N-FOCUS Major Release Children and Family Services December 8, 2019

A Major Release of the N-FOCUS system is being implemented December 8, 2019. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

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

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

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

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

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

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

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General Interest and Mainframe

Detail Subsidy Window (Change)

The following changes have been made to the Detail Subsidy window:

- Pre-Existing Conditions check box has been removed
 - Old subsidies with pre-existing questions are able to be printed but do not need to be viewed on line
- At Risk Narrative button added
- Central Office Narrative button added

Organization Tax Detail (Change)

When an organization Tax ID type is SSN, the Withhold FICA indicator will be on. **Note:** A conversion will be completed to correct current Organizations.

If the Tax ID is EIN, the Tax Form type W4 cannot be selected. This is an invalid combination.

If the Tax Form type is WR, the Tax ID will be SSN.

Correspondence

Family First Prevention Act (FFPSA) Prevention Plan (New)

A Prevention Plan that is tied to a Transitional Living Plan (TLP) prior to putting the TLP in Final status will now print with the TLP.

Prevention Plans that are tied to Case Plans prior to putting the Case Plan in Final status will now print with the Case Plan.

- If the Case Plan is in Final status, the worker must reopen the Case Plan and tie the Prevention Plan(s) when the worker wishes to have it printed with the Case Plan.
- If the Case Plan has a tied Prevention Plans and the worker does not want to have it printed with the Case Plan, the worker must untie the Prevention Plans and reopen the Case Plan then return it to Final status to create a new version of the Case Plan that does not include the untied Prevention Plans.
- If the Case Plan has a TLP tied to it and that TLP has a Prevention Plan tied to it, both the TLP and Prevention Plan will print with the Case Plan.

All of these rules also apply when Case Plans are tied to Court Reports.

Application for Adoption Assistance (New)

This correspondence is sent when a CFS worker receives a request from a prospective adoptive parent for financial assistance with an adoption.

- To create choose Correspondence from the Detail Program Case and select New.
- Select the Application for Adoption Assistance option

[N-FOCUS - Detail Program Case	– 🗆 X	
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ł		N-FOCUS - Search for Correspondence —	
I	Program Information		
I	Program CFS COU		
I	Master Case ID 5265	N-FOCUS - Create Correspondence — X	
I			
I	Status Active	Select the correspondence to create:	
I		ADDRESS INFORMATION REQUEST	
I		ADOPTION REVIEW AND CHANGE REQUEST	-
I		AGE RELATED DETAIL - ADOPTION	
I	Program Case Persons	AGE RELATED DETAIL - GUARDIANSHIP	
I		ANNUITY BENEFICIARY CHANGE NOTICE	
I	Last First M	ANNUITY VERIFICATION REQUEST	
I	MILLER DELANEY	APPLICATION FOR ADOPTION ASSISTANCE	
I	MILLER DAN	CHANGE OF PLACEMENT/CHANGE OF WORKER NOTICE	
I	MILLER DEBBIE	DD - RECORDS REQUEST	
I	MILLER DONNA	FARNED INCOME VERIFICATION REQUEST	
I	MILLER DOUG		
		OK Cancel Help	
I			
1			-

• Use the out select arrows to select the adoptive parents, child, and completed by sections

N-FOCUS - Adoption Assistance Application	
File Help	
Adoptive Parents]
HOWARD MILLER	
JUSTINE MILLER	
Program Case Child DELANEY MILLER	
Completed By	
11-19-2019 05	9:17:23

- Click the Save icon
- Click OK.



The correspondence will be created and mailed to the selected adoptive parent. The worker may also print the correspondence.

PS-AS-51-Application for Adoption Assistance

Correspondence Page 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES SUITE 401 5109 WEST SCOTT RD BEATRICE NE 68310

CONTACT Phone Number Toll Free Number - (800)554-9123 -Fax Number Date of Notice - 01-01-2020 Mail Date

- KIM POSSIBLE - (402)595-4123 (402)223-6055 01-01-2020

HOWARD MILLER 5623 SOUTH ST LINCOLN NE 68502

Application for Adoption Assistance

Background: The Nebraska Department of Health and Human Services' adoption assistance program provides or continues financial assistance for a child after an adoption is finalized. The adoption assistance program is designed to ensure that financial barriers or costs associated with a child's special needs do not prevent adoption. The intent is not to provide a financial incentive to families to adopt, but to remove financial barriers to the adoption of children with special needs and enable adoption to occur. Subsidy is for the child, not the parents. It does not diminish parental rights and responsibilities, but is a means of providing assistance to them in meeting their responsibilities. Adoption assistance may be provided in the form of ongoing assistance or a one-time reimbursement

Eligibility: The child must qualify for adoption assistance due to being determined a child with special needs and the agency has demonstrated efforts to place the child for adoption without adoption assistance. (479 NAC Chapter 8)

If the child is determined to be a child with special needs, he or she may qualify for:

- Maintenance Payment- If maintenance is being considered the amount must be less than the payment would be if the child had remained in agency care and the coverage must be no greater than would have been provided if the child had remained a ward. Other maintenance payments which they might receive for the child (SSI, SSA, Veteran's benefits, etc.) will be deducted from the agreed upon maintenance payment under subsidy.
- Non-recurring adoption expenses- A one-time payment to help cover legal fees, court costs and other costs associated with finalization
- Medical Assistance- The child's eligibility for Medicaid is determined separately than eligibility for adoption assistance, as determined by the Division of Medicaid and Long Term Care, State, and Federal Regulations.
- Child Care- Children subject of adoption assistance agreements are considered eligible for child care, however caregivers must also meet eligibility criteria for the Child Care Subsidy Program in accordance with NAC 392.
- Other special services requested by the family to meet the child's special needs.

Need for Adoption Assistance: The worker must determine the child's present and anticipated future needs and the family's ability to meet those needs without assistance considering the family's circumstances, other programs, benefits or resources available to the family, and the family's access to health insurance to meet the child's medical needs. The family is expected to make budgetary adjustments to absorb as much of the child's cost as possible without significantly altering their standard of living, as they would if a child were born to the family.

To Apply: Please complete the Application for Adoption Assistance and return it to your assigned worker listed at the top of this form.

	MISSION.	Division of Ch		ity services	
DEPT, OF HEALTH AND HUMAN	N SERVICES	Application fo	or Adoption As	sistance	
Section I: Adoptive Cl	hild and Parent l	nformation			
Child's Name (prior to	adoption):				
Last Name	MILLER	First Name	DELANEY	Middle Initial	
Date of Birth	09-01-2018		Social Security N	lumber	XXX-XX-4144
Adoptive Parent Inform	mation:				
Last Name	MILLER	First Name	HOWARD	Middle Initial	
Last Name	MILLER	First Name	JUSTINE	Middle Initial	
Section II: List any of	her financial res	ources available for the chil	d:		
Source		Amount		Frequency	
SSI Benefits					
SSA Benefits					
VA Benefits					
Other Section III: Adoption ndicate the type of ass [] Maintenance Pa [] Title XIX Medi [] Non-Recurring [] Other Special S	Assistance Infor sistance you wou ayment icaid Coverage icaid (a separate Expenses (legal Services (please	mation Ild like to apply for (check a application is required) fees or other costs associat indicate below):	all that apply): ed with finalization of t	he adoption)	
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Other Section III: Adoption Indicate the type of ass [] Maintenance Pa [] Title XIX Medi [] Nebraska Medi [] Non-Recurring [] Other Special S [] [] [] Are you able to adopt t Explain why adoption Do you have Private H	Assistance Infor sistance you wou ayment icaid Coverage icaid (a separate Expenses (legal Services (please : this child withou assistance is neo	mation Id like to apply for (check a application is required) fees or other costs associat indicate below): t an adoption assistance age essary and what it will be u to which the child will be ad	all that apply): ed with finalization of t reement? used for: dded?	he adoption)	[] No
Other Section III: Adoption Indicate the type of ass [] Maintenance Pa [] Title XIX Medi [] Nebraska Medi [] Non-Recurring [] Other Special S [] [] [] Are you able to adopt t Explain why adoption Do you have Private H Insurer	Assistance Infor sistance you wor ayment icaid Coverage icaid (a separate Expenses (legal Services (please : this child withou assistance is nec	mation Id like to apply for (check a application is required) fees or other costs associat indicate below): t an adoption assistance agr essary and what it will be u to which the child will be ad	all that apply): ed with finalization of t reement? used for: dded?	he adoption)	[] No

Date	Signature of Adoptive Parent	Date
eet its responsibilities	s to as great an extent possible without ado	ption assistance, and is
rces or funding sourc	es which reasonably can be considered ava	ailable and appropriate
C Chapter 8 for furthe	er clarification.) The family is also response	ible for supplying needed
r notifying the Depart	tment of changes in the family's or child's	circumstances which would
n assistance program	provided by the Nebraska Department of F	Iealth and Human Services, you
79 Chapter 8 online	at dhhs.ne.gov by clicking on "Licensing a	nd Regulations".
ct the NDHHS Centra	al Office Adoption Program Specialist at (4	402) 219-2740.
FOR INTER	RNAL USE ONLY	
quested		
):		
	Print Name of CFS Supervisor	
Date	Signature of CFS Supervisor	Date
	C Chapter 8 for further roces or funding source C Chapter 8 for further n assistance program 179 Chapter 8 online : ct the NDHHS Centra FOR INTEL quested	Date Signature of CFS Supervisor

Expert System

Independent Living (IL) Budgeting Remove Expense/Income Requirements (Change)

When IMFC is budgeting a youth in an Independent Living Program Case they are no longer required to document expenses or income. The youth will receive the full grant amount of \$775.63 without regard to expenses or income. The only exception is if the youth chooses to have dorm expenses paid the stipend amount is always \$100.00 per month. If a youth already has income and or expenses entered the IMFC worker will need to "exclude" the income to ensure the full stipend is granted.

