
N-FOCUS Interim Release Combined All Divisions April 19th, 2026

An Interim Release of the N-FOCUS System is being implemented April 19th, 2026. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into two main sections and addresses all of the Divisions, MLTC, EA, CFS, DD and BH.

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

Expert System: All N-FOCUS workers with responsibilities for case entry for AABD, ADC, SNAP, LIHEAP, Medicaid, CFS, etc. should read this section.

Home and Community Based Services: NFOCUS workers who work directly with DD/BH 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 Developmental Disabilities or Behavioral Health Programs.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (i.e. 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 may be documented in both the primary location that describes the entire process in addition to being in the Alerts, Work Tasks and Correspondence sections.

Interfaces, Document Imaging and N-FOCUS Tips sections will be added as appropriate for the release.

Table of Contents

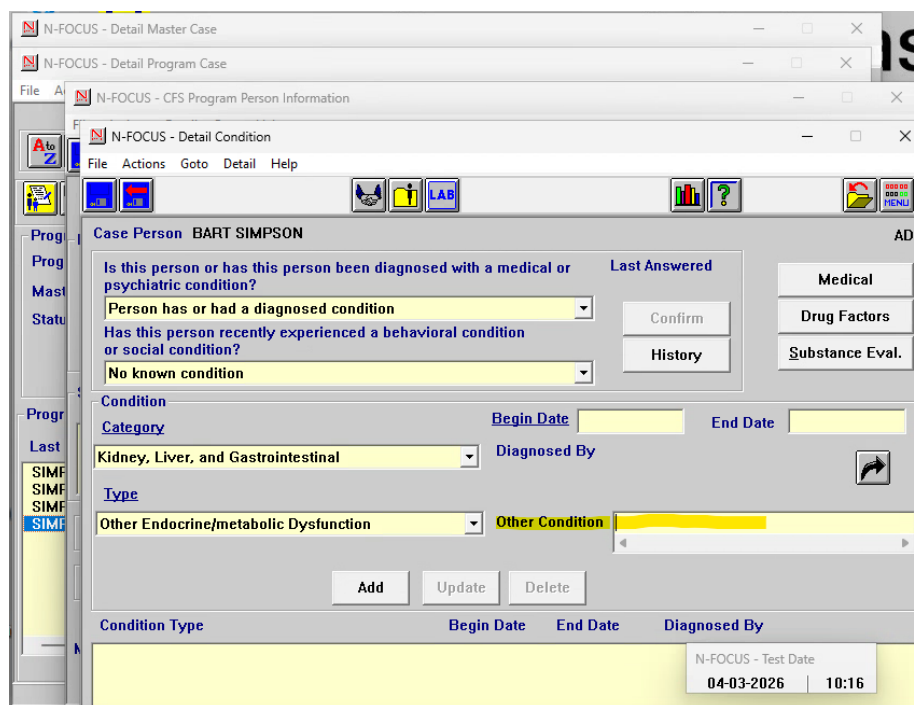
| | |
|---|----------|
| General Interest and Mainframe | 3 |
|---|----------|

| | |
|--|-----------|
| CFS – Detail Condition Window – (Fix) | 3 |
| CFS – State Ward Trust Fund Detail Window (Fix) | 3 |
| OEA – Medicaid Former Foster Care Indicator (New)..... | 3 |
| Correspondence | 5 |
| CFS – Adoption Review/Change Request and Subsidized Adoption Change Letter Correspondences (Change) | 5 |
| OEA – Economic Assistance Review/Recert Application Household Status (Change) | 5 |
| OEA – Medicaid Individual Declaration Form (Change) | 5 |
| OEA – Medicaid Work Requirements Screener Notice (Change) | 7 |
| OEA – SNAP Replacement and Notice Template Health Choice Wording (Change) | 8 |
| OEA – SNAP Verification Received Notice (Change) | 9 |
| OEA – EA and Medicaid Programs Correspondence Email Notification (Change)... | 9 |
| Interfaces | 10 |
| CFS – Therap Extract File and Error and Action Report (Fix)..... | 10 |
| All Divisions – Vital Records Error Message (Change)..... | 10 |
| Home and Community Based Services | 11 |
| DD – Various DD Correspondence Updates (Change and New) | 11 |
| Expert System..... | 13 |
| OEA/CFS – COFA Citizen Immigration Status Code (New)..... | 13 |
| OEA – LIHEAP Budgeting Consideration of Social Security and Age (Change).... | 13 |
| OEA – Medicaid/SNAP Notice of Action/Eligibility (Fix)..... | 13 |
| OEA – Medicaid Denied Notice of Action/Eligibility (Fix) | 13 |
| OEA – Medicaid Renewal Budget Purpose (Fix) | 13 |
| OEA – Medicaid Medical Mileage Rate (Change) | 14 |
| OEA – RCA Eligibility Period and Immigration Date Parameters (Update) | 14 |
| OEA – SNAP Work Requirements ABAWD Wizard (Change)..... | 15 |
| All Divisions – Special Character Printing Issue for Expert System Notice of Action/Eligibility (Fix) | 17 |

