

# **Knowledge Base Article**



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#### **Overview**

This document outlines the process of determining Bridges eligibility and reimbursability in Ohio SACWIS. Prior to completing the steps listed in this document, please ensure you have entered a completed housing record if one exists and any court rulings that have been obtained. These should be entered in the case module of Ohio SACWIS.

## **Security Requirements**

The following Ohio SACWIS security user group is needed for this functionality:

**Bridges Fiscal Worker** – This will permit the worker to add and edit eligibility and reimbursability records. The eligibility record will need to be routed to the appropriate state worker for final approval upon completion.

## **Determining Eligibility**

From the Ohio SACWIS Home Page:

- 1. Click the **Financial** tab.
- 2. Click Eligibility.
- 3. Click **Eligibility/Reimbursability** on the navigation pane.

Home	Intake	Case	Provider	Financial	Administration
Services Eligibility	/ Payment Ben	efits			
<>					
CRIS-E/OIES Inquiry Eligibility/Reimbursability Adoption Subsidy					
Nonrecurring					
PASSS					
KPIP					
Medicaid Eligibility					
CRIS-E/OIES Inquiry History					
Medicaid Mailing Info					

**Important**: Bridges eligibility can be determined without a pre-existing housing record. However, until the housing record is completed, the eligibility determination will be, "No."



The **Person Selection** screen appears.

1. Click Person Search.

Note: If you know the **Person ID** number:

- Enter the number into the **Person ID** box.
- Click **Go**.

If you do not know the Person ID number:

2. Click, **Person Search** on the **Person Selection** screen.

Home	Intake	Case	Provider	Financial	Administration
Services Eligibilit	y Payment Ber	efits			
< >					
CRIS-E/OIES Inquiry	Person Selection				
Eligibility/Reimbursability Adoption Subsidy				Person ID:	
Nonrecurring PASSS	Person Search		~ OR ~	12345678	Go
KPIP					
Medicaid Eligibility CRIS-E/OIES Inquiry History					
Medicaid Mailing Info					

The Search For Person screen appears.

- 3. Enter Search Criteria.
- 4. Click Search.

Search For Person						
Person ID:			~ OR	~	<u>SSN:</u>	]
Note: If Person ID or SSN a	re entered, all other search (	oriteria will be ignored	OR			
Last Name:	First Name:	Middle Name:			Gender:	
DOB:			~ OR	~	Age Range: - From Age	To Ape
Reference, TCN, and Addre	ess Criteria 🗸					
Name Match Precision Returns results matching enter	ed names including AKA name	shicknames		Sort by: Relevance (Hig	ghest-Lowest)	•
Fewer Results	+ AKA/Nicknames		More Results			
Search Clear Form	Return					



The Person Search Results grid appears.

5. Click, **select**, in the appropriate row.

Person Se	earch Results				
Result(s) 1 to	o 1 of 1 / Page 1 of 1				
Include of	only active case members				
	Person Name / <u>ID</u>	Address	Gender	(Age) DOB	Active Case
select	Lane, Lois / 12345678	123 Clark Drive, Sunny OH 12345	Female	(2) 01/01/2021	Yes
$\sim$	Related Persons V				

The **Program Eligibility and Program Reimbursability** grids appear, indicating whether there are any existing records for the Person. If you need to add an eligibility record, follow the steps below:

- 1. Select the **Determination Type** from the dropdown within the **Program Eligibility** grid. This can include one of the following:
  - a. **Initial** This option will be available if an eligibility record does not exist for the most recent custody episode for the person. The system should create an initial pending record with the custody episode's start date as the effective date once the young adult enters care and placement.
  - b. Ongoing This option will be available if ALL conditions below exist:
    - i. A completed initial eligibility record exists for the most recent Bridges custody episode.
    - ii. A pending eligibility record DOES NOT exist for the most recent custody episode.

**Note**: The system will automatically create an ongoing eligibility record when the Best Interest ruling is due. Workers can also manually create this record if needed.

2. Click Add Eligibility.

**Note**: You can click the **legal status history** link in the **Person Selection** grid to view information in the **Legal Custody Episode & Status Information** grid.