NFOCUS - Navigator	LYLE LOONEY	5248				- 0	×
File Actions View Goto Help							
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Data Collection	Bene	fit Month : 01-2)20 Budgeting	J			-
	CASE CATEGO	IRY	STATUS				
Earned Income	PC Last Na	ne PC First Name	Program	Asst Cd	PC Number	PC Status	
Expenses	CW Cases		Budgets ready	to proces	55		•
Other Income	LOONEY	LYLE	CFS	Court	95094013	Active	
Resources	LOONEY	LINDSEY	IL.	IL 	7945786	Active	
Self Employmer			1L 11		5469469 57905502	Active	
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Budgeting							
Collections							
Benefit Summary							
Case Summary							
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- Adoption				1			
Funding Detail			Process <u>A</u> II E	A I	Process Selected	[He	lp]
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Tasks Nucces	aystem						

Exclude already entered income:

Owner Employer Calculation Method LINDSEY LOONEY MCDONALDS Exclude Bx Schedule Exclude Exclude Breg Date End Date Reg Rate Rate Freq Reg Hrs Proj Amt Final Amt Revd Mont 10-01-2019 50.00 WE WE Verified by SEW Display Month(s) of Pay Stube Fram To - Rec'd Date Gross Amount Reg Hrs OT Hrs Shift Hrs Usage Pay Stub Usage	I canneo me	weed 1 1	sectuating O	nearnes m	come i	SE Ledger B	come		
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	" Verified b Rec'd Date	y SEW Gross A	50.00	WE Display Mo Reg Hrs	nth[s] of Pay OT Hrs	Stuba From Shift Hrs	Usage	- To Pay S	 bub Usage
	" Verified b Rec'd Date	y SEW Gross A	50.00	WE Display Mo Reg Hrs	nth(s) of Pay OT Hm	Stubs Fram Shift Hrs	Usage	• To Pay S	* tub Usage
	" Verified b Rec'd Date	y SEW Gross A	50.00	WE Display Mo Reg Hrs	nth[s] of Pay OT Hrs	Stuba Fram	Usage	To Pay S	 hub Usage
	" Verified b Rec'd Date	y SEW Gross A	50.00	WE Display Mo Reg Hrs	nth[s] of Pay OT Hrs	Stubs From Shift Hrs	Usage	To Pay S	- tub Usage
Add	I [™] Verified b Rec'd Date	y SEW Gross A	50.00	WE Display Mo Reg Hrs	official of Pasy OT Hrs	Shuba Fram Shift Hrs	Usage .	To Pay S	- tub Usage Help

Add Expense	1999 BED				×
Expense					
Owner				Category	
LOONEY	LINDA		03-23-1984	AABD SPECIAL REQ	UIREMENTS
LOONEY	LYLE		05-23-1985	DEPENDENT CARE /	ND SUPPORT
LOONEY	LINDSEY		09-02-2000	HOUSING	,
LOONEY	LANCE		09-02-2001	MAGI EXPENSES	
LOONEY	LOVELY		10-02-2001	MEDICAL	
LOONEY	LISA		05-05-2005	Officines	
LOONEY	LAURA		10-03-2018		
Туре				-	
Descriptions					
Description.					
Amount:		Miles:		Days:	
Frequency:	*	Begin Date:		End Date:	
Verified by:	Unverified	<u> </u>			
					Help
			Next	OK. Cancel	Help

When a youth as Former Ward/Independent Living dorm expenses:

Stipend Budget Example with Dorm Expenses:

E	enefit Summary	Begin Date: 1-2020			×	
	LOONEY, LINDSEY	IL	IL .	R	egular	
	Resource Total	0.00	Unit Size		1	
			Medicaid Eligible		No	
	Unearned Income	0.00	Total Expanses		016 67	I
	Net Unearned Income	0.00	Total Countable Income		0.00	I
						I
	Earned Income	0.00	Budgetary Need Amount		775.63	ł
	Earned Income Disregard	90.00	Max Allowable Amount		100.00	l
	Net Farned Income	0.00	Prorated Need Amount		0.00	
		0.00	Need Amount		100.00	
	Net Unearned Income	0.00				I
	Net Earned Income	0.00	Authorized Amount		100.00	I
	Total Countable Income	0.00	Creation Date		01-01-2020	l
	Total Countable income	0.00	Creation Date		01-01-2020	ł
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1						
				OK	Help	
F						f

Example when no expenses or income have been entered:

Be	enefit Summary	Begin Date: 1-2020			×
	LOONEY, LOVELY	IL	IL	R	egular
	Resource Total	0.00	Unit Size		1
			Medicaid Eligible		No
	Unearned Income	0.00	Total Evenness		0.00
	Net Unearned Income	0.00	Total Countable Income		0.00
		0.00			
	Earned Income	0.00	Budgetary Need Amount		775.63
	Earned Income Disregard	90.00	Max Allowable Amount		775.63
	N-4 E		Prorated Need Amount		0.00
	Net Larned Income	0.00	Need Amount		775 63
	Net Unearned Income	0.00	Neca Ambant		773.03
	Net Earned Income	0.00	Authorized Amount		775.63
	Total Countable Income	0.00	Creation Date		01-01-2020
1					
				ОК	Help

Children and Family Services

Human Trafficking Taskforce Screening Tool (Change)

The Human Trafficking Screening tool can be accessed from the Detail Placement or the Person Detail windows by selecting the Trafficking Screening button.

N-FOCUS - Detail Placement		- 🗆 X
File Actions Detail Goto Help		
	E k? L. M	
Name		
SHAUN S GAAL		
J		
Туре	Facility Type/Living Arrangements	
Out of Home	Relative Foster Home (Licensed)	•
Where Placed		
Organization LISA ANN GABAREE		
	- 0R -	
Parent/Caretaker		
Parent/Caretaker		
Status Information		
		Additional Details
Status CLOSED Planned Change	of Placement Child Missing Detail	ICPC
Status Date 11-07-2018	Protective Service Alert	Consultation Point
Closure Reason MISSING YOUTH	Trafficking Screening	I <u>L</u> Address
		<u> </u>

N-FOCUS - Person Detail		- 🗆 X
File Actions Detail Goto Help		
		AB
		UPDATE
Person Name	CHARTS Referral NCP	<u>D</u> emographics
First SHAUN	Medicare Inquiry	Add <u>r</u> ess
Middle SAMUEL	MMIS/MCE History	Address <u>H</u> istory
Last GAAL	Person Involvements	Client Preferences
Ext (NONE)	PIN Management	E-Mail Addr. History
Sex	<u>P</u> rogram Cases	Military/International
55N 505-85-0004 O Female	School Attendance	<u>N</u> ame History
Birth Date 03-23-2000 O Unknown	Traffic <u>k</u> ing Screening	Person <u>V</u> erification
Deceased Date	Tri <u>b</u> al	<u>S</u> SN History
Person Number 50015	YRTC Narrative	Telephone

Note: On the Person Detail window, the State Ward Details button has been replaced by the Trafficking Screening button. State Ward Details is still available from the Detail Menu.

When the Trafficking Screening button is selected, the List Trafficking Screening window will display if there are other instances of trafficking for this person.

N-FOCUS - List Traf	ficking Screening		-	×
File View Help				
Person Name	SHAUN S GAAL			
Completed Date	Completed Name	Last Modified by	Last Modified	
11-07-2018	BELLE O BALL	DSSZ920	09-09-2019	
U2-17-2018	BELLE U BALL	D227.450	09-09-2019	

If this is the first instance, the Human Trafficking Taskforce Screen Tool will display.

NIN FOCUS III TO TO TO TO TO TO	C		
N-FOCUS - Human Trafficking Taskfol	ce screening 1001		- L X
File Actions Goto Help			
		<u>h</u> [?	
Name of Person SHAUN S GAA	۱L		UPDATE
Person Number 50015			
Indicators			
Completed Date 11-07-201	8		
Completed Name BELLE 0	BALL	p>	Indicators / Source 📂
Source	Indicator		
<			>
None of the above	Update	Delete	Other Narrative
-Next Steps			
Document all resources made available to the youth	food life skills		Remove
	<		>

Note: With this release, the Master Case number has been removed from this window and the Name of Youth has been changed to Name of Person.

IV-E Adoption Assistance (Change)

Expert system has been modified for title IV-E Adoption Subsidy. IV-E criteria will be considered and if the child does not meet the IV-E requirements, eligibility can be considered under the "applicable child" guidelines.

This change is part of the Family First Prevention Services Act (FFPSA), which was signed into law on February 9, 2018. Expert system has also been modified to allow children who were not removed from a specified relative to be applicable child qualified.

There is no change to how IMFC workers process the budget. IMFC workers should be aware that they will see more applicable children in the system who will be IVE. Additionally, IMFC workers will be able to see in the expert system when a child is a sibling of an applicable child, however this distinction can only be seen in the expert system. A sibling of an applicable child will show in the detail program case as an applicable child.

Screen Prints shown on the following page.





Private Adoption Window (Change)

The first question in the private adoption window has been removed and the second question has been changed to reflect what program administrators look for when completing a private adoption. Private adoptions are only done by select central office staff.

LOWS JANEY	05-2000	SA	63685991	08-01-2019	Active	IV-E			
IS Adoption Private	Adoption								
<u>Did all parties sig</u> <u>Agreement on or b</u> finalized?	the Subsidized . efore the date the	Adoption adoption wa	<u>as</u>						
⊙ Yes ⊂ No									
-Adoption	0			1					
∩ Yes ⊙ No	<u></u>			Is the cl	hild eligible	/receiving A	DC grant a	ccording	
Was the previous	adoption IV-E fu	nded?		to 1996 • Ye	standards? s O No				
Has the child been	determined SSI 6	ligible?		_ ⊢Placemen	nt				
○ Yes ⓒ No Is the child in the c	ustody of Private	or		Has init relinqui	ial legal cu shment?	stody been	received b	у	
Non-Private agency	?			ē	Yes 🔿 No				

Eligibility for Adoption Assistance Window and Forms (Update)

The detail subsidy window has been updated to reflect process and policy changes when completing an Adoption Subsidy in NFOCUS. There are wording and window changes on both the Adoption Funding Eligibility question flow and on the Adoption Agreement question flow.

There is new security in place that requires an IMFC supervisor complete the IMFC approval question (Funding Determination) before the Adoption Agreement questions can be completed by the CFS worker.

- The adoption agreement questions have been reduced from 11 questions to 8
- The Adoption Eligibility Reason "At High Risk for Developing a Disability" will now print on both the agreement and the funding eligibility forms and has its own narrative
- The new narrative will allow workers to document reasons why a child is at high risk for developing a disability
- Another narrative has been added that will allow central office staff to narrative
- There are numerous style sheet changes to the PS-AS-50 and the PS-AS-52 that were also implemented with the window changes

To access the Detail Subsidy window, click the Subsidy icon on the Detail Program Case window.

