N-FOCUS Major Release Combined All Divisions November 15, 2026

A Major Release of the N-FOCUS System is being implemented November 15, 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 the Divisions, MLTC, OEA, CFS, DDA and BH.

General Interest and Mainframe Topics: All N-FOCUS workers 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.

Note: Alerts, Work Tasks, Correspondence, Interfaces, Document Imaging, N-FOCUS Tips, and other sections will be added as appropriate for the release.

Home and Community Based Services: N-FOCUS 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 Disability and Aging or Behavioral Health Programs.

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General Interest and Mainframe

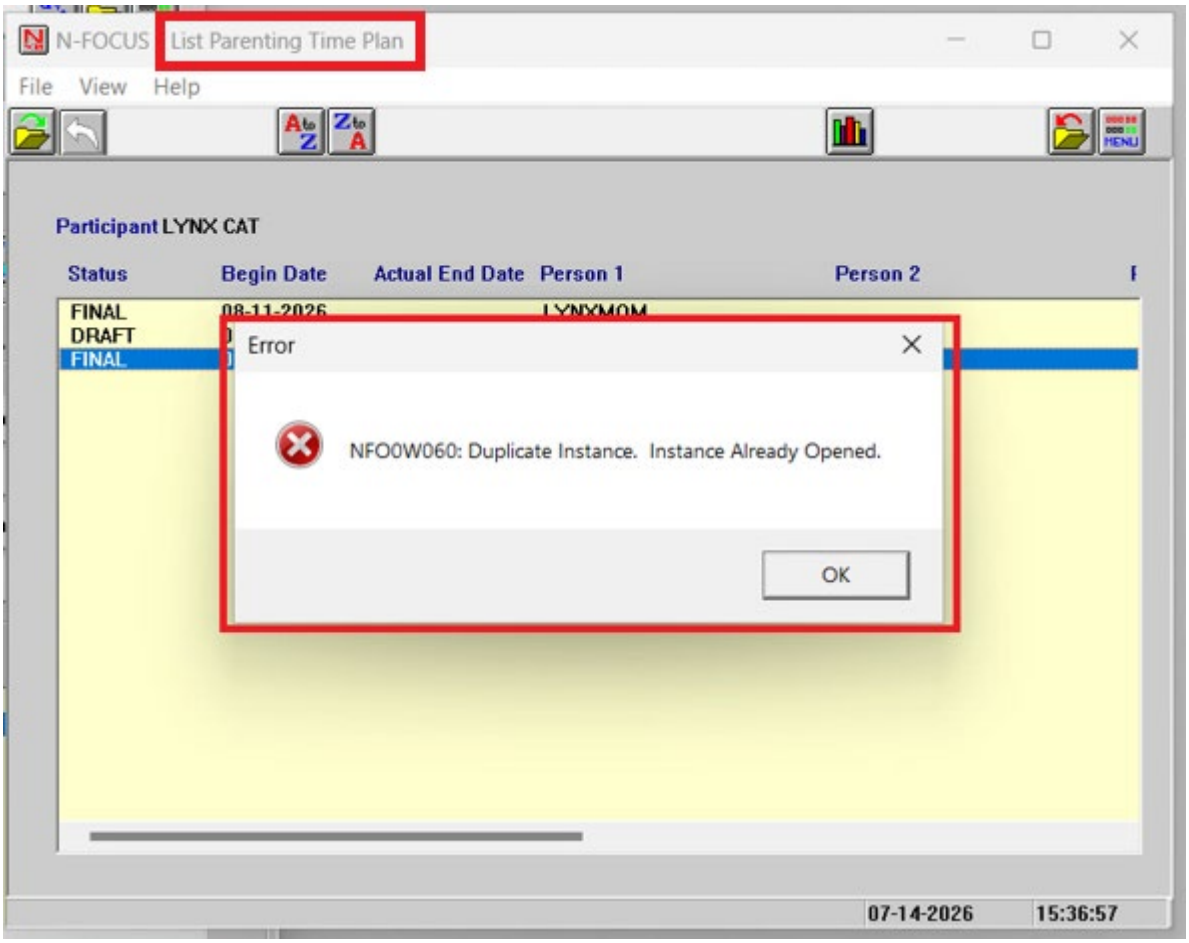
CFS – Parenting Time Copy Forward (Fix)

Two defects related to the Parenting Time Plan copy forward functionality have been resolved with this release:

1. The error message "Error getting new id" could occur when an attempt was made to copy forward a Parenting Time Plan. Workers will no longer need to manually recreate the data.
2. An error occurred when the Parenting Time Plan was copied forward and there were not any updates to apply. When the previous Parenting Time Plan was selected, the error "Duplicate Instance. Instance Already Open" displayed.

Example:

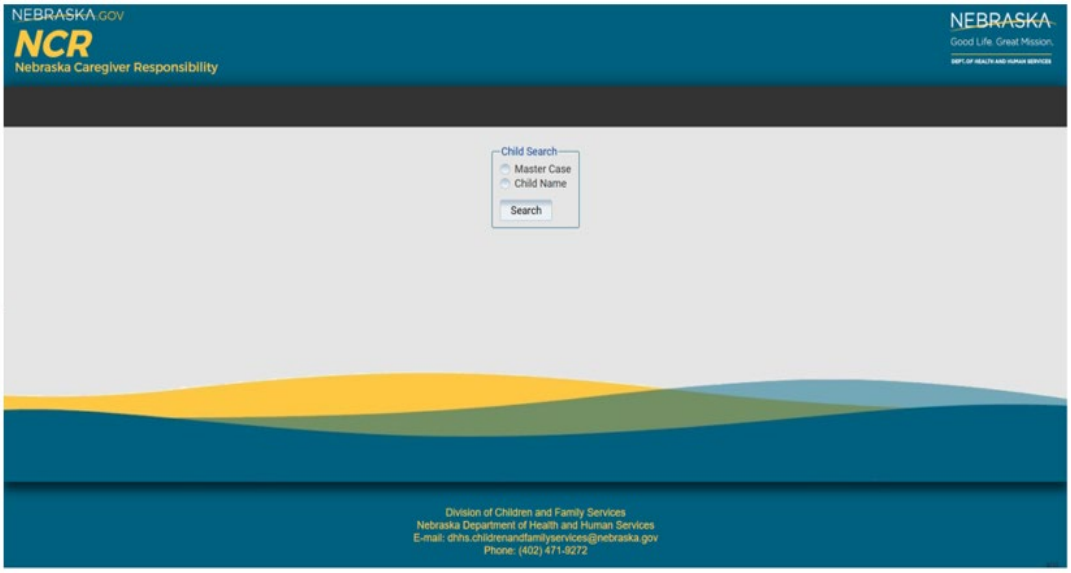
"Duplicate Instance. Instance Already Open" error



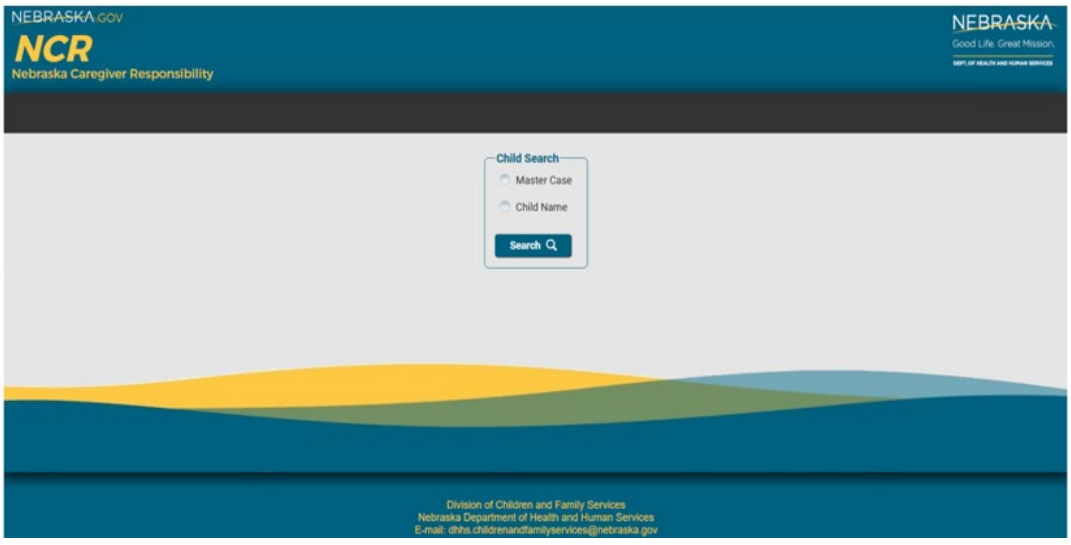
CFS – Nebraska Caregiver Responsibility Web Application Upgrade (Change)

As part of security systems maintenance and ensuring compatibility with the latest technology, the Nebraska Caregiver Responsibility (NCR) web application has received major technical upgrades, as well some minor visual updates and other improvements as below:

(Before)



(After)



New

- A magnifier icon was added to 'Search' button on the Child Search page to meet Americans with Disabilities Act (ADA) web accessibility standards

- A minimum of three (3) characters for First Name and Last Name (each) are now required for successful search by Child Name – 'Invalid Entry' message will display if less than the minimum entered

- The First Name and Last Name entry fields will now invalidate disallowed characters (numbers and special characters) – 'Invalid Entry' message will display for such entries

- Child Search is now limited to ten (10) successful searches per minute (by Child Name, or Master Case, or combination of both) - The 'Search Limit Reached' popup message will display if the limit has been exceeded and logout of NCR application will be enforced requiring worker to log back in to continue

Improvements

- Minor upgrades have been made to the latest Stylesheets (visual presentation)

- Replaced the default display message 'no records found' when there are no children active in CFS cases with detailed message 'No Children found for selected search.'

- Replaced the default display message 'no records found' when there is no NCR for selected child with detailed message 'No NCRs found for selected child.'

Fixes

- The issue where some rows such as Payment Determination would fail to upload has been resolved.

URL (web address) Change

- The Context Name in uppercase alphas **/CFSNCR/** within the NCR website address has been updated to lowercase /**cfsncr/** to ensure compatibility with the latest upgrades - To ensure access to the web application at production release, workers must update the web address as follows:





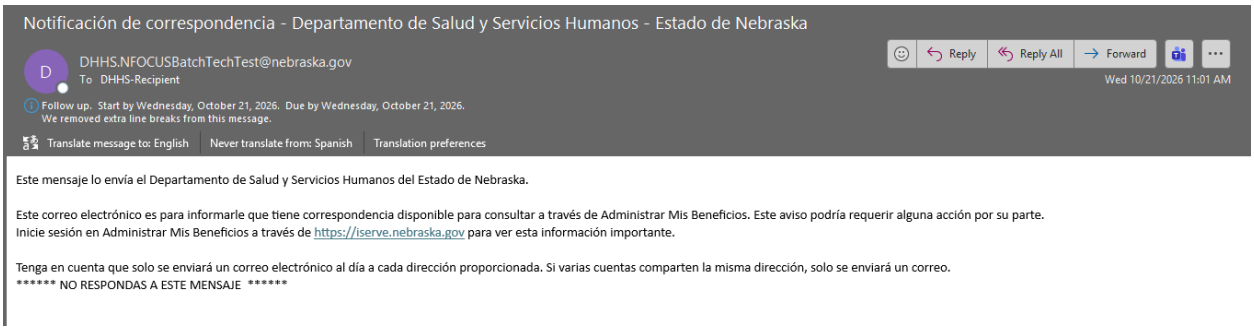
Important: It is recommended that workers first copy and paste the old web address link to Microsoft Word or Notepad, then change the context name. Changing it directly within the browser web address bar may not work.

OEA – CHARTS Referral Type (Fix)

The CHARTS referral type has been corrected so if referred HH members are in ADC or MLTC, regardless of other program types, the CHARTS referral will receive a PA status. If they are in SNAP and CC, they will receive a SP status, CC only MC are CC type, and SNAP only MC is SP type.

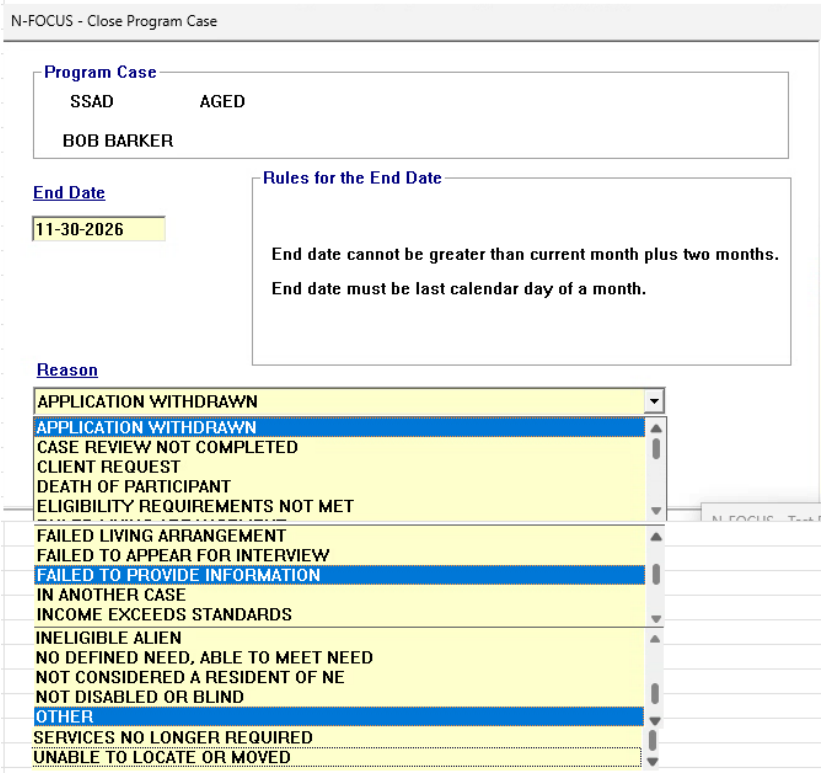
OEA – Spanish Email Notification (New)

Email correspondence in Spanish will now be created for participants with notification preference of Email Correspondence only and spoken language preference of Spanish when a Notice of Action is created. The email advises to logon to the iServe account to view the correspondence.



OEA – SSAD Close/Deny Reasons (Change)

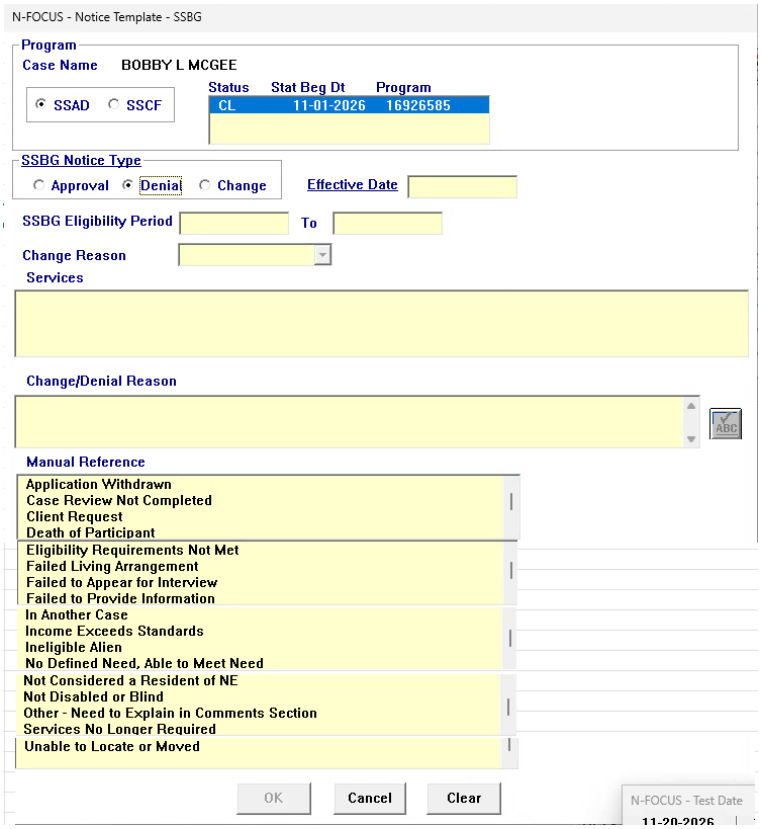
New closure/denial reasons have been added to the Close Program Case screen for Social Services for Aged/Disabled (SSAD).



Correspondence

OEA – SSAD Notice Template (Change)

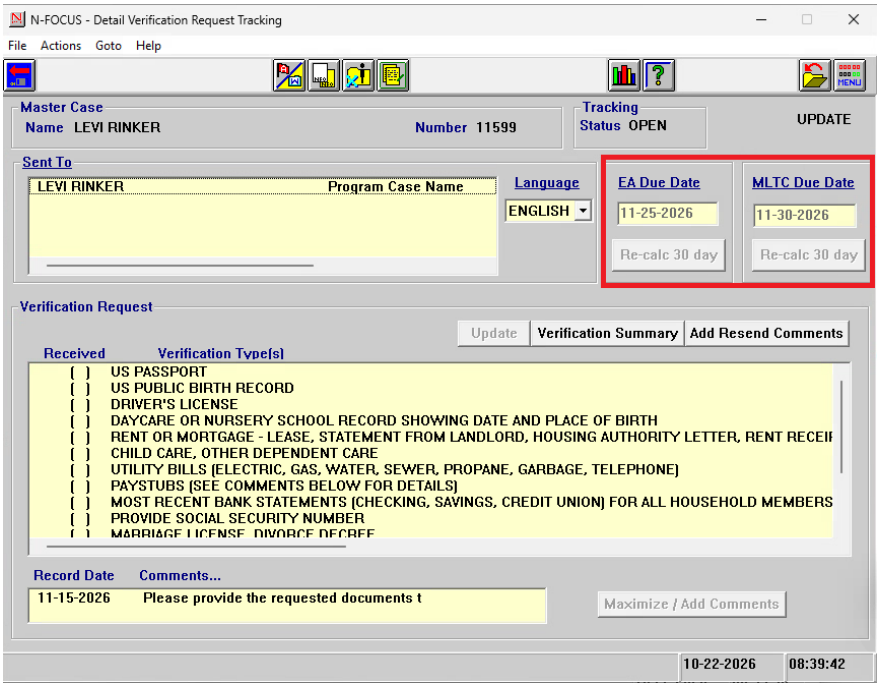
The Notice Template for Social Services for Aged/Disabled (SSAD) has been updated with new reasons to choose from in the Manual Reference drop down box.



