## Budgeting and ARMS

#### <u>Part 1</u>

- Information & Options Counseling Contacts (renamed Service Code 040)
- Budget total funds for service
- Report <u>duplicated</u> contacts for service totals.
- Reimbursement for the service reported as a non-unit reimbursement in ARMS.

## Budgeting and ARMS

#### Part 2

- Information and Options Counseling Service Code 440
- Zero-based budget for this service
- No expenditures are reported for reimbursement through ARMS.

## Example: Form 732

Paradise County Service Provider						Coun	unty Funding Plan		
100 Main Street									
Paradise, NC 29999				Provider Services Summary					
					Α		В	С	
Ser. Delive			ery						
	(Check	One)		Block Grant Funding				Net*	
Services	Direct	Purc.	Access	<b>In-Home</b>	Other	Total	<b>Local Match</b>	Serv Cost	
Info & Options									
Counseling									
(440)	X		0			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	0	
Info & Options									
Counseling									
Contacts (040)	X		5000			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	556	5556	

## Provider Budget Example

#### **Provider Budgets**

Provider :

CHEROKEE COUNTY DSS(A020)

Region	County	Service	Service Budget			
SOUTHWESTERN COMMISSION	Cherokee	IN-HOME LEVEL 1 - HOME MANAGEMENT(041)	\$84,020.00	<u>SRWs</u>		<u>Contributions</u>
SOUTHWESTERN COMMISSION	Graham	FC-LIQUID NUTRITION SUPPLEMENTS(859)	\$50.00	<u>SRWs</u>	Reimbursements	<u>Contributions</u>
SOUTHWESTERN COMMISSION	Cherokee	INFORMATION AND OPTION COUNSELING (440)	\$0.00	<u>SRWs</u>		<u>Contributions</u>
SOUTHWESTERN COMMISSION	Cherokee	INFORMATION AND OPTION COUNSELING CONTACTS (040)	\$5,000.00	<u>SRWs</u>	Reimbursements	<u>Contributions</u>
SOUTHWESTERN COMMISSION	Graham	FC-GRG-HOURLY RESPITE(848)	\$0.00	<u>SRWs</u>		Contributions
Cancel Providers						

#### Non-unit reimbursement

#### Provider Non-Unit Reimbursements

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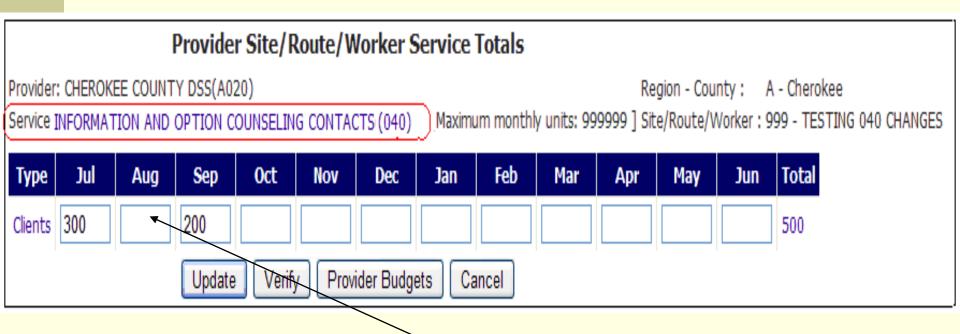
Region . 30	OO LUANES LEKIA COMINTS	SION County.	CHELOVEE					
Provider: Cl	HEROKEE COUNTY DSS(	A020) Service INF	Service INFORMATION AND OPTION COUNSELING CONTACTS (040)					
Report Mont	th Admin Direct Cost	Admin Indirect Cost	Program Cost	Total Non Unit Reimbursement				
Aug	\$0.00	\$0.00	\$2,000.00	\$2,000.00	<u>Detail</u>			
Jul	\$0.00	\$0.00	\$1,000.00	\$1,000.00	<u>Detail</u>			
Sep	\$0.00	\$0.00	\$3,000.00	\$3,000.00	<u>Detail</u>			
Cancel	Add Non Unit Reimburs	ement Provider Bud	gets					

Charokaa

County •

Only use service 040 to report monthly non-unit reimbursement for Information and Options Counseling

## Duplication Contacts (040)



No edit check if no Contacts were reported in a month for this non-unit service code

## Data Reporting & ARMS

- Service 440 (Information & Options Counseling)
- Register clients using DAAS 101 Long Form (Sections I, IV, V (if appropriate), VI (if appropriate) and VII)
- Attach service 440 to each client receiving "Options Counseling"
- Report "1" for EACH month Options Counseling is provided to the client.

