	Additional comments or concerns.	
1.	It would be quite helpful if training could be offered to management on reports, how to access and/or manipulate to get accurate data	Thu, Feb 20, 2014 7:42 AM
2.	Training would benefit from having trainers familiar with policy as well as system design.	Tue, Feb 11, 2014 3:08 PM
3.	1. Classroom/hands-on training should have been given for every worker. 2. You should be able to change a case name without having to establish a new case number. 3. You should be able to enter all check stubs, etc. at one time (like in ADAPT) instead of enter 1 check stub, have to go out and then click add to enter another 1 check stub. 4. There are too many dates, such as date entered, date reported and effective date. This is very confusing and cann effect the final determination of eligibility. 5. Relationship is ridiculous. There are way to many transactions if there are several people. For example: Woman with her two children, her husband and his two children, their 1 child in common and her exhusband who is the father of her children. This is an actual case. 6. VaCMS does not complete all of the fields in VaMMIS, such as worker # and SSN. 7. VaCMS does not enroll retro period for VaMMIS. 8. If a case has both a mailing address and a physical address VaCMS will only carry over the mailing address that is on the case screen to the member screen. 9. You should be able to just go in and delete tasks and reminders instead of trying to remember to be sure to dispose of these before taking action on a case when closing. 10. You should be able to deny a case after starting it without having to go through all the screens.	Tue, Feb 11, 2014 2:28 PM
4.	* CC workers are not receiving an alert on mixed applications when CC worker is assigned as the secondary worker. *When adult Medicaid apps are entered and registered, the workers say they don't have a legacy number, which they need to enter in MMIS. Where will workers get the 12-digit MMIS number required entering the case in that system? *Workers report being very overwhelmed. They have elevated stress levels, and workers are struggling. *Will renewals be automatically processed if they're not generated	Tue, Feb 11, 2014 2:21 PM

	until after the process runs for that month? Will those missed renewals auto convert during the next month's batch? *Can the notice specifically point out which benefit program they qualify for rather than simply stating that they are approved for benefits? Once VACMS incorporates TANF & SNAP- sending a notice that just states you have been approved without identifying the specific programs you have been approved for will be confusing to customers. *Once EDBC is run and a case number is generated, a new member ID number is generated for anyone new on a case. However, when it goes through to MMIS, worker has to rebuild that case in MMIS (new apps, newborns). It won't always pull people over. *What happens if the client loses the printed renewal form that's centrally printed? *why are CommonHelp apps not automatically populating. Occasionally a message appears saying "Pre-populated data is not entered in this case" *If client denies Plan First, what do we do with these pending applications? Should the cases be denied in the VaCMS? Can the system have a disability code that indicates the case is waiting for disability?	
5.	THE SYSTEM MOVES VERY SLOWLY. WE ARE CONCERNED ABOUT THE MIGRATION. IF INTAKE PROCESSES SO SLOWLY, WHAT IS GOING TO HAPPEN WHEN ANOTHER 10,000 CASES ARE ADDED FROM OVER THE NEXT 12 MONTHS. WE ARE CONCERNED THEY ARE ADDING ABD AND LTC MEDICAID CASES TO THE CONVERSION PROCESS WHEN THE RULES ARE NOT PART OF THE CURRENT SYSTEM. IT SEEMS LIKE BUSY WORK WHEN EVERYONE IS WORKING TO CAPACITY ALREADY. TRAINING IS LACKING. WEBINARS ARE NOT AN EFFECTIVE ADULT LEARNING MODE. I HAVE REQUESTED THE OVERTIME AND COMP. TIME HOURS. THEY WILL BE FORWARDED AT A LATER DATE. BOTH TYPES OF HOURS HAVE BEEN UTILIZED EACH OF THESE MONTHS.	Tue, Feb 11, 2014 1:52 PM
6.	The type on the reports need to be enlarged. Upon printing the reports, 3/4 of the page is blank (wasted) with the actual data in tiny print.	Tue, Feb 11, 2014 10:24 AM
7.	Need additional trainingsystem time out and not workingconcerns by workers on marketplace calls Help desk provides limited assistance	Tue, Feb 11, 2014 9:40 AM