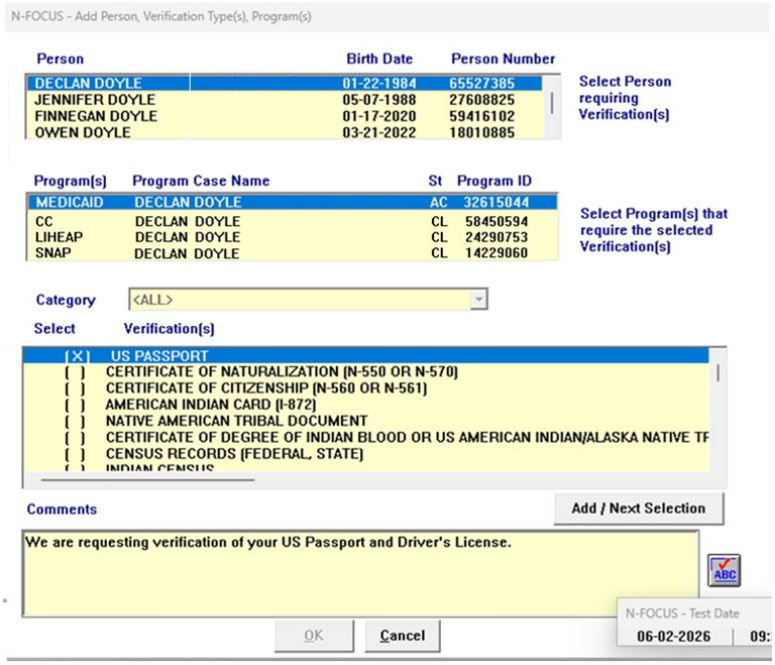
OEA - Combined Verification Request (New)

Verification Requests that involve more than one program may now be created in a single combined document. Based on the participants, programs, and information requested for verification, N-FOCUS will determine the division and automatically calculate the due date(s) to be populated in the verification request. Workers will continue to leverage the same verification screens in N-FOCUS with some minor changes noted below:

Detail Verification Request Tracking Screen – Updated to include both an EA Due Date and MLTC Due Date for Combined VRs.



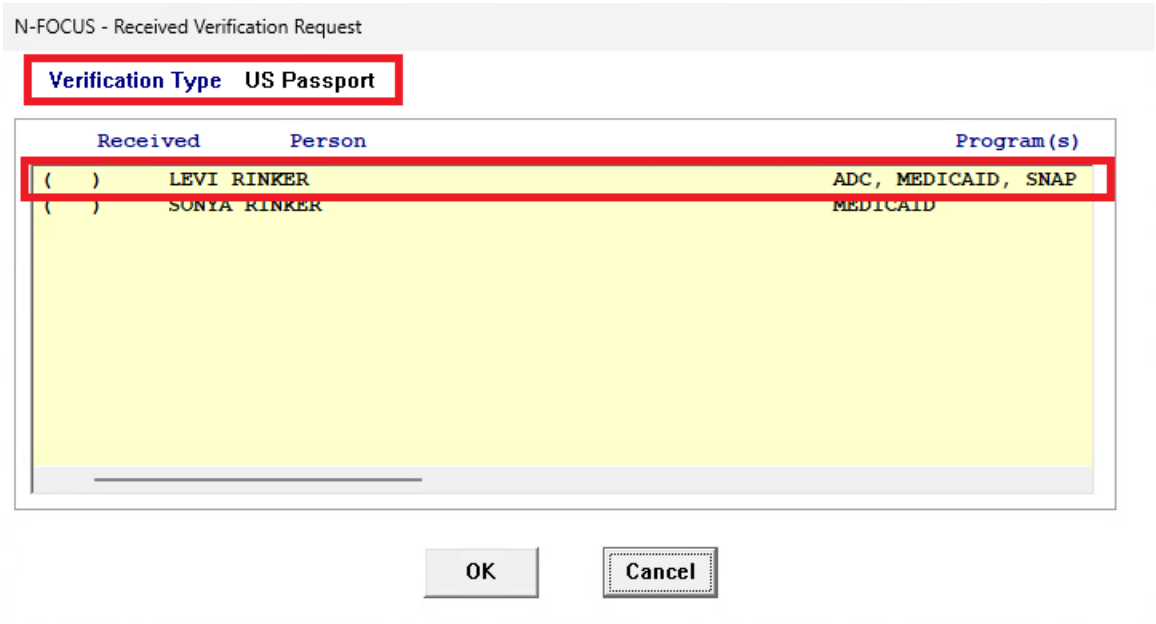
Add Person, Verification Type(s), Program(s) Screen – Workers will no longer be required to select a Division when creating a verification request. N-FOCUS will automatically determine the Division and type of VR (i.e., EA-only, Med-only, or Combined) to be sent based on the Person(s) and Program(s) selected/requiring verification.



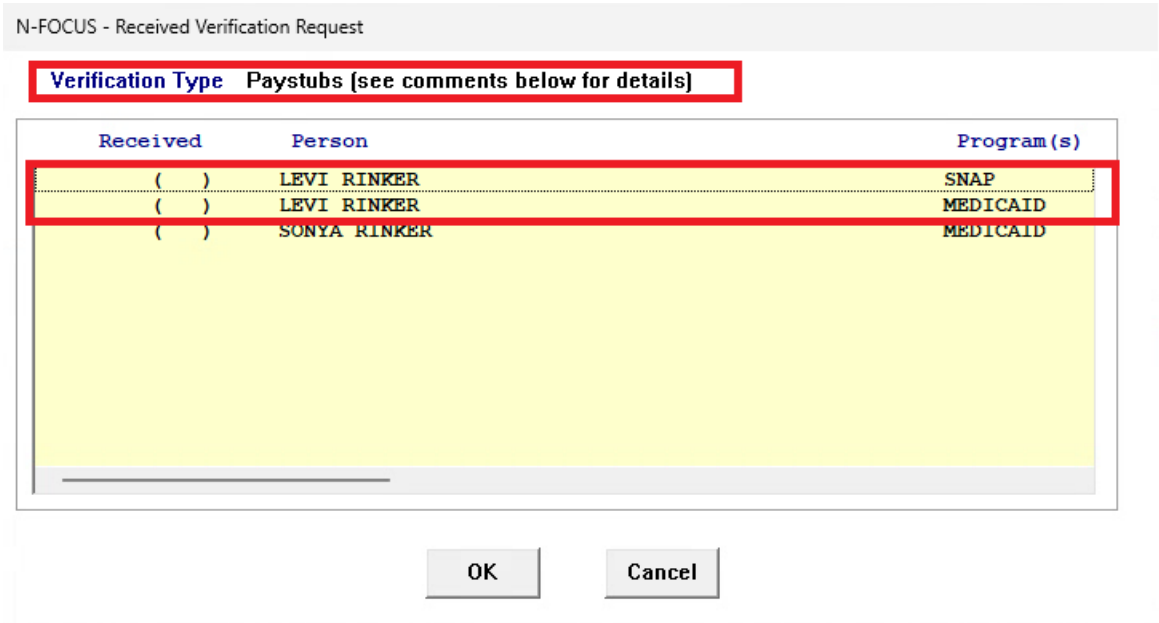
Received Verification Request Screen – When the Verification Type is categorized as one of the following Verification Checklist Categories, it will be displayed as a single line item on the Received Verification Request screen with the corresponding programs separated by a comma.

- Citizenship and Identity
- Citizenship
- Identity

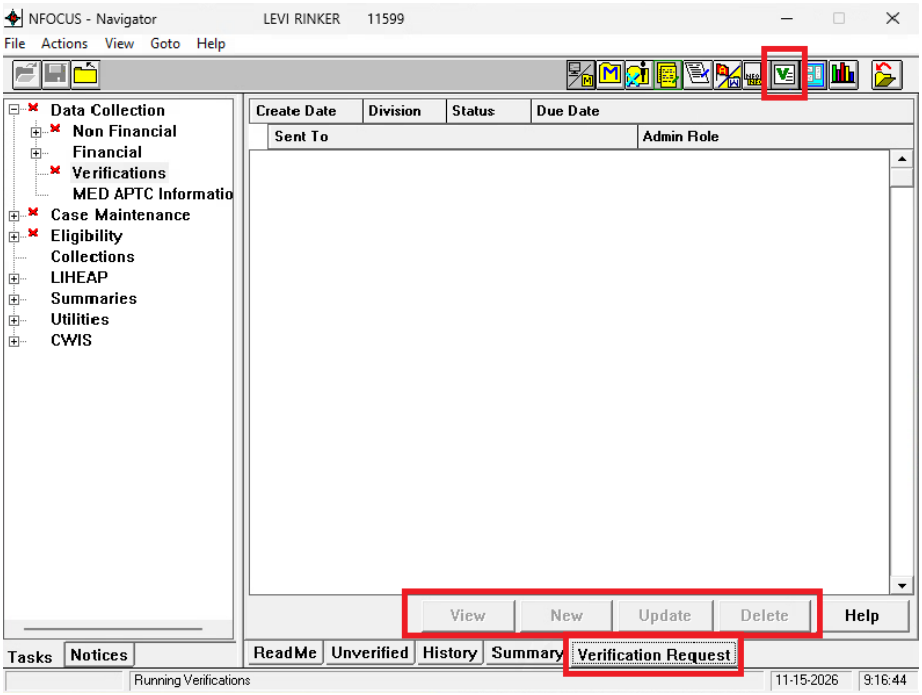
Upon marking one of the above Verification Checklist Category items as received, it will be marked as received for all programs.



When the Verification Type is not categorized as one of the above listed Verification Checklist Categories, each division will be required to clear their verification item separately.



Navigation from Expert – The ability to create, track, and clear verification requests from the Expert System has been removed. However, a new feature now allows workers to navigate to GEN to perform the same actions. This new feature eliminates the need to maintain code in two different places and minimizes the risk of trying to keep the two systems in sync.



New Combined VR Correspondence – The new Combined VR will include the person(s), program(s), and information requested for verification in a single request, specifying the due date(s) for each division. The new Combined VR will be available in both English and Spanish.'

Note: The existing EA-only and Med-only VRs are now barcoded as part of the implementation of the Combined VR.

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

Case Number	-	00011599
Case Name	-	LEVI RINKER
CONTACT	-	NFOCUS TEST ID NFOCUS TEST ID
Phone Number	-	(402)471-3121
Fax Number	-	(402)595-1901
Date of Notice	-	11-15-2026

LEVI RINKER
612 S 37TH ST
LINCOLN NE 68510

VERIFICATION REQUEST

The Nebraska Department of Health and Human Services (DHHS) is reviewing your eligibility for one or more assistance programs. In order to determine initial or continued eligibility, additional information is needed.

Because you applied for or receive benefits from more than one program, some requested items may have different due dates. Please review each section carefully and provide the requested information by the listed due date. You only need to submit one copy of a document, even if it is requested for multiple programs.

Economic Assistance

In order to determine initial or continued eligibility for SNAP and ADC program(s) assistance, you must **return the requested items by 11-25-2026.** Provide the requested verifications to the office address listed above or FAX to the number above or submit online at https://iserve.nebraska.gov. **Do not send original documents as the Department will not be able to return your documents.**

DHHS is required to assist you in obtaining requested verifications. Contact us at the telephone number below if you are unable to obtain the requested verifications.

Failure to provide verifications by 11-25-2026 could result in the denial, termination or decrease in your SNAP and ADC benefits.

Listed below are the items needed, the person we need them for, and the programs that require them.

Citizenship and Identity

- US Passport
  LEVI RINKER - SNAP and ADC

Citizenship

- US Public Birth Record
  LEVI RINKER - SNAP and ADC

Identity

- Driver's License
  LEVI RINKER - SNAP and ADC

- Daycare or nursery school record showing date and place of birth
  LEVI RINKER - ADC

Expenses

- Rent or Mortgage - Lease, Statement from Landlord, Housing Authority Letter, Rent Receipt
  LEVI RINKER - SNAP
- Child Care, Other Dependent Care
  LEVI RINKER - ADC
- Utility Bills (electric, gas, water, sewer, propane, garbage, telephone)
  LEVI RINKER - SNAP

Earned Income

- Paystubs (see comments below for details)
  LEVI RINKER - SNAP

Resources

- Most recent Bank Statements (checking, savings, credit union) for all Household Members
  LEVI RINKER - ADC

Other

- Marriage license. Divorce Decree
  LEVI RINKER - ADC

Medicaid

In order to determine initial or continued eligibility for MEDICAID, you must **return the requested items by 11-30-2026.**

Failure to provide verifications by 11-30-2026 could result in the denial, termination or decrease in your MEDICAID benefits.

Listed below are the items needed, the person we need them for, and the programs that require them.

Citizenship and Identity

- US Passport
  LEVI RINKER - MEDICAID
  SONYA RINKER - MEDICAID

Citizenship

- US Public Birth Record
  LEVI RINKER - MEDICAID
  SONYA RINKER - MEDICAID

Identity

- Driver's License
  LEVI RINKER - MEDICAID
  SONYA RINKER - MEDICAID

Earned Income

- Paystubs (see comments below for details)
  LEVI RINKER - MEDICAID
  SONYA RINKER - MEDICAID

Other

- Provide Social Security Number
  SONYA RINKER - MEDICAID
- Other - see Comments section
  LEVI RINKER - MEDICAID
- Medical Documentation
  LEVI RINKER - MEDICAID
  SONYA RINKER - MEDICAID

Tax Information

- Tax Filer Information (information on tax filer status and dependents)
  LEVI RINKER - MEDICAID
- Tax Household Information
  LEVI RINKER - MEDICAID

Comment(s) - Please provide the requested documents timely.





English
The Nebraska Department of Health and Human Services provides language assistance services and auxiliary aids and services, free of charge. For language assistance services or auxiliary aids, please call (402) 471-3121 or speak to someone at the front desk.

Spanish
El Departamento de Salud y Servicios Humanos de Nebraska proporciona servicios de asistencia lingüística y ayudas y servicios auxiliares, de forma gratuita. Para servicios de asistencia lingüística o ayudas auxiliares, por favor llame al (402) 471-3121 o hable con alguien en la recepción.

Vietnamese
Sở Y tế và Dịch vụ Nhân sinh Nebraska cung cấp dịch vụ hỗ trợ ngôn ngữ và các thiết bị hỗ trợ bổ trợ, hoàn toàn miễn phí. Để được hỗ trợ ngôn ngữ hoặc sử dụng các thiết bị hỗ trợ bổ trợ, vui lòng gọi số (402) 471-3121 hoặc trao đổi với nhân viên tại quầy lễ tân.

Arabic
تقدم إدارة الصحة والخدمات الإنسانية في نبراسكا خدمات المساعدة اللغوية والوسائل المساعدة والخدمات الإضافية مجانًا. للحصول على خدمات المساعدة اللغوية أو الوسائل المساعدة، يُرجى الاتصال على الرقم (402) 471-3121 أو التحدث إلى أحد الموظفين في مكتب الاستقبال.

French
Le Département de la Santé et des Services Sociaux du Nebraska propose gratuitement des services d'assistance linguistique et des aides et services auxiliaires. Pour obtenir ces services, veuillez appeler le (402) 471-3121 ou vous adresser à l'accueil.

Chinese
内布拉斯加州健康和公共服务部免费提供语言援助服务和辅助工具和服务。如需语言援助服务或辅助工具，请致电 (402) 471-3121 或与前台工作人员联系。

German
Das Gesundheits- und Sozialministerium von Nebraska bietet kostenlose Sprachunterstützung sowie Hilfsmittel und Dienstleistungen an. Für Sprachunterstützung oder Hilfestellungen wenden Sie sich bitte an die Telefonnummer (402) 471-3121 oder sprechen Sie mit einem Mitarbeiter an der Rezeption.

Somali
Waaxda Caafimaadka iyo Adeegyada Aadanaha ee Nebraska waxay bixiyaan adeegyada kaalmada luqadda iyo qalabka caawiyo dadka wax maqalka ku adeegyahay oo bilaash ah. Adeegyada kaalmada luqadda ama qalabka caawiyo dadka wax maqalka ku adeegyahay, fadlan wac (402) 471-3121ama la hadal qofka jooga goo dhaweynta.

Swahili
Idara ya Afya na Huduma za Kibinadamu ya Nebraska hutoa huduma za usaidizi wa lugha na usaidizi wa ziada na huduma, bila malipo. Kwa huduma za usaidizi wa lugha au usaidizi wa ziada, tafadhali piga simu (402) 471-3121 au zungumza na mtu aliye kwenye dawati la mapokezi.

Nepali
नेब्रास्का स्वास्थ्य तथा मानव सेवा विभागले भाषा सहायता सेवाहरू र सहायक सहायता र सेवाहरू निःशुल्क प्रदान गर्दछ। भाषा सहायता सेवाहरू वा सहायक सहायताहरूको लागि, कृपया (402) 471-3121 मा कल गर्नुहोस् वा फ्रन्ट डेस्कमा कसैसँग कुरा गर्नुहोस्।

Tagalog
Nagbibigay ang Nebraska Department of Health and Human Services ng mga serbisyong pantulong sa wika at mga karagdagang tulong at serbisyo, nang walang bayad. Para sa mga serbisyong pantulong sa wika o mga karagdagang tulong, mangyaring tumawag sa (402) 471-3121 o makipag-usap kanlnuman sa front desk.

Russian
Департамент здравоохранения и социальных служб штата Небраска предоставляет бесплатные услуги языковой поддержки, а также вспомогательные средства и услуги. Для получения услуг языковой поддержки или вспомогательных средств позвоните по телефону (402) 471-3121 или обратитесь к кому-нибудь на стойке регистрации.

Ukranian
Департамент охорони здоров'я та соціальних служб штату Небраска надає безкоштовні послуги мовної підтримки, а також допоміжні засоби та послуги. Для отримання послуг мовної підтримки або допоміжних засобів зателефонуйте (402) 471-3121 або зверніться до когось на стійці реєстрації.

