
N-FOCUS Major Release

MLTC

November 9, 2014

A Major Release of the N-FOCUS system is being implemented November 9, 2014. 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	4
Main Menu (Change)	4
EA Processing Icon (New)	4
Interviews Schedule Icon (Change)	4
E-Mail Address Only (Change)	4
Medicaid Phone Renewal (Change)	5
Automatic Update Renewal/Review Tracking (Change)	5
Update Application Due Date (Change)	5
Update Program Case Pending Status Reason (Change)	6
Person Verification Data Window (Change)	7
Detail Tax Household Window (Change)	7

Tax Permission Box (Change)	7
Medicaid and Economic Assistance Narrative	9
Narrative IRS Warning (Change)	10
Verification Request Window (Change)	10
List Change Report Window (Change)	10
US Citizenship/Immigration Window (Change).....	11
Provider Rates (Change)	12
Claims (Change)	12
Multiple Rates for Same Frequency Overview (Tip)	13
Interfaces	13
HUB SSA/Incarceration Request Button (Fix).....	13
HUB Interfaces SSA, TAX, VCI and VLP (SAVE) (Change)	13
Correspondence.....	14
Fax Number on Medicaid Correspondence (Change).....	14
Discontinued Health Check Letters (Change).....	14
Discontinued CMAP and MLTC Applications (Change)	14
Changes to the Quarterly Report Form (Change)	14
Former Foster Care Program Notice of Action (Change)	15
Copay Notice (Change).....	15
Expert System Notice of Action Medicaid Renewals (Change)	15
Document Imaging	15
Division Categories (New).....	15
Categories (Change).....	15
Alerts	16
Sort and Filter Alerts (Change).....	16
Alert 511 Desk Review FFC (New)	16
Alert 512 Desk Review MAGI (New)	17
Alert 376 FPL Kids with TPL (Change)	17
Alert 424- Pending 45 Days (Change).....	17
Alert 425- Pending 60 Days (Change).....	17
Alert 426- Medical Review Due (Change)	17
Alert 452- Non-Coop with CSE (Change)	17
Work Tasks	18
Update Service Delivery Group (Change).....	18
Application Received Work Task (Change).....	18
Case Pending 60 Days-Review for Status Work Task (Change)	18
Case Pending 45 Days-Review for Status (Change)	18
Electronic Application	18
Google Chrome (New)	18
ACCESSNebraska Menu Page Scrolling Banner (Change)	19
User Account Security Questions (Change)	19
User Account Password (Change)	20
Regeneration of PIN (Change)	20
CBI Displaying Verification Requests (Change).....	21

My Preferences (Change).....	22
Medicaid Online Renewal Form (Change)	22
Change Reporting (Change)	22
Change Reporting WEB View (Change)	22
Change Report Menu	23
MAGI Only Program Case	24
Alerts Generated from Change Report	25
Change Report Categories	25
Mainframe Change Report (Change).....	25
Expert System	26
Budget Summary (Change)	26
599 CHIP Verification Test (Change)	26
Resources of MAGI Participants in AABD/MED (Change)	26
Failed MAGI Budgets (Change)	26
Medicaid Budgeting 1619B (Change)	26
Medicaid Budgeting for Non-Citizens (Change).....	27
Setting Review Dates (Change)	27
Burial Trust Disregard (Change).....	27
ADC/MN Designated Non-MAGI Assistance Code (Change)	27
Eligibility for Participants Born on 1 st of the Month (Change).....	28
Additional Age Related Budget Changes	28
Processing Delays (Change).....	28
One Parent Out of Household Tax Household (Fix)	28
Add Earned Income SEW (Change)	29
IRS Safeguard Updates (Change)	29
Save Failed Budgets When Reconfigured to ADC/TMA (Change)	30
Income Verification for ADC/TMA (Change).....	31
Do Not Allow Generic Medicaid Category Codes (Change)	34
Program Case Mode for DD and MLTC Waiver Cases (Fix)	34
New Medical Expense Type for Non-MAGI Budgeting (Change)	34
Expert System Navigation (Tip)	35

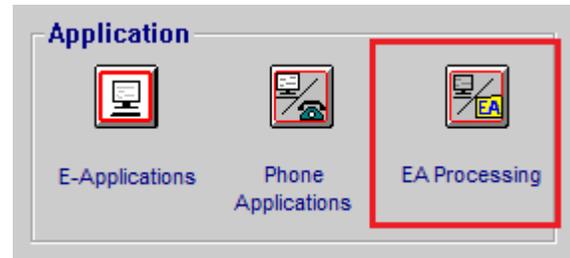
General Interest and Mainframe

Main Menu (Change)

EA Processing Icon (New)

The EA Processing icon will navigate you to the EA Processing window. This window is used to get Master Cases from the EA Processing Queue. Cases in the queue have initial and/or review/recertification applications tied to a Program Case.

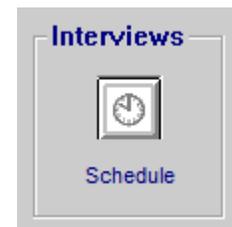
Note: Only Economic Assistance SSWs with the function of Interview/Processing will be able to access the EA Processing queue.



Interviews Schedule Icon (Change)

The Interviews>Schedule icon has been removed from the Main Menu.

Interview Schedule and Interview Schedule Administration has also been removed from the Goto menu.



E-Mail Address Only (Change)

With this release, you can now add an E-Mail address for a person without needing a Physical Address for the person. However, when creating a new Master Case, you will still be required to enter a Physical Address for the Master Case Person.

This function was added primarily for CFS Intakes, however it is available for all Divisions.



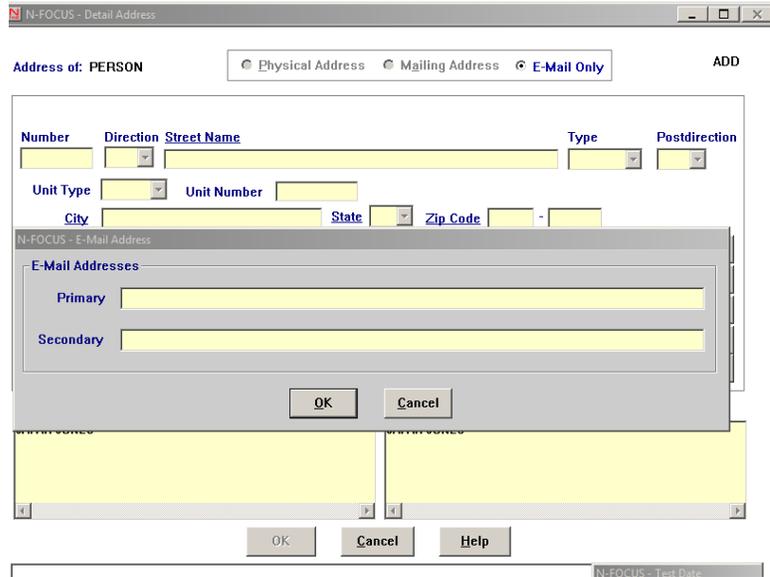
To enter an E-Mail Only address follow these instructions:

1. On the Detail Address window, select the E-Mail Only radio button.
2. Select the E-Mail Address push button.

Result: the E-Mail Address dialogue box displays.

3. Enter the appropriate E-Mail Address(es).

4. Click OK.
5. Click OK on the Detail Address screen to save.



Medicaid Phone Renewal (Change)

Effective with this release an SSW can complete a Medicaid Phone Renewal with the client when the Master Case has been checked out by a worker and is in inquiry mode.

Automatic Update Renewal/Review Tracking (Change)

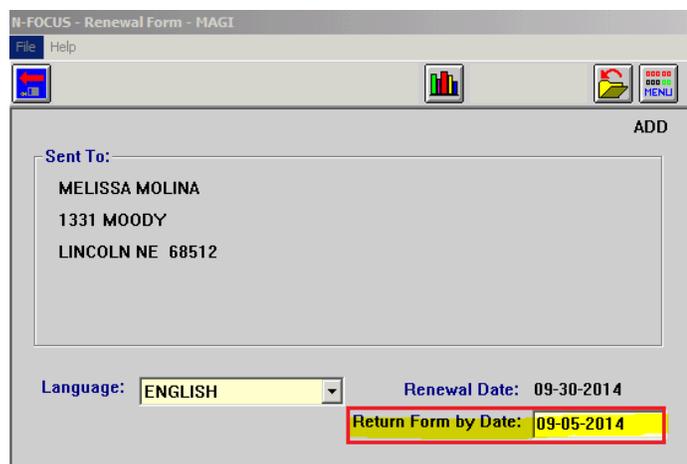
The Program Case ID was added to the Client Bar Code Sheet. When a Renewal Form and Bar Code Sheet are scanned into Document Imaging, the Application Received Date will automatically be updated on the Review Tracking window for that case's Renewal.

Note: If the Bar Code Sheet is not returned, the Application Received Date will not automatically update. Workers should review the Review tracking window at every Renewal to insure the Application Received Date has been entered.

