

**OHIO DEPARTMENT OF JOB & FAMILY SERVICES  
BRIDGES CASE ANALYSIS**

CASE ANALYSIS INFORMATION			
<b>Bridges Participant Name:</b>		<b>Person ID:</b>	
<b>Bridges Liaison Name:</b>		<b>Case ID:</b>	
<b>Bridges Regional Coordinator Name:</b>		<b>Bridges Supervisor Name:</b>	
<b>Period Under Review:</b>		<b>Provider Agency Name:</b>	
<b>Case Reviewer Name:</b>		<b>Case Analysis Date:</b>	

**Yes = Requirement Met**

**No = Requirement Not Met**

**N/A = Not Applicable**

Analysis will encompass both quantitative and qualitative review of case information.

ACTIVITY LOG		
<b>1. Face to Face Contact Every 30 Calendar Days from Date of Enrollment</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-06 (F) Young Adult</li> <li>OAC 5101:2-50-06 (G) Dependent Add On</li> <li>Bridges Provider Manual: Page 7 (#13)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Date of Enrollment: Date(s):  Minor Child F/F: (required if dependent add on cost is provided) Date(s):  Details, If No:
<b>2. Face to Face Contact in Living Arrangement Location Every 30 Calendar Days from Date of Enrollment</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-06 (F)(1) Young Adult</li> <li>OAC 5101:2-50-06 (G) Dependent Add On</li> <li>Bridges Provider Manual: Page 7 (#13) (If YA in college, visits may occur at location other than dormitory)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Location Details, If No:
<b>3. Bridges Case Work &amp; Related Activity Recorded in SACWIS Activity Log within 5 Calendar Days of Event</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(d)(4) Administration</li> <li>Bridges Provider Manual: Page 7 (#15)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Details, If No:   # Logs Entered:  # Out of Compliance:

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**REFERRAL & APPLICATION PROCESS**

<p><b>4. Intake Coordinator or Regional Coordinator Attempted Contact to Referred Youth, Young Adult Supporter or PCSA as applicable, within 2 Business Days of Referral</b></p> <ul style="list-style-type: none"> <li>Subgrant Exhibit A: Bridges Quality Plan &amp; Incentive Program SFY 2020-21</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	<p>Intake Received Date: Date of Contact/Attempt: Who:  Details, If No:</p>
<p><b>5. Provider Agency Attempted Contact with Young Adult or PCSA (if warm hand-off) within 2 Business Days of Assignment</b></p> <ul style="list-style-type: none"> <li>Bridges Provider Manual Page 9</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	<p>Date of Case Assignment: Date of Contact/Attempt: Who:  Details, If No: n/a</p>
<p><b>6. Bridges Application with Recommendation of Approved, Denied, Withdrawn or Disengaged Submitted to ODJFS within 30 Calendar Days</b></p> <ul style="list-style-type: none"> <li>OAC 5101:2-50-02 (F)</li> <li>Bridges Provider Manual: Page 9</li> <li>Subgrant: Article 1 (A)(2)(b)(2) Direct Service</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	<p>Date of Application: Date Application Completed: Date Routed:  Details, If No: n/a</p>
<p><b>7. Timeframe of Application Declined for Rework to Resubmission</b></p> <ul style="list-style-type: none"> <li>Bridges Documentation Clarification</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	<p>Date of Decline: Reason for Decline: Date of Resubmission: Barriers to Resubmission:  Date of Decline: n/a Reason for Decline: n/a Date of Resubmission: n/a Barriers to Resubmission: n/a</p>

