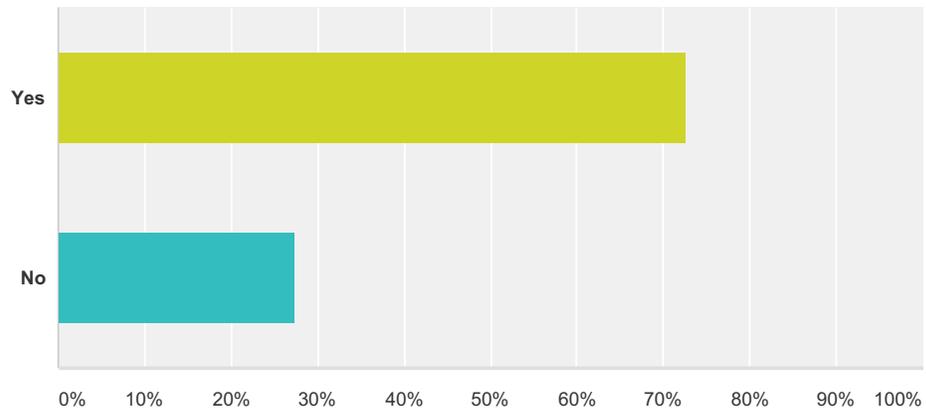


Q1 Do you currently provide Case Management to someone who is OUT of billable status?

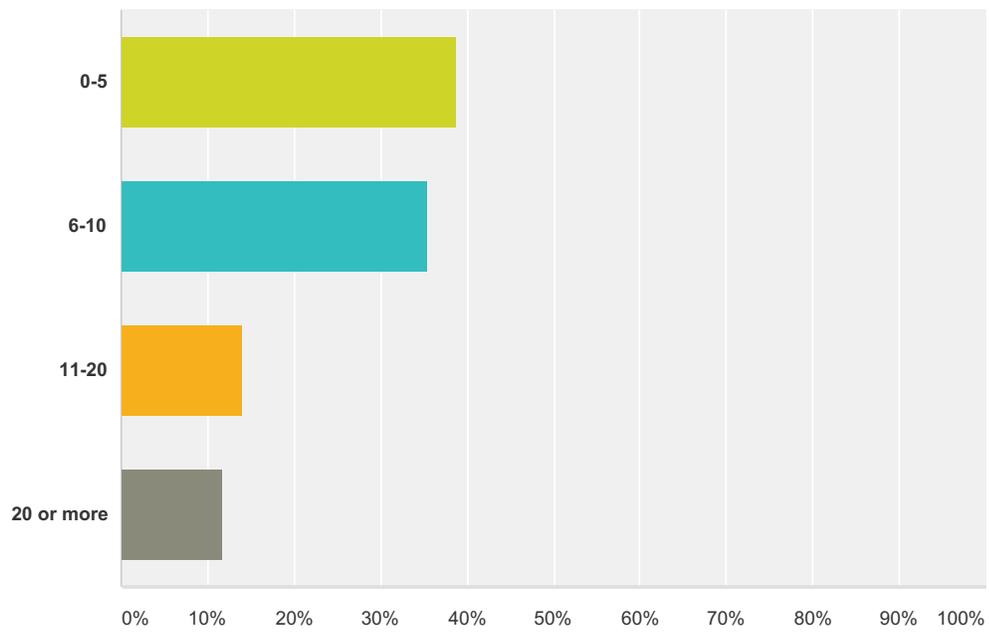
Answered: 274 Skipped: 1



Answer Choices	Responses
Yes	72.63% 199
No	27.37% 75
Total	274

Q2 How many people do you provide CM for that have had eligibility problems in 2016?

