# N-FOCUS Major Release Economic Assistance April 10, 2016

A Major Release of the N-FOCUS system is being implemented April 10, 2016. 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.

#### **Table of Contents**

General Interest and Mainframe	٠4
Policy Logs/Manuals on N-FOCUS Help	• 4
Person Detail Window (Change)	• 5
Phone Application (Change)	. 6
Search N-FOCUS for the Contact Person	7
Launching Phone Application from the Main Menu	7
Launching Phone Application from the Review/Recertification List	. 9
Launching Phone Application from the Person Detail	12
Web Application Launch	13
Application Search Window (New):	.17
Adding Text/Email Consent and CC Questions	20

Email Address and Text Notification/Client Preferences (New)	21
Client Preferences Email and Text Notification	21
Case Registration (New)	28
Tie Paper Application to Program Case Window (Change)	29
Program Case Assignment (Change)	30
SNAP Program Change Application Received Date (Change)	31
ADC Denial Reason (New)	31
Emergency Assistance Program Case Narrative (Change)	32
SSAD Closing Notice (Change)	33
Child Care 90 Day Claim Rejection (Change)	34
ABAWD Time-Limit Tracking (Change)	35
Collections (Change)	35
Child Care Frequency on Service Authorization (Fix)	35
ACCESSNebraska	36
Client Preferences – Email and Text Notification (New)	36
Adding and Updating Preferences	
CBI SNAP Issue Date on Payment History Tab (Change)	38
Printable Forms Links to E-Applications (Change)	39
Submit Documents (Change)	
LIHEAP Performance Measures Phase I (Change)	41
Program Selection Section	
Expenses Section	
Correspondence	
Request for Verification (Change)	40
Childcare Service Authorization Correspondence (Change)	
Alerte	····· 49
FA Alert Changes	
Alart Changes for April Batch Poloaso 04/20/16	
Document Imaging	
Catagorias (New/Change)	
Now Categories	
Undates to Categories	
File Director Auto Tie (Change)	
Expert System	
Program Specific Quality Control Sanction Types (New)	
Sanctions Task (Change)	
ADC Budgeting Correction (Change)	
ADC Budgeting Enhancement (Change)	
Combined AABD/ADC Allocation Mixed Program Configuration	
Sanction, Excluding CSE Sanction	
AABD Budgeting Within ADC	
Expert System Notice	57
SNAP Budgeting Change Report (Change)	57
Verification Request Tracking (Change)	61

Finalizing a Pending Verification Request	. 64
LIHEAP Performance Measures Phase I (Change)	65
LIHEAP Case Information	. 66
LIHEAP Accounts/Provider	.68
LIHEAP Budget (Change)	71
LIHEAP Notices (Change)	.74
LIHEAP Spell Check (Change)	· 74
OPPD Credit	• 74
Document Imaging Category (Change)	• 74
AABD Exclude Supplemental Payment From Over Payment (Change)	75
Child Support and Parent Receiving SSI Income (Fix)	75
Exit Message (New)	75
N-FOCUS Tips	76
Department of Motor Vehicles Interface	76

# **General Interest and Mainframe**

### Policy Logs/Manuals on N-FOCUS Help

The Policy Logs and Manual links on N-FOCUS Help have been updated to current information stored mostly on SharePoint. To access this information, from the Help menu select Contents.

N-FOCUS - M	lain Menu
File Goto He	lp
	Window Help
Case	Contents
L L	Policy Help
	How To
SNAP I Wo	Help on Help
	About N-FOCUS

The N-FOCUS Help System Contents window will display.



Select either the Policy Logs option in the N-FOCUS tree list on the left side of the window or the Policy Logs/Manuals link. Links to the Manuals and Policy Log pages will display.

Select the desired link to access the current Manual/Policy Log information.

# Manuals/Policy Logs

EBT Policy Log CFS Rules and Regulations Medicaid Eligibility SharePoint Site Medicaid Eligibility Regulations SNAP Policy Log

#### Person Detail Window (Change)

New Action Buttons and a new icon have been added to the Person Detail window. With this change, the order of the action buttons has also changed as displayed below.



#### Phone Application (Change)

Economic Assistance will be implementing a phone application. With this phone application, a new term, Contact Person is being introduced. The Contact Person is the person on the phone completing the application.

There will be three launches within N-FOCUS for the EA Phone Application:

- Main Menu
- Review/Recertification List
- Person detail

The application itself is the e-application. The approaches to the application are slightly different depending on the way the Phone Application is launched. Those differences will be explained below.

There are a few things to consider before launching the phone application:

#### • Is the contact person an existing ARP?

- If yes, launch from Review/Recertification List or Person Detail
- o If no, launch from the Phone Application icon on the Main Menu

#### • Is the contact person applying for themselves?

- If yes, launch from the Review/Recertification List or Person Detail window if they are known to N-FOCUS. If they are not known to N-FOCUS, use phone app icon on the Main Menu
- If no, use the Review/Recertification applicant is known to N-FOCUS <u>and</u> if the person is listed as an Administrative Role for the person they are applying for. If they are not known to N-FOCUS or do not have an Administrative Role for the person they are applying for, use phone app icon on the Main Menu.

The following Economic Assistance functions will have security to the EA Phone Applications:

- Change Management
- Interviewing/Processing
- Lead Specific
- Processing
- Supervisor Review
- **Note:** Icons will not be enabled if security does not allow. Or if trying to enter a division that is not permissible the following message will display.



#### Search N-FOCUS for the Contact Person

If the contact person is <u>not</u> an existing ARP, the only launch for EA Phone Application is from the Phone Application Icon on the Main Menu. This launch will always be enabled for the security group groups listed above.

The phone app icon could be used for an existing ARP, however the application will not have any prefilled information (i.e. address and financial information).

#### Launching Phone Application from the Main Menu

To launch the Phone Application from the Main menu, follow these steps:

- N-FOCUS Main Menu - - X <u>File Goto H</u>elp Case Management Alert/Work Task Q∉ A <u>,</u> M Ŵ Children and Family Services FCRO •• \$ ≯ R CR **T** R <u> 7</u> APS / CPS State Ward erson Trackin Financial Application 1  $\mathbb{Z}$ 9 REFLIND ATP CLAIM COLLECT EBT PAY EBT Card Pay EA Processing Applicat Services Administration Exit **i**<u>î</u> ÷. 6 ono E DSSZ999
- 1. Select the Phone Application from the Main Menu.

The Division and Language window will display.

- 2. Select either EA or MLTC
- 3. Select the appropriate language from the drop down; English or Spanish.
- 4. Click the OK button.

N-F	ocus	- Division and	Language	
	– Divi	sion ———		1
		O EA	O MLTC	
	L			
	l	ENCLIEN		
		SPANISH		
		UK		

An informational page will display. This page indicates you have transitioned to the web application.

Official Net	oraska Government Website	
ACCESS Nebraska	Application	Department of Headh & Human Services
03/14/2016		
	IMPORTANT INFORMATION BEFORE COMPLETING YOUR APPLICATION	
	<ul> <li>You can complete an application, review or recertification with only your name, address and signature. However, if you provide more information, it will help us determine your eligibility more quickly.</li> <li>Your application is dated the day you submit your application using the electronic signature or the next business day if</li> </ul>	

The following page will collect contact and applicant information. Information entered here will prefill to the application. If the contact person is not applying for themselves, applicant information is also collected.

👞 Official Nebraska Government Website	
Application	
01/06/2015	Help
Contact Person         Please provide the contact's information.         First Name       Middle Name       Last Name       Extension         Date of Birth       Phone Number       << select >> ♥         Date of Birth       Phone Number           Example: mm-dd-yyyy       Example: (999)999-9999       Is the contact person also the applicant?       Yes ○ No	
EXIT	CONTINUE
Economic Assistance DHHS ACCESSNebraska Customer Service Center is available Toll Pree: (800)835-4276 8:00 AM to 5:00 PM Monday thru Priday Lincoln: (42)323-3900 Contact Us Contact Us	Medicaid Toll Free: (855)632-7633 Lincoln: (402)473-7000 Omaha: (402)595-1178

Officia	l Nebraska Government Website		
ACCESS	Application	n	DHHS
01/06/2016			Help
	Contact Person		
	Please provide the contact's information. First Name Last Name Last Name Last Name Last Name Date of Birth Phone Number 01-01-1980 Example: (999)999-9999 Ls the contact person also the applicant? Yes  No	Extension << select >> V	
	Please provide the applicant's information. First Name Last Name Last Name Middle Name Last Name Manning Date of Birth Last 4 Digits of the Social Security Number	Extension << select >> V	
EXIT	[01-01-1970] [#] [2224] Example: mm-dd-yyyy		CONTINUE
Economic Assis Toll Free (600) Lincoln: (402)32 Omaha: (402)59	ance DHHS ACCESSNethnska Chatomer Service Center is 83-4778 8:00 AM to 5:00 PM Monday thru Priday 3:900 Contact Us 5-1258	evalatie	Medicaid Toll Pree: (855)632-7633 Lincoln: (402)473-7000 Omsha: (402)595-1178

**Note:** Contact and applicant information is collected early in the phone app process however it isn't saved until the applicant's address is entered on the application itself and continue is selected on that page. Any time after the address page has been saved, the application will be in draft status. This is true on all launch locations.

#### Launching Phone Application from the Review/Recertification List

When launching the Phone Application from the Review/Recertification window the tracking list window will be specific to the programs/ARPs listed on the Review/Recertification List window. To launch the Phone Application from the Review/Recertification List window, follow these steps:

N-FOCUS - Review/Recen	tification List					• <b>X</b>
Elle Actions Detail Got	o Teib		1761 📴 🛄 🔀	1	2	
Master Case ID 480	Name	TONY JONES			ι	JPDATE
Program Case(s) Case Name		Program	St Review Due	Application Due	Review App Rovd Dt	Proç
JONES JONES JONES JONES	BOB TONY BOB TONY	AABD/PMT AABD/PMT SSAD SSAD	AC 12-31-2015 AC 12-31-2015 AC 01-31-2017 CL 11-30-2016			31: 70: 20 <sup>-</sup> 25:
Case Name		Program	Review Due Pr	ogram ID	Update Revie Update Receiv	w Due ed Date
- SNAP Program Case Case Name	[s]	Program	Program ID	Certificat	ion Period	
				Document	SNAP Desk Revi	cw

1. Select the EA Phone Application icon.

A list of people associated to the programs listed on this page will appear. In this example, Sandy Sue is the case rep for Bob Jones's AABD/PMT case. The pop-up box will list Bob and Tony Jones as program case names and also Sandy Sue because she is a case representative on a program listed.

**Note:** The people listed in the Select Contact window will be people with Administrative Roles to the programs listed on the Review/Recertification List window. Administrative roles are program case name, case representative and case payee.

> Programs that are due for review for the applicant will prefill based on the Administrative Roles and contact/applicant configuration of the

NFOCUS - Select Co	ntact		
BOB JONES			
TONY JONES			
1	OK	Grand	
		Cancel	

phone application. Additional programs may also be selected once application begins.

Prior to this release, the SNAP program did not display on the Review/Recertification List window after the certification end date. This has been changed to display SNAP program 30 days after the certification end date if the SNAP program closes due to certification end. This will allow for SNAP program admin roles to also be included in the selection box from this window for late recertification.

- **Note:** A new Phone Application Icon has been added for Economic Assistance. This icon will always be enabled and when selected Language will only need to be selected. The MLTC Phone Icon functionality has not changed.
  - 2. Select the person who is the contact person (the person to whom you are speaking to on the phone).
  - 3. Click OK.

The Select Language pop up will display.

Select Lang	juage			
г				a
	ENGLISH			<b>1</b>
Ľ	SPANISH			_
				.
	0K	9	<u>C</u> ancel	

In this example, if Bob Jones is selected, his information will be forwarded as the contact person and his information will prefill the application. If he is not the applicant, applicant information must be entered.

An informational page will display. This page indicates you have transitioned to the web application.

Official Nebra	iska Government Website	
ACCESS	Application	Department of Health & Human Services
03/14/2016		Help
Co	Intact Information e you completing this application for BOB JONES ? O Yes O No	
EXIT		CONTINUE
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 PIM Monday thru Friday Contact Us	Medicaid Toll Free: (855)632-7633 Lincoln: (402)473-7000 Omaha: (402)595-1178
Official No har	nalez Carramanan Wakaita	
Access	Application	Deportment of Health & Humon Services N E B & A S K A
03/14/2016		Help
Ar Ar Pi	pontact Information         e you completing this application for BOB JONES ?       Yes       No         plicant         ease provide the applicant's information.         First Name       Last Name       Extension         Que of Birth       Last 4 Digits of the Social Security Number       <<< select >> ▼	
EXIT		CONTINUE
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

#### Launching Phone Application from the Person Detail

When selecting the Phone Application icon from the Detail Person window, the person listed on the window is the contact person and their information will be forwarded to the Contact/Applicant window.

**Note:** This launch will always be enabled for the security group assigned. EA and MLTC will share this launch. The Division and Language will need to be selected as it was from the main menu launch.

Verify you are on the Person Detail window for the correct person. N-FOCUS data will prefill the Review/Recertification information as well as Administrative Roles will be reviewed if applying for another person.

N-FOCUS - Person Detail		_ <b>D</b> X
Frie Actions Detail Goto Help		
<u> </u>	CR CR	
		UPDATE
Person Name		Demographics
FIISE SANDY	CHARTS Referral NCP	Add <u>r</u> ess
	Medicare Inquiry	Address <u>H</u> istory
Last SUE	MMIS History	Client Preferences
Ext (NONE)	Person Involvements	E-Mail Addr. History
SSN 654-12-0122 Sex	PIN Management	Military/International
© Female	Program Cases	<u>N</u> ame History
Birth Date 08-24-1986 O Unknown	School Attendance	Person <u>V</u> erification
Deceased Date	State <u>₩</u> ard Details	<u>S</u> SN History
Person Number 44063768	Tri <u>b</u> al	Telephone
	YRTC Narrative	
		03-14-2016 14:01:34

To launch the Phone Application from the Person Detail window, follow these steps:

- 1. Navigate to the Person Detail window.
- 2. Select the Phone Application Icon.

The Division and Language window will display.

- 3. Select the appropriate Division.
- 4. Select the appropriate Language.
- 5. Click OK.

I-FOCUS - Division and	d Language
Division	
O EA	O MLTC
	<b></b>
ENGLISH	
SPANISH	
01	

An informational page will display. This page indicates you have transitioned to the web application.

🔜 Official Nebraska Gove	rnment Website	
ACCESS	Application	Deportment of Headin & Histons-Service DHHBS N E B R A S K A
03/14/2016		Help
Contact Infor Are you complet	mation ting this application for SANDY SUE ? O Yes O No	
EXIT		CONTINUE
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
Official Nebraska Gove	ernment Website Application rmation eting this application for SANDY SUE? Oregon No the applicant's information.	Help
First Name Date of Birtl Example: n	Middle Name Last Name Ext	ension : select >> ▼
EXIT		CONTINUE
Economic Assistance Tol 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

#### Web Application Launch

#### Information Page

The Information page is the first page in the web flow. This page will print with the application.

#### Draft Applications

A search of the draft applications will be completed in all launches. If a match is made with the same contact person and applicant, the draft application list will display as pictured below with the following information; applicant, DOB, start date and contact.

Select from continuing the draft application listed or start a new application.

