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

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

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

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

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

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

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

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

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General Interest and Mainframe

Detail Subsidy Window (Change)

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

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

Organization Tax Detail (Change)

When an organization Tax ID type is SSN, the Withhold FICA indicator will be on.

Note: A conversion will be completed to correct current Organizations.

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

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

Correspondence

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

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

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

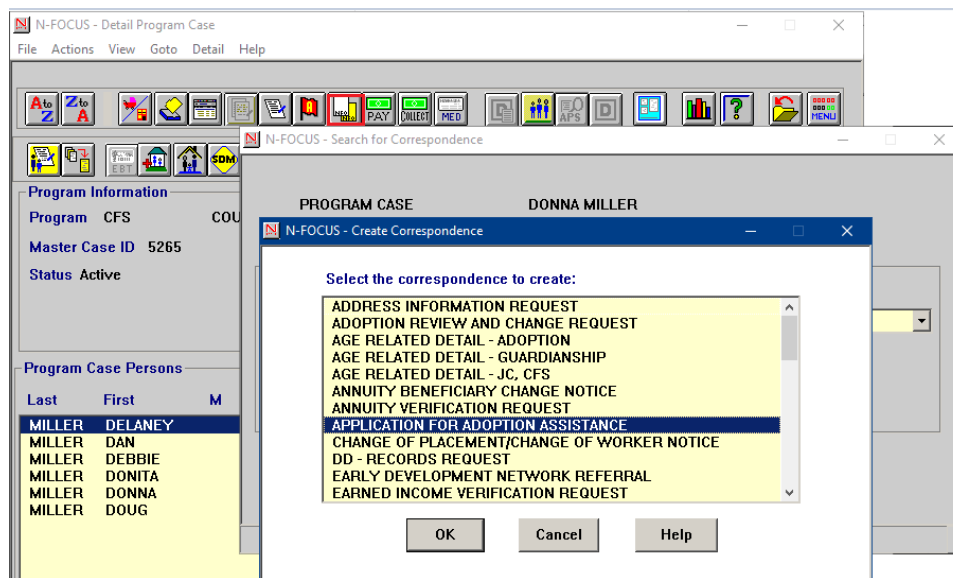
- If the Case Plan is in Final status, the worker must reopen the Case Plan and tie the Prevention Plan(s) when the worker wishes to have it printed with the Case Plan.
- If the Case Plan has a tied Prevention Plans and the worker does not want to have it printed with the Case Plan, the worker must untie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

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

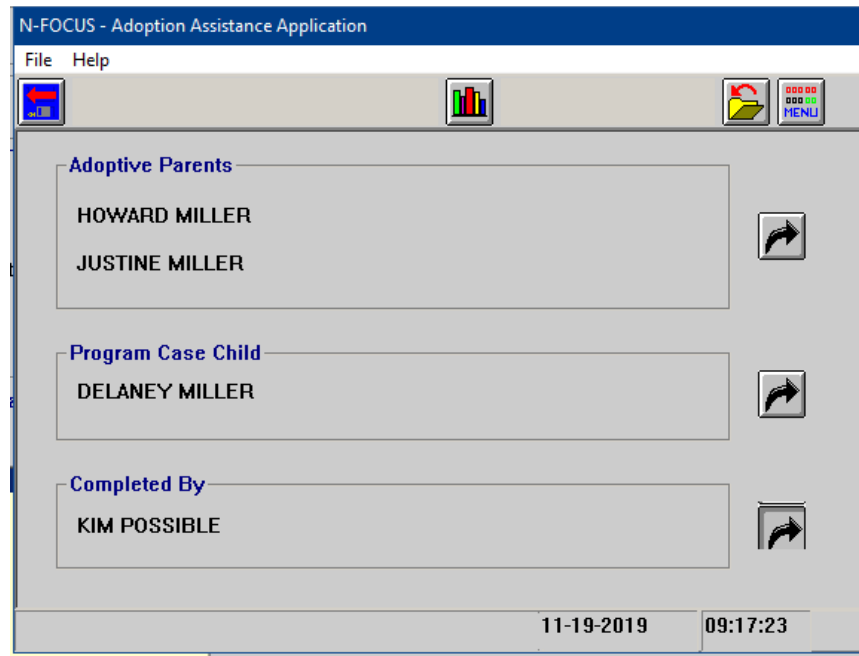
Application for Adoption Assistance (New)

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

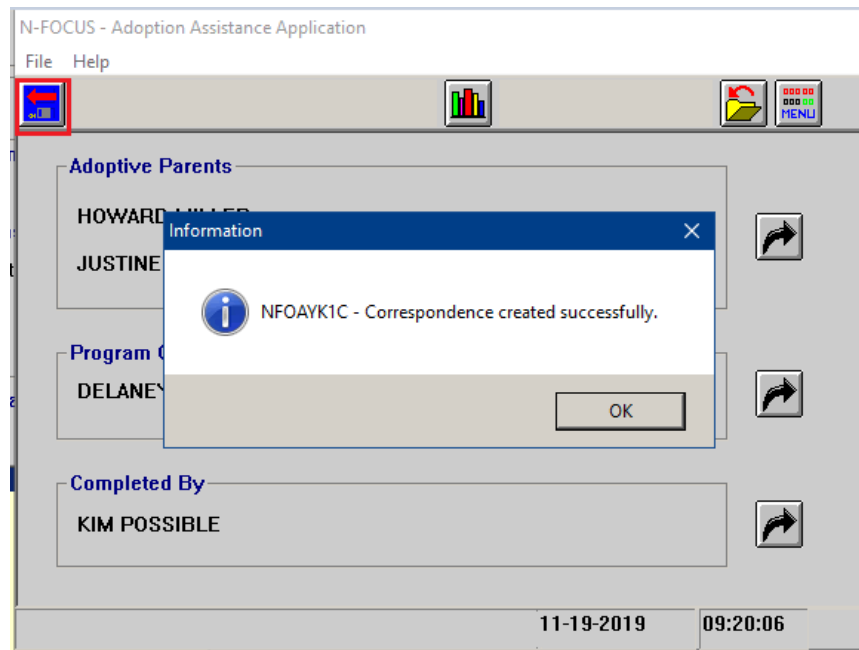
- To create choose Correspondence from the Detail Program Case and select New.
- Select the Application for Adoption Assistance option



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



- Click the Save icon
- Click OK.



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

Correspondence Page 1

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

CONTACT - KIM POSSIBLE
Phone Number - (402)595-4123
Toll Free Number - (800)554-9123
Fax Number - (402)223-6055
Date of Notice - 01-01-2020
Mail Date - 01-01-2020

HOWARD MILLER
5623 SOUTH ST
LINCOLN NE 68502

Application for Adoption Assistance

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

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

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

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

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

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



Nebraska Department of Health and Human Services
 Division of Children and Family Services
Application for Adoption Assistance

Section I: Adoptive Child and Parent Information

Child's Name (prior to adoption):

Last Name	MILLER	First Name	DELANEY	Middle Initial	
Date of Birth	09-01-2018		Social Security Number	XXX-XX-4144	

Adoptive Parent Information:

Last Name	MILLER	First Name	HOWARD	Middle Initial	
Last Name	MILLER	First Name	JUSTINE	Middle Initial	

Section II: List any other financial resources available for the child:

Source	Amount	Frequency
SSI Benefits		
SSA Benefits		
VA Benefits		
Other		

Section III: Adoption Assistance Information

Indicate the type of assistance you would like to apply for (check all that apply):

- Maintenance Payment
- Title XIX Medicaid Coverage
- Nebraska Medicaid (a separate application is required)
- Non-Recurring Expenses (legal fees or other costs associated with finalization of the adoption)
- Other Special Services (please indicate below):

- _____
- _____
- _____

Are you able to adopt this child without an adoption assistance agreement? Yes No

Explain why adoption assistance is necessary and what it will be used for:

Do you have Private Health Insurance to which the child will be added? Yes No

Insurer

Policy Holder		Policy Number	
---------------	--	---------------	--

Correspondence Page 3

Section IV: Approval and Signatures

Print Name of Adoptive Parent

Print Name of Adoptive Parent

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date

Family's Responsibilities: The family must meet its responsibilities to as great an extent possible without adoption assistance, and is responsible for exploring and using other resources or funding sources which reasonably can be considered available and appropriate before using adoption assistance. (See 479 NAC Chapter 8 for further clarification.) The family is also responsible for supplying needed documentation to continue the coverage and for notifying the Department of changes in the family's or child's circumstances which would affect the adoption assistance.

