

# AUDIT REPORT



CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
BUREAU OF FINANCIAL AUDIT  
**WILLIAM C. THOMPSON, JR., COMPTROLLER**

## **Audit Report on the Development and Implementation of the Medical Assistance Tracking Information System by the Human Resources Administration**

7A07-066

## *Table of Contents*

<b>AUDIT REPORT IN BRIEF</b>	1
Audit Findings and Conclusions	1
Audit Recommendations	2
<b>INTRODUCTION</b>	3
Background	3
Objectives	4
Scope and Methodology	4
Discussion of Audit Results	6
<b>FINDINGS AND RECOMMENDATIONS</b>	7
MATIS Contains Inaccurate Information	7
MATIS Contains Outdated Information	11
Two Home Care Offices Did Not Have Access to MATIS	12
User Satisfaction	13
Access Control Weaknesses	14
Security Violations Not Adequately Monitored	15
Lack of Independent Quality Assurance when Developing the System	16
Acceptance-Testing Certificates	16
Disaster-Recovery Plan Is Not Complete	17
<b>APPENDIX</b> User Satisfaction Survey Results	19
<b>ADDENDUM</b> Human Resources Administration Response	

*The City of New York  
Office of the Comptroller  
Bureau of Financial Audit  
IT Audit Division*

**Audit Report on the  
Development and Implementation of the  
Medical Assistance Tracking Information System by the  
Human Resources Administration**

**7A07-066**

---

**AUDIT REPORT IN BRIEF**

Our office performed an audit of the development and implementation of the Medical Assistance Tracking Information System by the Human Resources Administration (HRA). The mission of the HRA is to enhance the quality of life for all City residents by providing temporary assistance to eligible individuals and families to help them lead independent and productive lives. The Home Care Service Program (HCSP) of the HRA Medical Assistance Program is responsible for Medicaid-funded, non-institutional, long-term care programs. The HCSP uses the Home Attendant Line Operating (HALO) system and nine stand-alone personal computer applications to manage its business functions.

In April 1999, HRA undertook a project to implement a new system to replace HCSP's existing systems and to provide improved efficiency at HCSP. The first step in the project was the replacement of HALO system, which was designed in the early 1970s and by 1998 had become obsolete. A replacement system known as the Medical Assistance Tracking Information System (MATIS) was designed and developed by Computer Horizons Corporation in conjunction with HRA employees. The objective of the MATIS system was to fully automate the business processes carried out by the HCSP staff. HRA is planning to integrate MATIS and the other subsystems into a new system, Long Term Care Web, which is scheduled to be completed in May 2008.

**Audit Findings and Conclusions**

We could not ascertain whether MATIS met the overall goals as stated in the original system justification, although the system is operational and the system design allowed for future enhancements and upgrades. Specifically, we found issues when we performed sample testing and created test cases to review and analyze the data stored in the system. Based on the test results, MATIS contains inaccurate, outdated, and unreliable data. There are also security weaknesses in MATIS. MATIS does not require that users change their passwords on regular basis, and MATIS is not equipped with an automatic lockout feature. Moreover, HRA does not

have procedures in place to ensure that security violations are recorded, documented, and reviewed.

The results of our user satisfaction survey revealed that 75 percent of the respondents stated that they would like to see changes made to MATIS. Of those surveyed, 71 percent of the respondents stated that the data in the system was occasionally incorrect, and 52 percent of the respondents stated that MATIS is not user friendly. Further, the respondents of the survey noted concerns, which included the entering of repetitive data, problems with generating reports, inaccurate data on the system, and difficulty in navigating through MATIS.

There was not a formal approval signifying that the system was fully reviewed by an independent quality assurance (QA) unit prior to MATIS being released into production. HRA also did not have an acceptance-testing certificate for each of the deliverables for the initial business and system requirements. Finally, HRA did not incorporate MATIS into its agency-wide disaster-recovery plan.

We found that HRA followed a formal system development methodology when developing MATIS, and generally complied with the City Charter and relevant Procurement Policy Board rules when procuring services, equipment, and software for the system.

### **Audit Recommendations**

To address these issues, we make 18 recommendations to HRA, including that HRA:

- Review client profiles periodically to insure that information in the system is accurate.
- Modify the system programs to allow users to enter accurate information in MATIS.
- Develop an archiving and retention procedures that complies with the City's policy and state and federal legislation.
- Address the user concerns revealed in our survey. In that regard, HRA should consider including help menus, screens, and formats that are easier to use and providing additional training to those users who reported that they had limited knowledge of the system.
- Engage an independent quality-assurance consultant to monitor and review development work and any system enhancements or subsequent work on MATIS.
- Complete and approve a formal, comprehensive disaster-recovery plan for MATIS in accordance with Comptroller's Directive #18 and the Department of Investigation's security standards.

# INTRODUCTION

## Background

The mission of the New York City Human Resources Administration (HRA) is to enhance the quality of life for all City residents by providing temporary assistance to eligible individuals and families to help them lead independent and productive lives. HRA accomplishes its mission through the administration of a wide range of social welfare benefits and services, including public assistance, Medicaid, food stamps, and job training services. HRA provides these services through 31 Job Centers and 10 specialized service centers.

The Home Care Service Program (HCSP) of the HRA Medical Assistance Program is responsible for Medicaid-funded, non-institutional, long-term care programs. For Medicaid-eligible clients seeking personal care services, HCSP staff assesses the medical need of each recipient and then determines the appropriate level of care. The HCSP uses the Home Attendant Line Operating (HALO) system and nine stand-alone personal computer applications to manage its business functions.

In April 1999, HRA undertook a project to implement a new system to replace HCSP's existing systems and to provide improved efficiency at HCSP. The primary objectives of the new system included: (1) moving applications from an obsolete Datapoint system into a more current technology; (2) achieving better system integration by expanding and combining the functions of the 10 separate HCSP systems<sup>1</sup> into one new integrated system, the Integrated Home Care System; and (3) reengineering various business functions through the use of automated processing. In the advanced planning document, dated July 23, 1998, the projected five-year cost of the project was \$3,437,357, and it was anticipated that the project would realize savings and cost avoidance of \$12.3 million.

The first step in the project was the replacement of HALO system, which was designed in the early 1970s and by 1998 had become obsolete. In December 1999, HRA issued a purchase order to redesign the HALO system for \$420,000. A replacement system known as the Medical Assistance Tracking Information System (MATIS) was designed and developed by Computer Horizons Corporation in conjunction with HRA employees. The objective of the MATIS system was to fully automate the business processes carried out by the HCSP staff. To complete the MATIS system, on August 5, 2003, HRA entered into a \$1,480,000 contract (covering the period July 1, 2002, to December 31, 2005) with Computer Horizons Corporation.<sup>2</sup> Subsequently, on September 8, 2005, HRA modified and increased the value of this contract to \$2,980,000. MATIS was implemented in May 2005. Currently, MATIS is supported and maintained by the HRA's Management Information System Unit (MIS). As of March 2007, \$3.4 million had been spent to design, develop, and maintain the MATIS system.

---

<sup>1</sup> The following 10 subsystems were scheduled to be integrated into the Integrated Home Care System: 1) Home Attendant Line Operating system; 2) Fair Hearing; 3) Quality Control; 4) Community Health Home Aide Agency/Personal Emergency Response System; 5) Medicare Maximum; 6) Lombardi Program; 7) Community Health Home Aide Agency Fiscal Assessment; 8) ARC/INFO; 9) Assisted Living Program; and 10) MEDTRAK.

<sup>2</sup> We verified that the contract was registered with the Comptroller's Office on August 05, 2003.

HRA is planning to integrate MATIS and the other subsystems into a new system, Long Term Care Web, which is scheduled to be completed in May 2008. The current MATIS will be the basis of the consolidation and the proposed system will allow HRA to service and track all long term care related client information.

### **Objectives**

The objectives of the audit were to determine whether MATIS:

- Was developed using a formal system development methodology;
- Meets HRA initial business and system requirements;
- As a finished product, meets overall goals as stated in the system justification;
- As designed, allows for enhancements and upgrades;
- Functions reliably, and whether information recorded in its database is accurate and is secure from unauthorized access;
- Has a disaster-recovery plan, and whether this plan has been incorporated into the overall disaster-recovery plans of HRA; and
- Was procured in accordance with New York City Charter provisions and Procurement Policy Board rules.

### **Scope and Methodology**

Our fieldwork was conducted between September 2006 and May 2007. To achieve our audit objectives, we interviewed HRA officials, and:

- Conducted a system walk-through on September 19, 2006, to review how MATIS functions;
- Reviewed specification documents, contracts, purchase orders, and other system-related documentation;
- Attended a MATIS training session to gain an understanding of user needs and how MATIS is used by agency personnel to perform tasks in their daily operations;
- Reviewed HRA's MATIS user-access lists to assess whether access privileges were appropriate;

- Conducted a user survey to determine whether users were satisfied with MATIS and what changes they would recommend be made to the system. We sent out a survey to all 374 users that HRA identified as active MATIS users. The survey indicated that the respondents' identities would be kept confidential. We received 266 responses from the 374 users we contacted for the survey;
- Tested the accuracy of the data stored in MATIS by reviewing 52 of the 10,800 Medical Request for Home Care Services Form (M11q)<sup>3</sup>;
- Created five test cases to determine whether the system has adequate access control, meets the user needs, and contains accurate information. These tests included verifying data format, examining unauthorized user roles, and ensuring sufficient menu options are provided;
- Analyzed and evaluated 16 tables of 154 tables that contained MATIS data as of January 2007, including case status and filing information. Performing data-integrity tests to determine whether the data recorded in the MATIS database is reliable and accurate. These tests included evaluating data relationships, assessing completeness of information, and determining overall reliability of the data in the system. We also examined the records for valid dates and codes in each record to determine whether the information recorded complied with the required attributes as designated by the system specifications;
- Identified and matched all clients over the age of 100 years with the Social Security Administration's records to verify that these clients were not deceased and that their eligibility status was accurate;
- Tested compliance with all applicable City Charter provisions and Procurement Policy Board criteria, including provisions for using state contracts; and
- Reviewed HRA's disaster-recovery and contingency-planning procedures.