Cfficial Nebra	ska Government Website	
ACCESS	Application	Department of Health & Human Services
01/06/2016		Help
	Applications         Start a New Application         Continue a Draft Application         Select one of the applications that have been started but not submitted.         Draft Applications         Applicant Information       Start Date         Colin Kapernick 01/01/1990       01/01/2015         Anquan Boldin 01/01/1980	
EXIT		CONTINUE
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

The applicant could have more than one draft application. They could have a draft for themselves and someone else could have started an app on their behalf. Contact person should be the person who telephonically signs the application.

Contact name and phone number will display on the draft application and PDF so that if a call is terminated, that information is available once the application is saved in draft status.

When continuing a draft application, it will open to the last saved place. Draft applications will delete after 30 days. If no draft application is found, a new application will open with the data entered from the contact/applicant window. If the contact person is not also the applicant, the <u>applicant PIN status will be verified</u>. If the applicant has a PIN is disabled, the application will be stopped. This will be explained in the Domestic Violence Protection section.

#### Domestic Violence Protection

In order to protect persons of domestic violence, contact persons will not be allowed to complete a phone application for an applicant with a disabled PIN. Applicant information will be compared to the mainframe. If a match is found and PIN is disabled, a message "Applicant PIN Status error. Application cannot be completed by this contact person." will display notifying the worker that the applicant's PIN status doesn't allow for application to continue. The application will need to be exited.

#### Application

Phone application questions will be tailored based on program selection as it does in eapplication. Once the application is completed, a summary page will present. There will be a link to view the application information in a PDF format prior to submit.

Rights and responsibilities are also linked. Check the box that the Rights and Responsibilities have been reviewed to continue from the page. Rights and Responsibilities will print with the application as they do today with the e-application. Those windows are below and are the same for all phone application launch sites.

🔜 Official Nebraska (	Government Website	
Access	Application	Department of Headh & Human Services DHHBS N E B & A S K A
01/06/2016		Help
Application S	ubmission Section	
	If the programs you are applying for require an interview, the interview will be held over the telephone. If you would be interview interview interview in a second state in a wild be and the reason way are making the required to the telephone.	d like to request
Program Selection		1-7250.
Household Members	What county does the applicant live in?	
Household	<< select >> V	
Law Violations/Program Disqualifications	<pre></pre> <pre></pre> <pre></pre>	
Resources	Assistance to the Acad Blind, or Dischlad Payment (AARD/PMT)	
Income	Assistance to the Aged, blind, or Disabled Payment (AADD/PMT) Aid to Dependent Children (ADC)	
Evnoncoc	Refugee Resettlement Program (RRP) Child Care	
Application Cubryland	If you want to add any additional programs before submitting this application on the Drogram Selection page. Add	ing a new program
Application Submission	in you want to add any additional programs before submitting this application go the rogram selection page. Add may take you through some additional questions that hadn't previously been asked. Review the summary in each answer to any question. If you would like to apply for an additional program after the application is submitted, you a new explication.	section to change the will need to complete
	a new application.	
	Application Summary	
	Rights and Responsibilities	
	Yes, I have reviewed the Rights and Responsibilities.	
EXIT		CONTINUE
Economic Assistance	DHHS ACCESSNebraska Customer Service Center is available	Medicaid Toll Free: (855)632 7633
Lincoln: (402)323-3900 Omaha: (402)595-1258	Contact Us	Lincoln: (402)473-7000 Omaha: (402)595-1178
-		
Who is completing the a	oplication?	
I am the applicant		
I am a Bower of A	ttorney for the applicant	
I am the Authorize	ed Representative for the applicant's Supplemental Nutrition Assistance Program (SNAP - formerly known as the Food Stamp	Program)
I am a person aut	nonzed to act on benair of the applicant the applicant	
Contracted Medic	aid Provider	
Sign by typing your nar	ne below (this is your electronic signature).	
Contracted Medicaid P	rovider Name	
To receive an e-mail co	nnirmation, enter your e-mail address below.	
	Submit	
EXIT BACK		
E.S.		

When submit is selected a message "Has telephonic signature been recorded?" will display. If "OK" is selected the application will submit. "Cancel" will close the window and return back to the application submit page.



#### Telephonic Signature

IVR phone applications will be recording so the worker who is working the application will have their ID saved on the application at the time application is submitted.

If the call must be transferred for the telephonic signature to be recorded, the worker who completed the application should remain on the line until the recording is completed and submit the application.

#### **PDF** Changes

Draft application and the PDF will display the contact person even if the applicant is the same person. The PDF will also display the last worker logon ID, date and start time prior to application submit, as well as date and time the application was submitted.

1000		
ACCE	SSIVE praska Application	
Nebraska De	partment of Health and Human Services	
		Confirmation Number: 1078839
Contact Information		
Contact Name SANDY SUE	EA Phone Applic	cation (for internal use only)
	Submit DSSZ716	03-14-2016 / 2:20 PM
	Acct. Used	Start Date/Time
	DSSZ716	03-14-2016 / 2:16 PM
Application Information		
Applicant Name	SANDY SUE - 08/24/1986	
Application Received Date	03/14/2016	
Request Date	03/14/2016	
Submit Date	03/14/2016	
County		
Do you need us to provide you with an interpreter	?	
If other, which language?		
Head of Household	Not Answered	
Do you have an EBT card for SNAP?	Not Answered	
Priority Reason	Expedited SNAP	
Household Member(s) Requesting Assistance	SANDY SUE - 08/24/1986	
Household Member(s) not Requesting Assistance	•	
Household Member(s) Eating Meals with Applican	nt	

#### Pend and Tie

EA Phone Applications that are for Review/Recertification will auto pend and tied with the same rules applied to e-applications with Review/Recertification today.

Expert system tie process for EA Phone Application will follow the exact same process as the e-application including the generating of alert #331. "Economic Assistance Phone" is added in the application type selection and the client phone application confirmation number will be entered for the search.

Application Type	:	App Rec'd Date:
Economic Assis	stance Phone 🔄 💌	
App Number:		Program Case Assistance Code
1000160		
Paper Applicatio	n Form Type:	
		-
leason:		T.
Initial		
		1
Applicant Name:		1
Applicant Name: DUCKY	DONAL	
Applicant Name: DUCKY DUCKY	DONAL	
Applicant Name: DUCKY DUCKY DUCKY SMITH	DONAL MARYMARY GERRI	
Applicant Name: DUCKY DUCKY DUCKY SMITH PETERS	DONAL MARYMARY GERRI JAMIE	
Applicant Name: DUCKY DUCKY DUCKY SMITH PETERS PETERS DUCKY SMITH	DONAL MARYMARY GERRI JAMIE JAMIE	
Applicant Name: DUCKY DUCKY SMITH DUCKY SMITH PETERS PETERS DUCKY SMITH	DONAL MARYMARY GERRI JAMIE JAMIE JANIE	
Applicant Name: DUCKY DUCKY SMITH DUCKY SMITH PETERS PETERS DUCKY SMITH	DONAL MARYMARY GERRI JAMIE JAMIE JANIE	
Applicant Name: DUCKY DUCKY DUCKY SMITH PETERS PETERS DUCKY SMITH	DONAL MARYMARY GERRI JAMIE JAMIE JANIE	
Applicant Name: DUCKY DUCKY SMITH PETERS PETERS DUCKY SMITH	DONAL MARYMARY GERRI JAMIE JAMIE JANIE	

#### Application Search Window (New):

Application upload happens every 15 minutes. Review/Recertification applications that qualify for auto tie will and be placed in EA processing queue in registered status.

The phone applications not auto tied will bi-pass the "next application" button the remainder of business day of submitted status. This allows the worker who submits the application an opportunity to collect the application and process the work. The next business day, the application will fall back to application management queue if still in submit status.

If application is received through the "next application" case will follow the same process of pend and tie and fall into EA processing queue if in change management or be assigned if in assigned mode. To remove the application from an EA processing queue the case will need to be assigned to a case worker.

Refer to the screen prints on the following page.

Fil	N-FOCUS - Main N e Goto Help	Menu						_ □	×
	-Case Manage	ment					Alert/Wo	rk Task	
	SNAP Expedited	Person Sea	rch Master	Case	Q¢ A	Interfaces	Alerts	Work Task	
	Worksheet	Family Service	P.C.				ECBO	Manager	
			\$1	2	ŧ₽	CR	TENO	RŤ	
	Intake	Matching	State Ward	CFS Information Search	Child Review Selection	APS / CPS Website	Person Tra	cking Review	
	Application			Financial				-	
	Applications	Phone	EA Processing	Claims	PAY	REFUND	Collections Abilit	ATP EBT Card Issuance	
	Services	Applications		Adm	inistration-			Exit	
		04%				<u>à:</u>	1	<b>&gt;</b>	
	Services	Organization	Service Needs Assessment		Office	Position	Staff	Exit	



A new search button "EA Phone Applications" will be added to application management window that will contain all phone applications ever submitted by the worker ID. The EA Phone Applications button will respond to the date search on this page. Once selected, the following dialog box will open for the user to select OK or Cancel. Their user ID will prefill.

NFOCUS - EA Phor	e Applications S	earch	
⊙ Logon	DSSZ716		
C Statewic	le Economic /	Assistance	
	ОК	Cancel	

#### List Submitted Phone Applications Window

The List Submitted Phone Applications window will list all the phone applications submitted by that worker ID within the date range of the search. The newest will display at the top and status of the applications will also be displayed. Additional sort options will be availabe.

No matter where the application goes or status, the new Submitted Phone Application List will continue to display the applications submitted by the selected logon ID. From this window the case may be assigned to the worker, application registered, etc.

Under "Actions", the application status can be changed to "Working" status. This is to help eliviate any duplication of work rendering from the get next application from the application

management queue if the phone application is not registered by the worker who completed the application the same business day the application is submitted. Status may be udpated by the worker who's ID it belongs. For example logon ID DSSZ908 and update their list but not DSSZ777.

Select the application, go to "Actions" and from the drop down select "Change Status". Once the application is tied the status will change to registered status.

Actions toto			[	<b>11</b>	<b>&gt;</b>
pplication Nbr	Rovd Dt	Applicant First Name	Applicant Last Name	Status	Submitted By
2421542	12-15-2015	John	Doe	Submitted	DSSZ944
5301587	12-15-2015	Matt	Prior	Submitted	DSSZ944
4578512	12-15-2015	Murphy	Wilkinson	Working	DSSZ944
6584523	12-14-2015	Bob	Kilmer	Registered	DSSZ944
3245647	12-14-2015	Iom	lacker	Registered	DS52944
5/8/503	12-13-2015	Stephanie	Reale	Registered	0552344
1455752	12-12-2015	Asron	Martinez	Registered	0552344

#### Adding Text/Email Consent and CC Questions

The E-application will be adding a consent check box for applicants to indicate preference to receive notification of notices and correspondences via email and also text messaging (under development). This consent message will always be displayed on the e-application.

If the box is selected giving consent for email notification, an email address must be entered to continue from the page. If consent box is checked giving consent for future notification of notices via texting, cell/cellular number must also be entered.

Email Address		

By checking 'this box', I elect to receive my written notices and other correspondence regarding my benefits from DHHS through the *above* email address. These benefits include; Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I will no longer receive information through the mail. I understand I will receive an email notification of the correspondence, which will provide a link to the DHHS ACCESSNebraska website where I can access the correspondence. I understand that I must create an authenticated account on the ACCESSNebraska website in order to view my correspondence in Benefit Inquiry.



By checking 'this box', I agree to receive text messages on the *following* (*above*) cell phone number from DHHS regarding my benefits. These benefits include; Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I agree to contact DHHS if my cell phone number changes or if this number is no longer in my possession. I understand that I can opt out of this in the future by contacting DHHS.

NOTE: Text messaging is currently under development and is targeted to be available in the near future.

The PDF will display full consent text for both email and text notification. If a box is checked, consent is given. If not checked, consent has not been given.

#### Child Care Resource Declaration

The Child Care program will be adding a resource declaration as part of eligibility. This declaration is "*In order to receive Child Care Assistance, I certify that the total of my family*'s assests is valued less than \$1,000,000."

The statement will be listed in the Household Section under Child Care with Immunization declaration statement. The PDF will display similarly.

#### Email Address and Text Notification/Client Preferences (New)

With this release clients may now request to receive Email Notification of the Correspondence and Notices that display in their accounts in the ACCESSNebraska web site and Text messaging from DHHS.

Previously, clients could only request for Email notification from the ACCESSNebraska web site. Now they will also be able to request it and Text Notification on their application forms and workers may added in in N-FOCUS.

Also, previously, clients could opt for both Email Notification of Correspondence and USPS Mail delivery of Correspondence. As of this release those who have that option will keep it but any new requests will need to be made for either E-mail notification or USPS Mail not both.

Clients may also request to receive text messages from DHHS although the complete text messaging process is under development at this time.

#### Client Preferences -- Email and Text Notification

With this release clients may now request to receive Email Notification of the Correspondence and Notices that display in both N-FOCUS for workers to add and ACCESSNebraska web site. Clients may also request to receive text messages from DHHS although the complete text messaging process is under development at this time.

All Application forms for programs AABD payment, ADC, Child Care, LIHEAP, SSAD and SSCF, MEDICAID and 599 CHIP including Review/Recertification/Renewal and Web applications, will contain the following language for clients to request email and/or text notification:

#### Email

□ By checking 'this box', I elect to receive notification of my written notices and other correspondence regarding my benefits from DHHS through the *following (above)* email address. These benefits include; Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I will no longer receive information through the mail. I understand I will receive an email notification of the correspondence, which will provide a link to the DHHS ACCESSNebraska website where I can access the correspondence. I understand that I must create an authenticated account on the ACCESSNebraska website in order to view my correspondence in Benefit Inquiry.

#### **Text Notification**

- □ By checking *'this box'*, I agree to receive text messages on the *following (above)* cell phone number from DHHS regarding my benefits. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I agree to contact DHHS if my cell phone number changes or if this number is no longer in my possession. I understand that I can opt out of this in the future by contacting DHHS.
- **Note:** Text messaging is currently under development and is targeted to be available in the near future.
- **Note:** When E-Mail Notification has been selected the types of Correspondence that appear in Benefit Inquiry in ACCESSNebraska will no longer be sent via USPS Mail. Clients will receive an email message when any new correspondence is posted in Benefit Inquiry.

These types of Correspondence are:

- Expert System Notices
- Verification Request Forms
- Interview Appointment Letters
- ADC 6 Month Earned Income Review Forms
- LIHEAP Supplemental Approval
- LIHEAP Overpayment Notification
- LIHEAP Other Assistance Denial
- Notice Template Notices
- Quarterly Report Forms
- Review/Recert Pre-Populated Applications
- Client Copy of Service Authorizations.

# Expert System SNAP Intentional Program Violation sanction notices will continue to be sent USPS Mail.

Once the Email Notification preference has been selected a paper 'Electronic Notification of Correspondence' will be mailed to the client indicating that they have elected to receive Electronic Notification at their listed email address. The letter indicates where to view the correspondence on the ACCESSNebraska web site. It indicates that they may change their preference back to USPS Mail by contacting DHHS at 1-800-383-4278 or by requesting to do so in MY Preferences on the ACCESSNebraska web site. Clients must have an active ACCESSNebraska account to begin the email notification process. The steps for activating an account are listed on the reverse of the 'Electronic Notification of Correspondence' letter.