**Important**: The young adult's name, in the graphic below, is a hyperlink that will take you to the Person record; on the Person record, you can make any necessary changes before you proceed (e.g., adding resources for the eligibility determination)



Person Selection		
Person Search	~ OR ~	Person ID: Go
Name / ID: Lane, Lois / 12345678	Age, DOB: 1/1/2015 Age 8,	
Assigned Workers:	Title IV-E # / Medicaid Recipient ID:	Legal Status History
Program Eligibility		
Include Created in Error		
Determination Type:	Add Eligibility	
Program Reimbursability		
Effective Date:	End Date:	mbursability

The **Eligibility Details** screen appears. The steps for the next series of screens will provide the elements needed for the person's eligibility determination.

- 3. Provide the required information (denoted with a red asterisk) in the **Eligibility Details** grid.
- 4. If applicable, ensure a **Housing Record** exists for the person in the case module of Ohio SACWIS.
- 5. If applicable, ensure you have recorded **Best Interest** and **Reasonable Efforts** rulings for the person in the case module of Ohio SACWIS.
- 6. Ensure the **Effective Date** and **Eligibility Month** fields are correct if they have populated based on the young adult entering care and placement or enter/revise them accordingly.
- 7. Click, View Requirements 1 to 7.



ligibility Details		
Eligibility Month: * 11/2021	Effective Date: *          11/01/2021         Termination Date:	
nitial Program Eligibility		
nitial Removal and corresponding placement exists.		YES
Removal Date: 1/01/2021		
View / Update <u>Requirements 1 to 7</u>		
1. The child is a citizen or a qualified alien.		YES
2. Legal responsibility was obtained.		YES
3. Best Interest was obtained in the appropriate time frame.		YES
4. Reasonable Efforts were obtained in the appropriate time frame.		YES
5. The child met the age requirement.		YES
6. The child was living with the specified relative within the eligibility	month or in the previous six months.	YES
7. The child met the deprivation requirement.		YES

The **Requirements 1 to 7** grid appears.



## **Completing Requirements 1 to 7**

1. Select **Yes** or **No** from the dropdown for **U.S. Citizen** to complete **Requirement 1**.

Note: If the answer is, No, complete the Qualified Alien Worksheet.

- 2. Verify that **Requirements 2 through 4** have populated the correct **Legal Status**, **Best Interest Statement**, and **Reasonable Efforts Statement**, respectively, from the person's case.
- 3. Select the appropriate **Age Eligibility** option, and document **How Verified** in the text box to complete **Requirement 5**.
- 4. For **Requirement 6**, verify the **Specified Relative**.

**Note:** verify the date that populates is accurate based on when the young adult voluntarily entered the Bridges program.

- 5. For **Requirement 7**, Click **Deprivation Type**, Select a **Deprivation Type** from the drop-down menu, Select **Which Parent** for whom the deprivation type applies. Document **How Verified** in the text box.
- 6. Click, Save.



Removal Information				
Removal Date: 11/01/2021		Removal Circumstances: PCSA received custody		
Primary Caretaker:		Secondary Caretaker:		
Requirements 1 to 7				
Requirements 1 to 7				
Citizenship Information - Requirement 1				
U.S. Citizen: Yes				
Birth City, State, Country:				
Birth City, State and/or Country need to be entered on the Person. Test, Adult				
Legal Responsibility - Requirement 2				
Agency Legal Status: Ex-parte		Effective Date: 11/01/2021		
Termination Date: 11/02/2021				
Best Interest - Requirement 3				
Best Interest:				Best Interest Received
Ruling Date: 11/01/2021	Ruling Received: Best Interest		Ruling Type: Custody	
Reasonable Efforts - Requirement 4				
Reasonable Efforts:				Reasonable Efforts Received
Ruling Date: 11/01/2021	Ruling Received: RE to Prevent Removal - Initial		Ruling Type: Custody	
1001/2021	RE to Prevent Removal - Initial		Gustouy	
Age Eligibility - Requirement 5				
Eligibility Month: 11/2021		DOB: 10/31/2008		
Child's Age at the time of Removal: 13 years, 1 months				
Age Eligibility: Child under 18 during eligibility month	~			
How Verified: *				
Birth Certificate				✓ABC 3983
				10



