. For standard keyboards in PC style, you must hold the ALt key down to use PgUp.

PgDn - Page Down will cause the program to display the next 15 records in the data entry file. For standard keyboards in PC style, you must hold the ALT key down to use PgDn.

The numeric keypad - While using the PC style keyboard, the numeric keypad will always produce numbers. The cursor movement function of these keys may be used by holding the ALT key and pressing the desired function.

### Formats And Field Identifications

#### **UNITFMT.FMT**

This format is used to create a file containing Units of Service in a uniform format suitable for transmission to ARMS. The UNITFMT.fmt creates a 38 byte record with carriage returns and Line Feeds (CR/LF).

### Field ID'S And Definitions

FY	Fiscal Year
R	Region
PRO	Provider
COC	County Code
SRW	Site Route Worker
DATE	Current Month MMY
F	Filler
LN	Last Name (First 3 Letters)
SSN	Social Security Number
S/C	Service Code
UTS	Total Units
C	Correction Indicator

UNITFMT.FMT contains the following 5 formats:

- #1 Level 1 Supp/Nutr Header
- #2 Level 2 Supp/Nutr Dup
- #3 Level 3 Trans/Mixed Dup
- #4 Level 4 Legal Header
- #5 Level 5 Legal Dup

All Support and Nutrition service units are keyed in Format #1. After initial entry of Site information the system will automatically switch to Format #2 (Dup Level).

Sites containing more than one service (i.e. Transportation) are keyed in Format #3. Header information for the site will be keyed in Format #1, the system will automatically go to Format #2 and you must manually change your format to #3 Dup Level.

Legal Services header information is keyed in Format #4 and the system will automatically switch to Format #5 Dup Level.

### **REIMBURS.FMT**

The REIMBURS.FMT contains the following two (2) formats:

- 1- Cost Sharing/ Prog. Income
- 2- Non-Unit Reimbursement

The Cost Sharing/Program Income format is used to report Cost Sharing and Program Income for all unit and non-unit Services. Listed below are the field ID's and definitions. The Reimburs.fmt creates a 51 byte record with carriage returns and line feeds (CR/LF).

FY	Fiscal year
REGION	Region Identifier
PROVIDER	Provider Code
SERVICE CODE	Service Code
COUNTY CODE	County Code
REPORT DATE	Date (Month and Year)
MONTHLY COST/ SHARING/PROGRAM INCOME DATA COLLECTED	Gross Amount Collected
MONTHLY AMOUNT DEDUCTED TO COVER ALLOWABLE COST	Amount deducted
MONTHLY NET AMOUNT	

COLLECTED  
PREVIOUS MONTH  
CORRECTION

Net Amount Collected

Correction to a previous month's data.  
"C" is the only valid entry for this field.

The Non-Unit Reimbursement format is used to request Non-Unit dollars only. This format should only accept Non-Unit service codes. Listed below are the field ID's and definitions.

FY  
REGION  
PROVIDER  
SERVICE CODE  
COUNTY CODE  
REPORT DATE  
ADMINISTRATIVE  
DIRECT COST  
ADMINISTRATIVE  
INDIRECT COST  
PROGRAM COST  
PREVIOUS MONTH  
CORRECTION

Fiscal Year  
Region Identifier  
Provider Code  
Service Code  
County Code  
Date (Month and Year)

Administrative Direct Cost

Administrative Indirect Cost

Program Cost

Correction to a previous month's data."C"  
is the only valid entry for this field

## CLIENT.FMT

This format generates a client record for addition or update to the ARMS system. The CLIENT.FMT creates a 153 byte record with carriage returns and line feeds (CR/LF).

### FIELD ID'S AND DEFINITIONS

REGION	Registering Region of Client
PROVIDER	Provider Code of Registering Provider
TYPE OF ACTION	Type of action to be performed (Defaults to R C, or D)
SSN	Social Security Number
REGISTRATION DATE	Date Client Registered
COUNTY CODE	County Code (Client's Residence)
RACE	Race
SEX	Sex
CLIENT DOB	Client's Date of Birth
LASTNAME	Client's Lastname
FIRST	Client's Firstname
MI	Middle Initial
ADDRESS LINE-1	Address
LINE-2	Address Line 2
CITY	City
STATE	State
ZIP	Zip Code
LIVE ALONE	Live Alone
ECONOMICALLY NEEDY	Economically Needy Status
CLIENT IS CAREGIVER	Is the Client the Caregiver
IS CLIENT ORIENTED	Cognitive Status
# OF ADL IMPAIRMENTS	ADL Impairments
SPECIAL ELIGIBILITY	Special Eligibility Status
SERVICE RELIEVES A CAREGIVER	Does Service Relieve a Caregiver
SELF-DECLARED DISABILITY	Disability Status (locked field)
#OF IADL IMPAIRMENTS	IADL Impairments
NUTRITION HEALTH SCORE	Nutritional Status
OVERALL FUNCTIONAL STATUS	Client Functional Status

CLIENT.FMT contains the following formats:

1. - New Registration
2. - Client Update
3. - Report Client Death

All new Client Registration Forms need to be keyed in format #1. Any client changes, updates, or reassessments need to be keyed in format #2. Client deaths need to be keyed in format #3. After selecting the CLIENT.FMT and creating a file, the appropriate format can be selected by pressing F2 and keying the format number desired.