As criteria for this audit, we used the Department of Investigation (DOI) Citywide Information Security Architecture Formulation and Enforcement (CISAFE) *Information Security Directive*; the National Institute of Standards and Technology (NIST) Special Publication 800-14, *Generally Accepted Principles and Practices for Securing Information Technology Systems*; and all relevant sections of the City Charter provisions and PPB rules. Since the City has no stated formal system-development methodology, to ascertain whether HRA followed a formal methodology we used as criteria for the audit NIST Special Publication 500-223, *A Framework for the Development and Assurance of High Integrity Software* and the New York City Comptroller's Internal Control and Accountability Directive #18, "Guidelines for the Management, Protection and Control of Agency Information and Information Processing Systems."

---

<sup>3</sup> The M11q form initiates the process of requesting home care services; therefore, we randomly selected, alphabetically, one M11q form using the client's last name.

This audit was conducted in accordance with generally accepted government auditing standards (GAGAS) and included tests of the records and other auditing procedures considered necessary. This audit was performed in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

### **Discussion of Audit Results**

The matters covered in this report were discussed with HRA officials during and at the conclusion of this audit. A preliminary draft report was sent to HRA officials and discussed at an exit conference held on June 11, 2007. On June 29, 2007, we submitted a draft report to HRA officials with a request for comments. We received a written response from HRA officials on July 23, 2007. In its response, HRA agreed with 15 recommendations and disagreed with the remaining 3 recommendations. HRA stated that “the agency noted many of the issues raised—for example, users’ requests for improvement in the speed and responsiveness of the system—had been previously identified and incorporated into the proposed enhancements that will be addressed as part of the long term care solution, which is in development and will succeed MATIS. In addition to those enhancements previously identified, the agency has taken note of the recommendations for help menus and enhanced system security and will include those items as part of the new development.”

The full text of the HRA comments is included as an addendum to this report.

## **FINDINGS AND RECOMMENDATIONS**

We could not ascertain whether MATIS met the overall goals as stated in the original system justification, although the system is operational and the system design allowed for future enhancements and upgrades. Specifically, we found issues when we performed sample testing and created test cases to review and analyze the data stored in the system. Based on the test results, MATIS contains inaccurate, outdated, and unreliable data. There are also security weaknesses in MATIS. MATIS does not require that users change their passwords on regular basis, and MATIS is not equipped with an automatic lockout feature. Moreover, HRA does not have procedures in place to ensure that security violations are recorded, documented, and reviewed.

The results of our user satisfaction survey revealed that 75 percent of the respondents stated that they would like to see changes made to MATIS. Of those surveyed, 71 percent of the respondents stated that the data in the system was occasionally incorrect, and 52 percent of the respondents stated that MATIS is not user friendly. Further, the respondents of the survey noted concerns, which included the entering of repetitive data, problems with generating reports, inaccurate data on the system, and difficulty in navigating through MATIS.

There was not a formal approval signifying that the system was fully reviewed by an independent quality assurance (QA) unit prior to MATIS being released into production. HRA also did not have an acceptance-testing certificate for each of the deliverables for the initial business and system requirements. Finally, HRA did not incorporate MATIS into its agency-wide disaster-recovery plan.

We found that HRA followed a formal system development methodology when developing MATIS, and generally complied with the City Charter and relevant Procurement Policy Board rules when procuring services, equipment, and software for the system.

### **MATIS Contains Inaccurate Information**

Users provided comments to our survey stating that they were dissatisfied with having to enter repetitive data into the system, with generating reports, with inaccurate information in the system, and with navigating through MATIS (see Appendix A). Users also stated that they were dissatisfied with the system's clock that affected the time constraints designated by procedures.

Based on the users' comments, we created five test cases to determine whether the system has adequate access control, meets the user needs, and contains accurate information. These tests included verifying data format, examining unauthorized user roles, and ensuring that sufficient menu options are provided. We requested HRA to create an exact copy of its production environment for us to conduct on-line testing. We also confirmed with HRA officials that we had the latest version of MATIS installed onto the computer that we used to perform our tests. As a result, we found table-editing issues and incorrect clock calculation.

In addition, we selected 52 of 10,800 cases to test for data completeness and accuracy in MATIS. We reviewed 26 cases for clients receiving their initial assessment and 26 cases for clients already certified as being under care. Those already under care need to reauthorize their need for home care services by submitting an application every year. We compared the client's medical information on the hard copy of the sampled cases versus the information stored in MATIS. We found that programming errors did not allow users to enter all the client information and that MATIS contains inaccurate and unreliable information.

### **Inaccurate Information**

The Medical Request for Home Care Services Form (M11-q) initiates the process for requesting home care services. The nurse and medical review team provide an initial assessment, reviewing the needs of each client and then deciding the level of care that is appropriate for the client. It may take them up to 30 days to determine whether a case should be approved for home care services and the level of care each client is to receive. All clients are required to sign and date form M11-q prior to submitting the form to HRA. Data entry clerks then enter the client's information from the hard copy of form M11-q into MATIS. After all information is entered into MATIS, an electronic version of form M11-q will be generated from MATIS.

As a result, we found 42 of 52 sampled cases had inaccurate information entered in MATIS. Since an approval for home care service is determined by the client's medical status, incorrect information entered into MATIS may affect the client eligibility. The discrepancies included the following:

- 4 cases had incorrect information in the Client's Information section (e.g., incorrect contact telephone number);
- 33 cases had inaccurate information in the Medical Status section (e.g., inaccurate medical treatment and medication information);
- 8 cases had incorrect information in the Identification of Service Needs section (e.g., incorrect client services need);
- 5 cases had missing information in the Referrals section (e.g., missing referral information); and
- 4 cases had incorrect information in the Physician's Certification section (e.g., incorrect date).

### **Programming Errors**

Of the 52 sampled cases reviewed as entered in MATIS, 19 cases had the client's signature date on the hard copy of form M11-q. However, we found that all of the 19 sampled cases did not have the client's signature date on the system. On March 23, 2007, we created a test case that the client signed the form M11-q on March 10, 2007. We entered the client information into MATIS and found that MATIS did not allow us to enter March 10, 2007 (the date that the client supposedly signed form M11-q). Instead, we got an invalid entry message that stated: "The date of signature must be greater than or equal to 3/23/2007." However, the date of client's signature could not be the same as the date we entered the information into the

system. This programming error prevents the user from entering correct client's signature dates into MATIS.

We also had problems when generating an electronic version of an M11-q report from MATIS. Two of our 52 sampled cases showed that each client submitted revised M11-q forms to HRA. However, instead of generating an eight-page M11-q report, we found a programming error that generated a 2,048-page report for each client. We reviewed these two cases and found that information was repeated over the 2,048 pages of the report.

### **Table Editing Issues**

There were also problems with the nurse's assessment report (M27-r) in MATIS. We created two test cases and found that MATIS did not allow users to select a correct diagnosis code from the selection menu. For example, we selected the diagnosis code "htn" for hypertension from the pop-up selection menu provided by MATIS. However, we received an error message stating that the diagnosis code that we selected from the pop-up selection menu contained an invalid code format. The diagnosis code format should consist of two mandatory numbers and optional alphabet/number. Therefore, MATIS did not allow us to choose "htn." We discussed the issue with an HRA official, and she stated that users had requested the inclusion of additional diagnosis codes (i.e., "htn" for hypertension and "dm" for diabetes mellitus) on the pop-up selection menu after MATIS was in use. As a result, additional codes were added to MATIS; however, the table editing constraints did not reflect the changes. Currently, there are 51 diagnosis codes out of 10,921 that cannot be used.

### **Incorrect Computer Clock Calculations**

The function of the computer clock provides a guide for users in completing their tasks within a specified time frame. The clock shows the time allowed, time elapsed, and the remaining time for each case in the user inbox. The clock runs from 9:00 a.m. to 5:00 p.m. daily, and it stops on all major holidays and weekends.

We created two test cases on MATIS and forwarded the cases to the intake data-entry clerk. The data-entry clerk has four hours to complete a case. However, the time that elapsed and the remaining time to complete the tasks for the case were calculated incorrectly. For example, we opened a case, using the same workstation, and although we should have had four hours to complete the case, the clock showed that we only had 3 hours and 8 minutes remaining. Consequently, MATIS deducted 52 minutes before any work had been started. We discussed the case with an HRA official, who could not explain the discrepancy. We also forwarded the issue to officials of HRA's MIS unit to discuss the results of our test with them. The MIS unit could not provide information on how clock calculation is evaluated, nor could MIS explain how this discrepancy occurred.