N-FOCUS	- Detail Program C	Case					_		×
File Action	: View Goto I	Detail Help							
Program Program Master C Status A	Information CFS ase ID 5265	COURT Mode Statu	ID 82244966 e ASSIGNED s Begin Date 10-01-2016		Administrat Legal A Consultati	tve Roles	Case Case Case	UP Plan Detail	
						C/IXIII		1 0130	··
Program (ase Persons-								
Last	First	M Ext	MMIS # Role	St	Begin	End	Statu	s Rea	
MILLER MILLER MILLER MILLER MILLER	DELANEY DAN DEBBIE DONITA DONNA DOUG		0 PARTICIPAN 0 CFS PARTIC 0 PARTICIPAN 0 PARTICIPAN 0 CFS PARTIC 0 PARTICIPAN	AC AC AC AC AC	11-01-2018 10-01-2016 11-01-2018 11-01-2018 10-01-2016 11-01-2019			[*

The Detail Subsidy window will display.

N N-FOCUS - Detail Subsidy		– 🗆 X
	M 12	
Child's Name DELANEY MILLER	*	UPDATE
Type Adoption 💌		
Completed By KIM POSSIBLE		
Status Draft	Status Date 01-01-2020	
() Race [Race by itself is not a () Race [Race by itself is not a () Sibling group of 3 or more ad () Physical disability [] Behavioral disability [] Behavioral disability [] Behavioral disability [] Behavioral disability [] Mental/learning disability [] Insufficient information exist [] Does not meet eligibility crit Determination Eligible	n eligibility reason) dopted simultaneously lity disability s eria	< Primary Special Need > Begin 01-01-2020
Adoption Eligibility Payments At Risk Narrative Centre	Adoption Agreement	Consultation Point
REVIEWED BY	ON BEHALF OF	
		11-18-2019 13:56:30

- 1. A CFS worker will fill out demographic information.
- 2. A CFS worker will complete the determination as appropriate to that case. (Eligible, Ineligible, or Cannot determine)
- 3. If the worker has selected "At High Risk of Developing a Disability" then the "At Risk Narrative" push button will be enabled. This narrative should be filled out any time the "At Risk for developing a disability" reason is selected.

N-FOCUS - Detail Subsidy		– 🗆 X
File Actions Detail Goto Help		
	<u>≯i</u> 🔁 🚼	
Child's Name DELANEY MILLER	P	UPDATE
Type Adoption -	<u> </u>	
Completed By KIM POSSIBLE	1	
Status Draft	Status Date 01-01-2020	Decision Date
Eligibility Information		
Heason [] Age 8 or older at time of Adop [] Race (Race by itself is not an [] X Sibling group of 3 or more addition [] Physical disability	tion eligibility reason) opted simultaneously	Î
(X) Behavioral disability (X) Emotional/psychiatric disability (I) Mental/learning disability (X) At high risk of developing a di (I) Insufficient information exists (I) Dees not meet eligibility crite	ty sability ria	< Primary Special Need >
Determination Eligible	•	Begin 01-01-2020
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,		
Adoption Eligibility Payments	Adoption Agreemen	Consultation Point
At Risk Narrative Centra	I Office Narrative	C Approval
REVIEWED BY	ON BEHALF OF	
		11-18-2019 14:46:41
N-FOCUS - At Risk Narrative		
This narrative will print on the adoption eligibility form when the "At Risk for developing a disability" eligibilit	and the adoption agreement y reason should be used.	. Please consult your supervisor
ОК	Cancel Spell Check	
		11-18-2019 14:40:58

Central Office Staff can make notes or narratives on the subsidy using the new "Central Office Narrative". This push button is on the main screen and should only be used by central office staff or supervisors. This narrative does not print and is optional.

N-FOCUS - Detail Subs	idy ata Hala			- 🗆 × ×
	oto neip	<mark>≯</mark> ≨ <u></u> }?	1	
<u>Child's Name</u>	DELANEY MILLER		P	UPDATE
Туре	Adoption	•	_	
Completed By	KIM POSSIBLE		-	
Status Eligibility Informat	Draft ion	Status Date 01-0	1-2020	
Heason [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	Age 8 or older at time 0. Race (Race by itself is n Sibling group of 3 or mor Physical disability Behavioral disability Emotional/psychiatric di Mental/learning disability At high risk of developing Insufficient information e Does not meet eliaibility	Adoption ot an eligibility reason) e adopted simultaneously sability y g a disability xists criteria	, < Primary S	ipecial Need >
Determinatio	n Eligible	-	<u>Begin</u>	01-01-2020
Adoption	Eligibility Paym	ents Adoption Ag	reement Consult	ation Point
	At Risk Narrative	entral Office Narrative	IMFC Approval	
REVIEWED BY		ON BEHAL	F OF	
				N-FOCUS - Test Date
			<u> </u>	01-01-2020 08:16
N-FOCUS - Central Office	Narrative			
This narrative is for	Central office Staff and or a	supervisors.		

This narrative is for Central offic	e Staff and or superv	lsors.			
	ок	Cancel	Snell Check		
		C JIICOI		N-FOCUS - Test	Date

4. A CFS worker can answer the Adoption Eligibility questions 1-3 if the determination was "Eligible".

Adoption Eligibility

Question #1- Save and Next once the appropriate siblings have been selected. If there are no siblings who are part of the subsidy the siblings screen will be blank.

N-FOCUS - Adoption Subsidy Eligibility	- C	×
- Fligibility Provisions		UPDATE
01 : Choose siblings those are part of this Subsidy.		
Siblings DEBBIE MILLER DONITA MILLER DOUG MILLER		
Save and Previous 1 v of 3 Save	and Next	
Save Save and Close Close		

Question #2-Save and next once the correct conditions appear in the window and enter a narrative if appropriate. Conditions are entered on the Detail Condition Screen and should be ideally entered before the subsidy is started. Detail Conditions is accessed through a push button on the program person screen. Keep in mind conditions will only appear here when the correct eligibility types on the main detail subsidy screen are selected. Additionally, only diagnosed conditions will appear in this window.

N-FOCUS - Adoption Subsidy Eligibility			-	□ ×
- Flinibility Provisions				UPDATE
02 : The child has been identified as having special ne disability; or, a medical or mental health professio behavioral, emotional, physical or mental disabilit	eds due to a b nal has detern y.	ehavioral, emotion nined the child to h	al, physical or r ave or to be at r	nental isk for a
Conditions	Begin Date	Diagnosed By		
Prenatal Drug Exposure (Other than Meth) Attention Deficit Hyperactive Disorder	01-01-2015 01-01-2015			,
Other Disability This narrative can still be used if needed.				Max ABC
Save and Previous 2 v of 3			Save and N	lext
Save Save and Close	Close			
			11-18-2019	14:43:22

Question #3-Save and close after the correct selections have been made. There are printing and wording changes. When the eligibility form prints out the worker will need to manually check what Exchange Registrations the child was on. Additionally, the worker will need to write in the date of placement with the foster family, see example below.

	LIPDAT
Eligibility Provisions	OT DA
03 : A reasonable but unsuccessful effort to place the child with appropriate adoptive adoption assistance has been made, or an exception has been met, as determine following factors:	parents without providing ed by one or more of the
✓ Exchange Registration(s)	
Other families considered but were not appropriate.	
The prospective adoptive family was asked if they were willing to adopt the child wit	hout assistance.
Efforts to place without adoption assistance are not required because (at least one of the	following must be selected):
I he prospective adoptive family is the only one to consider because the child is the length of time in the foster home) and it is not in the child'sbestinterest to not that might be able to adopt without a subsidy.	attached to them (because of vehim/herto another family
The Child is placed with a relative who plans to adopt the child.	
At least one family has refused to adopt the child because of the child's special n	eeds.
Child was featured in the media to recruit a family. Media Efforts made:	
This narrative should be filled out when the child was featured in the media. This narrative the Adotpion Eligibility and Adoption Agreement form.	ve prints on both Max
	ABC
Save and Previous 3 v of 3	Save and Next
Save and Previous 3 • of 3 Save Save and Close	Save and Next
Save and Previous 3 v of 3 Save Save and Close Close	Save and Next
Save and Previous 3 • of 3 Save Save and Close Close	Save and Next Save and Next N-FOCUS - Test Date 11- 12-10-2019 15
Save and Previous 3 v of 3	Save and Next N-FOCUS - Test Date 11- 12-10-2019 15
Save and Previous 3 v of 3 Save Save and Close Close On B: Efforts to place without adoption assistance (select all that apply):	Save and Next Save and Next II- I2-10-2019 I5
Save and Previous 3 • of 3 Save Save and Close Close On B: Efforts to place without adoption assistance (select all that apply): Exchange Registration(s):	Save and Next Save and Next 11- 12-10-2019 15
Save and Previous 3 • of 3 Save Save and Close Close on B: Efforts to place without adoption assistance (select all that apply): Exchange Registration(s): [1] State Exchange [1] Federal Exchange	Save and Next
Save and Previous 3 ▼ of 3 Save Save and Close Close on B: Efforts to place without adoption assistance (select all that apply): Exchange Registration(s): [] State Exchange [] Federal Exchange Other tamilies considered - not appropriate (attach copy of Report of Select	Save and Next

[x] At least one family has refused to adopt the child because of the child's special needs

The prospective adoptive family was asked if they were willing to adopt the child without adoption

Efforts to place without adoption assistance are not required because (at least one of the following must

[x] The prospective adoptive family is the only one to consider because the child is attached to them (because of the length of time in foster home) and it is not in child's best interest to move him/her to another family that might be able to adopt without subsidy.

(write in date)

- 5. Once all the three of the adoption eligibility questions have been answered do the following:
 - a. The CFS worker will contact their CFSS supervisor by email
 - b. The CFSS Supervisor will review the eligibly sections completed by the CFS worker
 - c. The CFS Supervisor will email the IMFC Supervisor

assistance and the family said they cannot adopt without assistance.

Child is placed with a relative who plans to adopt the child

Date of Placement with Foster Family:

[X]

[x]

be selected):

[1

Note: The IMFC Approval question can ONLY be completed by an IMFC supervisor. It will remain greyed out without the proper security. *Be advised, the adoption agreement push button will not be highlighted until IMFC approval has been completed by an IMFC supervisor. The approved date will be the date the IMFC supervisor entered the information on the window and saved.