Update Application Due Date (Change)

The Application Due Date will now automatically populate on the Review Tracking window when a worker manually creates a Renewal Form in the Mainframe.

The Return Form by Date field will automatically be the 5th of the month. This date can be changed, however, the Renewal Form Not Received Alert is created on the 15th of the month. If a manual Renewal Form due date is changed to anything after the 15th of the Renewal month, the Renewal Form Not Received Alert will not get created if the form is not returned. After the 15th, move the Renewal date to the following



month and let the monthly automated batch process send the form or due a desk review alert as necessary.

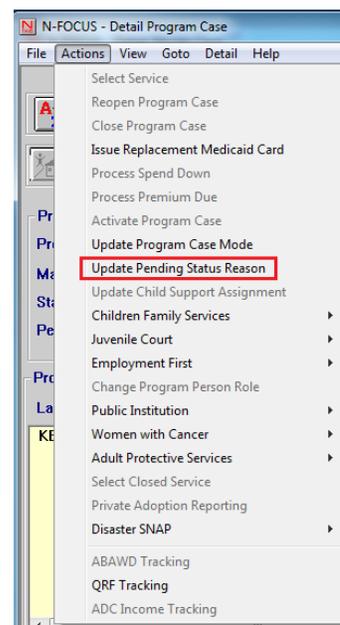
Once the date is entered, saved and the Renewal Form window is closed, the Application Due Date on the Review/Recertification List window will be updated.

Case Name	Program	St	Review Due	Application Due	Review App Rcvd Dt	Prog
MOLINA MELISSA	MEDICAID	AC	09-30-2014	09-05-2014		11

Update Program Case Pending Status Reason (Change)

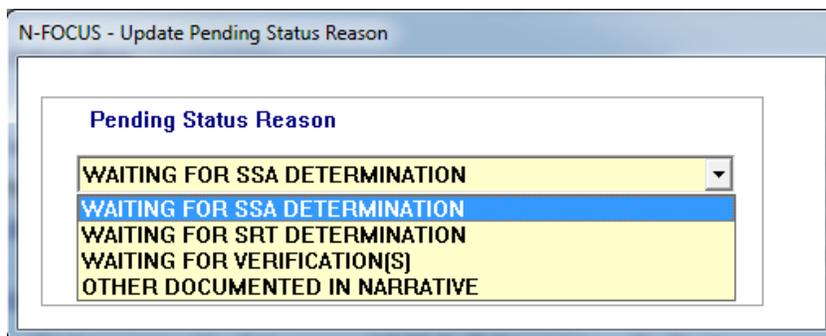
Medicaid workers can now add and update the Pending Status Reason on a pending case. This new functionality is accessed from the Detail Program Case window by selecting Actions>Update Pending Status Reason.

If the case was previously Denied or Closed, the Pending reason will display as Prev Closed or Prev Denied. Workers can update the Status to a new Pending reason.



The pending reasons available for updated are:

- Waiting for SSA Determination
- Waiting for SRT Determination
- Waiting for Verification(s)
- Other Documented In Narrative



The Pending Status Reason will display on the Detail Program Case window. When action is taken to Approve or Deny the case the Pending reason will be removed.

Person Verification Data Window (Change)

SVES Interface has been removed from the Person Verification Data drop-down menus for Citizenship and Identity. This information can no longer be updated manually. Only the Interface can update Citizenship and Identity with the Verification Source SVES Interface.

The image shows two screenshots of the 'N-FOCUS - Person Verification Data' window for a person named JULIA DRAVIDIAN. The window displays a table of verification information. In the left screenshot, the 'Citizenship' and 'Identity' rows are highlighted with a red box. In the right screenshot, the 'Identity' and 'Birth Date' rows are highlighted with a red box.

Verification Information	Verification Source	Date	Hub Verification Source	Date
SSN	802-56-9301	Unverified	Unverified	
Citizenship	US Citizen ID Card #19	08-25-2014	Unverified	
Identity	US Citizen ID Card #19		Unverified	
Birth Date	06-20-1981	Unverified		
Deceased Date				

Detail Tax Household Window (Change)

Changes have been made to how the tax return access permission is recorded on the Detail Tax Household window. This information will now be used to determine if a Renewal can be completed without a Renewal form going to the customer.

Tax Permission Box (Change)

The Tax Permission dialog box from the Detail Tax Household window will now only display the Signature Date and the No. of Future Years fields. If a client gives permission to access the Federal IRS tax return for future years, enter the number of future years. Zero is used to indicate that the customer only gave permission for the application or renewal year but not future years. This information will be used in the automated Renewal process to determine if a MAGI desk review can be completed without mailing a paper Renewal form to the client. If a customer later withdraws permission for future years, the future years drop-down can be updated to 0 years.

The image shows the 'N-FOCUS - Tax Permission' dialog box. It contains two fields: 'Signature Date' and 'No. of Future Year(s)'. The 'Signature Date' field is currently blank, and the 'No. of Future Year(s)' field is set to 0. Both fields are highlighted with red boxes.

If the Signature Date on the Tax Permission Window is blank when the worker attempts to ping the HUB, the following error message will display.



The Signature Date and No of Year(s) will display on the Detail Tax Household window.

Master Case ID 418 Name LUKE SKYWALKER UPDATE

Coverage Year 2014

Medicaid Persons

Last Name	First Name	M	Ext	Birth Date	SSN

Single Tax Payer (Not a Dependent)
 Married - Filing a Joint Return
 Married Not Filing Jointly
 Tax Dependent of Parent
 Tax Dependent of Other
 No Tax Filing Status

Permission Y Date 03-10-2014 No. of Year(s) 2

Tax Household

Last Name	First Name	M	Ext	SSN	Tax Filing Status	SSN Verifie
SKYWALKER	LUKE			XXX-XX-1230	Married - Filing a Joint Return	N
SKYWALKER	PRINCESS	L		XXX-XX-3023	Married - Filing a Joint Return	N
SKYWALKER	LANDO	C		XXX-XX-2341	Tax Dependent of Parent	N
SKYWALKER	HANS	S		XXX-XX-3030	Tax Dependent of Parent	N
SKYWALKER	YODA				Tax Dependent of Parent	N

Number of people in the Tax Household other than those selected: 0

08-18-2014 10:12:20

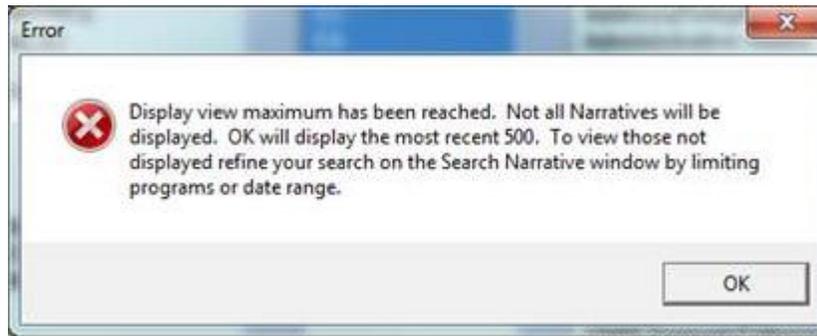
Note: The existing automated Renewal process was modified to read for IRS Tax Return Access Permission. If the permission is granted, a specific desk review alert for MAGI will be generated and the Renewal Form will not be automatically sent out at renewal time.

In the example below the client has given us permission to access his tax information for 2 years. The client will not receive a renewal form in the mail and instead the worker will receive Alert 512 MAGI Desk Review (see alerts section for more information).

The worker can then attempt to complete the MAGI renewal utilizing electronic Federal Hub services. If successful, the renewal can be completed without contacting the client. If not successful, it may be necessary to create and send a manual Renewal form.

Medicaid and Economic Assistance Narrative

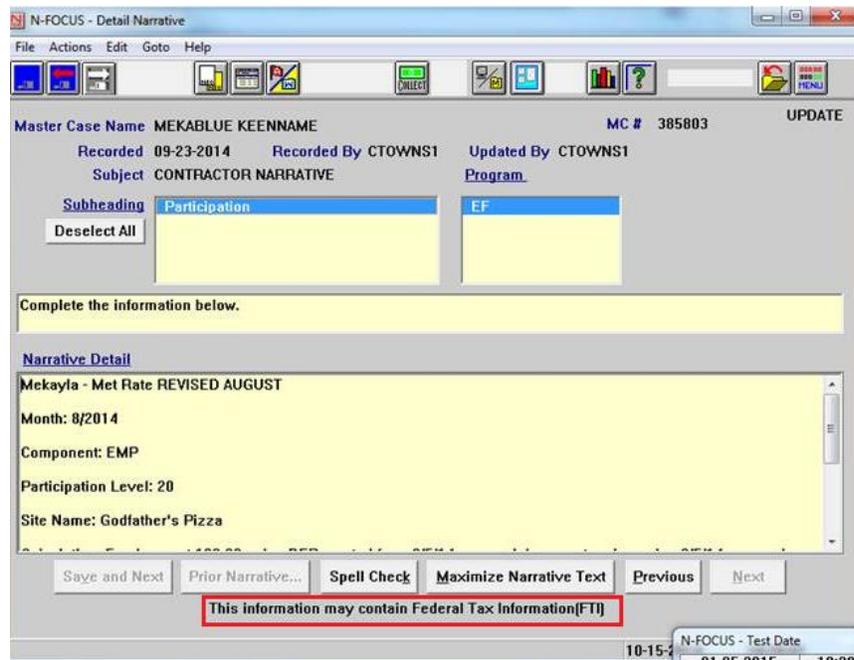
Prior to this release, when more than 500 Narrative Subject Headings existed for a search criteria, N-FOCUS would randomly choose the display order of the narrative. Effective with this release, if there are more than 500 Subject Headings for the search criteria, you will see an error message instructing you to refine your search criteria.



