
N-FOCUS Interim Release

Combined All Divisions

February 16, 2025

An Interim Release of the N-FOCUS System is being implemented February 16, 2025. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections and addresses all of the Divisions, MLTC, EA, CFS and DD.

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

ACCESSNebraska: N-FOCUS workers responsible for case activity received through Web Based Electronic Applications should read this section.

Home and Community Based Services: NFOCUS workers 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 Developmental Disabilities Programs.

Expert System: All N-FOCUS workers with responsibilities for case entry for AABD, ADA Payment SNAP, LIHEAP, LIHWAP, CC, FL, MED, Retro MED should read this section.

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

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

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General Interest and Mainframe

CFS – Drug Testing Interface Display (Change)

The drug test and result descriptions received from Redwood Toxicology have been updated to display in words for codes that had not previously been identified in N-FOCUS tables.

CFS – New Case Closure Reason (New)

A new case closure reason of “Family Declined Services” has been added to the list of reasons for closing a CFS case.

CFS – Intake Tribal Affiliation Window (Fix)

There is a defect in the system that is allowing an anomaly to happen on the Intake Tribal Affiliation window. In certain cases, a Save, Save and Close, or Update have been allowed when there is both a tribe selected, and the Tribe Not Identified box is checked. This anomaly being allowed is causing downstream impacts to the intake.

In order to prevent this downstream issue, an error message will now be displayed in the event that a tribe is selected and Tribe Not Identified box is checked, leaving the user unable to Save, Save and Close, or Update while both are selected/checked.

The screenshot shows the 'N-FOCUS - Intake Tribal Affiliation' window. The form contains the following information:

- Intake Name: HOMER SIMPSON
- Intake Type: Child Abuse/Neglect
- Number: 1504
- Received Date: 01-21-2025
- UPDATE button

Question: Is there any information that indicates a child in this household may be an Indian child and/or eligible to be in an Indian Tribe? Please answer for each child in the list.

Yes/No	Child/Identified Child
No	LISA SIMPSON
Yes	MAGGIE SIMPSON

Buttons: Yes, No

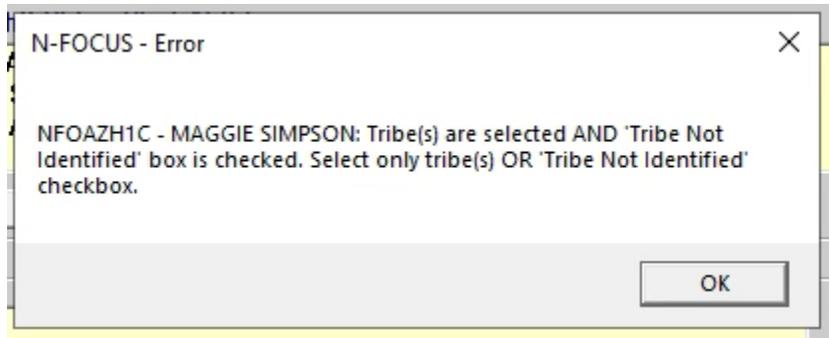
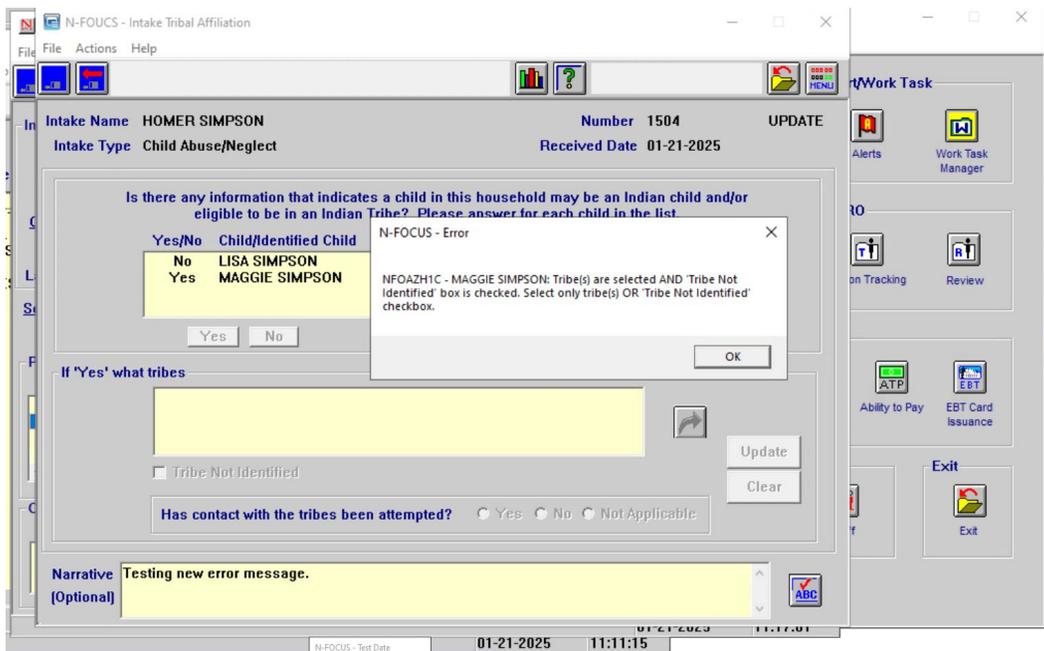
If 'Yes' what tribes

- AK-CHIN INDIAN COMMUNITY
- ALTURAS RANCHERIA
- AROOSTOOK BAND OF MICMACS
- Tribe Not Identified

Buttons: Update, Clear

Has contact with the tribes been attempted? Yes No Not Applicable

Narrative (Optional): Testing new error message.



