

Aging Resource Management System

NC Division of Aging and Adult Services

July 2007

Revised November 7, 2008

Revised February 8, 2009

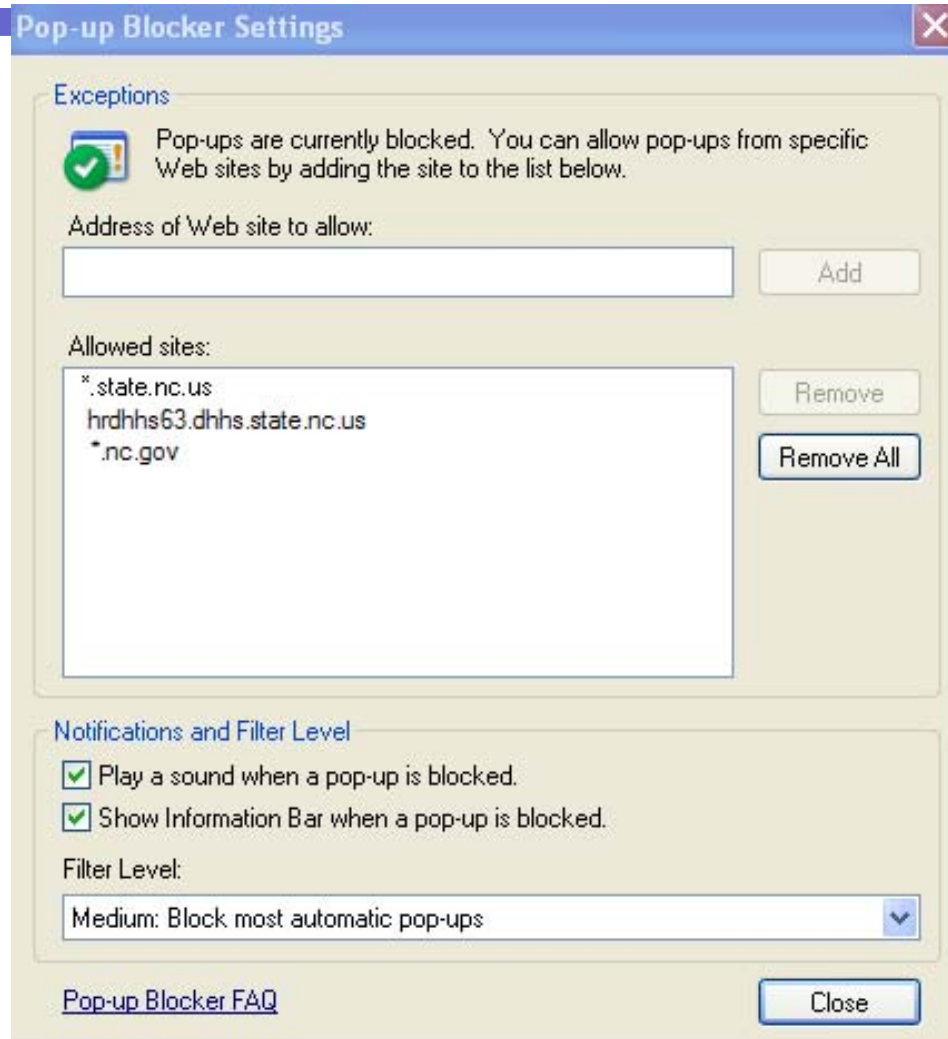
by Linda M. Owens



Browser Update

- If you update your **Internet Browser**, user must have pop-ups enabled in order for the menu structure to operate correctly.
- To enable pop-ups in Internet Explorer, Click on the **Tools menu | Pop-up Blocker | Pop-up Blocker Settings**
- Enter the ARMS website address in the text box under *“Address of Web site to allow”*
- Click **Add**. This will be required for each PC used to access ARMS.
- Pop-up Blocker must be **enabled** to run reports

Pop Up Blocker Settings



Login

ARMS Admin users will instruct new users on their first password

WIRM Portal - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://wwwuat01.dhhs.state.nc.us:8002/login.aspx>

dhhs **WIRM portal**
web identity role management

Login Disclaimer

Name : **Firstname.lastname**

Password : **User assign**

Login

Support Contact Information

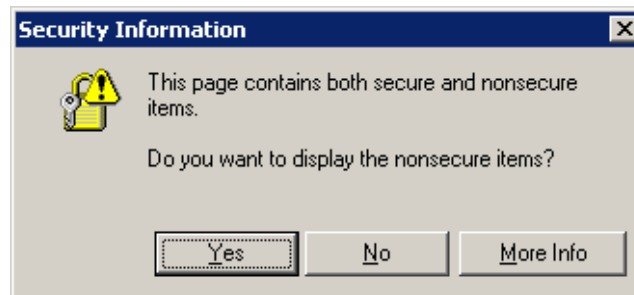
For Security issues (ex. password resets, new user IDs, etc.), contact your Security Officer. Please direct **all other** WIRM support requests to the DHHS Customer Support Center. They can be reached by phone at (919) 855-3200 Option 2 or by email at dhhs.customer.support.center@ncmail.net.

posted by Ramana.Reddy on 8/7/2006 at 4:44 PM

Click

DIRM WIRM v0.8.1

Security Information



Click yes

Application Icon

The screenshot shows the WIRM portal interface within a Microsoft Internet Explorer browser window. The browser's address bar displays the URL `https://wwwuat01.dhhs.state.nc.us:8002/default.aspx`. The page header features the **dhhs** logo and the text **WIRM portal** with the subtitle **web identity role management**. Navigation tabs include **My Applications**, **My Settings**, and **Directory**. A **Logout** button is located in the top right corner. The main content area displays the **Aging Resource Management System** with a small application icon on the left. The footer contains the **DIRM** logo and the version number **WIRM v0.8.1**. Two red arrows point to the application icon and the **Logout** button, with text labels **Click here** and **Click to Logout** respectively.