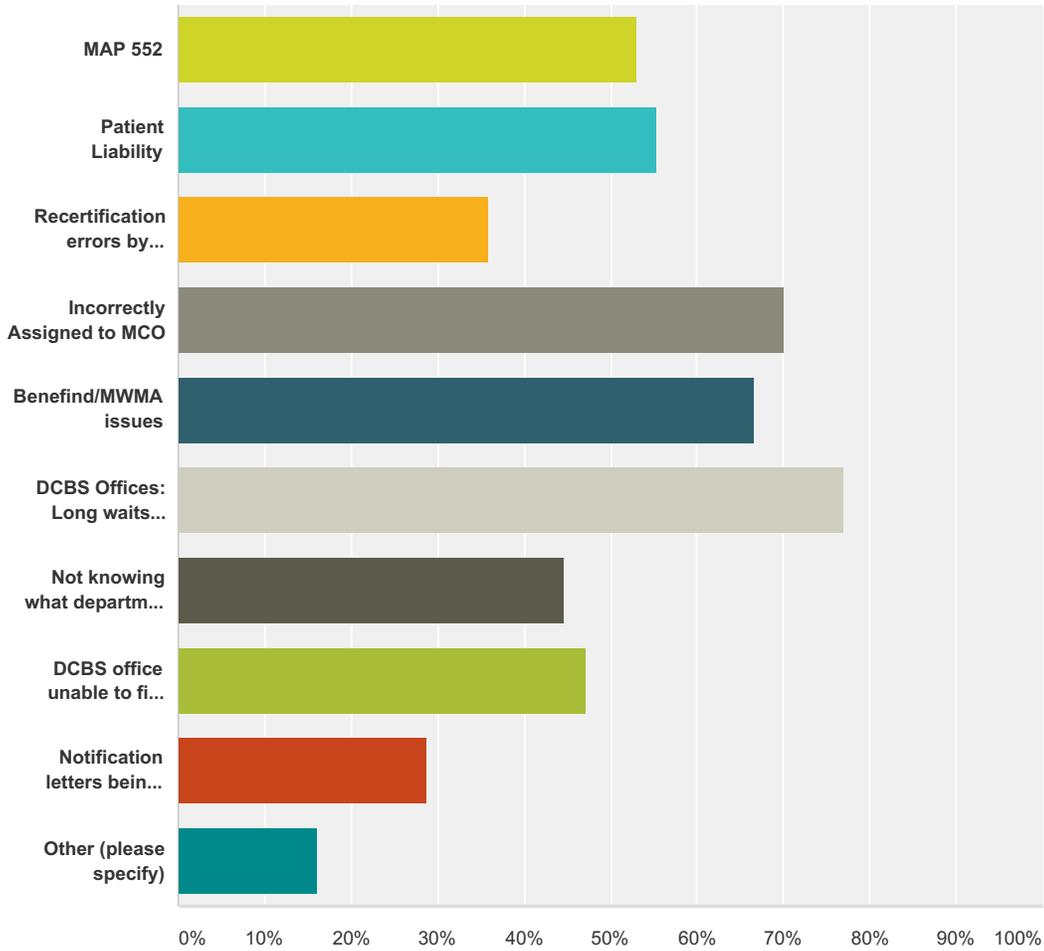
Answered: 273 Skipped: 2



Answer Choices	Responses
0-5	38.83% 106
6-10	35.53% 97
11-20	13.92% 38
20 or more	11.72% 32
Total	273

Q3 What are the most common problems you've encountered? (Check all that apply)

Answered: 275 Skipped: 0



Answer Choices	Responses
MAP 552	53.09% 146
Patient Liability	55.27% 152
Recertification errors by family, guardian, etc.	36.00% 99
Incorrectly Assigned to MCO	70.18% 193
Benefind/MWMA issues	66.55% 183
DCBS Offices: Long waits and/or worker unable to assist	77.09% 212
Not knowing what department (DMS, DCBS, MWMA) to contact or who can assist you.	44.73% 123
DCBS office unable to find paperwork and you have to resubmit.	47.27% 130
Notification letters being mailed to incorrect addresses causing deadlines to be missed.	28.73% 79
Other (please specify)	16.00% 44

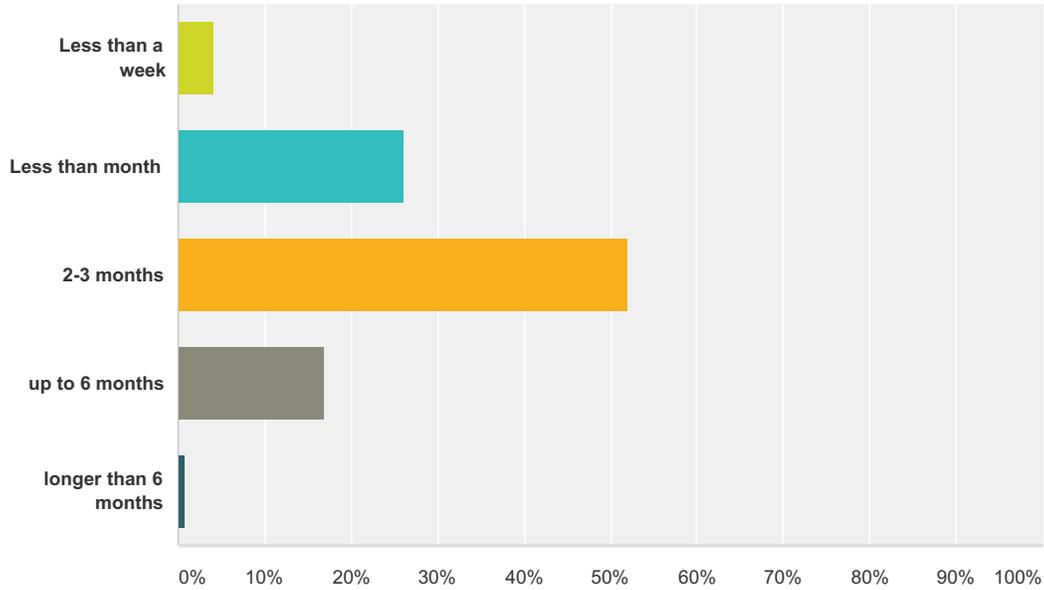
Total Respondents: 275

#	Other (please specify)	Date
1	MWMA complicates simple things and takes time away from other things needing attention	11/28/2016 11:50 AM
2	Notification letters never being received at all	11/23/2016 2:56 PM
3	Phone calls always forwarded to other entities and noone ever knows how to find a solution to the problem at hand.	11/23/2016 11:52 AM
4	Confusing letters sent to family	11/23/2016 11:02 AM
5	DCBS worker assigns someone to fix the issue and then it is not fixed so it is reassigned to another worker.	11/23/2016 10:33 AM
6	DCBS telephone long wait or not taking calls that date	11/23/2016 9:18 AM
7	Case Manager should receive a copy of all Prior Authorizations so they know if something is not correct; the units, dates, etc.	11/23/2016 9:04 AM
8	Having to send in receipts every three months for liabilities instead of collecting for the year and having the liability reduced for the upcoming year, this is a lot of work on the casemanager and client and when they are sent over we don't receive a response that it is taken care of.	11/22/2016 8:24 PM
9	Families receiving letters stating coverage was denied, due to needing more information but letter does not provide what is needed. Also client who are 13 years of age having to go through MRT??	11/22/2016 8:06 PM
10	detail not on file, not communicating with Carewise updates data	11/22/2016 7:14 PM
11	Denial for address mismatch when he 24c has been sent and resent	11/22/2016 6:24 PM
12	client's "not switching over" in the system and being placed in the wrong MCO or their eligibility ending when the PA and patient liability are okay.	11/22/2016 5:22 PM
13	Families call me often re: mail they have received. When contact DCBS to follow up (which takes a very long time by phone...at least one hour), I typically find out that the letter was sent in error.	11/22/2016 5:11 PM
14	Biggest Issue is client being reassigned to a Medicaid that is not Traditional Medicaid. Traditional Medicaid is the only Medicaid eligible for MPW clients. Families are often not being notified of this change. Or if they are notified, they are not aware of how this change will affect MPW.	11/22/2016 3:39 PM
15	Medicaid and DCBS won't talk to case managers because they have a state guardian.	11/22/2016 3:32 PM
16	Many are having to reapply or being placed in incorrect plans at LOC renewal with multiple calls and visits to local office required to fix.	11/22/2016 3:10 PM
17	Notificaton letters received after the fact.	11/22/2016 2:34 PM
18	No clear notification of Medicaid coverage for waiver services ending. Found out after billing errors.	11/22/2016 2:29 PM
19	delays in receiving budgets	11/22/2016 2:23 PM
20	Letters sent out for recert appointments after the appointment date.	11/22/2016 1:57 PM
21	Receiving letters stating that the client gave away something of lesser value than it was worth but not specifying what they were talking about. When contacting DCBS or Medicaid no one knew anything about the letter or what they were talking about. My clients got no answers other than to file an appeal and show up to a hearing.I have called numbers to correct things only to be redirected to another department who say they cannot help and then be redirected to another department that can help only to find out that the issue is not their department. Finally after long holds, I was able to speak to someone. The issue only took ten minutes to fix but the phone call lasted 3 hours.	11/22/2016 1:36 PM
22	DCBS system not corresponding with Carewise system. Major issue wrongly cutting people out of Medicaid at recert time	11/22/2016 1:22 PM
23	Notification letters being mailed AFTER deadline. Some of my clients had to go to DCBS 4-5 times to get things straightened out. They sometimes waited an entire day only to be told that the office was closing and to come back tomorrow.	11/22/2016 1:22 PM
24	Notification letters being mailed out 8-10 days late resulting in termination of Medicaid	11/22/2016 12:46 PM
25	workers at DCBS giving different info leaving family and CM confused.	11/22/2016 12:21 PM
26	When you call in we are told different things by differnt Medicaid workers and I have been on hold for over 4 hrs. One time the phone was picked up and I was hung up on after being on hold for 3 hrs on this day. So frustrating.	11/22/2016 12:13 PM