N-FOCUS - Detail Subsidy		—	□ ×
File Actions Detail Goto Help			
	<mark>≯{</mark> ⊵ ¦?	h	
Child's Name DELANEY MILLER	P] ບ	PDATE
Adoption 💌		1	
Completed By KIM POSSIBLE	1		
Status Draft	Status Date 01-01-2020		
Eligibility Information			
Image:	non eligibility reason) lopted simultaneously lity s s ería	< Primary Special Need	>
Determination Eligible	•	Begin 01-01-2020	
Adoption Eligibility Payments	Adoption Agreement	Consultation Point	
At Risk Narrative Centr	al Office Narrative	C Approval	
Reviewed By			
REVIEWED BY	ON BEHALF OF		
Save the Subsidy and Close the window		11-18-2019	15:24:49

N-FOCUS - Adoption IMFC Approval —	×
ligibility Provisions UPDA	TE
01 : Adoption Subsidy funding eligibility.	1
-IV-E Subsidized Adoption Indicators	
Applicable Child-Contrary to the Welfare Language in Initial Court Order	
□ IV-E Foster Care	
Non IV-E Foster Care due to "No Reasonable Efforts"; IV-E Adoption Subsidy	
☞ SSI	
Sibling of Applicable Child	
Child of IV-E Eligible State Ward	
Child is Disrupted former IV-E Adoption	
Approved By DSSZ924 Approved Date 12-10-2019	
Save and Previous 1 v of 1 Save and Next	
Save and Close Close	
11-18-2019 15:23:30	

If a worker does not have the proper security they can only see the IMFC funding eligibility question.

N-FOCUS - Adoption IMFC Approval			-	
Eligibility Provisions				INQUIRY
01 : Adoption Subsidy funding eligibili	y.			
Funding Eligibility IV-E ELIGIBLE	Ŧ			
- IV-E Subsidized Adoption Indicators	are Lenguage in Initial Court O	rdar		
□ IV-E Foster Care	are Language in initial Court O	ruer		
Non IV-E Foster Care due to "No Rea	sonable Efforts"; IV-E Adoption	Subsidy		
I I SSI				
☑ Sibling of Applicable Child				
Child of IV-E Eligible State Ward				
Child is Disrupted former IV-E Adoption	In			
			40.40.0040	
Approved By DSSZ924	μ	upproved Date	12-10-2019	
Cause and Drawing				
Save allu Previous				ext
Save	Save and Close Clos	e		
			N-FOCUS - Test	t Date
			01-01-202	0 08:13

6. Once the IMFC approval has been completed a CFS worker can go back into the subsidy and complete the adoption agreement. A CFS worker can add the adoptive parents and the payment and payment types. The daily maintenance payment may not exceed the last NCR payment amount or an error message is received.

N-FOCUS - Detail Subsi	dy			– 🗆 X
	sto nep	<mark>⊁i</mark> ⊵ ¦?	h	
<u>Child's Name</u>	DELANEY MILLER		*	UPDATE
<u>Type</u> Completed By	Adoption KIM POSSIBLE	•		
Status Eligibility Informat	Draft ion	Status Date 01-	01-2020	
HEason () (X) ()	Age 8 or older at time of, Race (Race by itself is n Sibling group of 3 or mor Physical disability Behavioral disability Emotional/psychiatric dit Mental/learning disability At high risk of developing Insufficient information e Does not meet eligibility	Adoption ot an eligibility reason) e adopted simultaneous sability y g a disability xists criteria	ly < Primary S	pecial Need >
Determinatio	n Eligible	•	<u>Begin</u>	01-01-2020
Adoption	Eligibility Paym	ents Adoption A	greement Consulta	ation Point
Reviewed By REVIEWED BY	At Risk Narrative C	entral Office Narrative	IMFC Approval	
Save the Subsidy and	Close the window		11-1	18-2019 15:24:49

Additional screen prints on the following page.

EIE ACTIONS I	etail Subsidy					—	
	Jetali Goto Help		>	· E :?			
<u>Child's</u>	<u>Name</u> DELANEY M	MILLER			<i>•</i>	UPI	DATE
	Type Adoption		•				
Complet	ted By KIM POSSII	BLE	_				
Eligit N-FO	Status Draft CUS - List Subsidy Payme	ents	Stat	us Date 01-01-2	2020		
Rea: Nam	e of Adoptive Parent	(s) HOWAR	D MILLER				^
	Туре		Amount	Begin Date	End Date	Recurring	
		N-FC	OCUS - Add/Up	date Payments			
			Please doc	ument any chang	jes to Payments	in Consultation Po	oint.
			Туре				•
			<u>Begin l</u>	Date	_		
			End Da	te	_		
Bevir	Ok	bbb	Amoun	\$0.00	□ Rec	curring	
REVIE					1		
				Ok	Cancel	Help	
1						11 10 2013	10.11.51
N-FOCUS	- Add/Update P	ayments					
u N-FOCUS	- Add/Update P	ayments		_			
N-FOCUS	- Add/Update P ase documer	^a yments nt any ch	ianges ti	o Payment	s in Consu	Iltation Poin	ıt.
u N-FOCUS Ple	- Add/Update P ase documer <u>Type</u>	ayments nt any ch	anges to MAINTE	D Payment	s in Consu	Iltation Poin	ıt.
N-FOCUS Ple	- Add/Update P ase documer <u>Type</u>	ayments	anges to MAINTE	D Payment	s in Consu	Iltation Poin	ıt.
N-FOCUS Ple	- Add/Update P ase documer <u>Type</u> <u>Begin Date</u>	ayments nt any ch DAILY 12-10-2	anges ti MAINTE 2019	Payment	s in Consu	ultation Poin	t.
N-FOCUS Ple	- Add/Update P ase documer <u>Type</u> <u>Begin Date</u> <u>End Date</u>	ayments nt any ch DAILY 12-10-2 09-01-2	MAINTE	Payment	s in Consu	Iltation Poin	it.
N-FOCUS Ple	- Add/Update P ase documer <u>Type</u> <u>Begin Date</u> <u>End Date</u>	DAILY	MAINTE 2019 2038	Payment	s in Consu	Iltation Poin	t.
N-FOCUS Ple	- Add/Update P ase documer Type Begin Date End Date Amount	Payments nt any ch DAILY 12-10-2 09-01-2 \$22.00	MAINTE 019 2038	D Payment NANCE □ Re	s in Consu	Iltation Poin	t.
N-FOCUS Ple	- Add/Update P ase documer Type Begin Date End Date Amount	ayments DAILY 12-10-2 09-01-2 \$22.00	MAINTE 2019 2038	Payment NANCE □ Re	s in Consu curring	Iltation Poin	t.
N-FOCUS pt N-FC	- Add/Update P ase documer <u>Type</u> <u>Begin Date</u> <u>End Date</u> <u>Amount</u>	ayments nt any ch DAILY 12-10-2 09-01-2 \$22.00	nanges to MAINTE 2019 2038	o Payment NANCE □ Re	s in Consu curring	Iltation Poin	t.
N-FOCUS Ple	- Add/Update P ase documer Type Begin Date End Date Amount CCUS - Payment The maximu	Payments Int any ch DAILY 12-10-2 09-01-2 \$22.00	MAINTE MAINTE 2019 2038	o Payment NANCE □ Re is paymen	s in Consu curring t is	Iltation Poin	t.
N-FOCUS Ple	- Add/Update P ase documer <u>Type</u> <u>Begin Date</u> <u>End Date</u> <u>Amount</u> OCUS - Payment The maximu	ayments at any ch DAILY 12-10-2 09-01-2 \$22.00 Maximum um amou	MAINTE	o Payment NANCE	s in Consu curring t is	Iltation Poin	t.
N-FOCUS Ple	- Add/Update P ase documer Type Begin Date End Date Amount CUS - Payment The maximu	Payments Int any ch DAILY 12-10-2 09-01-2 \$22.00 Maximum um amou	MAINTE MAINTE 2019 2038 2038	o Payment NANCE □ Re is paymen	s in Consu curring t is	Iltation Poin	t.

Additional screen prints on the following page.

N-FOCUS - List Subsidy Payments				
Name of Adoptive Parent(s) HOWARD	MILLER			
Туре	Amount	Begin Date	End Date	Recurring
DAILY MAINTENANCE	\$20.38	12-10-2019	09-01-2038	N
1				
Ok Add	Update	Delete	Cancel	Help

7. Once the adoptive parents are entered the CFS worker can complete the eight Adoption Agreement questions, previously there were 11 questions.

Question #1-Complete the information and save and next.

N-FOCUS - Subsidized Adoption Agreement	-	
		UPDATE
01 : Subsidized Adoption Agreement details.		
Document Type ORIGINAL AGREEMENT V Funding Eligibility IV-E ELIGI	BLE	
Agreement Effective Date 12-10-2019 Adoptive Name		_
First Name DELANEY		
Middle Name JESSIE		
Last Name MILLER		
Guardian/Conservator		1
Primary Guardian/Conservator Secondary Guardian/Conservator		
		. 1
Save and Previous	Save and	Next
Save Save and Close Close		
	11-18-2019	16:23:43

Question #2- Complete the information and save and next.

N-FOCUS - Subsidized Adoption Agreement		
02 : The child cannot or should not be returned to the home of the legal or biological par one or more of the following factors:	ent(s) as determ	ined by
 The parent(s) has/have relinquished parental rights; or The court has terminated parental rights; or Death of birth parent(s) 		
Save and Previous 2 v of 8	Save and N	ext
Save Save and Close Close	11 10 0010	

Question #3- Complete the information and save and next. This is the same question from the adoption eligibility flow.

N-FOCUS - Subsidized Adoption Agreement			UPDATI
03 : The child has been identified as having spe- disability; or, a medical or mental health pro behavioral, emotional, physical or mental di	cial needs due to a b fessional has detern sability.	ehavioral, emotional, ined the child to have	physical or mental e or to be at risk for a
Conditions	Begin Date	Diagnosed By	
Prenatal Drug Exposure (Other than Meth) Attention Deficit Hyperactive Disorder	01-01-2015 01-01-2015		
<			>
uner ∪isaoliny Chis narrative can still be used if needed.			Max
Save and Previous 3 💌	of 8		Save and Next
Save Save and	Close	11	N-FOCUS - Test Date 01-01-2020 07:

Question #4- Complete the information and save and next. This is the same question from the adoption eligibility flow.



Question #5- Complete the information and save and next.

		UPDAT
05 : The amount of the the child if applica Security Administr	maintenance payment will not exceed \$20.38 per day ble. Other benefits could include Supplemental Secu ation (SSA) benefits, and Veteran Administration (VA) I	/, less other benefits received for rity Income (SSI) benefits, Social senefits.
Child is currently not	eligible for other benefits.	
Child is currently elig	ible for the following benefits:	
SSI Benefits 0.00	per month	
SSA Benefits 0.00	per month	
VA Benefits 0.00	per month	
,		
Save and Previous	5 <u>•</u> of 8	Save and Next
Save and Previous	5 v of 8 Save Save and Close Close	Save and Next

Question #6-This window has wording changes and only one option can be selected. Make the correct selections and save and next.