If you refine the search criteria to fewer Programs, Subjects or Subheading the most recent Narratives will display from the most recent to the oldest.

Narrative IRS Warning (Change)

Per Federal Audit request, the wording “This information may contain Federal Tax Information” has been added to the Detail Narrative window to remind us of confidentiality restrictions.



Verification Request Window (Change)

N-FOCUS will no longer display Out of Household persons when a Verification Request form is being created.

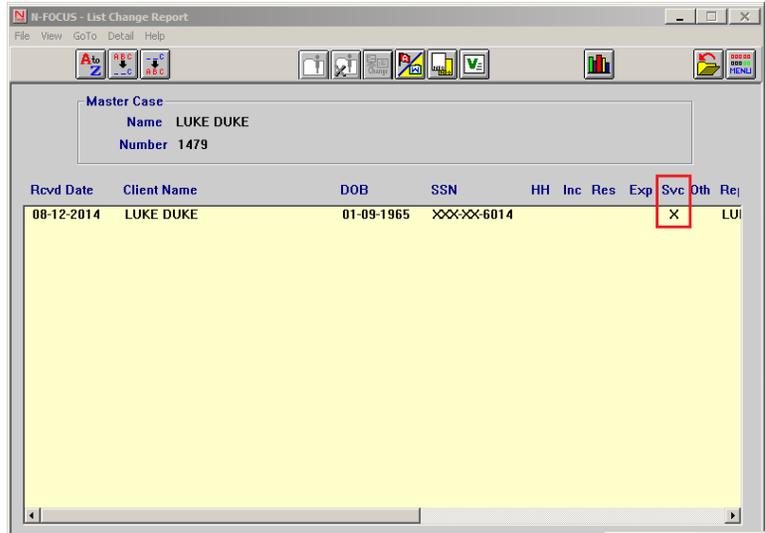
List Change Report Window (Change)

The following changes have been made to the List Change Report window:

- Status column has been removed
 - Workers will no longer need to update the Status of a Change Report.
 - This functionality has been removed.

- Svc column has been added
 - This column will have an 'X' displayed to indicate a change report was created in the Service Provider category.

*See the Electronic Application section of these Release Notes for more information about Change Report enhancements.

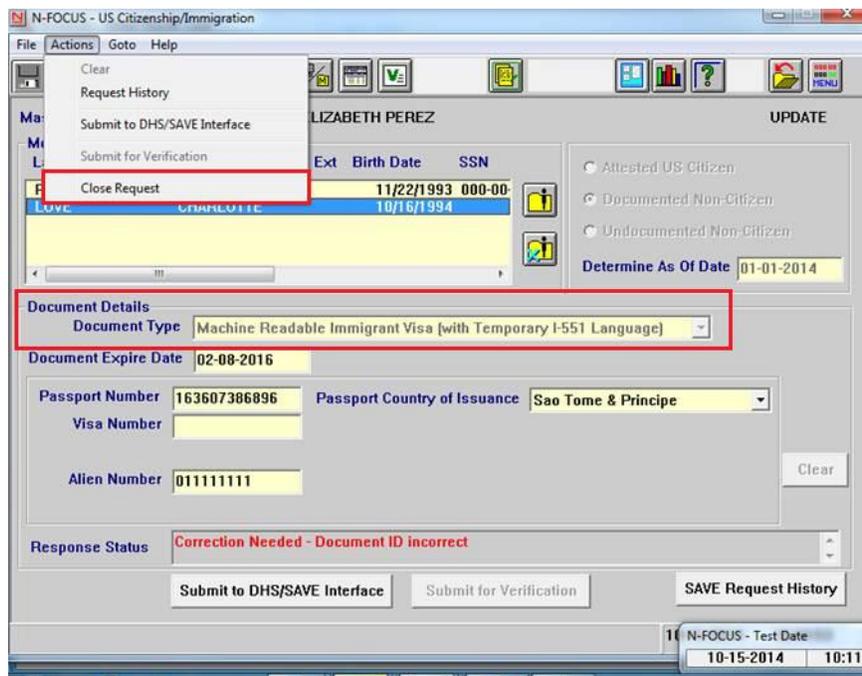


US Citizenship/Immigration Window (Change)

The list order of the document types in the Document Detail, Document Type field has been changed to group similar documents together and will list the most commonly used documents at the top.

Workers will be able to **Close a request** that has an unsatisfactory response and submit a new request:

- Select the Actions drop down and select Close
- Make necessary changes and resubmit to the DHS/SAVE Interface



Provider Rates (Change)

The Provider Rates for some providers allow them to bill for different rates for the same frequency and time period, however Service Authorizations have not allowed the addition of multiple rates for the same frequency and time period.

If Provider Rates have amounts entered in the Minimum and/or Maximum fields, multiple rates can be entered in the Units and Rates box in Service Authorizations. All frequencies will allow for entry of multiple rates, if Provider Rates have entries in the Minimum or Maximum fields for that frequency.

Example of Provider Rates with Min/Max Entered:

Begin Date	End Date	Amount	Minimum	Maximum	Frequency	Description
01-01-2014		0.000	15.000	30.000	Hour	

When the user enters Units and Rates in the Service Authorization, no rate information will display when the Provider Rates have Minimum/Maximum rates entered. The user should flow to the Provider Rates window to determine the rates to enter in the Rate field.

If the provider is approved to bill for different rates during the authorization period, each rate can be entered in the Units and Rates field in the Service Authorization.

Freq.	Begin Date	End Date	Rate
HR	09-01-2014	02-28-2015	9.500
HR	09-01-2014	02-28-2015	8.000

Claims (Change)

If the provider bills at less than the minimum rate or up to the minimum, the claim will be paid using the amount billed and decreasing the units associated with the minimum rate. If the number of units in the claim exceed the number associated with the minimum rate, suspend the claim. Do not use the units authorized for a higher rate.

If the rate on the claim is between two rates on the Service Authorization with the same frequency, use the units associated with the next highest rate.

If the number of units submitted in the claim exceed the number authorized for the rate, the claim should suspend.

Multiple Rates for Same Frequency Overview (Tip)

Some providers have Provider Rates allowing them to bill for different rates for the same frequency and time period. If Provider Rates have amounts entered in the Minimum and Maximum fields, multiple rates between the two amounts can be entered in the Units and Rates box in Service Authorizations.

All frequencies will allow for entry of multiple rates, as long as Provider Rates have entries in the Minimum and Maximum fields for that frequency.

Interfaces

HUB SSA/Incarceration Request Button (Fix)

Effective with this release, the HUB SSA/Incarceration Request button will only be enabled when the SSN for the Person for whom the Interfaces are associated is part of a Medicaid or 599 CHIP Program Case.

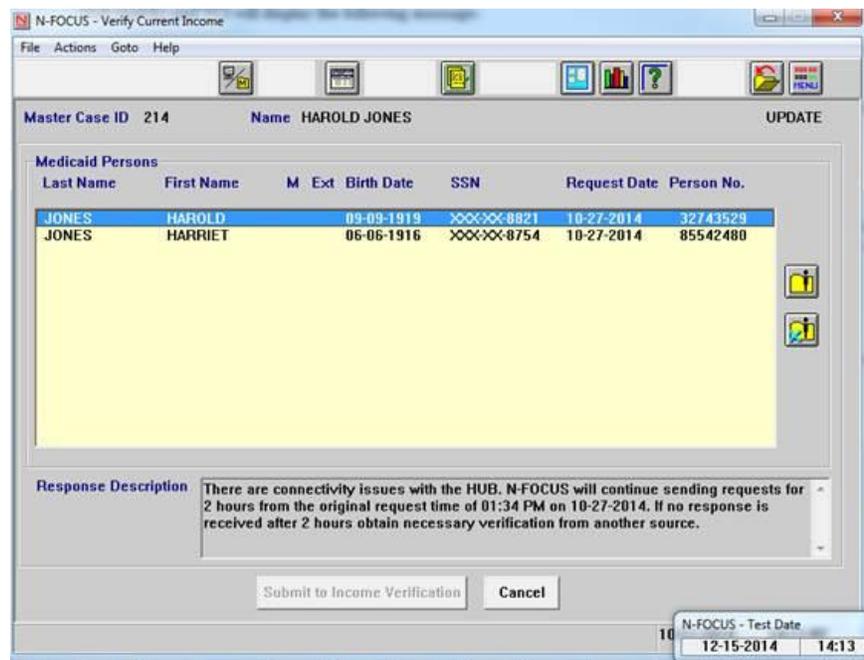
HUB SSA/Incarceration Request

HUB Interfaces SSA, TAX, VCI and VLP (SAVE) (Change)

Response messages from the HUB interfaces have been changed so that they are more understandable.