Telugu
నెబ్రాస్కా డిపార్ట్‌మెంట్ ఆఫ్ హెల్త్ అండ్ హ్యూమన్ సర్వీసెస్ భాషా సహాయ సేవలు మరియు సహాయక సహాయాలు మరియు సేవలను ఉచితంగా అందిస్తుంది. భాషా సహాయ సేవలు లేదా సహాయక సహాయాల కోసం, దయచేసి (402) 471-3121 కు కాల్ చేయండి లేదా ముందు డెస్క్ వద్ద ఉన్న ఎవరితోనైనా మాట్లాడండి.

Hindi
द नेब्रास्का डिपार्टमेंट ऑफ हेल्थ एंड ह्यूमन सर्विसेज़ मुफ़्त भाषा सहायता सेवाएं तथा सहायक साधन एवं सेवाएं प्रदान करता है। भाषा सहायता सेवाओं या सहायक साधनों के लिए, कृपया (402) 471-3121 पर कॉल करें या फ्रंट डेस्क पर किसी से बात करें।

Economic Assistance	Go online:	Nebraska Medicaid Eligibility
Toll Free: (800)383-4278	iServe.nebraska.gov	Toll Free: (855)632-7633
Lincoln: (402)323-3900	Federal Health Insurance Marketplace	Lincoln: (402)473-7000
Omaha: (402)595-1258	Healthcare.gov (800)318-2596	Omaha: (402)595-1178

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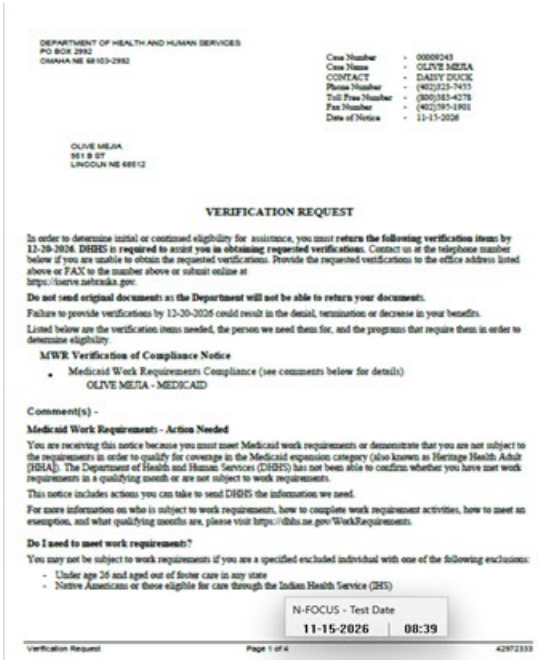
A number of other logic changes to Alerts, Reports, etc. were made to reference the new Due Dates required to support the Combined VR. They are as follows:

- MLTC Verification Due Alert #462
- EA Verification Alert #340
- EA Verification Request/Missing Documents Text Message #EA005
- MLTC Verification Request/Missing Documents Text Message #MC003

- iServe Client Benefit Inquiry (CBI)
- Pending Backlog Applications Report - MLTC
- Reported Production Issue w/ Verification Request Comments (resolved)
- Conversion of Existing Active VRs to Display Existing Due Date in the EA Due Date and/or MLTC Due Date fields.

OEA – Verification Request Medicaid Verification of Compliance Notice (Change)

Workers will no longer need to copy and paste the Medicaid Work Requirements (MWR) language into the comments when creating a Verification of Compliance Notice (VOCN) in the Verification Request correspondence. When an MWR verification is created, the standard language will automatically appear in the body of the correspondence.



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

Case Number - 00009243
Case Name - OLIVE MEJIA
CONTACT - DAISY DUCK
Phone Number - (402)323-7455
Toll Free Number - (800)383-4278
Fax Number - (402)595-1901
Date of Notice - 11-15-2026

OLIVE MEJIA
951 B ST
LINCOLN NE 68512

VERIFICATION REQUEST

In order to determine initial or continued eligibility for assistance, you must **return the following verification items by 12-30-2026. DHHS is required to assist you in obtaining requested verifications.** Contact us at the telephone number below if you are unable to obtain the requested verifications. Provide the requested verifications to the office address listed above or FAX to the number above or submit online at https://iserve.nebraska.gov.

Do not send original documents as the Department will not be able to return your document.

Failure to provide verifications by 12-30-2026 could result in the denial, termination or decrease in your benefits.

Listed below are the verification items needed, the person we need them for, and the programs that require them in order to determine eligibility.

MWR Verification of Compliance Notice

- Medicaid Work Requirements Compliance (see comments below for details)
  OLIVE MEJIA - MEDICAID

Comment(s) -

Medicaid Work Requirements - Action Needed

You are receiving this notice because you must meet Medicaid work requirements or demonstrate that you are not subject to the requirements in order to qualify for coverage in the Medicaid expansion category (also known as Heritage Health Adult [HHA]). The Department of Health and Human Services (DHHS) has not been able to confirm whether you have met work requirements in a qualifying month or are not subject to work requirements.

This notice includes actions you can take to send DHHS the information we need.

For more information on who is subject to work requirements, how to complete work requirement activities, how to meet an exemption, and what qualifying months are, please visit https://dhhs.ne.gov/WorkRequirements.

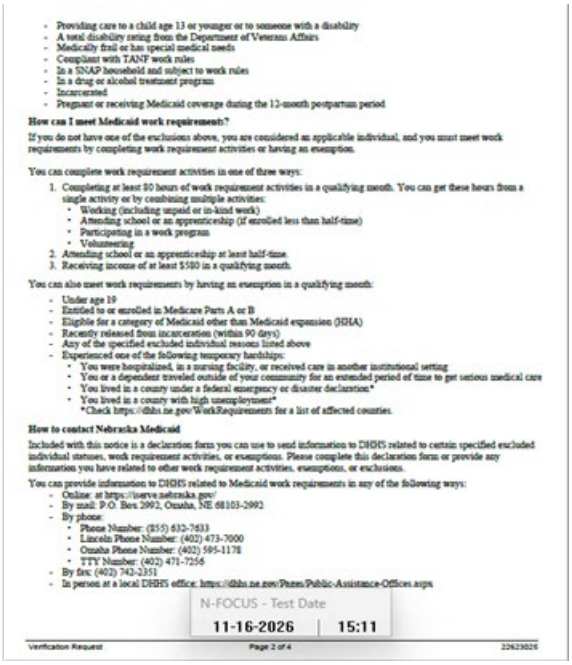
Do I need to meet work requirements?

You may not be subject to work requirements if you are a specified excluded individual with one of the following exclusions:

- Under age 26 and aged out of foster care in any state
- Native American or those eligible for care through the Indian Health Service (IHS)

N-FOCUS - Test Date
11-15-2026 | 08:39

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- Providing care to a child age 13 or younger or to someone with a disability
- A total disability rating from the Department of Veterans Affairs
- Medically frail or has special medical needs
- Compliant with TANF work rules
- In a SNAP household and subject to work rules
- In a drug or alcohol treatment program
- Incarcerated
- Pregnant or receiving Medicaid coverage during the 12-month postpartum period

How can I meet Medicaid work requirements?

If you do not have one of the exclusions above, you are considered an applicable individual, and you must meet work requirements by completing work requirement activities or having an exemption.

You can complete work requirement activities in one of three ways:

1. Completing at least 80 hours of work requirement activities in a qualifying month. You can get these hours from a single activity or by combining multiple activities:
   - Working (including unpaid or in-kind work)
   - Attending school or an apprenticeship (if enrolled less than half-time)
   - Participating in a work program
   - Volunteering
2. Attending school or an apprenticeship at least half-time.
3. Receiving income of at least $580 in a qualifying month.

You can also meet work requirements by having an exemption in a qualifying month:

- Under age 19
- Entitled to or enrolled in Medicare Parts A or B
- Eligible for a category of Medicaid other than Medicaid expansion (HHA)
- Recently released from incarceration (within 90 days)
- Any of the specified excluded individual reasons listed above
- Experienced one of the following temporary hardships:
  - You were hospitalized, in a nursing facility, or received care in another institutional setting
  - You or a dependent traveled outside of your community for an extended period of time to get serious medical care
  - You lived in a county under a federal emergency or disaster declaration.*
  - You lived in a county with high unemployment.*
  - *Check https://dhhs.ne.gov/WorkRequirements for a list of affected counties.

How to contact Nebraska Medicaid

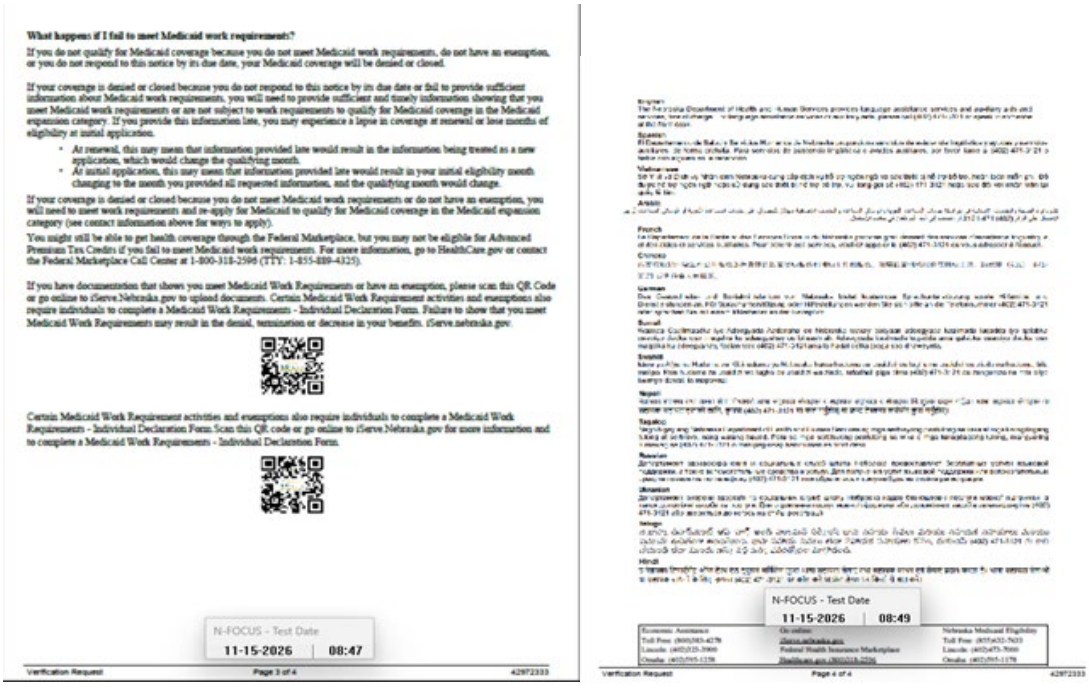
Included with this notice is a declaration form you can use to send information to DHHS related to certain specified excluded individual statuses, work requirement activities, or exemptions. Please complete this declaration form or provide any information you have related to other work requirement activities, exemptions, or exclusions.

You can provide information to DHHS related to Medicaid work requirements in any of the following ways:

- Online: at https://iserve.nebraska.gov/
- By mail: P.O. Box 2992, Omaha, NE 68103-2992
- By phone:
  - Phone Number: (855) 632-7633
  - Lincoln Phone Number: (402) 473-7000
  - Omaha Phone Number: (402) 595-1178
  - TTY Number: (402) 471-7256
- By fax: (402) 742-2351
- In person at a local DHHS office: https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx

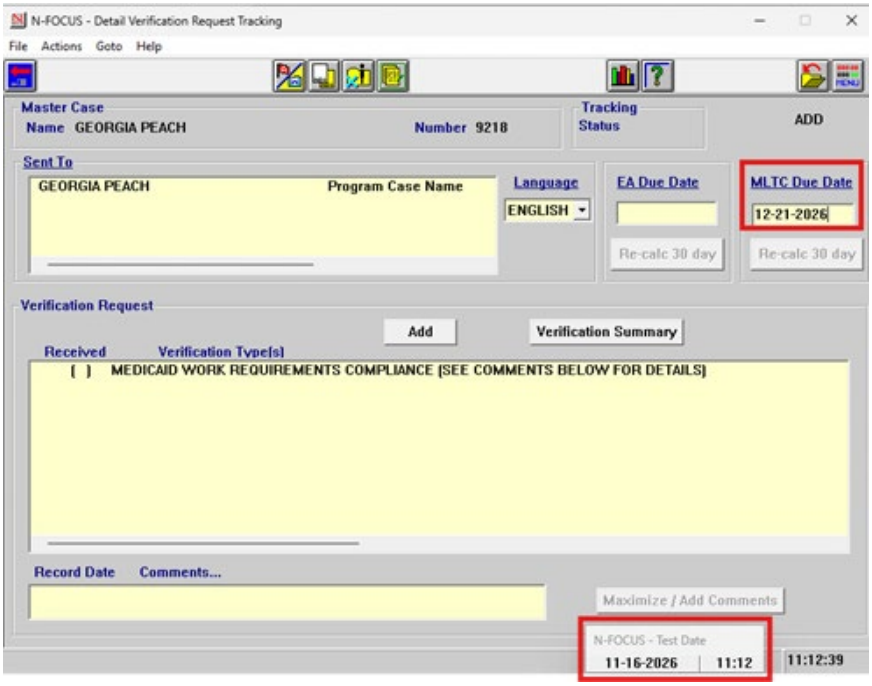
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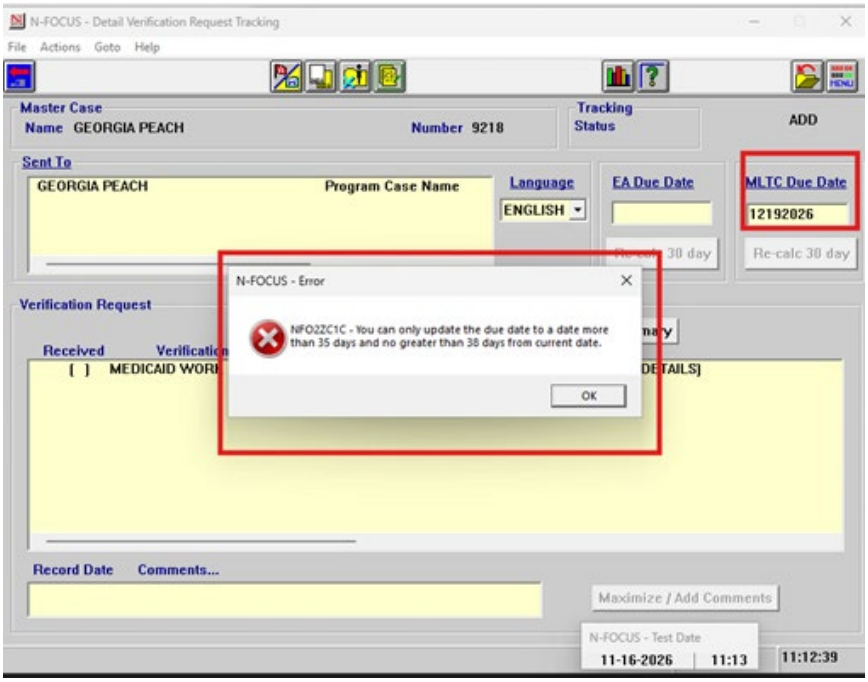
Verification Request Page 2 of 4 22623026



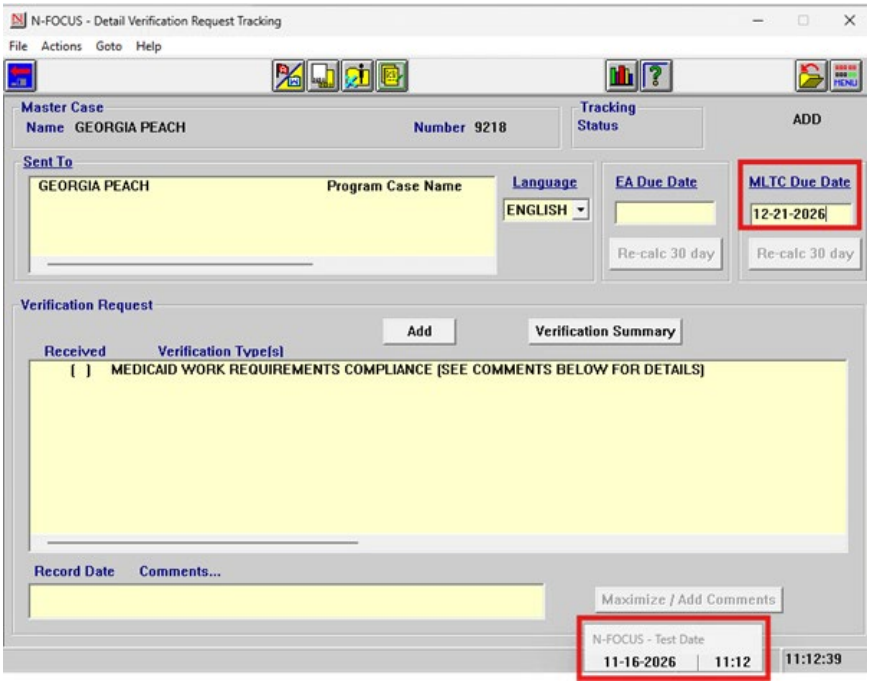
VOCN Due Date restriction updates

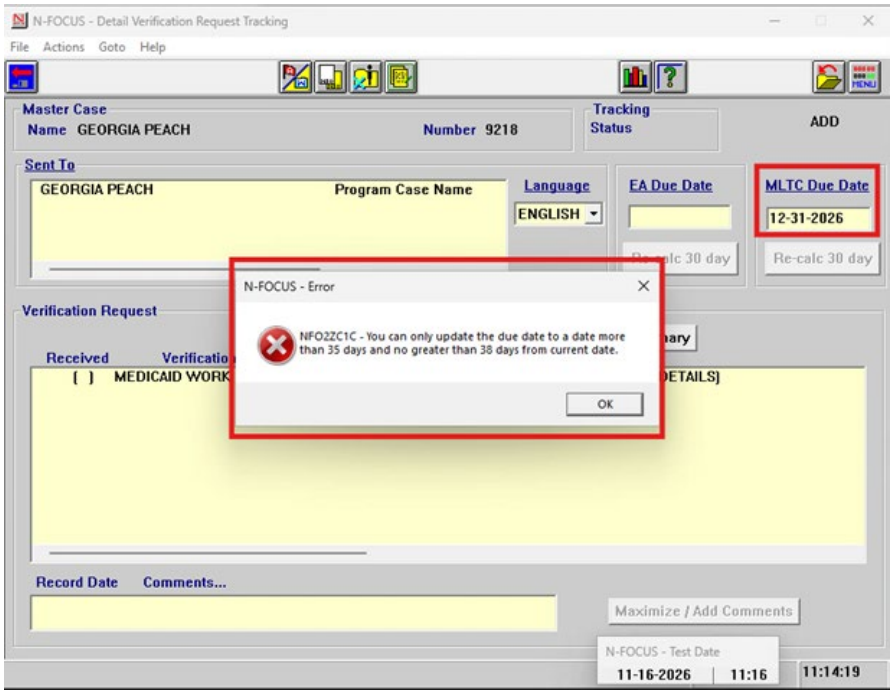
If a worker tries to update to a date to less than 35 days an error message window appears. The error message reads, "You can only update the due date to a date more than 35 days and no greater than 38 days from the current date."





