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# *N-FOCUS Major Release*

## *Economic Assistance*

### *December 9, 2018*

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A Major Release of the N-FOCUS system is being implemented December 9, 2018. 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.

**Electronic Application:** 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

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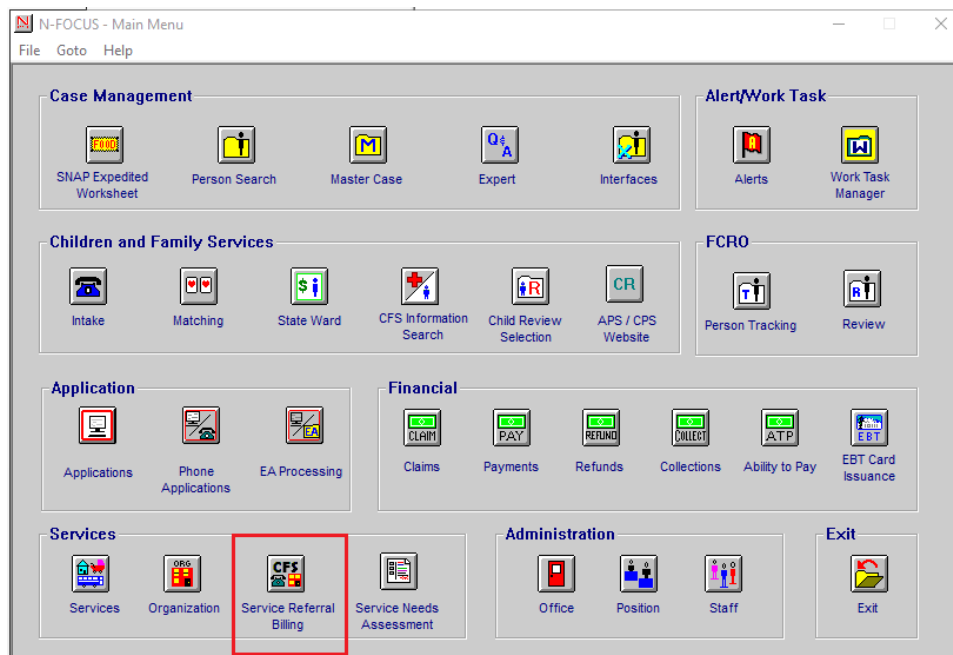
### Main Menu (Change)

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The Main Menu, Services group contains a new icon with this release.

Service Referral Billing Icon – Click this icon to navigate to the Search Service Referral – Billing window.

**Note:** This icon will be used primarily by CFS Protection & Safety at this time.



### PAS Program Moving From MLTC to EA (Change)

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The Personal Assistance Service (PAS) program is moving from the MLTC division to the EA Division. PAS will no longer appear on the Case Actions task in the Expert System. All PAS case actions will now occur from the Detail Program case in GEN. PAS will be activated in GEN and the system will perform a check of Medicaid eligibility before activation. The following message will be displayed if PAS is NOT approved.

Program case may not be activated if participant's Medicaid status is pending, closed, denied, or they are in a Medicare Buy In only category. The PAS case will not be activated for any month that the participant was not Medicaid eligible.

When a PAS case is pended or reopened the initial mode recommendation will be assigned. The case assignment will default to the EA Processing Queue, position 1111111. The worker has the option to assign to someone else. If the program case status is pending and it is assigned to position 1111111 the MC will be added to the EA processing queue. The queue type will be Initial. The date the pending action occurs becomes the EA queue priority date. PAS is added to the AABD/SSAD (01) service delivery group. If a worker renders a pending PAS case from the

queue, and the MED case is still pending, a new alert #613 will be generated once Medicaid is approved to notify the EA worker to action on the PAS case.

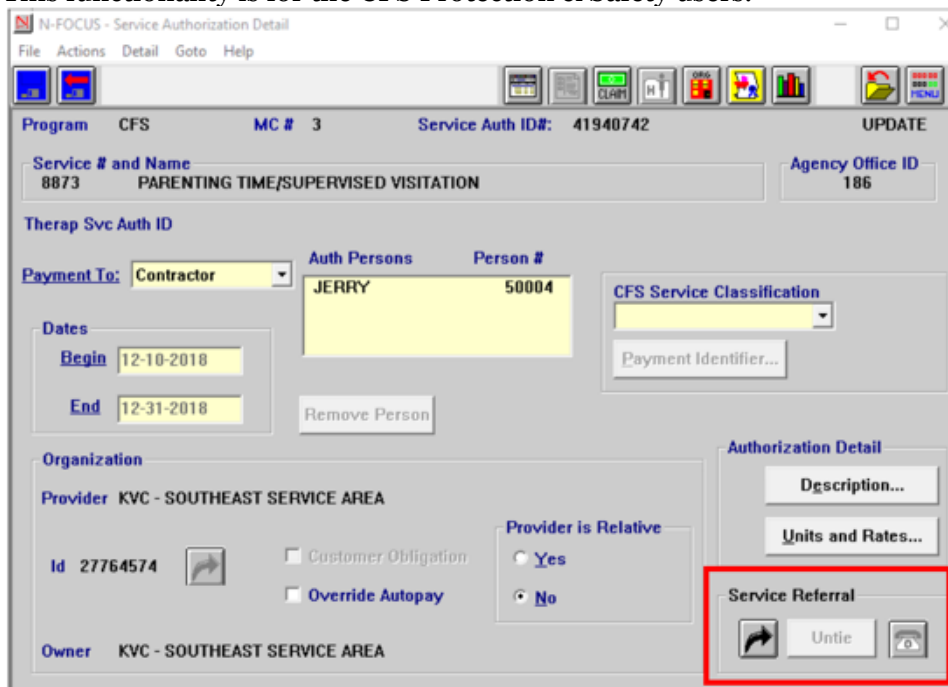
Regarding the review process for PAS. Currently the MLTC worker receives alert #490, SNA ends, when it is time to renew the Service Needs Assessment. Alert #490 will be discontinued. Alert #307 is being reinstated for PAS case only for EA workers. Once generated, this alert will be used to insert the MC into the EA processing queue with the type, Review. The queue priority date will be the processing date when the alert was created. If the PAS program case is already assigned, the alert will be created, but the MC will not be inserted into the EA processing queue.

