N-FOCUS Major Release
MLTC
July 26, 2020

A Major Release of the N-FOCUS system is being implemented July 26, 2020. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

ACCESSNebraska: N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section.

Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

Expert System: All N-FOCUS users with responsibility for case entry for AABD, ADC Payment, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and, in the Alerts, Work Tasks and Correspondence sections.

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General Interest and Mainframe

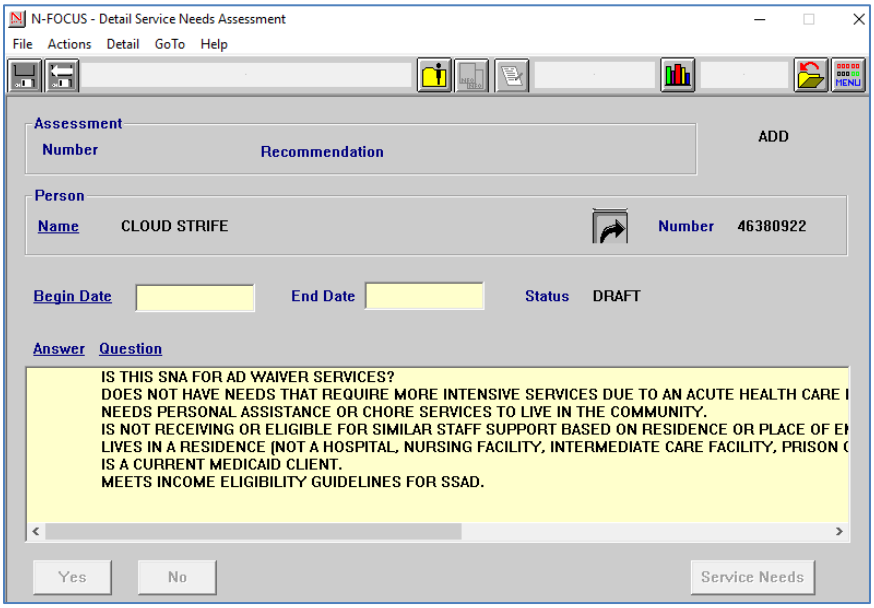
Organization Detail Address Window (Change)

A drop down selection field has been added to select the correct School District for a Foster Care Organization. This drop down list will display all School Districts and the list will filter by City entered on the Detail Organization window.

Service Needs Assessment (Change)

As part of the Electronic Visit Verification (EVV) Project NFOCUS will be adding the Aged and Disabled Waiver (AD Waiver) program to the Service Needs Assessment and sending certain tasks within the Service Needs Assessment (SNA) to the new EVV solution.

The question 'Is this SNA for AD Waiver Services?' will be added to the top of the questions at the beginning of the assessment.

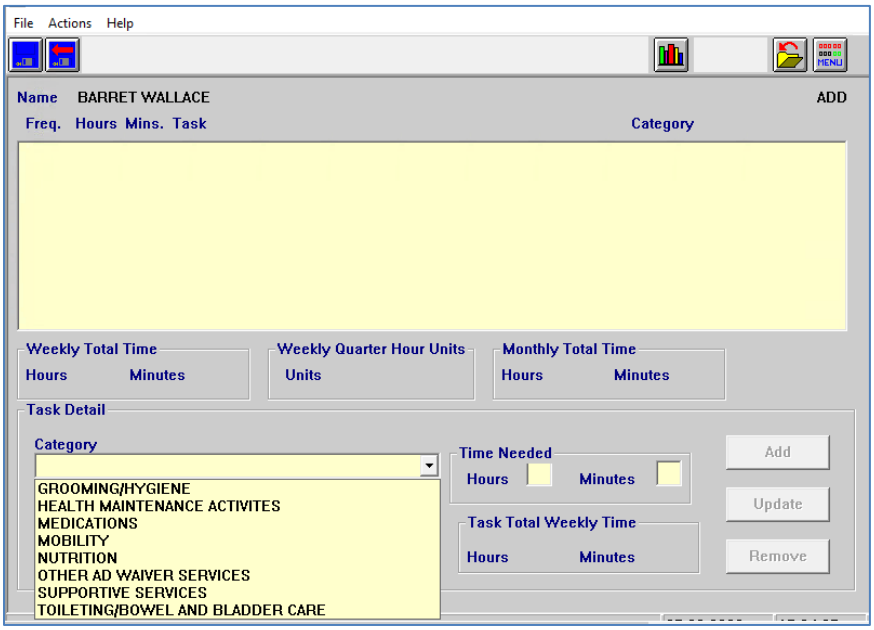


If this question is answered YES, then the remaining questions do not need to be answered and the worker can move forward with the assessment.

NFOCUS will not auto-populate the end date. The worker is required to manually enter an End Date of 12 months or less before the assessment can be approved. Based on the answers to the questions at the beginning of the Service Needs Assessment and the selected tasks within, NFOCUS will continue to recommend a program. Those programs will be either PASS/PAS, SSAD/CHORE or AD Waiver.

- Appointments category will no longer be available.
  - The task under the category, 'Accompany to Appointments', will be moved to the Supportive Services category.
- Specialized Procedures category will also no longer be available.

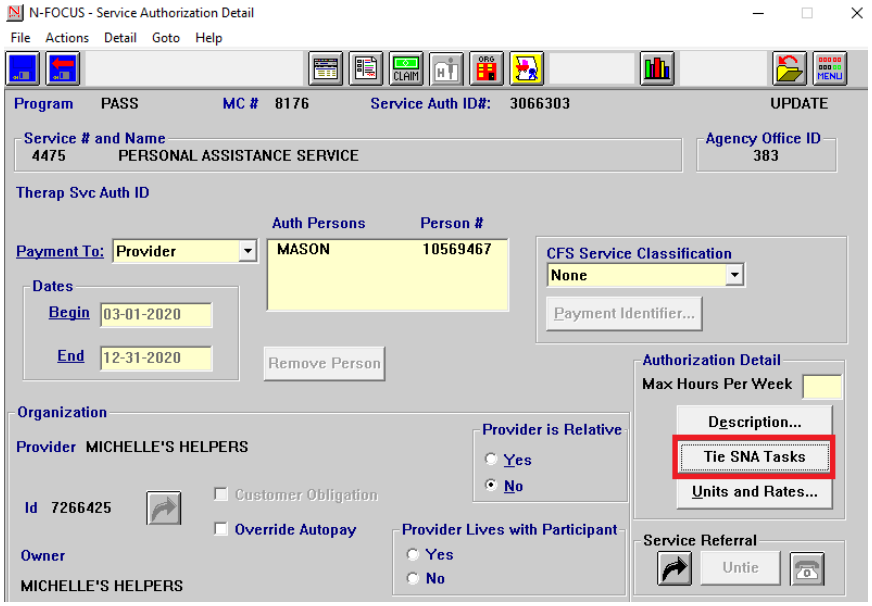
    - Health Maintenance Activities task within the category also has ended.
- There will be an addition of two new categories:
    - Health Maintenance Activities
    - Other AD Waiver Services.



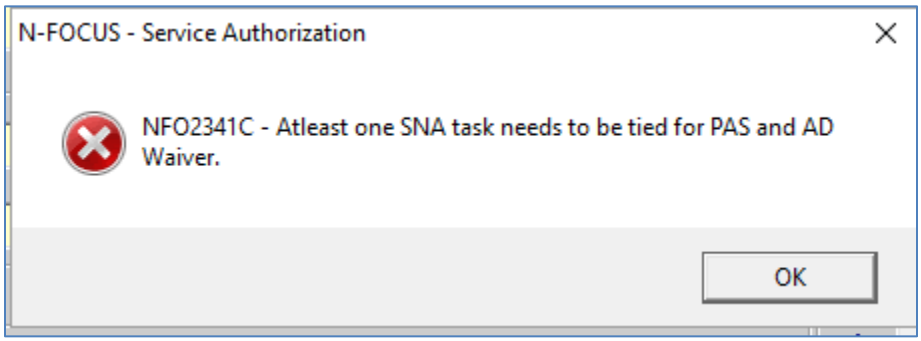
Note: Due to some clients being eligible for multiple services, NFOCUS will allow for two separate Service Needs Assessment to exist, independent of each other, and only if those recommendations are for PASS/PAS & AD Waiver.