27	delayed review times on pending cases, being instructed to provide different paperwork "required" at each office visit depending on the case worker currently working on the case	11/22/2016 12:12 PM
28	Discontinued Medicaid due to DCBS not doing their job.	11/22/2016 12:10 PM
29	families having to go back to DCBS multiple times to fix the same issue that is not fixed even though being told that it is	11/22/2016 11:48 AM
30	Technical glitch-- error that occurs when PA that comes from Carewise does not "trigger" eligible status (optimum choices) at Medicaid, even though the PA is valid.	11/22/2016 11:48 AM
31	Caseworkers at DCBS not processing paperwork timely.	11/22/2016 11:35 AM
32	Address updates never occurring in the system despite numerous attempts from Case Manager & participant contacting DMS, DCMS, etc. regarding change. Then notification letter is sent to wrong address.	11/22/2016 11:35 AM
33	Being kicked out of Optimum choices into another eligibility group at recert, DCBS not scanning in paperwork, DCBS not processing 24's despite numerous submissions (taking them out of billing status and not reestablishing them).	11/22/2016 11:31 AM
34	No plan of care segment for the date of service with Carewise	11/22/2016 11:20 AM
35	DCBS workers being so rude to families that they leave in tears	11/22/2016 10:55 AM
36	Our local DCBS office is never able to assist CM. CM has been told "If I transfer you to someone, I will lose my job."	11/22/2016 10:18 AM
37	A general lack of knowledge on the part of DCBS (and sometimes DMS) employees. DCBS employees usually are totally unhelpful, even when they're trying they just don't know how to do their job.	11/22/2016 10:15 AM
38	Notification letter being sent after deadlines have passed	11/22/2016 10:13 AM
39	Address mismatch - CM's can't update address in MWMA and Map 22 doesn't result in corrective action	11/22/2016 10:12 AM
40	Can't get answers... one office says to call another, they say call another... we are running in circles trying to find assistance.	11/22/2016 10:00 AM
41	Clients and myself have to be on hold on the phone for anywhere from 1 hour to who knows. Very frustrating and hard for individuals' families to get resolution	11/22/2016 9:52 AM
42	KARES does not sync with Benefind; MWMA does not sync with HP's system resulting in the denial code "POC segment not on file"; CM is not allowed to make basic changes due to not being the MAP 14 representative; DCBS phone line cuts you off (hangs up on you) after you've been on hold for 30 minutes; SSI system not talking to MWMA/Benefind/KARES	11/22/2016 9:42 AM
43	all of the above.... have been issues	11/22/2016 9:22 AM
44	Unfortunately all of the above apply	11/22/2016 9:15 AM

Q4 On average, after a lapse in eligibility occurs, how long does it take for the person to reenter payment status?

Answered: 260 Skipped: 15



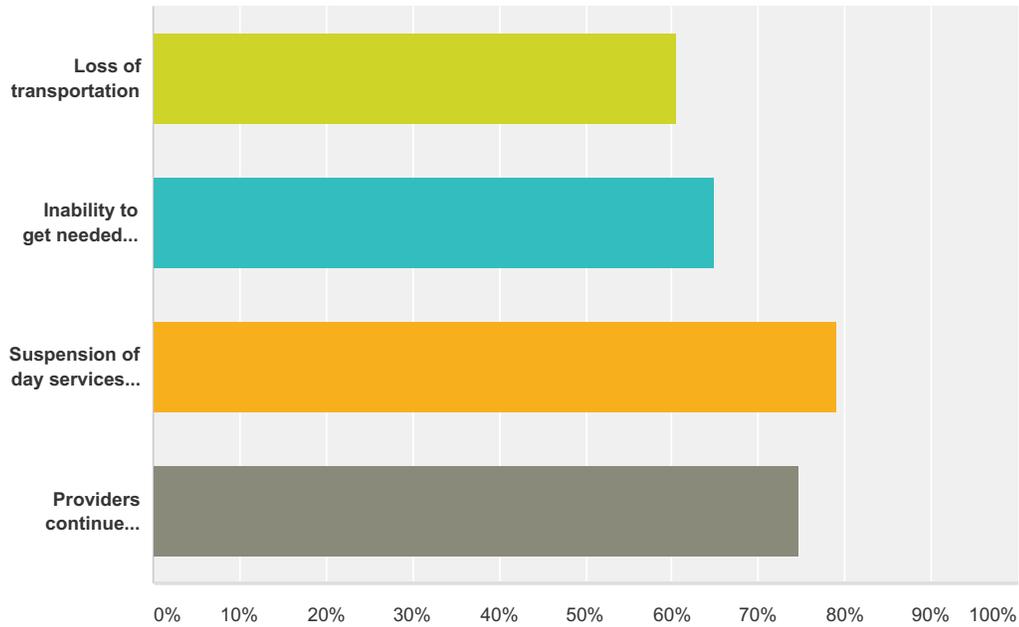
Answer Choices	Responses
Less than a week	4.23% 11
Less than month	26.15% 68
2-3 months	51.92% 135
up to 6 months	16.92% 44
longer than 6 months	0.77% 2
Total	260