Work Tasks will now be generated for PAS, regarding case pending 45 and 60 days.

### [Service Authorization \(Change\)](#)

The ability to tie a Service Referral to a Service Authorization has been added to the Detail Service Authorization window.

**Note:** This functionality is for the CFS Protection & Safety users.



## ACCESSNebraska Electronic Application

### [My Account PIN Letter \(Change\)](#)

The ACCESSNebraska My Account PIN letter will now include the following language:

The PIN Number referenced in this letter is not associated with your EBT or Reliacard accounts.

## Rent and Lot Rent Split on Application (Change)

With this release, Rent and Lot Rent will be split on the Expenses – Housing screen for Economic Assistance.

The screenshot shows a web browser window titled "Nebraska DHHS: Application - Housing Expense Information - N-FOCUS: Test Date/D8". The page header includes the "Official Nebraska Government Website" logo, the word "Application" in a large font, and the "ACCESS Nebraska" logo. Below the header, the date "11/09/2018" and "Test Dt: 12/18/2018 12:00 AM" are displayed, along with the user information "Test DB: DSSADSO" and "You have logged in as : NF0StgOTOBear".

The main content area is titled "Expenses - Housing" and contains the following fields and options:

- Who is billed for this housing expense?
  - TEDDY OBEAR - 01/01/1985
  - TEDDY OBEAR JR - 01/01/2015
  - KOALA OBEAR - 01/01/2017
- Type of Housing Expense (dropdown menu):
  - <<select>>
  - Car Payments for Car Used as Home
  - Condominium/Association Fees
  - Home Equity Loan
  - Homeless Shelter Costs
  - Homeowner's Insurance
  - House Payment
  - House Payment with Insurance
  - House Payment with Taxes
  - House Payment with Taxes and Insurance
  - Lot Rent
  - Other-Allowable Housing Expense
  - Real Estate Taxes on Home
  - Rent
  - Second Mortgage
- If other, describe. (text input field)
- fees (pet, cable, garage etc.)?  Yes  No
- helps below. (text input field)
- ing information. (text input field)
- Landlord Name (text input field)
- Landlord Phone Number (text input field, Example: (999)999-9999)
- Is this public/subsidized (Section 8) housing?  Yes  No
- Does the person billed for this expense have an eviction notice?  Yes  No

At the bottom of the form, there are three buttons: "CANCEL", "ADD ANOTHER", and "CONTINUE".

Footer information includes:

- Economic Assistance: Toll Free: (800)383-4278, Lincoln: (402)323-3900, Omaha: (402)595-1259
- 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)595-1176

## Alerts

### Alert 606 CHARTS Created A/R (New)

This new monthly alert is created when an Accounts Receivable has been created by CHARTS. The alert will notify the ADC worker that a budget needs to be authorized to begin recoupment.

### Alert 607 – Age Change (New)

Workers assigned to Employment first cases will now receive an age alert when the Employment First participant's child turns age 12 weeks or 6 years old.

### Alert 248 – Age Change (Change)

With this release, workers assigned to Employment First cases will no longer receive this Age Change alert when the Employment First participant turns age 65.

### [Alert 614 – LIHEAP \(New\)](#)

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When an energy provider reports a change to household utility information through the LIHEAP Provider Response Spreadsheet, this alert will be generated.

**Alert Text:**

Energy Provider (both name and provider ID#) has reported a change to Household Utility Information. Heating and cooling utility information must be verified for the Household.

### [Alert 613 – Medicaid Approved](#)

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This alert informs the EA Worker that Medicaid has been approved and they can now take action on the PAS Case.

Alert Text:

Medicaid Program Case has been approved. Action needed on PAS Program Case.

### [Alert 307 – SNA Ends \(Change\)](#)

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The Service Needs Assessment Alert is created on the Master Case that contains a PAS Program case in which the Service Needs Assessment will be ending in the next 30 days. Once generated, the Master Case will be placed in the EA Processing Queue for review.

If the PAS program case is already assigned, the alert will be created, but the MC will not be inserted into the EA processing queue.

**Note:** Prior to this release, the PAS Program was handled by MLTC. PAS Programs will now be handled by Economic Assistance.

## Narrative

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### Detail Narrative Window (Change)

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A new field, Recorded Time will be added to the Detail Narrative window. This field will display the time the narrative was created.

The screenshot shows the 'N-FOCUS - Detail Narrative' window. The title bar includes 'File', 'Actions', 'Edit', 'Goto', and 'Help'. The main area displays the following information:

- Master Case Name: TESTING SINDELAR
- Recorded: 09-18-2014
- Recorded Time: 10:15:16** (highlighted with a red box)
- Recorded By: NFO3SP0B
- Updated By: SYSTEM
- MC #: 33
- INQUIRY
- Subject: AUTOMATED NARRATIVES
- Program: SNAP

Below this information, there are two columns for subheadings: 'Expedited Indicator Chng' and 'SNAP'. A 'Deselect All' button is located to the left of the 'Expedited Indicator Chng' column. The 'Narrative Detail' section contains the text: 'Pending Expedited SNAP case was changed to Not Expedited as the scheduled interview was missed.'