Service Authorization (Change)

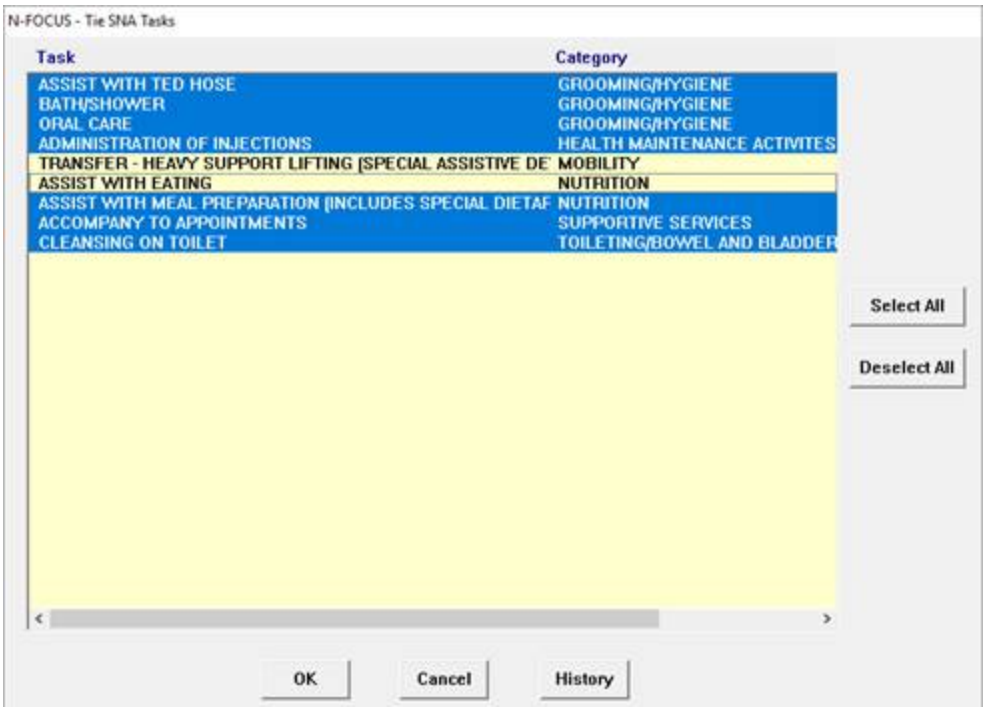
The Service Authorization Window has been updated to include a 'Tie Tasks' Pushbutton. This will only be enabled for services that required both an SNA and are identified to be sent to the EVV Solution.



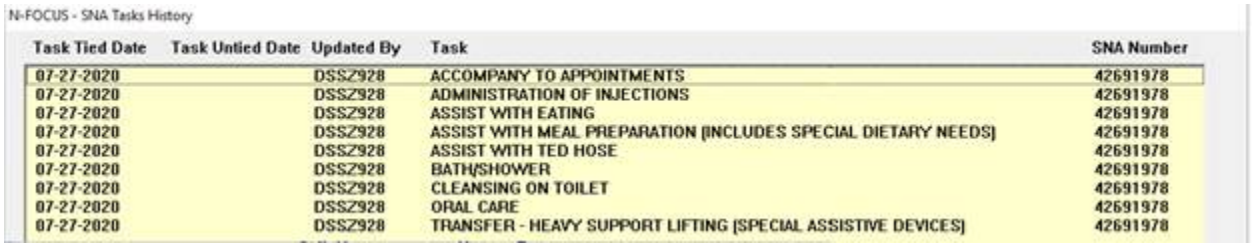
Note: This selection must be made prior to adding units and rates. If at least one SNA is not tied, the following error will display.



The Tie SNA Tasks Window will allow the worker to select all, deselect all, or select EVV tasks. The tasks that display for selection will be pulled from the SNA that has a begin and end date range that the current Authorization Begin Date or System Generated Renewal date falls within.



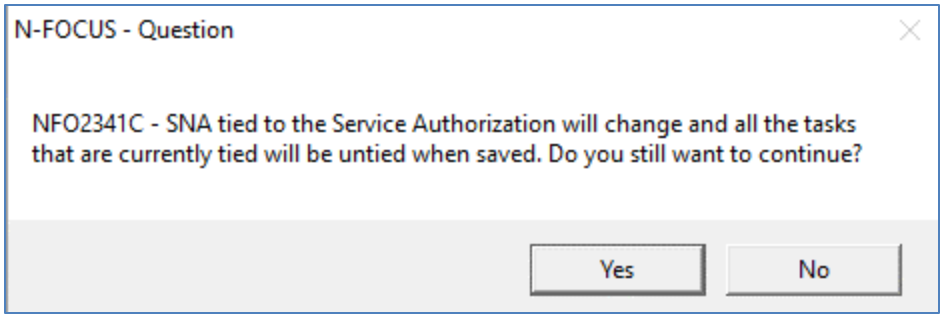
The History View can be used to determine what tasks were previously tied from current and past SNAs.



Note: The Task Tied and Task Untied Date represent the date the action was taken.

The Task Tied and Tasks Untied will be sent to the EVV Solution once it is up and running, this data will not be sent on paper correspondences to the Participant or Provider and information should still be added to the Description.

When an Authorization begin date is corrected or when a renewal is completed and the SNA that currently has tasks tied to the Authorization being adjusted will change, the following question will display:

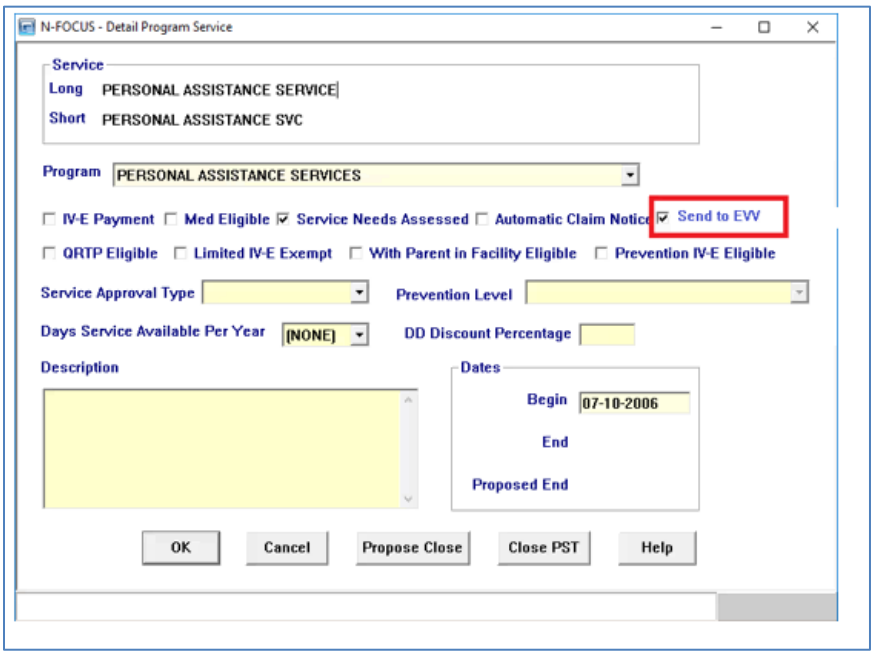


Selecting 'Yes' will cause all tasks currently tied to be untied and the user will need to select tasks from the SNA that now falls within the Authorization Begin or Renewal Date.

Additionally, a new radio button has been added to the Authorization Window to store information on if a provider lives with the participant, at this time the selection is not required to be made. This will be used for future use in conjunction with the EVV Solution.

Detail Program Service Window (Change)

The option 'Send to EVV' has been added to the Detail Program Service window. This option will be selected based on programs that have homebased services and those services have been identified to be logged within the Electronic Visit Verification system.



Assigning a Program Case to the Default Position (Change)

With this release, staff will no longer be able to assign a Closed or Denied Program Case to the Default Position (9999).

Heritage Health Adult (HHA) New

With this release, the Heritage Health Adult (HHA) Program is being implemented, however, the program will not be effective until October 1, 2020.

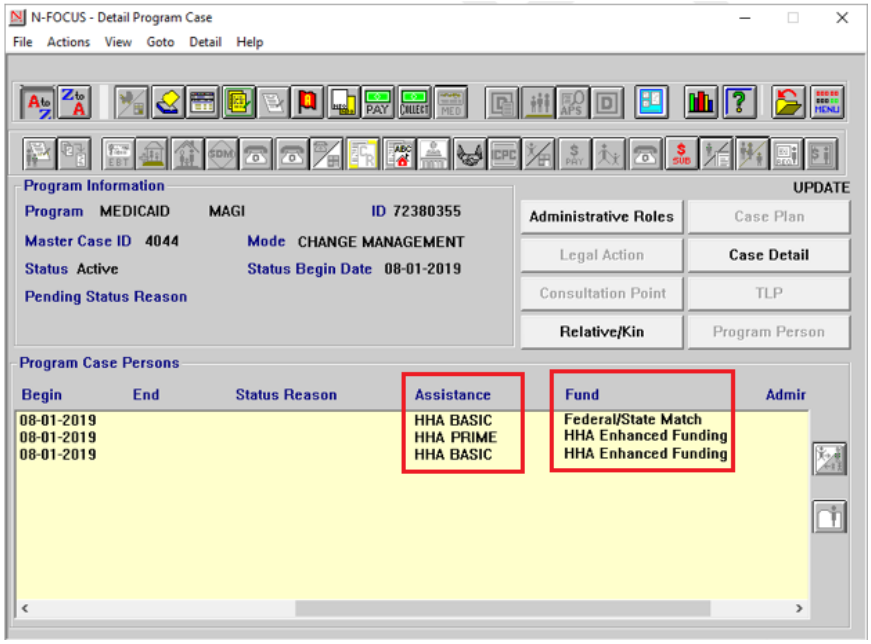
Heritage Health Adult (HHA) is a new eligibility category for the Medicaid Expansion population for those age 19 through age 64. The Benefit Tiers that are available for HHA participants are being implemented by a new set of MAGI categories within N-FOCUS.