#	Other (please specify)	Date
1	the time frame varies	11/29/2016 10:50 AM
2	sometimes up to 6 months	11/28/2016 11:59 AM
3	At least one month	11/28/2016 11:23 AM
4	at least one client was lapsed for about 9 months.	11/28/2016 9:38 AM
5	Never lapsed	11/23/2016 11:52 AM
6	Never lapse	11/23/2016 11:36 AM
7	around a month or so	11/23/2016 9:47 AM
8	unknown	11/23/2016 9:06 AM
9	this very much depends on the situation- usually about a month	11/22/2016 5:22 PM
10	I had one case that took 5 months & it still is not completely resolved...a special circumstance was issued. Since we have been allowed to email DCBS supervisors, the process has been quicker.	11/22/2016 5:11 PM

11	4-6 weeks	11/22/2016 4:05 PM
12	Most often, if it is not fixed immediately, it will require repeated callas and trips over 3 months time.	11/22/2016 3:10 PM
13	Currently approaching the end of month 3 out of billable status	11/22/2016 2:29 PM
14	Typically 1-2 months	11/22/2016 12:56 PM
15	4 to 6 weeks	11/22/2016 12:54 PM
16	It has taken 3 of my clients up to 6 months	11/22/2016 12:46 PM
17	Then there is a lapse in the backdating which results in lapse which takes an additional several months to get fixed.	11/22/2016 12:29 PM
18	I have had people that I have been calling on since March and are still not corrected. This is due to being told things will be fixed and they are not.	11/22/2016 12:13 PM
19	Not experienced in this issue. New SB	11/22/2016 12:03 PM
20	It can vary from case to case	11/22/2016 12:00 PM
21	varies	11/22/2016 12:00 PM
22	sometimes longer than 6 months	11/22/2016 11:46 AM
23	1-2 months	11/22/2016 11:30 AM
24	Over a month but not usually 2 months-on average	11/22/2016 11:29 AM
25	Can take much longer. The longest we have had is about 3 1/2 months..DCBS offices are not trained enough to handle adult medical cases. There is no consistency across offices. Some offices require appointments whereas others do not. Some offices tell you they only have 1 worker who can assist with adult medical cases and others allow multiple workers to assist but their lack of knowledge causes problems. We've been going with families and spending countless hours at DCBS to try and insure accuracy. Sometimes this helps and sometimes there are still issues Call centers have long wait times and often you are transferred multiple times and sometimes hung up on by workers who do not have the knowledge to assist with adult medical cases. We have learned which counties have the best workers to assist and send families there sometimes traveling great distances outside of their own counties. This has become the newest unpaid burden for case managers to solve.	11/22/2016 10:40 AM
26	1-2 months	11/22/2016 10:12 AM
27	1 month	11/22/2016 10:02 AM
28	Longer than 6 months for new waiver participants	11/22/2016 9:32 AM

Q5 When there is a lapse in eligibility for an extended period of time, what is the consequence for the participant? (Check all that apply)

Answered: 273 Skipped: 2



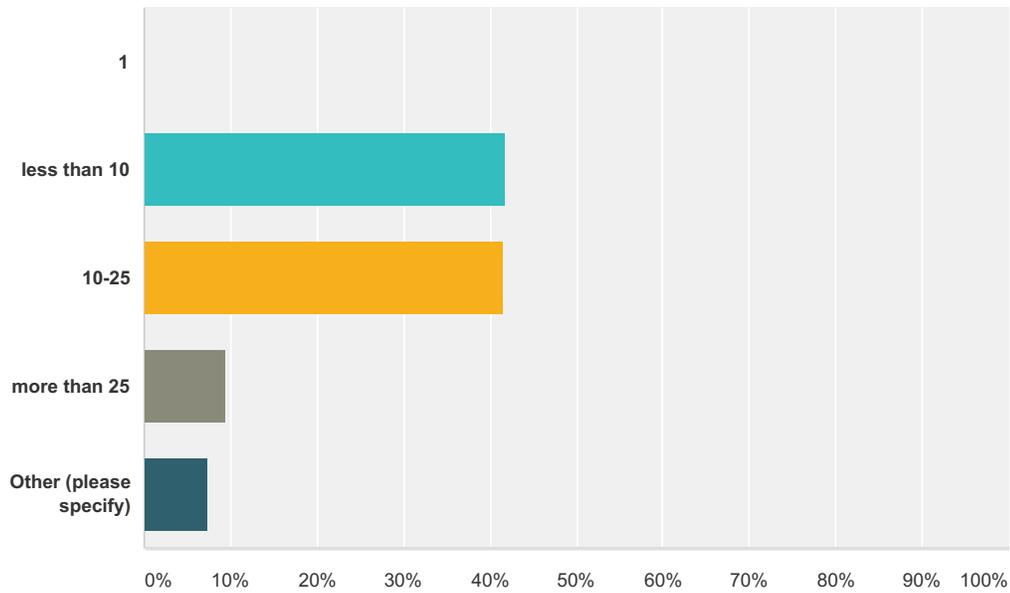
Answer Choices	Responses
Loss of transportation	60.44% 165
Inability to get needed prescriptions filled	64.84% 177
Suspension of day services, therapies, behavior supports, etc.	79.12% 216
Providers continue supporting the person without pay	74.73% 204
Total Respondents: 273	