### **Date-of-Birth Data Transfer Issue**

We found inaccurate client date-of-birth information in MATIS. According to an HRA official, a client's date of birth is stored in HALO as two digits for the month and two digits for

the year (MM/YY). However, in MATIS, the information is stored as two digits for the month, two digits for the day, and four digits for the year (MM/DD/YYYY). Since the two digits for the day of birth was not established in HALO, client information imported from HALO to MATIS has an inaccurate date of birth. The first day of the month (MM/01/YYYY) is used as default when data is transferred to MATIS. The client's date of birth will remain inaccurate in MATIS until HRA obtains correct information from the HRA Welfare Management System or receives information from the client and can ensure that date-of-birth entries in MATIS are correct. According to the HRA official, since HALO contained only two digits for the year of birth, MATIS cannot differentiate a client who was born in the years of the 2000s from one born in the 1900s. HRA did not provide information relative to how the year is evaluated.

### **Recommendations**

HRA should:

1. Review client profiles periodically to insure that information in the system is accurate.

***HRA Response:*** "All CASA [Community Alternative System Agency] offices where MATIS is in place currently do review client information with each reassessment (annually in most cases, semi-annually for multi-shift cases) and with each request for service change."

2. Modify the system programs to allow users to enter accurate information (i.e., client's signature date on M11-q form) in MATIS.

***HRA Response:*** "HRA agrees with this recommendation. Although the client's signature is not a required field needed for assessment and, as such, does not affect the home care assessment process, our MIS office will remove the edit restriction from MATIS and allow the date of the client signature to be captured."

3. Develop an edit control to ensure that all diagnosis codes comply with the code format.

***HRA Response:*** "HRA agrees with this recommendation. The program will ask MIS to delete the 51 abbreviations from the diagnosis table leaving in place only the ICD9-CM codes."

4. Ensure that the computer clock represents the actual times of workflow for each case.

***HRA Response:*** "HRA agrees with this recommendation. During the integration with the long term care solution, MIS will ensure that the computer clock maintains appropriate guideline calculations."

5. Correct and update clients' date of birth information.

**HRA Response:** "HRA disagrees with this recommendation. The agency has addressed this issue as an aspect of the data porting from the Home Attendant Operating System (HALO) to MATIS. The client date of birth moved from a 6 digit field (2-digit month, 4-digit year) to an 8 digit field (2-digit month, 2-digit day, 4-digit year). As part of the original data porting, the client's day of birth was defaulted to 01 and an edit was put into place mandating a review—of that defaulted day of birth—the first time the case is accessed in MATIS. As such, the DOB information is updated as each client is first assessed through MATIS. Further reviews occur at each occasion when a case comes to HCSP for assessment or reassessment resulting in a periodic review of all cases."

**Auditor Comment:** HRA has misinformed the reader with its comment that HALO has a six-digit field for the date of birth. Our review found that this field in HALO contains only four digits; therefore, a person's date of birth is stored as 2-digit month and 2-digit year only. Therefore, MATIS would not be able to differentiate the birthday of a client who was born in any year after 2000 from a client born in the 1900s. Although, MATIS has an edit function in place to review client's date of birth, inaccurate data will always exist in the database because if no activity takes place on the case and the user has no reason to open the case file, the inaccurate data will not be detected nor will it be corrected. Consequently, if reports are generated from MATIS these reports will contain inaccurate data; therefore violating DOI's Directive §2.8 regarding data integrity. This directive states "Corrupt or missing data could have a significant impact on the systems that use it."

### **MATIS Contains Outdated Information**

We found that 33,467 (17 percent) of 199,767 clients in the Client Master File are classified as deceased; meanwhile, these cases are closed but remain in the system for periods ranging from 7 to 29 years. HRA representative indicated that these are client's medical records and HRA does not have a policy indicating how long to retain them. However, the Health Insurance Portability and Accountability Act (HIPAA) states, "Records must be retained for two years after a patient's death under HIPAA." Further, DOI Directive 2.10, §4.1, states that "the records manager and the IT managers of a City agency must work together to determine that most appropriate retention and archiving methods within the context of the City agency IT strategy."

Further, we found that 665 of 4,101 clients who are over 100 years-old have open cases on MATIS. We matched these 665 records with the Social Security Administration's records and found that 12 clients were deceased. Further investigation determined that these 12 clients did not receive any home care services. However, 10 of the 12 cases have been designated as "case under review or continue application process" in MATIS since 2002. According to HRA official, these 12 cases were processed manually. However, the information was never updated in MATIS.

## **Recommendations**

HRA should:

6. Develop an archiving and retention procedures that complies with the City's policy and state and federal legislation.

**HRA Response:** "HRA disagrees with this recommendation. Due to requests for records older than seven years in response to client returns and/or litigation, the agency's current policy to retain all electronic records stands. While this exceeds the HIPAA requirements, it does not violate any regulations."

**Auditor Comment:** As stated previously, we found 33,467 deceased client records remaining in MATIS for periods ranging from 7 to 29 years. We are concerned that excessive information in the system uses valuable computer space and reduces the system's response time, thereby hindering user productivity, which our survey found that many users had issues. Therefore, HRA should archive this information and ensure that it can be made available for review when needed.

7. Perform periodic review of all cases with other agencies (i.e., Department of Health's death certificates) to verify client's eligibility status.

**HRA Response:** "HRA disagrees with this recommendation. HCSP receives a monthly Death Match file from the Department of Health and updates the system accordingly for all clients who have received personal care services."

**Auditor Comment:** During the audit and at the exit conference, HRA never informed us that they receive a monthly Death Match file from the Department of Health. Irrespective of such a Death Match file, we found 12 clients who were deceased and had open cases on MATIS, indicating that HRA is not ensuring that the periodic reviews of all cases and updates are performed. Of more concern, HRA indicates that a file with death information is received every month and a match is conducted to update the system; if this procedure is in place, we question why we found 12 clients that are deceased.

### **Two Home Care Offices Did Not Have Access to MATIS**

As of the close of fieldwork, May 2007, two of the nine HCSP offices—Community Alternative System Agency (CASA) offices 6 and 7—did not have access to MATIS. CASA office 6 had electrical problems; although it is planning to move into a new location HRA did not have a specific date. Meanwhile, CASA office 7 has hardware compatibility issues. Consequently, under-care cases are still being entered into the obsolete system, HALO, while all new home care cases are handled manually at these two CASA offices. Without interactive access being available at these offices, the purpose of HRA—to make MATIS an on-line, comprehensive system that contains detailed information for review, follow-up, and statistical analysis by any authorized users—will not be realized.

**Recommendation**

HRA should:

- 8. Provide MATIS-access to all CASA offices.

**HRA Response:** “HRA agrees with this recommendation. The two CASA offices that currently do not have MATIS are slated to have the system once infrastructure issues are resolved. CASA 6 moved to its new site in July 2007 where computer access is available and as such, will have MATIS deployed. CASA 7’s infrastructure issues are being reviewed by MIS.”

**User Satisfaction**

We conducted a user survey to elicit users’ comments as to MATIS processing. We received 266 responses to 374 survey requests. Our user satisfaction survey revealed that 75 percent of the respondents stated they would like to see changes made to MATIS. Some of these changes include providing more training, developing more user-friendly screens and formats, improving the accuracy of the data, and increasing the capability of generating documents faster. Also, 71 percent of the respondents reported that the data in the system is occasionally incorrect, and 37 percent of the respondents stated that it is not easy to enter data. Finally, 52 percent of the respondents stated that MATIS is not user friendly. Users also stated that system response time is very slow. Table I, following, shows system problems reported by user survey respondents.

**Table I**  
System Problems and Their Effects on Users

<b><u>Percent</u></b>	<b><u>Reported Problem</u></b>	<b><u>Effect</u></b>
65	Difficulties accessing the system	Users cannot access system.
78	Problem entering information in the system	Time consuming.
71	System data occasionally incorrect	System information is unreliable.
32	Lack of sufficient training	Users not properly prepared to use the system.
75	Would like to see changes	Users are not satisfied.
37	Not easy to enter data	Time consuming.
52	System not user friendly	Users have a problem using the system.

**Recommendation**

HRA should:

- 9. Address the user concerns revealed in our survey. In that regard, HRA should consider including help menus, screens, and formats that are easier to use and providing additional training to those users who reported that they had limited knowledge of the system.

***HRA Response:*** “HRA agrees with this recommendation. HCSP will survey CASA Directors to determine staff training needs and provide refresher training for those staff wishing additional MATIS Training. HRA provided training to all staff prior to the deployment of MATIS to the HCSP locations. In addition, at-the-elbow assistance and refresher training was provided in the early stages of the deployment. During the integration with the long term care solution, MIS will ensure that help menus are provided and that screens and formats are easier to use.”

### **Access Control Weaknesses**

Comptroller’s Directive #18 states that “there are many software based controls that can be employed to help protect the information processing environment.” One of these controls is to restrict access to only those users who are authorized to access the system. User identification (ID) and passwords are among the most widely used forms of access control. Our review revealed the following weaknesses in HRA’s access controls for MATIS.

#### **Lack of Password-Security Controls**

HRA does not have user account password policies and procedures for MATIS. MATIS does not require users to periodically change passwords by having a password expiration date. Comptroller’s Directive #18, §8.1.2, states that “active password management includes insuring that users are forced to change passwords periodically.”

#### **Lack of Central Access Controls**

MATIS is not equipped with a feature that automatically locks out or disables a user’s access to the system after a predetermined number of unsuccessful log-in attempts. DOI Directive 2.17, §2, states that “the user ID must be suspended, pending administrator intervention, after at most three (3) incorrect attempts at logon.”