General Interest and Mainframe

CFS – Detail Condition Window – (Fix)

There was an issue with not being able to manually type data in the 'Other Condition' box when 'Other Endocrine/Metabolic Dysfunction' Type was selected. This has been corrected.



CFS – State Ward Trust Fund Detail Window (Fix)

Previously, the SWTF Detail Trust Fund Account window only displayed 65 rows of data in the Account Transaction grid. This has been expanded to display 200 rows of data.

OEA – Medicaid Former Foster Care Indicator (New)

A new 'Former Foster Care' indicator has been added to the Person Demographic Data window off Person Detail. The field defaults to 'No' for all individuals and is read-only for general users. To support authorized updates, a new 'Flag as Former Foster Care' action has been added to the Person Detail screen. This action opens a confirmation window where authorized Former Foster Care (FFC) team members can update the indicator, as they are the only users with security to modify this field. When the checkbox is selected, the indicator will display 'Yes.'

N-FOCUS - Person Demographic Data

Person
AVA SMITH

Marital Information
Status Never Married/Annulled
Begin Date 06-06-2023

Interpreter Needed
 Yes
 No
 Unknown

Add Pregnancy...
Update Pregnancy...

Former Foster Care NO

Ethnicity [NONE]
Race (Select ALL that apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Declined
 Native Hawaiian or Other Pacific Islander
 Unknown
 White

Primary Written Language (If other than English) [NONE]
 Primary Spoken Language (If other than English) [NONE]
 Secondary Spoken Language (If other than English) (Select one or more)
 APACHE
 ARABIC
 ARMENIAN

OK Cancel Help

N-FOCUS - Person Detail

File Actions Detail Goto Help

- Terminate SSN
- Assign Interim SSN
- Discontinue Duplicate Person
- Flag as Former Foster Care
- Reverse Discontinued Person
- Restrict/Unrestrict Person
- Incarcerated Pre-Release
- Copy Person Index Info F11
- Print Person Bar Code Ctrl+Shift+P

Ext [NONE]

SSN 200-11-9511
 Birth Date 06-06-2023
 Deceased Date
 Person Number 8318754

Sex
 Female
 Male
 Unknown

UPDATE

CHARTS Referral NCP...
 Medicare Inquiry
 MMIS/MCE History
 Person Involvements
 PIN Management
 Program Cases...
 Schgol Attendance...
 Trafficking Screening
 Tribal...
 YRTC Narrative

Demographics...
 Address...
 Address History...
 Client Preferences
 E-Mail Addr. History
 Military/International...
 Name History...
 Person Verification...
 SSN History...
 Telephone...

Work Task Manager
 Review
 EBT Card Issuance
 Exit

Correspondence

CFS – Adoption Review/Change Request and Subsidized Adoption Change Letter Correspondences (Change)

There have been updates to both the 'Adoption Review and Adoption Change Request' and 'Subsidized Adoption Change Letter' correspondences.

The Subsidized Adoption Change Letter is shorter than it used to be. In the past there were 5 steps identified for the individual to complete, however some of the wording has been combined and now there are only 3 items. The IMFC worker email address has also been added to this correspondence.

Adoption Review and Adoption Change Request was updated by removing the NAC references as well as some other wording. The IMFC worker email address has also been added to this correspondence.

Graphics were added to the top of both correspondences. These graphics included the DHHS letterhead and the Governor Seal.