Per worker's input: VaCMS is cumberson and very time consuming. There is a lack of adequate training for all employees workering with VaCMS; The system is not user friendly. It takes too long to approve or deny a Medicaid application; We understand that times change and as new systems become available we are expected to learn them. This change simply took place too rapidly without adequate hands on Mon, Feb training. The system itself was developed entirely too quickly and 8. 10, 2014 should have been reviewed for trouble-shooting before releasing the 5:03 PM program for use; It used to take about 20 minutes to put in a Medicaid case, now it takes a couple of hours. To date I have had only one case to read over to MMIS correctly; I remember conversion to the Adapt system and we had good hands on training, good manual for reference, things went smoothly. It is NOT a user-friendly system. Veteran workers have trouble reading small print of screens. When VaCMS training is offered by Deloitte, a Med specialist should be in attendance for ensure policy is being implemented. Is it possible to have Deloitte or State personnel to visit each agency to ensure proper profiles, equipment, etc? Workers should have accessility to delete ALL Tasks/Reminders as instructions issued by Deloitte do not always work and Help Desk have not deleted same. Income verification should include "pending" v/s not provided. System needs to acknowledge Race of "Other" once in Data Collection. Some applications continue to pend--when attempting to deny, the system continually gives another 10 days to provide verifications (causes Mon, Feb applications to be overdue although manual notice is sent & appl cont's 9. 10, 2014 to pend). Need system-generated notices for withdrawals (not manual 4:13 PM notices). System needs to work better BEFORE conversion begins. IRS data needs to be available continuously. System needs to updated to reflect MAGI rules--for instance, Workmans Comp is NOT countable income for MAGI but VaCMS continues to count same as income (same for VA). Hands-on training needs to offered to ALL workers-not just a few. This training should be like ADAPT--weeklong, one-onone hands-on training for ALL employees. Quicker response time from VITA. Call Center needs to ask more in-depth questions--just because the adults do not have the same last name and are not spouses, the adult could be the child's parent. Relationship of all household members to each other needs to be explored. Lack of quality training User guide too long Mon, Feb On line trainings are confusing 10. 10, 2014 Help Desk not user friendly 3:07 PM Trainer's lack of policy knowledge Paper application does not flow with the system

11.	When VaCMS finds someone eligible for Medicaid but fails to enroll in MMIS you cannot view the income calc anywhere, so you have to do a manual calculation and choose an AC to enroll.	Mon, Feb 10, 2014 2:47 PM
12.	One of the biggest complaints with the new system is the lack of sufficient training. The training that was offered was limited to basic data entry and the flow of the screens. Additionally, there was not sufficient policy guidance included with the instructions for the data entry. The first months have been spent trying to learn the system and conducting in-house training of workers while processing cases. The instability of the system has made this more difficult because often there is no way to know if we are doing something incorrectly in the system or if the system is not functioning properly. If would be very helpful to have a specific contact just to email system questions to determine if we are entering information incorrectly or if we need to submit a ticket. Submitting tickets takes valuable time because of the need to submit screen prints often multiple times. Maintaining cases under the "old policy" while initiating new policy has also contributed to confusion for both clients and workers. Some of the system issues are improving and workers are becoming more adept at operating the system; however, more benefit program staff are badly needed at the local level. Thank you.	Mon, Feb 10, 2014 11:46 AM
13.	This brandnew system may be nice once the kinks are worked out HOWEVER as with the advent of ADAPT, all workers should have had hands on training for several days prior to it's inception. It would have been better for everyone. The more firsthand knowledge that you have the more rational and accurate the results. The state fell short this time in that respect. Webinars and elearnings were definitely not sufficient training tools for something this mammoth.	Mon, Feb 10, 2014 10:13 AM
14.	The VACMS system is very cumbersome, there are too many screens and when you input information and receive an error you are not sure why it denied or failed. A better user guide would be beneficial to staff as well as better communication among the many systems in use by Local DSS staff.	Mon, Feb 10, 2014 10:00 AM
15.	WE ARE EXPERIENCING MULTIPLE PROBLEMS WITH DUPLICATE APPLICATIONS COMING FROM THE CALL CENTER, WHEN WE HAVE ACTIVE CASES ON THEM AND THEY KNOW THAT. THERE IS NO NEED FOR A NEW APP, THEY NEED TO CONTACT THEIR LOCAL AGENCY WORKER. WE ARE UNDERSTAFFED TO HANDLE THE CAPACITY THAT WE ARE CURRENTLY GETTING. THE TIME FRAMES TO KEYS THESE CASES IS TRIPLE THE TIME THAT WE PREVIOUSLY	Mon, Feb 10, 2014 8:06 AM