Once the client has requested to receive Email or Text notifications the worker can add the preference in N-FOCUS do the following steps:

• Navigate to the Person Detail window.

RTS Referral NCP	UPDATE Demographics Address <u>H</u> istory
RTS R <u>ef</u> erral NCP	UPDATE Demographics Address <u>H</u> istory
RTS R <u>e</u> ferral NCP Iedicare Inquiry	Demographics Add <u>r</u> ess Address <u>H</u> istory
RTS R <u>e</u> ferral NCP	Add <u>r</u> ess Address <u>H</u> istory
ledicare Inquiry	Address <u>H</u> istory
	-
MIS History	Client Preferences
son Involvements	E-Mail Addr. History
IN Management	Military/International
rogram Cases	<u>N</u> ame History
ool Attendance	Person <u>V</u> erification
te <u>W</u> ard Details	<u>S</u> SN History
Tri <u>b</u> al	Telephone
	IN Management ogram Cases gol Attendance te Ward Details Tribal

• From the Person Detail window select the 'Client Preferences' button.

The Client Preferences window displays.

If the client has a **Primary Email Address** existing in N-FOCUS it will display in both Client Preferences and on the Email address window. If they have a Primary Cellular Telephone number it will display both on the Client Preferences window and the Telephone window. The Primary Email address and Primary Cell Phone numbers are the only ones used for Email and Text Messaging notification. Any update to the Primary Email address or Primary cell phone will display on the WEB in My Preferences, in N-FOCUS on the address or telephone window and on the Client Preferences window.

#### Email Notification Request

In the following example, James has an existing Cellular phone number but no E-mail address in N-FOCUS.

I-FOCUS - Client Preferences		
Name JAMES BUCHANAN Preferences		UPDATE Person Number 77652133
	E-Mail	-
	Cellular (303)222-3232	
End Preference		
Change Preferences C E-Mail Notification Only C USPS Mail - OR -		
and		
Notification Preferences History	E-Mail History	Text Notification History
Save/Submit	Cancel	Help

James has indicated he would like to receive both Email notification of Correspondence and Text Messages.

		UPDATE
Name JAMES BUCHANAN Preferences		Person Number 77652133
	E-Mail	
	Cellular (303)222-3232	
End Preference		
C USPS Mail - 0B -		
and		
Text Notification		
Notification Preferences History	E-Mail History	Text Notification History

To add the E-Mail Notification preference select the E-Mail Notification Only button.
 Email Notification displays in the Preferences box.

		UPDATE
		Person Number 77652133
Preferences		
EMAIL NOTIFICATION	E-Mail BUCHANAN1@GMA	L.COM
<►	• Cellular (303)222-3232	
End Preference		
Change Preferences © E-Mail Notification Only © USPS Mail - OR -		
and		
Text Notification		
Notification Preferences History	E-Mail History	Text Notification History
Save/Submit	Cancel	Help

- To Add or update the Email Address select (highlight) the Preference in the box and the E-Mail box will enable.
- Enter the email address

James also wants Text Notification. Select the Text Notification box. Text Notification moves to the Client Preferences box.

		UPDATE
Name JAMES BUCHANAN Preferences		Person Number 77652133
EMAIL NOTIFICATION	E-Mail BUCHANAN1@GMAI	L.COM
TEXT NOTIFICATION	Cellular (303)222-3232	
End Preference		
Change Preferences © E-Mail Notification Only C USPS Mail - OR -		
and I Text Notification		
Notification Preferences History	E-Mail History	Text Notification History
Save/Submit	Cancel	Help

- When Text Notification is selected the Cellular box is enabled and the Text Notification option moves to the Preferences box..
- Select (highlight) the Text Notification in the Preferences box.
- Enter or update the Cellular phone number.
- Select Save/Submit

The following pop-up message indicates that a Validation Email will be sent to the client's email address.

N-FOCUS -	Confirm Save		Y
i	A Validation E-Mail will be sent to BUG overnight. In order for the preference need to click the confirmation link ser	CHANAN1@GMAI to be activated, th nt in the email.	L.COM e client will
		ОК	Cancel

Note:

Clients may request the following:

- **Email and Text Notification** •
- **USPS** Mail and Text Notification •
- Email Notification only •
- **USPS** Mail notification only •
- Text Messaging must accompany either Email or USPS notification. •

#### **Confirmation Email**

- The client will need to click the confirmation link in the email to activate the • preference.
- Once the validation is received the paper 'Electronic Notification of • Correspondence' will be mailed to the client.
- The final step for the client to receive email notification is for the client to • create an ACCESSNebraska account.
- History of Preferences, Email and Text Notification can be viewed by • selecting the buttons on the Client Preference window.

Clients may also request and update these preferences on the ACCESSNebraska website by selecting the My Preferences area after they have created an Account. Refer to the ACCESSNebraska section of this document for further details.

#### Checking for Email Validation on N-FOCUS

To make sure a client has validated their email address to begin this process look in Client Preferences and select the Email History button.

N-FOCUS - Client Preferences	the series. Complex Control Cold. on the New York, Street, Str	and the second second
Name SARABLUE J ABDUNAME Preferences	Person Number	UPDATE 71692669
EMAIL NOTIFICATION TEXT NOTIFICATION	E-Mail SANDY.ANDERSON@NEBRASKA.GOV Cellular (408)841-2492	
Change Preferences C E-Mail Notification Only C USPS Mail - OR -		
Notification Preferences History	E-Mail History Text Notification H	istory
Save/Submit	Cancel Help	
r    4		N-FOCUS - Test Date

Here you can see the current and past email addresses used. This window also displays the source of the address, either

Worker entry or My Preferences WEB meaning the client entered on the WEB

ame SARABLUE J ABDUNAME		Person Number	7169266
E-Mail	Туре	Source	
SANDY.ANDERSON@NEBRASKA.GOV PAUL.CHAPMAN@NEBRASK.GOV	Primary Primary	WORKER WORKER	
• []			

27

Scroll over and you can see the dates the addresses were created and the date the address was verified.

In this instance the most recent email address was verified on 05/08/2016.

I-FOCUS	- E-Mail Addres	s History					-
Name	SARABLUE J	ABDUNAME	E			Person Numbe	r 71692669
		Created By	Verified Date	Verified Time	Begin Date	Begin Time	End Date
		DSSZ913 DSSZ913	05-08-2016	11:31:46	05-08-2016 05-06-2016	11:15:36 15:48:58	05-08-2016
۲						III	
				ОК			N-FOCUS

Email address verification email received by clients after they have requested to receive email notification.

Clients need to click Confirm Email to validate the address. Clicking on Confirm Email will take them to the My Preferences Security Validation window.

#### Case Registration (New)

Email address may now be added from the Address window.

Email address history may now be viewed on the Person Detail window and may be updated in Client Preferences and by the client in MY Preferences on the WEB.

#### Tie Paper Application to Program Case Window (Change)

With this release, EA Phone App information has been added. The search will include EA-RA review applications in addition to electronic applications.

Application Processing					
Next Appl <u>i</u> cation		Vie <u>w</u> W	orking		Co <u>u</u> nts
	• <u>L</u>	ogon	DSSZ900	<b>/</b>	
	• S • S	S <u>t</u> atewid Statewid	e Economia e <u>M</u> edicaid	: Assistance	
Application Search					
Number			Submitted	Disaster Annlic	ations
- OR - Applicant Name					
Last	Search Method		Applicatio	in Received Dat	te
First	● <u>E</u> ×act Spelling		Options	One Month	<u>S</u> earch
	• Partial Name	-And-	From	02-28-2016	_
	Sounds Like		10	03-28-2016	
Limit to Economic Assistance Apps			F	Prev Next	
Limit to Medicald Applications					
- OR - EA Phone App					
CR - EA Phone App	2lear C <u>a</u> ncel	<u>H</u> elp			

Paper EA-RA applications that could not be automatically tied will come up in the application management queue.

File Actions Detail GoTo Help         Next Application         Application         Applicant BLUE JEANS         Type       Paper Application         Mumber 7074086       Interpreter Language         Received 03-02-2016       Status Working         Classification Code         Programs         Applied For         Master Case Program         Program Id Program Case Name         ADC	DATE
Next Application       Image: Constraint of the second secon	DATE
Application Application Applicant BLUE JEANS Type Paper Application Med. Assistance Cd Number 7074086 Interpreter Language Received 03-02-2016 Status Working Classification Code Programs Applied For Master Case Program Program Id Program Case Name Tile SNAP ADC	
Applicant       BLUE JEANS         Type       Paper Application       Med. Assistance Cd         Number       7074086       Interpreter Language         Received       03-02-2016       Status         Vorking       Classification Code         Programs       Applied For         Applied For       Master Case         SNAP       ADC	
Type       Paper Application       Med. Assistance Cd         Number       7074086       Interpreter Language         Received       03-02-2016       Status       Working         Classification       Code       Programs         Applied For       Master Case       Program Id       Program Case Name       Tip         SNAP ADC       ADC       ADC       ADA       ADA	
Received     03-02-2016     Status     Working       Classification Code	
Classification Code Programs Applied For Master Case Program Program Id Program Case Name Ti SNAP ADC	
Programs Applied For Master Case Program Program Id Program Case Name Tii SNAP ADC	
Applied For Master Case Program Program Id Program Case Name Ti SNAP ADC	
ADC	
	M
	P
Status History	
Status Begin Date Begin Time Created By Referral Date	
Working         03-28-2016         11:16:40         DSSZ900           Submitted         03-02-2016         15:12:07         SYSTEM         Referral Time	
Determination Indicator	
03-28-2016 11	

Note the Type is Paper Application. Application managers have the option of tying the application using the Application ID number, same as tying an electronic application.

The application can also be tied without using an Application ID number. The Tie Paper Application to Program Case window has been changed to accommodate an Application ID.

The Number field is only enabled when the Form Type is EA-RA Prefilled application. If a valid ID number is entered the Applicant name will be populated. If the ID number is not used the worker must select the Applicant as they always have.

N-FOCUS - Tie Paper Application to F	rogram Case	matter fasters a		
File Actions Goto Help	-			
			<b>III</b>	
Application				
Form Type			▼ Number	
Application Received			Applied For	
Type Paper Applicat Applicant	ion			
Program Case				
Program Assistance	Case Name		Received Date St Sta	t Beg Dte
SNAP ADC	JEANS JEANS	BLUE BLUE	02-01-2016 AC 02- 01-01-2012 AC 01-	01-2016 01-2012
•		III		Þ
-Application Tied to Program	Case(s)			
Program Assistance	Case Name	I	Program Id Received Date Re:	
				Update Remove from List
			03-28	-2016 11:35:42

#### Program Case Assignment (Change)

When using the Assignment Icon on the Detail Master Case window to multi-select program cases to assign, Closed and Denied Program Cases will be included in the selection list.

#### SNAP Program Change Application Received Date (Change)

To change the Application Received Date for a SNAP Program case, follow these steps:

- 1. Navigate to the Detail Program Case window.
- 2. Select the Case Detail button.
- 3. Change the Application Received Date to the appropriate date.
- 4. Click OK.

The Update Expedited Indicator pop up window will display. This is a new pop up window.

- 5. Select Yes or No to indicate if this is intended for Expedited processing.
- 6. Select OK.
- **Note:** When the expedited status is selected, this will update the Expedited Indicator History Window with the new status. If the Expedited status changes from the status that was selected when the application was first tied to the case, the priority of the application in the EA Processing Queue will change if necessary.

SNAP	EXPEDITED	Master Case 9
pplication Re	ceived Date 03-01-2016	
heck-out case	to change Assistance and Fun	d information
Assista	nce	×
F	ind	×
Quarterly Re	port Form Month	
	OK Ca	ncel Help

N-FOCUS - U	lpdate Expedited I	ndicator	
Exped	lited		
	C Yes	O No	
	ОК	Cancel	

#### ADC Denial Reason (New)

A new denial/closure reason has been added for use in situations where a client has applied for ADC after an Employment First sanction had previously been imposed and now the minimum sanction period has passed. This new denial/closure reason can be used when the EF referral has been made following the application, only to have the applicant not re-establish his or her cooperation with Employment First participation requirements, resulting in the household not being eligible to receive the ADC benefits that were applied for. This new reason will allow for appropriate manual references to be included on the resulting notice.

#### Emergency Assistance Program Case Narrative (Change)

The sentence 'Has the client explored other options?' has been added to the Narrative Detail questions regarding the EA request.

N-FOCUS - Detail Na	rrative	-			
le Actions Edit G	ioto Help	<u>i</u>	8	1	
laster Case Name Recorded	WANDA WINDSONG 05-17-2016 Record	ded By DSSZ913	Updated By DS	MC # 49	ADI
Subject	CHANGE MANAGEMEN	т	Program		
Subheading	Client Contact / Inquir	y ^	EA		
Deselect All	Earned Income				
*Multi Select*	Emergency Assistance Expenses	e .			
arrative Detail					
or rent or deposit /as Emergency A s anyone in a san rescribe the evicti las the client expl rescribe the plan the rescribe the plan the rescribe the plan the rescribe the plan the rescribe the plan the plan the rescribe the plan the plan the rescribe the plan t	request indicate the foll ssistance received in th ction? on or emergency situati ored other options? to maintain: is:	owing: e last twelve mont on:	hs?		Ŧ
Deposit: Rent: Yhat is the monthl	ly rent?				
Save and Ne	Prior Narrative	Spell Check	Maximize Narrative	Text Prev N-FOO	US - Test Date
	This informatio	n may contain Fed	leral Tax Information	(FTI) 05	-17-2016 12

For rent or deposit request indicate the following:

- Was Emergency Assistance received in the last twelve months?
- Is anyone in a sanction?
- Describe the eviction or emergency situation:
- Has the client explored other options?
- Describe the plan to maintain:
- Requested amounts:
  - $\circ$  Deposit:
  - o Rent:
- What is the monthly rent?
- What is the current monthly gross income?
- Landlord's name:
- Landlord's address and phone number:
- EA Program pended. Assigned and referred to Lead Worker (enter name):

#### SSAD Closing Notice (Change)

Beginning with the April 10, 2016 Major Release, when a worker closes an SSAD case, a new informational window will appear, advising the worker of the need to create a closing notice in Notice Template	N-FOCUS - Informational
	ОК
The Close Program Case window will display when Close Program Case is selected from the Actions drop-down menu.	- Close Program Case gram Case SSAD BLIND HON ABLE Date 1-2016 Rules for the End Date End date cannot be prior to current day. End date cannot be greater than current month plus two months. Son E REVIEW NOT COMPLETED  OK Cancel Help

**Note:** The Change/Denial Reason field on the Notice Template is mandatory. The information entered in that field will appear on the Notice of Action.

N-FOCUS - Notice Template - SSBG		8
Case Name SUSIE EISUS		
Stat	tus Stat Beg Dt Program	
● SSAD ○ SSCF	04-01-2009 11426948	
	Effective Date	
O Approval 💿 Denial O Ch	lange <u>Effective Date</u>	
SSBG Eligibility Period	То	
Change Reason	¥	
Services		
ADULT DAY CARE		<u>^</u>
CHORE		
ESCORT SERVICES BY AN AGE	NCY PROVIDER	Ŧ
Change/Denial Reason		
		1
		ABC
Manual Reference		
Client Request/Application With	drawn	
Failed Living Arrangement		
Fails to Meet Citizenship and Al Failure to Complete Interview	ien Status	
	OK Cancel Clear	

The Notice of Action is shown on the next page.