OEA – Economic Assistance Review/Recert Application Household Status (Change)

If a person's Household Status is 'Out of HH,' whether they are deceased or moved, they will no longer pull into the Economic Assistance Review/Recert (EARA) correspondence effective with the begin date of the 'Out of HH' status. This will also remove their name and information Ex: Income, expenses, resources.

The Medicaid Work Requirement functionality included must be used for applications submitted on/after May 1, 2026, and for renewals with an expiry date on/after July 31, 2026. Please note these items will be released in the April 15th batch release.

OEA – Medicaid Individual Declaration Form (Change)

The new Medicaid Individual Declaration (IDF) Form has been updated with two additional questions on page 2:

Was this individual enrolled in school or a career and technical education program in a qualifying month?

If yes, please complete the following:

- Name of school or program:

- Number of credit hours enrolled:

- Enrollment begin date:

- Anticipated graduation date (if applicable):

Is this individual a veteran with a VA disability rating of 100% (total)?

Yes

No

- If yes, effective date of disability rating:

■ Name(s): _____
 ■ Phone(s): _____

Was this individual enrolled in school or a career and technical education program in a qualifying month?

If yes, please complete the following:

■ Name of school or program: _____
 ■ Number of credit hours enrolled: _____
 ■ Enrollment begin date: _____
 ■ Anticipated graduation date (if applicable): _____

Was this individual a parent, guardian, caretaker relative, or family caregiver of a disabled individual in a qualifying month? Yes No

- Describe the chronic or other health condition, disability, or functional limitation of the individual to whom care is provided: _____
- (Mark/answer all that apply):
 - Does the disabled individual live in your household? Yes No
 - Is the disabled individual a relative? Yes No
 - ◆ If no to the above question, describe your relationship to the individual who you provide care to: _____
 - How many hours of caregiving are provided? _____

Has the individual been incarcerated in the last 12 months? Yes No

- Most Recent Release Date: _____
 - Check here if the individual is still incarcerated
- Name of Facility: _____
 - Address: _____

Was this individual considered medically frail or did they otherwise have special medical needs in a qualifying month? This includes anyone who is blind or disabled, has a substance use disorder, has a disabling mental disorder, has a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living (for example bathing, dressing, eating, or toileting), or who has a serious or complex medical condition. Yes No

- Describe the health condition(s) the individual has that fit the list above: _____
- What doctor(s) or healthcare provider(s) does the individual see for these health conditions?
 - Name(s): _____
 - Address(es): _____
 - Telephone number(s): _____
- Were services provided related to the above health condition(s) while the individual was enrolled with Nebraska Medicaid? Yes No

Was this individual participating in a drug addiction or alcohol treatment and rehabilitation program in a qualifying month? (If so, answer the following based on the most recent participation.) Yes No

- Name of Facility: _____
 - Facility Address: _____
 - Contact Name: _____
 - Phone: _____
- Date(s) of Service: _____
- Were these services provided while the individual was enrolled with Nebraska Medicaid? Yes No

Is this individual a veteran with a VA disability rating of 100% (total)? Yes No

- If yes, effective date of disability rating: _____

Did this individual receive inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities (ICF/DD), inpatient psychiatric hospital services, or other similar services in a qualifying month? Yes No

- Date(s) of Service: _____
- Name of Facility: _____
- Were these services provided while the individual was enrolled with Nebraska Medicaid? Yes No

OEA – Medicaid Work Requirements Screener Notice (Change)

Updates have been made to Question 12 and the submission instructions on the Medicaid Work Requirements Screener Notice:

12. Was anyone in the household enrolled in school or a career and technical education program in a qualifying month?

Submission Instructions

If any household member between the ages of 19 and 64 answered “Yes” to any question on this form, they may need to complete a Medicaid Work

Requirements Individual Declaration Form (IDF) to demonstrate compliance with Medicaid Work Requirements.

12. Was anyone in the household enrolled in school or a career and technical education program in a qualifying month?

If Yes, please complete the following for each individual (as applicable):

| Name | Name of school or Program | Number of Credit Hours Enrolled | Enrollment Begin Date / Anticipated Graduation Date |
|------|---------------------------|---------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Submission Instructions

If any household member between the ages of 19 and 64 answered "Yes" to any question on this form, they may need to complete a Medicaid Work Requirements Individual Declaration Form (IDF) to demonstrate compliance with Medicaid Work Requirements.