For additional information about the adoption assistance program provided by the Nebraska Department of Health and Human Services, you can access the Nebraska Administrative Code 479 Chapter 8 online at dhhs.ne.gov by clicking on "Licensing and Regulations". For additional policy questions, you may contact the NDHHS Central Office Adoption Program Specialist at (402) 219-2740.

FOR INTERNAL USE ONLY

Approved

Approved, but different from what is requested
Change(s):

Denied

If denied, state section and the reason(s):

Print Name of CFS Specialist

Print Name of CFS Supervisor

Signature of CFS Specialist

Date

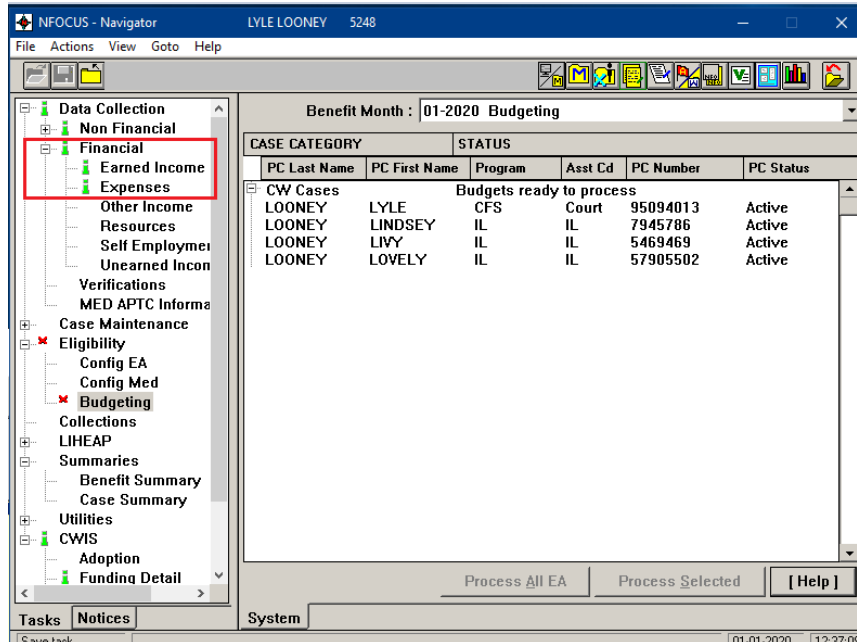
Signature of CFS Supervisor

Date

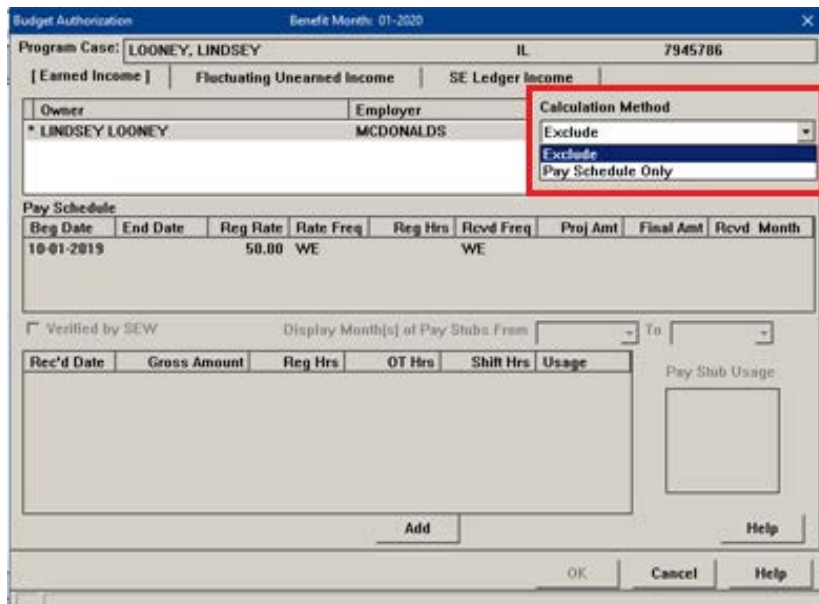
Expert System

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

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



Exclude already entered income:



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

Add Expense

Expense

Owner			Category
LOONEY	LINDA	03-23-1984	AABD SPECIAL REQUIREMENTS
LOONEY	LYLE	05-23-1985	DEPENDENT CARE AND SUPPORT
LOONEY	LIVY	09-02-2000	FW/IL LIVING COSTS
LOONEY	LINDSEY	09-01-2001	HOUSING
LOONEY	LANCE	09-02-2001	MAGI EXPENSES
LOONEY	LOVELY	10-02-2001	MEDICAL
LOONEY	LEE	05-05-2005	UTILITIES
LOONEY	LISA	05-01-2017	
LOONEY	LAURA	10-03-2018	

Type:

Description:

Amount: Miles: Days:

Frequency: Begin Date: End Date:

Verified by:

Buttons: Next, OK, Cancel, Help

Stipend Budget Example with Dorm Expenses:

Benefit Summary Begin Date: 1-2020

LOONEY, LINDSEY		IL	IL	Regular
Resource Total	0.00		Unit Size	1
Unearned Income	0.00		Medicaid Eligible	No
Net Unearned Income	0.00		Total Expenses	816.67
Earned Income	0.00		Total Countable Income	0.00
Earned Income Disregard	90.00		Budgetary Need Amount	775.63
Net Earned Income	0.00		Max Allowable Amount	100.00
Net Unearned Income	0.00		Prorated Need Amount	0.00
Net Earned Income	0.00		Need Amount	100.00
Total Countable Income	0.00		Authorized Amount	100.00
			Creation Date	01-01-2020

Buttons: OK, Help

Example when no expenses or income have been entered:

Benefit Summary		Begin Date: 1-2020	
LOONEY, LOVELY		IL	IL Regular
Resource Total	0.00	Unit Size	1
Unearned Income	0.00	Medicaid Eligible	No
Net Unearned Income	0.00	Total Expenses	0.00
Earned Income	0.00	Total Countable Income	0.00
Earned Income Disregard	90.00	Budgetary Need Amount	775.63
Net Earned Income	0.00	Max Allowable Amount	775.63
Net Unearned Income	0.00	Prorated Need Amount	0.00
Net Earned Income	0.00	Need Amount	775.63
Total Countable Income	0.00	Authorized Amount	775.63
		Creation Date	01-01-2020