Moreover, MATIS has no automatic time-out feature that automatically locks a workstation after an extended period of inactivity by the user. Instead, HRA’s workstations are individually equipped with a lockout feature. However, this is not an adequate level of access control, since all employees may not activate the lockout feature at their workstations. If employees do not activate this security feature, unauthorized individuals can access sensitive client’s medical information while employees walk away from their workstations. Comptroller’s Directive #18, §8.1.1, states that “a simple access control is the use of a time out feature that automatically logs off an end user workstation if no activity is detected after a pre-specified time.”

#### **Recommendations**

HRA should:

10. Develop written policies and procedures for password-security control for MATIS.

**HRA Response:** “HRA agrees with this recommendation. HRA has written policies and procedures for password security that are used for systems developed by MIS and during the integration with the long term care solution, MIS will ensure compliance with these security policies and procedures.”

11. Install a lockout feature that automatically disables access to the system after a predetermined number of unsuccessful log-in attempts.

**HRA Response:** “HRA agrees with this recommendation. During the integration with the long term care solution, MIS will add an application lockout feature. Currently, access to MATIS is only possible after the user has logged on to the HRA network. The HRA network log on includes an automatic lockout feature.”

12. Install a time-out feature that automatically disables access to the system after an extended period of user inactivity.

**HRA Response:** “HRA agrees with this recommendation. During the integration with the long term care solution, MIS will add an application time-out feature.”

### **Security Violations Not Adequately Monitored**

HRA does not have policies and procedures in place for MATIS to ensure that system security violations are recorded, documented, and reviewed. Comptroller’s Directive #18, §11.5, states: “A record of the physical and logical security violations detected by software controls and other monitoring procedures must be reported to senior management. The most serious security violations should be reported to executive management. A review of security violations will highlight unresolved problems or weaknesses in internal controls and may show patterns of failure and abuse requiring remedial action.” Such procedures would help HRA to identify patterns of security violations and to ensure that proper controls are instituted to prevent unauthorized access to MATIS.

### **Recommendations**

HRA should:

13. Establish formal procedures to document and report system-access violations for MATIS.

**HRA Response:** “HRA agrees with this recommendation. Servers on the HRA network have the capability to record access events. These capabilities are operational and access is logged and monitored. During the integration with the long term care solution, similar capabilities will be incorporated into the application to record unauthorized access attempts as well as attempts to exceed authority.”

14. Once such procedures are instituted, HRA should review and follow up all reported access violations.

**HRA Response:** “HRA agrees with this recommendation. All server security violations are reviewed and serious violations are reported to executive management as appropriate. Once the long term care solution’s application based security violation capabilities are instituted, HRA ODSM security staff will review application logs and take appropriate follow up action.”

### **Lack of Independent Quality Assurance when Developing the System**

HRA did not employ an independent quality assurance consultant when developing MATIS. Comptroller’s Directive #18 recommends that engaging “an *independent* [emphasis added] quality assurance consultant to assist the agency monitor and review the work of the development and integration team.” Instead, HRA had the members of the system development team perform the quality assurance function when developing MATIS. Comptroller’s Directive #18 states: “Monitoring and compliance assurance activities are independent of operations and development.” Therefore, the quality assurance consultants who monitor and review all changes made to MATIS should not be involved with system design or developmental work. Had HRA engaged an independent quality assurance consultant, the issues that were raised by the user in the survey could have been addressed during the development.

#### **Recommendation**

HRA should:

15. Engage an independent quality-assurance consultant to monitor and review development work and any system enhancements or subsequent work on MATIS.

**HRA Response:** “HRA agrees with this recommendation. The independent Quality Assurance Division of the Office of Information Resources Management will monitor and review all future system enhancements and subsequent development work on MATIS and the long term care solution.”

### **Acceptance-Testing Certificates**

Although MATIS is complete, HRA did not have acceptance-testing certificates on file for each of the deliverables nor evidence of a formal approval indicating that MATIS was reviewed prior to its release for operation. Acceptance-testing certificates would document whether system tasks and requirements were accomplished. In addition, acceptance-testing certificates would show that HRA MATIS users acknowledge that the system functions properly and that they are satisfied with the system’s performance.

One of the system deliverables required that MATIS developers “prepare documentation for turnover to production.”<sup>4</sup> However, HRA did not have any formal approval documentation before MATIS was released for use. This formal documentation is required so as to indicate the satisfaction of requirements and the completion of all deliverables. Had this control been in place, then the noted reliability and programming errors might have been corrected.

### **Recommendation**

HRA should:

16. Develop formal acceptance-approval procedures for system enhancements or subsequent work on MATIS and for all future system development projects.

**HRA Response:** “HRA agrees with this recommendation. HRA will utilize the formal acceptance-approval procedures of the Quality Assurance Division for system enhancements and/or subsequent work on MATIS and the long term care solution.”

### **Disaster-Recovery Plan Is Not Complete**

MATIS has not been incorporated into the HRA agency-wide disaster-recovery plan. HRA official provided a copy of MATIS disaster-recovery plan at the meeting in November 2006, and stated that the plan had not been tested and approved by MIS. A comprehensive and approved plan would include: an outline of the applications that would be restored should a disaster occur; a contact list of personnel critical to continuing system operation; an alternate processing site to be used in case of a disaster at HRA; procedures to determine whether an event is sufficiently serious to invoke the plan; a formal agreement with vendors to provide software supplies and equipment; a formal agreement with the Department of Information Technology and Telecommunications for an alternate processing site; and procedures for manual processing and periodically testing the approved and implemented disaster-recovery plan. Comptroller’s Directive #18, §10.6, states: “Disaster recovery is an integral part of the overall plan when designing, specifying and implementing new computer systems.” Without a formal and approved disaster-recovery plan for MATIS, HRA is vulnerable to the loss of mission-critical information in the event of a disaster.

### **Recommendations**

HRA should:

17. Complete and approve a formal, comprehensive disaster-recovery plan for MATIS in accordance with Comptroller’s Directive #18 and the Department of Investigation’s security standards.

**HRA Response:** “HRA agrees with this recommendation. The MIS-approved MATIS disaster recovery plan provided to the auditors included an outline of the application to be

---

<sup>4</sup> The computing environment used by the end users.

restored, a contact list of critical personnel, details on how the application is backed up, and the location of the alternate processing site. HRA will add the MATIS disaster recovery plan to the comprehensive HRA agency-wide IT disaster recovery plan. Procedures for invoking the plan and documentation of formal agreements will be added also.”

18. Periodically test the formal, approved disaster-recovery plan.

***HRA Response:*** “HRA agrees with this recommendation. The HRA disaster recovery plan will be tested periodically.”

**Medical Assistance Tracking Information System  
User Satisfaction Survey Results<sup>5</sup>**

<b>Question #14 Comments/Suggestions to improve MATIS</b>
It does need improvements but cannot specify at this time
My staff and I do not have full access to MATIS, but I have found the areas that we work with beneficial. The ability for my supervisors and me to assign more then one case at a time could be helpful.
The system appears overly complicated and cumbersome to use. For Example, it requires several steps to assign a case, and only one case can be assigned at a time. More over, in our office, there are about four competing systems for tracking cases.
Forwarding Screen - indicates "case under review"; should say "case reviewed". For record & close process, we must put in CASA '0'. Can't proper CASA # be entered when other data is done by "Intake"? We should be able to minimize the MATIS page. Add M male & F female to Inbox info. After clicking on "CANCEL" or 'Record & close', Inbox screen should come up. "EDIT RECORD" should not be accessible to everyone - only to supervisors. Encounter Verification System- Decision area should specify the decision taken: either hours given, reason for rejection (or HALO code), etc. Something to assist u when we get the case again & again for conversion.
The supervisor assigning cases should be able to assign a list of cases to each nurse - Not 1 case at a time. The number of steps to assign a case should be simplified & reduced to save time - Select a request & select addresses should be eliminated & go straight to list of RMs
1) Names of staff alphabetically placed. 2) Allows for me to allocate multi cases to staff instead of one "at a time". 3) Improve on the speed of Matis - Very slow to access information. Takes for ever to get cases out of Matis for staff assignment. Sometimes Matis goes completely out of service, As of today when I am answering these questions.
Simplify
I was hired on June 23, 2006. Had a lil training with person's name deleted just for informational purpose. Have not had occasion to use system in my capacity as Asst. Deputy Commissioner. Therefore, I am not an active user or a compeetal evaluator.
The system is difficult to navigate. Information gets stuck in mail boxes. Answers are not intuitive. Parts of the system were not developed. There are too few people with override capacity. Some categories do not have "other" selection causing worker to select a misleading or inaccurate answer.
1) Make the system operate quicker, it is extremely slow. 2) Provide administrative override capability. 3) Make it easier to print screens from MATIS.
System requires Administrative over ride capability so that processing errors can be easily corrected.
I am a manager so I am not entering information into the system, As a back up to a CASA Director I found moving responsibility to other staff in MATIS needs to be simplified. We need over rides to move cases thru without going to a particular unit.
I have never been given access to MATIS and never saw how it works.
System needs to be more manageable and worker needs often or each 3-4 months training in order to get the necessary information and process the Medical Assistance cases as soon as possible.
1) Human errors do occur, however, if information is wrongly entered, there should be a system capability to reset / undo. This will cut down greatly waiting time E.A. wrong encounter registration, ect. 2) The system should be able to actively interact when registration is completed, to recognize re-authorizations and if there is no change. That this M11Q be forwarded directly (automatically) to where the existing case is active at a CASA. 3) Second any M11Q should come from Primary Care Doctor - if other should be a box to check off. "Some secondary M11Q have same information as the primary M11Q"

<sup>5</sup>We performed spell check. The survey results represent the user's actual comments and remarks.