This release contains numerous changes that have been made to NFOCUS to accommodate this new program. There will be Heritage Health Adult (HHA) sections in the following topic areas within these Release Notes:

- General Interest and Mainframe
- ACCESSNebraska
- Alerts
- Correspondence
- Document Imaging
- Expert System

Detail Program Case Window (Change)

HHA eligibility decisions will display for each Program Case Person under the Assistance and Fund columns. The funding decision for HHA is a separate independent action that is taken by NFOCUS after an eligibility decision.



Assistance Column:

- **HHA Basic**
- **HHA Prime**
- **HHA Med Frail**
- **Presum HHA Hosp**

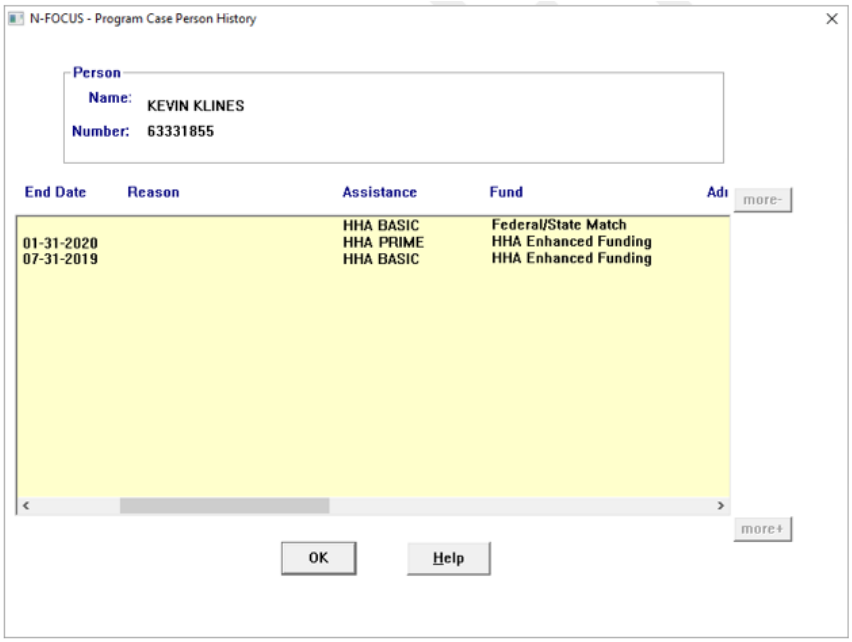
Fund Column:

- **HHA Enhanced Funding** New fund type used with HHA categories
- **Federal/State Match** Existing Fund type used with HHA categories

Note: An HHA determination can have either Fund Type.

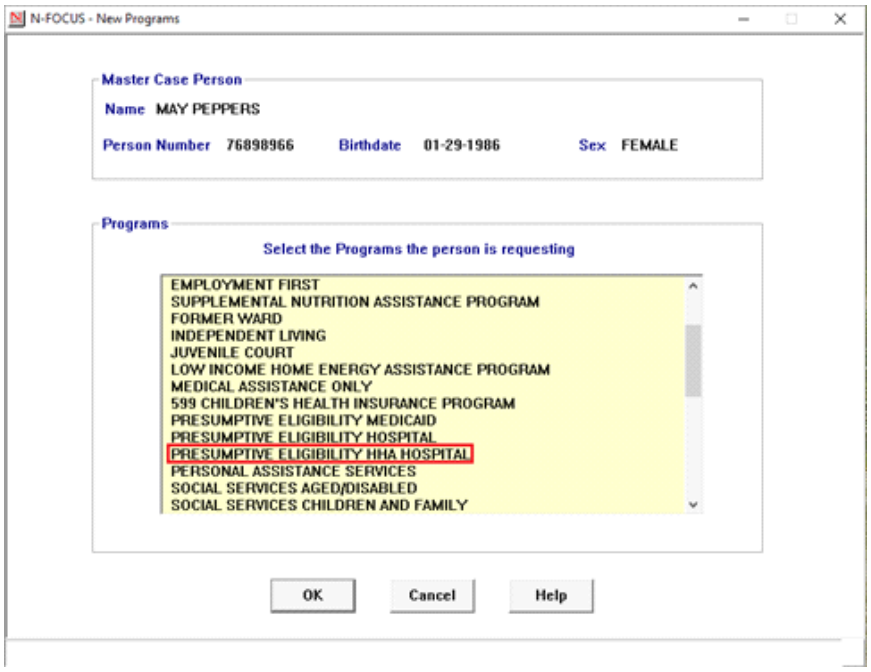
Also see the Unit Size detail listed under the Expert section, where Fund is also displayed for HHA determinations.

The information shown for each Program Case Person will also display on the Program Case Person History window for the selected Case Person.



Add Program Case (Change)

Presumptive Eligibility HHA Hospital has been added to the Program list when adding a new Program Case to a Master Case in the Mainframe.

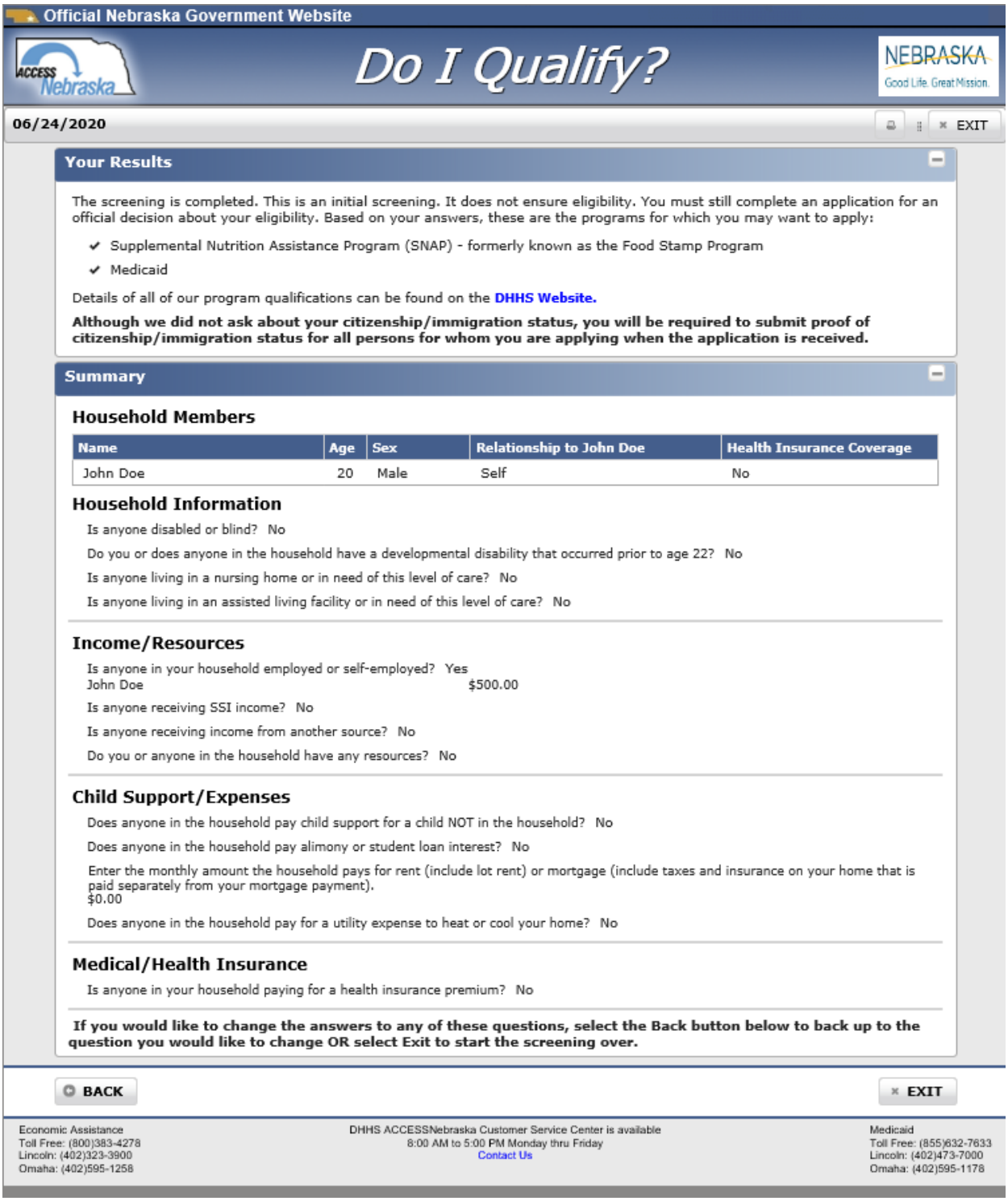


ACCESSNebraska

Do I Qualify Screen (Update)

Updates made to allow individuals who are ages 19 through the month of their 65th birthday, with or without a dependent, who are not disabled, and whose income is up to 138% of the FPL to be recognized as potentially eligible.