	,				
					UPD
06 : Eligibility for Me	dical Assistan	ce			
Ŭ,					
	-				
Medicaid until the c	hild reaches a	ge eighteen (18) on 09	v-E Subsidy and -01-2036. Title XI	is categorically eligible for lifte X Medicaid eligibility will be	XIX
re-determined at ag Plan.	e 18. The child	l is eligible for Medica	id services as au	thorized through the Medicaid S	tate
Nebraska Medicaid	- The child has	s been determined to t	e eligible for Net	oraska Medicaid because the chi	ild
meets special need	s criteria for m	redical or rehabilitative	e care due to the t vchiatrist.	following pre-existing medical	
The child is ineligib	le for medical	assistance under this	adoption assista	nce agreement.	
the child is eligible for	nebraska Med	licaid check the 2nd bo	× and complete t	he narrative.	t
					мая
					ABC
Save and Previous				Cours and Mark	
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	Save	Save and Close	Close		
				11-19-2019 07	7:41:1
				· · · · ·	
	tion ()				_
N-FOCUS - Subsidized Adop	tion Agreement			-	UPF
N-FOCUS - Subsidized Adop	tion Agreement			-	UPE
N-FOCUS - Subsidized Adop	tion Agreement :dical Assistan	ce		-	UPE
N-FOCUS - Subsidized Adop	tion Agreement	ce		-	UPE
N-FOCUS - Subsidized Adop	tion Agreement	ce			UPE
N-FOCUS - Subsidized Adop	tion Agreement :dical Assistan	ice lifies for Federal Title	IV-E Subsidy and		UPE
N-FOCUS - Subsidized Adop 06 : Eligibility for Me V Title XIX Medicaid Medicaid until the e	tion Agreement edical Assistan • The child qua shild reaches a re 18. The child qua	ce lífies for Federal Title ige eighteen (18) on 05 d is elinihle for Medica	IV-E Subsidy and I-01-2036. Title X	is categorically eligible for Title X Medicaid eligibility will be	UPE
N-FOCUS - Subsidized Adop 06 : Eligibility for Me 07 Title XIX Medicaid - Medicaid until the e re-determined at ag Plan.	tion Agreement edical Assistan - The child qua shild reaches a pe 18. The child N	ce lifies for Federal Title ige eighteen (18) on 05 d is eligible for Medica -FOCUS - Error	IV-E Subsidy and I-01-2036. Title XI id services as au	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S	UPI ×I× State
N-FOCUS - Subsidized Adop 06 : Eligibility for Me 7 Title XIX Medicaid Medicaid until the re-determined at ag Plan. 7 Nebraska Medicaid	tion Agreement edical Assistan - The child qua - thild reaches a ge 18. The child N I - The child I	ce lífies for Federal Title ge eighteen (18) on 05 d is eligible for Medica -FOCUS - Error	IV-E Subsidy and I-01-2036, Title X id services as at	is categorically eligible for Title X Medicaid eligibility will be nthorized through the Medicaid S ka Medicaid because the ch	UPE XIX State
 N-FOCUS - Subsidized Adop C Eligibility for Medicaid Title XIX Medicaid Medicaid until the ere-determined at ag Plan. Nebraska Medicaid neet special neet conditionsl as doe 	tion Agreement edical Assistan - The child qua hild reaches a je 18. The child I - The child I so criteria for umented by	ice lifies for Federal Title ge eighteen (18) on OS d is eligible for Medica -FOCUS - Error NFOAV21C - Only one optic	IV-E Subsidy and I-01-2036. Title X id services as at on can be selected.	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S X ka Medicaid because the ch wing pre-existing medical	UPE XIX State
 N-FOCUS - Subsidized Adop B6 : Eligibility for Me Title XIX Medicaid Medicaid until the ore-determined at ag Plan. Nebraska Medicaid meets special need condition(s) as doc The shift is is in the ore-determined 	tion Agreement edical Assistan - The child qua child reaches a je 18. The child N I - The child I s criteria fo umented by	ice lifies for Federal Title ge eighteen (18) on OS d is eligible for Medica -FOCUS - Error NFOAV21C - Only one optic	IV-E Subsidy and I-01-2036. Title XI id services as au on can be selected.	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S X ka Medicaid because the ch wing pre-existing medical	UPE XIX State
 N-FOCUS - Subsidized Adop C Eligibility for Me Title XIX Medicaid Medicaid until the tre-determined at ag Plan. Nebraska Medicaid meets special neet special neet condition(s) as doc The child is ineligil 	tion Agreement edical Assistan - The child qua child reaches a te 18. The child N I - The child I S criteria for umented by ole for medic	ice lifies for Federal Title ige eighteen (18) on 05 d is eligible for Medica -FOCUS - Error NFOAV21C - Only one optic	IV-E Subsidy and I-01-2036. Title XI id services as au on can be selected.	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S X ka Medicaid because the ch wing pre-existing medical agreement.	UPE XIX State
N-FOCUS - Subsidized Adop 06 : Eligibility for Me 06 : Eligibility for Me 06 : Eligibility for Me 06 : Comparison Medicaid until the 07 re-determined at ag Plan. ✓ Nebraska Medicaid meets special neer condition(s) as doc	tion Agreement edical Assistan - The child qua shild reaches a ge 18. The child I - The child I Is criteria for umented by sle for medic	ice lifies for Federal Title ge eighteen [18] on 05 d is eligible for Medica -FOCUS - Error NFOAV21C - Only one optio	IV-E Subsidy and I-01-2036. Title XI id services as au on can be selected. OK	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S ka Medicaid because the ch wing pre-existing medical agreement.	UPC XIX State illd
N-FOCUS - Subsidized Adop 06 : Eligibility for Me ✓ Title XIX Medicaid Medicaid until the e re-determined at ag Plan. ✓ Nebraska Medicaid meets special need condition(s) as doc ✓ The child is ineligil	tion Agreement edical Assistan - The child qua shild reaches a pe 18. The child Is criteria for umented by ole for medic	ice lifies for Federal Title ige eighteen (18) on 05 d is eligible for Medica -FOCUS - Error NFOAV21C - Only one optio	IV-E Subsidy and H01-2036, Title XI id services as at on can be selected.	is categorically eligible for Title X Medicaid eligibility will be nthorized through the Medicaid S ka Medicaid because the ch wing pre-existing medical agreement.	UPC XIX State iIId
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N-FOCUS - Subsidized Adop 06 : Eligibility for Me V Title XIX Medicaid Medicaid until the o re-determined at ag Plan. V Nebraska Medicaid meets special neee condition(s) as doc The child is ineligil	tion Agreement	ice lifies for Federal Title ge eighteen (18) on 05 d is eligible for Medica -FOCUS - Error NFOAV21C - Only one option	IV-E Subsidy and I-01-2036. Title XI id services as at on can be selected.	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S X ka Medicaid because the ch wing pre-existing medical agreement.	UPE XIX State iIId
 N-FOCUS - Subsidized Adop C Eligibility for Me Title XIX Medicaid Medicaid until the ore-determined at applan. Nebraska Medicaid meets special neet special neet condition(s) as doc The child is ineligit Save and Previous 	tion Agreement edical Assistan - The child qua child reaches a ge 18. The child I - The child I I - The child I S criteria for umented by ole for medic	Iffies for Federal Title ge eighteen (18) on 05 d is eligible for Medica -FOCUS - Error NFOAV21C - Only one option NFOAV21C - Only one option	IV-E Subsidy and I-01-2036. Title XI id services as au on can be selected.	is categorically eligible for Title X Medicaid eligibility will be thorized through the Medicaid S X ka Medicaid because the ch wing pre-existing medical agreement.	UPE XIX State illd

Question #7-This window has been changed and several questions were combined. Question 8, 9, and 10 from the old window flow have been removed. The selection "Out of State Medical Coverage" is always selected and will always print on the agreement. The worker can choose to also select the first option if appropriate.

11-19-2019 07:52:46

N-FOCUS - Subsidized Adoption Agreement	-	
		UPDATE
07 : Other Medical Coverage		
 The child will be enrolled in the adoptive parent's private health insurance plan. Out-of-State Medical Coverage - A child who receives Medicaid and resides outside the time of adoption, or who moves to another state after finalization of the adoption, v from the state in which the child resides if eligible. Eligibility for Medicaid in Nebraska residence does not provide a Medicaid service which otherwise would be provided if t Nebraska, the Department is not responsible for covering that service. Items and serv Medicaid vary from state to state. 	e state of Nebra: vill receive Medi ı may end. If a si he child resided rices covered by	ska at caid tate of in
Save and Previous 7 v of 8	Save and M	lext
Save Save and Close Close		
	11-19-2019	07:59:12

Question #8-There are no changes to this window but this is the final window in the Adoption Agreement flow, save and close after completing the information.

				UPD
08 : Special ser specified ti wholly or in cover the e of this subs	vices are payments me period. These se I part as a provision xpense of the specia sidy:	made for a specific service or item r rvices can be one time only in natur of this subsidy only if other resourc Il service(s). The following special s	elated to the child's ner e. Special services may es or programs are not ervice(s) will be paid for	eds, and for a / be paid for available to r as a provision
Special Service(s)	Medical Appointme	nts		ADD
Aaximum Amount	2500			UPDATE
Duration	Yearly			DELETE
Special Service(s)		Maximum Amount	Duration	CLEAR
Speech Therapy		2500	Yearly	
Save and Previ	ious	8 💌 of 8	Sav	ve and Next
	Save	Save and Close Close		

8. Once the Subsidy is completed the CFS worker can update the status to ready for review. A supervisor can then review the subsidy and put the subsidy into final status. The subsidy agreement and subsidy eligibility determination are both printed from the actions menu and can be printed in any status, but only a subsidy in final will save in correspondence. Be sure to check with your supervisor to determine what signatures are needed. The subsidy eligibility has signature lines for the worker, supervisor, and IMFC supervisor.