My Settings



This screenshot shows the 'Change Password' form within the 'My Settings' section. The form has three input fields: 'Old Password', 'New Password', and 'Verify Password'. Below these fields are two buttons: 'Change' and 'Cancel'. A red arrow points from the 'Change Password' link in the screenshot above to the 'Old Password' input field in this screenshot.

Users can change their WIRM password under My Settings.

This is a good feature if you think your password has been compromised.

My Settings - Profile

The screenshot displays the 'My Settings' web interface. It features a navigation bar with 'My Applications', 'My Settings', and 'Directory'. The main content area is divided into two sections. The left section shows the current profile information for Linda Owens, including fields for Name, Password, First Name, Last Name, Division, Email Address, County, Number, Title, Telephone Number, Fax Number, Office Address, and Mail Address. The right section shows the 'My Settings' menu with 'Change Password' and 'Update Profile' options. The 'Update Profile' option is circled in red. Below the 'Update Profile' option, there is a form for updating the profile, which includes fields for Name, Password, First Name, Last Name, Division, and Email Address. A red asterisk next to the Password field indicates that a password must be entered to make changes. At the bottom of the form, there are 'Update' and 'Cancel' buttons.

My Applications | **My Settings** | **Directory**

Name : Linda.Owens
Password :
First Name : Linda
Last Name : Owens
Division : DAAS
Email Address : Linda.Owens@ncmail.net
County : Wake
Number :
Title : State
Telephone Number : 733-8390
Fax Number : 733-0443
Office Address : 693 Palmer Drive
27603
Raleigh, NC 27603
Mail Address : 2101 Mail Service Center
Raleigh, NC 27699-2101
Update **Cancel**

My Settings

- Change Password**
- Update Profile**

Name : Linda.Owens
Password : * Please enter your password
First Name : Linda
Last Name : Owens
Division : DAAS
Email Address : Linda.Owens@ncmail.net

Users can Update their Profile also.
Must key in password to make changes

Logout - Disclaimer



Logout

Disclaimer

Your session has expired. Please login to continue.

Always logout of ARMS when away from your desk for security purposes. Click the Logout button in the top right corner of the screen. If the screen is idle, ARMS will log you off

If you click the Disclaimer button, it will take you to the DHHS Disclaimer web page.

<http://www.dhhs.state.nc.us/disclaimer.htm>

Provider Home Page

Arms.Provider		ARMS UAT v1.2.7 Help Logout					
Home Search Client Add New Client Export Reports Import ARMS/SIS							
Code	Provider	Status	Address	City			
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	Details...	Clients...	Services...

Click Details to view info on Provider

The provider agency information screen will appear and allow users to update their information if necessary

Provider Agency

Can not change

The provider agency information will appear. Users can change and/or update this information. Once changes have been made to the record, users should press Update or Cancel.

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

Contact Persons
Name: RENE GRIFFIN Title: ASST. DIR
Email :
Name: ELLEN WHITLOCK Title: DIRECTOR
Email : info@senior-resources-guilford.org

Type Of Agency
 Profit
 Public
 Minority
 Non-Profit

Type Services Provided
 Supportive
 Nutrition-Home Delivered
 Nutrition-Congregate

Facility Type	Number Of Facilities
Religious	0
Restaurant	0
Senior Center	0
Public or Low Rent Housing	0
All Others	0
Community Center	0
Operating School	0

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

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

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

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

Update Cancel

Provider Home Page

Click Home to return to home

Search Client allows user to search the entire Client File for an existing client

Add **New Client** allow user to add a New Client that is not already or exist in the Client File

Home Search Client Register New Client Export Reports Import ARMS/SIS

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

Click **Clients...** link to view a list of existing Clients assigned to this Provider

Search Client

[Home](#) [Search Client](#) [Register New Client](#) [Export](#) [Reports](#) [Import ARMS/SIS](#)

Search client

Person Last4 Digits SSN :

Last Name :

First Name :

Sex :

Date Of Birth : / /

List of Clients

Last Name	First Name	MI	SSN4	Sex	Date Of Birth	Status	Registration Date	
BOYER	POLLYANNA	H	458	F	8/9/19 ⁷⁰	A	11/13/2007	Details...
LANGLEY	GLADYS	M	458	F	10/9/19 ²⁰	A	6/6/2006	Details...
ROUSE	CLIFF		458	M	1/1/19 ²⁰	A	10/12/2007	Details...
SAWYER	HAROLD		458	M	8/31/19 ¹¹	A	7/8/2008	Details...

Client List by Provider

SSN4	Last Name ▲	First Name	Sex	Date Of Birth	Provider Client Status	Registration Date	Details...
5223	BADER	VALLORY	F	11/27/1955	Active	6/12/2007	Details...
1115	BAECKER	ANN	F	11/24/1924	Active	2/15/2006	Details...
0777	BAILEY	ANN	F	11/17/1955	Active	3/2/2007	Details...
7276	BAILEY	SHIRLEY	F	5/20/1931	Active	8/25/2005	Details...
9000	BAILEY	BEULAH	F	11/2/1930	Active	8/24/2005	Details...
7111	BAILEY-BLANKS	ANITA	F	11/22/1955	Active	7/21/2006	Details...
0000	BAIRD	DOROTHY	F	11/1/1924	Inactive	6/30/2006	Details...
2115	BAITY	RUTH	F	11/27/1910	Active	7/9/2004	Details...
0001	BAKER	CONNIE	F	11/23/1930	Inactive	10/16/2007	Details...
0000	BAKER	GERTRUDE	F	11/22/1955	Inactive	2/8/2007	Details...
0000	BAKER	JOHN	M	07/27/1917	Active	5/4/2006	Details...
7119	BALDWIN	CHARLES	M	11/20/1928	Active	7/16/2008	Details...
1111	BALDWIN	ROLLA	F	01/01/1920	Active	7/16/2008	Details...