#	Other (please specify)	Date
1	Case Management continues, but often, other providers stop services.	11/23/2016 11:02 AM
2	Individual has to pay for their own taro tickets.	11/23/2016 10:33 AM
3	SCL waiver services are lost and possibly the waiver allocation is discontinued.	11/23/2016 10:16 AM
4	unable to keep medical appointments	11/23/2016 9:18 AM
5	circumstances create different outcomes	11/23/2016 9:06 AM
6	In one case, a participant's employee quit, causing the participant to go longer without services longer, due to difficulty finding an employee.	11/23/2016 8:34 AM
7	loss of ABI allocation of funding, with need to reapply	11/22/2016 7:46 PM
8	Unable to get medical appointments covered	11/22/2016 7:46 PM
9	the prescription issue is a HUGE problem. Most families cannot shell out \$1500 for seizure medications.	11/22/2016 5:22 PM

10	families have to take time off of work to work on getting coverage reinstated, one family had to reschedule a much needed surgery due to a lapse in coverage	11/22/2016 4:36 PM
11	For participant directed services, many employees will provide services without pay. ADT's and Behavior Supports will not though.	11/22/2016 3:39 PM
12	lack of pay for employees who then might not stay working with the client	11/22/2016 3:28 PM
13	If delay is result of MWMA issue and a pa is unable to generate, lapse in therapies and clinical services does/may occur.	11/22/2016 3:10 PM
14	Unable to attend medical appointments due to no insurance	11/22/2016 2:32 PM
15	Providers become frustrated with Case Managers asking for updates or worrying about the status	11/22/2016 2:29 PM
16	loss of employees	11/22/2016 2:23 PM
17	employees dont get paid, doctor visits must be cancelled	11/22/2016 1:33 PM
18	Health, safety, and welfare are jeopardized.	11/22/2016 1:11 PM
19	Rent being unable to be paid and eviction being threatened by landlord, children missing out on fieldtrips due to parents inability to pay, community outings having to stop due to the cost	11/22/2016 12:53 PM
20	parent employees unable to pay bills	11/22/2016 12:47 PM
21	Loss of PDS providers due to non-payment	11/22/2016 12:46 PM
22	Problems at medical offices for treatment	11/22/2016 12:45 PM
23	Instability and regression for individual served	11/22/2016 12:33 PM
24	providers quit and find other jobs, loss of services, employee's not eligible for pay, etc.	11/22/2016 12:21 PM
25	Providers don't support the person without pay.	11/22/2016 12:15 PM
26	I have had clients who have needed to reschedule necessary surgeries.	11/22/2016 12:08 PM
27	PDS employees look for other employment due to not getting paid.	11/22/2016 11:50 AM
28	One dangerous situation is with PDS clients. The one this happened to happened to be a family team, so they were gracious, but if pay got knocked out for 2 months on a non-family team, the client would risk losing his entire team and have no supports very suddenly.	11/22/2016 11:48 AM
29	Guardian/participant being billed for unpaid services and being expected to pay if eligibility is not backdated. Leading to fear of financial difficulties	11/22/2016 11:46 AM
30	loss of PDS providers	11/22/2016 11:45 AM
31	loss of employees	11/22/2016 11:35 AM
32	Hired employees quitting due to no pay. Surgeries being put on hold.	11/22/2016 11:35 AM
33	Inability to get medical /dental needs met - providers refuse because they are ineligible	11/22/2016 11:31 AM
34	Case management did not get paid for July and August months. This currently is still not resolved and I have been working on for 4 months.	11/22/2016 11:05 AM
35	PDS providers going months w/o pay-having to quit for a different paying job and nearly quitting for another	11/22/2016 10:55 AM
36	Doctors cancel important medical appointments.	11/22/2016 10:55 AM
37	For MPW there are suspension in some services.	11/22/2016 10:47 AM
38	Refusal to be seen by PCP. Unable to obtain needed health screenings timely.	11/22/2016 10:40 AM
39	Minimal services provided (ADT and residential) but all therapies are stopped	11/22/2016 10:12 AM
40	Can't bill for CM or PDS services	11/22/2016 10:00 AM
41	very frustrating for many	11/22/2016 9:32 AM
42	Providers refuse to provide services without PA even knowing it would backdate	11/22/2016 9:25 AM
43	Case Management continues only... Providers do not have to ... we are still responsible for them and helping them...	11/22/2016 9:22 AM
44	We continue to provide services without pay.	11/22/2016 9:21 AM
45	Unable to have medical procedures, like Dental Surgery!	11/22/2016 9:19 AM

Q6 On average, how many phone calls/emails does it take to get someone back in active payment status?

Answered: 275 Skipped: 0



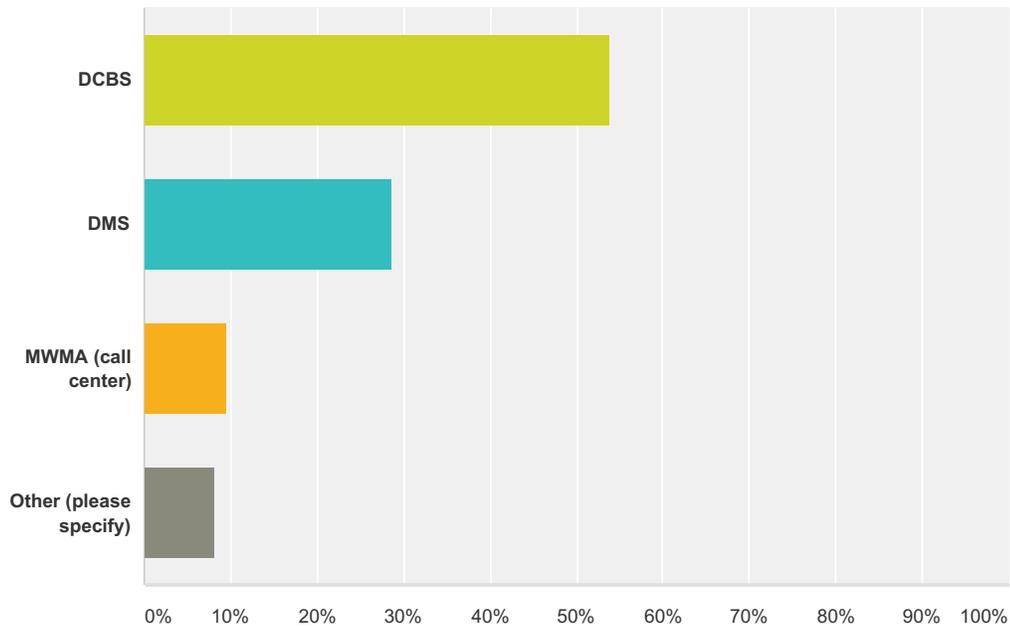
Answer Choices	Responses
1	0.00% 0
less than 10	41.82% 115
10-25	41.45% 114
more than 25	9.45% 26
Other (please specify)	7.27% 20
Total	275

