

Aging Resource Management System

NC Division of Aging and Adult Services

Step-by-Step for Clients

Created June 2007

Revision 1 – September 17, 2007

Revision 2 -- October 26, 2009



Provider Home Page

Click Home to return to home

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

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

Arms Provider ARMS Production v2.0.5 | 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 **Clients...** link to view a list of existing Clients assigned to this Provider

Client Link

Step 1: Select “Clients”

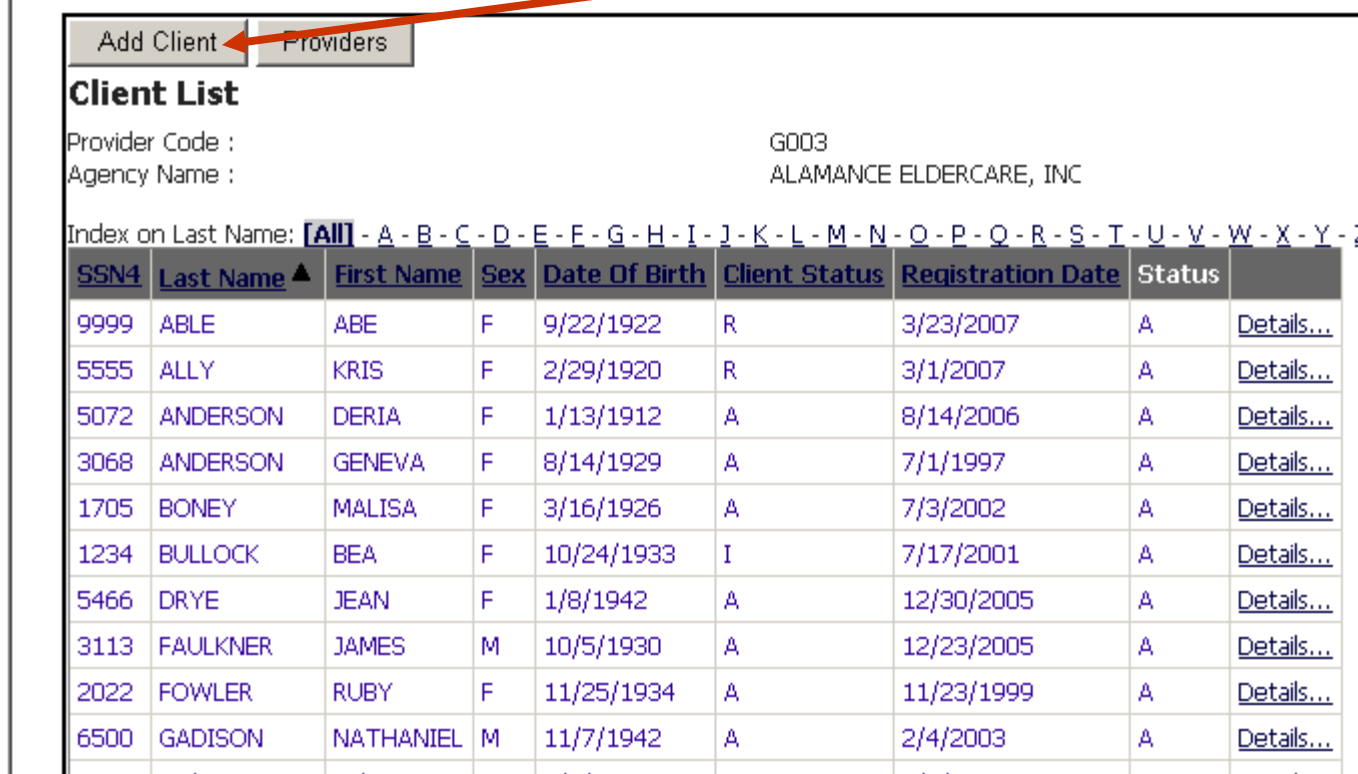
ARMS.Provider					ARMS v0.0.9 Help Logout		
Home	Search Client	Add Client	Reports	Import ARMS/SIS			
Code	Provider	Status	Address	City			
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	Details...	Clients...	Services...

**Click to view clients
or add a new client**



Add Client to Provider

Step 2: Add Client to Provider - Select **Add Client**



The screenshot shows a software interface with a 'Providers' tab selected. The 'Add Client' button is highlighted with an orange arrow. Below the tab, the 'Client List' is displayed for Provider Code G003 and Agency Name ALAMANCE ELDERCARE, INC. The list is indexed by last name (A-Z) and contains the following data:

SSN4	Last Name ▲	First Name	Sex	Date Of Birth	Client Status	Registration Date	Status	
9999	ABLE	ABE	F	9/22/1922	R	3/23/2007	A	Details...
5555	ALLY	KRIS	F	2/29/1920	R	3/1/2007	A	Details...
5072	ANDERSON	DERIA	F	1/13/1912	A	8/14/2006	A	Details...
3068	ANDERSON	GENEVA	F	8/14/1929	A	7/1/1997	A	Details...
1705	BONEY	MALISA	F	3/16/1926	A	7/3/2002	A	Details...
1234	BULLOCK	BEA	F	10/24/1933	I	7/17/2001	A	Details...
5466	DRYE	JEAN	F	1/8/1942	A	12/30/2005	A	Details...
3113	FAULKNER	JAMES	M	10/5/1930	A	12/23/2005	A	Details...
2022	FOWLER	RUBY	F	11/25/1934	A	11/23/1999	A	Details...
6500	GADISON	NATHANIEL	M	11/7/1942	A	2/4/2003	A	Details...