Provider Client Record

Provider Code : [G055](#)
 Agency Name : [SENIOR RESOURCES OF GUILFORD](#)
 Last 4 Digits SSN : 075
 Name : [ABRAHAM IDA](#)
 Provider Client Established Date : 08 / 01 / 2007
 Provider Client Status : Active
 Client Status : A
 Date Of Birth : 4/17/19 7
 Registration Date : 1/5/2007
 Activation Date : 1/5/2007
 Address : 20 2 HASSELL S.
 City : WELLSBORO
 State : NC
 Zip : 27586
 County : Guilford
 Phone : (336) 752-9500
 Sex : Female
 Marital Status : Unknown

Emergency Contact Person
 Name: DELORES JOHNSON
 Day Time Phone: (336) 852-9568
 Evening Phone:

Update cancel

Provider Client Services

Service Code	Service Name	Service Status	Allow Care Recipients
020	HOME DELIVERED MEALS	I	No

Add/Update Services

Provider Client Assessments

AssessmentDate	Functional Status	Nutrition Health Score
1/5/2007	NNN SERVICE NAME Old Functional Score: 2	Moderate Risk of Malnutrition

The Provider Client demographic information is pulled the Client Record.

[Details...](#)

Missing Assessment

Home Search Client Register New Client Export Reports Import ARMS/SIS

Provider Client Assessment Details

Assessment Date:

01 / 05 / 2007

Overall Functional Status:

WELL AT RISK HIGH RISK

Function Status Must Be Answered Please

Update

cancel

Add a Client to Provider

Provider Client Assessment

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD

Search client

Person Last4 Digits SSN :

Last Name :

First Name :

Sex :

Date Of Birth : / /

Key last 4 digits of SSN or last 4 digits of an assigned number in the current ARMS

Refer to Page 4, Item 4 of DAAS-101 Instructions

List of Clients

	Last Name	First Name	MI	SSN4	Sex	Date Of Birth	Status
<input type="checkbox"/>	JONES	ELLIS	R	0000	M	7/0/1901	A
<input type="checkbox"/>	JORDAN	SHIRLEY	A	0990	F	0/7/1900	A
<input type="checkbox"/>	MORNING	VIRGINIA		0990	F	10/00/1917	A
<input type="checkbox"/>	STRINGFELLOW	ROBERT		0000	M	10/01/1900	A
<input type="checkbox"/>	WILLIAMS	NETTIE		0999	F	0/1/1925	A

Select a client

Assign Service to Client

Provider Client Assessment

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD
Last 4Digits of SSN : 6999 Date Of Birth : 10/03/1917
First Name : VIRGINIA Last Name : MORNING

**Assign
service or
services to
client.**

	Service Code	Name	Service Status
<input type="checkbox"/>	020	HOME DEL MEALS	Active ▾
<input type="checkbox"/>	021	HOME DEL MEALS-NSIP	Active ▾
<input type="checkbox"/>	180	CONGREGATE NUTRITION	Active ▾
<input type="checkbox"/>	820	ASSISTANCE WITH ACCESS	Active ▾
<input type="checkbox"/>	830	CAREGIVER COUNSELING, CAREGIVER TRAINING, AND SUPPORT GROUPS	Active ▾
<input type="checkbox"/>	840	RESPITE	Active ▾

Previous

Next

Cancel

Select service

Provider Client Assessment

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD
Last 4Digits of SSN : 0000 Date Of Birth : 10/00/1917
First Name : VIRGINIA Last Name : MORNING

	Service Code	Name	Service Status
<input type="checkbox"/>	020	HOME DEL MEALS	Active
<input type="checkbox"/>	021	HOME DEL MEALS-NSIP	Active
<input checked="" type="checkbox"/>	180	CONGREGATE NUTRITION	Active
<input type="checkbox"/>	820	ASSISTANCE WITH ACCESS	Active Waiting
<input type="checkbox"/>	830	CAREGIVER COUNSELING, CAREGIVER TRAINING, AND SUPPORT GROUPS	Active
<input type="checkbox"/>	840	RESPIRE	Active

Previous Next Cancel

Nutrition Assessment

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD
Last 4Digits of SSN : 0000 Date Of Birth : 12/06/1927
First Name : VIRGINIA Last Name : MORNING

Service Code	Name	Service Status
180	CONGREGATE NUTRITION	A

Overall Functional Status: Well At-Risk High Risk

Nutrition health score

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

Since the user assigned congregate nutrition to this client, the nutrition health score must be completed

Previous Finish Cancel

Service totals

Home	Search Client	Register New Client	Export	Reports	Import ARMS/SIS		
Code	Provider	Status	Address	City			
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	Details...	Clients...	Services...

Click Services to add Service Totals to a SRW



Create SRW

Provider Budgets					
Provider : SENIOR RESOURCES OF GUILFORD (G055)					
Region	County	Service			
PIEDMONT TRIAD COG	Alamance	TRANSPORTATION(250)	SRWs		Costsharing
PIEDMONT TRIAD COG	Alamance	LEGAL SERVICES(130)	SRWs		Costsharing
PIEDMONT TRIAD COG	Guilford	SUPPLEMENTAL NUT. (510)	SRWs		Costsharing
PIEDMONT TRIAD COG	Alamance	CONGREGATE NUTRITION(180)	SRWs		Costsharing
PIEDMONT TRIAD COG	Guilford	CONGREGATE NUTRITION(180)	SRWs		Costsharing
PIEDMONT TRIAD COG	Alamance	RESPITE(840)	SRWs	Reimbursements	Costsharing
PIEDMONT TRIAD COG	Alamance	INFORMATION(810)	SRWs	Reimbursements	Costsharing