	HAD TO PROCESS. SYSTEM IS STILL NOT CONNECTING TO HUB, SO WORKING THE OLD WAY AND HAVING TO KEY IN VACMS, THEN ENROLLING MOST RECIPIENTS OUR SELVES BECUASE THEY DO NOT ROLL OVER INTO MMIS. WE ARE BEYOND FRUSTRATED AND WORKERS CAN NO LONGER MAINTAIN THEIR ONGOING CASELOADS BECUASE OF THE TIME IT TAKING TO DO THIS SYSTEM. THE APPLICATIONS ARE NOT DESIGNED FOR MEDICAID, THEY ARE DESIGNED FOR THE HIM. THIS IS A PROBLEM WHEN WE HAVE TO TRACK CUSTOMERS DOWN TO GET INFORMATION THAT WE NEED TO DETERMINE ELIGIBILITY. I COULD CONTINUE TO LIST MORE PROBLEMS. BUT I WILL STOP.	
16.	IT TAKES WAY TO LONG TO PROCESS MEDICAID APPLICATIONS NOW. NO HANDS ON TRAINING	Fri, Feb 7, 2014 7:43 PM
17.	The training for this system has been inadequate. The time needed for processing is greater due to the "learning curve" and has caused workload problems and distressed staff. System malfunctions have increased the problem. The Help desk should offer technical staff that are able to help solve the issue at the time of the call instead of having to wait for later responses. The screens in VaCMS are difficult to read due to the color choice of the screens and size of the data, which causes eye strain. The multi-page notices are confusing to the applicant.	Fri, Feb 7, 2014 6:20 PM
18.	Trouble printing notices Problems following VaCMS reference materials Inability to determine when a case will go to the HUB, so income verification has to be requested almost every time. Eligibility determination process takes too long compared to processing in ADAPT. Although many of the problems have been resolved, connectivity is still an issue. You can't process a case completely without getting kicked out of the system at least one time. Too many steps to complete even the simplest application. Information does not always transfer to MMIS. Prior to 10/1, we were averaging 600-700 applications a month and processing 97% or greater timely.	Fri, Feb 7, 2014 5:27 PM
19.	Gateway time out is a problem area and management reports	Fri, Feb 7, 2014 4:58 PM
20.	Issues with alien screens and insurance screens. Won't capture	Fri, Feb

	insurance for FAMIS Income screens - 30, 60, 90 days	7, 2014 4:19 PM
21.	Answering questions on the screens is pretty much aligned with ADAPT and policy. Some screens could be refined such as relationship, income (paychecks). There should be an eaiser process to updating client ID's as it is in ADAPT. The screening and linking case process should be easier as in ADAPT. End dating income or screens needs to be refined and easier to understand. Do not put in self-directed until you know it works.	Fri, Feb 7, 2014 4:09 PM
22.	SYSTEM DOES NOT WORK. THERE IS TO MUCH CLICKING AND WHEN YOU HAVE A LARGE FAMILY IT TAKES FOR EVER TO COMPLETE AN APPLICATION. THE SYSTEM IS NOT USER FRIENDLY. WE HAVE TO DO ALOT OF WORK AROUNDS TO COMPLETE A CASE.	Fri, Feb 7, 2014 4:04 PM
23.	Reports offered in the system need to be improved. Would like mroe detailed information on cases and caseloads. Need a better way to delete duplicate apps. Clients should not be able to continuously reapply when an app is pending or just approved or denied.	Fri, Feb 7, 2014 3:46 PM
24.	More user friendly. Larger fonts on questions and reports.	Fri, Feb 7, 2014 3:45 PM
25.	VACMS feels somewhat cumbersome. It needs to be more user friendly. Not enough information is received when there is an error message. This system is frustrating. The system would be great is it worked as it should. Line workers feel as we are doing double - triple the work.	Fri, Feb 7, 2014 3:42 PM
26.	It would be helpful to have a uniform method of worker identification in multiple systems instead of using LDAPP ID in VaCMS and Caseload # in MMIS. We are unable to upadate in MMIS gateway if VaCMS does not find recipient ID in MMIS we must create a new VaCMS ID which prevents enrollment and creates duplicate IDs. If the incorrect ID is in VaCMS, there is no way to fix this which causes problems now and in the future. We are unable to change the case name, If the case name leaves the home, we are unable to make changes to the case and it must be closed and we re-open a new case. More hands on training was requested for more staff that speaks to both policy and system combined. The training provided has been limited to a few and opportunities have been limited to get staff prepared. Since	Fri, Feb 7, 2014 3:27 PM