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TIER SCREENING PROCESS		
<b>8. Completion of Tier Screening Tool within 5 Calendar Days of Enrollment</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(c)(2) Service</li> <li>Bridges Provider Manual: Page 7 (#7)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Date of Enrollment: Date of Completion:  Details, If No:
<b>9. Completion of Tier Screening Tool Every 90 Days from Last Tier Completion Date (based on tool signature date)</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(c)(2) Service</li> <li>Bridges Provider Manual: Page 7 (#7)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Initial Tier Screening Date: Subsequent Screening Date(s):  Details, If No:
<b>10. Signed Copy of Tier Screening Tool Located in Case Record</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(c)(2) Service</li> <li>Bridges Provider Manual: Page 7 (#24)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Date Signed:  Details, If No:
<b>11. Tier Level Override Completed with Supervisor Signature</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(c)(2) Service</li> <li>Bridges Provider Manual: Page 7 (#7)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Date Signed:  Details, If No:
<b>12. Tier Screening Tool Scored, Totaled &amp; Appropriate Level Assigned</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(c)(2) Service</li> <li>Bridges Provider Manual: Page 7 (#7)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Details, If No:
<b>13. SACWIS Documentation Supports Points Scored on Tier Screening Tool – Review of Current Tier Level</b> <ul style="list-style-type: none"> <li>Subgrant: Article 1 (A)(2)(c)(2) Service</li> <li>Bridges Provider Manual: Page 7 (#7 &amp; #15)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Current Tier Level: Span Dates of Current Tier:  # Visits per Month:  Details, If No:

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**BRIDGES TOOLS**

<b>14. Completion of Assessment within 15 Calendar Days of VPA Effective Date</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-07 (A)</li> <li>Bridges Provider Manual: Page 7 (#8)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	VPA Effective Date: Assessment Completion Date:  Details, If No:
<b>15. Bridges Plan Approved and Young Adult Signature Received within 45 Days of VPA Effective Date</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-07 (B)</li> <li>Bridges Provider Manual: Page 7 (#8)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	VPA Effective Date: SACWIS Plan Approval Date: YA Plan Signature Date: YA Included in Plan Creation: Y or N  Details, If No:
<b>16. Copy of Bridges Plan to Participant within 7 Calendar Days of Young Adult Plan Signature Date</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-07 (B)(2)</li> <li>Bridges Provider Manual: Page 7 (#9)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	YA Plan Signature Date: Date Provided:  Details, If No:
<b>17. Bridges Review Completed &amp; Signed by Young Adult 90 Calendar Days from Bridges Plan Approval Date &amp; Subsequently Every 90 Days</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-07 (C)</li> <li>Bridges Provider Manual: Page 7 (#10)</li> </ul> <p><u>NOTES:</u></p> <p><input type="checkbox"/> Marked N/A as outside of period under review, but Review would have been due and marked “No” if Plan had been completed timely.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	SACWIS Plan Approval Date: YA Review Signature Date: Date of Review(s):  Details, If No:
<b>18. Bridges Plan Amendment Completed 7 Calendar Days from Review Approval Date (if review indicates amendment needed)</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-07 (D)</li> <li>Bridges Provider Manual: Page 7 (#11)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	SACWIS Review Approval Date:  Date of Amendment:  Details, If No:
<b>19. Bridges Plan &amp; Review Submitted to Court 14 Calendar Days Prior to Hearing</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-07 (E)</li> <li>Bridges Provider Manual: Page 7 (#21)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Hearing Date: Date Submitted per Activity Log:  Details, If No:

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**ONGOING ELIGIBILITY**

<b>20. Eligibility Documentation Provided to ODJFS by End of 30-day Provisional Period</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-02 (C)</li> <li>Bridges Provider Manual: Page 7 (#5)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Provisional End Date: Eligibility Doc Provided: Y or N  Details, If No:
<b>21. Terms of Provisional Status Were Explained to the Participant and Documented in Activity Log</b> <ul style="list-style-type: none"> <li>Provisional Agreement</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Terms Explained: Y or N Activity Log Documentation: Y or N  Details, if No:
<b>22. A Notice of Ineligibility was Provided to Participant, if Proof of Eligibility was Not Received by ODJFS Prior to the End of 30 Day Provisional Period</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-02 (D)</li> <li>OAC 5101:2-50-03 (F)</li> <li>Bridges Provider Manual: Page 7 (#18)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Provisional End Date: Notice of Ineligibility Provided: Y or N Termination Date Correct: Y or N  Details, If No:
<b>23. Case File Contains Legible Proof of Continued Eligibility Documentation for the Period Under Review</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-02 (H)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Period Under Review Begin/End Dates:  Proof of Continued Eligibility Provided:  Details, If No:
<b>24. A Notice of Ineligibility was Provided to Participant with Correct Termination Date, if Legible Proof of Continued Eligibility was Not Provided Any Time During the Period Under Review</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-02 (H)</li> <li>OAC 5101:2-50-03 (B)</li> <li>Bridges Provider Manual: Page 7 (#18)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Notice of Ineligibility Provided: Y or N Termination Date Correct: Y or N Method: Hand Delivery or USPS  Details, If No:
<b>24(A). A Notice of Termination was Generated &amp; Saved to SACWIS, and provision of N.O.T to YA By Hand Delivery or USPS Mail is Located in Case Activity Log</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-03 (D)</li> <li>Bridges Provider Manual: Page 7 (#18)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	Date N.O.T Saved to SACWIS: Date of Provision to YA: Method: Hand Delivery or USPS  Details, If No:

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TITLE IV-E		
<b>25. Initial Title IV-E Eligibility and Reimbursability were Determined in SACWIS within 30 Calendar Days of VPA Effective Date</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-04 (B)(1)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	VPA Effective Date: Initial Eligibility Effective Date: Initial Reimbursability Effective Date: Approved Final Date: Details, If No:
<b>26. Ongoing Title IV-E Eligibility and Reimbursability were Determined in SACWIS within 30 Calendar Days of Best Interest Hearing Date</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-04 (B)(2)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Best Interest Hearing Date: Ongoing Eligibility Effective Date: Ongoing Reimbursability Effective Date: Approved Final Date: Details, if No:
<b>27. Annual Title IV-E Reimbursability was Determined in SACWIS within 30 Calendar Days of Reasonable Efforts Hearing Date &amp; Annually Thereafter</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-04 (B)(3)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Reasonable Efforts Hearing Date: Reimbursability Effective Date: Details, If No:
<b>28. Title IV-E Reimbursability Determination was Completed when Participant Moved from Paid to Non-Paid Housing, or Non-Paid to Paid Housing</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-04 (B)(4)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Housing Change Date: Reimbursability Effective Date: Details, If No:
<b>29. All Leave Episodes Recorded in SACWIS (Incarceration, Vacation, Whereabouts Unknown, Hospitalization)</b> <ul style="list-style-type: none"> <li>OAC 5101:2-50-04 (J)</li> </ul> <p><u>NOTES:</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Leave Date: Reimbursability Effective Date: Details, If No:
<del><b>30. Title IV-E Reimbursability Determination Completed Once Participant is No Longer on Leave</b></del> <ul style="list-style-type: none"> <li><del>OAC 5101:2-50-04</del></li> </ul> <p><u>NOTES:</u> Excluded as BCAT review item effective 05/2019.</p>	<del><input type="checkbox"/> YES</del> <del><input type="checkbox"/> NO</del> <del><input type="checkbox"/> N/A</del>	<del>Leave End Date: _____</del> <del>Reimbursability Effective Date: _____</del> <del>Details, If No: _____</del>

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**COMPLIANCE CALCULATOR TOOL**

**NOTE:** you must first hover your cursor over the table, and double click to open the table to edit the data.

For each item, enter the value 1 to indicate if the item was rated either: YES or N/A, or if it was rated NO. You will enter the value 0 for the opposite column. The columns will automatically total the number of items marked as "YES or N/A", and the number of items marked "NO". The worksheet will automatically calculate the overall case compliance based on the sums of each column.

ITEM	YES or N/A	NO
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27		
28		
29		
30	Excluded	Excluded
<b>TOTALS</b>	<b>0</b>	<b>0</b>
<b>Overall Case Compliance:</b>		<b>0%</b>