The Medicaid Work Requirements IDF can be accessed by scanning the QR code on this form or by contacting Nebraska Medicaid at any of the ways listed below.



Please return this form, and any additional information, to Nebraska Medicaid using one of the following methods:

- **Online:** at iServe.nebraska.gov
- **By mail:** P.O. BOX 2992
OMAHA, NE 68103
- **By Phone:**
 - Phone Number: (855) 632-7633 (select option 3)
 - Lincoln Phone Number: (402) 473-7000 (select option 3)
 - Omaha Phone Number: (402) 595-1178 (select option 3)
 - TTY Number: (402) 471-7256
 - Fax: (402) 742-2351
- **In person:** at a local DHHS office dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx

OEA – SNAP Replacement and Notice Template Health Choice Wording (Change)

SNAP Healthy choice wording is now added to the SNAP Replacement Notice and the Notice Template.:

IMPORTANT: SNAP benefits can no longer be used to purchase Soda or Soft Drinks and Energy Drinks. For additional information, visit <https://dhhs.ne.gov/Pages/Healthy-Choices-Waiver.aspx>.

OEA – SNAP Verification Received Notice (Change)

The SNAP Verification Received Notice layout has changed. It will not list category headers for each item selected. It also has additional wording near the end of the notice and SNAP Health Choice wording.

HENRY WALES
123 FAKEADDRESS
LINCOLN NE 68526

Thank you for contacting ACCESS Nebraska
DHHS has received the following verifications in your case:

CITIZENSHIP AND IDENTITY

- US Passport
- Certificate of Naturalization (N-550 or N-570)

CITIZENSHIP

- US Public Birth Record
- Certification of Report of Birth Abroad (DS-1350 or FS-545)
- Official Military record of service showing a US place of birth (for example a DD-214)

New wording found at the end of the main notice:

If you wish to verify this change, you may do so by providing additional documents found in the comment section. By taking no action or if you do not choose to verify the changes listed above, no further action will be taken on your case until your recertification. By verifying the changes listed above, it could result in an increase in your benefits.

IMPORTANT: SNAP benefits can no longer be used to purchase Soda or Soft Drinks and Energy Drinks. For additional information, visit <https://dhhs.ne.gov/Pages/Healthy-Choices-Waiver.aspx>.

OEA – EA and Medicaid Programs Correspondence Email Notification (Change)

The general email correspondence for clients that have requested email correspondence will now refer them to iServe. The email that informs clients that they have correspondence available to view on their account has been updated directing the client to view their account and correspondence via their iServe account and now provides the iServe link instead of the ACCESSNebraska link.

This message is being sent by the State of Nebraska Department of Health and Human Services.

This email is to advise you that you have correspondence available to view via Manage My Benefits. This notice may require action on your part. Please log into Manage My Benefits via <https://iserve.nebraska.gov> to view this important information.

Please be advised that only one email will be sent per day to each email address provided. If multiple accounts have the same email address, only one email will be sent.

***** DO NOT REPLY TO THIS MESSAGE *****

Interfaces

CFS – Therap Extract File and Error and Action Report (Fix)

There is an update to the Therap Extract file where the ARP date/time stamp is overridden to the date/time of the extract. This is a short-term fix to an issue discovered during User Acceptance Testing.

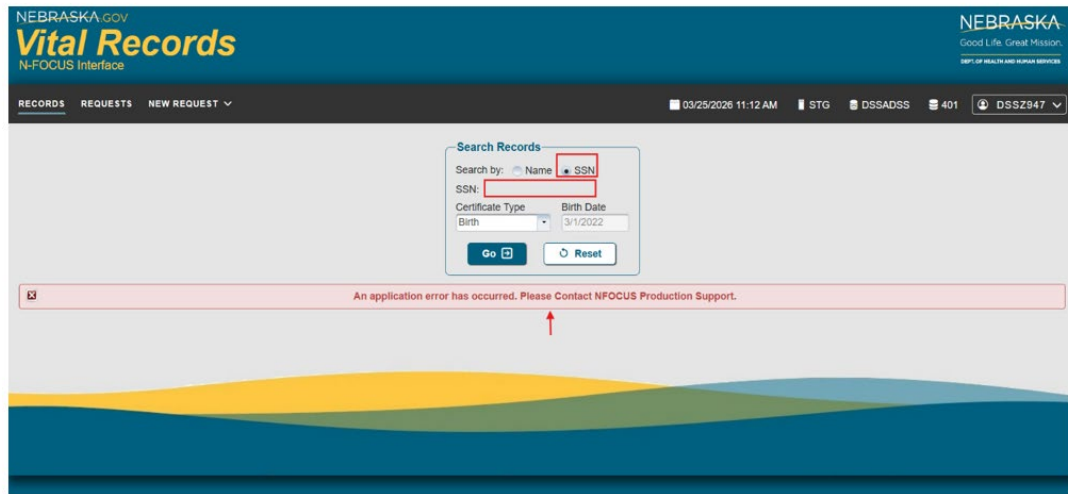
In the same work package for the Therap extract file update, there is a fix for the Error and Action Report. The Error and Action Report was not displaying the CFS Master Case and First/Last Name for one of the errors. This is now resolved