<p>Re-design to be more user friendly, w/o phony obstacles. Treats MA as generic term. It is not, many categories of MA, some we can accept, some not. At times tells MA is not active (pulling info from HALO) then on WMS MA is active. Introductory message is not true. Has barriers to process a typical cases. A lot of paperwork has been created to process a case, and also a lot of new steps. I did this by myself for 18 years w/o so many hang ups and obstacles.</p>
<p>In my opinion the system leaves no room for error once a step has been taken you have to take so many other steps to make corrections, Another issue once we check an encounter on a case we have to exit all the way out in order to proceed with case which disturbs the work flow. In my opinion it's an unnecessary step.</p>
<p>My comment would be that MATIS is sometimes very slow and I'm not able to put in my work. There are a lot of problems with this system.</p>
<p>1) Speed up the system (currently too slow) 2) make changes without losing data 3) enlarge for eye glass wearers/ vision impaired</p>
<p>I would like to be able to return to wizard 3 after going into Encounter History.</p>
<p>Correspondence letters need to improvement on grammar explanations. Quicker transitions back and forth am screens more expansive closeout reasons on dropdown menus (also of forwarding reasons)</p>
<p>no comments</p>
<p>Cut down on steps to achieve entering and retrieving data from screens. The flow from one screen to another and back again is time consuming. There is no going back to some screens once you have left others.</p>
<p>If there is a date discrepancy on the Q, I would like to be informed by MATIS before completing all entries, and then correct and continue. Now I am informed after all data has been entered and kicked out of the system. After finding what ever date, I must redo the whole date entry process for that Q.</p>
<p>All elements that currently exist in homecare need to be addressed in an automated system. The system needs to be enhanced to expedite efficiently and effectively any/all automated tasks within homecare. Manual Transactions should be minimized and where necessary, a simple entrance of comments into the system to state what was completed.</p>
<p>The system is extremely slow; We need ability to return to previous screen without having to close out entirely. Tracking the history of the case could be improved no so not all the info is botched up together.</p>
<p>To Many repetitive steps, it should have more option to save time.</p>
<p><b>I DO NOT USE THE MATIS SYSTEM</b></p>
<p>1) The facility with which MATIS and WMS interface requires greater clarification 2) On site technical support should be re established.</p>
<p>I personally needed additional training. I only received half day training. I am surprise that I am able to finish my work. If a mistake is made in some areas it is very difficult to correct or field anyone to correct it.</p>
<p>(question # 4 comment- N/A I provided training sessions along with others as part of the MATIS team. question # 9 comment-Human spelling error noted. Question # 10 comment- but have planned enhancements as part of the continued development plans) There are area slated for continued enhancement and development (eq. management tool). These developments would go a long way to fully achieving the efficiencies and capabilities of the system. Ongoing system maintenance is essential to ensure functionality of application</p>
<p>The system is too slow. Sometimes it doesn't work for hours. Sometimes it gives wrong information like age of clients or address. When is slow, it ills ones time and hence you get nothing done. This is one of the most important problems the system has.</p>
<p>Sometime the information are wrong, so update the information that's all.</p>
<p>When a completed case is sent to the pool in error, there is no way for the worker to retrieve it. Statistics are sometimes incorrect. Sometimes cases disappear from assignment screen. Sometimes duplicate cases are given to monitors. <b>MORE ON SITE TECH SUPPORT</b></p>

In several occasions the information I entered disappear from screen. I also had problem when cases disappeared from assignment box.
1) Land lines needs to be changed to new and updated materials. 2) Current maintenance of system needs to be implemented for the entire system, not just certain parts. 3) On going training of system needs to be implemented at least every quarter. 4) Case process flow needs to be completed electronically. 5) Implementation should be captured from the field from the case managers.
Information are not up to date, cases are very scattered and sometimes zip codes are wrong, addresses are wrong and so are phone numbers. Cases can be a lot closer than they are now. Matis should be able to map the cases.
As CTU Investigator - I would like to see vendor name or number on screen where client info is. Versatility to get from MATIS to other program i.e.: HALO, Auto time or any icons/program on desktop. Icons need to be opened prior to opening MATIS otherwise I have to continuously save material & close Matis to access other programs- Very awkward & incorement. Also inability to print one page on Matis investigator report if small correction made while report has to be printed & waste of time and paper
Since I was involved with the development of MATIS for QUALITY ASSURANCE purposes, my only suggestions are as fallows: COMPLAINT TRACKING UNIT 1) When an encounter is closed, if there is a discrepancy, senior supervisory staff should have access to that encounter to correct it. 2) Q.C Unit supervisory staff should be able to refresh the "RANDOM POOL" when necessary.
Caseworker should have the ability to direct the system according to their question independly of other little's' functions. Home care determinations should not depend on Medicaid action through MATIS. Clock-CM time frame does not reflect reality of field worker - we depend on client's time for home visit and also, taking final determination in MATIS depends on field days & in office days. Please renew the system to reflect reality of the field worker. Just the M11S through MATIS works properly.
Trash it and design a new one!
The system is slow, especially in the P.M. Generation documents can take a very long process. Also, the system gets stuck on screens and they become frozen. Then, the system shuts down
Matis should be design to process the M11TR once not been opening and closing and reopening process. Also I deal with a lot of Medicaid and mutual client cases. Is been know that Matis only pick one of the mutual & unable to process the second-client. Also the timing on cases is not enough because there not consideration for weekends, sick leaves, vacation time or emergencies.
MATIS should be made faster and user friendly
1) At times the system is very slow - make it faster! 2) Sometimes the system erases information placed on the m28A and cases cannot be completed in the system - then they have to be done manually (double work) 3) I have four cases in the system that cannot be moved! Matis - notified!!
At this time, I do use the WMS system must of the time, to seek info and do printout; I rarely use the Matis for medical assistance backup.
For me, it is hard to change any data that is incorrectly input into the system. There are TR's that I am unable to get out of my box and cannot change dates if I have to.
N/A
Need improvement - often all data was wiped out after all input is done spending hour's of time. Sometimes partial memory was raised off. If you can not make to keep all the input in memory, it will be better do by manual writing report. Sometimes I had to do 3 or 4 times for one case. Still not keeping all the input.
The Medical Assistance Tracking Information System is excellent for tracking DATA however when information is entered into MATIS the process is very slow
To improve to way cases are processed example there are cases that cannot be closed on MATIS, cases that workers cannot close or forward to Sup. There are cases that were denied by MRT or closed and are still in workers inbox. The system is very slow generating copies documents (M11TR, M11S) and affects to ability of the CIA to submit their work on timely basis.

There are always problems retrieving Tr's - Sometime system give 1 day reauthorizations and Trs cannot be retrieve - system doesn't allow us to enter authorization dates - this makes cases late with the clock tracking
It has been highly stressful working with MATIS. The MATIS system has delayed cases from recertification tremendously. Instead of MATIS facilitating our work it has created more confusion and chaos. Thank you.
I am unable to tell you how to improve the system - that is your problem figure it out. But what I know is that it is very frustrating when you are unable to close cases and when you link with mutual case. I have cases since the summer that I have not been able to take out from matis. Also when I call for help to the hotline no one knows the answer.
It would be very beneficial time wise if the process of printing a completed nurse's assessment report "Form M-27r" can be made faster.
The whole matis system has to be re-evaluated in order for us to process work productively.
It needs to be easier to close cases if the case was done already or the reauthorization in md needed for the case.
I feel comfortable using the system
I would fine it helpful if one can move from screen to screen with an easier process.
1) Difficult to removed cases from inbox Sp/ A) split - shift B) mutual C) MRT denials D) unable to handle VAU deferrals E) to slow to generate documents. Suggestion: to improve all the above and (others)? In order to save time and efficiency 2) M11Qs not on time a) returns to clients from central intake. 3) Delays Increase request : when recert
<b>MOST MEDICAID EXP. DATES ARE NOT ACCURATE</b>
Like the chain of command, under care cases forwarded for increases should go first to Sup-I & then to the MRT Supervisor. In the event of error, the process of sending cases back to the team would be easier.
I cannot even imagine what can be done to improve the Matis system. A serious reevaluation is needed in order to have a productive work flow.
At times there are cases once completed should be deleted from the screen, however there should be a delete key on the board.
Matis is slow & not user friendly
Whenever there is a problem with the system, it is very difficult and frustrating because there is no one available to help you.
<b>MATIS IS VERY SLOW AT TIMES</b>
I think we should get rid of MATIS
I do not have any suggestions to improve the system. However do to the many difficulties that I have encounter, MATIS should be eliminated because it is affecting progress of my work.
Add More options to record and close. Make all cases to Include Mayer III (more manage) to Avoid cases be stuck in Case Workers In Boxes. Mutual Cases to be process with or without the other Mutual. Priorlize Reauth over Random change and do not send Both.
The difficulty I am finding with the MATIS system is the connection between MATIS and Medicaid. Medicaid dates are not in sync with MATIS dates thus causing the system inability to process case.
1) Administrative overrides
You have to exit MATIS to get to HALO. I think that you should be able to get accessed to both at the same time.
The MATIS system is not working for me
P.O.S. for case manager office forms ex: M11-s, W-25.