12. Instructions for entering Provider Budgets - ARMS

a. Purpose

This screen in the ARMS is utilized to enter budgets. Without the entry in the ARMS, units of service will not be processed for reimbursement. Departments of Social Services reporting utilizing Option B will be required to enter their budget information in the ARMS. This information must be entered in order that reimbursement information might be processed.

b. Specific Instructions

Figure 2 is the *Financial Menu*. The rest of this section gives an in-depth explanation of the detail screens associated with these menu options.



Figure 2 Financial Menu

## PROVIDER BUDGET

When the Provider Budget option is selected from the Financial Menu, the *Provider Budget Browse Screen* is displayed. Only one budget record can be added per Region/Provider/County/Service Code (or Service Level) combination. There must also be Allocations before a budget can be entered and all Provider Budgets added together for a County cannot exceed the total Allocation amount. The Provider Budget detail screen in Figure 2 is displayed after the “Add” or “Edit” button has been chosen from the Provider Budget Browse screen. To save information and return to the Provider Budget Browse screen, press the <Ctrl-W> button. To cancel any modifications that have been made to the data, press the <Esc> button.

```
PROVIDER BUDGET
PROVIDER BUDGET
Fiscal Year: 1995      Region: A      Provider: 060
Service: 250          County: 56    Last Update: 03/15/1995
Reimbursement Allocation Percentage: 0.00
Funding Source : 01
Projected People: 250
Balance: 1
Net Unit Cost: 2.5500
Net Service Cost: 30954
Total USDA Dollars: 0
Other Matching Resources: 0
Other Non-Matching Resources: 0
< Ctrl-W > = Save & Return      < Esc > = Return to Browse
08/29/1995      Jeff Garner      LPT1      Supervisor      14:02:13
```

Provider Budget Detail Screen

Depending on the security level of the user, certain fields will be disabled. If the user is an “Agency”, the Region field will be disabled and will default to the users Region code. If the user is a “Provider”, the Region and Provider fields will be disabled and will default to the users Region code and Provider code and all fields will be view only.

If this screen is in “Edit” mode, the fields will be filled in with data from the record which was selected on the browse screen. These fields are available to be modified and then saved using the <Ctrl-W> button. If this screen is in “Add” the fields will be blank except for fields which have been disabled. These blank fields can be filled with data and then saved using the <Ctrl-W> button Before a Provider Budget record can be added to the database, a value must be chosen from the Region, Provider, Service, County, Funding Source, and Net Service Cost fields. If these fields are blank when

the <**Save & Return**> button is pressed, a message will be displayed on the screen describing what information needs to be added. The cursor will be positioned on the field which needs to be corrected. There must be Allocations before a budget can be entered and all the Provider Budgets added together cannot exceed the total Allocation amount. The Service Codes 021 and 181 have a unique feature. When these codes are used, a zero budget must be entered. For all other codes, zero budgets are not allowed. When the necessary changes have been made, press the <**Ctrl-W**> button to save the data.

**NOTE:** The “Funding Source” field is automatically entered, depending on the “Service Code”.

Provider Budget Fields

Entry Field	Contents
Fiscal Year	The Fiscal Year must be the current year or earlier.
Provider	The Provider field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
Service Level	The service field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes. In-home services contracts must be entered by Level (i.e..LV1,LV2,etc.)
County	The County field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
Region	The Region field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
Last Update	Display only field. Shows last date record was updated.
Reimbursement Allocation Percentage	The Reimbursement Allocation Percentage will only be displayed if the user has the “DOA” or “Supervisor” security level. If this field is not blank, it overrides the Reimbursement Allocation Percentage table.
Funding Source	The Funding Source field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the <b>F1</b> or <b>Ctrl+F1</b> keys will also display the list of valid codes.
Projected People	Projected People is the number of people this Provider expects to serve this year.

Balance	The Balance field is a display only field and is calculated by multiplying the appropriate percentage for this Funding Source (found in the Funding Source file) times the net service cost and subtracting it from the Allocation amount for this County and Region.
Net Unit Cost	Net unit cost. This is calculated by dividing net service cost by total units. Carry this entry to four (4) places after the decimal point.
Net Service Cost	Net service cost. Enter the total of the Federal, State, and require Local Match.
Total USDA Dollars	USDA dollars. An entry should be made here for nutrition services only. This figure will be calculated by multiplying projected units by the current USDA reimbursement rate. NOTE: For nutrition codes 181 and 021, complete FY, REGION, PROVIDER CODE, SERVICE CODE, COUNTY CODE, AND PROJECTED PEOPLE AND PRESS ENTER.
Other Matching Resources	Other matching resources received. Enter other resources above the required local match which may be utilized to match additional federal or state funds.
Other Non-Matching Resources	Other non-matching resources received. Enter the other resources which may not be utilized as local match for additional federal or state funds.

**NOTE: As budgets are entered in the ARMS, it may be helpful to know the balance of funds after the acceptance of the budget in the system. This information will be available to you in a field entitled "fund balance" which is located on the left hand portion of the screen . A balance of funds may also be viewed on the Allocation screen.**