Living with Specified Relative - Requirement 6	
Was the child removed from a specified relative? 🚯	
Yes V	
Name of Relative:	Relationship to Child:
	Biological Mother
Change Specified Relative	Update Relationship
Did the child live with the specified relative in the eligibility month or any one of the preceding six months?	
Yes 🗸	
How Verified:	
Case Worker	✓ABC
	3989
	5555
	h
Deprivation - Requirement 7	
Deprivation Type: *	
Continued Absence from the Removal Home	
Which Parent: *	
Father V	
How Verified: * OIES	✓ABC
UES	◆ ABC
	3996

The Eligibility Details screen appears.

**Note**: The **Effective Date** and **Eligibility Month** have been saved. The word "**Yes**" now displays beside **Completed housing record exists**, and for **Requirements 1 to 7**. The response to the existence of a completed housing record, and/or to the status of any Requirements, may be, "**No**," under other circumstances). Additionally, the **Determine Eligibility** button now displays near the bottom of the screen.

7. Click, View Requirements 8 to 9.

Eligibility Details	
Eligibility Month: * 11/2021	Effective Date: *       11/01/2021       Termination Date:
Initial Program Eligibility	
Initial Removal and corresponding placement exists. Removal Date: 11/01/2021	YES
Requiren	ents 1 to 7
View / Update Requirements 1 to 7	
1. The child is a citizen or a qualified alien.	YES
2. Legal responsibility was obtained.	YES
3. Best Interest was obtained in the appropriate time frame.	YES
4. Reasonable Efforts were obtained in the appropriate time frame.	YES
5. The child met the age requirement.	YES
6. The child was living with the specified relative within the eligibility month or in the previous six months.	YES
7. The child met the deprivation requirement.	YES
Requirem	ints 8 and 9
View / Update <u>Requirements 8 and 9</u>	
8. The resources available to the SFU were equal to or less than \$10,000.	YES
9. The income available to the child was less than the July 1996 ADC need standard.	YES

#### The Requirements 8 to 9 grid appears.

## **Completing Requirements 8 to 9**

For requirement 8, Click SFU Information

The screen expands, listing the young adult in the Available Case Members grid.

**Note:** The young adult has been automatically added as the only member in the **SFU Members** grid. This will add the young adult for inclusion in the **Needs Standard Summary –** Requirement 9.

andard Filing Unit (SFU) Membe	rs - Requirement 8							
vailable Case Members	Person		Relat	ionship to Child	Receiv	es SSI/FCM/AA		Worksheet Completed
Test, Adult Male Age 30, DOB:		Nor	n-Relative		No			
Test, Child Female Age 14, DOB:		Se	lf		No			
Add SFU Member								
SFU Members Name /	ID	Relationship to	) Child	Address	Income Ver	ified Resourc	e Verified	Expense Verified
Test, Adult		Biological Mother		Unknown Address	Verified	Verified		Verified
Test, Self		Self		Unknown Address	Verified	Verified		Verified

**Important**: Clicking the **edit** link next to the name of the young adult will take you to the **Person Profile** where income, resource, and expense information (and other items) can be updated, if necessary.

Once the young adult's addition as an SFU Member has been confirmed:

1. For **Requirement 9**, the **Needs Standard Summary** will appear showing Need Standard Budget.

Need Summary	Result
	\$0.0
Stepparent Budget	\$0.0
Minor Parent Living with Parent(s) Budget	\$0.0
Undocumented Alien Parent(s) Budget	\$0.0
Alien Parent(s) Sponsors Income Budget	\$0.0
Intentional Program Violation Budget	\$0.0
Total SFU Members	
Total Countable Income	\$0.0
185% Ne	d Standard Test
Need Standard Based on SFU Members	\$1,046.0
Does the child meet the 185% Need Standard?	Yes
100% Ne	d Standard Test
Need Standard Based on SFU Members	\$566.0
Does the child meet the 100% Need Standard?	Ye



A link for the Income/Resource Summary worksheet appears below budget grid.