Cancel Providers

**Click SRWs
Link**



Available Sites

Provider: SENIOR RESOURCES OF GUILFORD(G055)
Region : PIEDMONT TRIAD COG
County : Guilford
Service: CONGREGATE NUTRITION

SRWCode	Description		
115	BURNETT'S CHAPEL	Details	Service Totals
116	HALL TOWERS	Details	Service Totals
117	GREENSBORO SENIOR CT	Details	Service Totals
118	GATEWAY PLAZA	Details	Service Totals
121	ASTOR DOWDY	Details	Service Totals
122	ELM TOWERS	Details	Service Totals
123	GIBSONVILLE	Details	Service Totals
125	MT. ZION	Details	Service Totals
126	NEW LIGHT CHURCH	Details	Service Totals
127	MOREHEAD SIMPKINS	Details	Service Totals

[Add Provider Site/Route/Worker](#) [Provider Budgets](#) [Cancel](#)

Create a new SRW

Set up a new Site Code

Add Provider Site/Route/Worker

Provider Code : G055
Agency Name : SENIOR RESOURCES OF GUILFORD
Region : PIEDMONT TRIAD COG
County : Guilford
Service : CONGREGATE NUTRITION(180)
Site/Route/Worker Code : ←
Description :
Nutrition Site Name :

Address :
 , -
Facility Type : ▾
Number Of Days Serving
 0 1 2 3 4 5 6 7

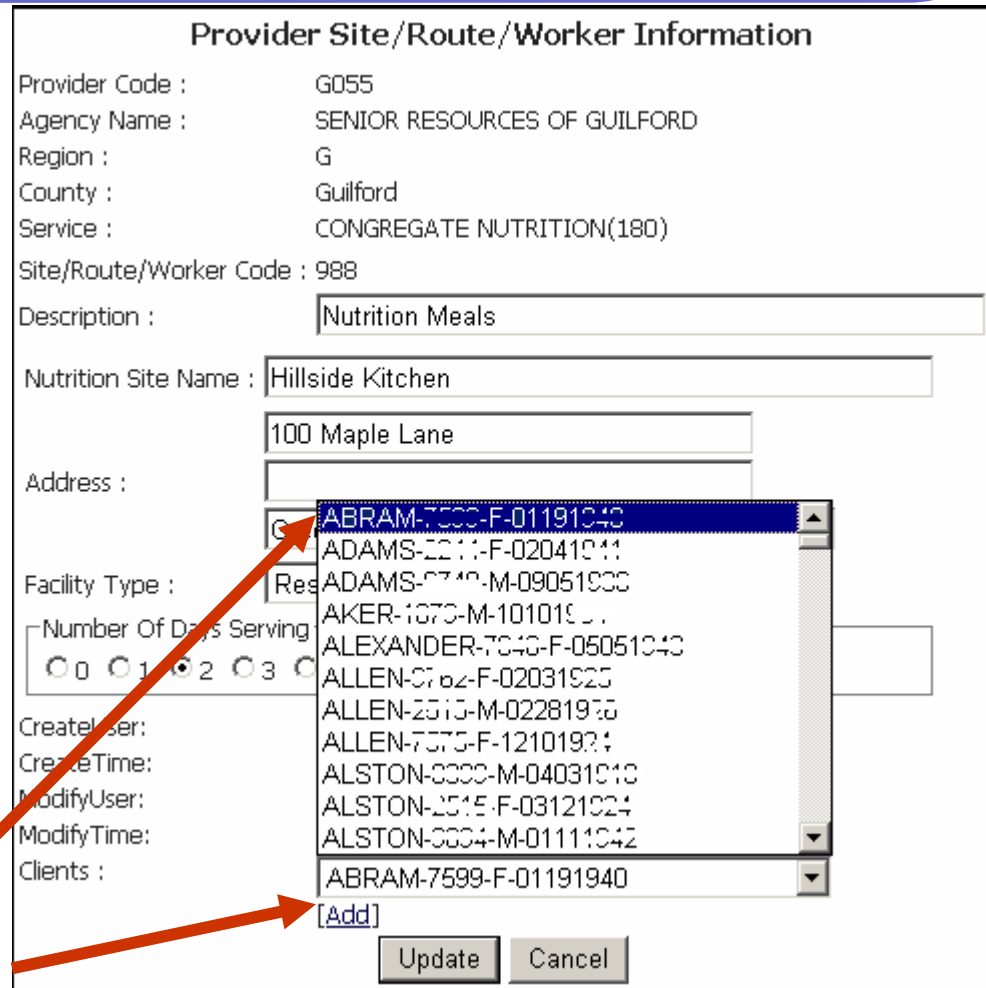
User will be able to set up new SRW in ARMS at the provider level.

Any 3 numeric digits can be assigned as the SRW code

Add clients to new Site

Provider Site/Route/Worker Information

Provider Code : G055
Agency Name : SENIOR RESOURCES OF GUILFORD
Region : G
County : Guilford
Service : CONGREGATE NUTRITION(180)
Site/Route/Worker Code : 988
Description : Nutrition Meals
Nutrition Site Name : Hillside Kitchen
Address : 100 Maple Lane
Facility Type : Res
Number Of Days Serving : 0 1 2 3
CreateUser:
CreateTime:
ModifyUser:
ModifyTime:
Clients : ABRAM-7599-F-01191940