#### Child Care 90 Day Claim Rejection (Change)

Child Care Program Policy and DHHS Legal determined that in accordance with the notification on the Child Care Authorization Notices they would begin enforcing the 90 day timeframe for Child Care providers to submit their billing or they will not be paid for services.

If a provider attempts to submit a claim on the ECM Portal after the 90 days has passed they will be allowed to "submit" the claim line online. When the claim information comes to N-FOCUS the claim will reject for the reason "Child Care Timely Filing Requirements Not Met" and N-FOCUS will send the information back to OnBase/ECM in the EOP that the claim has been rejected. The provider will be able to view this in the EOP section of the ECM portal.

\*OnBase is working on an error message that will populate immediately when the provider attempts to submit the claim that is older than 90 days. The message text is to be determined at this time. NFOCUS is sending them an error immediately as of now and will continue our current process when OnBase/ECM has implemented their changes.

#### ABAWD Time-Limit Tracking (Change)

Beginning with the April 10, 2016 Major Release, the ABAWD tracking window will no longer include fields for the Second 3-month Period. Only the initial 3-month Period will be entered. Any additional information will be included in the Comments section.

Additionally, the 36 month period start date and end date will not allow editing.

N-FOCUS - ABAWD Time-Limited Tracking	
File Actions Help	
Master Case Person	
Master Case: 1150	UPDATE
SSN: XXX-XX-8079	
Non-Exempt Individual: LEE WARD	
36 month period Start Date: 01-01-2016 End Date: 12-31-2018	
3-month Period	
Month 1: 01-01-2016	
Month 2:	
Month 3:	
Comments:	
now is the time for all good men to come to the aid of their better halves. without whom there would b no worse half, and wouldn't that be a sad state of affairs? still, beinf the lesser of anything leaves on little discouraged, and that may lead to any number of negative outcomes, and then where would we i mean, i ask you? i get up every morning, make the coffee, deliver it to the so-called "better half" an	ie a be?
all i get is a little peck for my troubles, and maybe a hint of things to com, which never do, and what is the point of that? among 2 but i diarace	s _ ABC
03-16-2016	10:32:04

#### Collections (Change)

When External Overpayments are created the Collection Method in the Accounts Receivable will default to Cash.

#### Child Care Frequency on Service Authorization (Fix)

When workers create a Service Authorization for Child Care for the come-up month because the Child Care program case is either Closed or Denied for the current month, the Frequency Category has not been appearing on the Units and Rates window. This has been fixed.

## ACCESSNebraska

#### Client Preferences - Email and Text Notification (New)

With this release Economic Assistance and Medicaid clients may now request to receive Email Notification of the Correspondence and Notices that display in their accounts in the ACCESSNebraska web site.

Previously, Medicaid clients could opt for both Email Notification of Correspondence and USPS Mail delivery of Correspondence. As of this release those who have that option will keep it but any new requests will need to be made for either E-mail notification or USPS Mail.

Clients may also request to receive text messages from DHHS although the complete text messaging process is under development at this time.

#### Adding and Updating Preferences

Clients may also request and update these preferences on the ACCESSNebraska website by selecting the My Preferences area after they have created an Account.



The My Preferences window displays the current Delivery Options and Email address and Cell Phone Numbers known to and used by N-FOCUS.
🔜 Official Nebraska G	overnment Website	
Access	My Preferences	Deportment of Health & Humon Services
03/17/2016	You have logged in as: SSwwbuchanan PIN: 20098532, Db: DSSADSA, Tier: STG	Logout   Help
Summary of Correspon	dence Delivery Selected:	
Current Delivery Option: EMAIL NOTIFICATION TEXT NOTIFICATION Your last known Email ad You are currently not receiving Correspondence is curre	dress is: BUCHANAN1@GMAIL.COM Correspondence at this Email address because the Email address has not been verified. ntly being Texted to: (303) 222-3232	
EXIT		CONTINUE
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

- The client can change delivery options and/or email address and cell phone number on this window.
- Any change in the delivery option made on the Web My Preferences site will be reflected in My Preferences on the WEB.
- Any change in Email address or Cell phone number will also be reflected in Client Preferences, the Telephone window and the Email Address window in N-FOCUS and the reverse is also true.
- **Note:** Email addresses may now be added from N-FOCUS Address Window. Refer to the General Interest and Mainframe section for instruction.

The client can change delivery options and/or email address and cell phone number on this window.

Any change in Email address or Cell phone number will also be reflected in Client Preferences, the Telephone window and the Email Address window in N-FOCUS and the reverse is also true.

🔜 Official Nebraska 🛛	Government Website	
Access	My Preferences	Department of Holds & Pillings Sensor DHHHSS N E B & A S C A
03/17/2016	You have logged in as: SSwwbuchanan PIN: 20098532, Db: DSSADSA, Tier: STG	Logout   Help
Correspondence Deliv	ery Options	
Select delivery option:		
You are currently using BU Do you want to change it? O Yes O No	JCHANAN1@GMAIL.COM as your Email notification address.	
Select delivery option: TEXT NOTIFICATION		
You are currently using (3) Do you want to change it? ○ Yes	03) 222-3232 as your cell phone number to receive text messages.	
O No		
EXIT		Submit
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 SNAP Issue Date on Payment History Tab (Change)

SNAP payment history (CBI) previously displayed "Issue Date" as the date that SNAP benefits were processed by N-FOCUS. For initial applications this wasn't an issue because benefits process overnight and apply to the EBT card. For ongoing certifications, benefits are processed on SNAP cut-off date but not actually applied to the EBT card until the 1<sup>st</sup> thru the 5<sup>th</sup> of the following month based on SSN. Customers were confused with this date when looking at CBI.

"Issue Date" has been revised. Initial applications will continue to display the date processed as benefits will apply the next day and the date will not populate until N-FOCUS overnight process completes. Ongoing certifications "Issue Date" will display the date SNAP benefits apply to the EBT card; the 1<sup>st</sup> through the 5<sup>th</sup> of the month according to SSN.

Selar Strate Contrasting Contr	overnment Website			
Access Nebraska	Ben	nefits Inquir	<b>y</b>	
02/02/2016	You h	ave logged in as NFOStgHDSwan	Lo	gout   Print   Help
SNAP Case D	<b>etail</b> a Case Number: 81233651			
Program List	Payment History- Reme Sign-up to receive texts	mber to check the balance of SNAP , emails or phone messages when f	benefits prior to using your unds are deposited on your	r EBT card. r EBT account
Verification Request(s)	at: SNAP EBT - https://w	vww.ebtaccount.jpmorgan.com or c	all 877-247-6328.	
Case Information	Month Year May 2016	Amount \$83.00	Issue Date 05/02/2016	
Payment History	March 2016	\$83.00	03/29/2016	
Participant History	February 2016 January 2016	\$194.00 \$194.00	03/08/2016 03/08/2016	
Case Status History	November 2015 October 2015	\$194.00 \$194.00	03/08/2016	
Case Person Information			00/00/2010	
Notices				
EXIT				-
Economic Assistance Toll Free: (800)383-4278 Lincoln: (402)323-3900 Omaha: (402)595-1258	DHHS A	CCESSNebraska 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

In this example below the 3/29/16 date is the SNAP cut-off date for April benefits, and the 5/2/16 is the date the benefits actually apply on the EBT card for May benefits. 3/8/2016 would have been the date the initial application was processed. (data below is from a test database not a real case scenario)

**Note:** Additional text has been added to CBI informing customers to check balances prior to using their EBT card and to sign up for automated notification of deposits.

## Printable Forms Links to E-Applications (Change)

The E-Application will be adding additional text to inform the applicant wage and selfemployment verification that will be required for eligibility determination on the income section. This text will be added to the top of the page.

When wages or self-employment are reported, an active link will be placed under the income source and the applicant will be able to open the link to print the verification form or self-employment ledger from the application window. See picture of changes below.



## Submit Documents (Change)

Updates to the Submit Documents function on the ACCESSNebraska website were requested to allow for better processing of client documents based on what type of document the client was submitting online. New features will allow for clients to select what type of document they are uploading and based on what type of document selection they make will determine to what location (Omaha or Lincoln ANDI center) receives the documents.



Clients will be directed to the above screen when entering the Submit Documents from the ACCESSNebraska Main Menu or from the Main Menu or if they are in the Report Changes section.

**Note:** Clients on ACCESSNebraska who enter via the Electronic Economic Assistance or Medicaid applications will continue to the document upload screen as they do today.

The user will only be allowed to select one "Document Type" at a time. After the document has been uploaded they can "Add" documents for the same person via the "Add" or they can submit for another person, both choices will direct them to the Document selection page.



In the confirmation after the user has successfully submitted their documents they will be shown a summary of the Document Type and the document they selected prior to them exiting.

Document Types and their Destinations (Lincoln WBL or Omaha WBO)

#### Application

Economic Assistance (SNAP, ADC, CC, AABD, and Energy) – WBO Application Medicaid – WBL Application

#### **Renewal, Review, Recertification**

Economic Assistance (SNAP, ADC, CC, AABD, and Energy) – WBO Application Medicaid – WBL Application

#### **Other Documents**

Quarterly Report Forms (Medicaid) -WBL Daily Mail Verification Documents – Alternates between both WBL and WBO Daily Mail State Review Team (Internal Use Only) – WBL Daily Mail Financial (Internal Use Only) – WBO Daily Mail

#### LIHEAP Performance Measures Phase I (Change)

New Federal reporting requirements have been provided to Nebraska. As a result, multiple changes have been required to be made to the E-application and to N-FOCUS in order to gather and store the needed information to allow Nebraska to report out. The documentation of these changes will appear in both the ACCESSNebraska section (Web Changes) and the General Interest and Mainframe sections (N-FOCUS Changes) of this document.

# **Program Selection Section**

A new disclaimer statement has been added to the LIHEAP program selection:

"By applying for the LIHEAP (Energy Assistance) Program, The Applicant understands that the information collected on this form may be disclosed to energy programs operating under DHHS. DHHS may share and use information collected for purposes of referral, research, evaluation and analysis."

Program Sele	ction Section
	Select all programs that you want to apply for:
Program Selection	Assistance to the Aged, Blind, or Disabled Payment (AABD/PMT)
	This includes cash assistance. Please check this program if you are receiving SSI through Social Security, are age 65 or older, or are disabled or blind.
	Aid to Dependent Children (ADC) This includes cash assistance for families with children age 18 and younger.
Law Violations/Program Disqualifications	Refugee Resettlement Program (RRP) This is a cash assistance program for those who have been granted Refugee status and have arrived in the United States within the last 8 months.
Resources	State Disability Program (SDP)
	Cash assistance and/or medical coverage to individuals who are under age to and have been denied by Social Security for "lack of duration" and been determined temporarily disabled for at least 6 months but not more than 12 months. Individuals cannot be eligible for Medicaid and the SDP at the same time.
	Supplemental Nutrition Assistance Program (SNAP) - formerly known as Food Stamps This program assists low-income households to purchase food.
Application Submission	Low Income Home Energy Assistance Program (LIHEAP) Energy assistance for utilities By applying for the LIHEAP (Energy Assistance) Program. The Applicant understands that the information collected on this form may be disclosed to energy programs operating under DHHS. DHHS may share and use information collected for purposes of referral, research, evaluation and analysis.
	Child Care A program to assist eligible parents and caretakers in paying for the cost of child care.
	Social Services for Aged and Disabled Adults (SSAD) These are services such as Adult Day Care, Chore, Homemaker, Meals, Respite and Transportation for people that are either Aged or Disabled.
	Social Services for Families, Children, and Youth (SSCF) These are services such as Homemaker and Transportation services for children and families based on need.
	Does anyone need help with the following services?
	Chore - Service that helps aged and disabled adults to live independently
	Transportation - Non Medical Appointment Transportation - Non Medical Appointment
	Meals - Home Delivered
	Congregate Meals - Meals provided outside the home
	Respite - In home care for special needs individuals
EXIT	CONTINUE

#### **Expenses Section**

A new expense type has been added to the expense section of the application: Heating and Electric/Cooling Expense

**Note:** This new expense type will appear only on applications where LIHEAP is selected as a program that is being applied for.

Expenses Sect	tion	
Program Selection	List all sources of household expenses. Expenses that any household member	including children, are responsible for should be
Household Members	listed. Please confirm pre-filled information or remove any information that no long update expense information. Verification documents may be required to determin	ger applies to the household. Change is used to e benefits.
Household		
Law Violations/Program Disqualifications	Do you or anyone in your household have any Expenses?	○ Yes ○ No
Resources	Housing Expense	Add Housing Expense
Income		
Expenses	Heating and Electric/Cooling Expense	Add Heating and Electric/Cooling Expense
Application Submission	Utility Expense	Add Utility Expense
Submit Application	Child Support/Alimony	Add Child Support/Alimony
	Child/Dependent Care	Add Child/Dependent Care
	Medical Expense	Add Medical Expense
	If you or anyone in your household received help paying heating and/or cooling bills enter it below.	in the last 12 months in Nebraska or another state
	Utility Bill Pay Assistance	Add Utility Bill Pay Assistance
	Expense Comments	
	View Detailed Summary	
EXIT		CONTINUE

## Heating and Electric/Cooling Expense Page

A new question has been added for the applicant to indicate which utility expense they pay. They can multi-select between the following:

- Bulk Fuel (Oil, Propane, Wood, Kerosene, Coal, Corn)
- Electric
- Natural Gas
- Telephone
- Water/Sewage

The questions regarding shut off notices and level of heating fuel have been changed and broken out into four questions.

- 1) Have your utilities been shut off?
- 2) Are you out of heating Fuel?

- 3) Do you have a utility disconnect or past due notice?
- 4) Are you nearly out of heating fuel (3 days or less)?

The applicant must mark Yes or No to the four questions. If these questions are not answered they will not be able to continue from this page. They would have to select cancel at the bottom of the page. If Cancel is selected, none of the information completed on this expense page will be saved.

Next the applicant is asked if they receive or pay a bill for Heating and/or cooling. If "No" is selected, the applicant will then be asked if heating/electric is included in their rent.

thich of the following Utility expenses do you pay? (Select all that a ⊇ Bulk Fuel (Oil, Propane, Wood, Kerosene, Coal, Com) □ Electri	pply) c 🗋 Natural Gas 🗔 Telephone 🗔 Water/S	ewage	
welling Type House			
ave your utilities been shut off?	O Yes 🕷 No		
re you out of heating fuel?	🔿 Yes 🛞 No		
o you have a utility disconnect or past due notice?	🖲 Yes 🔿 No		
re you nearly out of beating fivel (3 days or less?)	⊛ Yes ⊙ No		
o you or Does anyone in your household receive a bill or pay for hea	ting and/or cooling (air conditioner)?	O Yes 💌 No	
Is your heating expense included in your rent?	O Yes O No		
Is your electric expense included in your rent?	□ Yes ○ No		
and in the IREAD Process And Installant in south a book a second	t constant of the bills		

If "Yes" is selected, the applicant will then be prompted to select their main heating Fuel and complete the Heating Provider's information that includes:

- Provider name
- Account Number
- Providers address
- Account holder name
  - Account holder name will have a list of the Household member's listed on the application and a choice of "other".
  - When "other" is selected, the applicant will have a blank box where they can enter the name of the account holder.