2. Click the link titled, Income/Resource Summary.

Budget Worksheets	
1. Income/Resource Summary	4. Minor Parent living with Parent(s)
2. Alien Sponsor Worksheet	5. <u>Stepparent</u>
3. Intentional Program Violation (IPV)	6. Undocumented Alien

The Income and Resources Summary Worksheet Search Criteria screen appears.

**Note**: The young adult's name has automatically been added as the **SFU Member**.

NAME / ID: <u>Test, Child</u> / 12345678	AGE, DOB: 16, 08/04/2006	CASE ID: 12345
Income and Resources Summary Worksheet Search Criteria		
SFU Member:* Test, Adult - All Verified 💙	Eligibility Month/Year: 01/2023	

The Income and Resources Summary grid appears.

- 3. Review the **Resources**, **Expenses**, and **Income Summary** grids to be certain information has correctly populated from the Person record.
- 4. If the record is correct, select the **Verified** option from each drop-down menu.
- 5. Click, Calculate.
- 6. In the **Reasons for not including** text box, enter the following text when not including income: **Child only case**, **income not considered**.
- 7. Click, Save.

esources Summary						
Туре	Amount (Subtract Lien Amount)	Less Disregard	Less Expenses	Total Countable	Do Not Include	Verified *
Total Resources	\$0.00	\$0.00		\$0.00		Verified 🗸

Туре	Amount	Less Disregard	Less Expenses	Total Countable	Do Not Include	Verified *
Total Expenses	\$0.00	\$0.00		\$0.00		Verified

Туре	Amount	Less Disregard	Less Expenses	Total Countable	Do Not Include	Verified *
Total Earned Income	\$0.00	\$0.00		\$0.00		
Total Unearned Income	\$0.00	\$0.00		\$0.00		
Total Income	\$0.00	\$0.00	\$0.00	\$0.00		Verified

Calculate



The Requirements 7 to 9 grid appears.

8. Click, Save

The Eligibility Details screen appears.

- 1. Verify that all **Yes** or **No** responses are accurate based on the previous steps.
- 2. Click, **Determine Eligibility**.

Initial Program Eligibility	
Initial Removal and corresponding placement exists. Removal Date: 01/25/2023	YES
Requirements 1 to 7	
View / Update Reguirements 1 to 7	
1. The child is a citizen or a qualified alien.	YES
2. Legal responsibility was obtained.	YES
3. Best Interest was obtained in the appropriate time frame.	YES
4. Reasonable Efforts were obtained in the appropriate time frame.	YES
5. The child met the age requirement.	YES
6. The child was living with the specified relative within the eligibility month or in the previous six months.	YES
7. The child met the deprivation requirement.	YES
Requirements 8 and 9	
View / Update Requirements 8 and 9	
8. The resources available to the SFU were equal to or less than \$10,000.	YES
3. The income available to the child was less than the July 1996 ADC, need standard.	YES

The **Eligibility Details** screen appears, displaying the eligibility determination. Click, **Process Approval.** 



Eligibility Details Determination Type: * Eligibility Month: *	Initial 10/2017	•	Effective Date: * Termination Date:	10/01/2017 12/31/2017	
Comments: [Eligibility Automatically Terminat 4000 Created in Error	ed by System(Aged Batch) on:Mon Jan 01 02:00;	23 EST 2018]	Comments		
Determine Eligibility Process Approv					IV-E Eligibile: Yes

The Process Approval screen appears.

- 1. Make a selection from the **Action** drop-down menu.
- 2. Make a selection from the **Agency** drop-down menu. For Bridges young adults, this will be the **Ohio Department of Job and Family Services** unless otherwise instructed.
- 3. Make a selection from the **Reviewers/Approvers** drop-down menu.
- 4. Click, Save.