If a worker tries to update to a date more than 38 days an error message window appears. The error message reads, "You can only update the due date to a date more 35 days and no greater than 38 days from the current date."





OEA – Medicaid Renewal Forms (Change)

Effective 1/1/2027, the Non-MAGI, Combined, and MAGI Medicaid Renewal Forms have been updated to change the medical bill question from three months to two months.

English

Old: "Does anyone in the household owe medical bills for the previous three month(s)? YES / NO"
New: "Does anyone in the household need help paying for medical bills from the last 2 months? YES / NO"

Spanish

Old: "¿Alguien en el hogar debe facturas médicas de los tres meses anteriores? SÍ / NO"
New: "¿Alguien en su hogar necesita ayuda para pagar las facturas médicas de los últimos 2 meses? SI/NO"

Document Imaging

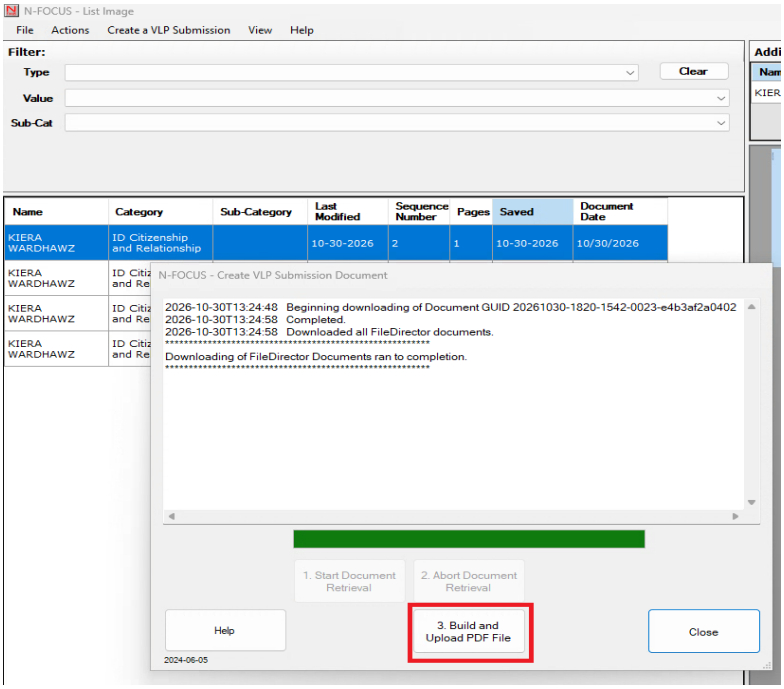
OEA – SNAP Work Requirements category (New)

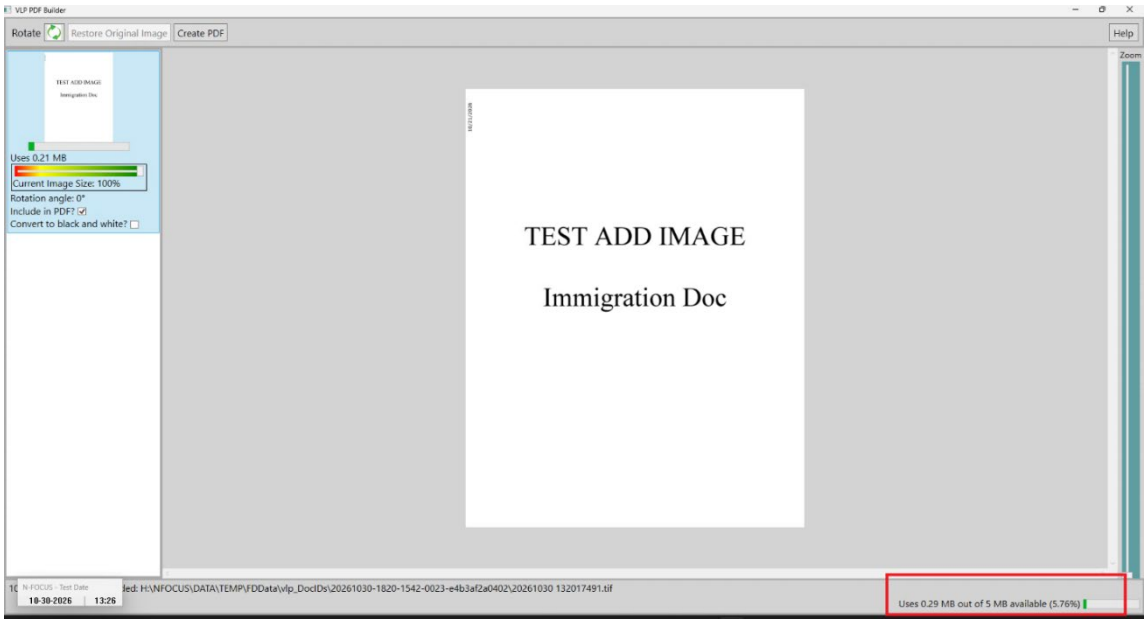
A new Document Imaging category of SNAP Work Requirements has been added. This category should be used for SNAP work requirements verification documents.

Interfaces

OEA – Medicaid CMS Hub Verify Lawful Presence Document Imaging PDF (Fix)

Due to conversions that occur during the VLP PDF Builder process, there were situations when the Builder window was not accurately displaying the true size of the PDF. The Builder window now displays the accurate size based on the conversions.





Expert System

OEA – Medicaid Continuous Eligibility Incorrectly Applied (Fix)

Prior to the release, there was an issue where Continuous Eligibility (CE) was applied after a renewal was completed in error, the expiry date was updated, and the budget was re-run with a Renewal purpose. CE was being incorrectly applied when the child was over income for all MED categories, over income for MAGI Child but eligible for CHIP, or over income for MAGI Child and insured. The system now correctly evaluates eligibility and no longer applies CE in these scenarios.

OEA – Medicaid Expiry Date (Change)

N-FOCUS has been updated so Medicaid participant expiry dates cannot be extended more than 22 months from today's system date. If a change would push the expiry date past this limit, N-FOCUS will keep the current expiry date instead. For example, if a renewal is already set 18 months out, it will stay at 18 months and will not be extended further. The Program Case Review Due Date will continue to match the next upcoming expiry date.

OEA – Medicaid Expiry Date Advancing Beyond Initial Budget Month (Fix)

Prior to the release, there was an issue were running additional come-up month budgets after the initial application month budget caused the expiry date to advance repeatedly. The expiry date logic has been updated to ensure the expiry only updates during the first initial budget and no longer updates with subsequent budget runs.

OEA – Medicaid Pregnant Women Postpartum Expiry Date Logic (Fix)

Updates have been made to the postpartum (PP) expiry date logic to ensure the Pregnant Woman (PW) expiry date is correctly set based on the baby's Date of Birth rather than the Estimated Due Date (EDD) or end-pregnancy record. The system now updates the expiry date using CE-eligible pregnancy end reasons (birth or terminated), providing more accurate postpartum coverage calculations.

OEA – Medicaid Retroactive Processing Rule (Change)

N-FOCUS Retro Medicaid has been updated to only go back two months before the month the application was received. This change applies to applications with an effective application date of January 1, 2027, or later.

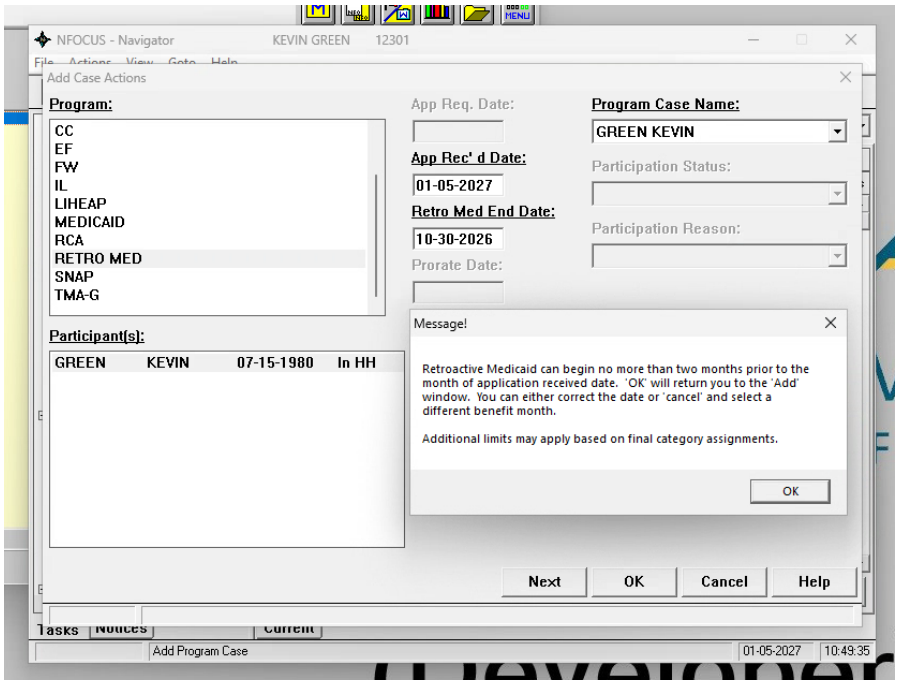
If a worker enters a retroactive month that is more than two months before the application month, N-FOCUS will now show an updated error message:

"Retroactive Medicaid can begin no more than two months prior to the month of application received date. 'OK' will return you to the 'Add' window. You can either correct the date or 'Cancel' and select a different

benefit month. Additional limits may apply based on final category assignments."

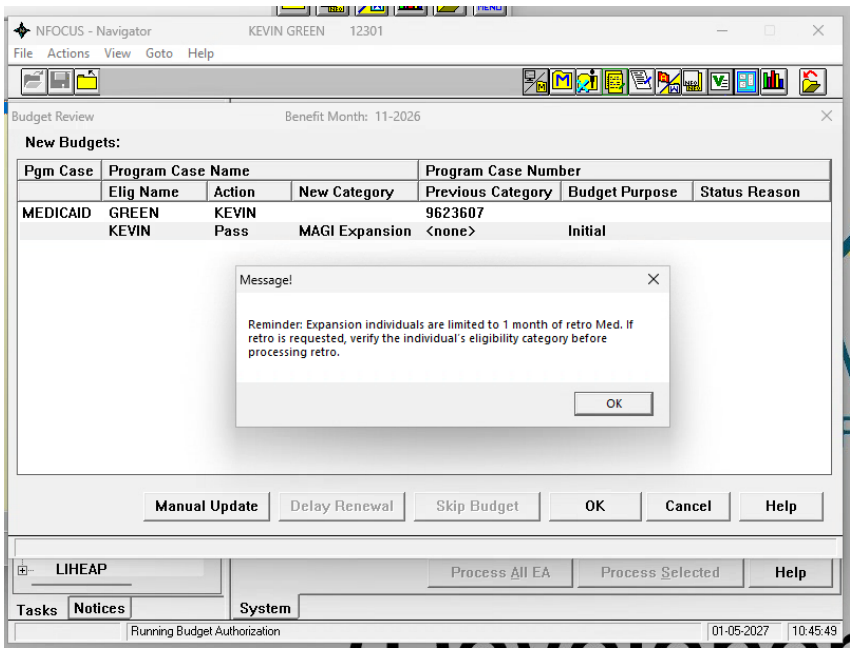
This message is very similar to what workers see today, but the limit has changed from three months to two, and a new line has been added to explain that additional limits may apply.

Applications received before January 1, 2027, may still receive up to three months of retro coverage. Applications received on or after January 1, 2027, may receive up to two months of retro coverage.



New Pop-Up Reminder for Medicaid Budgets

A new pop-up reminder has been added to the Budget Review that will display two months prior to the application month. The message reminds workers that individuals in the Expansion category are limited to one month of retroactive Medicaid coverage. If retroactive coverage is requested, workers should confirm the individual's category before processing retro request.

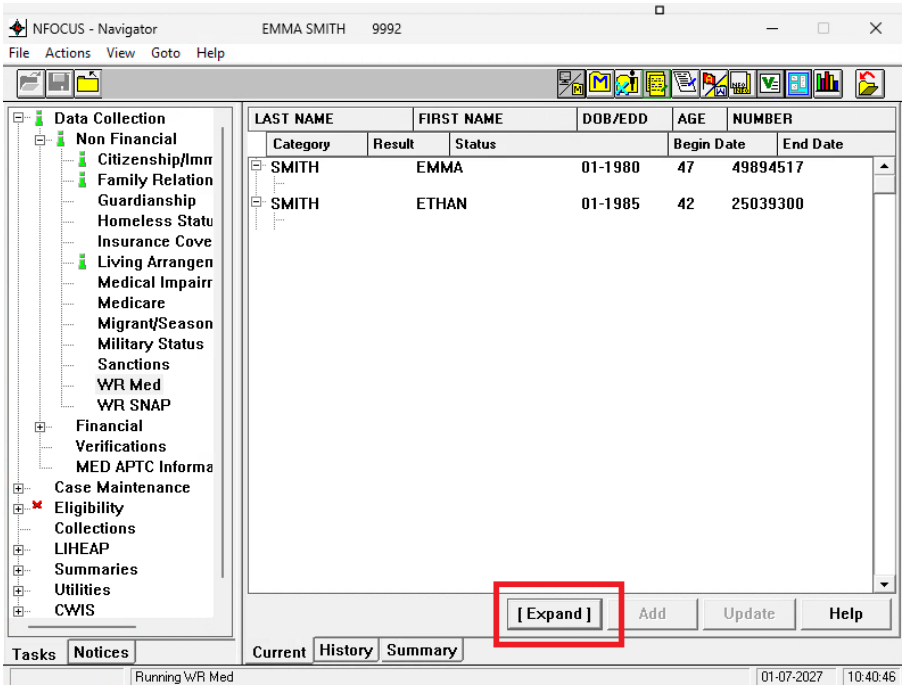


OEA – Medicaid Work Requirement Task Age Requirements (Change)

Workers will have additional options for viewing and updating Medicaid Work Requirement (MWR) information. The MWR task will be available for individuals from age 18 who have one of the following statuses:

- Active
- Pending
- Premium Due
- Spend Down

A new Expand button will also be added to the WR Med Task. This will allow workers to access and capture MWR information for other master case members.



OEA- Medicaid Work Requirement Detail Screen Enhancements (Change)

The Medicaid Work Requirement Detail screen has been updated to make data entry clearer and easier for workers.

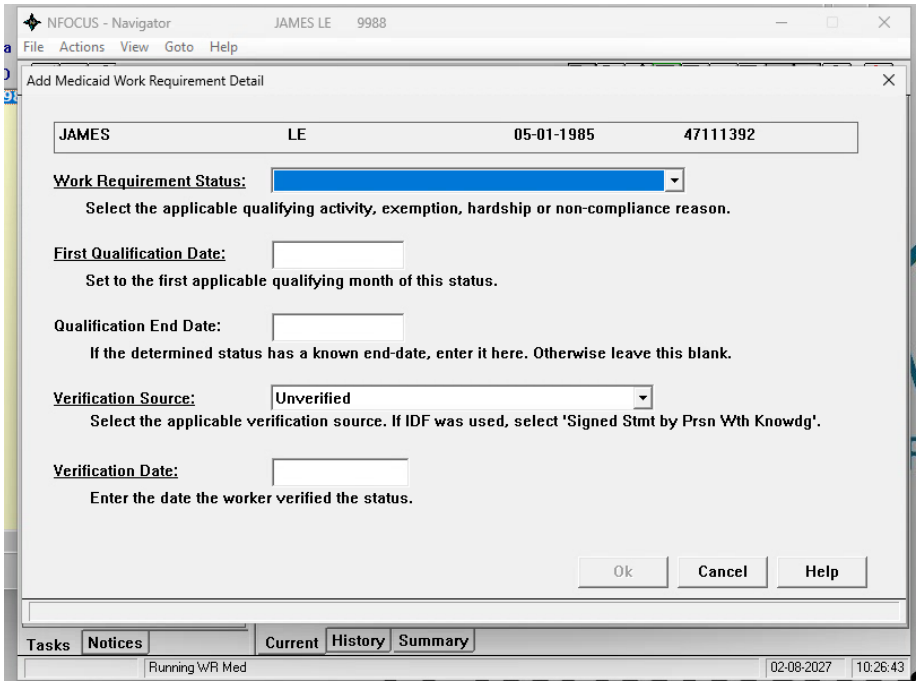
Changes included

- The Qualification Date field has been renamed to First Qualification Date. Additional instructional text has been added below the field to provide guidance.
- The Determined via Ex Parte Process field has been removed from the screen.

Additional On-Screen Guidance

Instructional text has been added below the following fields to help workers enter information accurately and consistently:

- Work Requirements Status
- First Qualification Date
- Qualification End Date
- Verification Source
- Verification Date



The Work Requirement Status drop down list has been resorted with new statuses added and renaming of some existing statuses.