Reminder that the only team who has access to the CFS Therap Radio Buttons in NFOCUS is the CFS Clinical Coordination team. Should there be any question as to whether a person should be in Therap for CFS, please contact: DHHS.CFSClinicalCoordination@nebraska.gov

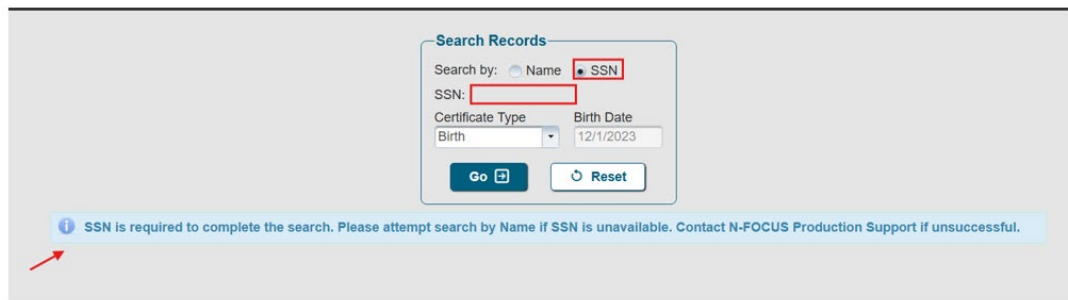
All Divisions – Vital Records Error Message (Change)

The error message that displays to a user when they attempt searching Vital Records for a person that does not have an SSN has been updated to be more specific. The previous message was rather generic, and users continued to invoke the same search repeatedly generating a high log file count on the back end.

Former message



Updated message



Home and Community Based Services

DD – Various DD Correspondence Updates (Change and New)

Several DD correspondence types have been updated. The crosswalk below outlines the changes:

| | Previous NFOCUS Name | New NFOCUS Name | Document Name in NFOCUS |
|---|-----------------------------|--------------------------------|---|
| 1 | DD Notice of Determination | DD Verification | Statutory – DD Notice of Determination – DD Verification – |
| 2 | DD Notice of Determination | DD Verification | Statutory – DD Notice of Determination – DD Verification – Not Eligible |
| 3 | DD Funding Available | DD Level of Care Determination | DD Funding Available - Level of Care Determination – Met |

| | | | |
|---|------------------------------|--------------------------------|--|
| 4 | NEW NOTICE | DD Level of Care Determination | NEW Level of Care Determination Notice – NOT MET |
| 5 | DD Funding Available | DD Level of Care Determination | DD Funding Available – Level of Care Redetermination Notice MET |
| 6 | DD Notice of Redetermination | DD Reverification | DD Reverification - Statutory – DD Notice of Redetermination –Eligible |
| 7 | DD Termination | No change | Notice of Termination |
| 8 | DD Exception Funding | No change | DD Notice of Decision - Exception Funding approved |
| 9 | DD Exception Funding | No change | DD Notice of Decision – Exception Funding Not Approved |

Changes to the Gen DD correspondence window:

The screenshot shows a web-based form for DD correspondence. The form includes several sections:

- Regarding:** ANDREW FORD
- Send To:** (Empty field)
- Priority Offer:** Reason (dropdown), Approved, Denied, Effective Date (text input)
- Eligibility Determination:** Application Date, Determination Date
- Exception, Alternative Compliance or State General Funds:** Funding Type, Approved, Denied, Effective Date (text input), End Date (text input)
- Level of Care:** Effective Date (text input), Level (dropdown)
- Termination:** Effective Date (text input), Services (text input)
- Explanation:** Reason(s) (text area)
- Comments:** (Text area)
- Language:** ENGLISH (dropdown)

A red box highlights the radio buttons for **Met**, **Redetermined**, and **Not Met** under the Level of Care section.