One specific change for all four Interfaces is that when the HUB or the Trusted Data Source (SSA, IRS, Homeland Security or Equifax) is not available N-FOCUS will automatically attempt to access the HUB eight times over a two hour period. The request windows for VLP (SAVE) and VCI will display the following message:

“There are connectivity issues with the HUB. N-FOCUS will continue sending requests for 2 hours from the original request time of hhmm on mmddy. If no response is received after 2 hours obtain necessary verification from other source.”



Even though NFOCUS will keep trying over a 2 hour period to access the SSA and TAX Interfaces these windows will not display the above message but remain blank until the HUB is accessed or N-FOCUS stops trying after 2 hours and another error message will display.

- Workers and Supervisors will now be able to view error messages on the IRS Response – Error Information window by selecting the Error Information button.



Correspondence

Fax Number on Medicaid Correspondence (Change)

Medicaid only correspondence with a fax number in the header will now have the Lincoln Document Imaging Center fax number listed for both Universal and Assigned cases. Note that the Expert System notices remain unchanged as they are shared with Economic Assistance.

Discontinued Health Check Letters (Change)

Effective with the October 15, 2014 release, we will no longer be sending out the Health Check Offer Letters or the Health Check Periodicity Letter. This will be handled by the different Managed Care Providers.

Health check functionality in the Expert System will be removed with the March 2015 release.

Discontinued CMAP and MLTC Applications (Change)

The 'Eligibility Review for Children's Medical' and 'Medicaid Review for Long Term/Waiver' review applications are no longer to be used. They have been removed from the Correspondence pick list.

Renewal forms are available to be created manually if there is some reason the automated process cannot be utilized.

Changes to the Quarterly Report Form (Change)

Effective with the October 15, 2014 release, we have updated the QRF form to help the client better understand what is required. There is no change to the automated or manual create and print functionality.

Former Foster Care Program Notice of Action (Change)

When a client is approved for Former Foster Care Medicaid, the Notice of Action Approval notice will have specific wording about the Former Foster Care program.

Copay Notice (Change)

The Copay Notice had an incorrect Nebraska Revised Statute number. This has been corrected and other wording on the notice updated to reflect correct policy requirements.

Expert System Notice of Action Medicaid Renewals (Change)

With the December 7 Interim Release, the Expert System Notice of Action will have specific wording for Medicaid Renewals. In order to generate this notice, workers should run a budget and update the next Review/Renewal date while the case is checked out. If the Review date is not updated in the Expert System, the Notice will not contain the specific Renewal wording.

Document Imaging

Division Categories (New)

Division Categories (EA – MED – P&S) have been added to the Add Image and Index Image screens. When one of the Division Categories is selected, the Category field will be narrowed down to reflect the categories relevant to the selected Division.

The image shows two screenshots of the N-FOCUS software interface. The top screenshot is titled 'N-FOCUS - Add Image' and shows the 'Index Information' section with the following fields: Name (JACK JACKSON), Index Type (Person), Index ID (46189690), and Category (empty). Below the Category field is a 'Show' section with three radio buttons: EA (selected), MED, and P&S. The bottom screenshot is titled 'N-FOCUS - Index Image' and shows the 'Index Information' section with the following fields: Name (MELANIE JACKSON), Index Type (Person), Index ID (45103697), and Category (Child Care and Social Services Block Grant). Below the Category field is a 'Show' section with three radio buttons: EA, MED, and P&S. Both screenshots have a red box around the 'Show' section.

Categories (Change)

With this release, 16 new Categories have been added for Document Imaging. The new categories are primarily for CFS documentation.

Alerts

Sort and Filter Alerts (Change)

Effective with this release, you will now be able to Sort and Filter Alerts from the List Program Case Alerts window and the List Org Alerts window by the Alert Description.

I-FOCUS - Filter Alert List by...

Alerts

- Status: OPN
- Alert Number: 51
- Display Date: 06-11-2012
- Due Date:
- Name: INTERFACE, ANNIE
- Program Code: CFS
- Type: FMGMT
- Limit to EA Alerts
- Limit to MLTC Alerts
- Limit to APS/CFS/WVR Alerts
- Description: LEGAL STATUS CHANGED

OK Cancel

Alert 511 Desk Review FFC (New)

A new Renewal Form specific to those in the Medicaid category of Former Foster Care (FFC) has been created. When a renewal is due for an individual who is eligible for FFC, an alert will generate as FFC Desk Review.

Alert Text:

A Desk Review is required in the month of <month> for <client name>, document review in narrative.

Alert Action:

- When the alert is received, the assigned worker will check electronic data sources to verify residency.
 - A call to the individual may be required.
- If electronic data sources cannot be utilized to verify the person is still a Nebraska resident, the assigned worker will create the prepopulated Former Foster Care Renewal Form via mainframe Correspondence.
- If another individual(s) is in the program case under a different category, the MAGI, non-MAGI or Combined Renewal Form may have been sent out.
- If another Renewal Form has been sent, the information can be gathered from that Renewal Form.

Alert 512 Desk Review MAGI (New)

When a MAGI client has given us permission to access tax information, the client will not receive a renewal form in the mail. Instead the worker will receive the Desk Review MAGI alert.

Alert Text:

A desk review is required in the month of <month> for <client name>, document review in narrative.

Alert Action:

- When the alert is received, the worker will attempt to verify existing attested income using electronic data sources. If income is verified as reasonably compatible, the worker may complete the Renewal without the need for a paper or online renewal form.
- If electronic data sources cannot be utilized, the worker will generate the prepopulated MAGI renewal form manually via mainframe Correspondence and send to the customer.

Alert 376 FPL Kids with TPL (Change)

The text has been changed from Kids Connection to CHIP.

Alert 424- Pending 45 Days (Change)

The dating logic to determine which day the alert is created has been changed. The alert will be created the last business day prior to the 45th day.

For example, an application was received on September 30th. The 45th day is November 13th. The alert would be created the night of November 12th. The display date on the alert will say November 12th but since it was created at night the first a worker would see it would be November 13th. The text of the alert will identify the 45th day as November 13th.

Alert 425- Pending 60 Days (Change)

The dating logic to determine which day the alert is created has been changed. The alert will be created the last business day prior to the 60th day.

For example, an application was received on September 30th. The 60th day is November 28th which falls over the Thanksgiving holiday weekend. The alert would be created the night of November 26th. The display date on the alert will say November 26 but since it was created at night before the long weekend the first a worker would see it would be December 1st. The text of the alert will identify the 60th day as November 28th.

Alert 426- Medical Review Due (Change)

The alert will no longer be created as early. This alert is created on the 1st of the month. The alert will be created when the medical impairment review date falls in the processing month or the following month.

Alert 452- Non-Coop with CSE (Change)

The sentence regarding childcare program cases has been removed from the text of the alert.

Work Tasks

Update Service Delivery Group (Change)

The Service Delivery Group on an EA Work Task can no longer be updated to a MLTC Service Delivery Group and vice versa.

Application Received Work Task (Change)

An Application Received Work Task will now be created when an application is tied from the Detail Master Case window and the application reason is Initial.

Case Pending 60 Days-Review for Status Work Task (Change)

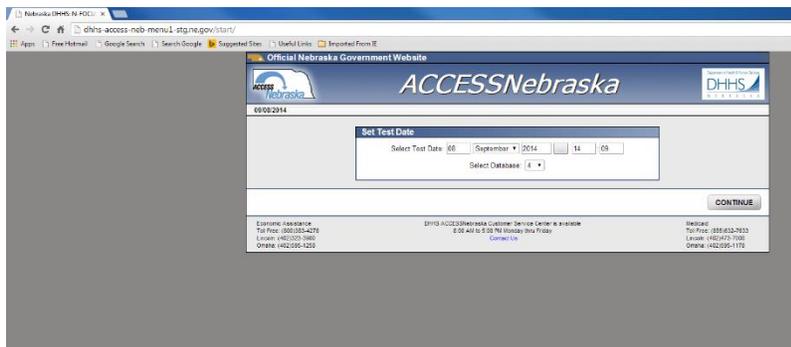
The dating logic to determine which day the work task is created has been changed. See the Alert 425 Pending 60 Days example.

Case Pending 45 Days-Review for Status (Change)

The dating logic to determine which day the work task is created has been changed. See the Alert 424 Pending 45 Days example.