MLTC – Medicaid Flexible Budgeting Project Next Phase (Change)

The Medicaid Flexible Budgeting project is being implemented in phases. This release marks the initial enablement of expiry date, budget purpose and new status reason codes to replace the general “Continuous Eligibility” reason with more specific reasons functionality on both Mainframe and Expert Screens. See the Expert System section for more details about Flexible Budgeting functionality.

Reviewing the Expiry and Renewal Dates in Mainframe

Each active program case has a review date which indicates the next date in which this program case is scheduled for renewal. This date may be in the past which indicates that this case is over-due for renewal processing or is no longer active. This date does not necessarily indicate that all the persons in this case are up for their annual renewal. Within a case, renewal cycles could differ due to the date in which the person joined the household, first applied for Medicaid, or it could be due to special eligibility circumstances like pregnancy. Prior to this release, the system did not provide a way to manage this. Workarounds were developed to split cases to enable separate renewal dates. The development of an Expiry date provides a way to manage separate renewal cycles within one case.

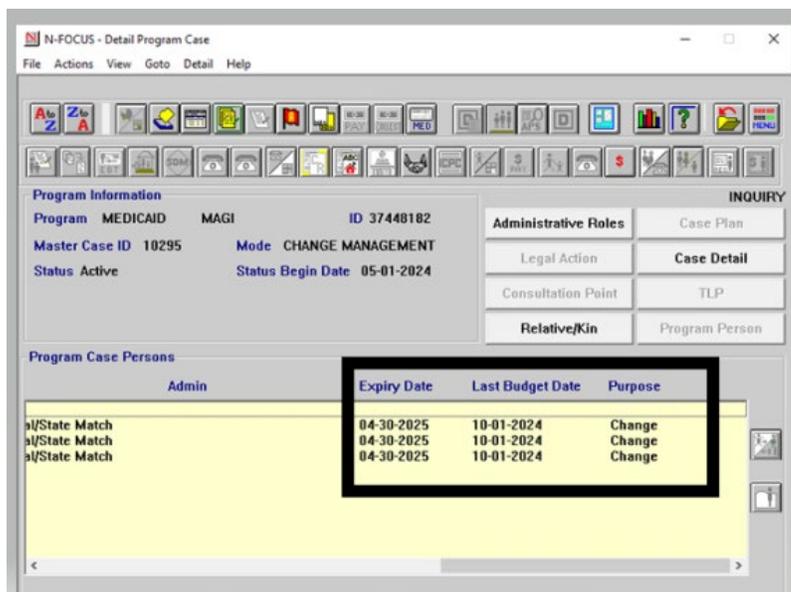
To track the individual renewal cycles, each person within the case also has an individual expiry date. The case-level Review date will reflect the next individual expiry date field. The case-level Review Date triggers operational activity. The addition of Expiry Date enables tracking of individual renewal schedules within a single case. Each person within the case has an individual expiry date, while the case-level Review Date reflects the next upcoming individual expiry date. The case-level Review Date will still trigger operational activities such as initiating the Federal Data Service Hub (FDSH) bulk renewal request or setting renewal due work task for a case.

Program Detail Display

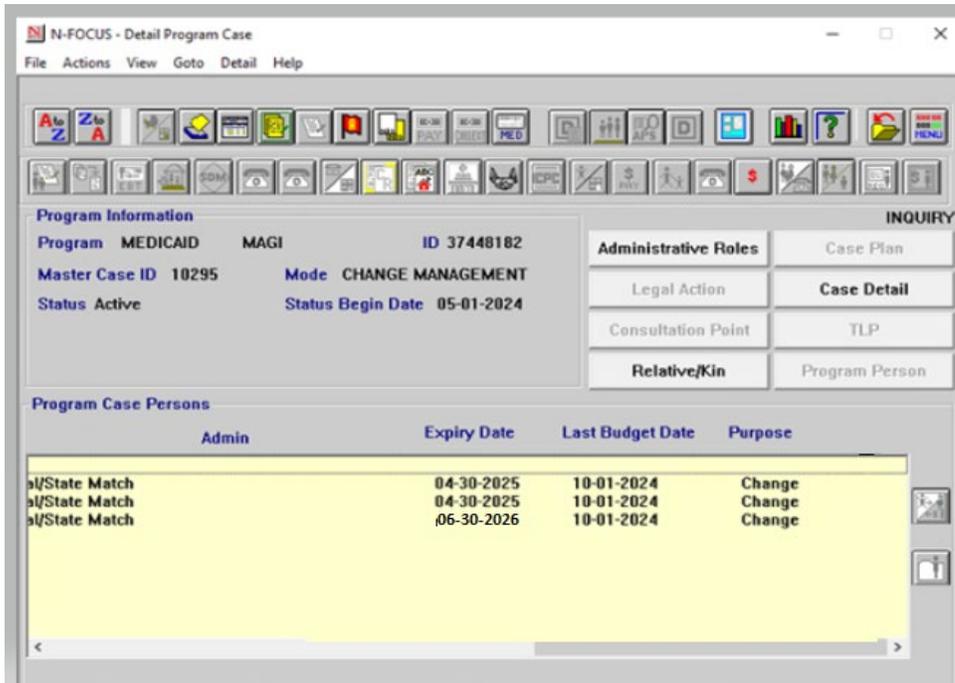
When reviewing the details of a master case and viewing an individual program case, it may be helpful to see all the expiry dates for a program case together.