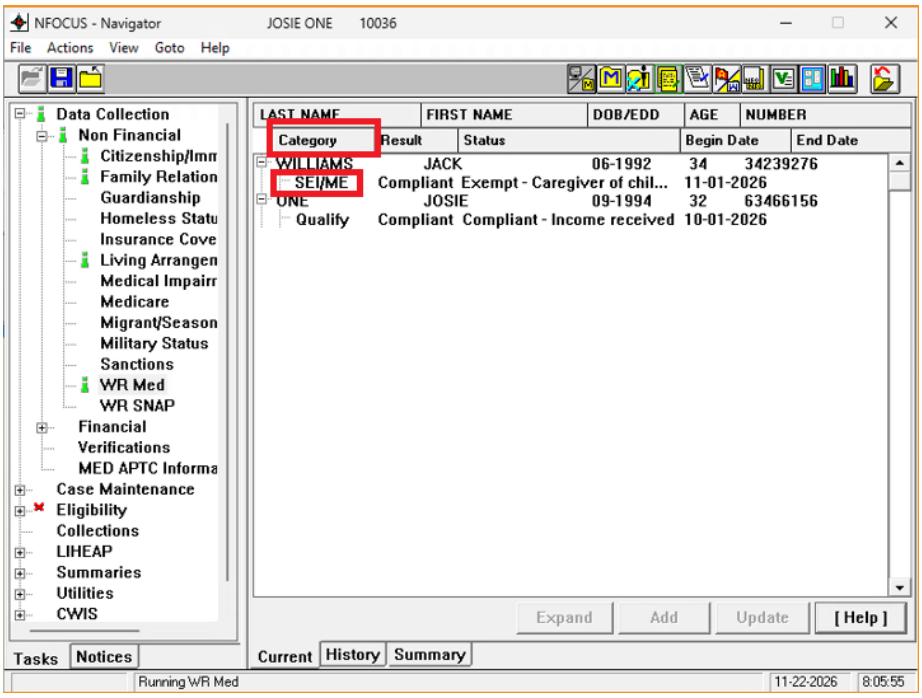
This is the complete list:

- Non-responsive
- Not Compliant
- Exempt - Caregiver of child 13 or under
- Exempt - Caregiver of disabled individual
- Exempt - Medically frail or special medical needs
- Exempt - Native American or IHS-eligible
- Exempt - Veteran with total disability
- Exempt - Pregnant or postpartum
- Exempt - Incarceration
- Exempt - Former foster care participant
- Exempt - SNAP work requirements
- Exempt - TANF work requirements
- Exempt - Drug or alcohol treatment
- Compliant - Income received
- Compliant - Work hours
- Compliant - Student/education enrollment
- Compliant - Volunteer hours
- Compliant - Work program hours
- Compliant - Combination of activities
- Temp Hardship - High unemployment level in county
- Temp Hardship - Declared disaster/emergency
- Temp Hardship - Medical/hospital services

- Temp Hardship - Travel for medical services
- Exempt - Recent incarceration release
- Exempt - Previously under 19
- Exempt - Previous mandatory Med category
- Exempt - Previous Medicare enrollment
- Force Compliant
- Undetermined
- Compliance status pending

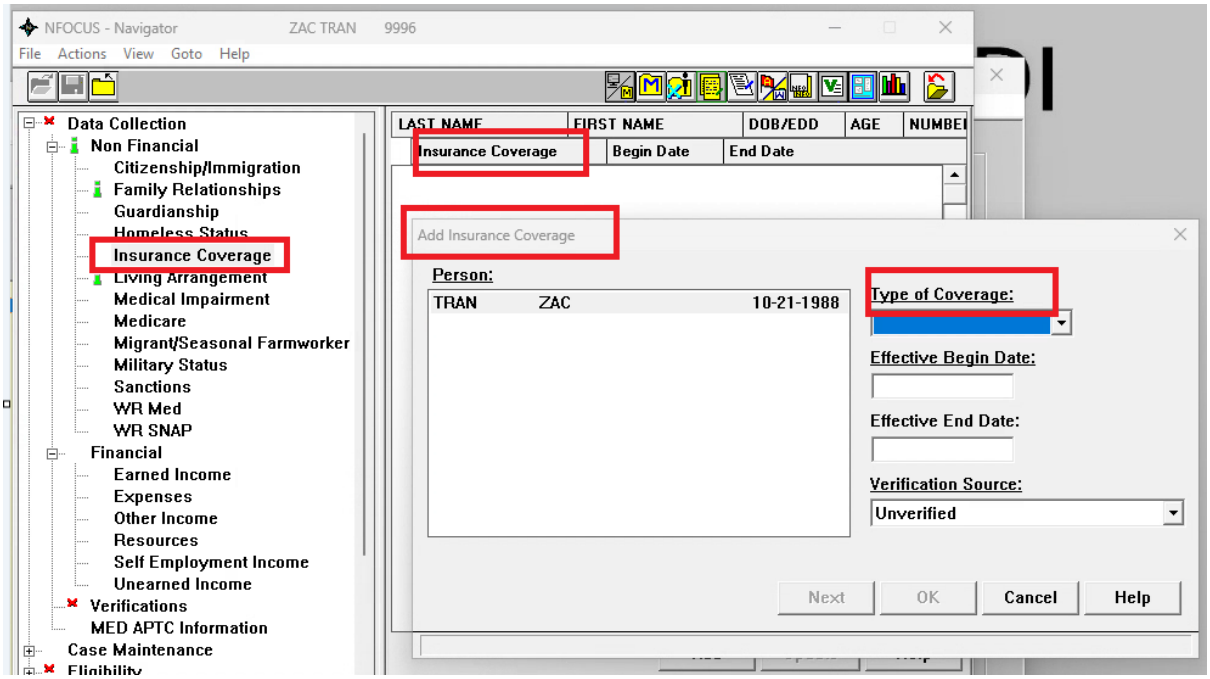
In addition, a new Category type has been added to the WR MED screen called SEI/ME for the following statuses:

- Exempt - Caregiver of child 13 or under
- Exempt - Caregiver of disabled individual
- Exempt - Drug or alcohol treatment
- Exempt - Incarceration
- Exempt - Medically frail or special medical needs
- Exempt - Native American or IHS-eligible
- Exempt - Pregnant or postpartum
- Exempt - SNAP work requirements
- Exempt - TANF work requirements
- Exempt - Veteran with total disability
- Exempt - Former foster care participant



OEA – Medicaid Minimum Essential Coverage Task Renamed (Change)

Minimum Essential Coverage task screens have been renamed to Insurance Coverage. On the Task Details screen, the dropdown field label has also been updated from Minimum Essential Coverage to Type of Coverage. Existing dropdown values and functionality remain unchanged.



OEA – Medicaid Expansion Budgeting Blocked if Work Requirements Data Not Present (Change)

N-FOCUS has been updated with new rules that block certain HHA budgets when required Medicaid Work Requirement (MWR) information is missing or non-compliant. These rules apply to HHA budgets with a budget month of **September 1, 2026, or later**.

The rules apply only to the following budget purposes:

- Initial
- Renewal
- Man-RNW
- Man-Initial

Change-type budgets are not affected. This includes:

- Change
- Admin
- MESA
- Manual Change

NFOCUS will check for the required MWR information during the budgeting process. A budget will be blocked when:

- Required MWR information is missing for the budget month or the month before the current budget month if the budget purpose is Initial or Man-Initial; or required MWR information is missing for the budget month or within 12 months of the previous expiry date if the budget purpose is Renewal or Man-RNW; or

- The MWR status indicates non-compliance based on the applicable MWR category.

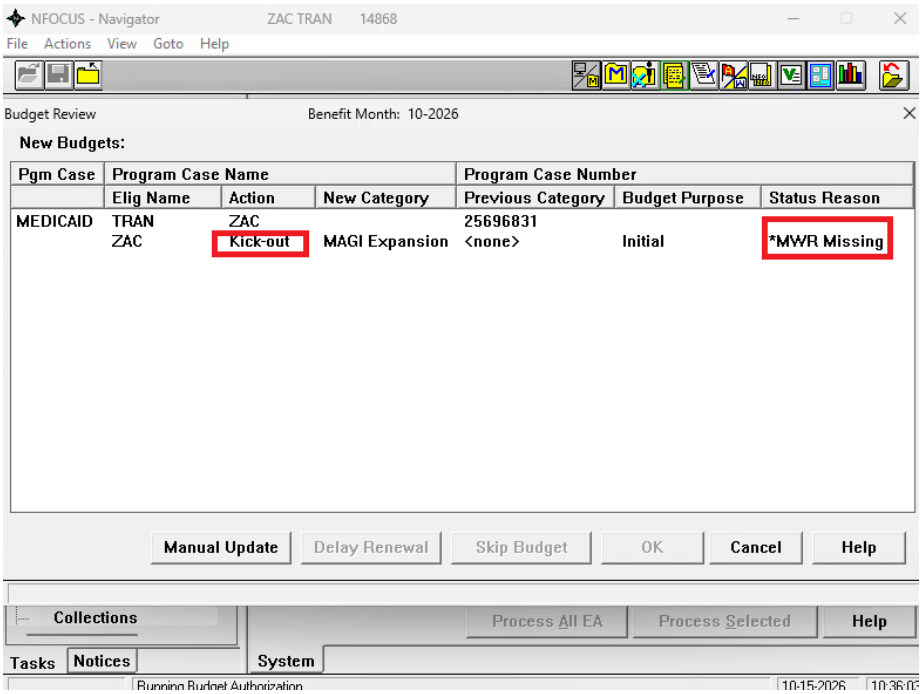
When a budget is blocked, the Budget Review screen will display:

- Action: Kick-out
- Reason: MWR Missing

If one or more budget rows have a Kick-out action:

- The OK button will be disabled.
- The worker will not be able to continue to the Budget Auth screen.
- The worker can exit budgeting.

If the worker cancels budgeting, any partial or incomplete MWR updates made during the budgeting process will not be saved. If N-FOCUS displays Kick-out – MWR Missing, review the MWR information and update it as needed before continuing with the budgeting process.



OEA – Medicaid MAGI Expansion Six Month Renewal Processing (Change)

MAGI Expansion applications submitted on or after January 1, 2027, will be assigned a six-month renewal period unless a higher-priority rule or exemption applies. Cases with renewal dates before March 31, 2027, will remain on a 12-month cycle, while cases with renewal dates on or after March 31, 2027, will follow the six-month MAGI Expansion renewal rule unless an exception applies. No other Medicaid categories will be converted to a six-month renewal cycle as part of this update.

American Indian/Alaska Native (AI/AN) Exemption

AI/AN individuals will not move to six-month renewals. They will continue on a 12-month renewal cycle. This exemption can be added in either the MWR screen or in demographics.

Pregnancy

Pregnancy records will continue to follow existing pregnancy expiry rules, even for MAGI Expansion members.

Existing Renewal Date Retention

When a MAGI Expansion case is updated due to a change in circumstances and the individual remains eligible, N-FOCUS will retain the existing expiry/renewal date when the previous category was MAGI Expansion, unless another applicable rule requires the date to change.

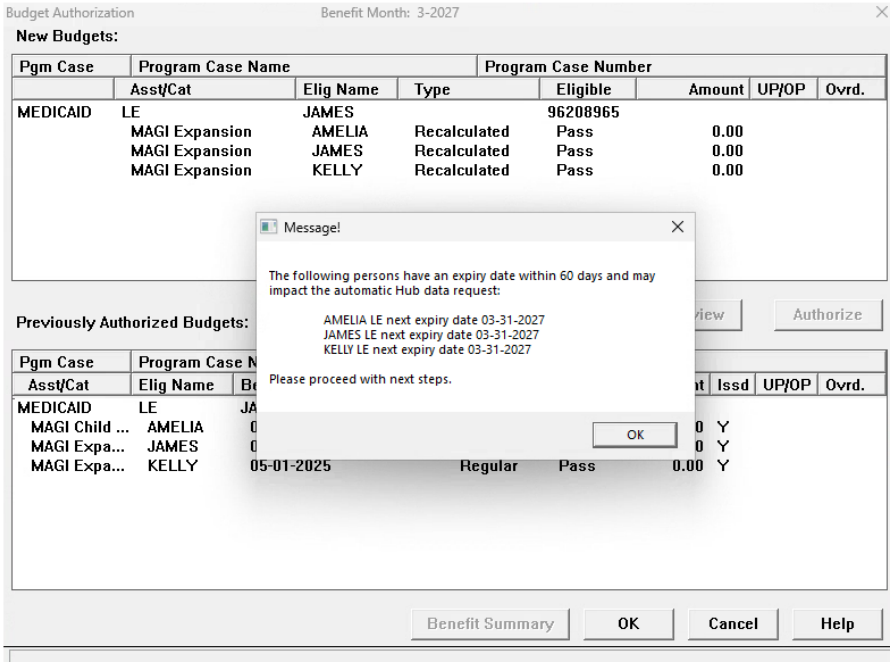
When a change action causes an individual to newly qualify for MAGI Expansion, N-FOCUS will calculate the potential new six-month expiry date. The potential new date will be compared with the existing expiry date. The earlier of the two dates will be used as the new expiry date.

If the change results in an earlier expiry date, the change is considered adverse action and the applicable **10-day notice requirements** will apply.

New Pop up - 60-Day Renewal Window Notification

N-FOCUS will identify situations where a newly assigned expiry date overlaps an existing renewal period or falls within 60 days of an existing renewal period, based on the current system date.

When the 60-day criteria are met, N-FOCUS will display a pop up in the Budget Authorization window informing the worker that the renewal window is open.



60-Day and 90-Day Message Priority

The current 90-day program case review message will continue to appear when applicable. The message is:
"Note that the program case review due date of 9/30/2026 for Med PC #XXXX is less than 90 days from today."

However, the system will now check for 60-day renewal criteria first. If the 60-day criteria are met, only the 60-day message will show, and the 90-day message will not display. Workers will never see both messages in the same budget month. If the 60-day criteria are not met, the existing 90-day message will appear as usual.

10-Day Notice Pop-Up Update

A 10-day pop-up will be added to provide an additional reminder when a Medicaid budget for MAGI Expansion has an expiry date changed to an earlier date. When applicable, the existing 10-day notice message will appear to help prevent an adverse action from being taken without the required notice. This update does not change the existing message or how the current 10-day notice process works.

OEA – Medicaid Benefit Summary Work Requirements Status Display (Change)

An additional system enhancement has been made to how Medicaid Work Requirement (MWR) status is captured in the Budget Summary.

The system will now look at previous work requirement statuses when there is no status effective on the first day of the budget month.

Initial Budgets

When the budgeting type is Initial:

- If there is no work requirement status effective on the first day of the budget month, the Budget Summary will capture the work requirement status from the month immediately preceding the budget month.

Renewal or Change Budgets

When the budgeting type is Renewal or Change:

- If there is no work requirement status effective on the first day of the budget month, the Budget Summary will capture the most recent work requirement status from up to 12 months prior to the expiry date.

OEA – Medicaid Notice of Action Approval, Renewal, Close (Change)

Medicaid Work Requirements (MWR) Language

The Expert System has been updated to automatically populate the standard MWR language in the body of the Notice of Eligibility. However, this functionality currently applies only when the participant is already active in a MAGI Expansion category.

Please be aware of the following limitations:

- **Active MAGI Expansion Participants:** When the participant is already active in a MAGI Expansion category and the applicable Expert System notice is generated, the standard MWR language will automatically populate. Staff will no longer need to manually copy and paste the language into the comments section.
- **Case Actions or Participant Actions:** If a notice is generated using Case Actions or Participant Actions, the MWR language will **not** automatically populate for denials. It will populate for HHA participants when closed.
- **Other Medicaid Categories:** If the participant is currently in another Medicaid category, the MWR language will **not** automatically populate, even if the action involves eligibility for MAGI Expansion.

Important Reminder: Review All Notices

Staff must continue reviewing all notices involving MAGI Expansion participants to ensure the appropriate MWR language is included.

Do not assume that the language has automatically populated. If the required MWR language is missing, staff must manually add it to the notice.

Accurate notices are essential to ensuring clients receive the information they need regarding Medicaid Work Requirements.

Language Assistance and Accessibility Information

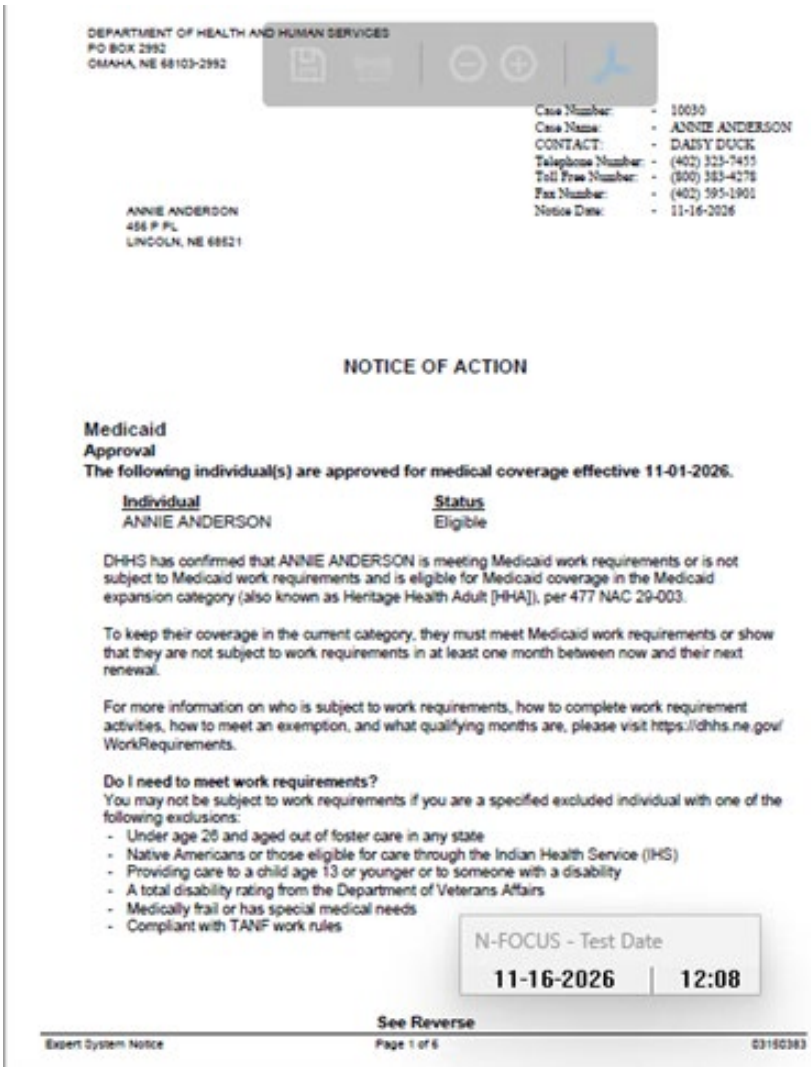
Additional language has also been incorporated into the notices to inform clients, in multiple languages, of the availability of language assistance services and auxiliary aids and services.