Adoption Eligibility Style Sheet-PS-AS-50 (Update)

	GOOD LI	fe. Great Mission.	Division of C Determinat	on of Child's Eligib	Services lity for Ad	option Assistance
Nan	ne of Ch	ild: DELANEY MIL	LFR	CES Master	Case	00005265
Date	e of Birth	n [.] 09-01-2018		Social Secu	rity Number	XXX-XX-4144
Chi	d is age	a 18 or younger, a l	J.S. citizen, and	remains a DHHS State	Ward.	
Sec	tion A:	Factors for basis of e	eligibility determin	ation		
[]	Age 8	or older of the time	of adoption			
[]	Race	(Race by itself is not	an eligibility reas	on)		
[x]	Sibling Group of 3 or more to be adopted to the same home at the same time.					
	DEBB	IE MILLER	DONITA	MILLER	DOUG MILLE	ĒR
[x]	Disab progn	ility (attach report no osis, duration, and a	more than six me nticipated treatme	onths old from a qualifie ent)	d professiona	giving diagnosis,
	[] P [x] B	hysical ehavioral 1 Propatal Drug (Exposure (Other t	han Moth)		
	[x] E	notional/Psychiatric	Exposure (Other t	nan meut)		
		1. Attention Deficit	t Hyperactive Dis	order		
	[] M [x] O	ental/Learning ther Disability				
	Т	his narrative can still	l be used if neede	d.		
[X]	At hig	n risk of developing a	a disability			
				ion eligibility form and th	ne adoption ag	greement. Please
		This narrative will consult your super should be used.	visor when the "A	t Risk for developing a	disability" elig	bility reason
Sec	tion B:	This narrative will consult your super should be used. Efforts to place without	visor when the "A	t Risk for developing a tance (select all that ap	disability" elig	bility reason
Sec	tion B: Excha	This narrative will consult your super should be used. Efforts to place without nge Registration(s):	print on the adoptivition when the "A	t Risk for developing a c	disability" elig ply):	bility reason
Sec [X] [X]	tion B: Excha [] S Other Family	This narrative will consult your super should be used. Efforts to place withor nge Registration(s): State Exchange families considered - r PS-AS-65)	print on the adop visor when the "A put adoption assis [] Federal - not appropriate	t Risk for developing a d tance (select all that app Exchange (attach copy of Report o	disability" elig ply): f Selection of	bility reason Adoptive/Fos - Adopt
Sec [x] [x]	tion B: Excha [] Other Family Child	This narrative will consult your super should be used. Efforts to place without nge Registration(s): State Exchange families considered - r PS-AS-65) was featured in the n	print on the adopt visor when the "A but adoption assis [] Federal - not appropriate nedia to recruit a	t Risk for developing a tance (select all that app Exchange (attach copy of Report o family. Media efforts ma	disability" elig ply): f Selection of de:	bility reason Adoptive/Fos - Adopt
Sec [x] [x] [x]	tion B: Excha [] Other Family Child T	This narrative will consult your super should be used. Efforts to place without nge Registration(s): State Exchange families considered - (PS-AS-65) was featured in the n his narrative should oth the Adotpion Elig	 print on the adoptivisor when the "A put adoption assis [] Federal I not appropriate nedia to recruit a be filled out when pibility and Adoptivi 	t Risk for developing a d tance (select all that app Exchange (attach copy of Report o family. Media efforts ma the child was featured i on Agreement form.	disability" elig ply): f Selection of de: in the media.	bility reason Adoptive/Fos - Adopt This narrative prints on
Sec [X] [X] [X]	tion B: Excha [] Other Family Child T b The pr assist	This narrative will consult your super should be used. Efforts to place without nge Registration(s): State Exchange families considered r PS-AS-65) was featured in the n his narrative should oth the Adotpion Elig ospective adoptive f ance and the family s	I Federal Fout adoption assis [] Federal - not appropriate nedia to recruit a be filled out when jibility and Adoptiv armily was asked said they cannot a	t Risk for developing a tance (select all that app Exchange (attach copy of Report o family. Media efforts ma the child was featured i on Agreement form. if they were willing to ad dopt without assistance	disability" elig ply): f Selection of de: in the media. lopt the child v	bility reason Adoptive/Fos - Adopt This narrative prints on without adoption
Sec [x] [x] [x] [x]	tion B: Excha [] Other Family Child T b The pr assist Efforts be sel	This narrative will consult your super should be used. Efforts to place without nge Registration(s): State Exchange families considered r PS-AS-65) was featured in the n his narrative should oth the Adotpion Elig ospective adoptive f ance and the family s to place without ado ected):	print on the adoption visor when the "A out adoption assis [] Federal I - not appropriate nedia to recruit a be filled out when jibility and Adoptiv armily was asked said they cannot a option assistance	t Risk for developing a tance (select all that app Exchange (attach copy of Report o family. Media efforts ma the child was featured i n Agreement form. if they were willing to ad idopt without assistance are not required becaus	disability" elig ply): f Selection of de: in the media. lopt the child to a. se (at least on	bility reason Adoptive/Fos - Adopt This narrative prints on without adoption e of the following must
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Sec [x] [x] [x] [x]	tion B: Excha [] S Other Family Child The p assist Efforts be sel [x]	This narrative will consult your super should be used. Efforts to place withen nge Registration(s): State Exchange families considered r PS-AS-65) was featured in the n his narrative should lo oth the Adotpion Elig rospective adoptive f ance and the family s is to place without add ected): The prospective adop because of the lengt o another family that Date of Placement w	print on the adoption put adoption assist [] Federal I - not appropriate nedia to recruit a be filled out when jibility and Adoption amily was asked said they cannot a option assistance ptive family is the th of time in foste t might be able to ith Foster Family	t Risk for developing a tance (select all that app Exchange (attach copy of Report of family. Media efforts ma the child was featured i on Agreement form. if they were willing to ad idopt without assistance are not required becaus only one to consider be r home) and it is not in c adopt without subsidy.	disability" elig ply): f Selection of de: in the media. lopt the child se (at least on ecause the chi thild's best int (write in date)	bility reason Adoptive/Fos - Adopt This narrative prints on without adoption e of the following must Id is attached to them erest to move him/her
Sec [x] [x] [x] [x]	tion B: Excha [] Other Family Child to The pi assisti Efforts be sel [X]	This narrative will consult your super should be used. Efforts to place without nge Registration(s): State Exchange families considered - r PS-AS-65) was featured in the n his narrative should oth the Adotpion Elig rospective adoptive f ance and the family s to place without add ected): The prospective adop because of the lengt o another family that Date of Placement w Child is placed with a	print on the adoption put adoption assist [] Federal I - not appropriate nedia to recruit a be filled out when jibility and Adoptiv family was asked said they cannot a option assistance ptive family is the th of time in foste t might be able to ith Foster Family a relative who pla	t Risk for developing a d tance (select all that app Exchange (attach copy of Report of family. Media efforts ma the child was featured i on Agreement form. if they were willing to ad dopt without assistance are not required becaus only one to consider be r home) and it is not in c adopt without subsidy.	disability" elig ply): f Selection of de: in the media. lopt the child n 2. se (at least on scause the chi hild's best int (write in date)	bility reason Adoptive/Fos - Adopt This narrative prints on without adoption e of the following must Id is attached to them erest to move him/her

Print Name of Adoptive Parent		Print Name of Adoptive Parent	
Signature of Adoptive Parent	Date	Signature of Adoptive Parent	Date
Family's Responsibilities: The family a responsible for exploring and using othe before using adoption assistance. (See 4 documentation to continue the coverage affect the adoption assistance.	must meet its responsit r resources or funding 79 NAC Chapter 8 for and for notifying the I	pilities to as great an extent possible without ado sources which reasonably can be considered ava further clarification.) The family is also respons Department of changes in the family's or child's	ption assistance, and is nilable and appropriate ible for supplying needed circumstances which would
For additional information about the a can access the Nebraska Administrative For additional policy questions, you may	doption assistance pro Code 479 Chapter 8 o y contact the NDHHS	gram provided by the Nebraska Department of F nline at dhhs.ne.gov by clicking on "Licensing a Central Office Adoption Program Specialist at (Health and Human Services, you nd Regulations". 402) 219-2740.
	FOR I	NTERNAL USE ONLY	
[] Denied If denied, state section and the re	eason(s):		
Print Name of CFS Specialist		Print Name of CFS Supervisor	

JUSTINE MILLER At least one family has refused to adopt the child because of the child's special needs [X]

* The Determination of Eligibility was electronically signed by KIM POSSIBLE on 01-01-2020

Wor	ker Sig	nature	Determination Date
Adop	ption A	Assistance Eligibility D	letermination
[x]	Child	d is eligible for assista	nce because they meet the requirements of Section A and B
[]	Child	d is ineligible because	:
* Th	o Doto	mination of Eligibility was	electronically signed by KIM POSSIBLE on 04 04 2020
	e Delei	mination of Englosity was	electionically signed by KIM FOSSIBLE on 01-01-2020
Sup	ervisor	Signature	Determination Date
Sect	tion C	: Funding Determinat	ion
[x]	IV-E	Subsidized Adoption	
	[x]	Applicable Child - Co	ontrary to Welfare Language in Initial Court Order
	[]	IV-E Foster Care	
	[]	Non IV-E Foster Car	e due to "No Reasonable Efforts"; IV-E Adoption Subsidy
	[x]	SSI	
	[x]	Sibling of an Applica	ible Child
	[]	Child of IV-E eligible	state ward
	[]	Child is disrupted for	mer IV-E Adoption
[]	State	e Funded Subsidized	Adoption
* Th	o Fund	ing Determination was ele	ctronically signed by KIM POSSIBLE on 12-10-2010
		ing Determination was elef	
IMF	C Supe	ervisor Designated to Appro	ove Determination Date