Add existing clients to the new route, Click Add

Select clients from list

Provider Site/Route/Worker Information

Provider Code : G055
Agency Name : SENIOR RESOURCES OF GUILFORD
Region : G
County : Guilford
Service : CONGREGATE NUTRITION(180)
Site/Route/Worker Code : 988
Description : Nutrition Meals
Nutrition Site Name : Hillside Kitchen
Address : 100 Maple Lane
Greensboro, NC 27407
Facility Type : Restaurant
Number Of Days Serving : 0 1 2 3 4 5 6 7
CreateUser: Arms.Provider
CreateTime: 8/21/2006 4:40:54 PM
ModifyUser: Arms.Provider
ModifyTime: 8/21/2006 4:40:54 PM
Clients :

SSN4	Name	Sex	Date Of Birth	Client Status		
0001	ALSTON NORMAN	M	1/11/1942	A	[Remove]	Details
0005	H DONG	F	10/11/1950	A	[Remove]	Details

ABRAM-7000 F-01111940
[Add]

Update Cancel

Clients added to route



Service Totals

Provider: SENIOR RESOURCES OF GUILFORD(G055)
Region : PIEDMONT TRIAD COG
County : Guilford
Service: CONGREGATE NUTRITION

SRWCode	Description		
115	BURNETT'S CHAPEL	Details	Service Totals
116	HALL TOWERS	Details	Service Totals
117	GREENSBORO SENIOR CT	Details	Service Totals
118	GATEWAY PLAZA	Details	Service Totals
121	ASTOR DOWDY	Details	Service Totals
122	ELM TOWERS	Details	Service Totals
123	GIBSONVILLE	Details	Service Totals
125	MT. ZION	Details	Service Totals
126	NEW LIGHT CHURCH	Details	Service Totals
127	MOREHEAD SIMPKINS	Details	Service Totals

Add Provider Site/Route/Worker

Provider Budgets

Cancel

Once you get clients added to the route, Click Service Totals to add units

Add Units

Provider Site/Route/Worker Service Totals

Provider: SENIOR RESOURCES OF GUILFORD(G055)
Service : CONGREGATE NUTRITION(180)

Region - County : G - Guilford
Site/Route/Worker : 988 - Nutrition Meals

SSN4	Name	Sex	Date Of Birth	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2094	ALSTON NORMAN	M	1/.../...	025												25
267	H DONG	F	10/11/19...	021												21
				46	0	0	0	0	0	0	0	0	0	0	0	46

Update Verify Provider Budgets Cancel

Units can be entered by the month

Click Update when finished to save. If user press the Enter Key it will default to Update and save the service totals

After keying units, click Verify. You can match totals to your turnaround document

Consumer Contributions

Provider Budgets

Provider : SENIOR RESOURCES OF GUILFORD (G055)

Region	County	Service			
PIEDMONT TRIAD COG	Alamance	TRANSPORTATION(250)	SRWs		Costsharing
PIEDMONT TRIAD COG	Alamance	LEGAL SERVICES(130)	SRWs		Costsharing
PIEDMONT TRIAD COG	Guilford	SUPPLEMENTAL NUT. (510)	SRWs		Costsharing
PIEDMONT TRIAD COG	Alamance	CONGREGATE NUTRITION(180)	SRWs		Costsharing
PIEDMONT TRIAD COG	Guilford	CONGREGATE NUTRITION(180)	SRWs		Costsharing
PIEDMONT TRIAD COG	Alamance	RESPITE(840)	SRWs	Reimbursements	Costsharing
PIEDMONT TRIAD COG	Alamance	INFORMATION(810)	SRWs	Reimbursements	Costsharing

Click to add Consumer Contributions

Consumer Contributions

Provider Cost Sharing/Program Income				
Region : PIEDMONT TRIAD COG		County : Guilford		
Provider: SENIOR RESOURCES OF GUILFORD(G055)		Service: CONGREGATE NUTRITION		
Report Month	Income Collected	Income Deducted	Net Amount Collected	
Jul	\$1,200.00	\$0.00	\$1,200.00	Detail
Add Cost Sharing		Provider Budgets		



Edit Record

Provider Cost Sharing/Program Income				
Region : PIEDMONT TRIAD COG		County : Guilford		
Provider: SENIOR RESOURCES OF GUILFORD(G055)		Service: CONGREGATE NUTRITION		
Report Month	Income Collected	Income Deducted	Net Amount Collected	
Jul	\$1,200.00	\$0.00	\$1,200.00	Detail
Aug	\$1,100.00	\$900.00	\$200.00	Detail

Provider Cost Sharing/Program Income	
Region :	PIEDMONT TRIAD COG
County :	Guilford
Provider:	SENIOR RESOURCES OF GUILFORD(G055)
Service :	CONGREGATE NUTRITION(180)
Report Month :	Aug
Monthly Gross Cost Sharing/Program Income Collected:	<input type="text" value="\$1100"/>
Monthly Amount Deducted to Cover Allowable Cost:	<input type="text" value="\$900"/>
Created User:	Arms.Provider
Created Time:	8/21/2006 4:46:57 PM
Last Updated User:	Arms.Provider
Last Updated Time:	8/21/2006 4:46:57 PM

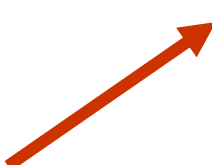
Click Detail to edit an existing record

Click Update to save changes

Add another service

Provider Client Services			
Service Code	Service Name	Service Status	
840	RESPITE	A	
180	CONGREGATE NUTRITION	A	
<input type="button" value="Update Services"/>			
Provider Client Care Recipients			
<input type="button" value="Add Care Recipients"/>			
Provider Client Assessments			
AssessmentDate	Functional Status	Nutrition Health Score	
8/21/2006	Well	Moderate Risk of Malnutrition	Details...
8/20/2006	Well	Moderate Risk of Malnutrition	Details...
12/21/1999	At Risk	Good Nutrition	Details...