Action Steps from the Detail Master Case window:

1. Select a program case row from the program listing section of the Program Case window.
2. Double click to open the Detail Program Case screen
3. Scroll to the right using the scroll bar at the bottom to see the Expiry Date field. This will only display content for Medicaid cases. The columns will appear but will be blank for EA cases.



Based on updates made in the Expert System, when the case is checked in, the Mainframe screens will display the new information.

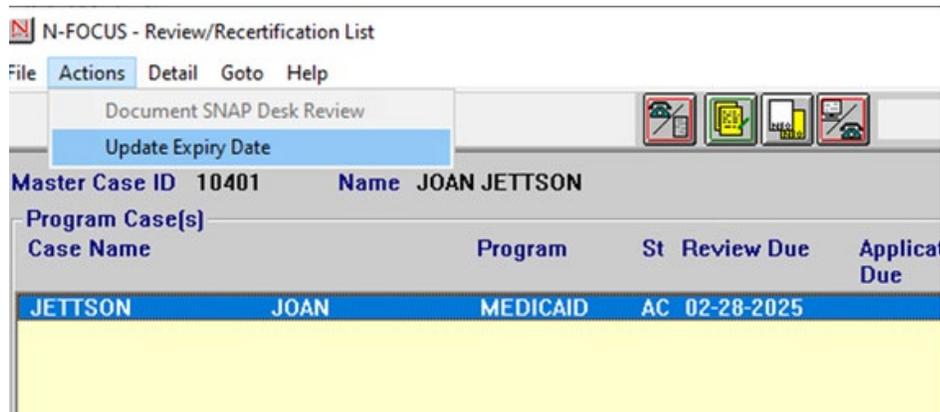


From Review/Recertification Tracking

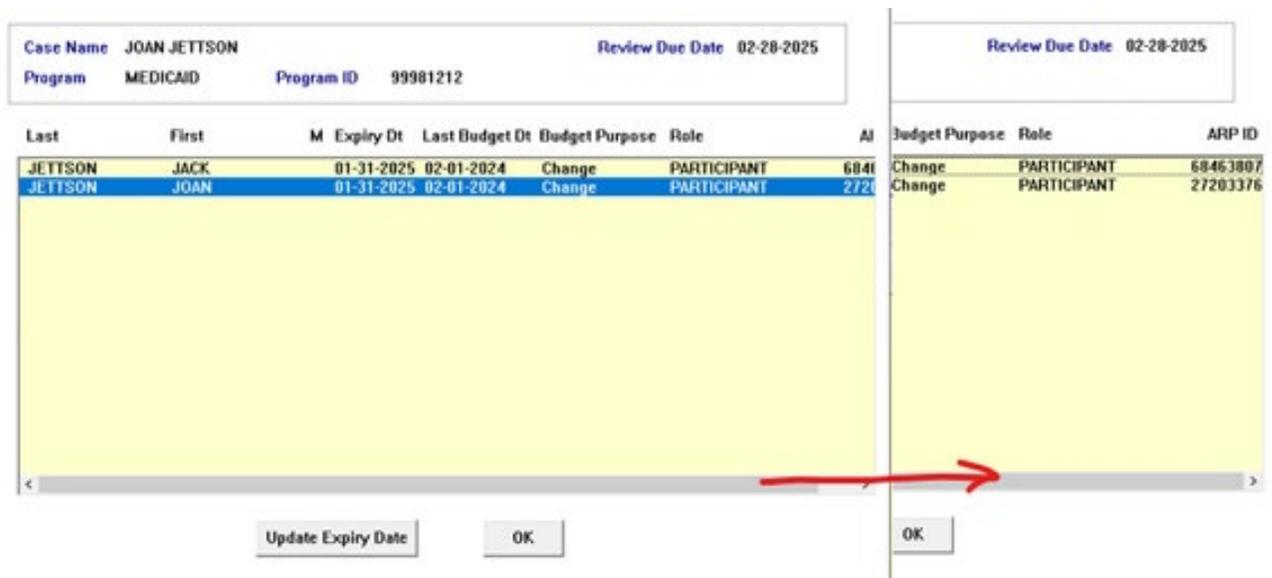
When preparing to work a renewal or reviewing a recent renewal, begin by reviewing the Review/Recertification List in Review/Recertification Tracking. In addition to viewing expiry date details, this is the path to the update function for expiry dates. This screen initially will show a listing of all the individual expiry dates for this case and the current-case level review date. This is an appropriate place for the worker to review which individuals are up for renewal or the results of the updated dates after a budget has been processed. The worker will be able to see how the current case level review date was determined and anticipate what the next review date will be.

Action steps to navigate to the Review/Recertification List:

1. From the Detail Master Case window, click the Actions dropdown and select Review/Recert Tracking.
2. From the Review/Recertification List, click the Actions dropdown and select Update Expiry Date. This option will only be enabled for Medicaid cases.



- The Case Expiry Details will list each person in the case with details regarding the last budget and the current expiry date. Use the scroll bar to see the fields to the right of the display. The individual's Agency Release Person (ARP) ID is included to assist in distinguishing similarly named family members. This list will only include active participants in the case. Administrative roles will not be included.
- The screen will be displayed with Update and Ok buttons. Selecting a row in the list will enable the Update Expiry Date button. See below for details on updating the expiry date. Use OK to close the screen and return to the Renewal/Recertification List.