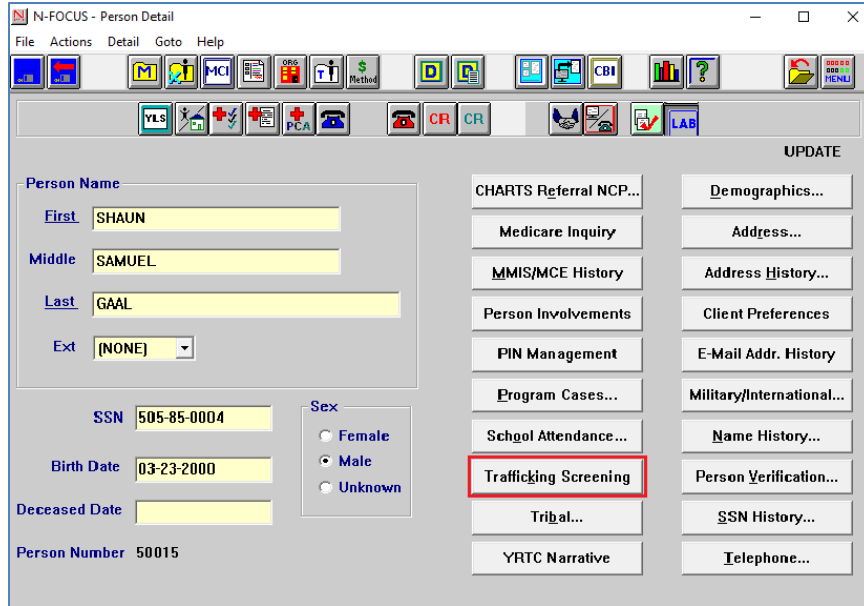
OK Help

Children and Family Services

Human Trafficking Taskforce Screening Tool (Change)

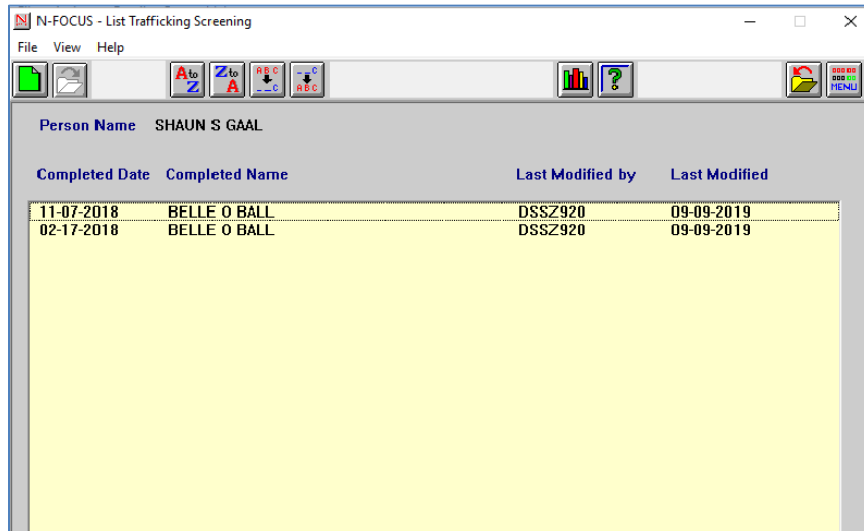
The Human Trafficking Screening tool can be accessed from the Detail Placement or the Person Detail windows by selecting the Trafficking Screening button.

The screenshot shows the 'N-FOCUS - Detail Placement' window. The 'Name' field contains 'SHAUN S GAAL'. The 'Type' is 'Out of Home' and 'Facility Type/Living Arrangements' is 'Relative Foster Home (Licensed)'. The 'Where Placed' section shows 'Organization' as 'LISA ANN GABAREE'. The 'Status Information' section shows 'Status' as 'CLOSED', 'Status Date' as '11-07-2018', and 'Closure Reason' as 'MISSING YOUTH'. A 'Trafficking Screening' button is highlighted with a red box in the bottom right area of the window.

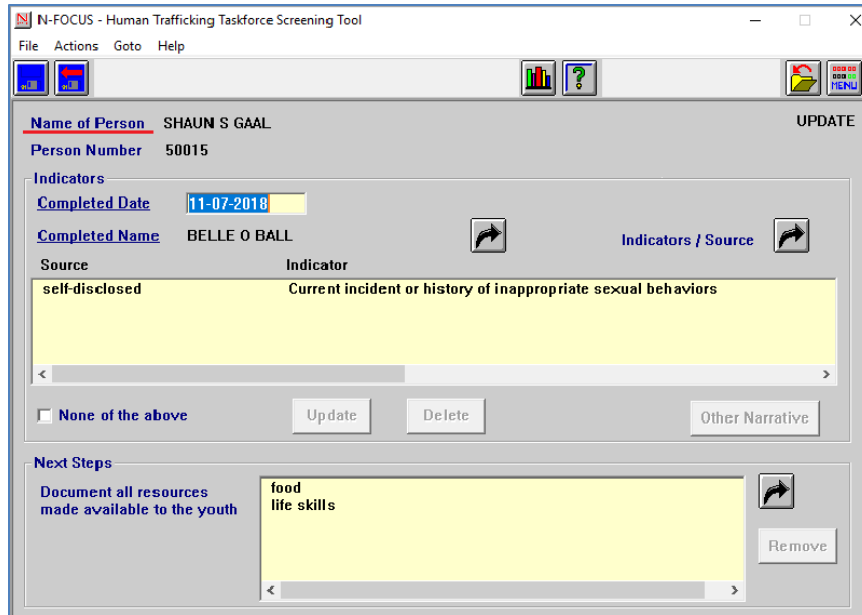


Note: On the Person Detail window, the State Ward Details button has been replaced by the Trafficking Screening button. State Ward Details is still available from the Detail Menu.

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



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



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

IV-E Adoption Assistance (Change)

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

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

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

Screen Prints shown on the following page.

Adoption Eligibility Detail(s) for RAMIERIEZ MAELYNN adopted 08-01-2019

Case Status	IV-E Funding	Decision Date	Begin Date,	End Date,	Worker Name
Active	Yes	08-22-2019	08-01-2019	12-31-9999	POSSIBLE, KIM

Adoption Type : HHS Adoption

Readoption : No

Receiving SSI : No

Was IV-E in a CFS case month prior to Eligibility : No

Was Continuously out of home for 5 years : No

Had Sibling that is an applicable child in same home : Yes

OK Help

N-FOCUS - Detail Program Case

File Actions View Goto Detail Help

Program Information

Program SA ID 5222196

Master Case ID 5110 Mode ASSIGNED

Status Active Status Begin Date 08-01-2019

Administrative Roles Case Plan

Legal Action Case Detail

Consultation Point TLP

Relative/Kin Program Person

Program Case Persons

MMIS #	Role	St	Begin	End	Status Reason	Assistance	Fund
0	PARTICIPAN	AC	08-01-2019		Applicable Child		IV-E

11-19-2019 12:01:00

Private Adoption Window (Change)

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

Subsidized Adoption - Eligibility Determination

Program Case

BELLOWS JANEY	05-2000	SA	63685991	08-01-2019	Active	IV-E
---------------	---------	----	----------	------------	--------	------

DHHS Adoption Private Adoption

Did all parties sign the Subsidized Adoption Agreement on or before the date the adoption was finalized?

Yes No

Adoption

Is this a re-adoption?

Yes No

Was the previous adoption IV-E funded?

Yes No

Is the child eligible/receiving ADC grant according to 1996 standards?

Yes No

Placement

Has initial legal custody been received by relinquishment?