#	Other (please specify)	Date
1	It usually takes numerous phone calls to different people. Its very frustrating other agencies (such as DCBS) telling the families that it is the case management agencies fault they are not in active status. Also, many times after waiting on the phone for hours when someone finally picks up they cannot answer your question or they say their is nothing they can do as it looks correct on their end.	11/29/2016 10:50 AM
2	I have spent more than 25 hours in a month on hold with DCBS and Medicaid Provider Services. Each time I have called Medicaid provider services I have been told it could take up to 4 weeks to correct and then after 4 weeks not corrected. Also I have contacted Ombudsman office and several others that was provided to me from my ED from KAPP that were assigned to assist with eligibility issues, only to have to send a seperate follow up email and be told to contact DCBS	11/22/2016 8:06 PM
3	I've lost count, honestly	11/22/2016 3:32 PM
4	Varies, can not put a number on it at times.	11/22/2016 3:28 PM
5	plus onsite visit	11/22/2016 2:34 PM
6	at least 10 - however the length of each call tends to be at minimum 20 minutes and has gone up to about an hour, making it feel like many more calls than have actually been made	11/22/2016 2:29 PM

7	And multiple unreimbursed CM trips to local DCBS offices because caregivers don't understand what to say to local workers.	11/22/2016 1:22 PM
8	10-25 between what parents/guardians do and what I do.	11/22/2016 1:22 PM
9	10-25 personally - not including the calls and emails my client has to make	11/22/2016 12:46 PM
10	Plus you call month after month and your told it will be fixed in 10 days and its never fixed.	11/22/2016 12:13 PM
11	in my experience, it takes at least weekly phone calls, emails, and local office visits until it is active again, which is on average at least 3 months.	11/22/2016 12:12 PM
12	NOt experienced in this area New SB	11/22/2016 12:03 PM
13	They never really know how to help	11/22/2016 11:50 AM
14	3-5 calls averaging 5-10 hours of time	11/22/2016 11:48 AM
15	have to keep on track of this, everyother day at least.	11/22/2016 11:45 AM
16	I had one person who took nearly 6 months to reinstate with more than 5 dozen emails and phone calls. CHFS and DCBS won't respond to emails!!!	11/22/2016 11:31 AM
17	1-5 calls/emails	11/22/2016 11:29 AM
18	This actually depends on if we actually get in contact with someone that actually can assess the situation on their end and they know what is going on themselves	11/22/2016 10:47 AM
19	sometimes more often	11/22/2016 9:32 AM
20	There is no one go to person... 10 people work on same problem...or else it take even longer to get fixed.. because if only 1 person took all calls and all problems they would be bombarded and overloaded and probably quit..	11/22/2016 9:22 AM

Q7 What agency do you contact most with problems regarding eligibility?

Answered: 273 Skipped: 2



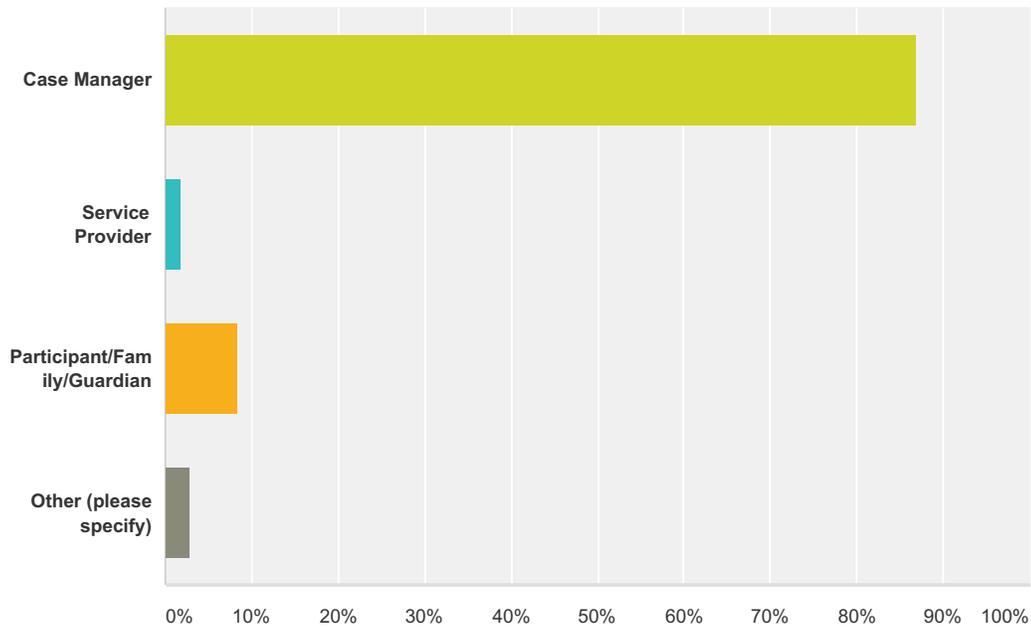
Answer Choices	Responses
DCBS	53.85% 147
DMS	28.57% 78
MWMA (call center)	9.52% 26
Other (please specify)	8.06% 22
Total	273