At the bottom of the window, there are several buttons: 'Save and Next', 'Prior Narrative...', 'Spell Check', 'Maximize Narrative Text', 'Previous', and 'Next'. A footer note states: 'This information may contain Federal Tax Information(FTI)'.

### Sub-Headings (Change)

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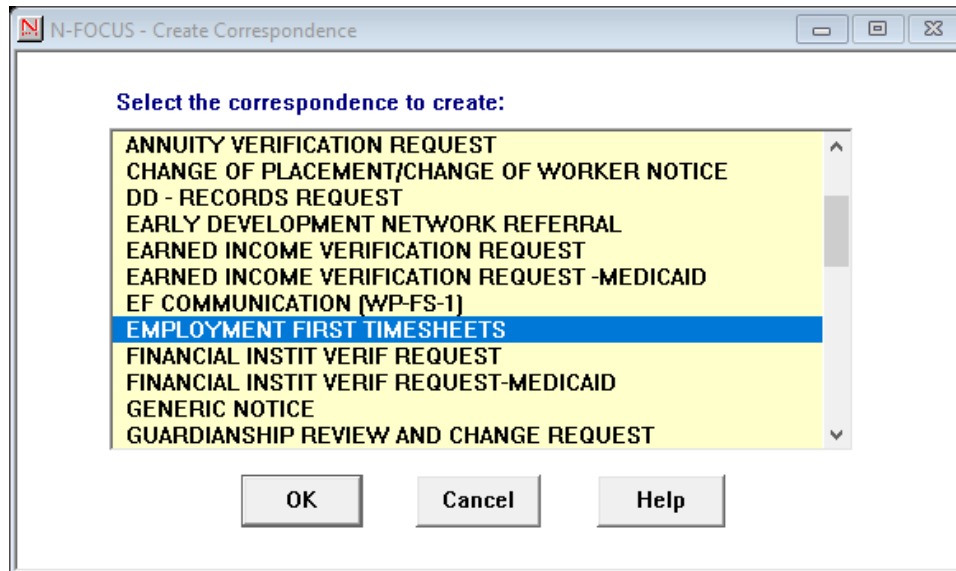
The subheading Payment Method will be available for the Approval, Review/Recert and Change Management subjects.

The subheading Release of Information will be available for the Interview subject. Release of Information will also be will also be available for the AABD, ADC, CC, SNAP, LIHEAP, SSAD, and Emergency Assistance Programs.

## Correspondence

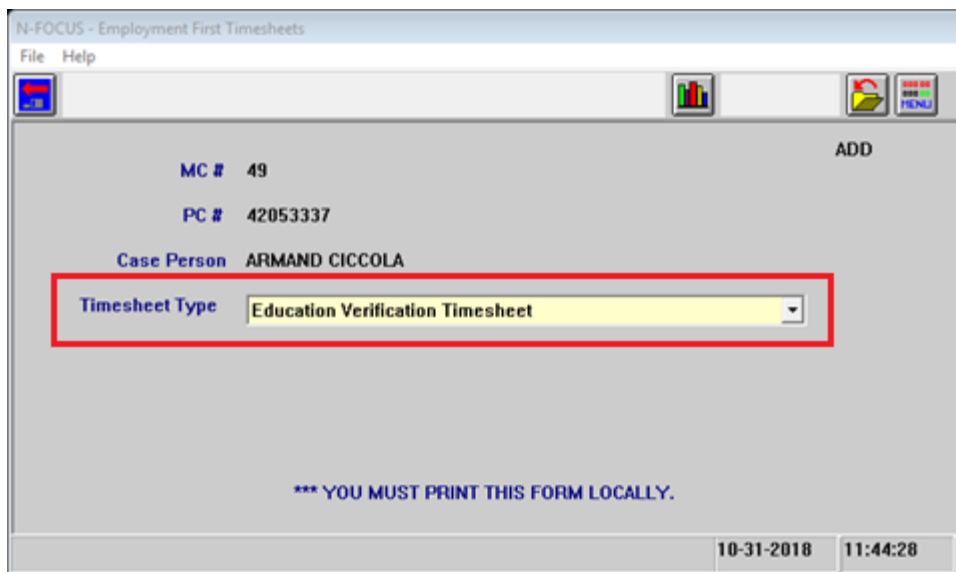
### New Employment First Timesheets (New)

With this release, a New Employment First timesheets (Education Verification Timesheet, Community Service/Work Experience Timesheet, Daily Job Search Timesheet) will be available for local print in the EF Detail Program Case correspondence create function.



The Timesheet Types that are available to select include:

- Education Verification Timesheet
- Daily Job Service Timesheet
- Community Service/Work Experience Timesheet



**Note:** These timesheets will include the new barcode in the lower right corner. Examples of this new correspondence can be seen on the following pages.



**Nebraska Department of Health & Human Services**

Weekly Time Sheet (Effective 08/01/2009)

The participant and site supervisor must verify information, sign and date.

Please forward the completed form to the Employment First Case Manager no later than \_\_\_\_\_ every \_\_\_\_\_

**Participant**

**Site Supervisor**

Name: ARMAND CICCOLA

Name: \_\_\_\_\_

MC#: 00000049

Phone #: \_\_\_\_\_ Ext#: \_\_\_\_\_

Week of: \_\_\_\_\_

Worksite: \_\_\_\_\_

	Date	Time In	Time out	*Total Hrs
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

<input type="checkbox"/>	Community Service
<input type="checkbox"/>	Work Experience

Progress	
Attendance	
Cooperation	
Follows Direction	
Job Knowledge	

Please use the following scale:  
 S = Satisfactory  
 N = Needs Improvement  
 P = Progressing

\*Please round to the nearest quarter hour.