Background color Needs to be change from black to a lighter color. The font Needs to be larger. You should be able to print from whatever screen you are working ON. 1) Some constant problems I have is Address cleansing server is Not up. 2) No Medicaid for this client but the client does have Medicaid. Was MIS involved when this system was created? What STAFF MEMBERS where involved?
THE MATIS system is LOCKED into a set of correction MODES that offer no flexibility & greatly increases the TIME to complete your assignments. AT Times for no apparent reason a correction screen will POP UP & indicate a need for re-direction EX (THE screen may challenge you using a HA SVC instead of a HR one). And when you are challenged by MATIS you can't Proceed until you give MATIS what it WANTS. THERE should be an INDICATOR allowing you to proceed & to explain MATIS'S concerns in your report's summary.
I need further training. Perhaps, system needs reshaping so workers can be able to communicate with each other.
It would be easier if we had a list of medications available; The schedule for example QD, BID. Route PO, Sc. For HK task- HK or HA should automatically appears when the worker was already chosen on the first page. Generate- take a long time.
I feel when changes are made in the system; we need training or made aware of the new changes in order for the flow of work to continue without problem or frustration.
The system is Very, Very slow (all) most of the time. Example, trying to reach subordinates parents an unreasonable delay; printing needs could be enhanced and improved. Reporting should be enhanced, ex. number of nurse's reports (M27r) done in the month for each nurse and totally should be available on request. ect. More openness for administrative supervisors to get reports. sometimes you can't capture work that you know has been done, delay response, tiring due to slowness, printing needs enhancements
I need accurate food stamps amounts on the screen, more detail information on M-11Q form and Monthly surplus amount in MSW.
1) Scan all pages of M11q's 2) Send out M11q's to client's in a timely fashion. 3) Make sure all pertinent information is on M11q's. 4) Create windows reduction and minimization commands. 5) Create easy windows print command. 6) Enable undercare CM's to type on M11s'. This system should be replaced, because Matis has not carried out #'s 1, 2, 3, +6; If Matis can't even perform these elementary tasks, it has already failed before it succeeds.
As undercare worker, the MATIS is only use for (me) to check if M11Q have been received. We don't write up our M11s or M11A like the SIP Unit. It will be good if we could.
N/A I do not enter data into the system
1) Should be able to minimize the screen in order to access other systems. 2) Should be able to print from any screen. 3) There are certain people in CASA X that I should be able to forward cases to but as a Sup-I am not.
(question # 7 comment -time consuming, is not easy, simplify. Comment # 6 - takes 20-40 min to generate info. # 8 comment - waste of time, writing all need diff. program. comment # 9 wrong dates) Simplify program, put bank medication (R.N can do it) so we do not spend every time writing then & reporting over & over & different patients - just pull medifuction from the program. Generating - too long (waste of 30 mins). HS is different then H.A takes \$ hours, and days. I can wait to get proper time for HS recommendation.
perhaps the system need reshaping so workers can communicate with each other instead having to make contact by phone after a transaction is completed on MATIS
The system needs to have spelling check feature. We should be able to bring up existing client's information from one screen to another screen. We should be able to use all the functions keys on the key board such as apostrophe mark. We are typing the same information in 3 to 4 different screens, this is not productive.

Get the system to "Generate Documents" quickly. Sometimes it takes 15 to 20 minutes to generate documents (i.e. M11s, M11q, M11TR). I can process cases more quickly by hand.
(question # 9 comment-Routinely Inaccurate) Unable to make report client specific printing takes / and generating can take up to 1hr. Clock runs after hours information from one client transfers to subsequent 2hrs --This Is Unacceptable--
Sometimes cases get conflicted and stalked an inbox.
To access with an higher speed; Remove some duplicate questions in MATIS Re: Information (m11s) Client history / profile in MATIS
The system is often too slow and time consuming. To add on a mutual is not "user Friendly". One most type 2 different cases. Unable to process case till Medicaid is processes - the case remains stuck in the "InBox".
1) The Matis program is extremely slow and I'm not happy with the program. The reasons are as follows: - statistical notes are lower. Data is repeated constantly, therefore not allowing much time to devote attention to our clients. Not allowing correction on errors, I.E: spell check, grammar ect. Creates double amount of paperwork which inhibits the process of submitting work on time. Less repetition of the same questions. - Proper working equipment attached to the program. Many times, the printers and copy machines are not working and are not repaired quickly.
Matis does not allow you to comment on M2R unless you have a negative response @ some areas/requires comments @ some areas when not needed. Does not allow you to add skilled care needs in designated section. Miscalculates service times, print/generate can take up to 20 minutes each report& dues not allow you to move to other screens & multitask. Turning a page can take up to 1 minute @ times; We should be on high speed. Reports need to be written in the field, then duplicated by inputting to computer, then printed for file this is repetitive & time consuming. Matis has erased reports & I have needed to start again. These are daily problems that are shared with most of my co-workers. Primitive & cumbersome are two words often used to describe the system. The inbox time clock only increases office Anxiety.
1) Irrelevances or duplications need to be eliminated. For instance, asking info. About relatives living in the house should not need questions on address, apt #, etc. because relative is in the same house with clients. 2) Slowness of the system. Sometimes it takes 10 mins to print document. There should be easy return to case In-Box instead it closes back to production mode
I would make it faster; also I would give the supervisor to ability to correct the mistakes in the way cases sent to them. It would be a big improvement if MATIS is made web based. Overall MATIS is better then manual processing of cases has made tracking of cases much easier.
The system is to slow. It takes to long time to make a copy of the report.
This system is a hindrance for me to complete my work. Some examples are: 1) pop-ups keep coming to screen which are unnecessary such as (A) billable hr missing (B) Signature missing 2) when I wish to generate -it is time consuming to go out of the program since I have to change the record ID which is 0 to read 1. 3) Several times a pop-up reads- get matis administrator which means everything that I have done to complete this case is erased, I have to handwrite this case. 4) There is a matis clock which is inaccurate & not necessary to have here. 5) To complete m27r, just about everything is time consuming, most is unnecessary to complete. 6) This program is getting the supervisors, MRT workers & case workers angry, Everyone is unhappy with this system. 7) This system seems to be incorrect for this type of work we do here. 8) MRT evaluation plan seems to be unnecessary since it is time consuming & nobody ever sees it.
1) We are unable to complete reauthorization cases remains in Matis if the Medicaid is not completed, 2) For mutual cases two M11-s is needed, but it is Time consuming for 2 M-11s 3) Information from a previous case is on the screen for a current case to be reauthorized. 4) Limited options available Ex: On matis case is a reauth/with new change. The system does not allow you to change it. 5) Too Slow to generate reports.

The system is too slow for the volume of work. It delays processing time.
1) Case managers should be able to make their visit and enter the case when they return to the office - It's not fair to see 30-cases to appear at once after waiting several weeks from the visit. 2) Hard to determine who the client is on the screen - you have to go line by line and click on each social number to see who the client is. 3) Case managers when visiting the clients find out that no increase is needed. But, on 94th Street all the case are submitted with the M11Q's on the system to do case as an increase. 4) It takes over one hour to process a case. 5) Mutual cases need to be processed the same way -So this mutual case takes 2-hours to enter. 6) Certain options can not be used to process the case, so the case then stays on the computer and now everything has to be done manually. 7) When printing out the M11s- your information combines with other lines and some information over laps into another area and the info doesn't make sense, and things that you inputted don't appear on the print-out. 8) When printing out TR's-you have to go in and out of the screen twice to get a print out - not to mention the time it takes until its ready to print- what a waste of time. 9) Hard to access other screens and look up things when clients call when you're on MATIS. 10) The print on matis is very hard to read from the screen. 11) Very poorly designed program.
MATIS needs to be more users friendly. Should be faster when printing. Due to MATIS insufficiency I was not able to complete work in a timely fashion
1. VERY VERY SLOW. Takes far too Long to bring up screen. Repairs /Generate M27R can take as long as 65 minutes to print. 2. Inbox poorly Arranges. I Must read up / down. 3. MATIS goes down usually at the worst time. 4. Can not move from option to option. MATIS NEEDS FINE TUNNING!!
My main problem is that the system is extremely slow, which affects the work flow. I am a VAU Supervisor; I get all my cases from MRT. If I get cases from MRT with an error I can't sent It back directly to them for corrections. I have to get through SIP. It might be easier for CASA units to correspond directly with each other rather then using different unnecessary routes.
1) Case flow is somewhat flawed - too much bouncing back and forth of cases in inbox. 2) Cases get stuck in inbox (unable to forward) due to discrepancies of 27R recent, etc.
1) MATIS is a cumbersome program to use on a daily basis. The format & the time clock do not actually reflect the nature of the work which is "people intensive" - one person's work often depending for completion on feedback & conferencing from several other people & from the clients, too. 2) Very little flexibility was built into the MATIS format: from a "small" thing such as the limited list of relationships to choose from for a client's informal support system to the "bigger" problem of using hours to determine deadlines instead of dates as previously done. 3) Other are numerous "bugs" in the entire program which have interfered with the completion of cases. In addition, there are a surprising number of spelling & grammatical errors & omissions reflecting on a lack of proof-reading. 4) The drawbacks in the MATIS program impact on our work on a daily basis - it needs more flexibility, more ease of use, correction of "bugs" & language errors.
1) Upgrade the computer system way to slow & archaic. 2) Get input from those who actually have to access the system (ask the workers!). 3) System does not take into account information which is not always available i.e. landlord, rent etc. 4) Training was too brief!
Usually MATIS is very slow. Sometimes we have problem to print. Sometimes computer shut down middle of the work and we lost the data we were entering.
This so called survey should be anonymous. MATIS was adapted to fit NYC without consulting case workers before. MATIS does not know how to input mutual clients. A REAUTH SHOULD NOT BE COMBINED WITH A CHANGE
As a director, I am happy with the management reports I can only assess management reports such as overdue cases and cases that are awaiting decisions for the nursing staff.