Adoption Assistance Agreement Style Sheet-PS-AS-52

DEPT OF HEALTH AND HUMAN SERVICE	Adoption Assista	ren and Fam ance Agreen	nent	
1	s –			
[X] Original Agroomont	For Interna	atonco St		Final
[A] Original Agreement	[A] IV-E Eligible for Assis	Assistance Sta	alus atus Dete	CINAI 01.01.2020
[] Revised Agreement		Assistance Sta	R Master Case	01-01-2020
Child'S Name Phot to Adoption.	DELANET MILLER	0	S Master Case	00005205
	ADOPTION ASSIST	ANCE AGREEN	IENT	
A. The following agreement has Division of Children and Fami	been entered into between t ily Services (hereinafter the	the Nebraska De "Department") a	epartment of Healt nd the adoptive pa	h and Human Services, rent(s):
Name of Adoptive Parent(s):	JUSTINE MILLER		HOWARD M	ILLER
Name of Adoptive Child:	DELANEY J MILLEI	R		
Adoptive Child's Date of Birth:	09-01-2018			
Adoptive Child's Original Social S	Security Number: 563-21-4	144 t an eligibility facto	r)	
Effective Date of this Agreement	· 12-10-2019	t an engionity facto	•)	
Termination Date of this Agreem	ent: 09-01-2037	(Date of Chi	ld's 19th Birthdav)	
			,,	
agreement shall remain in 5. This agreement will be re dependent of the adoptiv subsidy.	n effect regardless of the sta eviewed every twelve months e parent(s); and, to determin	ite of residence s to determine the ne that the child	of the adoptive par nat the child continu continues to need	rent(s) or child. ues to be a legal the provisions of the
C. Eligibility for Adoption April	istance			
 Enginity for Adoption Assi 	dention assistance because			
The child is eligible for a [X] The child is a ward [X] The child is a ward [X] The child is a ward	ghteen (18) or younger. I of the Department at the tin	e the child meet	s all of the following	g general criteria:
The child is eligible for a [X] The child is age ei [X] The child is a ward [X] The child is a ward [X] The child is a citize	ghteen (18) or younger. I of the Department at the tir en of the United States or a I	e the child meet: ne the adoption egal resident of	all of the following petition is filed. the United States.	g general criteria:
The child is eligible for a [X] The child is a ge eig [X] The child is a ward [X] The child is a citize 2. The child is eligible for a meeting all three (I.,II.III	doption assistance because ghteen (18) or younger. I of the Department at the tir en of the United States or a l adoption assistance because .) of the following criteria as	e the child meet ne the adoption egal resident of the child is con determined by t	s all of the following petition is filed. the United States. sidered to be a chi he presence of on	g general criteria: ild with special needs by e or more specific factors
1. The child is eligible for a [X] The child is age ei [X] The child is a ward [X] The child is a ward [X] The child is a citize 2. The child is eligible for a meeting all three (1.,II.III 1. The child cannot o one or more of the [X] The parent(s) [] The court has [] The birth pare	I of the Department at the tin of the Department at the tin adoption assistance because because because construction of the following criteria as r should not be returned to the following factors: has/have relinquished pare s terminated parental rights. ent(s) are deceased.	e the child meet ne the adoption 'egal resident of 'e the child is cor determined by t he home of the l ntal rights.	s all of the following petition is filed. the United States. sidered to be a chi he presence of on egal or biological p	g general criteria: ild with special needs by e or more specific factors parent(s) as determined b
1. The child is eligible for a [X] The child is age ei [X] The child is a ward [X] The child is a ward [X] The child is a citize 2. The child is eligible for a meeting all three (I.,II.III 1. The child cannot o one or more of the [X] The parent(s) [] The court has [] The birth pare II. The child cannot b following factors: [] The child is a [X] The child is a	adoption assistance because ghteen (18) or younger. I of the Department at the tir en of the United States or a I adoption assistance because .) of the following criteria as r should not be returned to the following factors: has/have relinquished pares terminated parental rights. ent(s) are deceased. e placed with adoptive parent ight (8) years of age or older member of a sibling group of a behavioral, emotional, ph	e the child meet: ne the adoption legal resident of the child is cor determined by the he home of the ntal rights. The without assis f. of three or more ysical, and/or m	a all of the following petition is filed. the United States. Isidered to be a chi he presence of one egal or biological p tance as determine who are (or will be ental disability as o	g general criteria: ild with special needs by e or more specific factors parent(s) as determined b ed by one or more of the) placed together. described below:
1. The child is eligible for a [X] The child is age ei [X] The child is a ward [X] The child is a citize [X] The child is eligible for a meeting all three (1.,II.III 1. The child cannot o one or more of the [X] The parent(s) [] The court has [] The birth pare II. The child cannot b following factors: [] The child is a [X] The child is a	adoption assistance because ghteen (18) or younger. I of the Department at the tir en of the United States or a l adoption assistance because .) of the following criteria as r should not be returned to the following factors: has/have relinquished pare terminated parental rights. ent(s) are deceased. e placed with adoptive parent ight (8) years of age or older member of a sibling group of a behavioral, emotional, ph Drug Exposure (Other than 1	e the child meet: ne the adoption legal resident of e the child is cor determined by the he home of the ntal rights.	s all of the following petition is filed. the United States. isidered to be a chi he presence of one egal or biological p tance as determine who are (or will be ental disability as o	g general criteria: ild with special needs by e or more specific factors parent(s) as determined b ed by one or more of the c) placed together. described below:

	[X] The child is at high risk of o described below:	leveloping a behavioral, emotional, physical, and/or mental disability as
	This narrative will print o consult your supervisor v be used.	n the adoption eligibility form and the adoption agreement. Please when the "At Risk for developing a disability" eligibility reason shoul
	III. A reasonable but unsuccessful e adoption assistance has been m	affort to place the child with appropriate adoptive parents without providing ade, or an exception has been met, as determined by one or more of the
	 [X] The child has been registered of [X] Other families have been consid [X] The child has been featured in the families have been determined to 	n the Nebraska and/or National Adoption Exchange. lered, but the adoptive parent(s) is/are best able to meet the child's needs he media to recruit a family. dopt without assistance because the child's present and anticipated future exceed the adoptive parent(s) ability to meet those needs without
	assistance. [X] Efforts to place the child without following must be selected):	adoption assistance were not required because (at least one of the
	 [X] The adoptive parent(s) is/a ties to the foster family and adoptive family that might I [X] The child is placed with a r 	re the only one(s) to consider because the child has significant emotional it would not be in the child's best interests to move him/her to another be able to adopt without a subsidy. elative who plans to adopt the child.
	[X] At least one family has refu	ised to adopt the child because of the child's special needs.
D. Pro	visions of the Adoption Assistance A	Agreement
1.	Adoption Maintenance Payment	
	 The Department agrees to pay a meeting the child's day to day no benefits received for the child, no if the child had remained in foster 	In adoption maintenance payment to the adoptive parent(s) to assist in seds. The amount of the adoption maintenance payment, including other nust be less than the payment would be, as determined by the Department er care.
	The amount of the maintenance the child. Other benefits could in Administration (SSA) benefits, a	payment will not exceed \$20.38 per day, less other benefits received for clude Supplemental Security Income (SSI) benefits, Social Security nd Veteran Administration (VA) benefits.
	 [X] The child is currently inelig [] The child is currently eligib [] SSI Benefits \$0.00 pe [] SSA Benefits \$0.00 pe [] VA Benefits \$0.00 pe *This amount is subje 	ble for other benefits. le for the following benefits: r month* er month* r month* ct to change based on federal or state program requirements
	Administration O Long transmistration O Long transmistration O	l agree to notify the Social Security Administration Office and/or the Vetera ffice about the finalization of this adoption if the child is currently eligible for her of these agencies.
	I understand and total adoption ma	l agree that other benefits received for the child will be deducted from the aintenance payment.
	I understand and providing the De benefits.	l agree the total adoption maintenance payment will be made after partment with verification the child has become ineligible for all other
	The adoption maintenance payment of equals \$0.00 per day. This amount is adoption maintenance payment will b	of this agreement is \$20.38 per day. The total of other benefits listed abov subtracted from the adoption maintenance payment. Thus, the total le \$20.38 per day.
	Subsidized Child Care Services	
2.	The Department may pay for child ca Program (Title 392). The adoptive pa	re services in accordance with the Department's Child Care Subsidy rent(s) must apply, and each adoptive parent must meet a qualification of
2.	need for child care services, and the payments will be made by the Depart	child must meet the eligibility criteria for child care services. Child care ment directly to an approved License Exempt or Licensed Child Care

	Medical Assistance
	I understand and agree that prior to requesting State or Federal funded medical coverage
	under uns adoption assistance agreement, i must use.
	Available care or treatment through the education system
	Other available resources benefits and programs
	[X] The child is ineligible for medical assistance under this adoption assistance agreement.
	I understand we are responsible for covering the child's medical care and expenses, wh may include private health insurance.
	[] The child will be enrolled in the adoptive parent's private health insurance plan.
	I agree to provide a copy of the front and back of my private health insurance card, if applicable.
	I agree to complete, sign, and submit "Medical Assistance Notice of Requirement to Cooperate and Right to Claim Good Cause" prior to the finalization of the adoption.
	I understand and agree that Medicaid is the payer of last resort.
	coes not provide a medicald service which otherwise would be provided if the child resided in Nebraska, the Department is not responsible for covering that service. Items and services covered Medicaid vary from state to state.
	I agree to notify the Department if I move out of state.
	I agree to cooperate with the Interstate Compact on Adoption and Medical Assistance (ICAMA) process.
	I agree to cooperate and abide by the Medicaid program rules and procedures of the sta in which the adopted child resides.
	I agree to apply for the Children's Medical Assistance Program in the state of residence behalf of the adopted child.
4.	I agree to apply for the Children's Medical Assistance Program in the state of residence behalf of the adopted child. Non-Recurring Adoption Expenses
4.	I agree to apply for the Children's Medical Assistance Program in the state of residence behalf of the adopted child. Non-Recurring Adoption Expenses The Department may pay one-time only, for the reasonable and necessary adoption fees, court costs, attorn fees, and other expenses which are directly related to the legal adoption of the child, and which are not incur in violation of State or Federal law.
4.	I agree to apply for the Children's Medical Assistance Program in the state of residence behalf of the adopted child. Non-Recurring Adoption Expenses The Department may pay one-time only, for the reasonable and necessary adoption fees, court costs, attorn fees, and other expenses which are directly related to the legal adoption of the child, and which are not incur in violation of State or Federal law.
4.	I agree to apply for the Children's Medical Assistance Program in the state of residence behalf of the adopted child. Non-Recurring Adoption Expenses The Department may pay one-time only, for the reasonable and necessary adoption fees, court costs, attorn fees, and other expenses which are directly related to the legal adoption of the child, and which are not incur in violation of State or Federal law. I understand and agree that any legal fees and costs to finalize the adoption that exceed total amount listed on this agreement will be my/our responsibility. I understand and agree that the Department will not pay an attorney for any time and activities incurred reviewing or negotiating the adoption assistance agreement.
4.	
4.	

time period. These services can be one-time only in nature. Special services may be paid for entirely, or in part, as a provision of this adoption agreement only if other resources or programs are not available to cover the expense of the special service(s). The following special service(s) will be paid for as a provision of this adoption agreement:

Special Service(s)	Maximum Amount	Duration
Speech Therapy	2500	Yearly

E. Changes in the Adoption Agreement

- Reduction in adoption maintenance payment 1.
 - A state-funded adoption maintenance payment may be reduced when:
 - The family requests a reduction in writing.
 - A child receives an increase in Supplemental Security Income, Veteran's Administration, or Retirement, 2. Survivor, and Disability Insurance (RSDI) benefits based on the birth parent's eligibility 3.
 - The child no longer resides with the adoption parents, unless the child resides outside the home and is: Attending College or Vocational Training, and the adoptive parent is continuing to use the subsidy a. funds to support the child.
 - Placed outside the home for reasons other than school and the adoptive parent(s) is/are b cooperating in a plan for the child to return home. The adoption maintenance payment may be reduced during this period.
 - A change in regulations or laws require a reduction.