Search Existing or Add New

Step 3: Search for an Existing client or Add New Client and select “Next”

Provider Client Assessment

Provider Code :

G003

Agency Name : ALAMANCE ELDERCARE, INC

Search for existing client

Add new client

Next

Cancel

Add New Client

Step 4: Selecting “Add New Client” requires completion of Questions #1 - #13 on the **DAAS-101**

Provider Client Assessment

Provider Code :

G003

Agency Name : ALAMANCE ELDERCARE, INC

Search for existing client Add new client


Add New Client

Last 4 Digits SSN :

Last Name :

First Name :

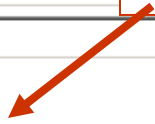
Middle Initial :

Registration Date  / /

Date Of Birth : / / Special Eligibility

Address :

New
Registration Date a
Required Entry



Search for an Existing Client

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

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(s) to Client

Step 5: Select the service or services to be received by the client

Provider Client Assessment

Provider Code : G055 Agency Name : SENIOR RESOURCES OF GUILFORD
Last 4Digits of SSN : 6999 Date Of Birth : 10/30/1917
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 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	RESPIRE	Active ▾

Previous

Next

Cancel

Provider Client Assessment

Step 6: Complete the Provider Client Assessment based on the services assigned

Provider Client Assessment Details

Assessment Date: 08 / 19 / 2008

Last Name: [REDACTED] First Name: [REDACTED] DAILY Last Name: [REDACTED] NEEDS

Service Code	Name	Service Status
020	HOME DELIVERED MEALS	A

Assessment Date a required entry

New

All questions must be answered. The system will no longer save without full completion assessments

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" value="0"/>	<input type="checkbox"/>
c. How many fruits per day?	<input type="text" value="0"/>	<input type="checkbox"/>
d. How many vegetables per day?	<input type="text" value="0"/>	<input type="checkbox"/>
e. How many milk/dairy products per day?	<input type="text" value="0"/>	<input type="checkbox"/>
f. How many drinks of beer, liquor, or wine do you have every day or almost every day?	<input type="text" value="0"/>	<input type="checkbox"/>
g. Do you have tooth/mouth problems that make it hard for you to eat?	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
h. Do you always have enough money or food stamps to buy the food you need?	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

20. Does client have significant memory loss or confusion?

Yes
 No

Number of IADL (Instrumental Activities of Daily Living)

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

Services...link

Step 7: Select “Services”

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

Code	Provider	Status	Address	City			
G100	SERVICE PROVIDER	A	693 PALMER DR	RALEIGH	Details...	Clients...	Services...
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	Details...	Clients...	Services...



Click Services to add Service Totals to a SRW

Site Route Worker Codes (SRW)

Step 8: Select “SRWs” for the service the client is receiving.

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	RESPIRE(840)	SRWs	Reimbursements	Costsharing
PIEDMONT TRIAD COG	Alamance	INFORMATION(810)	SRWs	Reimbursements	Costsharing

Cancel Providers

Click SRWs Link

SRW Codes

Step 9: Select the SRW “Details” or create a new SRW

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

Select “Details” to
add a client

Add Clients to SRW

Step 10:
Using the dropdown choose the client(s) assigned to this route

Add existing clients to the new route, Click Add

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 : Gre
Number Of Days Serving : 0 1 2 3
CreateUser:
CreateTime:
ModifyUser:
ModifyTime:
Clients : ABRAM-7599-F-01191940

Service Totals

Step 11: Select “Service Totals” for each SRW to enter units of service per client.

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

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

Add Provider Site/Route/Worker

Provider Budgets

Cancel

Keying Units

Step 12: Units of Service are keyed from ZGA-903 or other input documents

Provider Site/Route/Worker Service Totals

Provider: ALZHEIMER'S ASSN WCC PROJECT CARE(C033) Region - County : C - Rutherford
Service : FC-COMMUNITY RESPITE(843) [Maximum monthly units: 200] Site/Route/Worker : 843 - ADULT DAY CARE

SSN4	Name	Status	Date Of Birth	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
1163	HANNAH ALVIN	A	6/21/1977 12:00:00 AM	<input type="text" value="25"/>	<input type="text" value="22"/>	<input type="text" value="30"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	77
000	POWERS CHRISTINE	A	6/11/1977 12:00:00 AM	<input type="text" value="150"/>	<input type="text" value="75"/>	<input type="text" value="100"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	325
				175	97	130	0	0	0	0	0	0	0	0	0	402

**Units are entered
by the month**

**Click
Update to
SAVE**

**Click Verify to
match totals to the
turnaround document**

Verify Units Keyed

The Verification reports can be printed to review/verify units keyed in ARMS.

CONFIDENTIAL

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

North Carolina
Division of Aging and Adult Services

ZGA542 - Unit of Services Verification Report
July 1, 2008 through June 30, 2009
FY 2009

Print Date: 10/26/2009 1:23:19PM

Region C Provider C033 Site / Route 843

County	Service Code	Client Name	ID #	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total Units
081	843	HANNAH, ALVIN	1102	25	22	30	0	0	0	0	0	0	0	0	0	77
081	843	POWERS, CHRISTINE	0000	150	75	100	0	0	0	0	0	0	0	0	0	325
Site/Route/Worker Total Units:				175	97	130	0	0	0	0	0	0	0	0	0	402
Total People Served:				2												