Add an additional service to a Provider Client



Note the Nutrition Health Score



Add another service

Provider Client Assessment

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD
Last 4Digits of SSN : 3388 Date Of Birth : 8/28/1917
First Name : SARAH Last Name : MURPHY

	Service Code	Name	Service Status
<input checked="" type="checkbox"/>	020	HOME DEL MEALS	Active ▾
<input type="checkbox"/>	021	HOME DEL MEALS-NSIP	Active ▾
<input checked="" type="checkbox"/>	180	CONGREGATE NUTRITION	Active ▾
<input type="checkbox"/>	820	ASSISTANCE WITH ACCESS	Active ▾
<input type="checkbox"/>	830	CAREGIVER COUNSELING, CAREGIVER TRAINING, AND SUPPORT GROUPS	Active ▾
<input checked="" type="checkbox"/>	840	RESPIRE	Active ▾

Next Cancel

Select Service

Additional information

d.Can Use the toilet	<input type="radio"/> Can do without help <input type="radio"/> Needs help - has unpaid help <input type="radio"/> Needs help - has no unpaid help
e.Transfer into/out of bed or chair	<input type="radio"/> Can do without help <input type="radio"/> Needs help - has unpaid help <input type="radio"/> Needs help - has no unpaid help
f.Ambulance (walk or move about the house without anyone's help	<input type="radio"/> Can do without help <input type="radio"/> Needs help - has unpaid help <input type="radio"/> Needs help - has no unpaid help

Home delivered is a service that requires IADLs and ADLs

How many unpaid caregivers involved in care includnh primary caregiver?

0 1 2 3 or more

Caregiver Information

d.Can Use the toilet	<input type="radio"/> Can do without help <input type="radio"/> Needs help - has unpaid help <input type="radio"/> Needs help - has no unpaid help
e.Transfer into/out of bed or chair	<input type="radio"/> Can do without help <input type="radio"/> Needs help - has unpaid help <input type="radio"/> Needs help - has no unpaid help
f.Ambulance (walk or move about the house without anyone's help)	<input type="radio"/> Can do without help <input type="radio"/> Needs help - has unpaid help <input type="radio"/> Needs help - has no unpaid help

How many unpaid caregivers involved in care includnh primary caregiver?

0 1 2 3 or more

If the user check one or more, the user will be required to complete the Caregiver Information on the CRF Section III, V, and VI



Update Provider Client Assessment

Provider Client Services			
Service Code	Service Name	Service Status	
042	IN-HOME LEVEL 2 - PERSONAL CARE	A	
041	IN-HOME LEVEL 1 - HOME MANAGEMENT	A	
<input type="button" value="Update Services"/>			
Provider Client Assessments			
AssessmentDate	Functional Status	Nutrition Health Score	
3/15/2007	High Risk	Good Nutrition	Details...
3/15/2007	High Risk	Good Nutrition	Details...

Select "Details" of
the last assessment



Update a Provider Client Assessment

Enter the new Assessment Date

Cannot use an existing date

Provider Client Assessment Details

Assessment Date: / /

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

Number of IADL (Instrumental Activities of Daily Living)

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

Modify only the items that have changed. All questions must be answered

Missing Assessment

When the Details link for a client is clicked on a Provider Client List, the Client assigned to the Provider will display. The word “Add” has been added to the “Update Services” button to show that not only services are being updated but that the user can Add service(s) to the Client.

<input type="button" value="Update"/> <input type="button" value="cancel"/>			
Provider Client Services			
Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No
<input type="button" value="Add/Update Services"/>			
Provider Client Assessments			
AssessmentDate	Functional Status	Nutrition Health Score	
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	Details...

Details

Users should select the Details link on the Provider Client Details Record to update an existing Provider Client Assessment. If the user clicks Details and no Assessment is available as shown below the user should click the **Cancel Button** to return to the Provider Client Details Record.

Provider Client Assessment Details				
Assessment Date:	<input type="text" value="10"/>	<input type="text" value="/08"/>	<input type="text" value="/2003"/>	
Overall Functional Status:	<input type="radio"/> WELL		<input type="radio"/> AT RISK	<input type="radio"/> HIGH RISK
		<input type="button" value="Update"/>	<input type="button" value="cancel"/>	

If a Provider Assessment has an Assessment Date **before** 8/6/2008, no current Assessment on the Client is available because the Client Record migrated from the Old ARMS and the information was not collected on the Client. If “**Old Functional Score**” is visible in the Functional Status field, no current Assessment information is available.

<input type="button" value="Update"/> <input type="button" value="cancel"/>			
Provider Client Services			
Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No
<input type="button" value="Add/Update Services"/>			
Provider Client Assessments			
AssessmentDate	Functional Status	Nutrition Health Score	
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	Details...

The user can also click the Add Missing Assessment Prompt (in red) to add Assessment, if the Assessment screens do not display, following the steps outlined below.

Provider Client Services			
Service Code	Service Name	Service Status	Allow Care Recipients
250	TRANSPORTATION	A	No
Add/Update Services			
Provider Client Assessments			
Add Missing Assessment(s)			

Service Status

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

Add/Update Services

Provider Client Assessment

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

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

Next

Cancel

Steps to Add Missing Assessment

Steps to Add Missing Assessment

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

Assessment Added

If the user clicks **Finish**, a new Assessment is added with the current date. To update this Assessment the user should click **Details**.

<input type="button" value="Update"/> <input type="button" value="cancel"/>			
Provider Client Services			
Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No
<input type="button" value="Add/Update Services"/>			
Provider Client Assessments			
AssessmentDate	Functional Status	Nutrition Health Score	
11/14/2008	High Risk	Good Nutrition	Details...
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	Details...