These changes help ensure clients are aware of the assistance available to them when accessing DHHS services and information.

Additional Enhancements Coming

Further system enhancements are planned for a future release to improve the notice functionality.

MAGI Expansion Approval



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

Case Number: - 10030
Case Name: - ANNIE ANDERSON
CONTACT: - DAISY DUCK
Telephone Number: - (402) 323-7455
Toll Free Number: - (800) 383-4278
Fax Number: - (402) 595-1901
Notice Date: - 11-16-2026

ANNIE ANDERSON
456 P PL
LINCOLN, NE 68521

NOTICE OF ACTION

Medicaid
Approval
The following individual(s) are approved for medical coverage effective 11-01-2026.

Individual	Status
ANNIE ANDERSON	Eligible

DHHS has confirmed that ANNIE ANDERSON is meeting Medicaid work requirements or is not subject to Medicaid work requirements and is eligible for Medicaid coverage in the Medicaid expansion category (also known as Heritage Health Adult [HHA]), per 477 NAC 29-003.

To keep their coverage in the current category, they must meet Medicaid work requirements or show that they are not subject to work requirements in at least one month between now and their next renewal.

For more information on who is subject to work requirements, how to complete work requirement activities, how to meet an exemption, and what qualifying months are, please visit https://dhhs.ne.gov/WorkRequirements.

Do I need to meet work requirements?
You may not be subject to work requirements if you are a specified excluded individual with one of the following exclusions:
- Under age 26 and aged out of foster care in any state
- Native Americans or those eligible for care through the Indian Health Service (IHS)
- Providing care to a child age 13 or younger or to someone with a disability
- A total disability rating from the Department of Veterans Affairs
- Medically frail or has special medical needs
- Compliant with TANF work rules

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11-16-2026 | 12:08

See Reverse

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- In a SNAP household and subject to work rules
- In a drug or alcohol treatment program
- Incarcerated
- Pregnant or receiving Medicaid coverage during the 12-month postpartum period

How can I meet Medicaid work requirements?
If you do not have one of the exclusions above, you are considered an applicable individual, and you must meet work requirements by completing work requirement activities or having an exemption.

You can complete work requirement activities in one of three ways:
1. Completing at least 80 hours of work requirement activities in a qualifying month. You can get these hours from a single activity or by combining multiple activities:
   - Working (including unpaid or in-kind work)
   - Attending school or an apprenticeship (if enrolled less than half-time)
   - Participating in a work program
   - Volunteering
2. Attending school or an apprenticeship at least half-time.
3. Receiving income of at least $580 in a qualifying month.

You can also meet work requirements by having an exemption in a qualifying month:
- Under age 19
- Entitled to or enrolled in Medicare Parts A or B
- Eligible for a category of Medicaid other than Medicaid expansion (HHA)
- Recently released from incarceration (up to 90 days prior to a qualifying month)
- Any of the specified excluded individual reasons listed above
- Experienced one of the following temporary hardships:
  - You were hospitalized, in a nursing facility, or received care in another institutional setting
  - You or a dependent traveled outside of your community for an extended period of time to get serious medical care
  - You lived in a county under a federal emergency or disaster declaration*
  - You lived in a county with high unemployment*

  *Check https://dhhs.ne.gov/WorkRequirements for a list of affected counties.

How to contact Nebraska Medicaid
You can provide information to DHHS related to Medicaid work requirements in any of the following ways:
- Online: at https://iserve.nebraska.gov/
- By mail: P.O. Box 2992, Omaha, NE 68103-2992
- By phone:
  - Phone Number: (855) 632-7633
  - Lincoln Phone Number: (402) 473-7000
  - Omaha Phone Number: (402) 595-1178
  - TTY Number: (402) 471-7256
- By fax: (402) 742-2351
- In person at a local DHHS office: https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx

What happens if I fail to meet Medicaid work requirements at my next renewal?

The Department of Health and Human Services (DHHS) will use information it already has to determine if you are subject to work requirements or if you have met work requirements at your next

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11-16-2026 | 12:09

Start

Expert System Notice Page 2 of 6 03150383

renewal. If DHHS does not have enough information to verify if you met work requirements or are not subject to them, we will contact you and ask for more information, describing the information we need from you and how to send it to us. If DHHS requests additional information from you, you must submit the requested information within 30 days of receipt, or you may lose your Medicaid coverage in the Medicaid expansion category.

If you do not meet Medicaid work requirements, do not have an exemption, or you do not respond to a notice from DHHS, you will lose your Medicaid coverage. To qualify for Medicaid coverage in the Medicaid expansion category again, you would need to meet work requirements and apply for Medicaid again (see contact information above for ways to apply).

You might still be able to get health coverage through the Federal Marketplace, but you may not be eligible for Advanced Premium Tax Credits if you failed to meet Medicaid work requirements. For more information, go to HealthCare.gov or contact the Federal Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

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.

The manual references that support this which support this action are -477 NAC 29-003, which can be found at ACCESSNebraska.ne.gov

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11-16-2026 | 12:10

Economic Assistance	Go online:	Nebraska Medicaid Eligibility
Toll Free: (800)383-4278	dhhs.Nebraska.gov	Toll Free: (855)632-7633
Lincoln: (402)323-3900		Lincoln: (402)475-7000
Omaha: (402)595-1258		Omaha: (402)595-1178

See Reverse

English
The Nebraska Department of Health and Human Services provides language assistance services and auxiliary aids and services, free of charge. For language assistance services or auxiliary aids, please call (402)-471-3121 or speak to someone at the front desk.

Spanish
El Departamento de Salud y Servicios Humanos de Nebraska ofrece asistencia lingüística y servicios y ayudas auxiliares, de forma gratuita. Para servicios de asistencia lingüística o ayudas auxiliares, por favor llame al (402) 471-3121 o hable con alguien en la recepción.

Vietnamese
Sở Y tế và Dịch vụ Nhân sinh Nebraska cung cấp dịch vụ hỗ trợ ngôn ngữ và các thiết bị và dịch vụ hỗ trợ, hoàn toàn miễn phí. Để được hỗ trợ ngôn ngữ hoặc các thiết bị hỗ trợ, vui lòng gọi số (402) 47 3121 hoặc trao đổi với nhân viên tại quầy tiếp tân.

Arabic
[illegible] (402) 471-3121 [illegible]

French
Le Département de la Santé et des Services Sociaux du Nebraska propose gratuitement des services d'assistance linguistique et des aides et services auxiliaires. Pour obtenir une assistance linguistique ou des aides auxiliaires, veuillez appeler le (402) 471-3121 ou parler à quelqu'un à l'accueil.

Chinese
[illegible] (402) 471-3121 [illegible]

German
Das Gesundheits- und Sozialministerium von Nebraska bietet kostenlose Sprachunterstützung sowie Hilfsmittel und Dienstleistungen an. Für Sprachunterstützung oder Hilfsmittel wenden Sie sich bitte an die Telefonnummer (402) 47 3121 oder sprechen Sie mit einem Mitarbeiter an der Rezeption.

Somali
Waaxda Caafimaadka iyo Adeegyada Aadanaha ee Nebraska waxay bixiyaan adeegyada kaalmada luqadda iyo caddaka caawiya dadka wax macaash la'. Adeegyada kaalmada luqadda ama gacanka caawiya dadka wax macaash ku adeegsiyay, fadlan wac (402) 47 3121oma ahaota qofka jaga soo dhowaynta.

Swahili
[illegible] (402) 471-3121 [illegible]

Nepali
[illegible] (402) 471-3121 [illegible]

Tagalog
Nagbibigay ang Nebraska Department of Health and Human Services ng mga serbisyong pantulong sa wika at mga karagdagang tulong at serbisyo, nang walang bayad. Para sa mga serbisyong pantulong sa wika o mga karagdagang tulong, mangyaring tumawag sa (402) 471-3121 o makipagusap sa isang tao sa front desk.

Russian
[illegible] (402) 471-3121 [illegible]

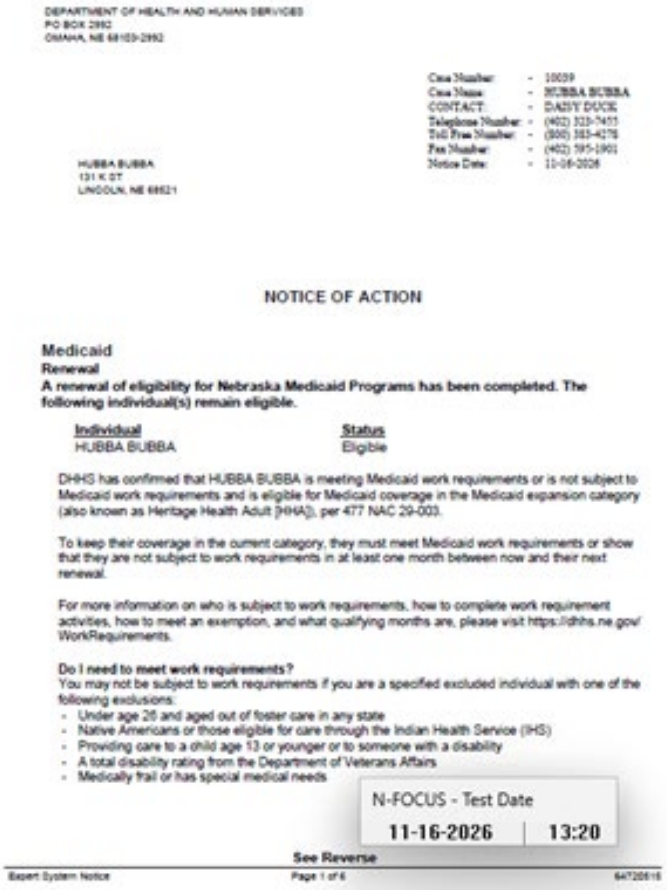
Persian
[illegible] (402) 471-3121 [illegible]

Telugu
[illegible] (402) 471-3121 [illegible]

Hindi
[illegible] (402) 471-3121 [illegible]

N-FOCUS - Test Date
11-16-2026 | 12:11

MAGI Expansion Renewal



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

Case Number: - 10039
Case Name: - BUBBA BUBBA
CONTACT: - DAISY DUCK
Telephone Number: - (402) 323-7455
Toll Free Number: - (800) 383-4278
Fax Number: - (402) 595-1901
Notice Date: - 11-16-2026

HUBBA BUBBA
131 K ST
LINCOLN, NE 68521

NOTICE OF ACTION

Medicaid
Renewal
A renewal of eligibility for Nebraska Medicaid Programs has been completed. The following individual(s) remain eligible.

Individual	Status
HUBBA BUBBA	Eligible

DHHS has confirmed that HUBBA BUBBA is meeting Medicaid work requirements or is not subject to Medicaid work requirements and is eligible for Medicaid coverage in the Medicaid expansion category (also known as Heritage Health Adult [HHA]), per 477 NAC 29-003.

To keep their coverage in the current category, they must meet Medicaid work requirements or show that they are not subject to work requirements in at least one month between now and their next renewal.

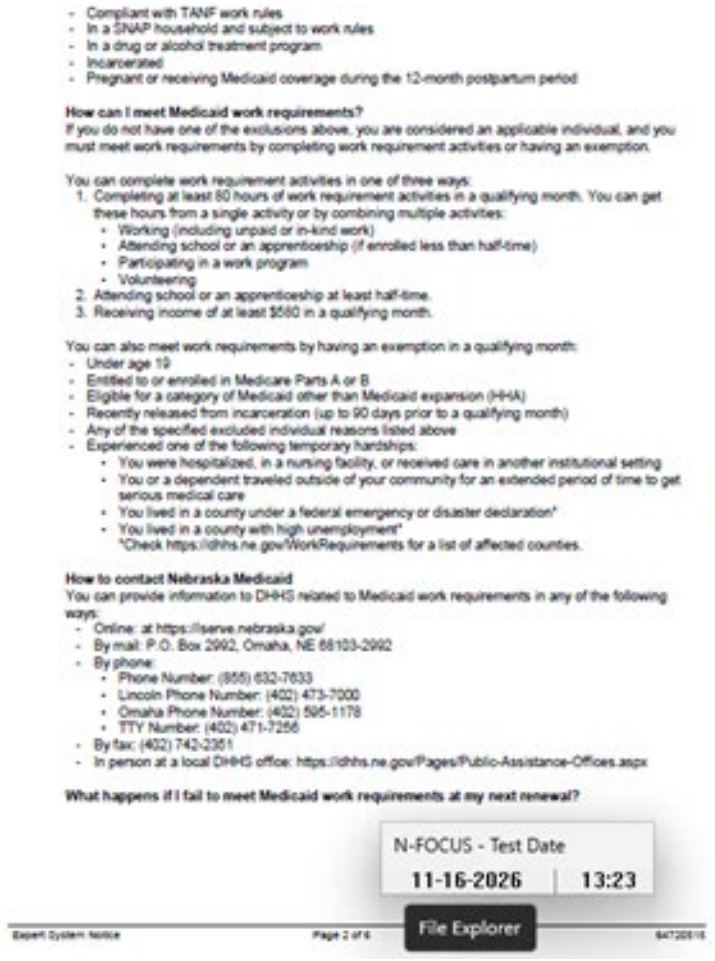
For more information on who is subject to work requirements, how to complete work requirement activities, how to meet an exemption, and what qualifying months are, please visit https://dhhs.ne.gov/WorkRequirements.

Do I need to meet work requirements?
You may not be subject to work requirements if you are a specified excluded individual with one of the following exclusions:
- Under age 26 and aged out of foster care in any state
- Native Americans or those eligible for care through the Indian Health Service (IHS)
- Providing care to a child age 13 or younger or to someone with a disability
- A total disability rating from the Department of Veterans Affairs
- Medically frail or has special medical needs

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See Reverse

Expert System Notice — Page 1 of 6 — 647205115



- Compliant with TANF work rules
- In a SNAP household and subject to work rules
- In a drug or alcohol treatment program
- Incarcerated
- Pregnant or receiving Medicaid coverage during the 12-month postpartum period

How can I meet Medicaid work requirements?
If you do not have one of the exclusions above, you are considered an applicable individual, and you must meet work requirements by completing work requirement activities or having an exemption.

You can complete work requirement activities in one of three ways:
1. Completing at least 80 hours of work requirement activities in a qualifying month. You can get these hours from a single activity or by combining multiple activities:
   - Working (including unpaid or in-kind work)
   - Attending school or an apprenticeship (if enrolled less than half-time)
   - Participating in a work program
   - Volunteering
2. Attending school or an apprenticeship at least half-time.
3. Receiving income of at least $580 in a qualifying month.

You can also meet work requirements by having an exemption in a qualifying month:
- Under age 19
- Entitled to or enrolled in Medicare Parts A or B
- Eligible for a category of Medicaid other than Medicaid expansion (HHA)
- Recently released from incarceration (up to 90 days prior to a qualifying month)
- Any of the specified excluded individual reasons listed above
- Experienced one of the following temporary hardships:
  - You were hospitalized, in a nursing facility, or received care in another institutional setting
  - You or a dependent traveled outside of your community for an extended period of time to get serious medical care
  - You lived in a county under a federal emergency or disaster declaration*
  - You lived in a county with high unemployment*
  *Check https://dhhs.ne.gov/WorkRequirements for a list of affected counties.

How to contact Nebraska Medicaid
You can provide information to DHHS related to Medicaid work requirements in any of the following ways:
- Online: at https://serve.nebraska.gov/
- By mail: P.O. Box 2992, Omaha, NE 68103-2992
- By phone:
  - Phone Number: (855) 632-7633
  - Lincoln Phone Number: (402) 473-7000
  - Omaha Phone Number: (402) 595-1178
  - TTY Number: (402) 471-7256
- By fax: (402) 742-2351
- In person at a local DHHS office: https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx

What happens if I fail to meet Medicaid work requirements at my next renewal?

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The Department of Health and Human Services (DHHS) will use information it already has to determine if you are subject to work requirements or if you have met work requirements at your next renewal. If DHHS does not have enough information to verify if you met work requirements or are not subject to them, we will contact you and ask for more information, describing the information we need from you and how to send it to us. If DHHS requests additional information from you, you must submit the requested information within 30 days of receipt, or you may lose your Medicaid coverage in the Medicaid expansion category.

If you do not meet Medicaid work requirements, do not have an exemption, or you do not respond to a notice from DHHS, you will lose your Medicaid coverage. To qualify for Medicaid coverage in the Medicaid expansion category again, you would need to meet work requirements and apply for Medicaid again (see contact information above for ways to apply).

You might still be able to get health coverage through the Federal Marketplace, but you may not be eligible for Advanced Premium Tax Credits if you failed to meet Medicaid work requirements. For more information, go to HealthCare.gov or contact the Federal Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Renewals are completed using either electronic data sources, existing information in the case record or new information you provided during the renewal process. You are required to inform the Department if any of the information used to renew your eligibility is inaccurate. To do so, please sign and return this notice along with verification of any changes. If all information is current and accurate, you are not required to sign and return this notice.