Yes No

Next OK Cancel Help

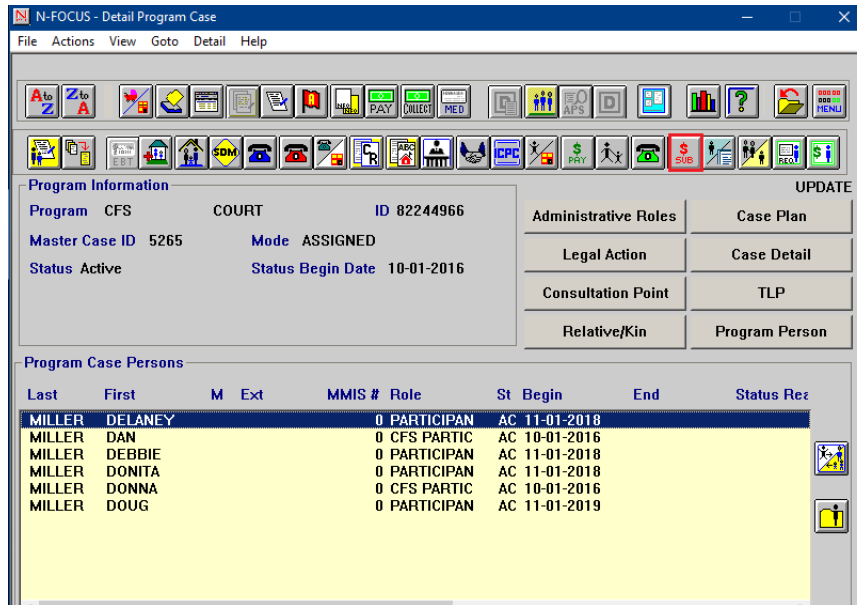
Eligibility for Adoption Assistance Window and Forms (Update)

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

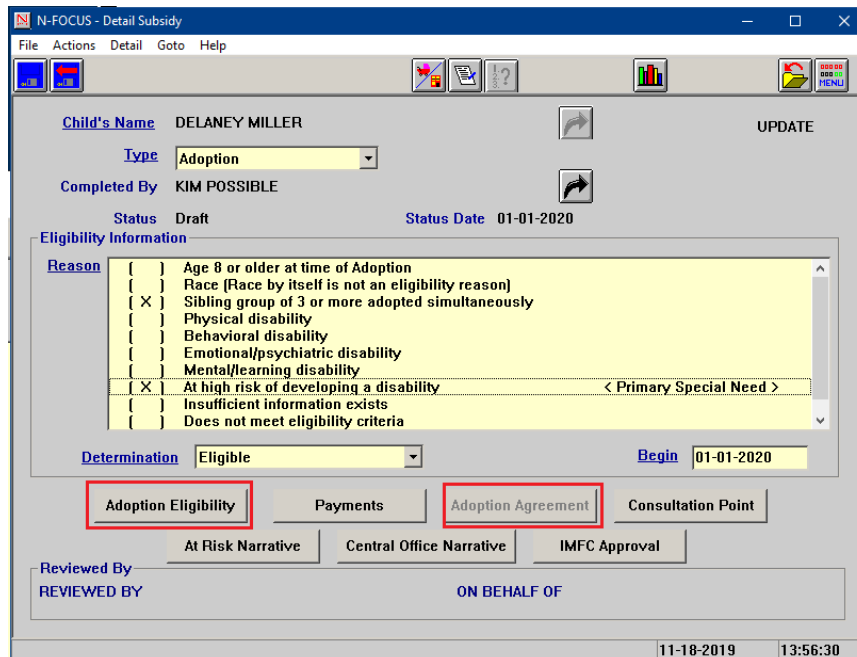
There is new security in place that requires an IMFC supervisor complete the IMFC approval question (Funding Determination) before the Adoption Agreement questions can be completed by the CFS worker.

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

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



The Detail Subsidy window will display.



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

N-FOCUS - Detail Subsidy

File Actions Detail Goto Help

Child's Name DELANEY MILLER UPDATE

Type Adoption

Completed By KIM POSSIBLE

Status Draft Status Date 01-01-2020 Decision Date

Eligibility Information

Reason

- Age 8 or older at time of Adoption
- Race (Race by itself is not an eligibility reason)
- Sibling group of 3 or more adopted simultaneously
- Physical disability
- Behavioral disability
- Emotional/psychiatric disability
- Mental/learning disability
- At high risk of developing a disability < Primary Special Need >
- Insufficient information exists
- Does not meet eligibility criteria

Determination Eligible Begin 01-01-2020

Adoption Eligibility Payments Adoption Agreement Consultation Point

At Risk Narrative Central Office Narrative IMFC Approval

Reviewed By REVIEWED BY ON BEHALF OF

11-18-2019 14:46:41

N-FOCUS - At Risk Narrative

This narrative will print on the adoption eligibility form and the adoption agreement. Please consult your supervisor when the "At Risk for developing a disability" eligibility reason should be used.

OK Cancel Spell Check

11-18-2019 14:40:58

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

N-FOCUS - Detail Subsidy

File Actions Detail Goto Help

Child's Name DELANEY MILLER UPDATE

Type Adoption

Completed By KIM POSSIBLE

Status Draft Status Date 01-01-2020

Eligibility Information

Reason

- Age 8 or older at time of Adoption
- Race (Race by itself is not an eligibility reason)
- Sibling group of 3 or more adopted simultaneously
- Physical disability
- Behavioral disability
- Emotional/psychiatric disability
- Mental/learning disability
- At high risk of developing a disability < Primary Special Need >
- Insufficient information exists
- Does not meet eligibility criteria

Determination Eligible Begin 01-01-2020

Adoption Eligibility Payments Adoption Agreement Consultation Point

At Risk Narrative Central Office Narrative IMFC Approval

Reviewed By REVIEWED BY ON BEHALF OF

N-FOCUS - Test Date 11-1 01-01-2020 08:16

N-FOCUS - Central Office Narrative

This narrative is for Central office Staff and or supervisors.

OK Cancel Spell Check

N-FOCUS - Test Date 11-1 01-01-2020 08:18

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



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

N-FOCUS - Adoption Subsidy Eligibility

Eligibility Provisions UPDATE

01 : Choose siblings those are part of this Subsidy.

Siblings

DEBBIE MILLER
DONITA MILLER
DOUG MILLER

Save and Previous 1 of 3 Save and Next

Save Save and Close Close

11-18-2019 14:14:16

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

N-FOCUS - Adoption Subsidy Eligibility

Eligibility Provisions UPDATE

02 : The child has been identified as having special needs due to a behavioral, emotional, physical or mental disability; or, a medical or mental health professional has determined the child to have or to be at risk for a behavioral, emotional, physical or mental disability.

Conditions	Begin Date	Diagnosed By
Prenatal Drug Exposure (Other than Meth)	01-01-2015	
Attention Deficit Hyperactive Disorder	01-01-2015	

Other Disability
This narrative can still be used if needed.

Save and Previous 2 of 3 Save and Next

Save Save and Close Close

11-18-2019 14:43:22

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

N-FOCUS - Adoption Subsidy Eligibility

UPDATE

Eligibility Provisions

03 : A reasonable but unsuccessful effort to place the child with appropriate adoptive parents without providing adoption assistance has been made, or an exception has been met, as determined by one or more of the following factors:

Exchange Registration(s)

Other families considered but were not appropriate.

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

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

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

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

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

Child was featured in the media to recruit a family. Media Efforts made:

This narrative should be filled out when the child was featured in the media. This narrative prints on both the Adoption Eligibility and Adoption Agreement form.

Save and Previous 3 of 3 Save and Next

Save Save and Close Close

N-FOCUS - Test Date 11-12-10-2019 15:07

Section B: Efforts to place without adoption assistance (select all that apply):

Exchange Registration(s):
 State Exchange Federal Exchange

Other families considered - not appropriate (attach copy of Report of Selection of Adoptive/Fos - Adopt Family PS-AS-85)

Child was featured in the media to recruit a family. Media efforts made:

The prospective adoptive family was asked if they were willing to adopt the child without adoption assistance and the family said they cannot adopt without assistance.