Electronic Application

Google Chrome (New)



In addition to Internet Explorer and FireFox, users will now have an option to utilize ACCESSNebraska via Google Chrome. Although users may experience different font/text sizes or banners may appear slightly different, data within ACCESSNebraska will remain the same.

ACCESSNebraska Menu Page Scrolling Banner (Change)

An informational ribbon (Scrolling Banner) has been added to the ACCESSNebraska Menu page to provide useful information to our clients regarding functionality of the web site. The information will be changed as appropriate.



User Account Security Questions (Change)

Prior to this release, it was easy for a client to create an account and exit prior to completing the security questions. Many clients would then return and were unable to utilize the forgotten password because the security questions had not been answered. Their only option then was to create a new account.

To assist clients who incorrectly type their password or forget their password between login times, the Security Questions will now be answered during the initial ACCESSNebraska Log-in process.

The screenshot shows the "My Account" page on the ACCESSNebraska website. The date is 08/25/2014 and the user is logged in as NFOStghFFoes. The page title is "My Account". The main content area is titled "Security" and contains the following text: "Please set up your security challenge questions." Below this are three rows, each with a dropdown menu for a security question and a text input field for the answer:

- Security Question 1: << select >> Answer to Security Question 1
- Security Question 2: << select >> Answer to Security Question 2
- Security Question 3: << select >> Answer to Security Question 3

At the bottom right of the form area is a "CONTINUE" button. At the bottom of the page, there are contact numbers for Economic Assistance, DHHS ACCESSNebraska Customer Service Center, and Nebraska Medicaid Eligibility.

Security questions have been moved to account registration. The security questions are stored for a later time if the user forgets their password or needs to change their password as a way to validate who they are.

User Account Password (Change)

ACCESSNebraska clients only need to enter their PIN when they authenticate their account.

The ACCESSNebraska password must be changed every 90 days. The client will not need to enter their PIN in order to change their password.

Regeneration of PIN (Change)

With this release, if a client has an inactive PIN status and they reopen a closed case, N-FOCUS will generate a new PIN and send the client a letter with this new information.

Note: This will occur each time a client reopens a case if they had not activated their PIN or if their PIN has been disabled.

CBI Displaying Verification Requests (Change)

MLTC and EA Verification Request correspondence will be available to view via the Notices link on the left side of the MED Case Detail window (see screen print below).

Type	Sent To	Mail Date
RENEWAL FORM - MAGI	SHAWNA MARIE MOORE	11-01-2014
Request for Verification	SHAWNA M MOORE	10-16-2014
Notice of Eligibility	SHAWNA MARIE MOORE	10-01-2014
RENEWAL FORM - MAGI	SHAWNA MARIE MOORE	10-01-2014
RENEWAL FORM - MAGI	SHAWNA MARIE MOORE	10-01-2014
RENEWAL FORM - MAGI	SHAWNA MARIE MOORE	10-01-2014
Request for Verification	SHAWNA M MOORE	09-03-2014

In addition, CBI (Client Benefit Inquiry) will begin displaying open Verification Requests for Economic Assistance (EA) programs as of the November release.

Note: Medicaid Verification Request information will not display on this screen. To view Medicaid Verification Request Information you must go to the Program List and view Notices. This is relevant to Refugee Resettlement Program (RRP) and State Disability Medicaid cases which are managed by Economic Assistance.

- EA program Verification Requests created on or after July 13, 2014 will display while in open status

The verification Information Sheet has been added to My Account and the user will be able to login with their account using their PIN. Any authenticated PIN user who has an administrative role as Program Case Name of any program listed within the Verification Request, will have access to view the Verification Request. Case Representatives and Case Payees will not have viewing privileges.

The Verification Request will display the following information:

- Master Case Name
- Master Case Number

Name	Date of Birth	Request Type	Received	Program(s)
CATHY MCGINNIS	06-30-1970	Certificate of Citizenship (N-560 or N-561)	N	SNAP
CATHY MCGINNIS	06-30-1970	US Passport	Y	LHEAP

- Program Case for whom the verification information is being requested
- Name of the Person for whom the verification information is being requested
- Date of Birth of the Person for whom the verification is being requested
- Person to whom the correspondence was sent

A real time Yes/No indicator has been added to inform clients as to whether their verification has been received.

Once verifications are updated in N-FOCUS as received, this too will be updated within Client Benefit Summary as updated.

Closure of the Verification Request will remove the Verification Request from the Client Benefit Summary view.

[My Preferences \(Change\)](#)

Customers utilizing the ACCESSNebraska My Preferences functionality on the ACCESSNebraska website will only be able to select preferences if they are utilizing the PIN and Account information for someone in a Medicaid related program. Previously, customers with PINs and Accounts but with no Medicaid involvement (EA only) were able to select a Correspondence preference. This change was made because Medicaid and CHIP are currently the only programs to offer electronic correspondence notification. The option will not show up on the menu page for those not eligible.

[Medicaid Online Renewal Form \(Change\)](#)

Effective with this release, the Medicaid Online Renewal Form allows customers to request medical assistance for those who are not currently receiving Medicaid.

[Change Reporting \(Change\)](#)

The Change Reporting area of ACCESSNebraska has been enhanced to assist customers in reporting changes to a specific division (EA, MLTC or Both).

Customers can submit a Change Report from the Main ACCESSNebraska Menu or via My Account.

[Change Reporting WEB View \(Change\)](#)

Change report contact information will display a little differently with this release. The email that was displayed will be that of the person reporting the information and not that of the person receiving the assistance. The words “Confirmation will be sent to this email address” has been removed.

Change Report Menu

The list of categories presented to the customer will be tailored based the following criteria:

- If at least one EA Program Case is present, no tailoring will occur on Change Report Menu
- If there are no EA Program Cases, a check will be done to find all the Program Case involvements of the validated person
- If the person only has involvement in MAGI Medicaid, the menu will exclude the following 5 categories:
 - Housing Bills
 - Utility Bills
 - Resources
 - Child Support Expenses
 - School Attendance
- If the person has involvements in Non-MAGI or Combined cases, all categories will display.

Official Nebraska Government Website

ACCESS Nebraska

Report Changes

DHHS NEBRASKA

09/16/2014

Help

Select Change Type

Contact Information	Your address or phone number has changed.
Housing Bills	Your household's housing bills have changed (rent, mortgage, lot rent, taxes, etc.)
Utility Bills	Your household started or stopped paying utility bills (gas, electricity, garbage, telephone, etc.)
Person Moved In	Person(s) moved into your household.
Person Moved Out	Person(s) moved out of your household.
Pregnancy	Someone in your household is pregnant.
Marital Status	Someone in your household had a change in marital status (report marriages and divorces).
Legal Relationship	Update any of your legal relationships such as Guardianship/Conservator, Power of Attorney and Authorized Representative for SNAP.
Birth/Death	Someone in the household was born or died.
Disabled, Blind, Unable to Work	Someone in your household became disabled, blind or unable to work due to illness or injury.
Job	Someone in your household started or stopped a job, had a change in job status or income from a job changed (report if the source, hours or income changed).
Self Employment	Someone in your household started, stopped or had a change in self employment (report if the source, hours or income changed).
Other Income	Someone in your household started, stopped or had a change in another type of income (other than a job or self employment) such as Social Security, Unemployment Compensation, Child Support, etc.
Child Support Expense	Someone in your household started, stopped or changed the amount of child support they are paying.
Service Provider	Someone in your household changed a service provider, your household's child care costs have changed or your reason for using a service has changed.
School Attendance	Someone in your household started attending school or dropped out of school.
Resources	Someone in your household has a new resource, or has sold or transferred a resource (resources are things like bank accounts, vehicles, property, etc.)
Health Insurance	Someone in your household has a new health insurance policy, coverage has stopped or your current coverage has changed.
Nursing Facility	Update a resident status for a nursing facility.
Other	Any other changes you would like to tell us about.

EXIT CONTINUE

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1236

DHHS ACCESS/Nebraska Customer Service Center is available
8:00 AM to 5:00 PM Monday thru Friday
[Contact Us](#)

Medicaid
Toll Free: (855)632-7633
Lincoln: (402)473-7000
Omaha: (402)595-1176

MAGI Only Program Case

- Tax Household questions will display in the Person Moved In category
 - A disclaimer will display to notify the user to answer for Medicaid only.
- Income and resource questions will be added to Person Moved In category
- If there are no EA Program Cases, the drop-down list in the Service Provider category will be limited to the following:
 - Chore
 - Respite
 - Personal Assistance Services (new)
 - Other
- If there is at least one EA and one Medicaid program case, the Service Provider drop-down list will have all options
- If all programs are EA, the Service Provider will not display Personal Assistance Services (PAS) in the drop down list

Official Nebraska Government Website



Report Changes



09/16/2014 Help

Select Change Type

Contact Information	Your address or phone number has changed.
Person Moved In	Person(s) moved into your household.
Person Moved Out	Person(s) moved out of your household.
Pregnancy	Someone in your household is pregnant.
Marital Status	Someone in your household had a change in marital status (report marriages and divorces).
Legal Relationship	Update any of your legal relationships such as Guardianship/Conservator, Power of Attorney and Authorized Representative for SNAP.
Birth/Death	Someone in the household was born or died.
Disabled, Blind, Unable to Work	Someone in your household became disabled, blind or unable to work due to illness or injury.
Job	Someone in your household started or stopped a job, had a change in job status or income from a job changed (report if the source, hours or income changed).
Self Employment	Someone in your household started, stopped or had a change in self employment (report if the source, hours or income changed).
Other Income	Someone in your household started, stopped or had a change in another type of income (other than a job or self employment) such as Social Security, Unemployment Compensation, Child Support, etc.
Service Provider	Someone in your household changed a service provider, your household's child care costs have changed or your reason for using a service has changed.
Health Insurance	Someone in your household has a new health insurance policy, coverage has stopped or your current coverage has changed.
Nursing Facility	Update a resident status for a nursing facility.
Other	Any other changes you would like to tell us about.