<p>I WOULD BE HAPPY TO MEET WITH YOU TO DISCUSS. 1) Completely Re-Design program - Not using Dial-up! 2) MATIS process does not provide for decisions/actions in "REAL" case processing 3) Fraudulent/misinformation must be entered in order to satisfy MATIS requirements!! 4) Slow, Tedious, Cumbersome 5) LESS Good information is entered due to improper system options 6) Frequent system errors 7) VERY unrealistic timeframes 8) Causing EXTREME STRESS/DISRUPTION OF WORKFLOW!!</p>
<p>1) Information requested should not be repetitions. 2) system should offer an opportunity to correct form M11s even after being submitted to supervisor or MRT 3) MATIS should control M11Q's in a manner that are not repetitious making the cases be re-reauthorized 4) System should provide for a way to erase case from system when they have been submitted manually</p>
<p>1)The ability to make changes to: (a) Information put in by clerks -M11q. (b) information put in by case worker M11s - after its been save. (c) Information adding a mutual to the M11s. (d) Information about Medicaid- not current on Matis. (e) Information on the review screen. 2) The forwarding screen does not: (a) allow enough change (b) allow changes to be made by supervisor to MRT or back to the Case manager. 3) Incorrect information should not be the Sup-I or Case Managers responsibility - should go back to system to correct mistake. 3) Time limit of Case "stuck" in the Inbox: (a) Case should be review and closed out if mistakes are made and not sit in the worker/viewer Inbox.</p>
<p>System is too Slow from Start to finish. Even just LOGGIN IN! Needs to be replaced with new Web System in place already with Lombardi programs! It just takes too much time to enter complete &amp; print "one" case! PLEASE REPLACE ASAP!</p>
<p>The Matis system is entirely too slow, therefore, it delays the workers from submitting case in a timely fashion. There are many errors in the process at the intake level. Cases are incorrectly logged into worker and constantly having to be reassigned. Very inconvenient to have some M11Q's coming to CASA and some to central intake. When they come to CASA we have to spend additional time making copies and sending them to central Intake. We do not have enough staff in CASA to do this; We had been previously told that all medicals would go directly to central office.</p>
<p>1) Decision to process &amp; forward case doesn't provide enough options; i.e. service extended due to E.H.D. 2) One SSI case could not be reauthorized (nor removed) from MATIS. MATIS incorrectly lists no active MA available 3) Case Inbox screen could list client's name. 4) Processing printing of m11s &amp; MRT are too slow. 5) Occasionally one client's info/renting info is listed on another clients social assessment form.</p>
<p>1) More assistance when calling about a problem or difficulty. 2) Better coordination between the creators of the program and these who have to use it on a daily basis. 3) Some one has to have knowledge on the various problem we have been encountering 4) working printers 5) Better support w/regards to system 6) problem w/mutual clients &amp; processing them in the system. This needs to be corrected. 7) There has to be a better and faster way to process information. Case Managers have to visit clients and enter information. This is very time consuming to enter this information. 8) There is a need for better coordination between the main office where the information is entered and file office where the work is actually done.</p>
<p>The training and support staff were prepared to deal only with program question, Not operation glitches. The design of the program was not reflective of the actual flow of work in our office. The program seemed to be designed to contradict reality. No advance steps were taken to conform reality and program to each other. Thus, when MATIS started, we were severely impacted (crippled). Months later, we are still searching out detours to get the work done. No one has a good word for MATIS.</p>
<p>To open a clt. Case supposes to have consecutive information about a case and you don't have to close the case windows for to have other information for the same case. Matis changes is not slow is very slow; need to review how mutual case can be done correctly to submit both case to MRT; Print for each info is very slow.</p>
<p>This system is often too slow &amp; time consuming. Often writing a complete M11s - I lost it all on several occasions and had to type it all over again. To add on a mutual is not user friendly - you need to type in 2 different cases. Takes too long.</p>

MATIS must be able to provide all the information of a particular case in one menu/one window. Make it faster and printer friendly.
(question # 5 comment- many glitches needed to be addressed. Since then c MATIS Interns) 1) Time consuming. 2) Cases are based on time clock vs. date due. Clock does not account for meetings, days off etc. 3) Not enough options/staff on Medical Review Team's "Tree" to incorporate various decision processes involved in working on case, requiring "bouncing" cases back & forth to persons not directly involved c decision Re: case. 4) Increasing amt of cases that have a "pop-up" when completing Undercare Rational Page Re: Errors while performing update; Rational or Notify Matis Administration. Returning to previous pg in the case erases. The completed Rational, case can not be forwarded to Supervisor requiring case be redone manually & case "take out" of inbox by Sup. 5) System doesn't recognize a 42 m Sve plan with a duty free. 6) To generate case, need to exit back to Matis tree in order to return to change 0 to 1 for record ID # 7) Need to exit case back to Matis tree for many medical Diagnosis codes NOT available on Rational Page Diagnosis Calculator. 8) Entering repetitive data on Evaluation page already inputted on "R" or "S". 9) LMD not in Matis yet....? CASA 2 has new LMD since 9/06 cases can not be forwarded to him or LMD is floated to other offices with potential for cases (Initials) to be registered as "late" c no activity shown on encounter as to why.
The system is sometimes slow, for example when you want to generated and to print, it takes a longtime. The system also shuts down sometimes while a case is being done, and thereby we lose everything that has been entered. If these could be improved, I believe it wouldn't be stressful continuing with matis
1) Unable to process case until Medicaid is completed as a result case remains in screen. 2) Time consuming (report takes to long to print) 3) Repetitive (mutual cases) why two m11s (needed) same household. 4) cases remain stuck in my Inbox (unable to resolve issues)
In the forwarding screen. Once decision & comments is entered as well as request comments and the record forward is clicked off at that point I decide to change my comment I am unable to w/out cancelling. It would be easier if I was able to click on comment and change text.
My biggest problem with the system is printing. It takes too long to print out a report. Sometimes it takes more than 20 minutes to get a print out; is a waste of time. This is one area that needs improvement. And that is my suggestion; Something should be done to get those print out faster.
I would like to see the previous information input he transfer over the following year, especially if the info has not changed.
How many days do you have? I resent the wording of this questionnaire. If one answers anything negatively the only options are worded in such a way as to imply the problem is with the user and not the system. It is poorly designed and unnecessarily time consuming. I have excellent skills in Microsoft office, Lotus, Adobe, Printshop, PageMaker and Dream weaver, and can program HTML. MATIS is AWFUL!
1) Limited in its flexibility. Our clients are not machines. And the system does not allow for much variability in situations. 2) Many things entered into the system are entered wrong initially. When we try to send it back as "incorrect registration" we are told to fix it at our end and that usually requires someone higher up to "fix it" and they don't always know how to "fix it". 3) Too much depends on others input and that can waste time. 4) The system has been a constant problem for some case workers with vision problems and limited computer knowledge. 5) In the SIP Unit there are two system (MATIS and Managed Care) and because they don't "speak to each other", cases going into MATIS at 94th St are sometimes also send to Managed Care, from CASA resulting in enormous time wasted and duplication of services. 6) Pending Unit and team units are separate and its not possible therefore to assign a case from a case worker out on medical leave to a pending case worker if that CW is the most Convenient available to cover. 7) Work takes twice as long to do!!!
We need more options in record and close part: 1) Case extended by EHD 2) Duplicate request In M11s form-III part "Client Profile": A) presenting problems: words united together often and it's not readable.
Computer is running slowly
1) You need more options, More scroll options. 2) You need an override button to correct mistakes. 3) I find it easy but could be More users friendly.