	everything rolled out so quickly, the time for preparation was less than needed which made it especially difficult in managing a workload already bursting at the seams. We had many complaints from staff that there are just too many screens to navigate and all ABD staff cannot see the purpose in putting in data until the system is designed to apply ABD policy. One ABD Supervisor felt that the system should at least be able to produce a checklist to serve some purpose for ABD since the data is all being entered to generate one. After completing an ABD evaluation outside of VaCMS, the system should allow worker to override Plan First denial and approve the correct ABD AC even if the system does not enroll ABD in MMIS. System should have a way to identify an extend case waiting on a disability decision. The system should have a way to inquire a denied VaCMS to tell that it was denied and placed on a spenddown. Few ABD applications are appropriate HIM referrals on denial as they are either Medicare or \$0 income and would be ineligible for a subsidy	
27.	EWs are getting more familiar with system and screens. Most EWs would like a hard copy manual.	Fri, Feb 7, 2014 3:15 PM
28.	Connectivity seems to be one of the biggest problems. The override capability is problematic when it works one day and not the next. We are developing many workarounds which makes it look like the ticket is completed when in fact it is not. Cases must be processed and benefits provided and we cannot wait for ticket resolution that never comes. We cannot edit Client ID's and case numbers. We cannot list a known recipient Id in the system without the system trying to find it first and failing to find it. The work flow process is slow flipping between keyboard and mouse and back to keyboard and then back to mouse. The user manual is not set up in a user friendly manner. Notices are printed where they will not fit in standard window envelopes, and are 3 pages long. The worker name or number does not print on the checklist. The worker information does not read over from VaCMS to MMIS. TPL does not carry over from VaCMS to MMIS. All information in VaCMS is not accurate in MMIS and requires Double work for the worker to correct MMIS. Caseload is not assigned to the MMIS caseload. The field is left blank. Transfers are problematic. The hospital unit needs a FIPS code to be able to utilize the full system.	Fri, Feb 7, 2014 3:11 PM
29.	Most tickets have been closed without an answer or feedback as to the solution. This leaves us wondering if the problem was resolved and if there was anything we should be doing differently in the future. Our staff has stopped submitting tickets, as the process was not helpful. Most cases are processed using the "back door." When this method is	Fri, Feb 7, 2014 2:25 PM