*Total Hours:
---------------

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature indicates the supervisor has verified the accuracy of the hours worked.

The employee will be credited for hours worked, as listed on this timesheet.

Return this completed form to your EF worker, or fax to (402)742-2351.



**Nebraska Department of Health and Human Services**

**Employment First - Daily Job Search TimeSheet**

Date: \_\_\_\_\_ Workshop Time \_\_\_\_\_  
 Participant Name: ARMAND CICCOLA Last 4 Digits of SSN 4215

Company Name		Company Address	
Company Phone		Company Contact	Office Use Only
Position	Action A R I	Time Spent - 1/2 Hour 1 Hour (Circle One) 1 1/2 Hours 2 Hours	Hours:
<input type="checkbox"/> Online Application		Application # _____	or Monitor Initial _____

Company Name		Company Address	
Company Phone		Company Contact	Office Use Only
Position	Action A R I	Time Spent - 1/2 Hour 1 Hour (Circle One) 1 1/2 Hours 2 Hours	Hours:
<input type="checkbox"/> Online Application		Application # _____	or Monitor Initial _____

Company Name		Company Address	
Company Phone		Company Contact	Office Use Only
Position	Action A R I	Time Spent - 1/2 Hour 1 Hour (Circle One) 1 1/2 Hours 2 Hours	Hours:
<input type="checkbox"/> Online Application		Application # _____	or Monitor Initial _____

Company Name		Company Address	
Company Phone		Company Contact	Office Use Only
Position	Action A R I	Time Spent - 1/2 Hour 1 Hour (Circle One) 1 1/2 Hours 2 Hours	Hours:
<input type="checkbox"/> Online Application		Application # _____	or Monitor Initial _____

Company Name		Company Address	
Company Phone		Company Contact	Office Use Only
Position	Action A R I	Time Spent - 1/2 Hour 1 Hour (Circle One) 1 1/2 Hours 2 Hours	Hours:
<input type="checkbox"/> Online Application		Application # _____	or Monitor Initial _____

Total Daily Hours \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken Key: A = Submitted Application; R = Submitted Resume; I = Interview

Return this completed form to your EF worker, or fax to (402)742-2351.

Daily Job Search Timesheet FJ / 49684362



### Education Verification Sheet

All data is required to be complete on this time record.

Participant: ARMAND CICCOLA MC#: 00000049 Week of: \_\_\_\_\_

Date:	Start Time	End Time	Hours	Instructor/Monitor Signature	Online: "Y"
Total Class Hours					
Total Unsupervised Study Time					

Supervised Study Time				
Date:	Start Time	End Time	Hours	Monitor Signature
Total Supervised Study Time				
Total Hours				

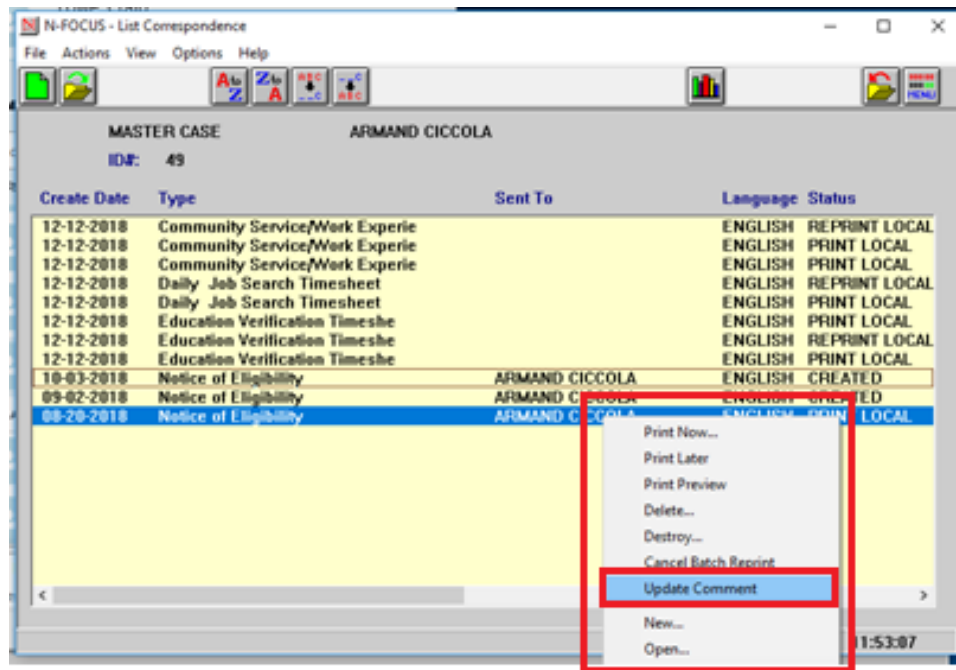
Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to your EF worker, or fax to (402)742-2351.



## List Correspondence Window (Change)

On the List Correspondence window, the Update Comment action will only be available for Expert System Notices of Eligibility with a status of Created.



## Expert System

### Child Care 7% Budget (Change)

Effective January 1, 2019, Child Care Family Fee will no longer be determined by the number of participating children. The family fee will be determined based on 7% of total Net income. There are no changes to income limits, however, family fees will increase for some families. Family fees are no longer broken up as per child and will be one fee for the family, regardless of the number of children receiving Child Care.

To view the Family Fee, navigate to the Benefit Summary page and double click on the Family Fee line.