From Benefit Summary Screen

When viewing a Benefit Summary, the expiry date will be displayed at the end of the last budget authorized or the most recent manual update. If the budget was a renewal budget and caused the date to be moved forward, this will be the newly generated date. If you change an expiry date for a month in which a budget has already been run, the expiry date that shows on the budget summary screen will show the expiry date which is on record for that month (the change you just made.) It will not show you the value that was in place at the time the budget ran. Nothing else about the budget will be updated.

STEVE OMAHA		MEDICAID	MAGI EXPANSION	REGULAR
Unearned Income	0.00	Unit Size		1
Earned Income	0.00	Net Countable Income		0.00
Gross Income	0.00	Medical Income Level		1670.00
MAGI Allowable Deductions	0.00			
Total Income Before Disreg	0.00			
5% FPL Disregard	0.00			
Resource Test:	Exempt			
Income Test:	Pass			
Income Compatibility Test:	Fail	Expiry Date		06-30-2025
*IRS Data Not Received *				
Income Verification Test:	Pass			
Exp Dependent Insurance Test	Exempt			
Exp Medicare Test:	Pass			
Exp Age Test:	Pass			

NOTE: The expiry date that displays in a benefit summary is the current expiry date rather than a point time date when the budget was run.

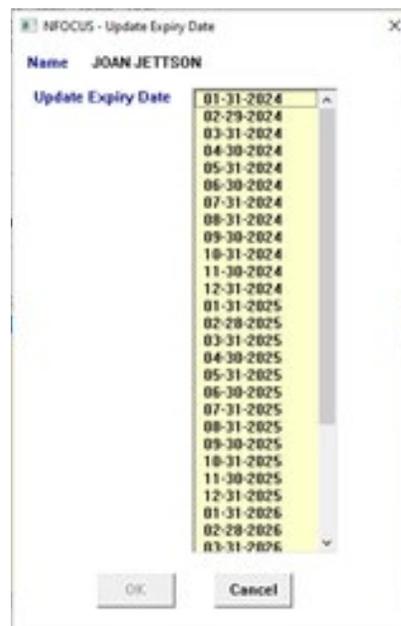
Updating an Expiry Date in the Mainframe

Generally, the expiry date on an individuals will be systematically assigned, if necessary, when new budgets are run. However, in some cases, the worker may need to adjust the expiry date due to a pregnancy, error, or some other special circumstance. Only the current expiry date can be updated. Historical records cannot be changed. Manual changes to one of the individual expiry dates within a case may automatically change the renewal date at the case-level. Remember that each person has an expiry date if you are altering dates within a case.

Action Steps to Update an Expiry Date:

1. Access the Case Expiry Details from the Review/Recertification List off of the Review/Recertification window.

2. Select a row for the individual whose expiry date you wish to change. This will enable the Update Expiry Date button.
3. Click the Update Expiry Date button. This will display the Update Expiry Date box.
4. The Update Expiry box will display the name of the person selected on the previous window and a list of available expiry dates for this person. The displayed dates will include dates up to 12 months in the past and up to 22 months into the future. This will be a total of 35 month which may require the worker to use the right scroll bar to find the desired date. All dates will be the last day of the month.
5. Select the desired date. This will enable the "OK" button.



- Click 'Cancel' to go back to the previous screen.
- If the Expiry Date which is selected from the list is the same as the current date and 'OK' button is clicked, a warning message displays that the no change has been submitted.
- If a different Expiry Date is selected from the list and 'OK' button is clicked, the date is updated and a message displays that the new expiry date is updated. If the change in expiry date triggered a change in the case-level review date, the message will indicate the new case-level renewal date. If the change did not impact the case-level renewal date, the message will indicate that no additional dates have be changed.

Update Restrictions for expiry dates In Mainframe Screens

Updates to expiry dates are allowed only for rows with that are open with no end date. Rows with end dates in the past cannot be updated. The system will display an error message. Note that the last expiry date updated may show in all previous

budgets in the benefit summary window. There may be updates to this in a future release.

Home and Community Based Services

DD - AD/TBI Waiver Notices of Decision – (Change)

There was previously logic on the AD/TBI Waiver Notice of Decision window that presented the error, "Notice should be sent at least 10 days before the Effective Date" when the Effective Date was less than 10 days. This error has been removed.

Expert System

MLTC – AABD/OMB to AABD/QMB (Defect)

An issue has been introduced in with the ES system notice for a participant moving from AABD/OMB to AABD/QMB. The notice correctly indicates that Medicare Part B buy-in has started, but it shows the Medicaid has closed. This issue will be fixed in a future release.

MLTC - Medicaid Flexible Budgeting Project Next Phase (Change)

The Medicaid Flexible Budgeting project is being implemented in phases. This release marks the initial enablement of expiry date functionality on both Mainframe and Expert Screens. The addition of Expiry Date enables tracking of individual renewal schedules within a single case. Each person within the case has an individual expiry date, while the case-level Review Date reflects the next individual expiry date. The case-level Review Date will still trigger operational activities such as initiating the Federal Data Service Hub (FDSH) bulk renewal request or setting a work renewal due work task for a case.

Summary of New Data

- Expiry date - Addition of EXPIRY DATE to enable tracking of individual renewal schedules within a single case.
- Budget Purpose - Include budget purpose to budget audit record to improve tracking and monitoring of renewal vs. Change budgets - this appears on the new budget review screen and various N-FOCUS GEN screens.
- Added Status Reason Codes - New status reason codes to replace the general "Continuous Eligibility" reason with more specific reason codes including a new "Deemed Infant" reason.

Summary of New Windows

- Budget Review - Review and act on eligibility results prior to authorizing the final budgets for a case.