	used, the workers are going back into VACMS to deny the original application, as to not have duplicates. The entire transition has been overwhelming to staff.	
	System was not sufficiently tested & piloted prior to putting out to all. Problems in system not fixed w/Child Care before added MA. HelpDesk responses are not helpful in many instances as they tell you to try a fix that is so simple you had already known & tried. Despite replying have tried & does npt work, are told again the same thing. Is as if HelpDesk personnel believe locals know nothing. Using different numbers for same client for CC & MA will cause major issues wj/duplicates. Inability to chg incorrect spelling on case name is akso rediculous. Solution for numerous issues like this is close case and start over with a new number. Again is rediculouse & will cause high number of duplicate cases accross localities. Example of cumberson work increasing system problem is VaCMS will not take a App date or 999 number for a SSN. If the individual is already been assigned an ID number in Adapt with SSN like one that, VaCMS will not recognize clt. It will also not accept this in VaCMS for the SSN. Have to go into Adapt, change SSN under recepient ID to a 123 format and then put into VaCMS. Once clt is in VaCMS you have to go back into Adapt and correct it back to previous entry. Only primary case wkr can see NOA. Not acceptable. Others on case need access for coverage purposes. Alerts is same issue. Grayed out NOAs can't be deleted. Limited # workers per case is not enough due to coverage, asst, etc. Can't add a person during MA PN process. Problem for CC & MA. If CC/MA appl entered & MA approved CC cannot take action on case until Service Plan, # of scheduled work/school hrs & # of hrs CC needed are done. Overall system is riddled with issues & problems which cause high frustration for workers and increase the time it takes to complete tasks.	Fri, Feb 7, 2014 2:12 PM
31.	The VaCMS Applications take an unusually long time to input into the system. Also, only a few of the applications that are approved go over to MMIS without having to be input manually.	Fri, Feb 7, 2014 2:02 PM
32.	Inability to change any information related to client ID such as name, SSN, DOB is very problematic as is not being able to change case name. There is still a problem with regard to adding people to a case who are members of the HH, but previously were not included for benefits. Workers cannot view other worker's forms history.	Fri, Feb 7, 2014 1:31 PM
33.	monthly reports for case count purposes by unit needed. all reports should have option to export into excel. Management of child care work as secondary worker is awful. Workers have resorted to manual	Fri, Feb 7, 2014 1:16 PM

	lists for reviews, etc.	
34.	The problem is the volume of applications and the time it takes to enter the data, troubleshoot problems (is it us or the system), and make sure transactions actually cross over into MMIS - and no one in this agency does Medicaid only. If we didn't have clerical file clearing and registering the cases, we'd be behind on processing cases. We have two clerical workers that do the file clearing and registration.	Fri, Feb 7, 2014 1:10 PM
35.	Applications are starting to process alot more smoothly and faster. The federal hub up and running has helped alot as well as the continuous fixes that are coming through	Fri, Feb 7, 2014 12:53 PM
36.	Task & Reminders - Not able to delete; Dup of PIT and way too many; Multiple pages - display as one long list; Auto populate incorrect at times - i.e. LN goes out as Lanes or LANE - not consistent; Why do we have to end date mailing address when changes made?; Notices and cklists - need a spot for worker name or number; all denials regardless of the level we deny within VaCMS should produce a NOA throught he system.	Fri, Feb 7, 2014 11:36 AM
37.	For ABD cases. Please see about adding an "opted out of Plan 1st" button. The override is cumbersome and time-stealing when that could be an answer up front to keep the system from wanting to enroll and ABD eligible person in Plan 1st. ABD workers do NOT have time to enter all applications in this system when it is not set up to enroll correctly. Waste of time and energy that we don't have. This "opt out" button would encourage ABD workers to actually enter the cases into the system instead of only entering the denials/Plan 1st ones.	Fri, Feb 7, 2014 10:58 AM
38.	Have been told Help Desk is not always responding to the person who submitted the ticket once it is resolved. Long lists of "fixes" are sent to everyone by broadcast. These are extremely cumbersome to match to a particular case. The Help Desk should respond directly to the submitter.	Fri, Feb 7, 2014 9:22 AM
39.	The process of entering information to determine eligibility is tedious & time consuming especially when the system is either down or you are getting kicked out constantly. Also if there is a certain reason someone is failing for Medicaid - it should specify the reason and have a hyperlink to click to take you to the screen or screens that are causing someone to fail. Such as citizenship, residence, etc. Also communication of VaCMS to MMIS is rare and causes double the work to enroll recipients that VaCMS should've enrolled. On newborns who	Fri, Feb 7, 2014 9:01 AM