Expert System

[OEA/CFS – COFA Citizen Immigration Status Code \(New\)](#)

The Immigration Status Code options have been updated to include the status for Compacts of Free Associations for nationals from Palau, the Federated States of Micronesia, and the Marshall Islands (COFA).

[OEA – LIHEAP Budgeting Consideration of Social Security and Age \(Change\)](#)

When Social Security income is ended in the same month that LIHEAP is pended, the income will be annualized by the system when the budget is run.

The age requirement for LIHEAP Cooling of 70 years old will now be considered if the applicant turns 70 at any time during the cooling eligibility period.

[OEA – Medicaid/SNAP Notice of Action/Eligibility \(Fix\)](#)

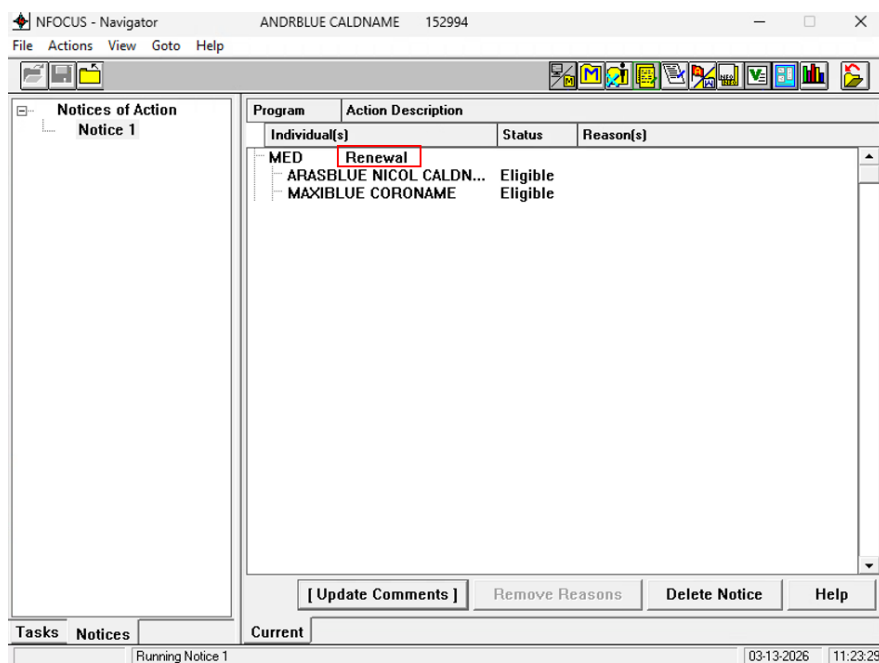
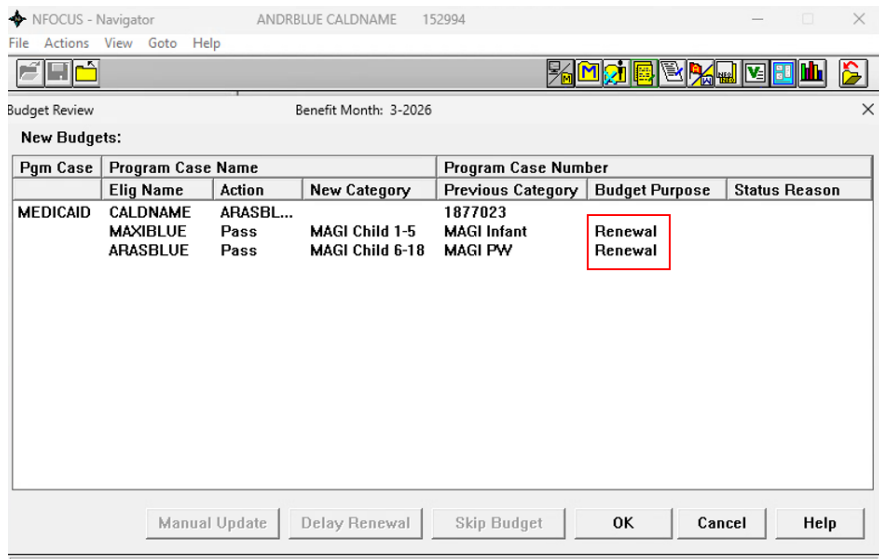
A change was made with the February 22, 2026 Interim Release to add verbiage directing users to the Health Choice waiver DHHS site for questions about what items the EBT card can no longer be used to purchase. Unfortunately, when that change was implemented, all previous changes for the Medicaid One Big Beautiful Bill (OB BB) implemented with the October 19, 2025 and November 6, 2025, were removed. This fix will be implemented with the N-FOCUS batch release on **April 15th**.