Screen print on next page.


Official Nebraska Government Website
ACCESS Nebraska
Do I Qualify?
NEBRASKA
Good Life. Great Mission.
06/24/2020
EXIT
Your Results
The screening is completed. This is an initial screening. It does not ensure eligibility. You must still complete an application for an official decision about your eligibility. Based on your answers, these are the programs for which you may want to apply:
✔ Supplemental Nutrition Assistance Program (SNAP) - formerly known as the Food Stamp Program
✔ Medicaid
Details of all of our program qualifications can be found on the DHHS Website.
Although we did not ask about your citizenship/immigration status, you will be required to submit proof of citizenship/immigration status for all persons for whom you are applying when the application is received.
Summary
Household Members
Name | Age | Sex | Relationship to John Doe | Health Insurance Coverage
John Doe | 20 | Male | Self | No
Household Information
Is anyone disabled or blind? No
Do you or does anyone in the household have a developmental disability that occurred prior to age 22? No
Is anyone living in a nursing home or in need of this level of care? No
Is anyone living in an assisted living facility or in need of this level of care? No
Income/Resources
Is anyone in your household employed or self-employed? Yes
John Doe $500.00
Is anyone receiving SSI income? No
Is anyone receiving income from another source? No
Do you or anyone in the household have any resources? No
Child Support/Expenses
Does anyone in the household pay child support for a child NOT in the household? No
Does anyone in the household pay alimony or student loan interest? No
Enter the monthly amount the household pays for rent (include lot rent) or mortgage (include taxes and insurance on your home that is paid separately from your mortgage payment).
$0.00
Does anyone in the household pay for a utility expense to heat or cool your home? No
Medical/Health Insurance
Is anyone in your household paying for a health insurance premium? No
If you would like to change the answers to any of these questions, select the Back button below to back up to the question you would like to change OR select Exit to start the screening over.
BACK
EXIT
Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258
DHHS ACCESSNebraska Customer Service Center is available
8:00 AM to 5:00 PM Monday thru Friday
Contact Us
Medicaid
Toll Free: (855)632-7633
Lincoln: (402)473-7000
Omaha: (402)595-1178

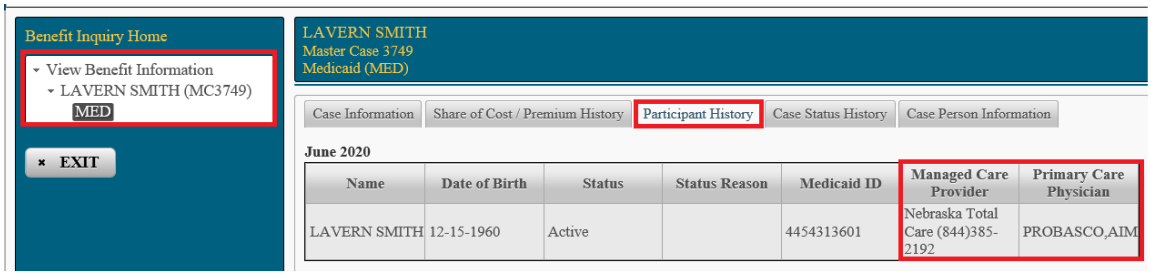
CBI (Change)

The Case Information and Participant History screen (located under the Medicaid) updated to display Managed Care Entity details and Primary Care Provider detail.

- The existing Managed Care column indicator of Y or N is replaced with the Managed Care Provider Name and Phone Number.

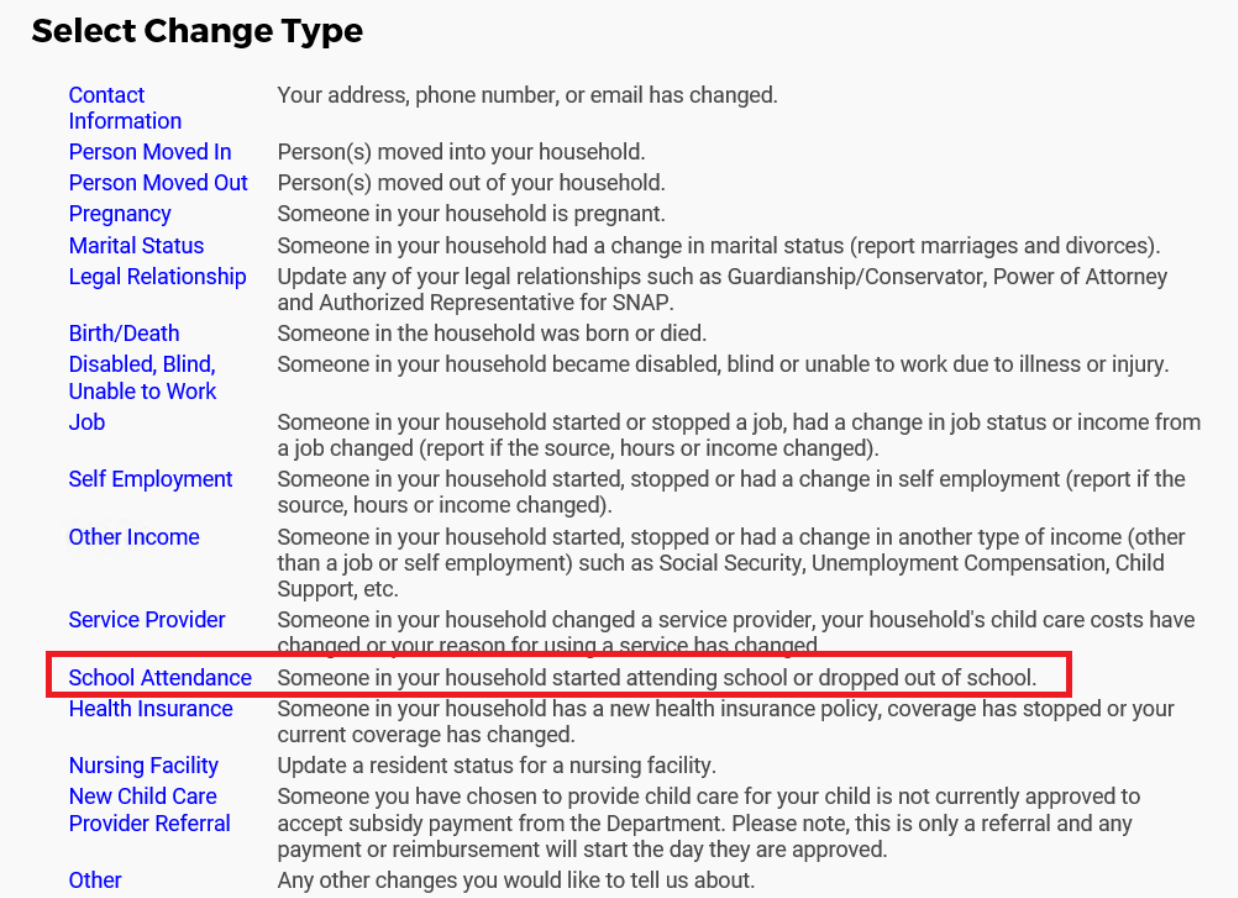
Case Information Tab

Participant History Tab (Update)