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

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

Date of Placement with Foster Family: _____ (write in date)

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

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

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

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

N-FOCUS - Detail Subsidy

File Actions Detail Goto Help

Child's Name DELANEY MILLER UPDATE

Type Adoption

Completed By KIM POSSIBLE

Status Draft Status Date 01-01-2020

Eligibility Information

Reason

- Age 8 or older at time of Adoption
- Race (Race by itself is not an eligibility reason)
- Sibling group of 3 or more adopted simultaneously
- Physical disability
- Behavioral disability
- Emotional/psychiatric disability
- Mental/learning disability
- At high risk of developing a disability < Primary Special Need >
- Insufficient information exists
- Does not meet eligibility criteria

Determination Eligible Begin 01-01-2020

Adoption Eligibility Payments Adoption Agreement Consultation Point

At Risk Narrative Central Office Narrative **IMFC Approval**

Reviewed By REVIEWED BY ON BEHALF OF

Save the Subsidy and Close the window 11-18-2019 15:24:49

N-FOCUS - Adoption IMFC Approval

Eligibility Provisions UPDATE

01 : Adoption Subsidy funding eligibility.

Funding Eligibility IV-E ELIGIBLE

IV-E Subsidized Adoption Indicators

- Applicable Child-Contrary to the Welfare Language in Initial Court Order
- IV-E Foster Care
- Non IV-E Foster Care due to "No Reasonable Efforts"; IV-E Adoption Subsidy
- SSI
- Sibling of Applicable Child
- Child of IV-E Eligible State Ward
- Child is Disrupted former IV-E Adoption

Approved By DSSZ924 Approved Date 12-10-2019

Save and Previous 1 of 1 Save and Next

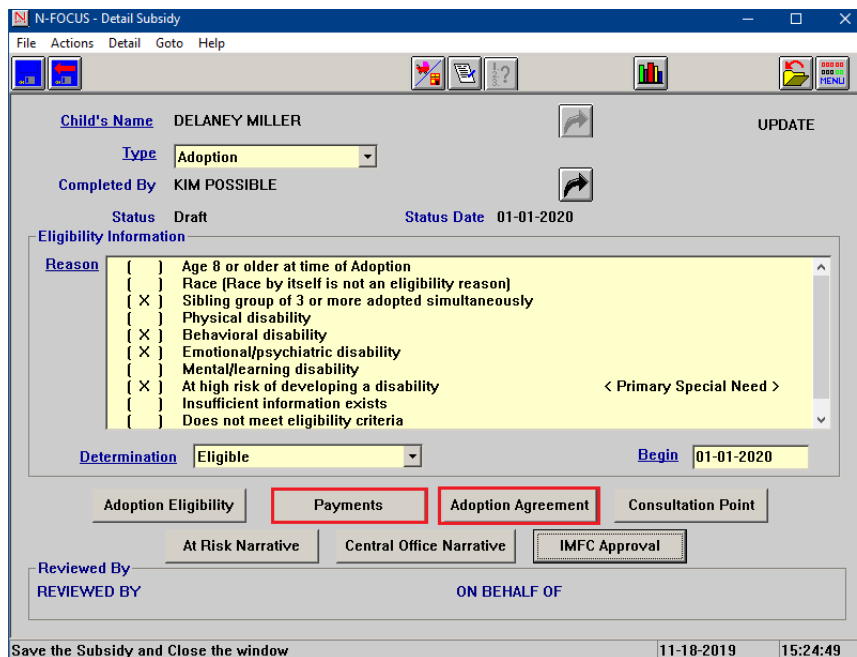
Save Save and Close Close

11-18-2019 15:23:30

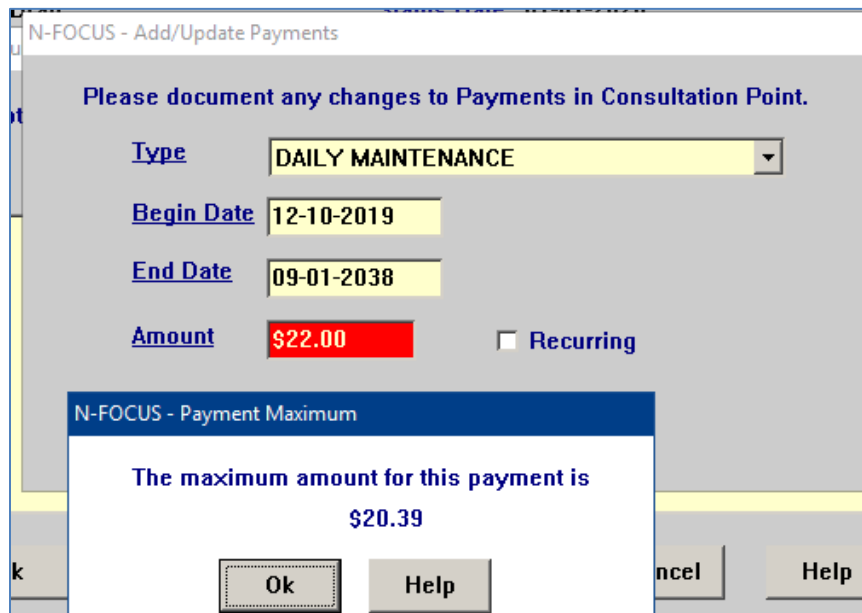
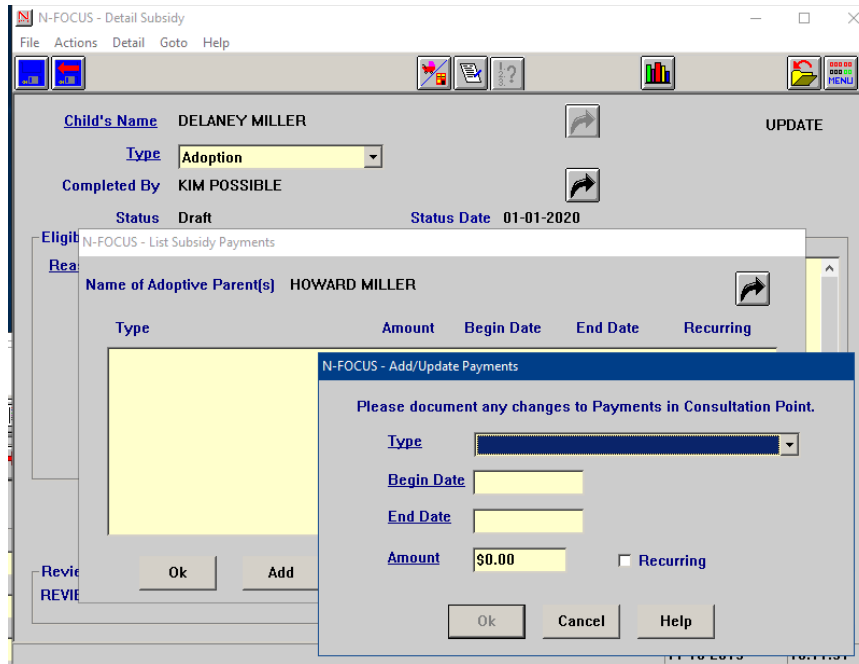
If a worker does not have the proper security they can only see the IMFC funding eligibility question.



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



Additional screen prints on the following page.



Additional screen prints on the following page.