	have 999 social security numbers - VaCMS should be able to do a name search to prevent duplicates in MMIS.	
40.	The system is frequently inaccessible.	Thu, Feb 6, 2014 4:46 PM
41.	System did not work properly at first. Everyone needed hands on training, process was slower because of this.	Thu, Feb 6, 2014 4:19 PM
42.	If we had someone to go to when we are having the problem it would be most helpful. If when we call a ticket in they called us back so that we could speak with them rather than getting an email for screen prints 2 days later when we have worked on 1/2 dozen cases since then it would be helpful. We need to know what went wrong was it us or is it the system. If it is us I want to know how to fix itgenerally I know when I made a mistake by clicking next to fast. Training!!! Not click here, click here.	Thu, Feb 6, 2014 3:59 PM
43.	Very frustrated with getting any answers to questions or even knowing who to ask our questions to. Feel like we are shouldering this job with little help/assistance & a system that makes no sense & barely works. Very Frustrated!	Thu, Feb 6, 2014 3:57 PM
44.	LDSS have been at a disadvantage since 10/1 and now with the conversion coming quickly it is really going to impact our processing and statistics.	Thu, Feb 6, 2014 3:11 PM
45.	REPORTED CHANGE DATES AND INCOME DATES GET THE WORKERS HUNG UP THE MOST. THOSE SCREENS ARE VERY CONFUSING. GENERALLY WE DO NOT RECEIVE AN UPDATE FROM THE HELPDESK ONCE OUR TICKETS ARE RESOLVED WE JUST HAVE TO RE-RUN THE CASES.	Thu, Feb 6, 2014 2:32 PM
46.	Most of our downtime is due to not being able to complete a task and the system not being available. When things are working properly, the workers have been able to complete cases within a short period of time and then the system will go down and the rest of the day is a wash.	Thu, Feb 6, 2014 2:09 PM
47.	1) To meet deadlines, workers are doing "back door" processing when we run into VACMS problems - avoiding rather than spending time trying to fix that system. 2) There is no expert on VACMS available to "troubleshoot" problems on the spot as they are occurring; help tickets	Thu, Feb 6, 2014 1:34 PM

	are not the same thing. 3) VACMS has not been updated to comply with new policies - ie counting grandparent's income. 4) The relationship screen is very problematic. 5) The system requires LOTS of extra work to comply with programs that are not even operational yet but will be at some point in the future - requiring workers to complete screens of irrelevant information; very time consuming and wasteful.	
48.	The gateway time issue is a huge concern right now, with the cases having so many screens the time it takes to run eligibility the system times out the worker. The tasks and reminders are not clearing out. The system is approving benefits that should not be approved (when we reviewed some medicaid cases we knew they were not eligible but the system approved them) The override key for staff is a huge concern, should they have that much leeway to make changes in cases. Should that be a supervisor only option. The bridging to MMIS is not consistent and the TPL screens are not bridging over on a regular basis.	Thu, Feb 6, 2014 11:33 AM
49.	Some Help Desk Tickets have not been addressed and workers have completed with a work around and completed manually. We need to fix a question on the questionaire screen in VaCMS to ask it the client is interested in Plan First. If this is answered "NO" then the system would auto deny instead of manually denying with an override.	Thu, Feb 6, 2014 10:56 AM
50.	This system is extremely difficult to work in - there are so many screens, so much information that has to be entered that is so very time consuming. ADAPT seemed so much easier, and I think we all appreciate ADAPT so much more now than before. If something is missed in data entry it is hard to go back and find out what is missing. The system is not user friendly at all and seems to have many technical glitches. We are very happy that we have the option to enroll directly in MMIS otherwise there would be many eligible people not on Medicaid that should be due to the inability to get them enrolled through CMS. Adding Medicaid to childcare cases has complicated child care processing where transactions take much longer than before due to having to get through the Medicaid information, and vice versa for Medicaid workers having to input child care data. I used to be able to put someone on our wait list in about 5 minutes - now it takes at least double that time. (I work in both child care & Medicaid).	
51.	The income screens are not user friendly and the dates/ periods are very confusing. Changing the application date versus the date the application was received is not user friendly. The syste should continue to show the actual application date and show a different date for processing so that workers do not have to change that information in the system. There needs to be a guidance manual which will guide workers through each	Thu, Feb 6, 2014 7:55 AM