School Attendance

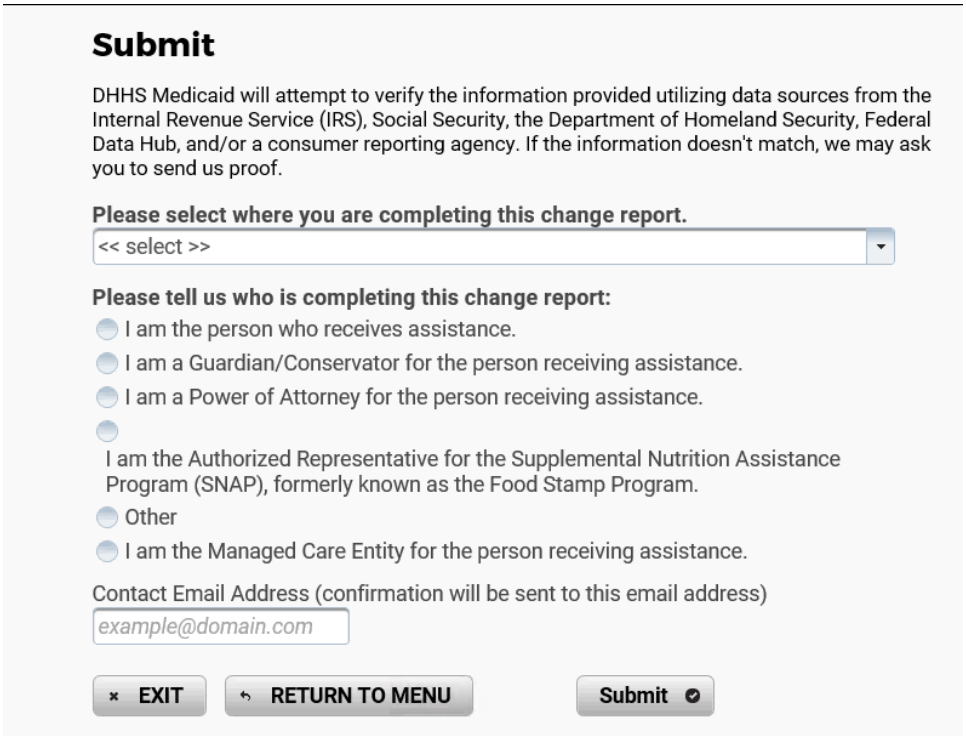
- New Change type “School Attendance” is added to the MAGI menu.



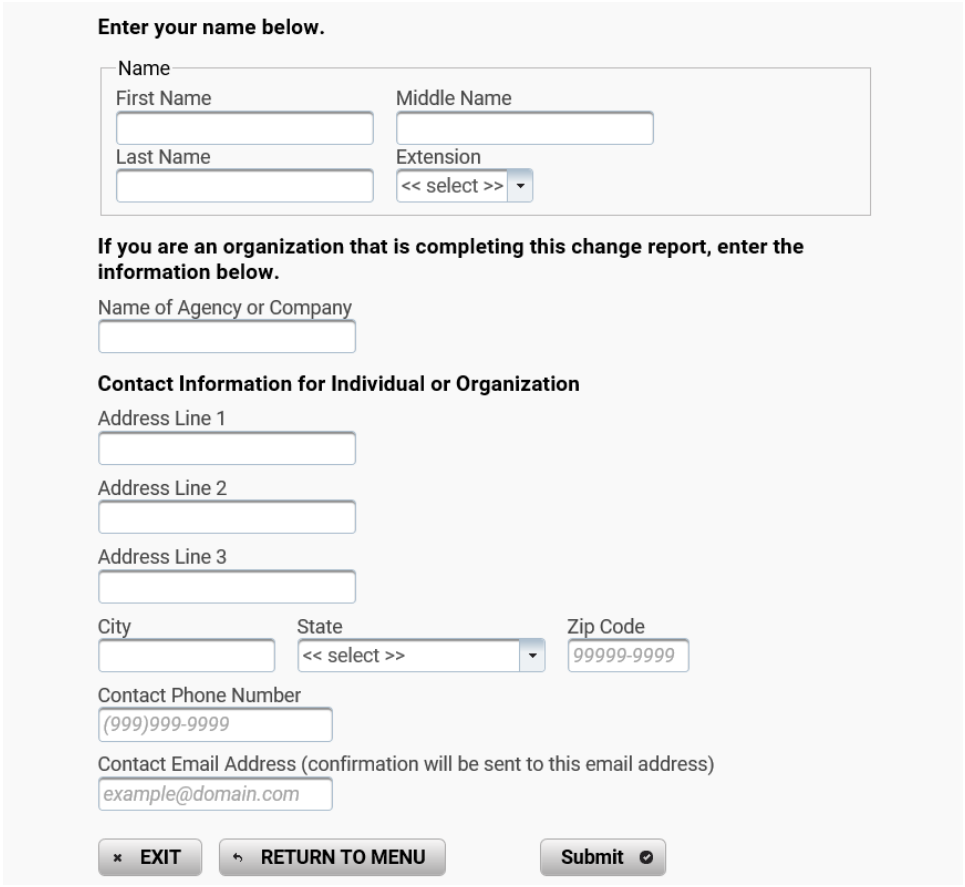
Change Type Other

- The Manage Care Organization (MCO) can now submit changes through the change type of 'Other'.

Select "I am the Managed Care Entity for the person receiving assistance" option. This opens addition fields to provide information about the Managed Care Entity person completing this change.

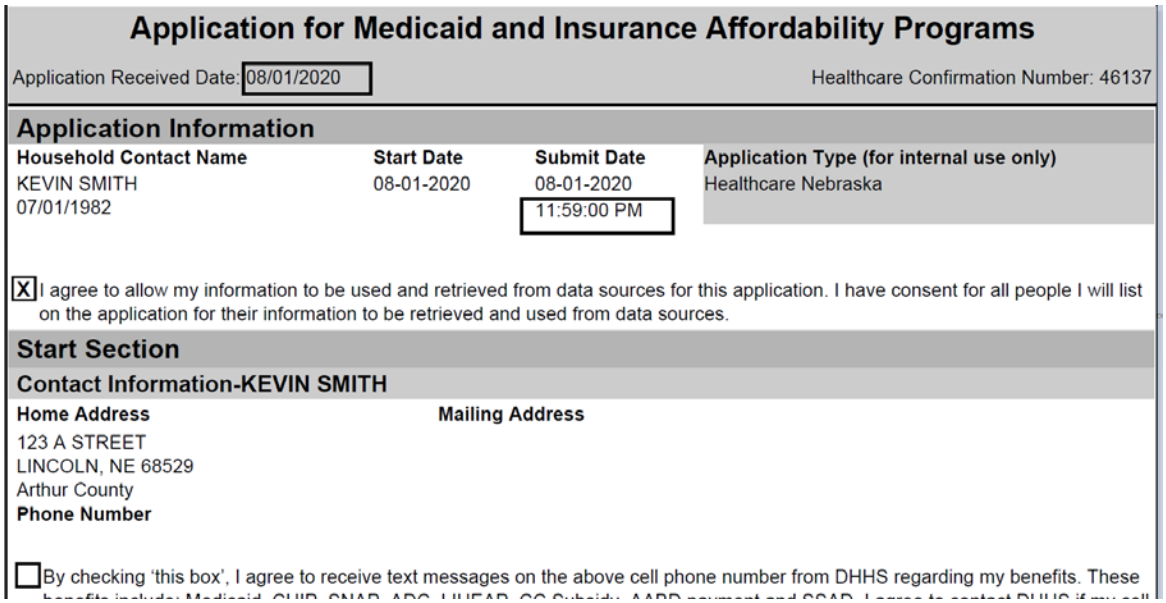


See additional screen print on next page.


Enter your name below.
Name
First Name
Middle Name
Last Name
Extension
<< select >>
If you are an organization that is completing this change report, enter the information below.
Name of Agency or Company
Contact Information for Individual or Organization
Address Line 1
Address Line 2
Address Line 3
City
State
<< select >>
Zip Code
99999-9999
Contact Phone Number
(999)999-9999
Contact Email Address (confirmation will be sent to this email address)
example@domain.com
EXIT
RETURN TO MENU
Submit

Healthcare Application PDF (Update)

Prior to this release online Healthcare applications submitted after close of business (5pm M-F and all weekends) had a received date set to the next business day. This logic has been changed to allow the received date to be the same day up to 11:59 pm the date it was submitted.



Application for Medicaid and Insurance Affordability Programs

Application Received Date: 08/01/2020 — Healthcare Confirmation Number: 46137

Application Information

Household Contact Name	Start Date	Submit Date	Application Type (for internal use only)
KEVIN SMITH 07/01/1982	08-01-2020	08-01-2020 11:59:00 PM	Healthcare Nebraska

[X] I agree to allow my information to be used and retrieved from data sources for this application. I have consent for all people I will list on the application for their information to be retrieved and used from data sources.