- Expiry Date Details - Review all the expiry dates for individuals and the case-level Review date on a single window.
- Update Expiry Date within Expert - Select a new expiry date for an individual within a case.
- Manual Budget Update - Make manual changes to an individual budget prior to authorizing the budget.

Summary of New Functionality

- Accommodate new Continuous Eligibility (CE) timelines for post-partum women - change from 2 mo. to 12 months (some changes went in December 2023).
- Accommodate new Continuous Eligibility (CE) timelines for children - change from 6 mo. to 12 months (some changes went in December 2023).
- Enable the system to skip an individual in a case and authorize budgets for only part of the case - currently all individuals in a case must be authorized.
- Enable worker action to block renewal processing for a budget run during the renewal period.
- Enable the worker to Manually Update the reason code for a budget result. This does not include changes to failure reasons at this time.

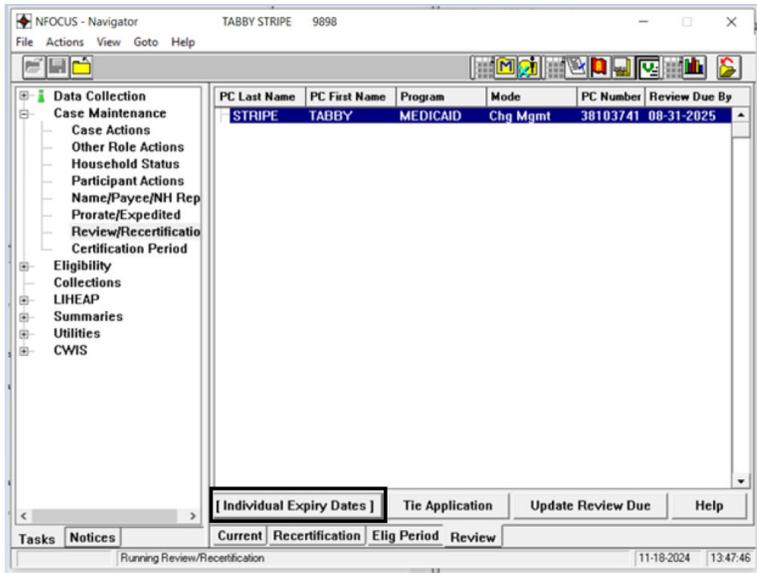
Summary of Process changes

- Lock CE children from moving to "lower" program - currently Continuous Eligibility (CE) only impacts children who fail eligibility
- Extend the length of time CE applies to Children from 6 mo. to 12 mo.
- Lock pregnant and post-partum women from moving during CE period - currently CE only impacts PW/PP who fail eligibility
- Extend the length of time CE applies after the end of a pregnancy from 6 mo. to 12 mo.
- Add individual expiry date to the budget Summary display
- Automate the assignment/update of expiry/renewal dates after the budgets have been completed - currently a screen appears requiring worker action to set new dates
- Automate the renewal notice without telling the system a renewal is being processed. This is triggered based on the Budget Purpose assigned to the budget systematically.
- Renewal application Received date is not required to process a renewal budget.

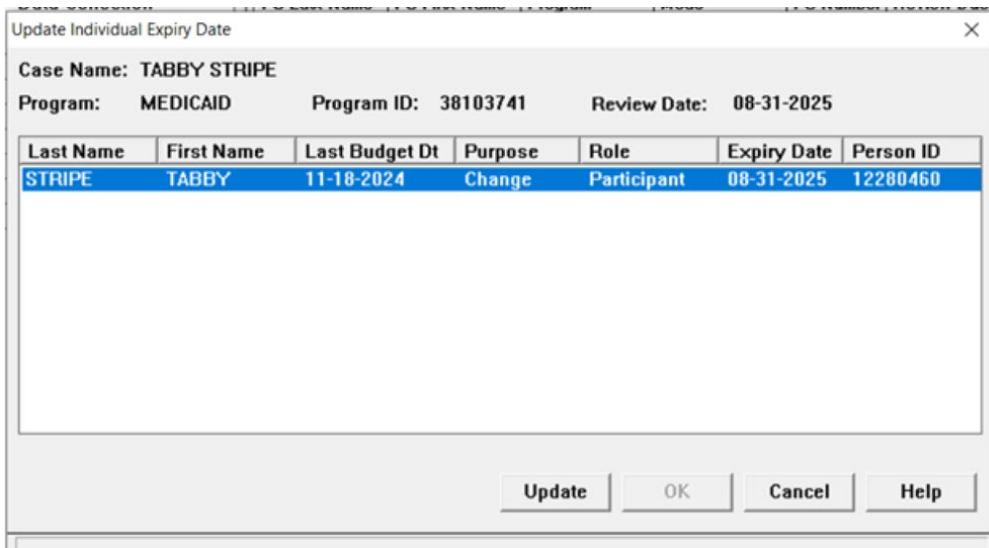
- Systematically determine and track the purpose of the budget run

View Expiry Date in Review/Recertification Task

From the Review/Recertification task, select the Review tab. Select a single row on the review tab program list, then select Individual Expiry Dates.



A list of participants in the program along with the individual expiry date for each person will display.



Action Steps to Update Expiry Date in Expert

1. Click the Update button. This will display the Update Individual Expiry Date box.
2. The Update Individual Expiry Date screen will display details about the program case and the name of the person selected on the previous screen. It will show the current expiry date and provide a dropdown list to select a new date. The dropdown list will include a list of available expiry dates for this person. The displayed dates will include dates up to 12 months in the past and up to 22 months into the future. This will be a total of 35 months which may require the worker to use the right scroll bar to find the desired date. All dates will be the last day of the month.