Process Approval			
Work Item			
ID:	1010	Туре:	Reference:
ID: Task ID:	<u>1212</u> 2323	Task Type:	Task Reference:
			Task Status:
Routing/Approval Ac	tion		
Action: *	Please Sele	ct An Action 🗸	
Comments:			
	Spell Check	Clear 2000	6
Agency:	Testing C	ounty Children Services Board	~
Reviewers/ Approver	S: Please Sele	ct A Reviewer/Approver 🗸	
Save Cancel			



The Program Eligibility and Program Reimbursability history grids appear.

**Note**: After final approval of an initial eligibility record, the system will create a pending initial reimbursability record. If this record is not created, or deleted for any reason, a new record can be added by entering the **Effective Date** and clicking the **Add Reimbursability** button.

	Reimbursability Type	Status	IV-E Reimbursable	Effective Date	End Date	
<u>we</u>	Annual Reasonable Efforts	Complete	Yes	05/10/2023		L â
iew	Placement	Complete	Yes	05/09/2023	05/09/2023	L â
ew	Placement	Complete	Yes	04/25/2023	05/08/2023	<b>Ľ</b> 🕯
iew	Initial	Complete	Yes	01/25/2023	04/24/2023	L Ó

# **Determining Reimbursability**

From the Ohio SACWIS Home Page:

- 1. Navigate to the **Program Eligibility** and **Program Reimbursability** history screen based on the steps above.
- 2. Click the edit link next to the word, Initial, in the Program Reimbursability grid.



gram	n Eligibility					
Includ	de Created in Error					
egal Re	esponsibility of Testing Cou	nty Children Se	rvices Board from	01/25/2023 to Present ^		
	Determination Type	Status	IV-E Eligible	Effective Date	Termination Date	
<u>edit</u> Ir	nitial	Complete	Yes	01/25/2023		
ogram	n Reimbursability					
	n Reimbursability	resent ^				
		resent ^ Status	IV-E Reimbu	ursable Effective Date	End Date	
nitial El	ligibility from 01/25/2023 - Pr	12 12	IV-E Reimbu Yes	ursable Effective Date 05/10/2023	End Date	<b>k</b> ⊕
view	lig <u>ibility from 01/25/2023 - Pr</u> Reimbursability Type	Status			e End Date 05/09/2023	h ô
view	ligibility from 01/25/2023 - Pr Reimbursability Type Annual Reasonable Efforts	Status Complete	Yes	05/10/2023		

The Initial Reimbursability Screen appears.

1. Verify that the **housing information** is correct within the **Initial Reimbursability** grid.

Note: The child must be placed in a reimbursable housing type for **Reimbursability** to be **Yes**.

 Verify that the child's countable income was less than the cost of care paid by your agency. This can be reviewed by clicking the Income/Resource Summary link within the Worksheets grid.

**Note:** The young adult's countable income cannot exceed this amount for **Reimbursability** to be "**Yes**."

3. Click the **Determine Reimbursability** button.



Initial Reimbursability			
Program Eligible Date: 01/25/2023	Effective Date: 01/25/2023	End Date: 04/24/2023	
Child's Placement			
Was the child placed in a reimbursable sett	ing as of the Effective Date?		YES
Placement Provider:		Service Type: Treatment Foster Home Special Needs	
License Date: 10/27/2021		Licensed/Certified Placement: Yes	
Placement Begin Date: 01/25/2023		Placement End Date: 04/25/2023	
View Service Authorization			
Income/Cost of Care			
Was the child's countable income less than	the cost of care paid by the agency?		YES
Worksheets Income / Resource Summary Child's Need			
Override Reimbursability			
Child should not be reimbursable			
Comments:			
✓ABC 4000			
4000 - 4000		IV-E Reimbu	ursable: Not Determined
Determine Reimbursability			

**Important**: You have the ability to override reimbursability if the young adult should not be reimbursable, (i.e., if Ohio SACWIS displays a determination of 'Yes' when it really should be 'No'), by selecting the checkbox within the **Override Reimbursability** section below. Document your reason in the comment box.

The Initial Reimbursability grid appears, displaying the reimbursability decision.