I find that when I am using Matis and assigning cases, It freezes on my computer sometimes. This is the only problem I seen to have with Matis
More trainings / meeting; everything depends on another part of the chain having done their work.
Matis is a mess. Whoever created this program did not do enough research into the many functions & outcomes of the Home Care Services Program. It takes forever on a daily basis to generate documents. The program is so slow it's ridiculous. The money spent on this program was a waste. It should have been given to the educational system, feeding the poor & homeless or donated to medical research, that would have been money well spent. Matis did not improve the flow of our work, it just slowed us down. If this program was implemented 15yrs ago maybe it would have faired better, but in this day & age of technology it is an embarrassment that the city funded this program; The only way to improve Matis is: TO PULL IT!
In my computer has no WMS program
Matis team should obtain information from CASA staff on what their daily operations are. In my opinion if this is done, the system could be better designed to fit CASAs needs.
1) Provide more options to override delays by other departments. 2) Mutual Cases; Better way to link mutual cases when M11Q's arrive separately. 3 Additional comment spaces needed for History Sheet.
Well I really like this new computer system, because it makes me work faster. Matis is helpful in Reminding me to meet the dead lines.
Cases that were opened in ACS & APS should be easier to work with & enter.
Shut it down. Start over again with correct staff input.
The system is time consuming when they involve the M11Q (medical request for homecare) form
(Commented on question # 9--Better choice: mostly inaccurate (occasionally correct)) Very user UNFriendly. Micromanages information going back & forth unnecessarily from one unit/wker to another; Sometimes completely by-passing the supervisor. No Auto my for worker or supervisor to enter "correct" reason or solution; LEADS to incorrect data being entered in order to complete MATIS entry; There must be some way to allow for an "other" category or allow a supervisor to make corrections or overrides. Does Not Match Actual work flow when MATIS system "holds up" movement (for example a pending case still has an NH Medicaid CN code) when in fact the case has been referred to a vendor and service has started. Weeks later, the case is allowed to proceed in MATIS
I have twice the work I had before we had MATIS - It duplicates work, it slows down distribution of work & slows down case managers doing their work; Every process is dependent on someone else having completed their part of the link; Every department is joined "at the hip" I Constantly re-read the reports over & over again waiting for MRT to "CLICK OFF". Its extra work
Action should be taken to improve delay in registration and repetition of work already processed or done.
New Computers needed to facilitate MATIS
1) Be able to maximized or minimized screen. 2) Get into the system faster. 3) Have the ability to go back to main screen without hit the cancel icon.
no improvements warranted
Some repetition - Like ask for Sister as Emergency Contact then ask (sex) If is female
I feel that professional and supervisory staff have to spend too much of their time performing what appears to be mostly MATIS clerical functions.
Twice as much work as before. Redundant
You need to come to our office for a better explanation. The program is still too rigid- does not allow supervisors to change inaccurate encounter registrations.
1) REDUNDANTCY—apparent. 2) If we have problems we should be able to call someone for assistance who is available during working hours. The company who designs the program should have someone continue to followed-through with us when HRA signs a contract & not leave us totally. 3) Before a program is decided upon the group who is going to use that program should be able to discuss needs with programmers. e.g. (case workers & programmer; registered nurses in MRT. all CASA 3 all of us (8) & programmer. A program should not be designed before users: NURSES for HOMECARE talk to developers.

I'm in the pending unit so once you submit a 28x and then you want to b/o the case you have to wait until the Nurse's unit rejects it. Sometimes the computer gets frozen when I AM trying to print out the info
Some Information you've entered is redundant; Improve Integrity and get rid of redundancy. Provide more Integrity drop-down choices for clarification in certain cases. Improve efficiency by starting more information from previous M11s assessments and populate screens when new assessment has to be done.
To Avoid Unnecessary information & repetition of the same info over & over again. The system is not flexible a user cannot remove or get rid of a client if a mistake occur.
The system needs more choices for home care decisions. The system TAKES 30 min to Access M11Q, 27R and M11S. Home care her are not in the system under logged. You need to speed up the system and provide a few more choices especially when rejecting a case.
The Generation of form is frustratingly slow, especially when it comes to the generation of the M-11s or other forms. Something should be done to improve system C this capacity.
MATIS is on my computer only as a BACKUP; for example -- if someone's computer crashers, my computer could be used as a backup.
I believe the system is a great managerial tool. It saves time and encourages improved performance. However, I think that it should be made more flexible at the supervisory or managerial level. This would allow the work flow to be more fluid. A manager needs the ability to correct improper decisions within the system.
1) Address -- when you typed the city; state should automatically pop up. 2) When you type, what clt has give-- come, worker; this information does not show on the M11S - when you print it. This row comes out blank. 3) It will be helpful if we can minimize matis icon.
1) Moving within the program is too slow -- / screens; 2) Printing is to slow; 3) Workflow for Sup U. assignments; too slow. Too tedious for the Sup U. Cases should be assigned directly to the caseworker from Central Intake. Overall the Sys. Is accurate but slows down the work for me considerably. My work was quicker when I did it manually; I though computer save time??? and was faster; MATIS does not. My eyes have gotten worse from working on the computer all day; since MATIS is so slow, you have to be staring @ the screen longer etc. waiting .... Waiting....
There remains some glitches, (HLOC info under task needs) that when certain info is not added he document will freeze up, forcing it to be closed and any unsaved data lost.
1. For the nurses M27R- the recommended plan of care (pages 4-6) section VII must separate TBA from Mayer III services. Currently both are on the same level box to check. 2. When the nurses attempt to save a page on the M27R document -- It throws you out of the entire document. 3. Nurses are unable to forward the M27R to undercare unit if client is hospitalized -- can not click on the client is hospitalized reason when forwarding. If we (nurses) attempt to do this the M27R document remains in the undercare unit's supervisor's in-box and can not be retrieved by him/her.
1) The system is very slow and needs to empowered to improve productivity 2) We have many cases stuck in our inboxes due to many decisions have been taken. Senior Supervisors should be enabled to take out does cases
It slow, difficult to go back& forth; You lose all your data, system too rigid, so everyone tries to find shortcuts around it. Does not always correspond to how a case flows.
The data is only as accurate as the person inputs it. Supervisors need to override decisions and change incorrect data entered by central Intake. Supervisors should be able to work in subordinates InBox direct instead picking up each data. Bandwidth needs to be expanded to improve on waiting for downloads and changes We want at least 5 min for an action to be completed. The system is extremely slow and not contiguous, sometimes disconnects, too many steps.
It takes long time to generate documents.
Matis need changes in order to work better. The worker should be able to make changes that are needed in order to process to information. The people processing the information at 94th Street needs to be more careful when processing the form (M11Q) in the system. They need to make sure what type of application they are processing.

changes to inputting M-27R see me re: changes
Need more access to correct a mistake and more options, for example: 1) Re-open case 2) reconsidered case.
Cases should be listed both with client's name and SS#. Reconfig the random change process.
I often complete my M11S form manually before it appears on MATIS. When this happen I must stop what I'm doing to type a 2nd M11S form. I feel like I'm doing two M11s forms for each case I complete. IT'S FRUSTRATING!
Unplug the system
1) The director of each CASA needs a "fail-save" mechanism to change original info put in upon receiving of M11Q- often, they incorrectly believed a "change" is requested who they see writing on the 4th page of M11Q. In fact, the doctors are only writing to further illuminate client's medical condition; not ask for increase. Once the initial M11Q is put in as a "reauth with change"; no one can correct that entry and it has caused repeated on going problem throughout CASA.
I feel MATIS is too confining, it need other options that worker can use. For example when a M11Q is registered, the worker may need to state that it is a duplicate and has already been completed. Also some of the M11Q's are registered as needing a change when an increase is not requested.
MATIS takes too long to image M11S. One third of my time is spent inputting the data, the other two thirds are spent waiting for Matis to image and print. Much of the input is redundant. It would save a lot of time if we edited the S every time we needed instead of doing the entire form. There are certain fields in Matis needed by undercare but are inaccessible because of Matis design
The CASA Director or Senior Supervisors should be able to make/correct, changes/errors. System too slow, moving cases within the system is too long. We should be able to go from one case to another without going back to the beginning. The Social Assessment (M11s) is too long / too many pages, too time consuming. The system needs to be modified with input from the staff that uses it. Thank you.
Some "choices" offered are not complete (exp. In "RELATIONSHIPS") Getting in and out of the system is slow and cumbersome and very frequently a problem as Client's calls, at anytime, often require getting into another screen. Also the MATIS program, as currently used, slows progress: it delays and obstructs delivering of M11Qs to Caseworkers. It also frequently "tracks" cases incorrectly requiring users to "be out" of predicaments. Cases are often directed to wrong supervisors and caseworkers.
Logging process needs to be simplified.
Training should be provided first before actually using the system. I had no training for MATIS and I only know certain things. I don't completely understand it.
This is a problem for the system developers to handle into following various complain from the End users like myself. Instead of enhancing my productivity, the system had been a clog on the wheel of progress and productivity. To improve the system I have no suggestion because I was not a party to designing and developing. Finally, we the worker need HELPS.
BY MAKING THE "MATIS" A LITTLE BIT FASTER. HOWEVER, MATIS is WORKING FINE.
MATIS takes too Long to go to Next page And to Print.
I have been having problems for the past weeks since the previous computer was taken away. I am unable to use Matis on this computer that was installed. I have to write the M-11s manually.
The system is slow at time slow, IE- printing encounters. Completes m11 (s) takes a bit of time to be displayed.
Resizable screen, tab order, retrieve info accept "; " , ...
Should be able to input information without coming out and start all over again.
1) Copy Screens 2) More capable with other systems (HALO, WMS)
No suggestion. I would not be able to improve MATIS.
I never had training on MATIS @ 16th St, NYC. My co-workers helped me learn

<p>The system needs to be very much improved. At times I find myself doing double the work (manual &amp; computer work) due to the system's incapability's. At present time we set new computers and it has been about 2 months that I have not been able to process my cases in matis yet there are others that are update with their work and matis was installed within less than 2-3 days.</p>
<p>To decrease duplication of work, field nurses would benefit from a hand held device, (portable) where data can be input from home (client's home) then data can be downloaded, easily upon return to office.</p>
<p>Question 9: I do not review data from the system. Question 10: I do not use the system for reporting purposes.</p>
<p>Satisfied with the system but on the job assistance would be helpful.</p>
<p>1) MATIS needs to be faster to generate the M11s 2) Program should allow to forward the case after generating M11s, on trying to forward case MATIS logs off 3) M11Q's for various months (Due by Jan, Feb or March) are register at same time and time allowed for completion is only 28 Hrs, even the case is expiring after 2 1/2 months. 4) Time allowed for completion of cases should be with reference to Reauth due (month of Reauth) date. So the worker can complete the cases according to priority in HALO now the undercare worker has to work on case for current month and cases due for later months.</p>
<p>More accessibility for Sup/Director functions. Case should be able to transfer Undercare to Intake if placed in wrong box without being sent to Sup then referred to proper Unit</p>