#	Other (please specify)	Date
1	carewise	11/29/2016 9:30 AM
2	All three- DCBS, DMS and MWMA	11/28/2016 11:23 AM
3	Member services and carewise	11/23/2016 10:05 AM
4	both DCBS and DMS	11/23/2016 8:10 AM
5	member services	11/23/2016 1:41 AM
6	I have contacted DCBS, DMS, Medicaid Ombudsman, Holly Almon, Donna Carter, Deck Decker and finally Lyris Child (Lyris was finally able to assist with getting three of my issues resolved),	11/22/2016 8:06 PM
7	CHFS	11/22/2016 7:46 PM
8	Medicaid member services	11/22/2016 3:28 PM
9	All the above	11/22/2016 2:59 PM
10	Member services, who typically transfer me to DCBS when I ask for more information/details	11/22/2016 2:29 PM
11	I contact whatever office is most appropriate for the particular issue.	11/22/2016 1:22 PM
12	All 3	11/22/2016 12:46 PM

13	Member Services	11/22/2016 12:29 PM
14	CareWise	11/22/2016 12:15 PM
15	Guardian contacts DCBS	11/22/2016 12:10 PM
16	Guardian contacts DCBS	11/22/2016 12:10 PM
17	Member Services is the most efficient. DCBS is often a waste of time.	11/22/2016 12:08 PM
18	connections with DMS that have helped before and send family to DCBS, and have them call number on back of card /carewise	11/22/2016 11:45 AM
19	Medicaid provider services, Medicaid member services, CHFS (for state payee issues when they don't complete recerts correctly)	11/22/2016 11:31 AM
20	Medicaid is able to help they are better at helping the families	11/22/2016 11:20 AM
21	All three, usually call MWMA, who will tell me to call DCBS, who will tell me to call DMS, who will tell me to call back to DCBS. Never get a straight answer.	11/22/2016 10:13 AM
22	But the time it takes to wait on line takes us away from our clients. They will not always fix problem. They tell us the issue but do not resolve it most of the time.	11/22/2016 9:22 AM

Q8 What team member most often does the troubleshooting for these issues?

Answered: 274 Skipped: 1

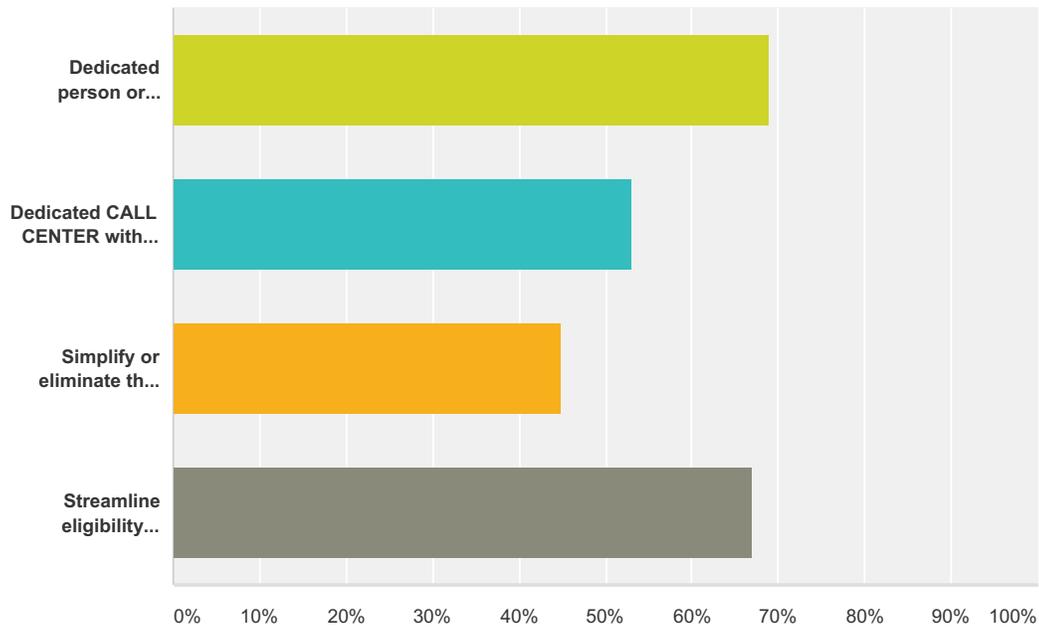


Answer Choices	Responses
Case Manager	86.86% 238
Service Provider	1.82% 5
Participant/Family/Guardian	8.39% 23
Other (please specify)	2.92% 8
Total	274

#	Other (please specify)	Date
1	Case Manager used to, but without resolve after many time consuming calls-as we don't have access to client/family financial records nor the time to wait in DCBS's offices.	11/23/2016 11:02 AM
2	As case manager, I always inform participant/family/gaurdian of issue and direct them of where to go for assistance in getting issue resolved.	11/22/2016 3:39 PM
3	Executive Director	11/22/2016 1:58 PM
4	I require my clients' reps/guardians/parents to try and get the issue fixed first as that is what I am told to do when I try to call. If they try and try to no avail, I speak to my supervisor or our MWMA trainer and they contact "the powers that be" and ask for help.	11/22/2016 1:22 PM
5	Case manager and guardians	11/22/2016 1:11 PM
6	Case manager and participant/family/guardian.	11/22/2016 11:50 AM
7	CM usually, but sometimes CM is not allowed to handle so the parents have to go to local office and wait...	11/22/2016 10:18 AM
8	ED/CMS	11/22/2016 9:32 AM

Q9 Assuming MWMA/Benefind remains in place, what solutions might help?

Answered: 270 Skipped: 5



Answer Choices	Responses
Dedicated person or persons for waiver providers to contact quickly by phone or email who can fix the problem or provide information that will lead to resolution, at each local office.	68.89% 186
Dedicated CALL CENTER with persons for waiver providers to contact quickly by phone or email who can fix the problem or provide information that will lead to resolution, at CHFS in Frankfort?	52.96% 143
Simplify or eliminate the MAP 552 process.	44.81% 121
Streamline eligibility within one department for Waiver Recipients.	67.04% 181
Total Respondents: 270	

#	Other (please specify)	Date
1	Qualified Waiver Participants should never be denied eligibility (miracles do happen; conditions highly unlikely to change). Case managers should be given an extended period to resolve what is clearly system errors related to the lack of alignment between: CareWise or/& HP. Zero accountability at DCBS/CMS level for mistakes.	11/29/2016 2:15 PM
2	all of the above. it would be really nice if there could be a dedicated person at DCBS that could assist with trouble shooting.	11/29/2016 10:50 AM
3	I think MWMA needs gone and go back to prior way of doing things	11/28/2016 11:50 AM
4	DCBS call center is ridiculous. You wait on the phone for hours, only to be shuffled around to people who have no idea how to fix your problem. Its a nightmare!	11/28/2016 9:37 AM
5	I continue to unable to access the MWMA site. I have called, my supervisor has called, our HR person has called as well. All to no avail.	11/28/2016 9:33 AM