## Adding Service to a Client Record

#### 7.3 Update Provider Client Services

Updating Provider Client Services is a two-part process.

#### STEP ONE

To begin, scroll down to Add/Update Services:

Page 39 - Provider User Manual



Figure 58 – Provider Client Services Screen

## Activating Information & Options Counseling

#### **Provider Client Assessment**

Provider Code: A020 Agency Name: CHEROKEE COUNTY DSS

Last 4Digits of SSN: 5\_ .2 Date Of Birth: 10/17/11

First Name: GERALD Last Name: ADAMS

	Service Code	Name	Service Status
V	041	IN-HOME LEVEL 1 - HOME MANAGEMENT	Active 💌
	440	INFORMATION AND OPTION COUNSELING	Active 🔽
	848	FC-GRG-HOURLY RESPITE	Active 💌
	859	FC-LIQUID NUTRITION SUPPLEMENTS	Active 💌

Next

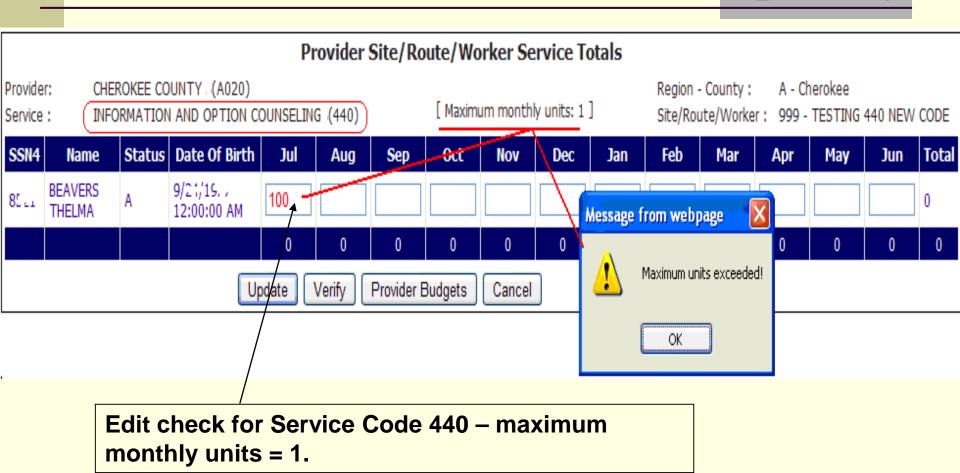
Cancel

### Update Client Assessment: DAAS 101

#### **Provider Client Assessment**

Provider Code:			A020	Age	ncy Name :	CHEROKEE CO	OUNTY DSS	
Last 4Digits of S	SSN:		50.	Date	e Of Birth:	10/1.,		
First Name :			GERALD	Last	Name:	ADAMS		
Service Code		Name		Service Statu	s	Action		Assessments
440	INFORMATION A	ND OPTION CO	UNSELING	A	Adding new Act	tive service, servic	e code: 440	IADL & ADL
Assessment Dat	e:		/	/				
20. Does client	have significant me	emory loss or co	nfusion?		O Yes			
					○ No			
Number of I	ADL (Instrum	ental Activ	ities of I	Daily Living	)			
Que	stion	Can do with	out help		Response			
				O Needs help a	nd has unpaid help	)		
a.Prepare meals		○ Yes ○ No		O Needs help a	nd has paid help			
a.rrepare meas	•			O Needs help a	nd has both unpai	d and paid help		
				O Needs help a	nd has no help			

# Information & Options Counseling (440) Reporting



### Questions

## Contact your Regional ARMS Coordinator at the Area Agency on Aging

#### OR

Linda Owens or Annette Bagwell at the Division of Aging and Adult Services 919-855-3400