Update Individual Expiry Date

Case Name: TABBY STRIPE
Program: MEDICAID

Last Name	First Name	Date	Person ID
STRIPE	TABBY	08-2025	12280460

Person: TABBY STRIPE
Person ID: 12280460
Program: MEDICAID
Program ID: 38103741
Expiry Date (original): 08-2025
Expiry Date (new): 06-2026

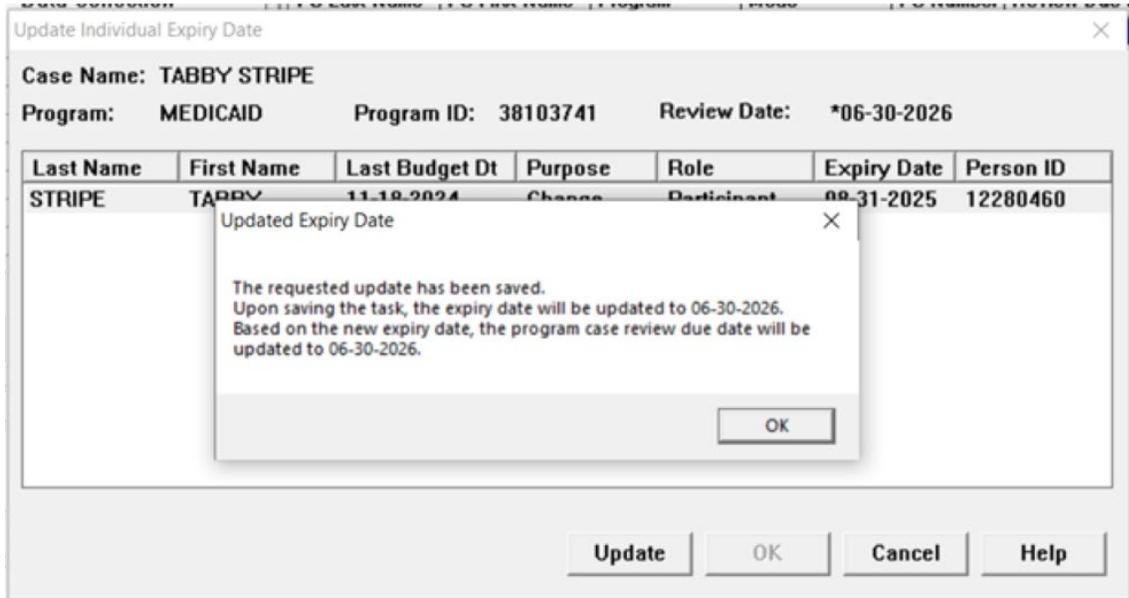
06-2026
05-2026
04-2026
03-2026

OK Cancel Help

1. Select the desired date. This will enable the OK button.
2. Select Ok. The date will be updated. The system will also compare the new Expiry Date to the other Expiry Dates on the case and the current Review Date on the case. If the updated Expiry Date is after the current case Review date, the system will also calculate a change to the case-level Review Date. This message will display if the change in Expiry date did not impact the case-level review date.
3. Select Ok. You will be returned to the list box showing the updated dates.

Note: Asterisks will appear next to changed data.

New Expiry Date Confirmation Message:



Update Restrictions for expiry dates

When changing expiry dates, historical records cannot be altered, only open ended dates.

If the updated Review date is not desired or additional changes are required, the worker can also manually update the renewal date by selecting the Update Review Due button.



Processing a Budget When Moving Between Cases – Transfers

There are several scenarios where any individual may be moved from one Medicaid program case to another. A common example is when a child moves between the households of divorced custodial parents. When this happens, policy requires, if the coverage is maintained across cases, the renewal cycle should also be maintained across cases.

When a person is added to a case, the worker will add them to a case and run budgeting. During the budget process that individual will not have a previous expiry date assigned to their relationship in that case. When the process is determining the budget purpose, it looks for that previous individual expiry date. If one is not present, the system will look to see if there is a currently active or recently ended relationship on a different program case within this or another master case. If so the previous category assignment and expiry date will be used in the new budget

determination. If no other-case relationship exists, the budget will be treated as an initial determination and a new expiry date will be assigned.

Processing a Budget – New Budget Review Window

When running a Medicaid budget, a new Budget Review window will display to review the results of the processed budget. This display will include the final resulting program category determined by the eligibility determination logic for each person in the case. Intermediate “read-only” budgets will not appear. These read-only failed budgets appear on the Authorize Budget screen to audit the programs which were considered but not qualified for prior to moving on to the next program considered. Final failed budgets will be included on this Budget Review window.

Budget Review Window

Budget Review Benefit Month: 1-2025 ✕

New Budgets:

Pgm C...	Program Case Name		Program Case Number			
	Elig Name	Action	New Categ...	Previous Cat...	Budget Purp...	Status Reason
MEDIC...	MONSTER	THE C...		79574675		
	THE COUN	Pass	MAGI Child ...	MAGI Child 6...	Renewal	
	THE COUN	Pass	MAGI Expans...	MAGI Expansi...	Renewal	

Manual Update Delay Renewal Skip Budget OK Cancel Help

Actions that can be taken on this window

- Review the results - See the final results and calculation details. Double click on a budget row to see the Budget Summary screen. If the worker reviews the Budget Summary from this display, they will not be required to review it again from the Budget Authorization screen.
- Skip an individual budget - Remove a budget from this budget run and do not save. Use the Skip button after selecting a row. (See details below)
- Update the assigned category or Reason code - Manually select a category assignment or reason code different from that which was determined by the system
- Delay Renewal processing - Process a budget during a renewal period without processing the renewal functions. (See details below.)