Benefit Summary Begin Date: 2-2019

OMADISON, JACOB		CC	Sliding Fee	Regular
Resource Total	0.00		Unit Size	5
Resource Limit	Exempt		Number Eligible Children	2
Earned Income	2250.00		Eligible As:	
Earned Income Disregard	0.00		Sliding Fee	
Unearned Income	670.00		<b>Family Fee</b>	<b>204.00</b>
AABD Amount	0.00			
Net Income	2920.00			
Income Limit	3187.00			
Resource Test:	Exempt		Service Need Reason:	
Income Test:	Pass		Employed	
			Creation Date:	12-15-2018
			Eligibility Period:	12-01-2018 - 11-30-2019

OK Help

The CC Sliding Fee Family Fee Detail window will display.

CC Sliding Fee Family Fee Detail for 02/2019

Total Net Income:	2920.00
	* 0.07
	-----
Family Fee Subtotal:	204.40
Subtotal rounded to nearest dollar	
Family Fee Total:	204.00

[OK]

**Note:** The benefit summary will no longer show 'First Child' and 'Additional Child'. No changes to NOA or authorizations since these only show the total CC family fee.

## Child Care Budget End Date (Fix)

Currently when workers Pend a Child Care Renewal Application and choose to run the last month of the current eligibility period, the Child Care End Date was being erased. With this release, the Budget End Date will remain and the budget will be prevented from continuing into the new eligibility period before the budget is made active for the new eligibility period.

## Homeless Deduction (Change)

SNAP policy identified that when a shelter expense of “Homeless Shelter Costs” was included for a SNAP household, the expense was not being handled correctly and a logic change was requested.

Budgeting logic runs a comparison of the Total Shelter Costs minus the Excess Shelter Deduction. (The Total Shelter Costs will include all entered shelter expenses (rent, mortgage, homeless shelter costs, etc.). If Total Shelter Costs is greater than the Excess Shelter Deduction, the resulting Net Shelter Deduction is allowed (See example #1).

### **Example #1**

\$288 Monthly Household Income

\$200 Rent (only shelter expense)

SNAP Shelter Deduction Detail for 12/2017	
Net Income Before Expense Deductions:	70.40
Less Total Expenses Excluding Shelter:	- 0.00
Net Countable Income Less Deduction:	70.40
Divided by 2	/ 2
Excess Shelter Deduction:	35.20
Total Shelter Costs:	200.00
Less Excess Shelter Deduction:	- 35.20
Net Shelter Deduction:	164.80
Subject to the Maximum	Yes
Maximum Amt:	535.00
Net Shelter Costs:	164.80

New logic comes in if the SNAP household has a current shelter expense instance of “Homeless Shelter Costs”.

A household who has a current instance of “Homeless Shelter Costs” will then have the Net Shelter Deduction amount compared against the Standard Homeless Shelter Deduction amount

(currently \$143). **The greater of the 2 amounts will be the Allowed Shelter Deduction.**  
(See Examples #2 and #3 below.)

**Example #2:**

Net Shelter Cost (which included a Homeless Shelter Cost expense), was greater than the Standard Homeless Shelter Deduction amount

\$288 Monthly Household Income  
\$200 Homeless Shelter Cost (only shelter expense)

SNAP Shelter Deduction Detail for 12/2017	
Net Income Before Expense Deductions:	70.40
Less Total Expenses Excluding Shelter:	- 0.00
Net Countable Income Less Deduction:	70.40
Divided by 2	/ 2
Excess Shelter Deduction:	35.20
Total Shelter Costs:	200.00
Less Excess Shelter Deduction:	- 35.20
Net Shelter Deduction:	164.80
Subject to the Maximum	Yes
Maximum Amt:	535.00
Net Shelter Costs:	164.80
Standard Homeless Shelter Deduction:	143.00
Compared to Net Shelter Costs	-----
Allowed Shelter Deduction:	164.80

The greater of these amounts is used as the Allowed Shelter Deduction

**Example #3:**

Net Shelter Costs (which included a Homeless Shelter Cost expense), was less than the Standard Homeless Shelter Deduction amount

\$900 Monthly Household Income  
\$200 Homeless Shelter Cost (only shelter expense)

SNAP Shelter Deduction Detail for 12/2017	
Net Income Before Expense Deductions:	560.00
Less Total Expenses Excluding Shelter:	- 0.00
Net Countable Income Less Deduction:	560.00
Divided by 2	/ 2
Excess Shelter Deduction:	280.00
Total Shelter Costs:	200.00
Less Excess Shelter Deduction:	- 280.00
Net Shelter Deduction:	0.00
Subject to the Maximum	Yes
Maximum Amt:	535.00
Net Shelter Costs:	0.00
Standard Homeless Shelter Deduction:	143.00
Compared to Net Shelter Costs	-----
Allowed Shelter Deduction:	143.00

The greater of these amounts is used as the Allowed Shelter Deduction

## SNAP Reinstatement (Change)

### New Reinstatement Timeframe:

Prior to this release, if a SNAP program case was closed, reinstatement was possible for the month of closure as long as action was being taken within the calendar month that the SNAP case had been closed for. SNAP policy has received clarification and requested a change to this logic.

Effective with this release, the timeframe during which a closed SNAP program case will be able to be reinstated has been changed to **30 days** from the beginning of the month of closure. The new reinstatement timeframe logic is outlined below:

- If the case was closed for a 30-day month, there is no change to the logic and reinstatement option will be available for the entire calendar month.
- If the case was closed for a month that has 31 days, the reinstatement will only be available on days 1-30, but not on the 31<sup>st</sup> of the month.
- If the case was closed for February (28 days), then the reinstatement option will be available through March 2 (*For years with a 29-day February, reinstatement available through March 1*).