If the user does not change the Assessment Date, no new Assessment date will be created. If the date is changed by the user, a new Assessment will appear

Provider Client Assessment Details

Assessment Date: / /

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

Number of IADL (Instrumental Activities of Daily Living)

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

New Assessment Dates

Update

cancel

Provider Client Services

Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No

Add/Update Services

Provider Client Assessments

AssessmentDate	Functional Status	Nutrition Health Score	
11/14/2008	High Risk	Good Nutrition	Details

10/8/2003

Provider Client Assessments

AssessmentDate	Functional Status	Nutrition Health Score	
11/15/2008	High Risk	Good Nutrition	Details...
11/14/2008	High Risk	Good Nutrition	Details...
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	Details...

Inactive Client

Provider Client Details

Provider Code : G030
Agency Name : [REGIONAL CONSOLIDATED SERVICES](#)
Last 4 Digits SSN : ██████
Name : [INHOMEAIDE TEST](#)
Provider Client Established Date : 03 / 15 / 2007
Provider Client Status : Inactive ▾
Inactive Status : Active
Inactive Status : Inactive

Applies To:

<input type="radio"/> Adult care home/Assisted living	<input type="radio"/> Moved
<input type="radio"/> Alternative living arrangements	<input type="radio"/> Improved function/need eliminated
<input type="radio"/> Death	<input type="radio"/> Service not needed/wanted
<input type="radio"/> Hospitalization	<input type="radio"/> Illness
<input type="radio"/> Other (Specify)	<input type="radio"/> Nursing Home Placement

Date Status Changed: / /

**Choose
“Inactive” and
select the
reason for
inactivity and
enter the date.**

**Note: Inactive
clients can be
‘reactivated’ if
services resume.**

Reporting Death

Provider Client Details

Provider Code : G100
Agency Name : SERVICE PROVIDER
Last 4 Digits SSN : 2644
Name : W
Provider Client Established Date : 0
Provider Client Status :
Inactive Status :
Applies To:
 Adult care home/Assisted living Moved
 Alternative living arrangements Improved fur
 Death Service not r
 Hospitalization Illness
 Other (Specify) Nursing Home
Date Status Changed: / /
Client Status : R
Date Of Birth : 8/
Registration Date : 5/
Address : 24
City : D
State : NC

The following client records will be set to 'Inactive' with the reason as 'Death' as well as the Client Record. Enter death date below and Click OK if you want to continue, Cancel if you do NOT want to set the client status to 'Death'

Providers		
Provider Code	Status	Agency Name
G100	A	SERVICE PROVIDER

Providers where Client is Care Recipient

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

Providers where Client is Caregiver

There are no associated providers where this client is a Caregiver

Enter Death Date: / /

OK Cancel

If Death is chosen, the user will be prompted with a confirmation of death.

Note: Deceased clients can be 'reactivated' if death was reported in error.

Inactive Clients highlighted - RED

Provider Site/Route/Worker Service Totals

Provider: SENIOR RESOURCES OF GUILFORD(G055)

Region - County : G - Guilford

Service : CONGREGATE NUTRITION(180) [Maximum monthly units: 99]

Site/Route/Worker : 115 - BURNETT'S CHAPEL

SN#	Name	Status	Date Of Birth	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
750	ABRAHAM POLLY	D	4/17/19	3												3
579	AKER WILLIAM	A	10/10/19	4	5											9
762	ALLEN DOROTHY	A	2/3/19	5	4											9
513	ALLEN GRADY	D	2/28/19	5	4											9

Once a client is made Inactive/Death they will not be able to receive units in the following months

Reports

Generate reports by clicking **Reports** on the menu bar

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

Reimbursement Reports

Demographic Reports

Verification Reports

Financial Reports

Client/Waiting Lists

Other Reports

Reports are presented in categories. Click on a category name to view the list of reports in that section.

Reports Require Adobe Acrobat Reader to Print



Reimbursement Reports

Reimbursement Reports

Name	Description
ZGA370	Provider Reimbursement
ZGA370-A	Provider Summary
ZGA370-A-YTD	Year-to-Date Provider Summary
ZGA370-YTD	Year-to-Date Provider Reimbursement
ZGA370-CNTY	Provider Reimbursement Sorted by County
ZGA370-CNTY-YTD	Year-to-Date Provider Reimbursement Sorted by County
ZGA370-A-CNTY	Provider Summary Sorted by County
ZGA370-A-CNTY-YTD	Year-to-Date Provider Summary Sorted by County
ZGA370-5	Legal Summary Report
ZGA370-6	Senior Center Outreach Summary Report
ZGA370-7	Provider Reimbursement Report - IIID/Health Promotion 90%
ZGA370-11	State Senior Center General Purpose Funding Report
ZGA370-12	Family Caregiver Support Summary Report
ZGA370-14	PROJECT CARE SUMMARY REPORT
ZGA380-A	Regional Summary Report by Category
ZGA380-B	Regional Summary All Categories
ZGA390	Area Agency Summary
ZGA390-Respite	Area Agency Summary - In Home/Family Caregiver/Respite
ZGA390-A	State Summary

Click on the
Reimbursement Reports
link list available reports

Reimbursement Reports

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

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

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

Report - ZGA370
Provider Reimbursement

Report Month:

Region:

County:

Provider:

Report Criteria

Report - ZGA370
Provider Reimbursement

Report Month:

Region:

County:

Provider:

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

Click **Generate Report** to create the report

Report - ZGA370
Provider Reimbursement

Report Month:

Region:

County:

Report Category

Client/Waiting Lists

Name	Description
ZGA100	Client Master List- Active by County
ZGA101	Client Master List - Active by Provider
ZGA102	Client Master List- Inactive by Provider
ZGA103	Client Master List -Emergency Contact -Active by County
ZGA104	Client Master List -Emergency Contact -Active by Provider
ZGA105	Registered Client Master List by County
ZGA110	Client Master List
ZGA600	Clients Waiting for Service Grouped by Service
ZGA600-1	Client Waiting For Service Totals by Service Sort By Service Code
ZGA600-2	Client Waiting For Service Totals by Service Sort By Region/Provider/County
ZGA625	Clients Waiting for Service Grouped by Provider