- Accept results and continue - Save the budgets as determined and move on to the Budget Authorization screen.
- Cancel and return to the main navigation screen.

Budget Purpose

When reviewing the details of a Medicaid program case, it may be helpful to understand the trigger which caused eligibility to be reassessed. Each individual budget run is assigned a Budget Purpose at the time it is calculated. The Budget Purpose will indicate if the eligibility determination was completed to process a benefit renewal or as a result of a reported change in the individual's situation. It will also indicate if this determination is the initial determination. If an individual is moved from one case to another, the system will recognize that this person has had uninterrupted benefit coverage and will recognize that this is not an initial determination. (See details below regarding transferring cases.)

Individual budgets within a single case which were run together may have different budget purposes. For example, a new family member may be added to the household, causing the eligibility to be reassessed. The new member would be assessed as an initial budget. Among the remaining 4 family members, one of them might happen to be scheduled for renewal at that same time, while the others are not. This would result in one Initial budget, one Renewal budget and 3 Change budgets.

Budget Purpose Reasons

- Initial – This is the initial budget for a participant, when no previous budget has previously been run.
- Manual Inti – The assignment, budget reason, or status reason on this result was manually set by a worker where the system assigned purpose was Initial.
- Renewal – This is a period 60 days away from the individual expiry date when a case is up for annual review. The budget includes a notice generated to the participant.
- Manual Renew – The assignment, budget reason, or status reason on this result was manually set by a worker where the system assigned purpose was Renewal. This budget will trigger renewal actions.
- Change – This is the Budget Purpose for a participant whose budget has been successfully run and is not within the renewal period. Change does not necessarily mean that content changed on this budget. Data for another person in the case may have triggered a new budget for this person, but did not alter the outcome.

- Manual CHG – The assignment, budget reason, or status reason on this result was manually set by a worker where the system assigned purpose was Change.
- MESA – This budget was generated by a MESA run.
- Admin – Used when a budget is completed during the month that would have been a renewal month but renewal activity is delayed.

Skipping a budget

When determining eligibility, the system processes a budget for all participants in that program case. When authorizing a budget, all displayed individual budgets must be authorized or no budgets can be authorized. This function allows you to selectively authorize an individual budget from a group of budgets which are tied to the same program case.

The Skip Function enables you to remove an individual budget from the process. This individual budget will be discarded – no budget record will be saved; this record will not appear on the next screen, the Budget Authorization screen.

Note that changes can only be made to a passed budget, updates are not allowed to be made for a failed budget. Upon landing on the Budget Review, the user can skip an individual within a budget for that period by highlighting one or more rows and clicking 'Skip Budget'. Highlighting the same rows and clicking 'Un-skip Budget' will undo the action.

- a. The new feature "Skip Budget" allows the user to exclude participant(s) within a case during the budgeting process
- b. When a participant(s) is skipped, the row will be marked SKP and will not be included in budget
- c. Skipping and Un-skipping a row will display confirmation notice to the user

After skipping an individual within a budget being processed, the row will be marked 'SKP'. In addition to the selected data not being saved in the budget moving forward to the Budget Authorization Screen when being skipped, the individual will not be included in any notices that may generate from the authorized budget. Multiple individual budgets can be skipped (one at a time) on the Budget Review screen. Once an individual budget is skipped, other actions are not enabled for that row.

Skipped Budget

Budget Review Benefit Month: 1-2025

New Budgets:

Pgm C...	Program Case Name		Program Case Number			
Elig Name	Action	New Categ...	Previous Cat...	Budget Purp...	Status Reason	
MEDIC...	BROWNS...	ASHLE...	97456179			
	GREGNH	Pass	MAGI PC	<none>	Initial	
	ASHLEY...	Pass	MAGI PC	<none>	Initial	

Manual Update Delay Renewal **Skip Budget** OK Cancel Help



Skip Budget

Budget will be skipped

OK

Unskipped Budget

Budget Review Benefit Month: 1-2025

New Budgets:

Pgm C...	Program Case Name		Program Case Number			
Elig Name	Action	New Categ...	Previous Cat...	Budget Purp...	Status Reason	
MEDIC...	BROWNS...	ASHLE...	97456179			
SKP	GREGNH	Pass	MAGI PC	<none>	Initial	
	ASHLEY...	Pass	MAGI PC	<none>	Initial	