### SNAP Reinstatement Following Closure for Failure to Provide (Change)

If a SNAP program case was closed for reason “Failure to Provide” the option to do a reinstatement was not allowed for that program. SNAP policy has requested to have logic changed to now allow a SNAP case which was closed for reason “Failure to Provide” to be reinstated, as long as the action is being taken within the new 30-day timeframe, as mentioned above.



## LIHEAP (Change)

With this release, LIHEAP tasks, Case information and Account/Provider Information functions have been combined into a single window, and a new window will display for add/update and close provider actions.

Functionality of the new window will be the same as before.

**Note:** Dwelling Type update will be mandatory for activating the OK button.

Update LIHEAP Heating & Cooling Case Information and Provider

Last Name	First Name	Pgm Case Num	Pgm Begin Dte
CAPER	MARLON	53067862	03-01-2017

Case Information

Dwelling Type:

Physical Address: 998 N NOONER NCK CRAIG NE 68019

Current Saved Dwelling Type: House

Heating:  Natural Gas

Fuel Type:  Electricity

Pay Provider:  Yes  No

Included in Rent:

Non-participating Provider:

Provider Information

Type	Fuel Type	Current Provider	Acct Num	Begin Date	End Date
Heating	Natural Gas	GAS ONLY	1234	03-01-2017	
Cooling	Electricity	ELECTRICITY ONLY	123456	03-01-2017	

Add Heating Provider Add Cooling Provider **Update Provider** Close Provider

Provider History

Type	Fuel Type	Provider	Acct Num	Begin Date	End Date
------	-----------	----------	----------	------------	----------

OK Cancel Help

Complete Heating Case Info & Provider Information

The following window will display when either the Update Provider or Close Provider buttons are selected. The provider information is documented in this pop up window.

Add New LIHEAP Provider Account Information

Provider Name	ORG ID	Tax ID
GAS ONLY	72929985	345678901

**Account Name:**

**Account/Invoice Number:**

**Begin Date:**

End Date:

OK Cancel Help

## Case Info/Prov Task

NFOCUS - Navigator HARRIET CAULFIELD 20

File Actions View Goto Help

Data Collection  
 Case Maintenance  
 Eligibility  
 Collections  
 LIHEAP  
 Case Info/Prov  
 Other Assistance  
 LIHEAP Budgeting  
 Approve Budget  
 Overpayment  
 Summaries  
 Utilities  
 CWIS

Heat	Cool	Provider Name	Acct Name	Acct Nbr	Beg Date
		CAULFIELD HARRIET	LIHEAP Assign	13256244	

Add Update Delete Help

Tasks Notices ReadMe Current History Summary

Running Case Info/Prov 12-12-2018 11:26:04

- Add Button: The Add button only enables for new pending LIHEAP cases. The Add button will not enable for pending reopen case.
- Update button: The Update button allows for adding/updating case information, and adding heating/cooling provider information, updating current provider information, closing current provider information.
- Delete Button: The Delete button allows for removing case and provider information in cases with no completed budgets.

**Note:** Choosing the Add or Update button displays the combined Case information and Account/Provider Information window.

Update LIHEAP Heating & Cooling Case Information and Provider

Last Name	First Name	Pgm Case Num	Pgm Begin Dtc
CAPER	MARLON	53067862	03-01-2017

Case Information

Dwelling Type: [Dropdown]

Physical Address: 998 N NOONER NCK CRAIG NE 68019

Current Saved Dwelling Type: House

Heating: Natural Gas [Dropdown]  Yes  No

Cooling: Fuel Type: Electricity [Dropdown]  Yes  No

Pay Provider:  Yes  No

Included in Rent:

Non-participating Provider:

Provider Information

Type	Fuel Type	Current Provider	Acct Num	Begin Date	End Date
Heating	Natural Gas	GAS ONLY	1234	03-01-2017	
Cooling	Electricity	ELECTRICITY ONLY	123456	03-01-2017	

Add Heating Provider Add Cooling Provider Update Provider Close Provider

Provider History

Type	Fuel Type	Provider	Acct Num	Begin Date	End Date

OK Cancel Help

Complete Heating Case Info & Provider Information

- Dwelling Type Drop Down Field: This field is required to enable OK button.
- Fuel Type Drop Down Field: This field is required to complete a LIHEAP budget, and to add providers.
- Pay Provider Field: This field is required. Answer Yes or No.
  - If Yes, a provider must be added to Provider Information.
  - If No, provider information is not required, but may be entered.
- Included In Rent Field: This field is only selected when the information has been verified.
- Non-Participating Provider Field: This field is only required when the information has been verified.

**Note:** Checking the Non-Participating Provider Field box defaults to Pay Provider No, and disables the Pay Provider function from further update.

When the Provider Information field is empty both Add Heating Provider and Add Cooling Provider buttons are enabled.

When the Provider Information field is populated, and only one provider type (either heating or cooling) is displayed, the add button for the missing provider type is enabled.

When the Provider Information field is populated, highlighting a provider in the field enables the Update Provider and Close Provider buttons.

Selecting either Add Provider button will display the Organization window. When a provider has been selected, an Account Information window will display. It displays the organization information. The worker enters the Account Name, the Account Number, and the Begin Date (End Date is not enabled).