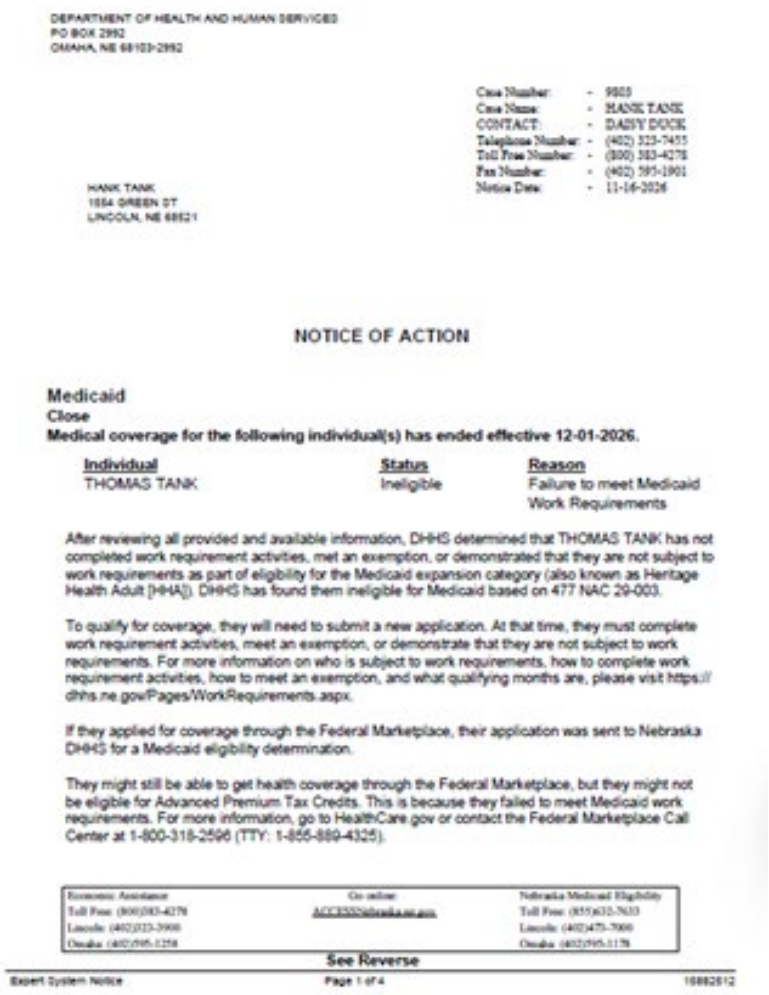
*Signature _____ Date _____

The manual references which support this action are- 477 NAC 3-007, 29-003, which can be found online at: ACCESSNebraska.ne.gov

Economic Assistance	On-line:	Nebraska Medicaid Eligibility
Toll Free: (800)383-4278	ACCESSNebraska.ne.gov	Toll Free: (855)632-7633
Lincoln: (402)473-7000		Lincoln: (402)473-7000
Omaha: (402)595-1178		Omaha: (402)595-1178

See Reverse

MAGI Expansion Close for Failure to meet Medicaid Work Requirements



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

Case Number: - 9803
Case Name: - HANK TANK
CONTACT: - DAISY DUCK
Telephone Number: - (402) 323-7455
Toll Free Number: - (800) 383-4278
Fax Number: - (402) 595-1901
Notice Date: - 11-16-2026

HANK TANK
1884 GREEN ST
LINCOLN, NE 68521

NOTICE OF ACTION

Medicaid
Close
Medical coverage for the following individual(s) has ended effective 12-01-2026.

Individual	Status	Reason
THOMAS TANK	Ineligible	Failure to meet Medicaid Work Requirements

After reviewing all provided and available information, DHHS determined that THOMAS TANK has not completed work requirement activities, met an exemption, or demonstrated that they are not subject to work requirements as part of eligibility for the Medicaid expansion category (also known as Heritage Health Adult [HHA]). DHHS has found them ineligible for Medicaid based on 477 NAC 29-003.

To qualify for coverage, they will need to submit a new application. At that time, they must complete work requirement activities, meet an exemption, or demonstrate that they are not subject to work requirements. For more information on who is subject to work requirements, how to complete work requirement activities, how to meet an exemption, and what qualifying months are, please visit https://dhhs.ne.gov/Pages/WorkRequirements.aspx.

If they applied for coverage through the Federal Marketplace, their application was sent to Nebraska DHHS for a Medicaid eligibility determination.

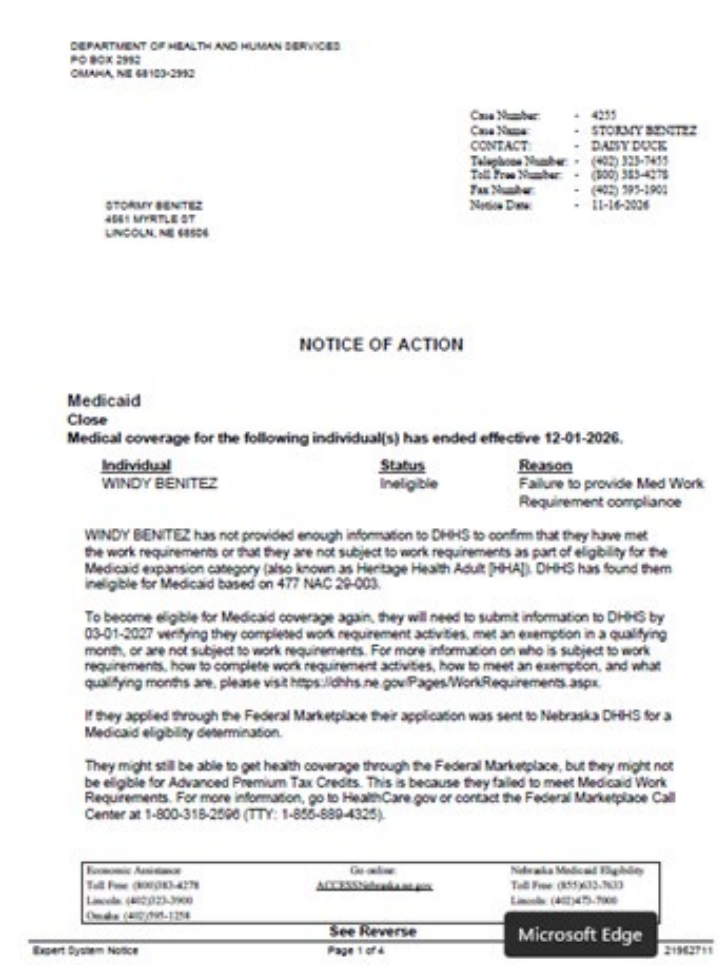
They might still be able to get health coverage through the Federal Marketplace, but they might not be eligible for Advanced Premium Tax Credits. This is because they failed to meet Medicaid work requirements. For more information, go to HealthCare.gov or contact the Federal Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Economic Assistance	On-line:	Nebraska Medicaid Eligibility
Toll Free: (800)383-4278	ACCESSNebraska.ne.gov	Toll Free: (855)632-7633
Lincoln: (402)323-3900		Lincoln: (402)473-7000
Omaha: (402)595-1258		Omaha: (402)595-1178

See Reverse

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MAGI Expansion Close for Failure to provide Medicaid Work Requirement Compliance



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

Case Number: - 4255
Case Name: - STORMY BENITEZ
CONTACT: - DAISY DUCK
Telephone Number: - (402) 323-7455
Toll Free Number: - (800) 383-4278
Fax Number: - (402) 595-1901
Notice Date: - 11-16-2026

STORMY BENITEZ
4561 MYRTLE ST
LINCOLN, NE 68506

NOTICE OF ACTION

Medicaid
Close
Medical coverage for the following individual(s) has ended effective 12-01-2026.

Individual	Status	Reason
WINDY BENITEZ	Ineligible	Failure to provide Med Work Requirement compliance

WINDY BENITEZ has not provided enough information to DHHS to confirm that they have met the work requirements or that they are not subject to work requirements as part of eligibility for the Medicaid expansion category (also known as Heritage Health Adult [HHA]). DHHS has found them ineligible for Medicaid based on 477 NAC 29-003.

To become eligible for Medicaid coverage again, they will need to submit information to DHHS by 03-01-2027 verifying they completed work requirement activities, met an exemption in a qualifying month, or are not subject to work requirements. For more information on who is subject to work requirements, how to complete work requirement activities, how to meet an exemption, and what qualifying months are, please visit https://dhhs.ne.gov/Pages/WorkRequirements.aspx.

If they applied through the Federal Marketplace their application was sent to Nebraska DHHS for a Medicaid eligibility determination.

They might still be able to get health coverage through the Federal Marketplace, but they might not be eligible for Advanced Premium Tax Credits. This is because they failed to meet Medicaid Work Requirements. For more information, go to HealthCare.gov or contact the Federal Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
ACCESSNebraska.ne.gov

Nebraska Medicaid Eligibility
Toll Free: (855)632-7633
Lincoln: (402)473-7000

See Reverse

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21982711

OEA – Refugee Cash Assistance Extension (Change)

The Refugee Cash Assistance (RCA) program eligibility has been increased to 12 months for individuals eligible on or after 1/1/2026. These changes have been incorporated into RCA budgeting. Note the 8 month timeframe changed again on October 1st from 8 months to 12 months.

OEA – SNAP Issuance Hold (New)

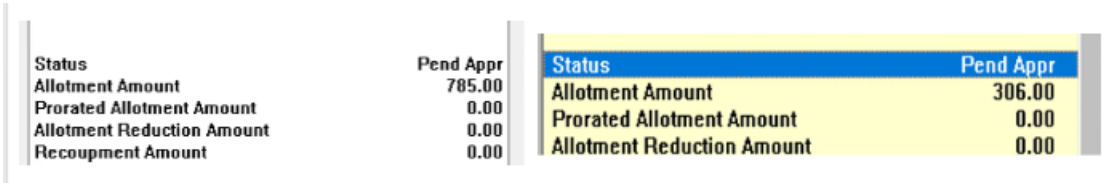
SNAP cases with earned income or self-employment (even negative amounts from tax returns) and allotments over $250 will be held until reviewed for accuracy by the OEA Program Accuracy Specialists (PAS) team. The change came out of the federal requirement to remain under 6% error rate.

The worker will see a new pop-up regarding the held budget. This is similar to when LIHEAP crisis is held for being over a specific allotment amount. Workers are expected to keep working on the SNAP case, running the come-up month, checking in and narrating.

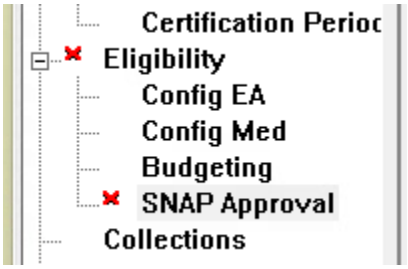
A Work Task will be created for the OEA PAS team to review each case. Only individuals with the OEA PAS review function will be able to accept these Work Tasks and only OEA PAS team members will be able to assign this function to individuals.

The only teams that will be able to run a SNAP budget and not trigger a hold are the Overpayment, SNAP Policy and OEA PAS teams.

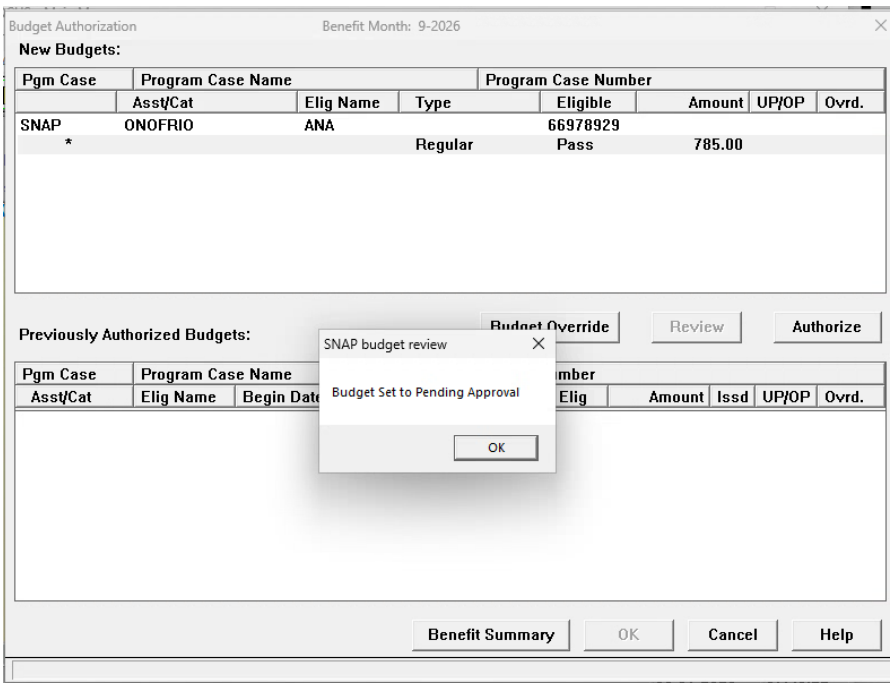
Both the Expert and Gen/Mainframe benefit summary windows will display a status of Pend approval.



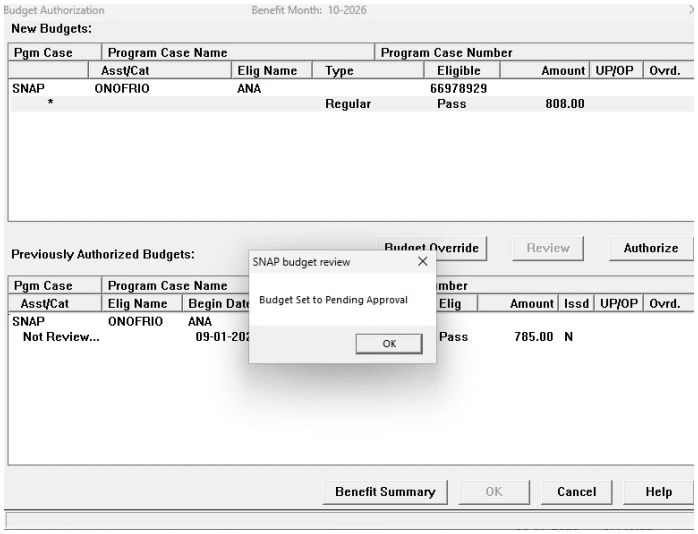
A red X will appear on a new branch of the eligibility tree called SNAP Approval. While workers and supervisors will be able to view the held budgets, only the PAS team will be able to approve or not approve each budget.



Initial budgets will look for income and allotment size. The system will determine if there was earned income/self-employment and an allotment over $250. When the worker authorizes the budget, a popup will indicate the budget is in held status.



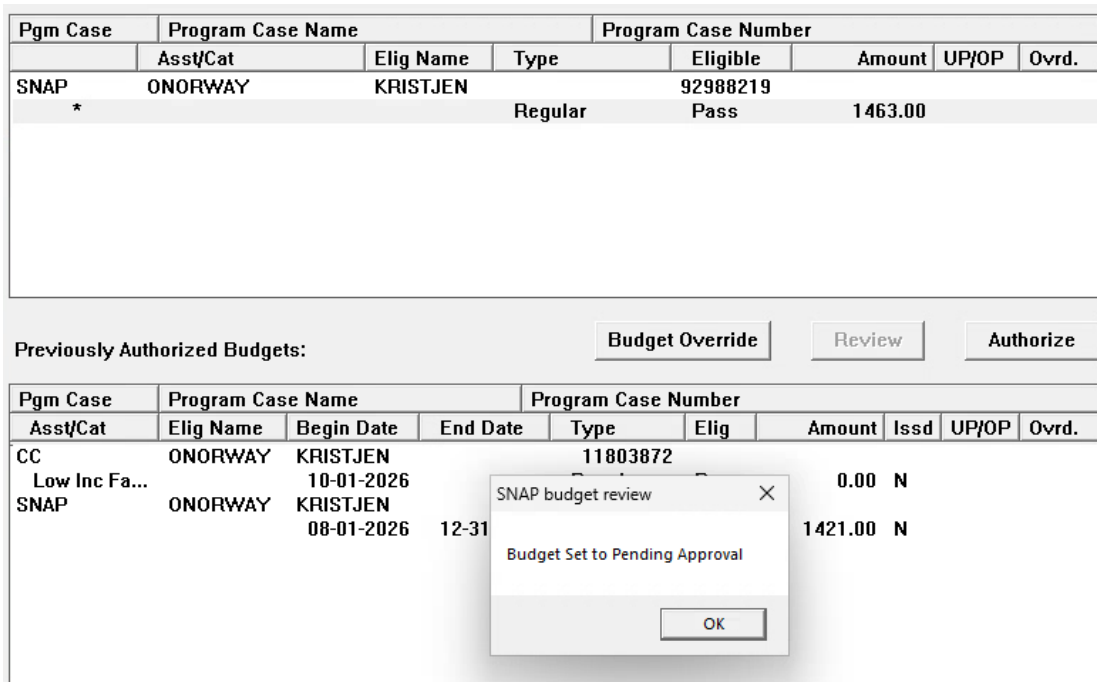
Every subsequent budget will also be held regardless of income/allotment size. This is because we cannot have come up allotment issue to the HH before the initial allotment is issued. On previously authorized budgets it will also say 'Not Reviewed' if that budget is in held status.



Prorate budgets will look for income and hold even if the prorated amount is under $250. This budget and underpayments are the only budgets that will disregard the allotment size. All prorate budgets will hold if earned income/self-employment is found regardless of allotment size.

Status	Pend Appr
Allotment Amount	298.00
Prorated Allotment Amount	208.00
Allotment Reduction Amount	0.00
Recoupment Amount	0.00
Offset Amount	0.00
Overpayment Amount	0.00

Change budgets will look for a change in income and/or a change in unit size, housing expenses, or a change in utilities, and allotment $250 or more. If one or more of these are found the budget will be held.