Start Section

Contact Information-KEVIN SMITH

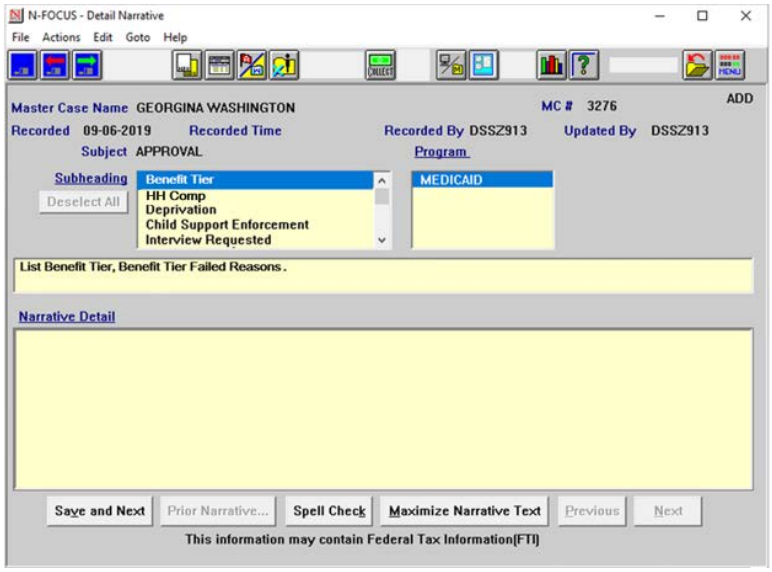
Home Address	Mailing Address
123 A STREET LINCOLN, NE 68529 Arthur County **Phone Number**	

[ ] By checking 'this box', I agree to receive text messages on the above cell phone number from DHHS regarding my benefits. These

Narrative Subheadings for HHA (New)

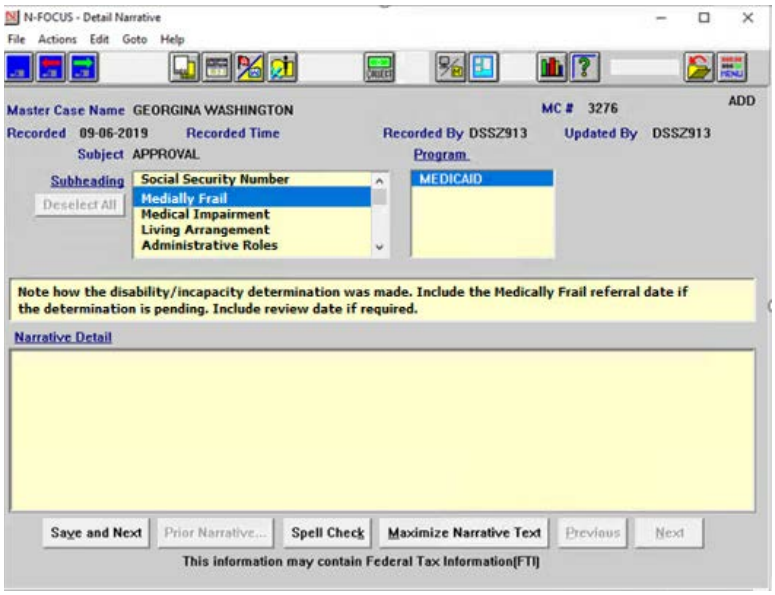
Benefit Tier Narrative (New)

A Benefit Tier narrative subheading will be available when narrating under Approval, Review/Recert/Renewal and Change Management subjects. You can document a Benefit Tier or Benefit Tier Failed Reasons.



Medically Frail Narrative (New)

A Medically Frail narrative subheading will be available when narrating under Approval, Review/Recert/Renewal and Change Management subjects. You can document how a disability/incapacity determination was made, Medically Frail referral date if pending and review date.



Alerts

Alert 633- No High Dated Budget (New)

This alert was released with the June Interim Release. The alert goes to active MED cases without a high dated budget. This information was previously on the Monthly Copay Report. Now the notification will come directly to the worker instead of production support creating notification to the worker.

Alert 432- Age Change (Change)

Age 21 has been added to the Age Change alert for active HHA participants in the Prime or Medically Frail NFOCUS category (benefit tier). The alert is created on the 1st of the month 60 days prior to the 21st birthday.

Age 65- the Age Change alert for this age is changed to be created on the 1st of the month prior to the 65th birthday. All HHA NFOCUS categories (benefit tiers) have been added to the age 65 criteria.

Alert 426 – Med Impairment Review (Change)

The existing Alert 426 – Med Impairment Review has been updated to include the new Medical Impairment type of Medically Frail – Approved. This alert is triggered by the Impairment Review Date entered in Expert System. The alert will continue to be generated on the first of the month the review is due.

Alert 631- MCE Med Frail Appr (New)

Alert 631, MCE Med Frail Appr alert is created when the Managed Care Entity (MCE) finds the recipient to be Medically Frail due to ICD-10 diagnosis codes for an active HHA client. The alert will include that Medically Frail has been approved and the duration.

Alert Text:

A Medically Frail Approval record is needed. Referral received date is ~. Impairment duration is ~ yr(s). Document the Medically Frail Approval in narrative.

Alert 634 – Med Frail Approved (New)

The purpose of the Med Frail Approved alert is to notify workers that a decision was made by clinical staff regarding eligibility and duration for the Medically Frail Benefit Tier. This alert is created when the person is an active participant in an active Medicaid (11) program case. The decision comes via the OnBase interface.

Alert Text:

Medically Frail has been approved for ARP ID <id#>. The decision date is <mm/dd/yyyy>. Duration is < > yrs.

Alert 635- Med Frail Denied (New)

The purpose of this alert is to notify workers that a decision was made regarding eligibility for the Medically Frail Benefit Tier. The alert is created when the person is an active participant in an active Medicaid (11) program case. The decision comes via the OnBase interface.

Alert Text:

Medically Frail has been denied for ARP ID <arp id>. The decision date is <mm/dd/yyyy>. The reason is <reason long decode>

Correspondence

Notice of Action (Change)

Changes have been made to the Notice of Action to display information regarding the individuals HHA benefit tier eligibility. A table, similar to the one shown below, will be on the Notice of Action for an HHA participant to indicate the benefit tier and the effective date.

Individual	Benefit Tier	Effective Date
Prime Tier	Prime	08-01-2020
Medically Frail Tier	Prime	08-01-2020
Basic Tier	Basic	08-01-2020

Note: Only the applicable row of the table will display for the individual participant being referenced on the Notice of Action.

Denial and Closure Notices remain unchanged.

Medically Frail Notice of Action

The Medically Frail Tier is considered a separate tier in NFOCUS, however, participants who are considered Medically Frail will receive the Prime Benefits Package. “Prime” will be listed as the approved Benefit Tier on the Notice of Action, as shown in the previous topic.

HHA and Non-HHA Participants in Household

Notices with both HHA and non-HHA participants will display separately on the Notice of Action.

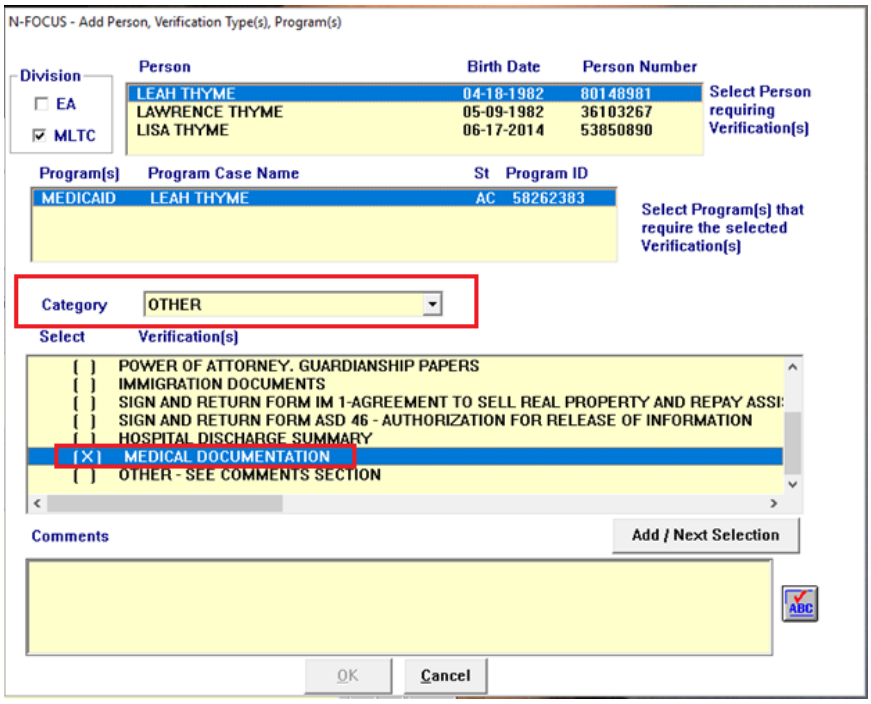
Manual Referencing

Moving between benefit tiers, such as a participant who moves from Prime to Basic due to eligibility requirements, will be implemented with the August 16, 2020 release.

Note: Workers will need to follow the instructions in the Implementation Guide until this release.

Verification Request New Subheading (Change)

The subheading of Medical Documentation was added under the Other category on the Add Person, Verification Type(s) Program(s) window.