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
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Alerts Generated from Change Report

If the Menu is not tailored up front due to the existence of an EA Program Case, the Alerts presented to the worker will be tailored based on the following criteria:

- Changes reported under Service Provider Category for PAS only and no other change is reported
 - No alert will be presented to EA
- Changes reported for Utility Bills, Housing Bills, Resources, Child Support Expense or School Attendance will generate alerts only to EA and MLTC (if the person involvement includes a case that is Medicaid Non-MAGI or Combined)
 - If the person involvement includes only Medicaid cases that are MAGI, no alert will be presented to MLTC for these categories
- Changes reported for Service Provider will not present an alert to Medicaid if the selected provider is Adult Day Care, Child Care, Homemaker or Meals

Change Report Categories

- Contact Information Category
 - Client can now report new email address
- Person Moved In Category
 - Two additional questions regarding income and resources as well as Medicaid tax household questions will display
 - Tax household questions have a disclaimer for Medicaid only
- Pregnancy Category
 - Questions added to ask for the number of expected babies within the pregnancy
- Disabled, Blind, Unable to Work Category
 - New Disability/Injury questions have been added to this category
- Service Provider Category
 - The type of Service drop down list display is based on the program case that the customer has an involvement
- Nursing Facility
 - Added an option for nursing facility to report death, Medicare Payment Begin Date and Medicare Payment End date
- Submit Page
 - Added address field to collect contact information for individual/organization person who reported rather than the client
 - In Submit Page there is a note stating that Medicaid will be using the electronic data sources to attempt to verify the reported information.

Mainframe Change Report (Change)

The following changes have been main in the N-FOCUS Mainframe regarding the Client Change Report:

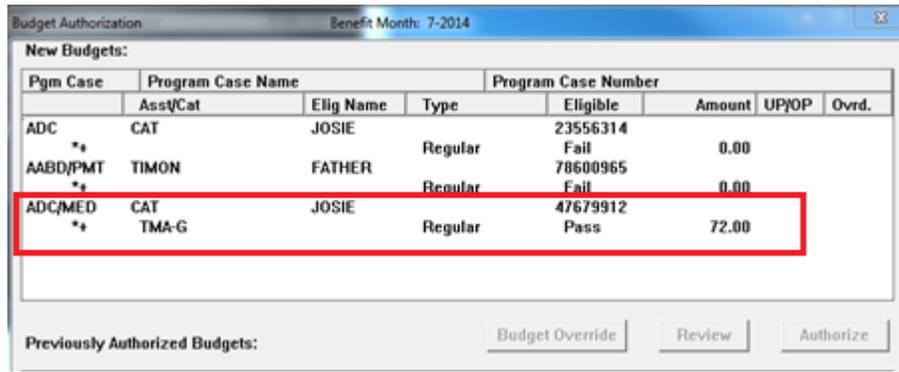
- Workers will no longer need to update the status of the change report, this functionality has been removed
- Service is being added to record when a Change Report has been created in a Service Provider category

Expert System

Budget Summary (Change)

In order to reduce errors, it is now required that Workers view the Budget Summary before the Budget will be allowed to be authorized for EA Programs, Medicaid and 599 CHIP.

When the worker is in the budget authorization window, they will notice that budgets have a “*” and “+”. The “*” indicates the budget has not been authorized. The “+” indicates that the benefit summary has not been viewed.



Pgm Case	Ass/Cat	Elig Name	Type	Eligible	Amount	UP/OP	Ovrd.
ADC	CAT	JOSIE	Regular	23556314	Fail	0.00	
AABD/PMT	TIMON	FATHER	Regular	78600965	Fail	0.00	
ADC/MED	CAT	JOSIE	Regular	47679912	Pass	72.00	
	TMA-G						

A new feature to the budget authorization window is the ability to double click on the budget line and the benefit summary will display. This works in both the “New Budgets” and “Previously Authorized Budgets” sections.

If the “Authorize” button is selected before the benefit summary has been removed, the “Error” message shown to the right will display.



Once the benefit summary has been viewed the “+” disappears leaving the “*” indicating that budget needs to be approved.

599 CHIP Verification Test (Change)

599 CHIP program cases will now use the same income verification test as MAGI. The 599 CHIP benefit summary will show the added details.

Resources of MAGI Participants in AABD/MED (Change)

Previously, resources of a MAGI participant or financially responsible spouse were not counting in the spouse’s AABD Non-MAGI budget. This has been corrected to include the MAGI spouse’s resources in the AABD Non-MAGI budget.

Failed MAGI Budgets (Change)

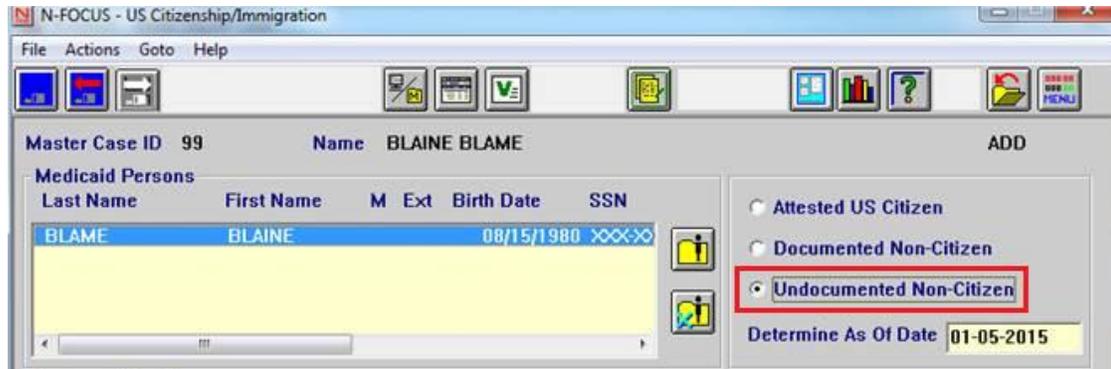
Failed Parent/Caretaker MAGI Budgets will now be saved and available to view as Read Only with the Eligibility Status of Reconfigured.

Medicaid Budgeting 1619B (Change)

Cases that were erroneously being put in State 1619B will now correctly display as 1619b AD. This is effective 11/19/2014.

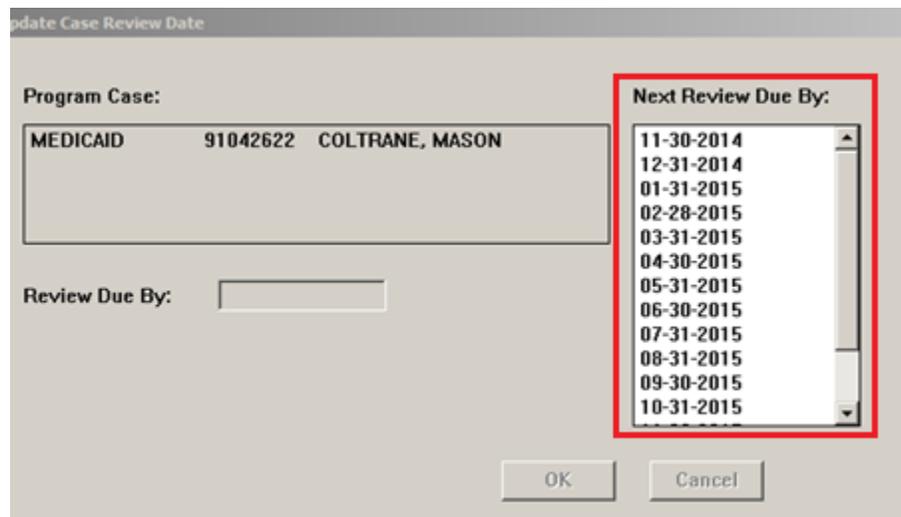
Medicaid Budgeting for Non-Citizens (Change)

Medicaid budgeting for non-citizens was not working correctly when 'Undocumented Non-Citizen' was selected on the US Citizenship/Immigration window. This has been corrected.