**Add LIHEAP Heating & Cooling Case Information and Provider**

Last Name	First Name	Pgm Case Num	Pgm Begin Dte
CAULFIELD	HARRIET	13256244	02-01-2018

**Case Information**

Dwelling Type:

Physical Address: 11250 TEXAS TER CRAIG NE 68019

**Heating**  **Fuel Type**

Yes  No **Pay Provider**  Yes  No

Included in Rent  Non-participating Provider

**Provider Information**

Type	Fuel Type	Current Provider	Acct Num	Begin Date	End Date
<input type="text"/>					

**Add Heating Provider** **Add Cooling Provider** Update Provider Close Provider

**Provider History**

Type	Fuel Type	Provider	Acct Num	Begin Date	End Date
<input type="text"/>					

OK Cancel Help

The following window will display when either the Add Heating Provider or Add Cooling/Provider buttons are selected. The provider information is documented in this pop up window.

**Add New LIHEAP Provider Account Information**

Provider Name	ORG ID	Tax ID
GAS ONLY	72929985	345678901

**Account Name:**

**Account/Invoice Number:**

**Begin Date:**

End Date:

OK Cancel Help

- **Update Provider Button:** Selecting this button will also display the Account Information window.
  - The worker may update the Account Name, the Account Number, and the Begin Date (End Date is not enabled).
- **Close Provider Button:** Select this button will display the Account Information window.
  - The worker may enter only the End Date (the Account Name, the Account Number, and the Begin Date are not enabled).

Update LIHEAP Heating & Cooling Case Information and Provider

Last Name	First Name	Pgm Case Num	Pgm Begin Dte
CAPER	MARLON	53067862	03-01-2017

Case Information

Dwelling Type:

Physical Address: 998 N NOONER NCK CRAIG NE 68019

Current Saved Dwelling Type: House

Heating:  Cooling:

Natural Gas  Fuel Type: Electricity

Yes  No Pay Provider  Yes  No

Included in Rent

Non-participating Provider

Provider Information

Type	Fuel Type	Current Provider	Acct Num	Begin Date	End Date
Heating	Natural Gas	GAS ONLY	1234	03-01-2017	
Cooling	Electricity	ELECTRICITY ONLY	123456	03-01-2017	

Add HeatingProvider Add CoolingProvider **Update Provider** **Close Provider**

Provider History

Type	Fuel Type	Provider	Acct Num	Begin Date	End Date

OK Cancel Help

Complete Heating Case Info & Provider Information

The following window will display when the Update Provider button is selected. The provider information is documented in this pop up window.

Add New LIHEAP Provider Account Information

Provider Name	ORG ID	Tax ID	
GAS ONLY	72929985	345678901	

**Account Name:**

**Account/Invoice Number:**

**Begin Date:**

**End Date:**

OK Cancel Help

The following window will display when the Close Provider button is selected. The End Date field is the only enabled field in this pop up window.