Document Imaging

Subheadings (New)

The following subheadings have been added with this release.

Note: The categories listed will only be seen in the NFOCUS Search Image Window, Add Image Window, and File Director. They will not display in ACCESSNebraska Submit Docs.

MLTC Subcategories (New)

A new category called Medically Frail has been added for MLTC. This category is only available to workers with specific security access. At this time, access includes Production Support and a handful of clinical staff.

All Divisions Subcategories (New)

A new category called Permanent Resource has been added for all divisions. This category does not have a date range parameter when searching so it will pull in documents from all years in the past to current.

Expert System

Heritage Health Adult Program (HHA) New

To implement the new Heritage Health Adult expansion for adults ages 19 through her/his 65th birth month, N-FOCUS will offer four categories for recipients:

- Medically Frail
- Prime
- Basic

The existing MAGI hierarchy in N-FOCUS will be updated to include the HHA Medically Frail, Prime and Basic NFOCUS categories (benefit tiers). The existing MAGI non-financial and financial rules will be modified to accommodate HHA eligibility:

- HHA age range
- HHA FPL limit
- Dependent Child Insurance rule
- Receiving or Eligible for Medicare rule

The following changes in Expert System are because of the HHA Program.

HHA Eligibility Determination

N-FOCUS will first apply the Mandatory MAGI eligibility rules to determine if the individual is MAGI eligible. Then, NFOCUS must apply HHA specific Eligibility Rules to determine if the individual is HHA eligible.

MAGI Adult Hierarchy

HHA will be the last program in the MAGI adult hierarchy for MAGI configuration in Expert.

NFOCUS will run through the following adult categories and place the individual in the first program where she/he meets the eligibility conditions:

1. MAGI IMD
2. Parent/Caretaker Relative (MAGI PCR)
3. Transitional Medicaid (TMA)
4. Pregnant Woman (MAGI PW)
5. HHA

Note: For a past month, NFOCUS will allow HHA Prime or Medically Frail can replace any category higher in the hierarchy if all eligibility factors are met. However, the worker must be mindful of regulations when making this type of change.

Exceptions to Hierarchy:

- **Former Foster Care:** An individual will be considered for FFC before HHA. The worker must follow the as-is FFC business process.

- **Parent/Caretaker Relative 5% Disregard Test:** During the HHA test, if a Parent/Caretaker Relative is ineligible due to HHA specific rules (not the income test), the system will apply the 5% income disregard test to the MAGI PC category.

- **Prime Due to Pregnancy:** This will require an override of the category to HHA Prime in Expert. The override will need to be added and removed based on when Prime eligibility is met for this group. See the override section for detail related to the override process.

MAGI HHA Eligibility Rules

To determine if an individual is eligible for the HHA program, NFOCUS will apply the following MAGI HHA rules:

The individual must pass:

- MAGI non-financial rules
- MAGI financial rules
- All HHA specific rules:
  - Pass the Dependent Child Insurance Rule
  - Ineligible if:
    - Receiving Medicare

    OR
    - Eligible for Medicare based on age (ineligible in the month that immediately follows the 65th birth month or in the birth month if date of birth is on the 1st)
    - Has a Benefit type of Medicare (all Medicare programs) for budgeting month
  - HHA Age Limit: Must be 19 through the 65th birth month

    Note: If date of birth is on the 1st of the month, HHA will start or end with birth month. Any other date and HHA will start or end in the month following the birth month.
  - HHA FPL: Income must be equal to or less than the HHA FPL, the system will apply the 5% income disregard when applicable.

If the individual fails the HHA specific eligibility rules, NFOCUS will consider the person ineligible for HHA.

HHA Determination

If the individual passed HHA specific eligibility rules, the system will apply HHA category (benefit tier) standards and rules.

HHA Category Standards

When determining if an individual is eligible for HHA, NFOCUS will adhere to the following HHA category (benefit tier) standards:

- A person can only be assigned one HHA category (benefit tier) for a month, a month cannot have two active categories (benefit tier).
  - An existing determination can be changed if allowed by adverse action rules. However, the worker must be mindful of regulations when making this type of change.
- N-FOCUS must adhere to the following hierarchy and place the individual in the first category (benefit tier) where the individual meets the conditions and time frames:
  - **Medically Frail** – All individuals that have a current Medically Frail Approved Medical Impairment that has been entered in Expert.
  - **Prime** – Must be age 19 through 20 and not Medically Frail.
  - **Basic-** All individuals who are not Medically Frail or Prime will be in the Basic category (benefit tier).

Prime Category (Benefit Tier) – Targeted Prime Groups

Age 19-20: Will always be in the Prime category (benefit tier) if HHA eligible, unless Medically Frail. This is based on their age through the end of their 21st birth month or start of their 21st birth month if the date of birth is on the 1st day of the month.

Age 21 – 65: Pregnant women who are currently HHA eligible at the time pregnancy is reported will become Prime eligible the month following the report. The Configure Override must be used to place these individuals into the HHA Prime category.

Note: Prime does not apply to any other groups within this age range.

Determination Time Frames

Initial Application – Individual has not received Nebraska Medicaid OR has been closed for more than 90 days.

- All initial applicants found HHA eligible will be placed into the Basic category (benefit tier) unless they are found Medically Frail or part of the 19-20 year old Target Prime group.

Note: Pregnant women cannot be found eligible under HHA if pregnancy is reported at initial application.

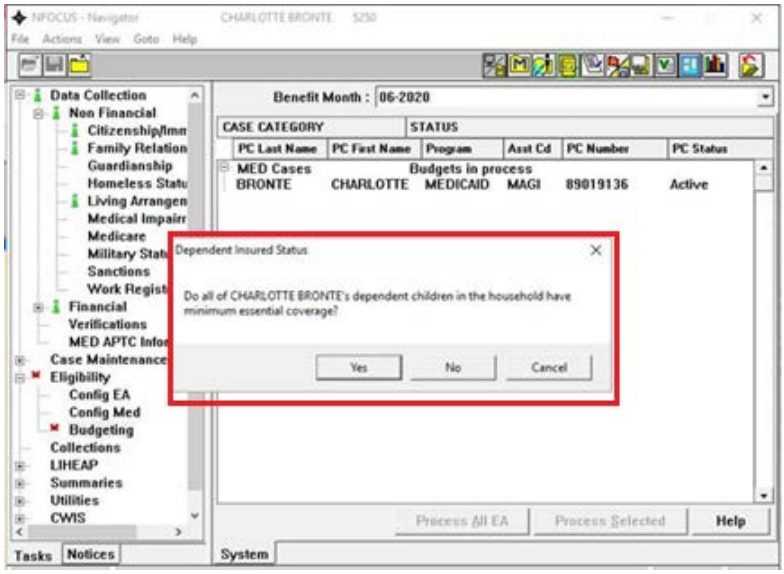
Change of Circumstance - Individual received Nebraska Medicaid in the month prior to the budget month and in the budget month.

- **Change for Future Month:** Existing logic will be used for movement into any of the HHA categories (benefit tier), including the adverse action warning if moving to a lesser benefit.

Note: Movement into Basic is considered adverse if moving from any other MAGI category or non-MAGI category without a SOC.

- **Change for Current/Past Month:** The existing adverse action window will be used to prevent being placed into HHA Basic in a past or current month that has already been issued. Any past or current month can be re-run as Medically Frail or Prime. However, the worker must be mindful of regulations when making this type of change.

Dependent Insured Status (New)

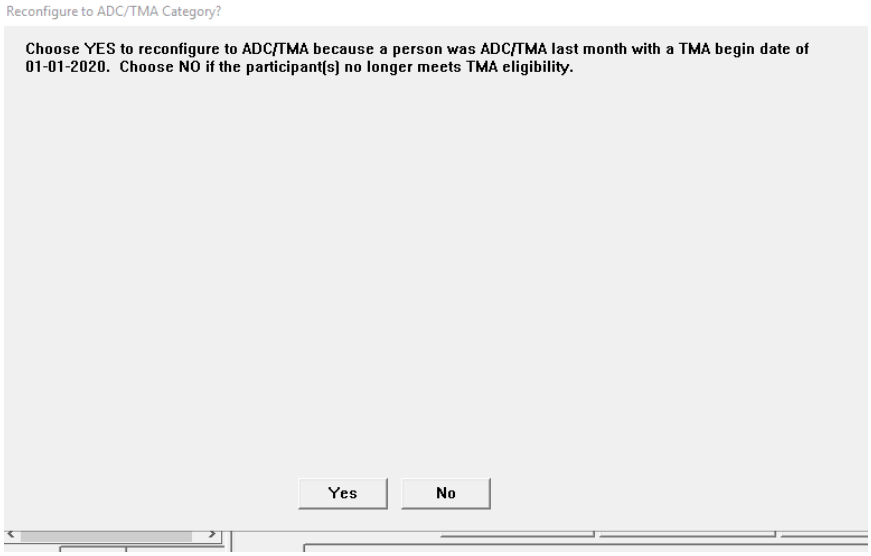


Each parent/caretaker relative that is applying or currently receiving HHA coverage must have minimum essential health coverage (including receiving/applying for Medicaid or CHIP) for her/his dependent child(ren) living in the home.