6	Providers and families get very frustrated having to wait an hour on hold with the call center. The phone options are very limited and unclear, which usually leads to you being connected with someone who cannot help you. Then you are put on hold for another 30 - 45min.	11/28/2016 9:23 AM
7	More clearly stated issues within the system-not enough information on requests for review	11/23/2016 9:31 PM
8	MWMA has multiple problems	11/23/2016 11:52 AM
9	Anyone would be beneficial	11/23/2016 11:36 AM
10	Emails are awesome so that so much time is not wasted on the phone.	11/23/2016 10:33 AM
11	Fix the glitches and make sure that MWMA is regulation compatible.	11/23/2016 10:05 AM
12	Dedicated person to be highly educated regarding the process/program	11/23/2016 9:06 AM
13	How about let's have training material on how to use Benefind! No one knows how to use this system, including myself who is a case manager as well as a guardian to my twin disabled sisters. I established an account in hopes to assist my families. Only to learn that a credit report needed to be ran in order to verify indentiy. Whoever established this system really didn't think that through. How in the world does our client population have credit when they can not have over 2000 in money? Also how about lets have some training classes for those case managers who actually are at the forefront of getting these issues resolved. Help us understand this process and what is needed and why. For example, why does a 12 year old have to go through MRT? All departments need to take accountability and work together and listen to us and our families to correct this mess!	11/22/2016 8:06 PM
14	someone who actually knows how to fix the problem. Computer systems that communicate effectively	11/22/2016 7:14 PM
15	families are not able to complete their recertification through Benefind, this system actually working would streamline the process	11/22/2016 4:36 PM
16	Educate employees of the MWMA help center of how the waivers actually work.	11/22/2016 2:05 PM
17	Even state DMS department cannot see the entire Carewise system to trouble shoot issues. Top management cannot see both. Someone should be able to see all at one time. Also, the member provider number does not allow participants or providers to speak to someone most of the time. Many times since July it will give automated message that the system is overloaded and hangs up.	11/22/2016 1:22 PM
18	Either of the first two solutions. The key is to have people who are familiar with waiver issues.	11/22/2016 1:22 PM
19	Employees working in the DCBS offices need better training and accountability. No one there seems to be on the same page. In the very least, there should be clear SOP for everyone to follow. Too often clients/ reps. are being told completely different things depending on who they speak to when...regarding the exact same case. It is beyond out of hand.	11/22/2016 12:46 PM
20	Allow to fax annuals when their are problems with MWMA	11/22/2016 12:45 PM
21	Simplify the paperwork that is required to be submitted. Not requiring a "MWMA" version of POC and the standard MAP 109 to be completed as well, giving CM double paperwork.	11/22/2016 12:21 PM
22	simplify the entire process in mwma. Too many steps and so confusing as to the order and length of time to receive notifications back. New employees and old stress this. Also it would be nice to not have to retype the entire poc each year and simply be able to modify it as needed for time sake.	11/22/2016 12:15 PM
23	All staff need to be trained and they need to be consistent on what you are told	11/22/2016 12:13 PM
24	Training so staff at each site (MWMA, DCBS, DMS) are all on the same page regarding requirements for eligibility and approval instead of each saying something different.	11/22/2016 12:12 PM
25	they never know or understand how to belp..	11/22/2016 11:50 AM
26	Train medicaid workers on what waiver services are so they can better assist at the local level	11/22/2016 11:46 AM
27	Ensure consistency of information - 3 phone calls will get 3 different sets of information/responses, no one seems to be able to determine the problem, or if they can, they can't fix it.	11/22/2016 11:31 AM
28	I love the callback feature so that you don't have to wait on the line, but sometimes they don't always call you back like they say they will.	11/22/2016 11:20 AM
29	Case Managers needs a training on all Medicaid processes.	11/22/2016 11:04 AM
30	Train scl/mpw case managers to recognize what is actually happening in the system. Knowledge is power and speaking as an ED of a Case mgmt agency....we are powerless at this time.	11/22/2016 10:47 AM

31	This is becoming a huge problem. It has been a terrible year trying to keep waiver participants eligible. As hard as we've worked to correct issues as soon as they are known, our participants suffer. The call center system is a complete joke. My advice is to get rid of it as quickly as possible.	11/22/2016 10:40 AM
32	Enact some type of bill in which our waiver members are protected and services can be provided/paid for despite issues with medicaid eligibility. Only a handful of our clients will ever have enough "gainful activity" within a recent year to warrant coming off of medicaid.	11/22/2016 10:39 AM
33	At this point, anything will help.	11/22/2016 10:18 AM
34	99% of my clients' issues end up being something not completed or done correctly by the local office and NO ONE but the local offices can fix it. However we are also told that a representative must go into the local office to have it fixed. This generally takes multiple trips into the local offices. If there was a help line or call center or person that could be contacted when the problem is known that could also fix the issue it would save so much time and frustration.	11/22/2016 10:17 AM
35	Please help! We spend so many man hours on these issues, chasing our tails in circles, throwing darts in the dark to try to figure out who can help us fix the problem. It takes several phone calls to identify the problem, and then weeks and months of reworking the calls/emails we've already done to get things fixed. This directly takes away from the time we should be spending on providing person-centered case management. Thank you for any help and relief you can provide for our individuals and their families.	11/22/2016 9:42 AM
36	Right now we call DMS first, then Carewise or HP, sometimes Fiduciary, then back to MS. Very seldom can DMS fix the issue themselves. At times they can.	11/22/2016 9:32 AM
37	The best would be having 1 person to contact for wavier providers within DCBS and DMS who work together. So we can resolve quickly instead of several people working on it and no one knowing what the other person is doing.	11/22/2016 9:22 AM