Setting Review Dates (Change)

All Medicaid review/renewal dates will now set by the worker. Anytime a Program Case goes from Pending to Active Status, the Update Case Review Date pop-up box will display. The worker will need to select the Next Review Due By date and click OK to proceed.



Burial Trust Disregard (Change)

The Burial Trust Disregard used for Medicaid ADC/MN budgets has been corrected to \$4834.

ADC/MN Designated Non-MAGI Assistance Code (Change)

All ADC/MN program cases will be designated as Non-MAGI.

This change will result in cases with ADC/MN Parent and MAGI Children as participants to be considered Combined cases at the program case level. If the case has AABD related and ADC/MN related participants, but none with MAGI related category codes, the program case will be considered Non-MAGI.

Eligibility for Participants Born on 1st of the Month (Change)

Budgeting will no longer allow a child who turns 19 on the first of the month to remain in the MAGI 6-18 category or go CHIP that month. Note this budgeting change only applies if the person was born on the first day of the calendar month. If the child is born on the second day of the month or later, they are eligible for the rest of the month.

Additional Age Related Budget Changes

- MAGI Infant, if born on the first day of the month they would go to MAGI child 1-5 on their first birthday, if born on any day other than the first of the month then they would not change until the following month
- MAGI 1-5, if born on the first day of the month they would go to MAGI child 6-18 on their sixth birthday, if born on any day other than the first of the month then they would not change until the following month
- AABD , if born on the first day of a month would go from AABD – Disabled to AABD-Aged, if born on any day other than the first of the monthly then they would not change until the following month.

Processing Delays (Change)

Changes have been made to the processing delays windows. The Delay Reason of 'Reopen Case/New Application Not Required' will no longer display on the Close Case Actions window. A new reason of "Pended Incorrectly," will now display.

This option is what a worker should select for a delay reason if they reopened a case in error, and are correcting their mistake by closing the case using case actions.

The drop down box has been expanded to show all four choices at once on the Application Processing Delay Reason pop up window.

The screenshot shows a software window titled "Close Case Actions". It contains several input fields and a list of cases. The "Program Case:" field displays "SENATE... RAVIOLI MEDICAID 47865425". Below this is a "Closure Reason:" dropdown menu set to "Client Request". A "Sanction Type:" dropdown is empty. The "Delay Reason:" dropdown is highlighted with a red border and shows "Pended Incorrectly" selected. To the right, there are fields for "Work Requirement Reason:", "Responsible Person:", and "Date of Death:". Below these are two radio button options: "Change All case Participant(s) Household Status to 'Out'?" with "Yes" and "No" options. At the bottom, there are "Next", "OK", "Cancel", and "Help" buttons.

One Parent Out of Household Tax Household (Fix)

The Tax Household was not forming correctly if one parents is out of the household and the case fails Medicaid and goes to 599 CHIP. This has been corrected.

Add Earned Income SEW (Change)

SEW will no longer show up as an option on the Add Earned Income window as a choice for verification source. If the income is verified by SEW, select the checkbox on the Calculate Income Window.

Beg Date	End Date	Reg Rate	Rate Freq	Reg Hrs	Rcvd Freq	Proj Amt	Final Amt	Rcvd Month
06-01-2014		2370.38	MO		MO			

IRS Safeguard Updates (Change)

As a result of an IRS audit, the following line has been added to all MAGI budget summaries: "This information may contain Federal Tax Information".

	MEDICAID	MAGI PW	REGULAR
Unearned Income	0.00	Unit Size	3
Earned Income	4500.00	Net Countable Income	4418.00
Gross Income	4500.00	Medical Income Level	3199.00
MAGI Allowable Deductions	0.00		
Total Income Before Disreg	4500.00		
5% FPL Disregard	82.00		
Resource Test:	Exempt		
Income Test:	Fail		
Income Exceeds Standards		Creation Date	09-23-2014
		Continuously Eligible	
		This information may contain Federal Tax Information (FTI)	

Save Failed Budgets When Reconfigured to ADC/TMA (Change)

Failed MAGI Parent Caretaker or Share of Costs budgets that resulted in the reconfiguration to ADC/TMA appear in the new budget window on the Budget Authorization dialog box as “read only fail”.

Budget Authorization Benefit Month: 8-2014

New Budgets:

Pgm Case	Program Case Name		Program Case Number		Eligible	Amount	UP/OP	Ovrd.
Ass/Cat	Elig Name	Type	Eligible	Amount	UP/OP	Ovrd.		
MEDICAID	NEWCASE	NANCY	19246511					
*r	MAGI Child 1-5	SHAKIRA	Regular	Fail	0.00			
*r	MAGI Child 1-5	DOBBIE	Regular	Fail	0.00			
*r	MAGI PC-Absence	NANCY	Regular	Fail	0.00			
*+	ADC/TMA		Regular	Pass	0.00			

Previously Authorized Budgets: Budget Override Review Authorize

Pgm Case	Program Case Name		Program Case Number		Eligible	Amount	Issd	UP/OP	Ovrd.
Ass/Cat	Elig Name	Begin Date	End Date	Type	Elig	Amount	Issd	UP/OP	Ovrd.
ADC	NEWCASE	NANCY	08-01-2014	99552683	Regular	364.00	N		
MEDICAID	NEWCASE	NANCY		19246511					
	MAGI Child ...	SHAKIRA	07-01-2014	07-31-2014	Regular	0.00	N		
	MAGI Child ...	DOBBIE	07-01-2014	07-31-2014	Regular	0.00	N		
	MAGI PC-A...	NANCY	07-01-2014	07-31-2014	Regular	0.00	N		

Benefit Summary OK Cancel Help

Inside the benefit summary for each of those failed read only budgets, there will be an extra line showing the classification as “TMA reconfiguration Doc.”

Benefit Summary Begin Date: 8-2014

NEWCASE, NANCY	MEDICAID	MAGI PC-Absence	Regular
Unearned Income	0.00	Unit Size	3
Earned Income	999.75	Net Countable Income	917.75
Gross Income	999.75	Medical Income Level	822.00
MAGI Allowable Deductions	0.00		
Total Income Before Disreg	999.75		
5% FPL Disregard	82.00		
Resource Test:	Exempt		
Income Test:	Fail		
*Income Exceeds Standards		Creation Date	07-24-2014
Income Verification Test:	Pass	** TMA Reconfiguration Doc **	

OK Help

Income Verification for ADC/TMA (Change)

ADC/TMA budgets do not copy or calculate income until the 7th month of ADC/TMA. In the first six months it is considered “exempt” from these tests. NFOCUS will now find the budgets that resulted in the creation of the ADC/TMA budget, the ones it was reconfigured from, and check those budgets income for verification.

However, if the MAGI “passed” budgets that got reconfigured were exempted from income verification test, due to being compatible with IRS income the income verification test would now be applied to the TMA budget.

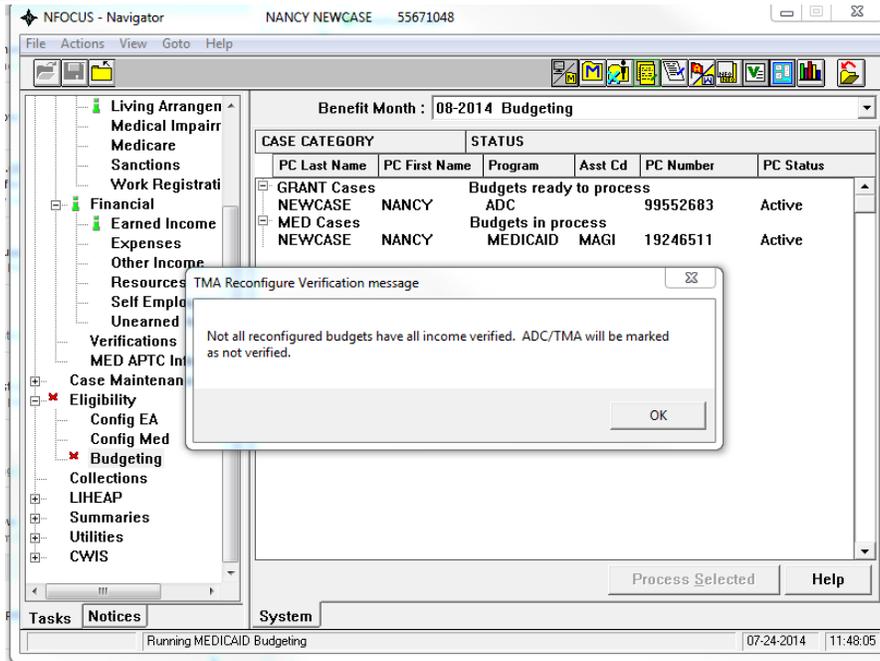
Example:

In this case, we have data showing Nancy’s 2013 income would have allowed her to pass, so the budgets would be considered exempt from the IRS compatibility test.