Other Reports

Name	Description
ZGA702-A	Provider Directory by Service
ZGA702-B	Provider Directory by County
ZGA903	Units of Service Report (Turnaround Document)
YTD Export	Export Year to Date Reimbursement Data

Clicking the Report Category Link will display a report list of available reports

Financial Reports

Name	Description
ZGA801	Expenditure Compliance Report
ZGA515-3	Service Expenditures
ZGA545	Invoice for MIS Services

Reimbursement Report

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

RUN DATE: 04/27/2007
 MONTH REPORTING: March 2007
 PRINT DATE: 06/07/2007

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

Report month
Date report was generated by the user

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

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

Run Date and Month Reporting is the same, but Print Date is different

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

Demographic Reports

Demographic Reports

Name	Description
ZGA204-1	Cumulative Unduplicated Persons Served by Region and Provider
ZGA204-2	Cumulative Unduplicated Persons Served by Region and County
ZGA204-3	Cumulative Unduplicated Persons Served by Region
ZGA541-1	Client Demographic Information by State
ZGA541-2	Client Demographic Information by Region
ZGA541-3	Client Demographic Information by County
ZGA541-4	Client Demographic Information by Provider

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

**The report functions are the same
for all selected report,**

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

Fiscal Year:




Region:

County:

Provider:

Generate Report

Report Options

- When the user clicks Generate Report, the report will display on the screen.
- The user then have options as to what to do with the report
 - **Export to a File** 
 - **Print** 
 - **View on-line** 

Viewing Reports

The Tree View allows the user to Expand the view, by Region, County, and/or Provider

Tree View:

- G
- 001
- G002
- G003
- G004
- G005
- G009
- G010
- G040
- G047
- G060
- 017
- 029
- 041
- 062
- 076
- 079

Report Title: NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
PROVIDER REIMBURSEMENT REPORT - ZGA370
REGION G COUNTY 001 Alamance
PROVIDER G002 FRIENDSHIP ADULT DAY SERVICES
CATEGORY IN HOME AND SUPPORT SERVICES

Report Details:

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

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








Item in list are Links, click to access Region, County or Provider Code

Report Navigation



Number of pages in Report

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

ICON	FUNCTION	DESCRIPTION
	Export	Save the report to a different file format (TXT, CSV, etc) for use by an external application. ¹
	Print	Prints the report to a user-selectable printer
	Tree View	Expands/Collapses reports into logical section (NOTE: Not available for all reports)
	First Page	Navigates to the first page of the report
	Previous Page	Navigates to the previous page of the report
	Next Page	Navigates to the next page of the report
	Last Page	Navigates to the last page of the report.

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

Verification Reports

Verification Reports

Name	Description
ZGA542	Units of Service Verification Report
ZGA543	Consumer Contributions/Program Income Verification Report
ZGA544	Non-Unit Service Verification Report



Click on the report link

Report - ZGA542

Units of Service Verification Report

Report Month:

Region:

County:

Provider:

Generate Report



Select report criteria from the drop down selection box

Client/Waiting Lists

Client/Waiting Lists

Name	Description
ZGA600	Clients Waiting for Service Grouped by Service
ZGA625	Clients Waiting for Service Grouped by Provider

Click on the report link

http://hrdhhs63.dhhs.state.nc.us:8003/ReportSelectionByYear.aspx?reportid=32fc6886-e885-4042-8e0d-2a06dbcf1f66 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss Research Messenger

Address http://hrdhhs63.dhhs.state.nc.us:8003/ReportSelectionByYear.aspx?reportid=32fc6886-e885-4042-8e0d-2a06dbcf1f66 Go Links

Aging Resource Management System

Arms.Provider ARMS UAT v1.1.8 | Help | Logout

Home Search Client Add New Client Reports Import ARMS/SIS

Report - ZGA600
Clients Waiting for Service Grouped by Service

Fiscal Year: 2007
Region: All
County: All
Provider: All

Generate Report

Done Internet

Select report criteria from the drop down selection box

Other Reports

Other Reports

Name	Description
ZGA903	Units of Service Report (Turnaround Document)
YTD Export	Year to Date Data NOTE: This report is for Exporting to Excel Only

Click on the report link

Report - ZGA903
Units of Service Report (Turnaround Document)

Report Month: March - 2007
Region: All
County: All
Provider: All

Generate Report

Select report criteria from the drop down selection box

Questions / Answers

- **How will I stay informed?**
 1. The ARMS Support Website will be used to keep ARMS Users informed on updates, notices and/or announcements.
<http://www.ncdhhs.gov/aging/arms/armspage.htm>
 2. ARMS Users will also receive e-mails with important information on ARMS.

Contact Us

- **Linda Owens**, ARMS Questions/Reimbursement 919-733-8390
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- **Annette Bagwell**, ARMS Questions/Reimbursement 919-733-8390
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- **Kim Jacobs** – Monitoring Questions 919-733-8390
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- **HCCBG Service Questions** - Service Operations (919) 733-0440
 - Transportation – Phyllis Bridgeman (phyllis.bridgeman@dhhs.nc.gov)
 - Nutrition – Audrey Edmisten (audrey.edmisten@dhhs.nc.gov)
 - In-Home Services – Donna White (donna.white@dhhs.nc.gov)
 - Adult Day Care/Health - Heather Carter (heather.carter@dhhs.nc.gov) and
Glenda Artis (glenda.artis@dhhs.nc.gov)
- **Family Caregiver Service Questions** (919) 733-8400
Alicia Blater (alicia.blater@dhhs.nc.gov)
- **Project Care Questions** - (919) 733-0440
Karisa Derence (karisa.derence@dhhs.nc.gov)

Thank you!