Ihich of the following Utility expenses do you pay? (Select all that apply	d Helenal Car - Televiser - Witter Terrer
<ul> <li>basic reletion, insparie, most, nanosene, coal, comp/ circum</li> <li>welling Type</li> </ul>	Lineare cent C. Heldhole C. Hendline
House V	
ave your utilities been shut off?	⊖ Yes ® No
ire you out of heating fuel?	O Yes € No
to you have a utility disconnect or past due notice?	¥ Yes ○ No
ire you nearly out of heating fuel (3 days or less?)	Yes ○ No     No
Heating Provider Address Address Line 1	
Address Line 2 Address Line 3	
Address Line 2 Address Line 3 City State City State	Ĩ. 🗖
Address Line 2 Address Line 3 City State Cit	
Address Line 2 Address Line 2 Address Line 3 Cay State C	о Yes О No
Address Line 2 Address Line 2 Address Line 3 Cay State C	о Yes О No

The next question that is asked of the applicant is if the heating provider is the same as the Electric provider. If "Yes" is selected, no further questions are asked and the applicant can hit continue to navigate away from this page.

If "No" is selected to the question regarding heating and electric provider being the same, the applicant will be prompted to enter the Electric Provider's information that includes:

- Provider name
- Account number
- Provider address
- Account holders name
  - Account holder name will have a list of the Household member's listed on the application and a choice of "other".
  - When "other" is selected, the applicant will have a blank box where they can enter the name of the account holder.

Types, which is the following is your in	ain heating fuel?		
Dectric V			
Reating Provider Name	Heating Provider Account #		
	[-14-57		
Heating Provider Address			
Address Line 1			
Address Line 2			
	1		
Address Line 3			
City State	Zip Code		
<< select	>> <b>v</b>		
Name of Account Holder			
JOHN DOE - 01/13/1983			
JANE DOE - 01/21/1983			
C Other			
Enter Name of Account Holder			
		_	
Is your Heating Provider the same as	your Electric Provider?	⊖ Yes € No	
Is your Heating Provider the same as	rour Electric Provider?	⊖ Yes ® No	
Is your Heating Provider the same as	rour Electric Provider? Electric Provider Account #	⊖ Yes ® No	
Is your Heating Provider the same as Electric Provider Name LES	rour Electric Provider? Electric Provider Account # [£780070	⊖ Yes € No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address	our Electric Provider? Electric Provider Account # E785070	⊖ Yes € No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1	our Electric Provider? Electric Provider Account # E2190/70	O Yes 🖲 No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1	our Electric Provider? Electric Provider Account # E789070	O Yes 🖲 No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1 Address Line 2	our Electric Provider? Electric Provider Account # [2789070	⊖ Yes ® No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1 Address Line 2	our Electric Provider? Electric Provider Account # [c199070	⊖ Yes ■ No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1 Address Line 2 Address Line 3	our Electric Provider? Electric Provider Account # E789070	⊖ Yes ■ No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1 Address Line 2 Address Line 3	our Electric Provider? Electric Provider Account # [2720070	O Yes ★ No	
Is your Heating Provider the same as Electric Provider Address LES Electric Provider Address Address Line 1 Address Line 2 Address Line 3 City State	our Electric Provider? Electric Provider Account # E190070 Zig Code	⊖ Yes 🕷 No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1 Address Line 2 Address Line 2 City State City State	Dectric Provider?  Electric Provider Account # E789070  Zip Code >>  V	⊖Yes €No	
Is your Heating Provider the same as Electric Provider Name LES LES Address Line 1 Address Line 2 Address Line 2 City State << salest Name of Account Holder	our Electric Provider?  Electric Provider Account #  E219070  Zig-Code	⊖ Yes 🕷 No	
Is your Heating Provider the same as Electric Provider Address Address Line 1 Address Line 2 Address Line 2 Address Line 2 City State City State City State City State City Octoor Holder Bill City Control (City State)	Pour Electric Provider?  Electric Provider Account #  ETBOTO  To T	O Yes ♥ No	
Is your Heating Provider the same as Electric Provider Name LES Address Line 1 Address Line 2 Address Line 2 Address Line 3 Cly State Cly State Cly State Cly State Cly State Cly State Cly State	Vour Electric Provider?  Electric Provider Account # E2190/70  2gp Code >>  2gp Code	O Yes € No	
Is your Heating Provider the same as Electric Provider Name LES Electric Provider Address Address Line 1 Address Line 2 Address Line 3 City State City State City State City State City City State City City State City City City State City City City City City City City City	our Electric Provider?  Electric Provider Account # E270070  Zig Code >>  V	O Yes ♥ No	
Is your Heating Provider the same as Electric Provider Address Address Line 1 Address Line 2 Address Line 2 Address Line 2 Address Line 3 Oby State Carly State Carl Const Holder Carl Const Holder Carl Const Holder Carl Const Holder Carl Const Holder	Pour Electric Provider?  Electric Provider Account #  (2190/10  20 Code	O Yes ♥ No	
Is your Heating Provider the same as Electric Provider Name LES Advess Line 1 Advess Line 2 Advess Line 2 Advess Line 3 Chy State Chy State Chy State State of Account Holder Deter Name of Account Holder	our Electric Provider?  Electric Provider Account #  [2780070  2g Code	⊖Yes ∎ No	

After completing this information, the applicant can select continue to navigate away from this page.

Once Heating and/or Electric provider information has been added and the applicant returns to the Expense Section, the provider name entered will be displayed.

Expenses Secti	on	
Program Selection Household Members Household	List all sources of household expenses. Expenses that any household member, inc listed. Please confirm pre-filed information or remove any information that no longer update expense information. Verification documents may be required to determine b	luding children, are responsible for should be applies to the household. Change is used to benefits.
Law Violations/Program Disqualifications	Do you or anyone in your household have any Expenses?	○ Yes ○ No
Resources	Housing Expense	Add Housing Expense
Income Expenses	Heating and Electric/Cooling Expense	
Application Submission	Electric Black Hills	Change Remove
Submit Application	Utility Expense	Add Utility Expense
	Child Support/Alimony	Add Child Support/Alimony
	Child/Dependent Care	Add Child/Dependent Care
	Medical Expense	Add Medical Expense
	If you or anyone in your household received help paying heating and/or cooling bills in enter it below.	the last 12 months in Nebraska or another sta
	Utility Bill Pay Assistance	Add Utility Bill Pay Assistance
	Expense Comments	
	View Detailed Summary	
EXIT		CONTINUE

If LIHEAP and SNAP are both selected on the E-App, the applicant will see both Heating and Electric/Cooling Expense and Other Utility Expense.

Expenses Sec	tion	
Program Selection	Some fields may be pre-filled with information available in your case record as of 05-02-20	016.
Household Members	List all sources of household expenses. Expenses that any household member, including	children, are responsible for should be
Household	update expense information. Verification documents may be required to determine benefit	es to the household. Change is used to s.
Law Violations/Program Disqualifications	Do you or anyone in your household have any Expenses?	◯ Yes ◯ No
Resources		A 1111-11-15
Income	Housing Expense	Add Housing Expense
Expenses	Heating and Electric/Cooling Expense Add H	leating and Electric/Cooling Expense
Application Submission	Other Utility Expense	Add Other Utility Expense
Submit Application	Child Support/Alimony	Add Child Support/Alimony
	Child/Dependent Care	Add Child/Dependent Care
	Medical Expense	Add Medical Expense
	If you or anyone in your household received help paying heating and/or cooling bills in the la enter it below.	st 12 months in Nebraska or another state
	Utility Bill Pay Assistance	Add Utility Bill Pay Assistance
	Expense Comments	
	View Detailed Summary	
EXIT		CONTINUE
Economic Assistance	DHHS ACCESSNebraska Customer Service Center is available	Medicaid

If only SNAP is selected on the E-App, the applicant will see only Utility Expense.

lion	
	2.2040
Some fields may be pre-filled with information available in your case record as of US-U.	z-zullo.
listed. Please confirm pre-file information or remove any information that no longer a update expense information. Verification documents may be required to determine ber	pplies to the household. Change is used to nefits.
Do you or anyone in your household have any Expenses?	○ Yes ○ No
Housing Expense	Add Housing Expense
Utility Expense	Add Utility Expense
Child Support/Alimony	Add Child Support/Alimony
Child/Dependent Care	Add Child/Dependent Care
Medical Expense	Add Medical Expense
If you or anyone in your household received help paying heating and/or cooling bills in the enter it below.	e last 12 months in Nebraska or another state
Utility Bill Pay Assistance	Add Utility Bill Pay Assistance
Expense Comments	
View Detailed Summary	
	CONTINUE
	Some fields may be pre-filled with information available in your case record as of 05-0         List al sources of household expenses. Expenses that any household member, includ listed. Please confirm pre-filled information or remove any information that no longer a update expense information. Verification documents may be required to determine between the expense information. Verification documents may be required to determine between the expense information. Verification documents may be required to determine between the expense information. Verification documents may be required to determine between the expense information. Verification documents may be required to determine between the expense information.         Do you or anyone in your household have any Expenses?         Housing Expense         Utility Expense         Child Support/Alimony         Child/Dependent Care         Medical Expense         If you or anyone in your household received help paying heating and/or cooling bills in the enter it below.         Utility Bill Pay Assistance         Expense Comments         View Detailed Summary

The (Other) Utility Expense Page is the existing Utility Expense page applicants fill out. The only change made to this window is when the question "If this utility is for heating or cooling, tell us if it is for heating, cooling, or both." This question is only displayed if Electric or Natural Gas is selected for type of Utility Expense.

ponoco ouniy	
Who is responsible for this utility O JOBI QUEEN - 08/24/199	? 5
Type of Utility Expense Electric	If other, describe.
If this utility is for heating or cool	ing, tell us if it is for heating, cooling or both.
Heating	
Cooling	
Dwelling Type	
Select >>	Name on Assount Assount Number
Supplier	
Supplier Address	
Address Line 1	
Address Line 1	
Address Line 2	
Address Line 2	
Address Line 3	
Address Enre s	
City State	Zin Code
< sele	ct>>
If anyone outside the household	helpe ney this hill tell us who helps helpw
In anyone outside the nodaenoid	
If this utility is Coal Electric Eue	 I Oil Kerosene Natural Gas Pronane Water/Sewane or Wood, provide the following information below
In and damy to obtain Electric, I de	in the second
Has this utility been shut off o	or is there a shut-off notice? Ves No
Are you out of fleating fuer (p	ropane, only Orles Onlo

E-App PDF view has changed to reflect the new information that is asked on the E-App in the expense page.

Do you or anyone in your household have any Expenses?	
Housing Expense	
Heating and Electric/Cooling Expense	
Which of the following Utility expenses do you pay?	Bulk Fuel (Oil, Propane, Wood, Kerosene, Coal, Corn)
Dwelling Type	House
Have your utilities been shut off?	No
Are you out of heating fuel?	No
Do you have a utility disconnect or past due notice?	Yes
Are you nearly out of heating fuel (3 days or less?)	Yes
Do you or Does anyone in your household receive a bill or pay for heating and/or cooling (air conditioner)?	Yes
If yes, which of the following is your main heating fuel?	Electric
Heating Provider Name	Black Hills
Heating Provider Account #	A12455
Heating Provider Address	Not Answered
Name of Account Holder	JOHN DOE - 01/13/1983
Is your Heating Provider the same as your Electric Provider?	No
Electric Provider Name	LES
Electric Provider Account #	E789070
Electric Provider Address	Not Answered
Name of Account Holder	JOHN DOE - 01/13/1983

# Correspondence

# Request for Verification (Change)

The Request for Verification correspondence has been updated to remove the obsolete Paternity Acknowledgement (CSE-12) Notarized option. This option has been replace with a new option of Proof of Paternity.

ivision	Person	Birth Date	Person Number	
	FRANKY F FINGERS	02-19-1967	34472735	Select Person requiring Verification(s)
Program(s)	Program Case Name	St Program	n ID	
MEDICAID	FRANKY F FINGERS	AC 668355	57 Select P require t Verificat	rogram(s) that the selected ion(s)
Category Select	OTHER Verification(s)	•		
	POTENTIAL INCOME-APPLY (SEE COL	MMENTS BELOW FOR [	DETAILS)	<u> </u>
	HEALTH INSURANCE CARD (COPY BO PROVIDE SOCIAL SECURITY NUMBE) DOWER OF ATTORNEY, GUARDIANSI MMIGRATION DOCUMENTS SIGN AND RETURN FORM IM 1-AGRE	OTH SIDES) R HIP PAPERS EMENT TO SELL REAL ITHODIZATION FOD DE	PROPERTY AND R	
Comments			Add / Nex	t Selection
				ABC

# Childcare Service Authorization Correspondence (Change)

Childcare Service Authorization correspondence will now be automatically updated when the Child Care fee changes.

When a childcare budget is authorized and the fee has changed from the previously authorized budget, the system will automatically send out new service authorization correspondence to the client and the provider. The new fee will be on the correspondence. The units, rates, comments, and service authorization dates will not be changed.

In order for the system to automatically update the fee on the correspondence there must be a service authorization that covers at least one day of the month that was budgeted.

If there are multiple service authorizations the system will update all of them.

The user will be notified at case check in if the system was unable to create the new service authorization correspondence. The Check In was Successful message would have additional text that says "The Service Authorization Correspondence was not Updated". If you receive this message you will need to manually update the service authorizations.

The CC MESA will automatically create the new service authorization correspondence. This eliminates the need for Alert # 386- CC Serv Auth Update. Alert 386 will only be created if MESA is unable to update the service authorization correspondence.

# Alerts

# EA Alert Changes

The following changes are being made to the EA Alerts with this release:

- Alert 34- Client State Change- This alert is no longer created if the client is only in SNAP.
- Alert 41- Death Date Record- This alert is no longer created if the client is only in SNAP.
- Alert 50- Out of State SSI Rec- This alert will no longer be created if the client is only in SNAP or LIHEAP.
- Alert 90- Death Reported- This alert is no longer created if the client is only in SNAP.
- Alert 240- Birth Certificate- This alert will no longer be created if the client is only in SNAP or LIHEAP.
- Alert 245- Veteran Information- This alert will no longer be created if the client is only in SNAP or LIHEAP.
- Alert 261- Verified Marriage- This alert will no longer be created if the client is only in SNAP or LIHEAP.
- Alert 262- Marriage Lead- This alert will no longer be created if the client is only in SNAP or LIHEAP.
- Alert 281- IL Payment Begins. This alert will no longer be created if the client is only in SNAP or LIHEAP.
- Alert 322- SSI Claim Denied- This alert will no longer be created for economic assistance programs.
- Alert 325- SSA Adjustment- This alert will no longer be created for economic assistance programs.
- Alert 326- Military/Civ Pay- This alert will no longer be created for economic assistance programs.

# Alert Changes for April Batch Release- 04/20/16

The following alert will be changed with the Batch Release scheduled for April 20, 2016:

• Alert 365 – Need Reason for FR. This alert is changed so that workers can now correct the case when the alert is received. If the person is disabled the worker just needs to authorize an ADC budget and the system will set the correct FR reason. If the person is not disabled, the worker needs to reopen the person in the ADC case and then close them with the correct reason.