	screen with step by step instructions. Modify the system so that it reflects the actual date the application was received or input into the system. Currently it displays the date the worker started processing the case.	
52.	The bigghest frustration comes in when a worker has struggled through a case for an hour or more to get to the end and recieve and error that they can not correct. They will then have to revert back to paper and enrolling through the back door, the duplication in work is costing valuable time that could be spent on another case with the numbers rising.	Wed, Feb 5, 2014 4:13 PM
53.	inability to rescind a denial at intake, unable to edit Medicaid enrollee numbers, unable to change case names	Wed, Feb 5, 2014 2:13 PM
54.	VACMS DOES NOT BRIDGE WHEN A MIX CASE. HUB NOT ALWAYS WORKING VACMS AND ADAPT YOU CAN NOT CHECK VACMS AT FILE CLEAR YOU HAVE TO GO BACK APPLICATIONS NOT ACCURATE AS APPLICANTS DO NOT UNDERSTANDING WORDING. INCOMPLETE APPLICATIONS. SYSTEM DOWN ALOT. PAPERLESS SYSTEM NOW REQUIRING 26 PAGE RENEWAL DOCUMENT WHY ARE WE NOT USING COMMONHELP RENEWALS SYSTEM WE SHOULD WAIT UNTIL THE APPLICATION PROCESS IS WORKING BEFORE MOVING TO RENEWAL CONVERSION AGENCY HAS ENCOURAGED APPLICANTS TO USE ONLINE SYSTEMS AND THEY ARE NOW WORKING UYSING	Wed, Feb 5, 2014 1:52 PM
55.	The system is not user friendly and has numerous unnecessary screens. Take income screens for instance, WHAT DO YOU WANT! The income screens are very confusing and time consuming to try and figure out how to get the correct end result. Workers are extremely stressed and aggravated because they have not gotten the training needed to understand and manipulate the system. Web-X training & knowledge center training has not prepared or helped workers to navigate the system. Still, all the state will offer workers is "How can we help you" and then post broadcasts expecting workers to figure it out theirself.	Wed, Feb 5, 2014 11:25 AM
56.	As XXXX is a small agency, there have been a significant amount of overtime hours; however, workers used to leaving when the agency closes have consistently had to stay late (half hour to an hour) to keep up with their caseloads. Middlesex does not begin tabulating overtime	Wed, Feb 5, 2014 10:00 AM

	hours until workers reach 40 hours per week as agency workers work a 37.5 hour week. Thus, workers have been working an additional 2.5 hours per week. These hours are not captured in our agency's authorized overtime totals in question 16.	
57.	It takes an extremely long time just to enter an application in VaCMS compared to ADAPT. The time in entering an application has double. Also, if a worker update a field in VaCMS, such as earned income, to not verified this does not change the eligiblity results to deny based on verification of income not provided. The results still shows pending when there is nothing pending. It would also be good if the applications pending report could be sorted based on the worker selected criteria such as sort by elapsed days in ascending date order.	Wed, Feb 5, 2014 9:35 AM
58.	I think that eventually the system could be very good for us. At this point it is down more than it is up. We continue to get lots of error messages that we can't resolve within the agency and have to call VITA. We have found that this system takes twice as much time as ADAPT did. I'm not sure if that will change. It is simply not a user friendly system.	Wed, Feb 5, 2014 9:30 AM
59.	Screens are cumberson, would be very helpful if each screen had help buttons that provided specfic help information for element on the screen. A how to accurately complete the screen, so worker will know what information that the screen is trying to capture.	Wed, Feb 5, 2014 6:36 AM
60.	I think I have provided enough to give a picture of the issue surrounding the complexed VaCMS system.	Tue, Feb 4, 2014 8:23 PM
61.	We need to be able to change case name. We need faster response to helpdesk tickets. We need additional training for all workers.	Tue, Feb 4, 2014 4:58 PM
62.	Workers need a specialized help desk to speak directly with workers who can answer VACMS questions. The current process is ineffective. Need more information and worker support. Need much more training. On a good day, a worker can get in approximately 4 cases. We have 20 + acoming in every day. Workers are currently processing applications from 12/27. They have approximately 110 cases that still need to be processed and they are coming in every day. It is very rare for a case to go all the way through the process without problems or issues.	Tue, Feb 4, 2014 4:22 PM
63.	I have not calculated overtime for the months of October, November and/or December. We have had extra hours put in each month and continue. Other program areas are also being affected due to the time that it takes to process a VaCMS case. One of our concerns is having to	

manipulate information in the system to get the correct result. Income continues to be incorrect in the system (calculations and income limits). There is not enough flexability for local workers to fix mistakes that they are aware that they have made. Notices are not printing the right reason and are much too complicated for clients to understand. Notices have abbreviations which clients are not aware of and therefore the notice only confuses them even more. This is a start for some of the concerns.