Update LIHEAP Provider Account Information

Provider Name	ORG ID	Tax ID	
ELECTRICITY ONLY	83340237	234567890	

**Account Name:**

**Account/Invoice Number:**

**Begin Date:**

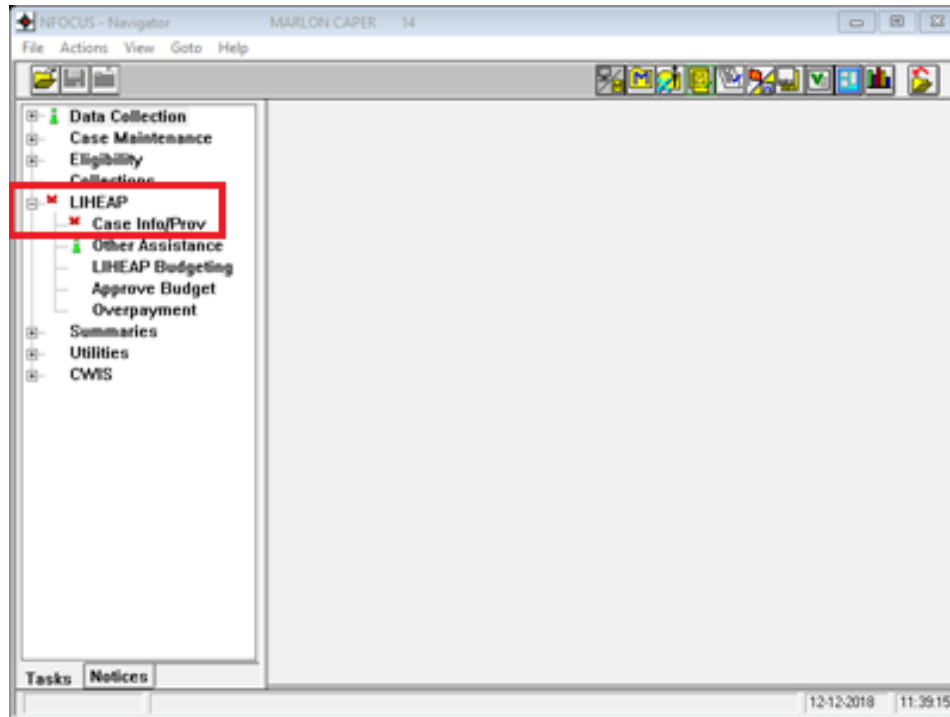
**End Date:**

OK Cancel Help

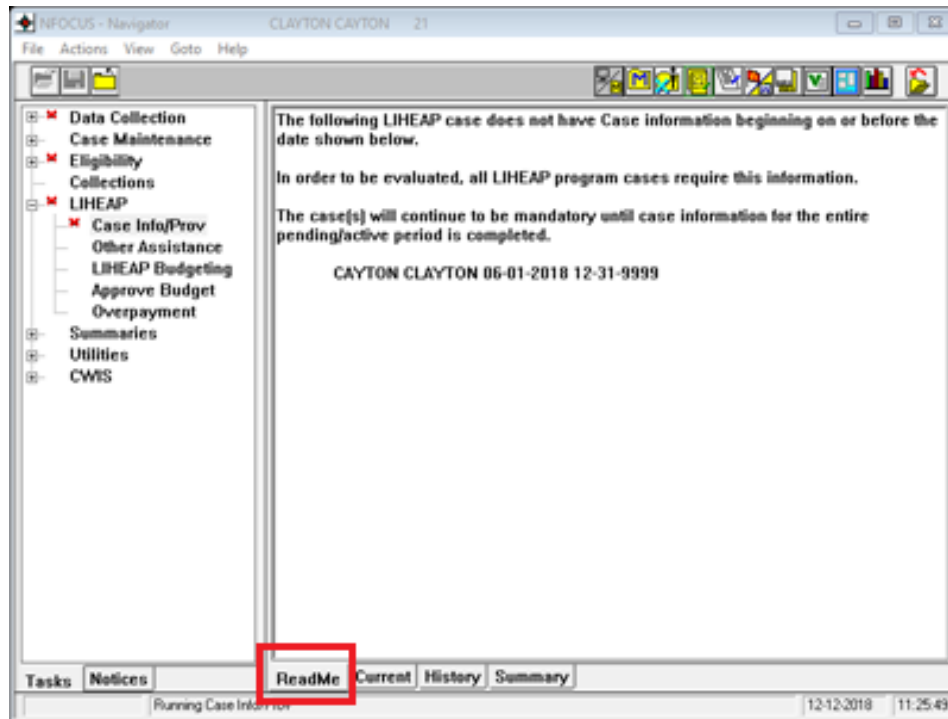
## New Address Added to Master Case

When a new address is added to a Master Case with an active LIHEAP case, the following will occur:

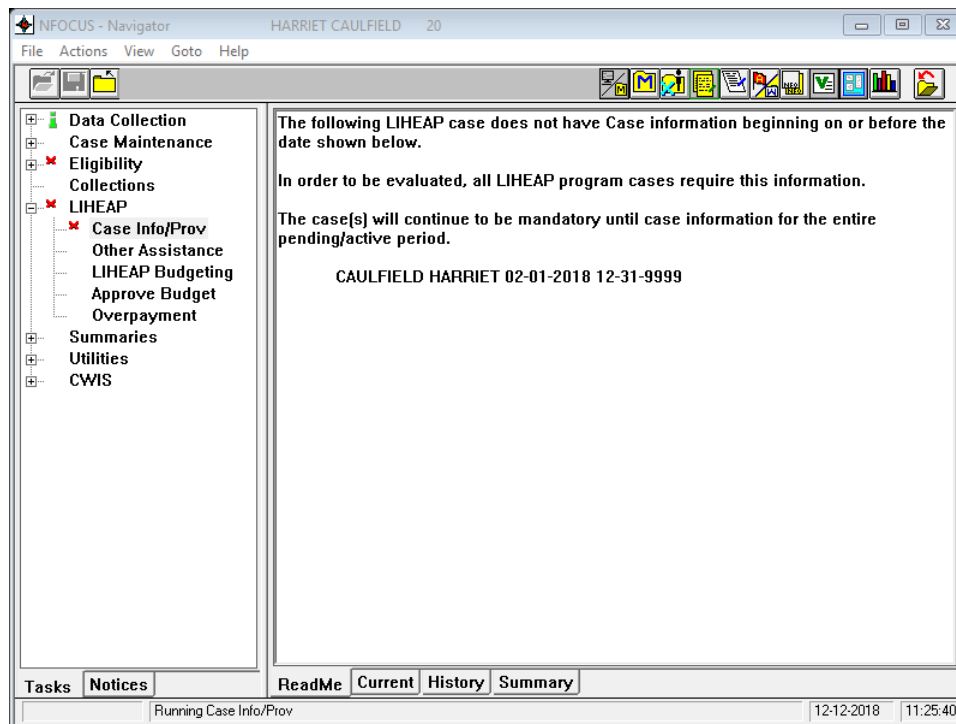
- A Red X will display in the LIHEAP Case Information/Provider Information task in NFOCUS



- A READ ME window will display when the task is opened, advising the worker to review the address update for correct dwelling type, and update the Dwelling Type in Case Information as appropriate (currently PE or CL cases will not display a red x).



A Red X will also display in new LIHEAP cases, and a Read Me tab will display to remind workers to enter case information.





## Pending ADC Following Ineligible Month (Change)

When a household reapplies for ADC, following ineligible months due to Overpayment/Sanctions, NFOCUS will look at the application as an initial application and create a new eligibility period.

The worker will be expected to Pend the correct month for ADC in order for NFOCUS to determine the correct eligibility period.

## Rent and Lot Rent Split in Expenses (Change)

With this release, the Housing Expense Type of Rent and Lot Rent will be split on the Add Expense screen for Economic Assistance.

This information is entered by following these steps:

1. Selecting Financial>Expenses/Add.

The Add Expense screen will display.

2. Highlight the appropriate person.
3. Select the Category of Housing.
4. Select the Type of either Lot Rent or Rent.
5. Enter the fields as appropriate.
6. Click OK or Next.

Owner			Category
OBEAR	TEDDY	01-01-1985	AABD SPECIAL REQUIREMENTS
OBEAR	TEDDY	01-01-2015	DEPENDENT CARE AND SUPPORT
OBEAR	KOALA	01-01-2017	FW/IL LIVING COSTS
			HOUSING
			MAGI EXPENSES
			MEDICAL
			UTILITIES

Type: **Lot Rent**

Description: **Other Allowable Housing Expense**  
**Real Estate Taxes on Home**

Amount: **Rent** Days: \_\_\_\_\_

Frequency: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Verified by: **Unverified**

Buttons: Next, OK, Cancel, Help