# **Document Imaging**

## Categories (New/Change)

## New Categories

- Audit Documentation available to Protection and Safety staff
- Utility Bill- available only for Economic Assistance staff
- Child Care Provider Grant
- **Payment Type/Selection -EA&RD** –available for indexing of the FA-100 financial documents received for clients and/or providers.
- Central Registry

## Updates to Categories

- **Tax Information Form** is now available for Resource Development staff to utilize
- Agreement, Confidential, Correspondence, & Quality Assurance are now available for Protection and Safety staff

## File Director Auto Tie (Change)

File Director will now send an update trigger to N-FOCUS allowing the Auto Tie/Pend process to take place if an Economic Assistance Review/Recertification Application had been previously saved and indexed to the ARP via Person Detail (Copy Person Index Info or using a barcode sheet) then saved.

The user can now check out, edit and re-index the document via the Correspondence- Copy Person Index Info feature which will now allow the Auto- Tie process to occur.

N N	-FOCUS - List Correspondence					- 0 <b>X</b>
File	Actions View Options Help					
	Print Now	Ctrl+P	<b>C</b>			<b>F</b>
	Print Later	Ctrl+L				
	Print Preview		RHODA TEST			
	Delete	Ctrl+D				
- C	Destroy	Ctrl+E		Sent To	Language St	atus
	Cancel Batch Reprint	Ctrl+C	Drow	MADI'S BUSY BEE'S	ENGLISH DE	DINT BATCH
0	Update Comment	Ctrl+M		RHODA TEST	ENGLISH PF	INT BATCH
0	Copy Person Index Info	F11	ited ap	RHODA TEST	ENGLISH PF	UNT BATCH
L.						
					03-18-2016	12:03:53

# **Expert System**

# Program Specific Quality Control Sanction Types (New)

If a master case contains an ADC, AABD or SNAP program which was closed for reason of "QC sanction", budgeting is not able to be run on any of these program types in that case as the QC sanction. Work for the April release has added 3 new "program specific" QC sanction types that can be selected when notification of an individual's failure to cooperate with Quality Control for any of these programs. The appropriate program specific QC sanction type will appear on the selection list for the program that the sanction is being imposed upon.

(The previous Sanction type of "QC" has been renamed as "QC (DO NOT USE)". This selection will remain in the listings in order to prevent master cases that currently have no active programs where one of the programs was closed for a QC sanction. If the general "QC" sanction

is removed, any of these cases which are still subject to non-cooperation penalties would no longer be prevented from being reopened if QC was removed. Again, as the new title states, this selection should not be used, rather user should use the appropriate program specific QC sanction type for the program user is imposing the disqualification on.)

<u>Closure Reason:</u>	
Sanctioned	•
Sanction Type:	
	•
Ineligible ABAWD (SNAP)	
Quality Control (SNAP)	
Quality Control (DU NUT USE)	•
Striker (SNAP)	<b>T</b>

# Sanctions Task (Change)

Workers may now end date sanctions more than two months in the future.

**Example:** If the sanction is meant to last 6 month workers may now enter the begin and end dates.

Note:	If a budget should be run once the sanction is ended the worker should create an Alert for that month as a reminder.	Add Budget Sanctio Person: BATEMAN BATEMAN BATEMAN BATEMAN BATEMAN	BARTON BELA BEN BENTLEY BAXTER	11-18-1948 04-18-1981 10-18-2002 03-24-2009 09-13-1979	Sanction Types: Fail Comply SNAP  Begin Date: 05-01-2016 End Date: 10-31-2016
				Next	OK Cancel Help

	(					
Consection     Citizenship/Immig     Guardianship     Citizenship/Immig     Guardianship     Living Arrangemer     Medical Impairmer     Medical Impairmer     Medical Impairmer     Work Registration     Financial     Verifications     MED APTC Informatio     Case Maintenance     Eligibility     Collections     LiHEAP     Summaries     Utilities     Utilities	Banction Type ■ BATEMAN Fail Comply SN	BARTON AP	11-1948	Begin Dat 67 ( 05-01-20	te End Date 36641165 16 10-31-2011	5
«			[Add] Cla	use D	ielete Hel	

## ADC Budgeting Correction (Change)

August 2015 tiered income budgeting was implemented for ADC. When households passed the first income test, their budget continued on to determine the grant eligiblity amount. If the first income test had failed, the ADC budgeting stopped. If there was also an AABD/PMT budget, allocation should have been considered.

A fix has been implemented so that when ADC is budgeted and the first income tier fails, the income will be budgeted down to a net income amount as it previously did, prior to August 2015. This will determine the amount for the allocation. If there is an actual AABD budget or a launched AABD budget within, all budgeting will follow appropriate allocation rules currently existing in N-FOCUS.

**Note:** If the ADC passes with an allocation out and zero grant and there is <u>NOT</u> an open AABD/PMT case, the worker should close the ADC Case for over income and complete a notice tempate. Failing to close the ADC Case, the come-up month will exempt the Household from the initial income test and apply the 50%. This is an error. The August release will implement a fix to this scenario.

## ADC Budgeting Enhancement (Change)

The April release will conclude ADC Budgeting Enhancement. AABD/PMT budgeting logic will be added to ADC and eliminate the need to open both grant programs together. N-FOCUS will be coded to recognize budgeting for both combined programs (ADC and AABD/PMT) and ADC program by itself with additional household members who are ineligible for ADC because of one or more of the following conditions.

ADC Ineligible Participant(s):

- Current pay Supplemental Security Income (SSI);
- SSI FBR;
- Current pay Supplemental Security Income (SSI) and SSI FBR;
- Receiving Social Security Income <u>and</u> is age 65 or older including month turning age 65; or
- Age is less than 65, is receiving Social Security Income <u>and</u> has a Medical Impairment type of SSA-SSI Blind or SSA-SSI Disabled or
- Has a Medical Impairment type of SSA-SSI Blind or SSA-SSI Disabled.

## Combined AABD/ADC Allocation Mixed Program Configuration

In a household when all members are related, all participants who are ADC ineligble (AABD eligble) must either all be budgeted in AABD/PMT program case or processed through the new AABD logic within ADC.

When budgeting begins, family relationships will be reviewed and compared to the listed criteria for ADC ineligibility above. If one family member is a participant in AABD, all other family members who are AABD eligible must also be determined in an AABD program. ADC budgeting will stop and prompt the worker to make program changes with AABD eligible household members.

## Invalid or Missing Roles(s)

Unable to run Grant Budget Category.

Persons below are potentially eligible for AABD/PMT, but not all are Active or Pending in an AABD program case.

If the household did not apply for AABD/PMT, go to Case Actions and close all AABD program cases. If the household did apply for AABD/PMT, go to Case Actions and add or reopen all AABD/PMT programs cases for the following.

John Jones 05-19-1970

Allocation out from AABD/PMT will continue to display in the AABD program case budget summary <u>and</u> now also in the ADC summary behind allocation in amount. If income allocates to the ADC budget, this amount will display on the allocation line as it currently does.

For ADC allocation out, the budget summary in AABD will display income in. ADC budget summary will display as it currently does the calculations behind amount allocating out.

If no allocation occurs the a window displays with "No Allocation Out for this Budget" behind all allocation out amount budgets lines.

# **Work-A-Round:** If an AABD eligible person is in a sanction and not eligible for AABD grant, do not approve the grant payment. The grant amount will need to be overridden to zero. Follow the process if a household has applied for AABD and ADC, and has more than one AABD eligible household member with one being in a sanction.

## Sanction, Excluding CSE Sanction

- Open AABD eligible in AABD program with sanction remaining
- Determine budgets
- If grant eligible, override grant to zero
- Repeat until all budget months are calculated
- Revise notice
- Narrate

## AABD Budgeting Within ADC

Workers will no longer be forced to open an AABD/PMT case for each household member who is potentially eligible prior to ADC budgeting.

If roles of Financially Responsible spouse/parent in the Master Case exist in ADC and are also ineligible ADC participants as defined above, an AABD budget will launch within ADC. If any of <u>their</u> children (bio, step or adopt) in the household are AABD eligible, they will qualify for an AABD budget launch also. Married spouses living together will participate within the same AABD budget. Married defined in same Household with a marriage date and no divorce date.

This AABD budget will not be associated to a program that has been pended or tied from an application. It is created only on household roles within ADC and family relationships. Therefore, a history of this budget will not appear in summary independently nor will it be authorized. The worker will be prompted to select and determine how income is to be applied to each ADC and AABD programs.

The AABD budget, launched within ADC, takes the place of an actual AABD Program Case for the purposes of combined budgeting and income allocation. This logic will keep those who are ineligible for ADC and their income from wrongfully calculated in the ADC program case. The exception is asigned child support, this income type will be allowed for ADC grant comparison.

Ineligible ADC participant financials, such as income and resources, will be calculated in the AABD budget and excluded in ADC with reason of "budgeting rules". A full AABD budget will be calculated based on rules within N-FOCUS currently considering resource limits, standard of need, shelter costs, special requirements, budgetary need, total countable income, federal benefit rate and total requirement.

This budget will serve the purpose to determine if AABD budget calculation pass/fail. No grant eligiblity determination. If the total countable income from the launched AABD budget is greater than the total requirements, the budget will show an excess and this becomes the allocation out amount. The allocation can go out to ADC, another AABD budget or a combination depending on financial responsibility. The excess is divided by related budgets. If allocation out occurs, this amount will display in the ADC budget behind the allocation in line.

No changes will be made to current allocation logic. They are as follows. The allocation hierarchy is spouse to spouse, parent to child. When allocation out amount must split between children, the amount will be divided evenly. Once a participant has received an allocation amount, they do not receive another share, the exception of an SSI child and a failed AABD budget. Their portion of a allocation split is moved to the other child or children.

The AABD budgets are set aside until ADC budgeting is completed.

- If excess income from an AABD was determined, this excess income will be calculated in the ADC budget.
- If excess income from ADC was determined, this excess income will be calculated in the AABD budget.
- **Note:** If the ADC passes with an allocation out and zero grant and there is <u>NOT</u> an open AABD/PMT case, SSW should close the ADC for over income and complete a notice tempate. Failing to close the ADC, the come-up month will exept the HH Financially Responsibleom the initial income test and apply the 50%. This is an error. August release will implement a fix to this scenario.

#### **Expert System Notice**

With the November release, ADC ineligible (AABD eligible) participants could not be added to ADC. Therefore, applicants were not receiving notice they were denied or not included for ADC. Currently, those participants are being pended in an AABD program and received notice of eligibility within that action. With the launch of Phase II the case worker will no longer need to open the AABD program case therefore no notice of any eligibility will be provided to those individuals.

When the AABD budget is launched through ADC, any Financially Responsible or child who is AABD eligible will launched into an AABD budget. This will change Financially Responsible reason from parent/spouse in MC to parent/spouse in other PC with status reason of in other case. The Financially Responsible status reason will be changed to "applying for/receiving other assistance" and the CO will also have the same status reason added. These changes will trigger notices to create ADC denial reason for those persons. The pending ADC case will be budgeted, approved or denied appropriately for all other ADC eligible household participants.

Because the status reason is <u>added</u> to the Financially Responsible or child in related program case, the notice will identify those persons as ineligible and add them as denied for ADC with reason "applying/receiving other assistance". This new notice logic will not be applied to review application when benefits are continued as no change is made to existing roles and status reasons to trigger a notice. If a participant is closed for another reason by the worker in participant actions, and the receiving other assistance" occurs with a launched AABD budget, the new reason will overlay the previously selected closure reason.

## SNAP Budgeting Change Report (Change)

With this release, when authorizing a SNAP Budget, Change Reporting will no longer be a selection for a SNAP reporting category. The only options that will be displayed when selecting a reporting category will be Simplified Reporting (SR) and Transitional Benefit Reporting (TBR).

			•	
Certification Period				×
Program Case:				
BLUM	B0	SNAP	2109554	
Reporting Category:		•		
Certification Begin Date:	Simplified Reporting Transitional Benefit Reporting			
Certification End Date:				
	ОК	Cancel	Help	
Change Reporting not valid report	ing category budgets after 04/2016			

When Simplified Reporting is selected, Expert System logic will review the household members in the SNAP unit and if **all** adult household members (age 19 or older) are Elderly (60 or older) and/or Disabled and there is no Earned Income, Expert System logic will suggest a 12 month Certification Period.

Certification Period				X
Program Case:				
BLUM	B0		SNAP	2109554
Reporting Category:	Simplified Reporting		•	
Certification Begin Date:	04-01-2016			
Certification End Date:	03-31-2017			
	0	к	Cancel	Help
Change Reporting not valid report	ing category budgets after 04/2	016		

If the SNAP household does not meet those requirements, Expert System logic will suggest a 6 month Certification Period. **(NOTE: The Certification period that is displayed when the reporting category is selected is only a suggestion**.) The Certification End Date can be edited as needed. It is the user's responsibility to make sure the Reporting Category and Certification Period is correct.

Certification Period			×
Program Case:			
BLUM	B0	SNAP	2109554
Reporting Category:	Simplified Reporting	•	
Certification Begin Date:	04-01-2016		
Certification End Date:	09-30-2016		
	ОК	Cancel	Help
Change Reporting not valid report	ing category budgets after 04/201	6	

When the reporting category is Simplified Reporting with a 12 month Certification Period, the user will receive a pop up stating the entered Certification Period Should not exceed 6 months unless adult household members are elderly or disabled without earned income. This is just a reminder message that only household where all adult members are Elderly and/or disabled and have no earned income should be in a 12 month Certification Period. This will not stop budgeting.



If Expert System does not suggest a 12 month certification Period and the Certification is manually changed to 12 months, the user will receive a pop up that states Note: The Certification period length is not 6 months. This is a chance for the user to review that the Reporting Category and Certification Period are correct. This will not stop the user from Budgeting.



Regular and Recalculated budgets authorized for March 2016 will display Simplified Reporting, Transitional Benefit Reporting, and Change Reporting. If Simplified Reporting is selected for a budget March 2016 and back, Expert System will only suggest a 6 month Certification Period. It will not do a review of the Household members to determine if the Simplified Reporting category should be a 6 month or a 12 month Certification Period.

For ongoing SNAP cases, when running a budget for April 2016 forward you will have to pick a new reporting category as Change Reporting has been removed. If you select Simplified Reporting, Expert System will review if all Adult Household members are elderly and/or disabled with no earned income. If they meet those requirements, Expert System will shorten the Certification Period if there are more than 12 months remaining in the existing Certification period.

**Example:** If the SNAP case is in Change Reporting and they are in month 4 of the Certification Period (existing Certification Period is 12/01/2015 to 11/30/2017) and the Reporting Category is changed to Simplified Reporting for month 5 of the Certification Period (for benefit month 04/01/2016) and all adult household members are Elderly and/or Disabled with no Earned Income, Expert System will shorten the Certification Period to 12 months from the month of change (new Certification Period is 12/01/2015 to 03/31/2017, 12 months from the month of change).

If there are less than 12 months left in the existing certification period, the Certification Period will remain the same.

**Example:** If the SNAP case is in Change Reporting and they are in month 20 of the Certification Period (08/01/2014 to 07/31/2016) and the Reporting Category is change to Simplified Reporting for month 21 (for benefit month 04/01/2016) and all adult household members are Elderly and/or Disabled with no earned income, no changes will be made to the certification period as there is less than 12 months left in the existing Certification Period.