N-FOCUS - List Subsidy Payments

Name of Adoptive Parent(s) HOWARD MILLER

Type	Amount	Begin Date	End Date	Recurring
DAILY MAINTENANCE	\$20.38	12-10-2019	09-01-2038	N

Ok Add Update Delete Cancel Help

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

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

01 : Subsidized Adoption Agreement details.

Document Type ORIGINAL AGREEMENT Funding Eligibility IV-E ELIGIBLE

Agreement Effective Date 12-10-2019

Adoptive Name

First Name DELANEY

Middle Name JESSIE

Last Name MILLER

Guardian/Conservator

Primary Guardian/Conservator

Secondary Guardian/Conservator

Save and Previous 1 of 8 Save and Next

Save Save and Close Close

11-18-2019 16:23:43

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

02 : The child cannot or should not be returned to the home of the legal or biological parent(s) as determined by one or more of the following factors:

- The parent(s) has/have relinquished parental rights; or
- The court has terminated parental rights; or
- Death of birth parent(s)

Save and Previous 2 of 8 Save and Next

Save Save and Close Close

11-18-2019 16:24:41

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

03 : The child has been identified as having special needs due to a behavioral, emotional, physical or mental disability; or, a medical or mental health professional has determined the child to have or to be at risk for a behavioral, emotional, physical or mental disability.

Conditions	Begin Date	Diagnosed By
Prenatal Drug Exposure (Other than Meth)	01-01-2015	
Attention Deficit Hyperactive Disorder	01-01-2015	

Other Disability
This narrative can still be used if needed.

Save and Previous 3 of 8 Save and Next

Save Save and Close Close

11-01-2020 07:36

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

04 : A reasonable but unsuccessful effort to place the child with appropriate adoptive parents without providing adoption assistance has been made, or an exception has been met, as determined by one or more of the following factors:

- Exchange Registration(s)
- Other families considered but were not appropriate.
- The prospective adoptive family was asked if they were willing to adopt the child without assistance.

Efforts to place without adoption assistance are not required because [at least one of the following must be selected]:

- The prospective adoptive family is the only one to consider because the child is attached to them (because of the length of time in the foster home) and it is not in the child's best interest to move him/her to another family that might be able to adopt without a subsidy.
- The Child is placed with a relative who plans to adopt the child.
- At least one family has refused to adopt the child because of the child's special needs.
- Child was featured in the media to recruit a family. Media Efforts made:

This narrative should be filled out when the child was featured in the media. This narrative prints on both the Adoption Eligibility and Adoption Agreement form.

Save and Previous 4 of 8 Save and Next

Save Save and Close Close

N-FOCUS - Test Date
11-01-2020 07:37

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

05 : The amount of the maintenance payment will not exceed \$20.38 per day, less other benefits received for the child if applicable. Other benefits could include Supplemental Security Income (SSI) benefits, Social Security Administration (SSA) benefits, and Veteran Administration (VA) benefits.

- Child is currently not eligible for other benefits.
- Child is currently eligible for the following benefits:
 - SSI Benefits 0.00 per month
 - SSA Benefits 0.00 per month
 - VA Benefits 0.00 per month

Save and Previous 5 of 8 Save and Next

Save Save and Close Close

N-FOCUS - Test Date
11-01-2020 07:39

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

06 : Eligibility for Medical Assistance

Title XIX Medicaid - The child qualifies for Federal Title IV-E Subsidy and is categorically eligible for Title XIX Medicaid until the child reaches age eighteen (18) on 09-01-2036. Title XIX Medicaid eligibility will be re-determined at age 18. The child is eligible for Medicaid services as authorized through the Medicaid State Plan.

Nebraska Medicaid - The child has been determined to be eligible for Nebraska Medicaid because the child meets special needs criteria for medical or rehabilitative care due to the following pre-existing medical condition(s) as documented by a medical doctor or a psychiatrist.

The child is ineligible for medical assistance under this adoption assistance agreement.

If the child is eligible for nebraska Medicaid check the 2nd box and complete the narrative.

Save and Previous 6 of 8 Save and Next

Save Save and Close Close

11-19-2019 07:41:19

N-FOCUS - Subsidized Adoption Agreement

UPDATE

06 : Eligibility for Medical Assistance

Title XIX Medicaid - The child qualifies for Federal Title IV-E Subsidy and is categorically eligible for Title XIX Medicaid until the child reaches age eighteen (18) on 09-01-2036. Title XIX Medicaid eligibility will be re-determined at age 18. The child is eligible for Medicaid services as authorized through the Medicaid State Plan.

Nebraska Medicaid - The child has been determined to be eligible for Nebraska Medicaid because the child meets special needs criteria for medical or rehabilitative care due to the following pre-existing medical condition(s) as documented by a medical doctor or a psychiatrist.

The child is ineligible for medical assistance under this adoption assistance agreement.

If the child is eligible for nebraska Medicaid check the 2nd box and complete the narrative.

Save and Previous 6 of 8 Save and Next

Save Save and Close Close

11-19-2019 07:52:46

N-FOCUS - Error
NFOAV21C - Only one option can be selected.
OK

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

07 : Other Medical Coverage

The child will be enrolled in the adoptive parent's private health insurance plan.

Out-of-State Medical Coverage - A child who receives Medicaid and resides outside the state of Nebraska at the time of adoption, or who moves to another state after finalization of the adoption, will receive Medicaid from the state in which the child resides if eligible. Eligibility for Medicaid in Nebraska may end. If a state of residence does not provide a Medicaid service which otherwise would be provided if the child resided in Nebraska, the Department is not responsible for covering that service. Items and services covered by Medicaid vary from state to state.

Save and Previous 7 of 8 Save and Next

Save Save and Close Close

11-19-2019 07:59:12

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

N-FOCUS - Subsidized Adoption Agreement

UPDATE

08 : Special services are payments made for a specific service or item related to the child's needs, and for a specified time period. These services can be one time only in nature. Special services may be paid for wholly or in part as a provision of this subsidy only if other resources or programs are not available to cover the expense of the special service(s). The following special service(s) will be paid for as a provision of this subsidy:

Special Service(s) Medical Appointments ADD

Maximum Amount 2500 UPDATE

Duration Yearly DELETE

Special Service(s) Maximum Amount Duration CLEAR

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

Save and Previous 8 of 8 Save and Next


Save Save and Close Close

11-22-2019 07:49:15

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

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

Correspondence Page 1

	<p>Nebraska Department of Health and Human Services Division of Children and Family Services Determination of Child's Eligibility for Adoption Assistance</p>
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Name of Child:	DELANEY MILLER	CFS Master Case:	00005265
Date of Birth:	09-01-2018	Social Security Number:	XXX-XX-4144

Child is age 18 or younger, a U.S. citizen, and remains a DHHS State Ward.

Section A: Factors for basis of eligibility determination

Age 8 or older of the time of adoption

Race (Race by itself is not an eligibility reason)

Sibling Group of 3 or more to be adopted to the same home at the same time.
DEBBIE MILLER DONITA MILLER DOUG MILLER

Disability (attach report no more than six months old from a qualified professional giving diagnosis, prognosis, duration, and anticipated treatment)

Physical

Behavioral

1. Prenatal Drug Exposure (Other than Meth)

Emotional/Psychiatric

1. Attention Deficit Hyperactive Disorder

Mental/Learning

Other Disability

This narrative can still be used if needed.

At high risk of developing a disability

This narrative will print on the adoption eligibility form and the adoption agreement. Please consult your supervisor when the "At Risk for developing a disability" eligibility reason should be used.