A federal Title IV-E funded adoption maintenance payment cannot be reduced without the written consent of b the adoptive parent(s) for any reason, including an increase in other resources such as Supplemental Security Income, Veteran's Administration, or Retirement, Survivors, and Disability Insurance (RSDI) benefits, unless the Department determines the child has been removed from the home and the parent(s):

- Are no longer legally responsible for support of the child.
- 2 Are no longer providing any financial or material support in accordance with DHHS Rules and Regulations.
- 2. Increase in adoption maintenance payment
 - The Department will consider an increase in the adoption maintenance payment if:
 - The adoptive parent(s) submits a written request for an increase in the adoption maintenance payment.
 - Information is received on a change in the child's or family's circumstances.
 - 3 A change in regulations or laws require an increase.
- 3. Transfer of Adoption Assistance

A Federal IV-E funded adoption assistance agreement may only transfer to someone else as allowed by a. state law. When such subsidy does transfer, the adoption assistance will change from federal to state funded. A child's Medicaid eligibility must be re-determined when an adoption assistance agreement transfers and becomes state funded.

b. A State funded adoption assistance agreement may only transfer to someone else as allowed by state law.

F. Notifications

a.

1. The parent(s) agree(s) to:

- Notify the Department in writing, within two weeks, of changes related to the continued need for adoption assistance or the child's eligibility; such as: approval for, or increase in, monetary benefits for the child (e.g. SSI); child's marriage, enlistment in any branch of the military, move from the home, full-time employment, death, or age of majority.
- Notify the Department, in writing, within two weeks, of change in address. b.
- Notify the Department, in writing, immediately if they are no longer legally responsible for the support of the C. child, or are no longer supporting the child.
- d Utilize other available resources for medical/mental health treatment/care before requesting payment under subsidy, e.g. private insurance, other programs.

G. Termination

- Any adoption assistance agreement, either federal or state funded, will be terminated: 1.
 - Upon the death of one parent in a single parent family, or both parents in a two-parent family unless the adoption assistance agreement is transferred as allowed by state law. b.
 - By mutual consent of both parties if the adoption assistance is no longer required.
 - If changes in federal or state laws/regulations make a renegotiation necessary, and either party is unwilling C. to enter into a new agreement
 - d. Once the child reaches age 19, unless the child applies for, and is eligible for, Extended Adoption

Subsidized Adoption Agreement - AD

Page 4 of 6

00982199

Assistance in accordance with state law

- If the child dies. e.
- If the child becomes an emancipated minor. f.
- If the child marries. g. If the child enlists in the military. h
- 2. Termination of Federal Title IV-E Adoption Assistance will occur:
 - a. On the child's 18th birthday if the child is not determined disabled.
 - On the child's 18th birthday if the child does not meet at least one of the following educational/employment b. requirements:
 - The child is completed secondary educations or a program leading to an equivalent credential. 1.
 - The child is enrolled in an institution which provides post-secondary or vocational education. 2
 - 3. The child is participating in a program or activity designed to promote or remove barriers to employment.
 - The child is employed for at least 80 hours per month. 4
 - The child is incapable of doing any of the above described activities (in 1 through 4) due to a medical 5. condition
 - If these educational/employment requirements are not met the adoption assistance will be changed from federally funded to state funded.
 - When the child resides out of the adoptive parent(s) home and the adoptive parent(s) are no longer C. providing any support to the child, as defined in 479 NAC 8-001.02Q2.
- When the parent(s) are no longer legally responsible for the child, as defined in 479 NAC 8-001.02Q2 d 3. Termination of State Adoption Assistance will occur:
 - When the child resides out of the home of the adoptive parent(s) and the adoptive parent(s) are no longer providing any support to the child as defined in 479 NAC 8-001.02Q1. a.
 - When the adoptive parent(s) are no longer legally responsible for the child as defined in 479 NAC b. 8-001.02Q1
 - C. Exception: If a child is residing outside the home, the State-funded adoption assistance may remain in place if the child is either:
 - 1. Attending college or vocational training and the adoptive parent(s) are continuing to use the subsidy funds to support the child.
 - 2 Place out-of-home for reasons other than school, and the family is cooperating in a plan for the child's return home.

H. Notice of Action

Prior to termination of the adoption assistance agreement, or suspension or reduction of the adoption 1 maintenance payment, the Department will provide a written notice of action to the adoptive parent(s).

I. Right to Appeal

- 1. The adoptive parent(s) has/have the right to an administrative appeal if the Department:
 - a. Denies the application for adoption assistance.
 - Suspends or reduces the adoption maintenance payment amount. b.
 - Terminates the Adoption Assistance Agreement. C.
 - d. Denies a request from the adoptive parent(s) for an increase in the adoption maintenance payment amount.

J. Timeframe for Appeal

The appeal must be filed in writing within 30 business days of the adoptive parent(s) receipt of the notice of denial, suspense, reduction, or termination. No actions will be taken while the appeal is pending, but the Department retains the right to request repayment of any funds paid to the parent(s) during that time, should the appeal decision be that the parent(s) received funds to which they were not entitled.

Subsidized Adoption Agreement - AD

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K. Designation of Guardian and Cons	servator		
I/we designate MILLER in the event of my/our death adoption assistance for my child. In f duty, I/we designate as Guardian and/or Conservator, I/w understand that a court may appoint designated above. In the event none have not designated, I/we assign to 1 under this agreement. I/we understa guardian/conservator. The Departme appointed a guardian/conservator. I/ assistance agreement cannot be pro-	n; and, upon hi the event that i e assign to the a Guardian or of the persons the Guardian c nd that the De ant will not issu We understand wided to any g	to be Guardian and/or Conservato s or her appointment assign to my/our first choice for Guardian/Conservato as Guardian and Conservator and upo m any adoption assistance under this agree Conservator for my/our child other than the s l/we designated are appointed, or if a succ or Conservator appointed by the court any a partment is not responsible for establishing e payment to the guardian/conservator unti d that if we do not identify a guardian/conservator.	r for DELANEY J. any r is unable to fulfill th on his/her appointme ement. I/we also ones I/we have cessor is appointed I doption assistance the I the court has rvator then the
Required Signatures			
Printed Name of Adoptive Parent		Printed Name of Adoptive Parent	
Signature of Adoptive Parent	Date	Signature of Adoptive Parent	Date
Printed Name of DHHS-CFS Specialist Signature of DHHS-CFS Specialist	Date		
Printed Name of DHHS-CFS Superviso	Dr	Printed Name of DHHS-CFS Admin	istrator
Signature of DHHS-CFS Supervisor	Date	Signature of DHHS-CFS Administra	tor Date
Distribution: Two fully executed copies. One o	riginal to the Adopti	ve Parent(s); One original to the child's Sub-Adopt file (Sc	an copy to CFS Case)
Subsidized Adoption Agreement - AD		Page 6 of 6	

Family First Prevention Act (FFPSA) Prevention Copy Narrative (New)

With this release workers can now copy narrative from one individual's Prevention Plan to another using the Copy icon on the Detail Foster Care Prevention Plan Narrative.



- Select the individual whose goals you wish to copy.
- Click the Copy Plan Narratives button
- The selected narratives will be created in the current individuals Prevention Plan.

DUI MAAC		
BILL MEES		
BILL MOOS FINDLAY LONG		
100000		

Family First Prevention Act (FFPSA) Prevention Review Narrative (New)

The Detail Foster Care Prevention Plan window now has a Review Narrative button. When this button is selected, the Search Narrative window will display. From this window you can either create new or search for existing Foster Care Prevention Plan Review narratives.

Review Narrative

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Allegations – Sex Trafficking and Labor Trafficking (New)

New allegation types were added to both APS and CPS intakes for Sex Trafficking and Labor Trafficking.

- Labor Trafficking was added as a maltreatment type for both APS and CPS intakes
- Sex Trafficking was added as a maltreatment type for APS intakes (already existed for CPS intakes)
- Priority Screening questions were added and updated to reflect the proper priority response time associated with Sex Trafficking and Labor Trafficking maltreatment types

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Duplicate Person (ARP) Tip

N-FOCUS Tips

process.

- Duplicate person is removed from the Household list
- Duplicate person is remove from all active programs; administrative roles and participation are closed.

Each person on NFOCUS is assigned a unique number. The same person should *never* be in NFOCUS twice. If a duplicate is created, resolve by completing <u>each</u> of the following steps. **Call P&S to assist or if you are not able to complete each step in the resolution**

- Duplicate person is discontinued with the permanent person number.

Before adding a new person to a Master Case, look in the Household Status icon (yellow HH folder) from the Detail Master case window. This provides a list of all household members, those still in the household and those removed. Many duplicates are created when the person is already in the Master Case only listed as out of the household.



Removing duplicate person from the household or program is not enough. The duplicate must also be discontinued. For Example, SNAP program the duplicate will remain as the case name if not discontinued. Thus causing hardship on the Household. Program name will not match person information of the participant resulting in not being able to view program information on ACCESSNebraska or EBT web applications. The SSN of the permanent person is only a participant in SNAP and the duplicate is the case name and has the administrative role.

On rare occasions a person will be in NFOCUS twice; once as their Personal Role in programs and another as a Case Representative because of their employment. Many case representatives are created as duplicates each week due to name and gender mismatches. When adding Case Representatives, review the resolution window and use an existing person if all other information matches. Do not create another instance of the same person. Call Production and Support to assist.

Examples of Case Representatives listed in NFOCUS multiple times are listed below with the suggested Permanent Person number. When adding Case Representatives, the Person Search allows for Person Number to be added. Use this for family members in the Master Case and also for External Agency Partners.

14105611	Marty Wasson	CHI Health St Elizabeth
49931171	Helen Young	CHI Immanuel Medical Center
65265429	Janellys Santa	Conifer Health Solutions
89273191	Helen Young	CUMC Bergan Mercy Medical Center
51501482	Amber Plaster	HRS ERASE
50929376	Yesenia Pineda	One World Community Health
31403721	Susana Cruz	One World Community Health Centers