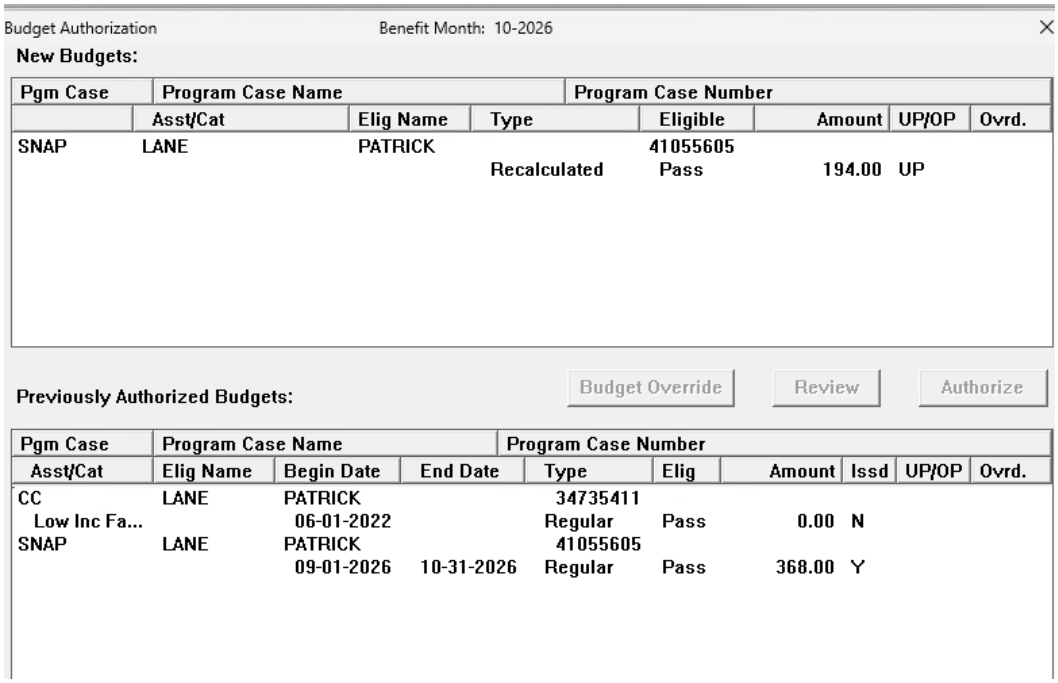


Recert budgets will function like change budgets. The system does not recognize recert as initial, so a change in income/HH size/HH cost/utilities will trigger a hold.

Expedited/Aggregate budgets will not hold; however, the following month budget could hold depending on changes listed above and allotment size.

TBR budgets will not be held.

Underpayment budgets will hold regardless of the amount of the prior issued allotment and the underpayment amount. This is the only other budget type that will hold regardless of allotment size, if all other factors are met.



Overpayment budgets – the overpayment team will have the security to run overpayments without triggering the budget hold.

Production Support

The Production Support team will not be able to clear held budget. This is to ensure that PAS reviews a case before the hold is lifted.

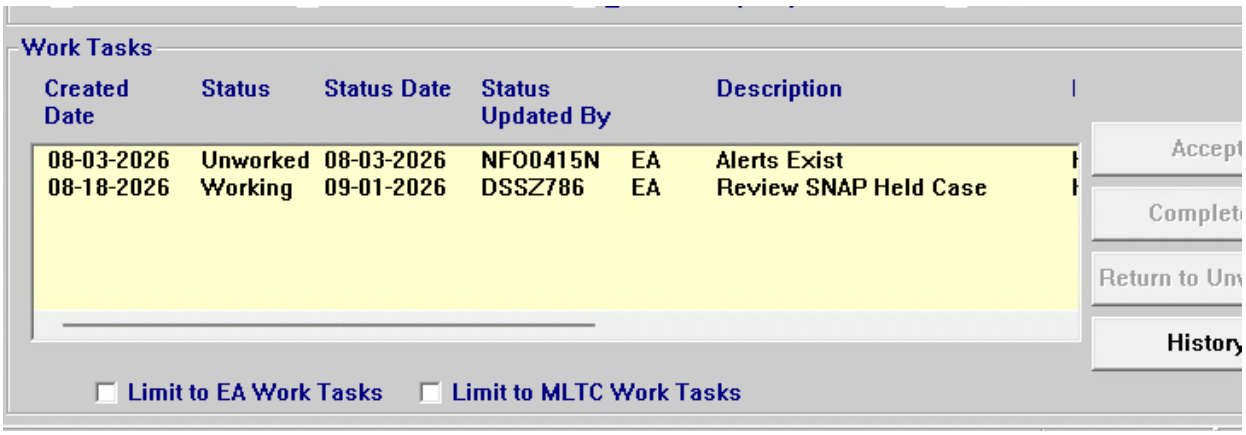
Correspondence

When the first budget is held, the Notice of eligibility will not generate. The notice will generate if the first month is approved/denied and the come-up is held.

The Work Requirement notice will still generate regardless of a held budget. This is because SNAP has a requirement to send this correspondence for all Mandatory individuals regardless of the budget being authorized.

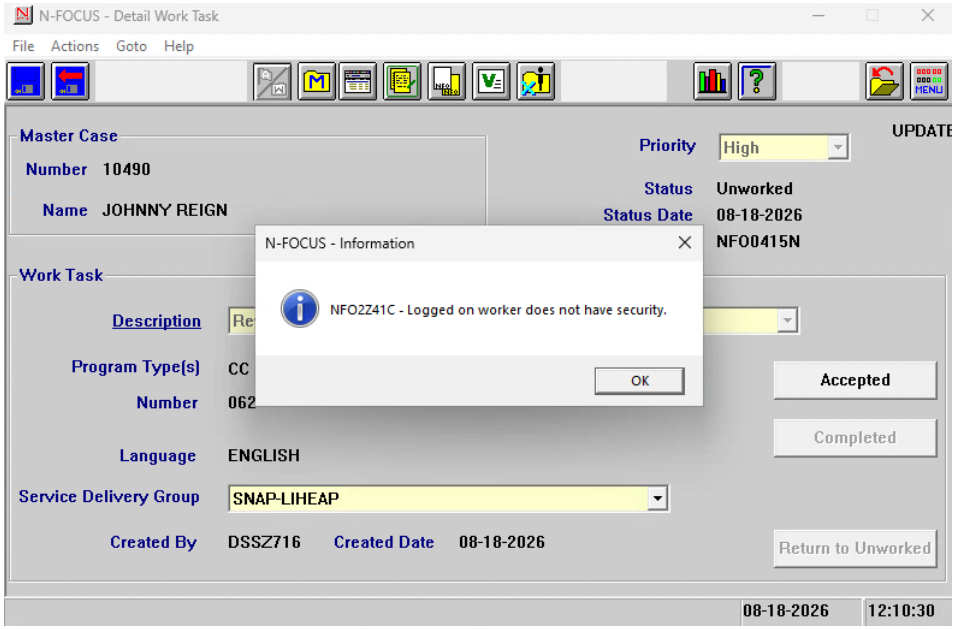
Work Task

Work task #62 – Review SNAP Held Case will generate one Work Task regardless of how many budgets were held in the master case. The Work Task is only able to be accepted/worked by the PAS review function. This Work Task will not appear on current Work Task reports since it is not available to areas outside of the PAS team.



The Work Task will only auto assign to the PAS review function if accessed via the Work Task Manager. The Work Task will need to be cleared when the case has been reviewed. If it is not cleared, the next time the budget is held a new Work Task will not be generated.

If someone other than the PAS review function tries to accept/complete these Work Tasks, a pop-up will generate informing them they do not have the correct security.



Work Task Priority

Each SNAP Hold Work Task will have a priority based on application date, initial, recert, or change. This will determine which Work Task is pulled first when the PAS team member accesses the Work Tasks. If the PAS team member determines the priority is incorrect, they can change it once, to high (10) or blank (99). Once it is changed, they will not be able to change it back.

The system will select the highest priority found. For example, based on the initial app date and processing date the priority would be a 13, however, based on

the processing date for the come-up month the priority for change management is a 12 (the Work Task will receive a 12 Medium priority.

Priorities

11 – Medium High

12 – Medium

13 – Medium Low

14 – Low

Priority 11:

- Initial applications more than 20 days from app received date
- Timely Recertification applications received prior to the 15th of the recert month and processed after the recert period ended. Ex. Recert due 11/30. app received 10/01-11/15, processed 12/01+
- Change management worked within 9 days of end of the month- change effective come up

Priority 12:

- Initial applications between 10 and 20 days from app received date
- Change management worked between 10 and 30 days from end of the month- change effective come up
- Late recertification applications received after the cert period ended and processed the following month. Ex. Cert ended 11/30, app received 12/0-12/31, processed in January
- Timely Recertification applications received prior to the 15th of the recert month and processed within 10 days before recert due date. Ex. Recert due 11/30. app received 10/01-11/15, processed 11/20-11/30
- Untimely recertification applications received after the 15th of the recert month and processed after the recert period ended. Ex. Recert due 11/30, app received 11/16-11/30, processed 12/01+

Priority 13:

- Untimely recertification applications received after the 15th of the recert month and processed before the cert period ended
- Initial applications between 0 and 10 days from app received date
- Late recertification applications received after the cert period ended and processed the same month. Ex. Cert ended 11/30, app received 12/0-12/31, processed in Dec.
- Change management worked 31+ days from end of the month, and change is effective in next month
- Timely Recertification applications received prior to the 15th of the recert month and processed between day 1 – 20 of the recert

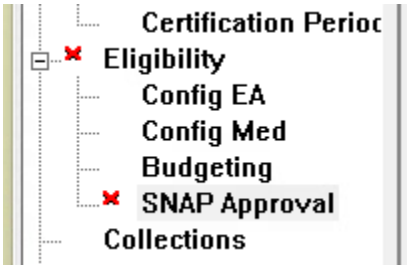
month. Ex. Recert due 11/30. app received 10/01-11/15, processed 11/01-11/19. Ex. Recert due 11/30, app received 11/16-11/30, processed between 11/16-11/30

Priority 14:

- Timely Recertification applications received prior to the 15th of the recert month and processed in the month prior to recert due date. Ex. Recert due 11/30. app received 10/01-11/15, processed 10/01-10/31

OEA PAS only review

The OEA PAS team member will access the held budget in the SNAP approval branch. There will be a row for each held budget. All rows must be addressed.

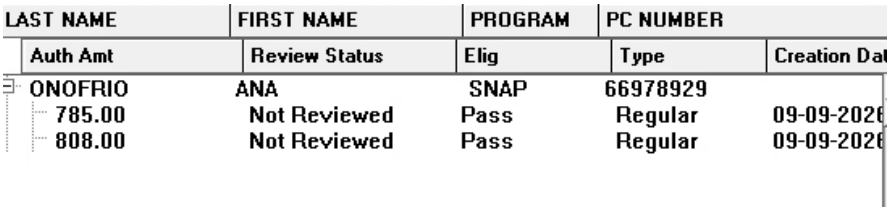


Each held row will require a response:

Approve; Not approved, PAS reviewed; Not reviewed, approved.

Approve and Not reviewed, approved will allow the budget to be picked up on the nightly issuance.

Not approved, PAS reviewed – will zero the budget out and the worker will need to make corrections.

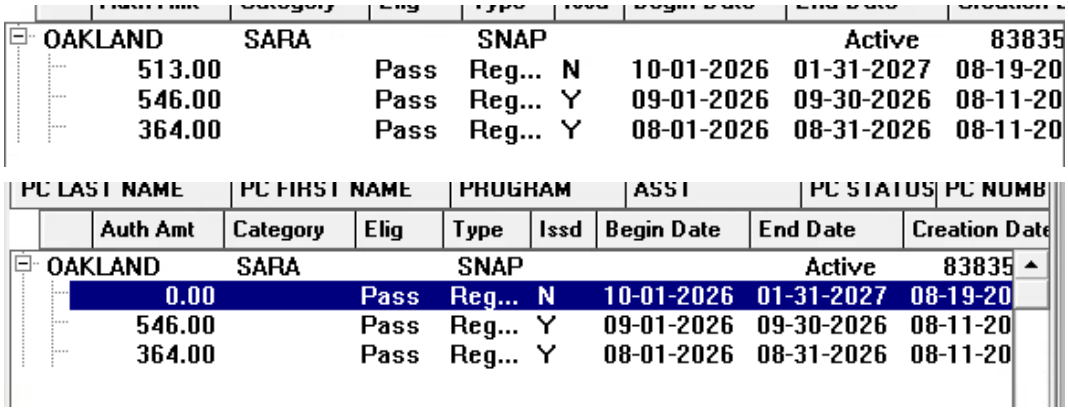




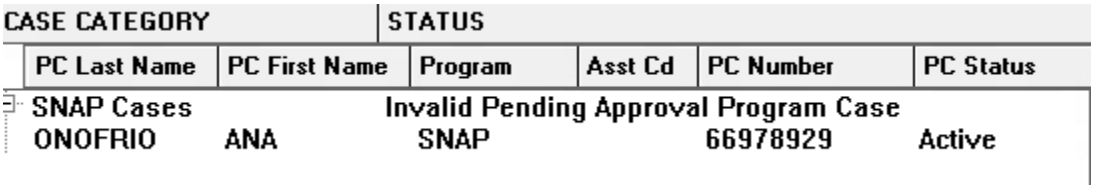
NOTE: Rows need to be approved or Not Reviewed, Approve in chronological order. The top row is the first month held. Month 1 must be approved before month 2. If the first row is Not Approved, PAS reviewed, the remainder of the rows will have to be Not Approved, PAS reviewed. This is to prevent issuance skipping ahead.



The example below shows an October budget prior to review, and the October budget after Not approved/PAS reviewed was selected.



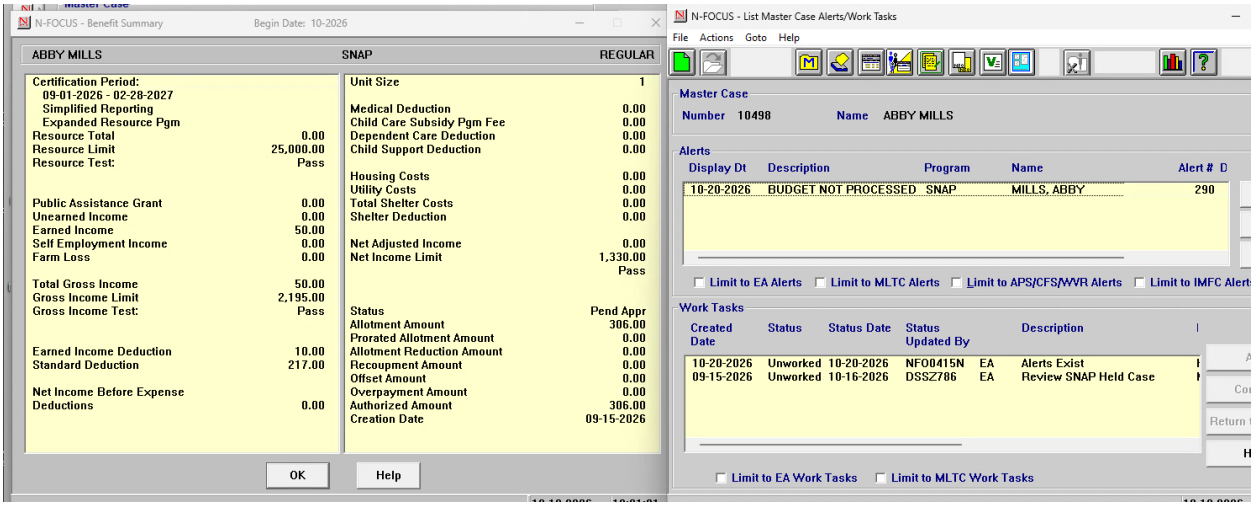
If more than one budget was held, and workers are required to re-budget those held budgets, they will be required to run them in chronological order. The system will indicate if the selected month is not valid. They will have to go to the first pending approval month that needs to be re-budgeted.



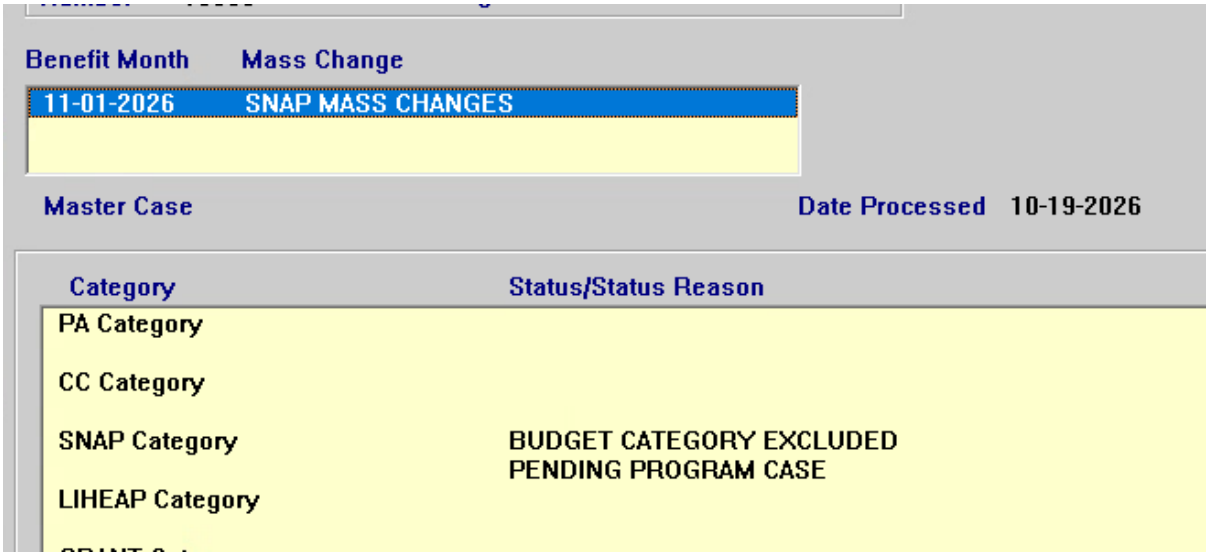
If the budget was PAS reviewed and re-budgeted, it will not hold again for the first run. If the worker re-budgets SNAP, authorizes it, then makes a change and re-budgets again, it will hold the second time. This is because the code reviewing a re-budget is only valid for the first re-budget. If this occurs, override the case and check it out again.

MESA

MESA selection will bypass any case that has a pending approval status. Alert #290 – MESA Mandatory Task will generate to indicate MESA did not run that budget. Even if the held month is in the prior month, the alert will generate.



If a SNAP case is selected for MESA in batch selection then put in a hold status before MESA runs the budget, it will not be picked up for budgeting.



If MESA is bypassed and the case is approved by OEA PAS, a worker will need to run the next month to pick up what would have changed with MESA. If those changes include an increase/decrease to SUA amounts, that SNAP month will hold.