Section B: Efforts to place without adoption assistance (select all that apply):

Exchange Registration(s):

State Exchange Federal Exchange

Other families considered - not appropriate (attach copy of Report of Selection of Adoptive/Fos - Adopt Family PS-AS-65)

Child was featured in the media to recruit a family. Media efforts made:

This narrative should be filled out when the child was featured in the media. This narrative prints on both the Adoption Eligibility and Adoption Agreement form.

The prospective adoptive family was asked if they were willing to adopt the child without adoption assistance and the family said they cannot adopt without assistance.

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

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

Date of Placement with Foster Family: _____ (write in date)

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

HOWARD MILLER,

Correspondence Page 2

Section IV: Approval and Signatures

Print Name of Adoptive Parent

Print Name of Adoptive Parent

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date

Family's Responsibilities: The family must meet its responsibilities to as great an extent possible without adoption assistance, and is responsible for exploring and using other resources or funding sources which reasonably can be considered available and appropriate before using adoption assistance. (See 479 NAC Chapter 8 for further clarification.) The family is also responsible for supplying needed documentation to continue the coverage and for notifying the Department of changes in the family's or child's circumstances which would affect the adoption assistance.

For additional information about the adoption assistance program provided by the Nebraska Department of Health and Human Services, you can access the Nebraska Administrative Code 479 Chapter 8 online at dhhs.ne.gov by clicking on "Licensing and Regulations". For additional policy questions, you may contact the NDHHS Central Office Adoption Program Specialist at (402) 219-2740.

FOR INTERNAL USE ONLY

Approved

Approved, but different from what is requested
Change(s):

Denied

If denied, state section and the reason(s):

Print Name of CFS Specialist

Print Name of CFS Supervisor

Signature of CFS Specialist

Date

Signature of CFS Supervisor

Date

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

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

Worker Signature Determination Date

Adoption Assistance Eligibility Determination

Child is eligible for assistance because they meet the requirements of Section A and B

Child is ineligible because:

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

Supervisor Signature Determination Date

Section C: Funding Determination

IV-E Subsidized Adoption

Applicable Child - Contrary to Welfare Language in Initial Court Order

IV-E Foster Care

Non IV-E Foster Care due to "No Reasonable Efforts"; IV-E Adoption Subsidy

SSI

Sibling of an Applicable Child

Child of IV-E eligible state ward

Child is disrupted former IV-E Adoption

State Funded Subsidized Adoption

* The Funding Determination was electronically signed by KIM POSSIBLE on 12-10-2019

IMFC Supervisor Designated to Approve Determination Date

Adoption Assistance Agreement Style Sheet-PS-AS-52

Correspondence Page 1



Nebraska Department of Health and Human Services
 Division of Children and Family Services
Adoption Assistance Agreement

For Internal Use Only			
<input checked="" type="checkbox"/> Original Agreement	<input checked="" type="checkbox"/> IV-E Eligible for Assistance	Status	Final
<input type="checkbox"/> Revised Agreement	<input type="checkbox"/> Non IV-E Eligible for Assistance	Status Date	01-01-2020
Child's Name Prior to Adoption: DELANEY MILLER		CFS Master Case	00005265

ADOPTION ASSISTANCE AGREEMENT

A. The following agreement has been entered into between the Nebraska Department of Health and Human Services, Division of Children and Family Services (hereinafter the "Department") and the adoptive parent(s):

Name of Adoptive Parent(s): JUSTINE MILLER HOWARD MILLER
Name of Adoptive Child: DELANEY J MILLER
 Adoptive Child's Date of Birth: 09-01-2018
 Adoptive Child's Original Social Security Number: 563-21-4144
 Adoptive Child is a member of a minority race (Race alone is not an eligibility factor)
 Effective Date of this Agreement: 12-10-2019
 Termination Date of this Agreement: 09-01-2037 (Date of Child's 19th Birthday)

B. General Provisions

1. This agreement must be signed and dated by the adoptive parent(s) and by all designated Department staff persons prior to the date of the finalization of the adoption. The date of the finalization of the adoption shall be considered the date of the Adoption Decree.
2. Existence of a subsidy does not diminish the adoptive parent's/parents' legal status or responsibility, including financial responsibility, for the above-named child.
3. This agreement may be changed or cancelled at any time by mutual agreement.
4. This agreement shall remain in effect regardless of the state of residence of the adoptive parent(s) or child. This agreement shall remain in effect regardless of the state of residence of the adoptive parent(s) or child.
5. This agreement will be reviewed every twelve months to determine that the child continues to be a legal dependent of the adoptive parent(s); and, to determine that the child continues to need the provisions of the subsidy.

C. Eligibility for Adoption Assistance

1. The child is eligible for adoption assistance because the child meets all of the following general criteria:
 - The child is age eighteen (18) or younger.
 - The child is a ward of the Department at the time the adoption petition is filed.
 - The child is a citizen of the United States or a legal resident of the United States.
2. The child is eligible for adoption assistance because the child is considered to be a child with special needs by meeting all three (I.,II.III.) of the following criteria as determined by the presence of one or more specific factors:
 - I. The child cannot or should not be returned to the home of the legal or biological parent(s) as determined by one or more of the following factors:
 - The parent(s) has/have relinquished parental rights.
 - The court has terminated parental rights.
 - The birth parent(s) are deceased.
 - II. The child cannot be placed with adoptive parents without assistance as determined by one or more of the following factors:
 - The child is eight (8) years of age or older.
 - The child is a member of a sibling group of three or more who are (or will be) placed together.
 - The child has a behavioral, emotional, physical, and/or mental disability as described below:
 1. Prenatal Drug Exposure (Other than Meth)
 2. Attention Deficit Hyperactive Disorder

- Other Disability: This narrative can still be used if needed.
- The child is at high risk of developing a behavioral, emotional, physical, and/or mental disability as described below:

This narrative will print on the adoption eligibility form and the adoption agreement. Please consult your supervisor when the "At Risk for developing a disability" eligibility reason should be used.

- III. A reasonable but unsuccessful effort to place the child with appropriate adoptive parents without providing adoption assistance has been made, or an exception has been met, as determined by one or more of the following factors:
- The child has been registered on the Nebraska and/or National Adoption Exchange.
 - Other families have been considered, but the adoptive parent(s) is/are best able to meet the child's needs.
 - The child has been featured in the media to recruit a family.
 - The adoptive parent(s) cannot adopt without assistance because the child's present and anticipated future needs have been determined to exceed the adoptive parent(s) ability to meet those needs without assistance.
 - Efforts to place the child without adoption assistance were not required because (at least one of the following must be selected):
 - The adoptive parent(s) is/are the only one(s) to consider because the child has significant emotional ties to the foster family and it would not be in the child's best interests to move him/her to another adoptive family that might be able to adopt without a subsidy.
 - The child is placed with a relative who plans to adopt the child.
 - At least one family has refused to adopt the child because of the child's special needs.

D. Provisions of the Adoption Assistance Agreement

1. Adoption Maintenance Payment

- a. The Department agrees to pay an adoption maintenance payment to the adoptive parent(s) to assist in meeting the child's day to day needs. The amount of the adoption maintenance payment, including other benefits received for the child, must be less than the payment would be, as determined by the Department, if the child had remained in foster care.
 - b. The amount of the maintenance payment will not exceed \$20.38 per day, less other benefits received for the child. Other benefits could include Supplemental Security Income (SSI) benefits, Social Security Administration (SSA) benefits, and Veteran Administration (VA) benefits.
 - The child is currently ineligible for other benefits.
 - The child is currently eligible for the following benefits:
 - SSI Benefits \$0.00 per month*
 - SSA Benefits \$0.00 per month*
 - VA Benefits \$0.00 per month*
- *This amount is subject to change based on federal or state program requirements

_____ I understand and agree to notify the Social Security Administration Office and/or the Veteran Administration Office about the finalization of this adoption if the child is currently eligible for benefits from either of these agencies.