If the Ongoing SNAP case does not meet the requirements of all adult household members being elderly and/or disabled with no earned income, Expert System will shorten the Certification Period if there is more than 6 months remaining in the existing Certification period. For example: if the SNAP case is in Change Reporting and they are in month 4 of the Certification Period (existing Certification Period is 12/01/2015 to 11/30/2017) and the Reporting Category is changed to Simplified Reporting for month 5 of the Certification Period (for benefit month 04/01/2016) and the SNAP household does not meet the requirements for a 12 month certification period, Expert System will shorten the Certification Period to 6 months from the month of change (new Certification Period is 12/01/2015 to 09/30/2016, 6 months from the month of change). If there is less than 6 months left in the existing certification period, the Certification Period will remain the same.

- **Example:** If the SNAP case is in Change Reporting and they are in month 20 of the Certification Period (08/01/2014 to 07/31/2016) and the Reporting Category is change to Simplified Reporting for month 21 (for benefit month 04/01/2016) and the SNAP household does not meet the requirements for a 12 month certification period no changes will be made to the certification period as there is less than 6 months left in the existing Certification Period.
- **Note:** At this time, Self-Employment income and Income listed as SNAP Other are not recognized as Earned Income and Expert System logic will continue to suggest a 12 month Certification Period when those income types are present. Users will need to review the SNAP case to determine if the SNAP Program should have a Certification Period of 12 months or 6 months. Currently the system will review all income including income listed as closed and may not suggest a 12 month Certification Period. Expert System cannot distinguish EA income and MLTC income. If there is income listed for an Adult household member as MLTC income and that adult is a participant in the SNAP Case, it will be reviewed and determined there is earned income for the SNAP household and the system may suggest a 6 month certification period. User will need to review the SNAP case to determine what length the Certification Period should be. The end date can be manually edited if needed.

In situations where the user changes the SNAP certification period due to a change from CHANGE REPORTING to SIMPLIFIED REPORTING, and the new end date is for the come up month, allowing for ten-day notice, a REVIEW/RECERT prepopulated application will not be created for the SNAP case (these are generated on the first business day of the month prior to the month of review/recert). The worker will need to create the EXPIRATION OF CERTIFICATION - ELIGIBILITY REVIEW DUE notice in correspondence to alert the client of the need to re-apply.

# Verification Request Tracking (Change)

Verification requests can now be created while the case is checked out to the expert system. Verification requests are created from the Verification task using the verification request tab.

NFOCUS - Navigator PAUL GUNDER 1116 To create a Verification Acti Help e 🖬 🗂 Request in Expert System, Data Collection Create Date Sent To Status Due Date Division follow these steps: 🞽 Non Financial Financial Verifications Select New to 1. MED APTC Inform **Case Maintenance** create a request. ¢ Eligibility Collections LIHEAP ÷ The Add Summaries • Utilities Verification CWIS Request window opens. 2. Select the Division, person, program, New Help category, and Unverified History Summary Verification Request verification Tasks Notices 03-17-2016 10:08:07 type. 3. Add Comments as needed. Add Verfication Request You can Note: Person Division continue to Birth Date Person Nbr First Name Last Name add categories 58423280 06-03-1955 PAUL GUNDER C MLTC Select Person and types for requiring Verification(s) the same Program person and Program AABD/MED Status Program ID Case Name Select Program that require the selected Verification(s) PAUL GUNDER PAUL GUNDER 91497588 Closed program. If AABD/PMT Closed 64327787 you need to add another Category Resources • person or Select Verification Type program, Current Trust, Bonds, Certificates of Deposit (CD), IRA, Money Market, Keoph, 401(K), Mutual Funds Life Insurance select the Lump Sum payments (insurance payments, inheritance, income tax refunds, rebates and from any other source) Most recent Bank Statements (checking, savings, credit union) for all Household Members Add/Next Selection Comments button. When

Complete Verification Request question appears.

all items have been added

select the OK button. The

Add/Next Selection

ок

Cancel

- 4. Answer the Complete Verification Request question as appropriate.
  - a. Answer no if you want to continue processing the case and then come back to the VR to add more items and finalize it later.
  - b. Answer yes if you are ready to finalize the request. The Summary of Verification Type(s) window opens.
- 5. A Sent To person must be selected.
- 6. The due date defaults to 10 days in the future but it can be changed.
- 7. The language defaults to English and can be changed to Spanish.



**Note:** Items can be deleted from the request by selecting an item and clicking the Delete button. Comments can be added by using the Maximize/Add Comments option which opens the Verifications-View Narrative window.



Complete Verification Reqeust
Are you ready to finalize Verification Request?
Yes No

**Note:** Comments can be added or edited. Spell check can be performed. Spell Check will be disabled if there are no comments. Click on OK when finished and you will be returned to the Summary of VR Types window.

ent to:	AUL GUNDER _ Due Da	te: 03-27-2016	
.anguage.	ENGLISH		
ummary o	f Verification Type(s)		
Received	Verification Type	Person	Program
	Most recent Bank Statements (checking, savings, credit u Annuity	PAUL GUNDER PAUL GUNDER	AABD/PMT AABD/PMT
< [	" Delete		
< l	m Delete		
< Record Dat	Delete     Comments:     Send in recent proof of annuity payment.	Ma	odimize Add Comments
< Record Dat 03-17-2016 <	The interval of annuity payment.	Ma	odmize Add Comments

- 8. The Finalize button is enabled when the Sent To, Due Date, and Language are populated.
  - a. If you decide you are not ready to finalize select Save and Close.
  - b. If you are finished then select Finalize. The Confirm Finalize will open.

_	
C	Confirm Finalize
	* Select "OK" to finalize the Verification Request. * Select "Cancel" to keep the Verification Request pending and return to the Verification Request main window.
	OK Cancel

- 9. Select Ok and the VR status is now open.
- **Note:** A VR in open status cannot be edited. A VR that was created and finalized while the case is checked out can only be deleted by overriding the check out.

If you cancel from the Confirm Finalize message you will be taken to the Verification Request main window and the VR will be in pending status. Edits can be made as long as the VR is in pending status.

The VR will be in pending status anytime you leave the VR request without finalizing. This happens when you answer no to the finalize question or when you cancel from the Confirm finalize window.

# Finalizing a Pending Verification Request

When a Verification Request is in pending status it can be changed and finalized. To do so follow these steps:

- 1. From the Verification task and the Verification Request tab, a list of all pending and open Verification Requests display.
- 2. Select the Pending Verification Request.

The View, Update and Delete buttons are enabled.

NFOCUS - Navigator	PAUL GUNDER 111	16			ف م	×
File Actions View Goto Help						
		<b>%</b>	7 🔿 🖪 🕅	<u></u>	V 🔃 🏙	2
Data Collection	Create Date Sent	To	Division	Status	Due Date	
⊕- <sup>×</sup> Non Financial	03-17-2016		EA	Pending		-
Financial     Verifications						
MED APTC Informatio						
Case Maintenance						
- Collections						
⊕ LIHEAP						
Summaries						
E CWIS						
			[	1	ſ	
€		[View] New	Update	Dele	te He	lp
Tasks Notices	Unverified History	Summary Verification Re	quest			
Open task RunningVerification	\$				03-17-2016	11:07:04

**View:** is a view only of the entire VR, no edits can be made.

**Delete:** Will delete the pending VR. Delete cannot be used on a VR in open status. **Update:**Will allow you to complete the pending VR. Selecting Update opens the Add Verification Request window. Items and comments can be added.

- 3. Select Ok when ready to finalize the Verification Request.
- **Note:** When the selected Verification Request is in open status the View and Update buttons will be enabled. View will allow the user to view the entire VR but no edits can be made. Update will allow the user to mark items as received, close the VR, or Add/Resend comments.

Only one VR can be in pending status. The New button will be disabled if there is a VR in pending status. The Master Case cannot be checked in if there is a VR in pending status. If you try to exit the expert system with a VR in pending status you will receive the following message:



The pending VR can be deleted or you can opt to return to the verification task and finalize the request.

## LIHEAP Performance Measures Phase I (Change)

New Federal reporting requirements have been provided to Nebraska. As a result, multiple changes have been required to be made to the E-application and to N-FOCUS in order to gather and store the needed information to allow Nebraska to report out. The documentation of these changes will appear in both the ACCESSNebraska section (Web Changes) and the General Interest and Mainframe sections (N-FOCUS Changes) of this document.

## LIHEAP Case Information

Prior to the April release, you would need to indicate a household's LIHEAP priority based on age, incapacity or none. The priority selection drop-down has been removed.

NFOCUS - Navigator	MURRAY MILLS 500				
File Actions View Goto Help	Add LIHEAP Case Information	1			23
	Last Name	First Name	Pgm Case Num	Effective Date	
🕀 🛔 Data Collection	MILLS	MURRAY	34339173	10-01-2013	
Case Maintenance					
LIHEAP	Dwelling Type:			•	
Accounts/Provider     Other Assistance     IHEAP Budgeting	🗆 Heat included in	Rent? 🗌 Cooling in	ncluded in Rent?		
Approve Budget	Heating Fuel:	-	·		
Overpayment     Summaries     Utilities	Pay Heating Provid	er: OYes ONo			
	Electric / Cooling:	Electricity	•		
	Pay Cooling Provide	er: OYes ONo			
	Effective Date:	12-01-2015			
			ОК	Cancel Help	
		Add	Update L	Jelete Help	
Tasks Notices	Current History Sun	nmary			

New check boxes have been added to allow recording of situations where certain utility expenses are included in the client's rent expense. If the household pays their heating utility through their rent expense, the "Heat included in Rent?" checkbox should be marked. If the

household pays the cooling/electricity utility through their rent expense, the "Cooling included in Rent?" checkbox should be marked. The "included in rent" boxes should be left unmarked if the household pays the utility expenses separately from their rent expense (receives utility bill separate from their rent bill).

When "Heat included in Rent?" check box is selected, "Pay Heating Provider" is set to NO. When "Cooling included in Rent?" check box is selected, "Pay Cooling Provider" is set to NO.

Last Name	First Name	Pgm Case	Num Effectiv	e Date
MILLS	MURRAY	34339173	10-01-2	2013
Dwelling Type:	[			-
	1		_	_
Heat included	in Rent? 🗆 Co	oling included in R	ent?	
	-	_		
Heating Fuel:	1	<u> </u>		
Pay Heating Prov	<u>vider:</u> CYes (	No		
Pay Heating Prov	<u>rider:</u> ⊂ Yes (	∩ No		
Pay Heating Prov	r <u>ider:</u> ⊂ Yes (	No Vo		
Pay Heating Prov Electric / Cooling Pay Cooling Prov	rider: CYes ( Electricity rider: CYes (	~ No * No		
<u>Pay Heating Prov</u> Electric / Cooling: Pay Cooling Prov Effective Date:	rider: C Yes ( Electricity ider: C Yes ( 12-01-2015	No V No		

(This auto-selection can be manually changed to YES, but it will be important to ensure that the provider that user is intending to have paid is loaded on NFOCUS as a utility provider for that fuel type.)

The new label for "Cooling" is "Electric/Cooling". The choices are limited to "Electric" and "Other". N-FOCUS will auto-populate the Electric/Cooling fuel type as "Electricity" and should not need to be changed.

ast Name	First Name	Pam Case Num	Effective Date
MILLS	MURRAY	34339173	10-01-2013
Dwelling Type:			•
Heat included i	in Pent? 🔽 Cooli	ng included in Dent?	
ricat included		ng maluueu m rienar	
Heating Fuel:		-	
		·	
Pay Heating Prov	ider: ⊂Yes ⊂I	No	
Pay Heating Prov	ider: CYes CI	No	
Pay Heating Prov	ider: Yes CI	No	
Pay Heating Prov Electric / Cooling:	ider: Yes I Electricity Electricity	No	
Pay Heating Prov Electric / Cooling: Pay Cooling Prov	ider: CYes CI Electricity Electricity deOther	No	
Pay Heating Prov Electric / Cooling: Pay Cooling Prov Effective Date:	ider: Yes I Electricity Electricity ideOther	No	
Pay Heating Prov Electric / Cooling: Pay Cooling Prov Effective Date:	ider: Yes I Electricity Electricity ideOther 12-01-2015	No	

## LIHEAP Accounts/Provider

The LIHEAP Case Information section will display all current LIHEAP program case providers that have been selected.

To enter a provider for one of the LIHEAP assistance types, user will need to select one of the type lines in the LIHEAP Case Information section. Once a line is selected, this will enable the "Search Providers" push button.

Logic will require entry in all fields (Provider Name, Account Name, Account/Invoice Number, and Begin Date) before the "OK" button will be enabled when adding/updating a provider/account on this screen. The End Date field is not a required field

	UPLAP Provider search			
	Program Case:			
NFOCUS - Navigator	MILLS MURRU	VY LIHEAP	34339173	
a Actions View Goto Help	LIHEAP Case Information:			
- H C	Fuel Type	Pay Prov Provider	Inc Rent	Begin Date
Data Collection     Case Maintenance     Eligibility     Collections	Heating Natural Gas Cooling/Electric Electricity Other	yes yes	80 80	10-01-2013 10-01-2013
LIHEAP	Fuel Type:	-		
UHEAP Budgeting     Approve Budget     Overpayment     Summaries     Utilities     CWIS	Get Known Provider			
Summaries Utilities CWIS	Search Providers Provider Information:	• OR - Get LIHEAP F	Pravider	
<ul> <li>Summaries</li> <li>Utilizies</li> <li>CWIS</li> </ul>	Search Providers Provider Information: Provider Name	- OR - Get LIHEAP I	Provider	

for current accounts. (User can select Cancel at any point to reset any changes that were not saved during user's current session on that window.)

**Note:** The system will require that a provider be entered for all dates from the "Begin Date" shown in the LIHEAP Case Information box. In the example above (see green box), if user is trying to enter a Natural Gas provider and enters a begin date of 1/1/2015, the Accounts/Provider Task will continue to have a Red X due to the dates 10/1/2013 to 12/31/2014 not having a provider entered for those dates. This will be true for both the Heating provider and the Cooling/Electric provider entries.

Once OK has been selected user will be returned to the Accounts/Provider Inquiry window which will display the information that has been entered (Heat column displays YES to show provider entered for that type, but Cooling column does not have a YES displayed, so Cooling provider is still needed)

NFOCUS - Navigator	MU	IRRAY MILLS 5	00						□ X
File Actions View Goto Help									
					54 M	28	2	🖵 💌 💷 🖬	L 🍃
🗉 🛔 Data Collection	LAS	T NAME	FIRS	T NAME	PROGRAM	MODE		PC NUMBER	
Case Maintenance	F	Provider Name		ORG ID	FID	Heat	Cool	Acct Nbr	Acct Na
Eligibility     Collections     Collections     LiHEAP     Case Information     Accounts/Provider     Other Assistance     LIHEAP Budgeting     Approve Budget     Overpayment     Summaries     Utilities     CWIS		MILLS - BLACK HILLS	MUF	RAY 18527753	LIHEAP 262840847	Yes		34339173 325651	Murr-

DHHS's Federal reporting requirements require collection of account information for both the Heating utility provider/account as well as the Cooling/Electric provider/account for all LIHEAP participants. As a result, N-FOCUS logic will require entry of a provider for both Heating and Cooling/Electric assistance types before LIHEAP budgeting will be allowed.

In the screen example below, a provider still needs to be entered for the "Cooling/Electric" assistance type. The "Cooling/Electric" assistance type should be selected, which will again enable user to search for the needed provider for that utility.