Manual Update Delay Renewal **Unskip Budget** OK Cancel Help



Skip Budget

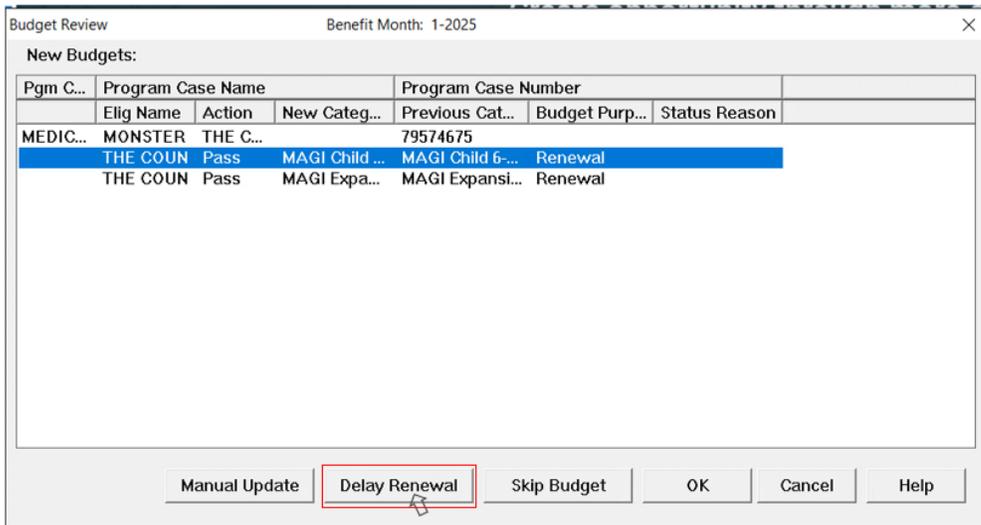
Budget will be unskipped

OK

Note: Be cautious when using the skip functionality when processing a series of budget months. It is important to not skip a person in a case for the final high-dated budget month, if you have included them in prior budgets. This could cause a person to be reported as active in a case, but not have a high-dated budget on file, so would fail any medical claim attempts. If you skip a person who is currently active, verify that they have a high-dated budget on file. If you are reopening an individual for past months, Skip Budget should not be used as this will bypass upcoming months, resulting in no high-dated budget on file.

Delay Renewal

This function allows the worker to process a budget during the renewal period to for scenarios such as approving eligibility for a waiver or an age update where the case is not ready for the formal renewal process to be completed. This is achieved by updating the budget purpose from Renewal to Admin. A budget purpose of Admin will not trigger renewal processing. In that case, the existing expiry dates will remain for those individuals who are marked as Admin. No renewal notification will be triggered for those individuals.



The screenshot shows a window titled "Budget Review" with a subtitle "Benefit Month: 1-2025". Inside the window, there is a section labeled "New Budgets:" containing a table. The table has columns for "Pgm C...", "Program Case Name", "Program Case Number", "Elig Name", "Action", "New Categ...", "Previous Cat...", "Budget Purp...", and "Status Reason". The table contains three rows of data. The second row is highlighted in blue. Below the table, there are several buttons: "Manual Update", "Delay Renewal" (which is highlighted with a red box and a mouse cursor), "Skip Budget", "OK", "Cancel", and "Help".

Pgm C...	Program Case Name	Program Case Number	Elig Name	Action	New Categ...	Previous Cat...	Budget Purp...	Status Reason
MEDIC...	MONSTER THE C...	79574675						
	THE COUN	Pass	MAGI Child ...	MAGI Child 6-...	Renewal			
	THE COUN	Pass	MAGI Expa...	MAGI Expansi...	Renewal			

Action Steps To Update the Budget Purpose from Renewal to Admin

1. Select a row that has a budget purpose of Renewal.
2. Select the Delay Renewal button.

Result: The Budget Purpose will change to *Admin.

Budget Review Benefit Month: 1-2025

New Budgets:

Pgm C...	Program Case Name		Program Case Number			
	Elig Name	Action	New Categ...	Previous Cat...	Budget Purp...	Status Reason
MEDIC...	MONSTER	THE C...		79574675		
	THE COUN	Pass	MAGI Child ...	MAGI Child 6-...	*Admin	
	THE COUN	Pass	MAGI Exp...	MAGI Expansi...	Renewal	

Manual Update Delay Renewal Skip Budget OK Cancel Help

Manual Update

Manual Update allows the worker to reassign the Medicaid category assigned to a participant. It cannot override the core decision of pass or fail, but the change in category could impact the conditions of the coverage. It also allows for the worker to change the reason code assigned to a particular person to program relationship by overriding the system assignment of a status reason code. Unlike the existing override function, this process does not rerun eligibility logic and does not lock this person into this category assignment. When updates are made, the Budget Purpose will be updated to one of three Manual values: Manual CHG, Manual INIT, Manual REN.

Action steps to make manual update:

1. Select a row on the Budget Review screen. If allowed, this will enable the Manual Update button.
2. Click the Manual Update button and the Manual budget Update box displays.

Manual Budget Update

Person in this Case	Current Status Reason	Current MED Category Assignment
GONGER C		MAGI Child 1-5

Warning: You are initiating a change to a system-calculated result.

Please verify you wish to change: Both Assignment and reason Code ▼

New Status Reason:

New MED Category:

OK Cancel Help

3. Select the type of change you wish to make. The dropdown will allow you to make either a new Status Reason update, a MED Category update or both.
4. Based on the selection made, the New Status Reason and/or the New MED Category fields will be enabled.

The status reason dropdown will include these options:

Continuous Eligibility

CE - Child Lock

CE- Child Save

CE – PW/PP Lock

CE – PW/ Save

Deemed Infant

Defined TMA Period

Note: Lock means the person is kept in their previous eligibility category for Continuous Eligibility reasons. Save means the person would have failed eligibility but was saved and returned to the previous eligibility category.

Removed Windows and Pop-Ups

The following windows have been removed from the process:

- Pop-up asking worker if the case should be considered for Continuous Eligibility. These rules are now determined by the budgeting process.
- Question asking if this is budget is a Renewal during the budget authorization
- Case Review Window: this window will no longer pop-up after budget authorization to require the user to confirm a case as Renewal
- The user is no longer required to review each budget row prior the budget authorization because that action can be performed through the new Budget Authorization screen by double clicking on a budget line to see the Benefit Summary Screen.