_____ I understand and agree that other benefits received for the child will be deducted from the total adoption maintenance payment.

_____ I understand and agree the total adoption maintenance payment will be made after providing the Department with verification the child has become ineligible for all other benefits.

The adoption maintenance payment of this agreement is \$20.38 per day. The total of other benefits listed above equals \$0.00 per day. This amount is subtracted from the adoption maintenance payment. Thus, the total adoption maintenance payment will be \$20.38 per day.

2. Subsidized Child Care Services

The Department may pay for child care services in accordance with the Department's Child Care Subsidy Program (Title 392). The adoptive parent(s) must apply, and each adoptive parent must meet a qualification of need for child care services, and the child must meet the eligibility criteria for child care services. Child care payments will be made by the Department directly to an approved License Exempt or Licensed Child Care

Subsidy Provider.

3. Medical Assistance

_____ I understand and agree that prior to requesting State or Federal funded medical coverage under this adoption assistance agreement, I must use:

- Available private health insurance coverage
- Available care or treatment through the education system
- Other available resources, benefits, and programs.

The child is ineligible for medical assistance under this adoption assistance agreement.

_____ I understand we are responsible for covering the child's medical care and expenses, which may include private health insurance.

The child will be enrolled in the adoptive parent's private health insurance plan.

_____ I agree to provide a copy of the front and back of my private health insurance card, if applicable.

_____ I agree to complete, sign, and submit "Medical Assistance Notice of Requirement to Cooperate and Right to Claim Good Cause" prior to the finalization of the adoption.

_____ I understand and agree that Medicaid is the payer of last resort.

Out-of-State Medical Coverage

A child who receives Medicaid and resides outside the state of Nebraska at the time of adoption, or who moves to another state after finalization of the adoption, will receive Medicaid from the state in which the child resides if eligible. Eligibility for Medicaid in Nebraska may end. If a state of residence does not provide a Medicaid service which otherwise would be provided if the child resided in Nebraska, the Department is not responsible for covering that service. Items and services covered by Medicaid vary from state to state.

_____ I agree to notify the Department if I move out of state.

_____ I agree to cooperate with the Interstate Compact on Adoption and Medical Assistance (ICAMA) process.

_____ I agree to cooperate and abide by the Medicaid program rules and procedures of the state in which the adopted child resides.

_____ I agree to apply for the Children's Medical Assistance Program in the state of residence on behalf of the adopted child.

4. Non-Recurring Adoption Expenses

The Department may pay one-time only, for the reasonable and necessary adoption fees, court costs, attorney fees, and other expenses which are directly related to the legal adoption of the child, and which are not incurred in violation of State or Federal law.

_____ I understand and agree that any legal fees and costs to finalize the adoption that exceed the total amount listed on this agreement will be my/our responsibility.

_____ I understand and agree that the Department will not pay an attorney for any time and activities incurred reviewing or negotiating the adoption assistance agreement.

_____ I understand and agree that all legal fees and court costs will be paid directly to the attorney, and not to me/us as the adoptive parent(s).

_____ I understand and agree that the total amount of non-recurring adoption expenses the Department agrees to pay will not exceed \$0.00.

5. Special Service(s)

Special services are payments made for a specific service or item related to the child's needs, and for a specified

Correspondence Page 4

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

<u>Special Service(s)</u>	<u>Maximum Amount</u>	<u>Duration</u>
Speech Therapy	2500	Yearly

E. Changes in the Adoption Agreement

1. Reduction in adoption maintenance payment
 - a. A state-funded adoption maintenance payment may be reduced when:
 1. The family requests a reduction in writing.
 2. A child receives an increase in Supplemental Security Income, Veteran's Administration, or Retirement, Survivor, and Disability Insurance (RSDI) benefits based on the birth parent's eligibility.
 3. The child no longer resides with the adoption parents, unless the child resides outside the home and is:
 - a. Attending College or Vocational Training, and the adoptive parent is continuing to use the subsidy funds to support the child.
 - b. Placed outside the home for reasons other than school and the adoptive parent(s) is/are cooperating in a plan for the child to return home. The adoption maintenance payment may be reduced during this period.
 4. A change in regulations or laws require a reduction.
 - b. A federal Title IV-E funded adoption maintenance payment cannot be reduced without the written consent of the adoptive parent(s) for any reason, including an increase in other resources such as Supplemental Security Income, Veteran's Administration, or Retirement, Survivors, and Disability Insurance (RSDI) benefits, unless the Department determines the child has been removed from the home and the parent(s):
 1. Are no longer legally responsible for support of the child.
 2. Are no longer providing any financial or material support in accordance with DHHS Rules and Regulations.
2. Increase in adoption maintenance payment
 - a. The Department will consider an increase in the adoption maintenance payment if:
 1. The adoptive parent(s) submits a written request for an increase in the adoption maintenance payment.
 2. Information is received on a change in the child's or family's circumstances.
 3. A change in regulations or laws require an increase.
3. Transfer of Adoption Assistance
 - a. A Federal IV-E funded adoption assistance agreement may only transfer to someone else as allowed by state law. When such subsidy does transfer, the adoption assistance will change from federal to state funded. A child's Medicaid eligibility must be re-determined when an adoption assistance agreement transfers and becomes state funded.
 - b. A State funded adoption assistance agreement may only transfer to someone else as allowed by state law.

F. Notifications

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

G. Termination

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

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

H. Notice of Action

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

I. Right to Appeal

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

J. Timeframe for Appeal

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

K. Designation of Guardian and Conservator

I/we designate _____ to be Guardian and/or Conservator for DELANEY J. MILLER in the event of my/our death; and, upon his or her appointment assign to _____ any adoption assistance for my child. In the event that my/our first choice for Guardian/Conservator is unable to fulfill the duty, I/we designate _____ as Guardian and Conservator and upon his/her appointment as Guardian and/or Conservator, I/we assign to them any adoption assistance under this agreement. I/we also understand that a court may appoint a Guardian or Conservator for my/our child other than the ones I/we have designated above. In the event none of the persons I/we designated are appointed, or if a successor is appointed I/we have not designated, I/we assign to the Guardian or Conservator appointed by the court any adoption assistance under this agreement. I/we understand that the Department is not responsible for establishing the guardian/conservator. The Department will not issue payment to the guardian/conservator until the court has appointed a guardian/conservator. I/We understand that if we do not identify a guardian/conservator then the assistance agreement cannot be provided to any guardian/conservator.

Required Signatures

Printed Name of Adoptive Parent		Printed Name of Adoptive Parent	
Signature of Adoptive Parent	Date	Signature of Adoptive Parent	Date
Printed Name of DHHS-CFS Specialist			
Signature of DHHS-CFS Specialist		Date	
Printed Name of DHHS-CFS Supervisor		Printed Name of DHHS-CFS Administrator	
Signature of DHHS-CFS Supervisor	Date	Signature of DHHS-CFS Administrator	Date

Distribution: Two fully executed copies. One original to the Adoptive Parent(s); One original to the child's Sub-Adopt file (Scan copy to CFS Case)

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

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



When the Copy icon is selected, the Copy Plan Narrative pop-up window will display.

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



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

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

A rectangular button with a grey border and a white background, containing the text "Review Narrative" in black.

Allegations – Sex Trafficking and Labor Trafficking (New)

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

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

N-FOCUS Tips

Duplicate Person (ARP) Tip

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

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

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



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

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

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

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