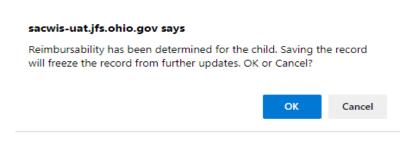


1. Once your determination has been made, click the **Save** button.

Override Reimbursability		
Child should not be reimbursable		
Comments:		
✓ ABC 4000		<i>R</i>
		IV-E Reimbursable: Yes
Determine Reimbursability		
Created By:	Created Date:	
Modified By:	Modified Date:	
	Save Cancel	

The following message appears:

2. Click **Ok**.





The **Program Reimbursability** history screen appears. The reimbursability record is now marked, **Complete**.

Program Reimbursability								
	Reimbursability Type	Status	IV-E Reimbursable	Effective Date	End Date			
<u>view</u>	Placement	Complete	Yes	05/09/2023	05/09/2023	<b>b</b> 🕯		
view	Placement	Complete	Yes	04/25/2023	05/08/2023	<b>1</b>		
<u>view</u>	Initial	Complete	Yes	01/25/2023	04/24/2023	<b>b</b> 🗇		

**Important:** With the exception of the annual reasonable efforts criterion, the program reimbursability steps outlined above are also applicable to **Continued Reimbursability** records. If the **Continued Reimbursability** record is the result of an Ongoing Eligibility Determination, then the system will create a pending reimbursability record. However, the user can also manually add a **Continued Reimbursability** record by entering the **Effective Date** and clicking, **Add Reimbursability**.

The Continued Reimbursability screen appears.

	Reimbursability Type	Status	IV-E Reimbursable	Effective Date	End Date	
view	Annual Reasonable Efforts	Complete	Yes	05/10/2023		<b>b ô</b>
view	Placement	Complete	Yes	05/09/2023	05/09/2023	<b>L</b>
view	Placement	Complete	Yes	04/25/2023	05/08/2023	<b>b m</b>
view	Initial	Complete	Yes	01/25/2023	04/24/2023	L ô
ctive	e Date:	End Date:		Add Reimbursabilit	У	



## **Determining Continued Reimbursability**

The **Continued Reimbursability** grid appears.

**Note:** The system will create a pending **Annual Reasonable Efforts** reimbursability record when one is due and has not been created.

**Important:** Reimbursability will stop if the user does not complete the pending **Annual Reasonable Efforts** determination timely.

- 1. Make a selection from the **Reason** drop-down menu.
- 2. Ensure all **Housing** information is correct.

**Note:** The child must be in a reimbursable housing type and the reasonable efforts requirement must be satisfied for the determination to be, Yes.

3. Click the **Determine Reimbursability** button.



Continued Reimbursability									
Reason:	Effective Date: 05/01/2023		End Date:						
Child's Placement									
Was the child is placed in a reimbursable setting as of the	Effective Date?			YES					
Placement Provider:		Service Type: Treatment Foster Home Spe	ecial Needs						
License Date: 10/27/2021		Licensed/Certified Placement Yes							
Placement Begin Date: 11/01/2021		Placement End Date:							
View Service Authorization									
Annual Reasonable Efforts									
Were the Annual Reasonable Efforts to finalize the Perman	Were the Annual Reasonable Efforts to finalize the Permanency Plan obtained in the appropriate time frame? YES								
Ruling Date: 02/21/2023	Ruling Received: RE to Finalize Permanency	Plan - Subsequent	Ruling Type: Permanent Custody						
Override Reimbursability  Child should not be reimburseable									
Comments:									
✓ABC 4000									
			IV-E Re	imbursable: Not Determined					
Determine Reimbursability									
The <b>Continued Reimbursabi</b>	l <b>ity</b> screen appe	ears, displaying	the determina	tion.					
				IV-E Reimbursable: Yes					
Determine Reimbursability									
Created By:		Created Date:							

Modified By:

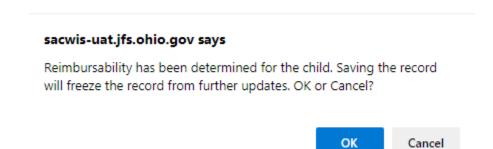
Modified Date:





Cancel

The follow message appears. Click the **Ok** button.



If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