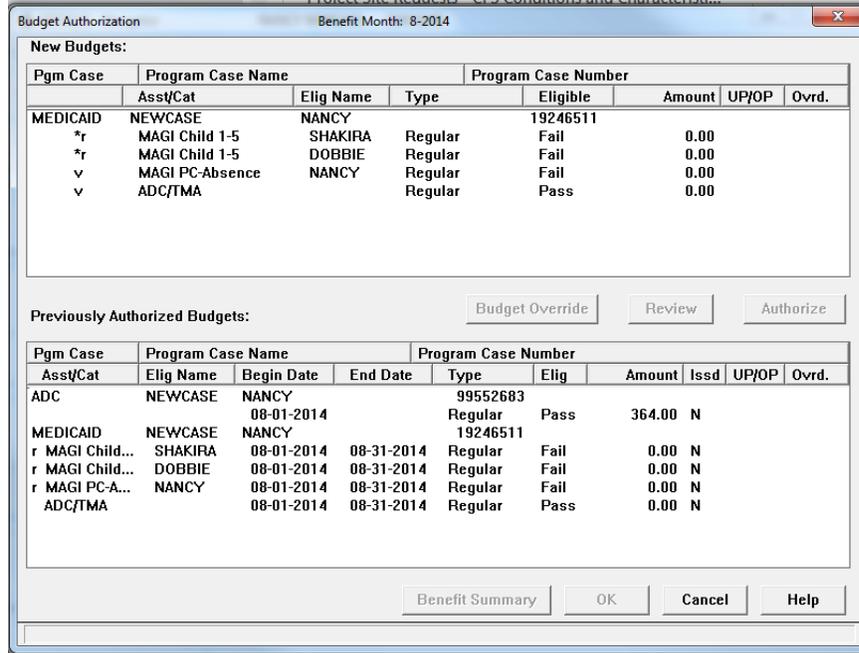
NEWCASE, NANCY	MEDICAID	MAGI PC-Absence	Recalculated
Unearned Income	0.00	Unit Size	3
Earned Income	333.25	Net Countable Income	333.25
Gross Income	333.25	Medical Income Level	822.00
MAGI Allowable Deductions	0.00		
Total Income Before Disreg	333.25		
5% FPL Disregard	0.00		
Resource Test:	Exempt		
Income Test:	Pass		
Income Compatibility Test:	Exempt	Creation Date	07-24-2014
*IRS Returned Income			
Would Have Passed*			
Income Verification Test:	Fail		
Earned Income Not Verified			

When the number of hours on the pay schedule increases and the MAGI-PC budget fails in August, the MAGI PC budget would NOT originally have verification results. Failed budgets have neither Income compatibility nor Income verification tests performed. To be able to say that the ADC/TMA budget is based on verified income, we will need to go back to those saved budgets and perform the verification test, so we can put that result on the ADC/TMA budget.

In this case, a message box will appear as part of the process to indicate the income is not verified for TMA:



Both the failed MAGI-PC budget and the passed ADC/TMA budget have the verification test failed, and appear with a "v" in the new budget window.



The failed MAGI budget shows the case is being reconfigured to TMA.

NEWCASE, NANCY		MEDICAID	MAGI PC-Absence	Regular
Unearned Income	0.00		Unit Size	3
Earned Income	999.75		Net Countable Income	917.75
Gross Income	999.75		Medical Income Level	822.00
MAGI Allowable Deductions	0.00			
Total Income Before Disreg	999.75			
5% FPL Disregard	82.00			
Resource Test:		Exempt		
Income Test:		Fail		
*Income Exceeds Standards			Creation Date	07-24-2014
			** TMA Reconfiguration Doc **	
Income Verification Test:		Fail		
Earned Income Not Verified				

Even though the TMA budget would pass the income test, it will fail the verification test.

NEWCASE, NANCY		MEDICAID	ADC/TMA	Regular
Resource Total	0.00		Unit Size	3
Resource Limit	0.00		Total Net Countable Inc	0.00
Unearned Income	0.00		Medical Disregards	0.00
Unearned Inc Disregard	0.00		Total Adjusted Income	0.00
Net Unearned Income	0.00		Medical Income Level	3051.00
Earned Income	0.00		Share of Cost	0.00
Earned Income Disregard	0.00		Adjusted Share of Cost	0.00
Child Care	0.00		Additional Excess Income	0.00
Net Earned Income	0.00		Private Pay Days	0
Resource Test:		Exempt	TMA Begin Date	08-01-2014
Income Test:		Exempt	TMA Premium Amount	0.00
			Creation Date	07-24-2014
Income Verification Test:		Fail		
Earned Income Not Verified				

The “v” indicates that the TMA case cannot be authorized. The worker will need to obtain income verification via electronic data sources (other than IRS) or paystubs.

The screenshot shows a software window titled "Budget Authorization" with a sub-header "Benefit Month: 8-2014". It contains two main sections: "New Budgets:" and "Previously Authorized Budgets:".

New Budgets:

Pgm Case	Program Case Name	Elig Name		Type	Eligible	Amount	UP/OP	Ovrd.
MEDICAID	NEWCASE	NANCY			19246511			
*r	MAGI Child 1-5	SHAKIRA		Regular	Fail	0.00		
*r	MAGI Child 1-5	DOBBIE		Regular	Fail	0.00		
v	MAGI PC-Absence	NANCY		Regular	Fail	0.00		
v	ADC/TMA			Regular	Pass	0.00		

Buttons: Budget Override, Review, Authorize

Previously Authorized Budgets:

Pgm Case	Program Case Name	Program Case Number		Asst/Cat	Elig Name	Begin Date	End Date	Type	Elig	Amount	Issd	UP/OP	Ovrd.
ADC	NEWCASE	99552683			NANCY	08-01-2014		Regular	Pass	364.00	N		
MEDICAID	NEWCASE	19246511			NANCY								
r	MAGI Child...				SHAKIRA	08-01-2014	08-31-2014	Regular	Fail	0.00	N		
r	MAGI Child...				DOBBIE	08-01-2014	08-31-2014	Regular	Fail	0.00	N		
r	MAGI PC-A...				NANCY	08-01-2014	08-31-2014	Regular	Fail	0.00	N		
	ADC/TMA					08-01-2014	08-31-2014	Regular	Pass	0.00	N		

Buttons: Benefit Summary, OK, Cancel, Help

Do Not Allow Generic Medicaid Category Codes (Change)

A person’s Medicaid category code (ex: MAGI 6-18, MAGI PC) will now revert back to what it was at the time of case check-out if a budget has not been run to set a new category. This will avoid the situations where a person’s Medicaid gets shut off unexpectedly due to a worker running configuration and setting a generic code (MAGI) but backing out of budgeting and checking the case in rather than overriding.

Program Case Mode for DD and MLTC Waiver Cases (Fix)

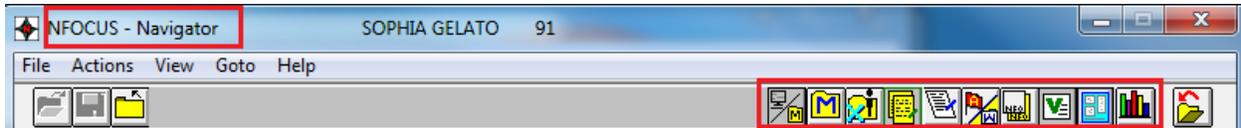
Effective with this release DD and MLTC waiver cases will automatically be set to assigned mode when opened in expert system. Previously a few of these types of cases were getting set to a Universal mode.

New Medical Expense Type for Non-MAGI Budgeting (Change)

Effective with this release Medicare Supplement has been added as new a medical expense type, to be included as a medical disregard for Non-MAGI program cases. This will allow for the worker to specifically specify that the policy is for Medicare s Supplement rather than just a generic health/hospital insurance policy.

Expert System Navigation (Tip)

When you check out a case to Expert System the case is open on the Navigator window. Numerous icons have been added to the Navigator window to help you in entering information without the need to go back to the Mainframe.



Each of these windows may be moved to another screen so that you can continue to work in Expert System and document or view information provided.

Icon	Functionality
	Client E-App – This icon will navigate you to the Summary of Applications Tied to the Program Case window.
	Master Case – This icon will navigate you to the Detail Master Case window of the case you have checked out.
	Interfaces – This icon will navigate you to the Interface Person Selection window. Select the person for whom you want to view the Interfaces and click OK. The Interfaces Menu will display.
	Narrative – This icon will navigate you to the Search Narrative window. From this window you can search or create new narrative for the Master Case you have checked out.
	CFS/APS Narrative – This icon will navigate you to the Search Narrative for the CFS/APS Narrative. From this window you can search or create new narrative for the CFS/APS Program Case.
	Alert/Work Task – This icon will navigate you to the List Master Case Alerts/Work Task window.
	Correspondence – This icon will navigate you to the Search for Correspondence window. Search or create new correspondence as appropriate.
	Verifications – This icon will navigate you to the Detail Verification Request Tracking window.
	Document Imaging – This icon will navigate you to the Search Image window. Search for the documents as appropriate.
	Policy Manuals – This icon will navigate you to the On-line Help Policy Manuals.