If the worker has indicated in the existing P/CR pop-up window that a participant is a Parent/Caretaker Relative in the month of processing, then after verifying any income, N-FOCUS will display the new Dependent Insured Status Window asking if the participant has minimum essential health coverage for all dependent children living in the home. This message will need to be answered for every participant that was indicated as a Parent/Caretaker Relative.

Note: If a worker indicated “Yes” and the child is found not eligible for Medicaid or CHIP and has no other minimum essential coverage, the worker will need to re-run the budget for the parent/caretaker relative and indicate “No” to the dependent child insurance question to get the correct eligibility determination for the adult.

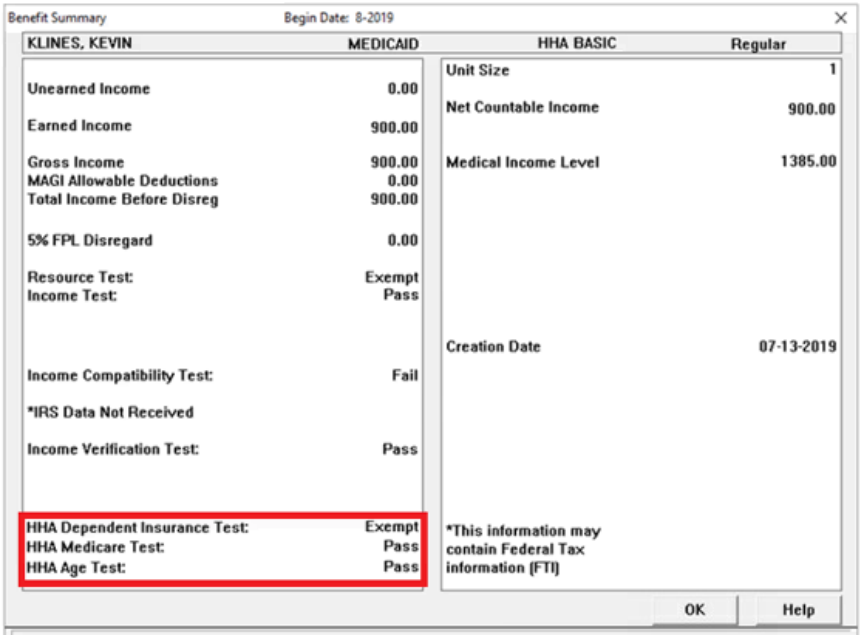
Reconfigure to ADC/TMA Category Pop-Up (Update)



The existing TMA reconfigure message has been updated to reflect changes with HHA. The message now says to choose No if the participant(s) no longer meets TMA eligibility.

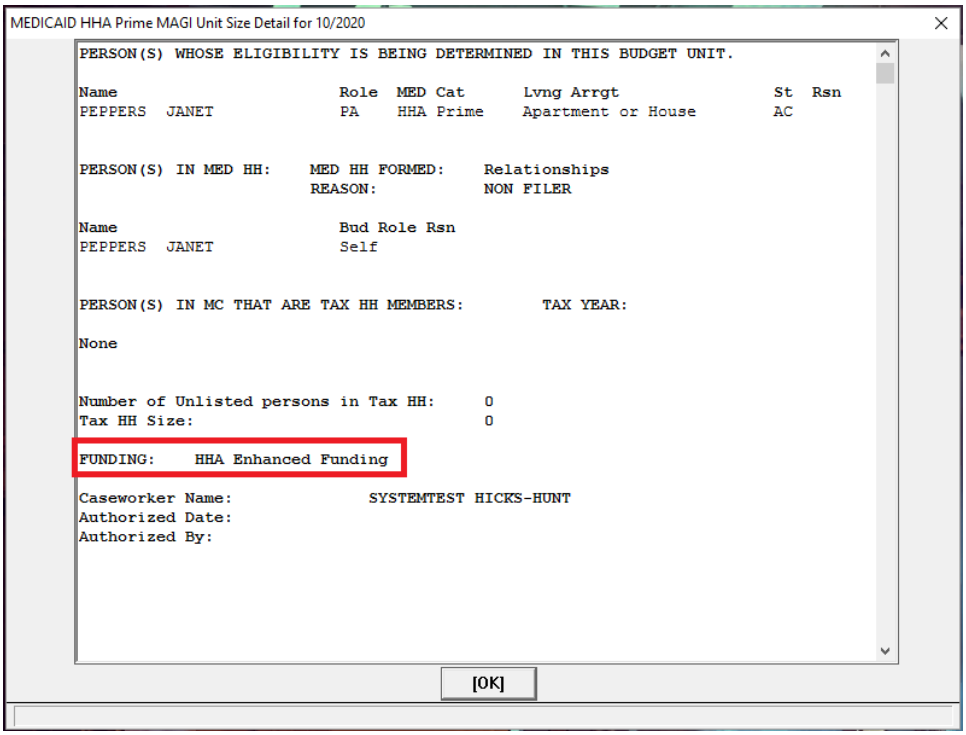
No would be selected on this screen only when TMA eligibility ends due to not meeting a TMA specific eligibility criteria (e.g. the only dependent child moved out of the Household or turned 19).

Benefit Summary (Update)



The existing Benefit Summary window will now include three HHA tests, this will only display in HHA budgets. Each test corresponds to the related HHA specific rules. Non-HHA Benefit Summaries will have no change.

Unit Size Detail (Update)



The existing Unit Size Detail window has been updated to list Funding and fund type for HHA category budgets only.

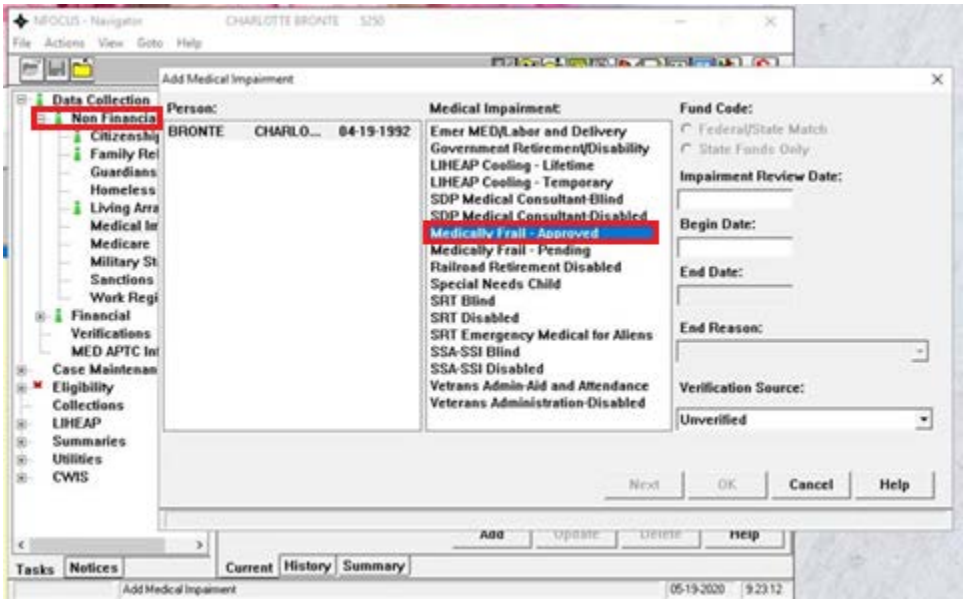
Note: The fund displayed on the Unit Size screen will not update until the budget is authorized in Expert. Once authorized, the Fund will display as determined in summary. If viewed before budget authorization, Fund may not reflect actual determination.

Configure Med Override (Update)

HHA Prime, HHA Basic and HHA Medically Frail categories (benefit tier) have been added to the existing configure override list for MAGI.

Note: Restricted access to this action now includes MLTC specified leads and supervisors. Workers with access can follow the override guide for the existing process to add and remove overrides. Workers will need to follow business processes to request overrides as needed.

Non-Financial Tab Add Medical Impairment - Medically Frail (New)

The Medical Impairment types of Medically Frail – Approved and Medically Frail – Pending have been added in the Expert System>Non-Financial Tab. To add one of these Medical Impairment types complete the following steps:

1. Select Non-Financial from the Navigator.
2. Select Medical Impairment.
3. Click the Add button.
4. Select Medically Frail Approved or Medically Frail Pending from the list of Medical Impairments.
5. Complete the additional fields as appropriate.
6. Click Next or OK to proceed.