Program Case	e:					
MILLS	MURR	AY	LIHEAP	34339173	3	
LIHEAP Case	Information:					
	Fuel Type	Pay Pr	ov Provider	Inc F	Rent Begi	in Date
Heating	Natural Ca		DLACK HILL	C UTIL	10.0	1 2012
Cooling/Elec Other	tric Electricity	yes		no	10-0	1-2013
Fuel Type:			Ÿ			
Same provid	er AND account	number fo	or both Heating a	and Electricity?	O Yes	@ N
0	manization ID:	1				
	rganization ib.	,				
Gett	Known Provider					
Cont	reh Dravidara	- 08 -	Cat LINEAD	Provider		
Sear	rch Providers	- 0R -	Get LIHEAP	Provider		
Sear	rch Providers	- 0R -	Get LIHEAP	Provider		
Sear Provider Infor	rch Providers	- 0R -	Get LIHEAP	Provider		
Sear Provider Infor Provider Nat	rch Providers rmation: me	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nat	rch Providers rmation: me	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nar	rch Providers rmation: me	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nan	rch Providers rmation: me e:	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nam	rch Providers rmation: me e:	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nam Account Nam	rch Providers rmation: me e: cce Number:	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nan Account Name	rch Providers rmation: me e: ce Number:	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nam Account Nam Account/Invoi Begin Date:	rch Providers rmation: me e: ce Number:	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nam Account Nam Account/Invoi Begin Date:	rch Providers rmation: me e: ice Number:	- 0R -	Get LIHEAP	Provider Tax ID		
Sear Provider Infor Provider Nam Account Name Account/Invoi Begin Date:	rch Providers rmation: me e: Ce Number:	- OR -	Get LIHEAP	Provider Tax ID Cancel	Help	
Sear Provider Infor Provider Nam Account Nam Account/Invoi Begin Date:	rch Providers rmation: me e: ice Number:	- OR -	Get LIHEAP	Provider Tax ID Cancel	Help	

Cooling/Electric provider now entered as YES is displayed under both Heating and Cooling columns.

٢	NFOCUS - Navigator	,	MURRAY MILLS 5	i00						• ×	
	File Actions View Goto Help			_							
		_				M 🔁	21	28	- <u>-</u>	L 🍃	
	🗈 🛔 Data Collection	L	AST NAME	FIRS	T NAME	PROGRAM	MODE		PC NUMBER		٦
	Case Maintenance		Provider Name		ORG ID	FID	He	at Cool	acct Nbr	Acct N	ar
	Collections     LifeAP     Case Information		MILLS BLACK HILLS ALL UTILITY	MUR : U P	RAY 18527753 97840634	LIHEAP 262840847 458889996	Assig / Ye ;	n S Yes	34339173 25651 52152152	Murr Murr	
	Accounts/Provider     Other Assistance     LINEAP Budgeting										
	Approve Budget Overpayment										

\*\*If the household has the same utility provider for both Heating and Electricity, you will need to change the "Same Provider..." indicator to 'YES' (this is defaulted to 'NO' by N-FOCUS).

By indicating that they are the same provider AND account number, entry of the second account name and account number information is not required.

Entry of a provider for the 'Other' type is only required if the user is needing to run budgeting for a fuel type that is different from the fuel type that is associated with the Heating or Cooling/Electric providers which were entered.

Program Case:					
MILLS	MURRAY	Y	LIHEAP 343	39173	
LIHEAP Case Inf	ormation: Fuel Type	Pay Prov	Provider	Inc Rent	Begin Date
Heating Cooling/Electric	Natural Gas Electricity	yes ves	BLACK HILLS UTIL ALL UTILITY PROV	no no	10-01-2013 10-01-2013

**Note:** In the example above, budgeting could be run for fuel types of Natural Gas or Electricity.

## LIHEAP Budget (Change)

There have been a couple of notable changes made within LIHEAP Budgeting. The entry and functioning of the "Select Budget Type and Year" (below) window remain as they previously were.

rouger type and real	-	A		100000
Program Case:				
MILLS	MURRAY	LIHEAP	34	339173
Budget Type:	HEATING			-
Energy Year:	10-1-2015 to	9-30-2016		-
		(	)K Car	ncel Help

Upon selecting 'OK' you will then be prompted to confirm <u>provider</u>, <u>account and living</u> <u>arrangement</u> information. If the information is found to be incorrect, (as the last statement on the window below states) the user may choose to "Cancel" from the window. This will stop budgeting and allow the user to make changes within the appropriate task area, then return to the LIHEAP budgeting task to complete budgeting.

firm Provider and Li	iving Arrangem	ent	Contract and	-	-	X	NFOCUS - Navigator
Program Case						-	
MILLS	MUR	RAY	LIHEAP	3433	9173		File Actions View Goto Help
Budget Type							
Heating							
Provider Inform	ation					-	🔍 🗄 Data Collection
Fuel Type	Pay Prov	Inc Rent	Provider		Account	Begin Date	Case Maintenance
Natural Gas	yes	no	BLACK HILLS UT	ILITY	325651	10-01-2013	. Eligibility
Living Arrangen	nent						- Collections
House						1	B-X LIHEAP
						· _	- Case Information
Is this infor	mation c	orrect?					Accounts/Provider
If not, select Ca	ancel and ret	urn to Cas	e Information or Ac	counts/Pr	rovider to mak	e updates.	<ul> <li>Other Assistance</li> </ul>
							LIHEAP Budgeting
			OK		Cancel		Approve Budget
							– Överpayment

When the user selects 'OK' on the Confirmation Window, the Energy Status window will be presented. The user will be required to select a Yes/No response to each of the 4 household vulnerability questions with regards to the applicant household's current situation on each budget that is run (not including MESA runs). These responses will be used to classify which Federal reporting category each budgeted LIHEAP payment should fall into. A response is needed for each of the 4 questions before 'OK' will be enabled to allow budgeting to continue. The user may select 'Cancel', which will also stop the budgeting process.

usehold Energy Status Questions			x
Have utilities been shut off ?	O Yes	○ No	
Is the household out of heating fuel ?	⊖ Yes	O No	
Does the household have a disconnect or past due notice ?	⊖ Yes	O No	
Is the household nearly out of heating fuel ?	⊖ Yes	O No	
OK	Cancel	Help	1

The user is next presented with the "LIHEAP Income Selection" screen. This functionality remains the same.

	UHEAP Income Selection What method shou budget? Projec	IId be used to calculate	income in the LIHEAP	23
nefit Summary	Energy Year: 10-2015	to 9-2016	8	
MILLS, MURRAY	LIHEAP		Regular	
Energy Year 10-2015 to 9-2016 Budget Type Calculation Method Project Income Resource Total Resource Limit Resource Test: Public Assistance Grant Self Employment Income Earned Income Uncarned Income Expenses Total before Disregard	HEATING 0.00 0.00 Exempt 0.00 0.00 13155.80 1155.80 12000.00	Unit Size Fuel Type Dwelling Type More Paid To * Included in Rent LIHEAP Need Amount LIHEAP Prorate Amount Authorized Amount	"Included in Ren displayed here if was marked for t the LIHEAP Case task screen.	it" will be the checkbox that utility on e Information
Maximum Allowable Incom Income Test: Earned Income Disregard Total Countable Income	ne 15301.00 Pass 0.00 12000.00	Creation Date	03-17-2016	
### Resource Limit (Change)

LIHEAP will no longer have a Resource Limit. The Resource total will show \$0.00 and the Resource Test will be Exempt.

Benefit Summary	Energy Year: 10-2015 t	o 9-2016	23
LAWS, ANNIE	LIHEAP		Regular
Energy Year 10-2015 to 9-2016 Budget Type Calculation Method Project Income	HEATING	Unit Size Fuel Type Dwelling Type Apartment, Duplex, Triplex, etc. Paid To	3 Electricity Provider
Resource Total Resource Limit Resource Test:	0.00 0.00 Exempt		
Public Assistance Grant Self Employment Income Earned Income Unearned Income Expenses Total before Disregard	6060.00 0.00 0.00 0.00 0.00 606.00	LIHEAP Need Amount LIHEAP Prorate Amount Authorized Amount	340.00 340.00 340.00
Maximum Allowable Income Income Test: Earned Income Disregard Total Countable Income	26117.00 Pass 0.00 6060.00	Creation Date	11-13-2015
		ОК	Help

#### LIHEAP Unit Size Details (Change)

The responses to the four household vulnerability questions that were provided will now be displayed here to allow for reference of what household's situation was like at the time the budget was authorized.

NAMO MILLS MURRAY	DOB 04-18-1940	Role Particip	FR Ran	Status PE	Stat Ran	0
Caseworker Name	GORDON SHU	мах				
Energy Status Q	pestions					
Utilities shut	Y Stho					
Out of heating	fuel? Y					
Utilities past	due? N					
I say an hanking	Frank M					

Upon "OK" of Budgeting Authorization of Heating and Cooling type budgets, user will be presented with the Payee Confirmation screen. (See screen print on next page)

If the payment su	mmary below is not correct,	update the information a	nd rerun the budget.	
LIHEAP	MURRAY MILLS	34339173	HEATING	
Fuel Type Dwelling Type	Natural Gas House			
Acct Info: Included in Rent:	Murray Mills No	325651		
Authorized amour BLACK HILLS	nt will be paid to: UTILITY HOLDINGS, INC.			
	ОК	Cancel		

## LIHEAP Notices (Change)

A new disclaimer statement has been added to system generated notices related to the LIHEAP program. Due to federal reporting requirements, it will be necessary to communicate with utility providers and other Federal agencies regarding utility account and LIHEAP eligibility specifics in order to provide accurate data for federal reports. The following disclaimer language has been added to notices in order to notify applicants of the potential disclosure of their information:

"By applying for the LIHEAP (Energy Assistance) Program, The Applicant understands that the information collected on this form may be disclosed to energy programs operating under DHHS. DHHS may share and use information collected for purposes of referral, research, evaluation and analysis."

## LIHEAP Spell Check (Change)

Spell check has been added to the following LIHEAP windows:

- LIHEAP Assistance Request Window in the LIHEAP Other Assistance Task
- Approve/Deny LIHEAP Budget in the LIHEAP Approve Budget Task

#### **OPPD** Credit

LIHEAP Policy and N-FOCUS have been working with OPPD (Omaha Public Power District) on a project which will provide LIHEAP clients with a credit on their OPPD bill if they have low usage on their utility bills. DHHS will provide OPPD with verification of LIHEAP eligibility for clients eligible for this credit. If an OPPD client inquires about this program, please refer them to OPPD. OPPD will make the determination of the credit and if the household is eligible due to their usage level.

## **Document Imaging Category (Change)**

A new document imaging category of "Utility Bill" is now available. Policy has requested to have this category created specifically for utility bills related to LIHEAP eligibility. Karma Stockwell distributed information regarding this in a March 17, 2016 e-mail.

## AABD Exclude Supplemental Payment From Over Payment (Change)

With this release, AABD Supplemental payment types will be excluded from recalculated budgets.

Example: Previously, if in November 2015, an AABD Supplemental payment was issued. If a budget is recalculated for any month that supplemental issuance occurred, the supplemental amount would count as a total overpayment.

## Child Support and Parent Receiving SSI Income (Fix)

Prior releases excluded income of SSI recipients in ADC budgeting. This caused an issue when child support is assigned.

Child support is interfaced as the parent's income when assigned from CHARTS. If the parent was receiving SSI, child support was excluded for grant comparison. This has been fixed to allow for child support when assigned to be used in the comparison if the parent is also receiving SSI income.

### Exit Message (New)

A warning message has been added when exiting Expert System. If ADC, AABD/PMT, Child Care and/or Medicaid programs are in active status and the come up month has not budgeted, the following warning message will display.

Warning - Run Configuration and Budgeting
Before exiting Expert system, you need to run configuration and budgeting for the following cases as they were found to be active without budgets continuing into the future.
AABD/PMT - 42203320, ADC - 28008226, CC - 7390661
Click 'OK' to return to Expert System for further processing. Click 'Cancel' to ignore this warning message and exit Expert System.
OK Cancel

**OK** - will return to the navigation window. The budgeting buttons will not appear until "Budgeting" is double clicked. However any selection on the tree list may be made.

**Cancel** - will navigate to notices.

**Note:** Existing budgets will not delete. For example if a program is a processed through the come up month, a change is noticed and SSW goes back to a prior month to close a participant, the future budgets will still be available and not pop this message. If any change is made retro months, budgeting would still need to be processed through the come up month.

# **N-FOCUS Tips**

# Department of Motor Vehicles Interface

Case Person			
Name REBECCAS SSN 130-92-970	S COMINGS 7 Sex MALE	Birth Date 01-03-1995	P
Interfaces			
BDE CHS	CSE PHV IPV	, IRS IUC M	BI NHM

When you search the DMV interface and use the Person's Name information as your search criteria, you get back many vehicles that may belong to your client.

Search Type C Driver Licen	se 🤄 Vehicle	
Person		
Last Name		Gender
First Name	GLENN	C Female
Birth Date	06-20-1962	C Male
Birth Date County of R	06-20-1962 egistration (NONE)	i€ Male

View Help	RBC -C					1		
Search Criteria								
Name BRUMBAUGH, GLENN								More -
Name	Year	Make	Model	Style	Plate Type	County Of Title	County Of Registration	VIN
PDUMPAUCH, GLENN	1971	INTL	16.263	CB		HARLAN		11450
GLENN	1989	FORD	F15	PK		HARLAN		1FTDF
,GLENN	1990	HMDE			XC		WEBSTER	
,GLENN	1972	BUIC	CNT	4T		HARLAN		4P39T
,GLENN,S	1968	CHEV	XXXX	xx	XC	WEBSTER		CE148
,GLENN,S	1952	CHEV		SD	XC	WEBSTER		5KKA4
,GLENN,S	1949	CHEV			XC	WEBSTER		35JC1
,GLENN,S	1985	PLYM	VLE	SV	XC	HARLAN		2P4FH
,GLENN,S	1961	FORD	GAL	4D	XC	FRANKLIN		1P52X
,GLENN,S	1980	FORD	F10	PK	TC	WEBSTER	WEBSTER	F10EP
,GLENN,S	1969	HOND	XXX	××	TC	HARLAN		CM91/
,GLENN,S	2011	HOMD			XU		WEBSTER	
,GLENN,SHANE	1964	CHEV		PU	XU	WEBSTER		40144
,GLENN,SHANE	1982	CADI	FBR	4D	XU	WEBSTER		1G6AB
GLENN, SHANE	1979	OLDS	CCB	SW	XU	HARLAN		3H35F

By narrowing your search by County of Registration, the result is the list of the person's vehicles that were registered in the selected county, not those that received their Title in the selected County.

Search Type	se 📀 Vehicle			
Person Last Name	BRUMBAUGH		Gender	
First Name	GLENN	_	C All C Fema	ie 🌈
	-grouduon Tricoster			
US - List Vehicle Information View Help		۰.		
US - List Vehicle Information View Help Search Criteria Name BRUMBAUGH,	Au ac act at a c a c a c a c a c a c a c a	Vebster		J More
US - List Vehicle Information View Help Search Criteria Name BRUMBAUGH, ame	SLENN County of Registration Y Year Make Model	Vebster Style Plate Type	County Of Title Courr Regi	More Ny Of Stration