[OEA – Medicaid Denied Notice of Action/Eligibility \(Fix\)](#)

A Notice of Action/Eligibility was not created for a denied Medicaid program when an RCA program was active. This has been corrected and the denial notice will now be created.

[OEA – Medicaid Renewal Budget Purpose \(Fix\)](#)

There was an issue where a renewal budget purpose was being set as initial. This caused incorrect correspondence language to be present on the Expert System Notice of Action/Eligibility correspondence. The issue occurred when there was an older existing Retro Medicaid case present in the master case. This has been resolved.

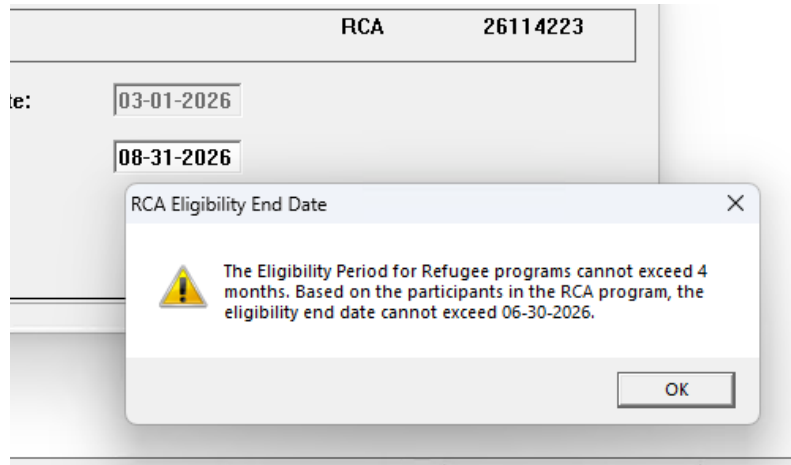


OEA – Medicaid Medical Mileage Rate (Change)

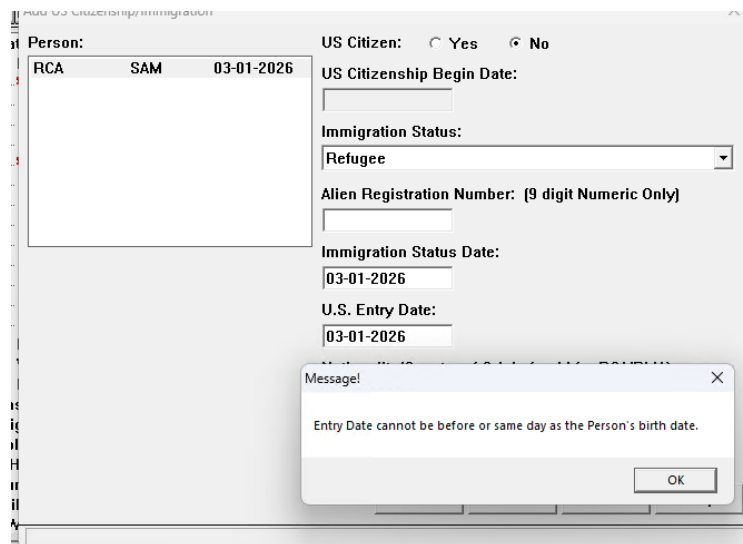
The medical mileage rate for Medicaid has changed to \$.73 with an effective date of 1-1-2026. Note the rate for AABD payment and SNAP remains at \$.21.

OEA – RCA Eligibility Period and Immigration Date Parameters (Update)

The pop-up that generates if a worker tries to extend the RCA Eligibility Period (EP) more than four months in the future originally stated twelve. This has been updated. No changes to budgeting have been made.



A hard stop has been added to RCA immigration logic. A person's date of birth cannot be the same as the entry date.



[OEA – SNAP Work Requirements ABAWD Wizard \(Change\)](#)

A change was made to the wording for Exemption 2 on the SNAP Work Requirements ABAWD Wizard page to clarify the age (Under the age of 14) for the individual.

SNAP Work Requirements Wizard - ABAWD

BLAKE BELLAMY 07-04-1964

Is there a dependent child under 14 in the household? Yes No

Is the individual younger than 18 or 65 and older? Yes No

1. Is the individual meeting another Work Requirement? Yes No
2. Does the individual have any non-dependent children under the age of 14 in the same SNAP unit? Yes No
3. Is the individual Pregnant? Yes No
4. Has the individual been determined unfit for employment? Yes No
5. Is the individual meeting the ABAWD work requirement by working 20 hours per week on an average of 80 hours per month through paid employment, in-kind income, volunteer work, participation in and compliance with an approved work program, or any combination of these? Yes No
6. Is the individual an Indian, Urban Indian, or California Indian, or other Indians who are eligible for Indian Health Service? (Q10) Yes No
7. Is the individual residing in Thurston County/Winnebago or Omaha Reservation? (Q6) Yes No

ABAWD Status: Last Updated: DSS2965

Begin Date: 03-04-2026 13:30

<< Back Next >> Done Cancel

This change is reflected in the status reasons which display on the Work Requirements List screen.

NFOCUS - Navigator BELLAMY BLAKE 11815

File Actions View Goto Help

| LAST NAME | FIRST NAME | DOB/EDD | AGE | NUMBER |
|-------------|------------|-------------|-----|-----------------------------------|
| BLAKE | BELLAMY | 07-1964 | 61 | 30986158 |
| Work Re... | Exempt | 07-04-20... | | |
| Employ... | Not R... | 03-04-20... | | |
| ABAWD | Exempt | 04-20-20... | | SNAP HH has child under age of 14 |
| Student ... | NonSt... | 04-20-20... | | |
| BLAKE | ECHO | 12-1967 | 58 | 28038565 |
| ABAWD | Exempt | 04-20-20... | | SNAP HH has child under age of 14 |
| Employ... | Not R... | 04-20-20... | | |
| Student ... | NonSt... | 04-20-20... | | |
| Work Re... | Mand... | 04-20-20... | | |
| BLAKE | OCTAVIA | 09-2009 | 16 | 51732012 |
| ABAWD | NonA... | 03-27-20... | | |
| Employ... | Not R... | 03-27-20... | | |
| Student ... | NonSt... | 03-27-20... | | |
| Work Re... | Exempt | 03-27-20... | | Age 16-17 with half-time E and T |

Tasks Notices Summary

WR SNAP Inquiry 04-02-2026 10:56:41

All Divisions – Special Character Printing Issue for Expert System Notice of Action/Eligibility (Fix)

There was an issue where the Notice of Action/Eligibility was not printing when there was an '&' in the Case Representative name and a comment added using the Update Comment option. This has been resolved.

The screenshot shows a web browser window titled "N-FOCUS - WebBrowser". The page content includes the following information:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA, NE 68103-2992

Case Number: - 4343
Case Name: - MOLLY PARDON
CONTACT: - JASON BOURNE
Telephone Number: - (402) 444-9876
Fax Number: - (402) 595-1901
Notice Date: - 04-02-2026

MARLEY & ME
985 MAPLE ST
LINCOLN, NE 68502

NOTICE OF ACTION

Medicaid Approval
The following individual(s) are approved for medical coverage effective 04-01-2026.

| <u>Individual</u> | <u>Status</u> |
|-------------------|---------------|
| MOLLY PARDON | Eligible |

Comments

Call with questions & ask for me 2.

If you applied through the Federal Marketplace your application was sent to Nebraska DHHS for a Medicaid eligibility determination. The Medicaid eligibility determination for the individuals noted has been communicated to the Federal Marketplace. If further information is needed you will be contacted.

If you have not previously received a permanent Medicaid ID card, you will receive a card within the next week. Please keep this card. You must show this card to all providers when getting medical/dental care. If you are required to participate in managed care, you will be contacted with more information.

Start

N-FOCUS - Test Date
04-02-2026 | 10:07

Economic Assistance | Go online | Nebraska Medicaid Eligibility