

## DCF Chart 8 System



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|--|---|--|
| <b>Chart 8</b>                                   | <b>DEPARTMENT OF CHILDREN AND FAMILIES<br/>REVENUE MANAGEMENT</b> | <b>BE:</b> 60910950<br><b>OCA:</b> MH073 |
| <b>BUDGET ENTITY:</b> SUBS ABUSE AND MENTAL HLTH |   | <b>CYCLE:</b> 2018 1                     |
| <b>OCA:</b> ME MH FACT PROGRAM ADMIN             |   |  |

**FUNDS:**

|             |  |
|-------------|--|
| 10 1 000326 | GENERAL REVENUE-DEPT OF CHILDREN AND FAMILY SERV |
| 20 2 027005 | ALCOHOL,DRUG ABUSE,&MENTAL HEALTH T F-DEPT C&F   |
| 20 2 261015 | FEDERAL GRANTS TRUST FUND - DCF                  |

**STATE PROGRAMS:**

|                   |                           |
|-------------------|---------------------------|
| 1301100000 000000 | COMM MENTAL HLTH SERVICES |
|-------------------|---------------------------|

**PURPOSE:**

This BE/OCA combination captures the allowable costs of salaries and expenses for the operation of the Florida Assertive Community Treatment (FACT) program. A portion of these costs are to be claimed from the Health Care Financing Administration (HCFA) as Medicaid administrative costs in accordance with the interagency agreement between the Department and the Florida Agency for Health Care Administration (AHCA). The costs charged to AHCA is determined by the percentage of FACT clients that are Medicaid eligible.

**SOURCE OF MATCH:**

This BE/OCA combination has no matching requirement.

**COST ALLOCATION  
METHODOLOGY:**

This BE/OCA combination will be allocated to the Medicaid Administration Grant and the Community Mental Health Block Grant Maintenance of Effort based on the percentage of Medicaid eligible enrollees. The Community Mental Health Block Grant is allocated based on available funds.

As a basis for federal participation, the Mental Health Program Office will collect monthly client enrollment reports from all of the FACT programs that indicate all the clients enrolled and their social security number. The Mental Health Program Office will submit the reports to AHCA to verify the Medicaid eligibility or non eligibility for all enrolled clients. The Mental Health Program Office will submit a report 30 days after the close of the state quarter to Revenue Management. The report will indicate the case mix for that period. There is a one month lag period in the data being used for this allocation.

**BUDGET  
RESTRICTIONS:**

This BE/OCA combination is counted as the Community Mental Health Block Grant's Maintenance of Effort and match for the Medicaid Administration Grant.

**SOURCE OF FUNDS:**

This BE/OCA combination is funded through: state funds, the Community Mental Health Block Grant, U.S. Department of Health and Human Services, Payment Management System, Letter of Credit Number 7508-V627B and a transfer against the Medicaid Administration Grant Letter of Credit by the Agency for Health Care Administration (AHCA) on a monthly basis.

CATEGORY: 001800 REFUNDS

| <u>CFDA</u> | <u>COST OBJECTIVE</u> | <u>ALLOCATION%</u> | <u>FFP%</u> | <u>COST OBJECTIVE TITLE</u> |
|-------------|-----------------------|--------------------|-------------|-----------------------------|
| 93.778      | PMA17GAF              | 44.14809292        | 50          | MEDICAID ADM OTHER-FFY2017  |
| 93.958      | BMH17GAA              | 11.64505876        | 100         | COMM MNTL HLTH SRV BLK GRT  |
| 93.958      | BMH17GME              | 44.20684832        | 0           | COMM MNTL HLTH SRV BG MOE   |

CATEGORY: 003700 PRIOR YEAR WARRANT CANCELLATIONS

| <u>CFDA</u> | <u>COST OBJECTIVE</u> | <u>ALLOCATION%</u> | <u>FFP%</u> | <u>COST OBJECTIVE TITLE</u> |
|-------------|-----------------------|--------------------|-------------|-----------------------------|
| 93.778      | PMA17GAF              | 44.14809292        | 50          | MEDICAID ADM OTHER-FFY2017  |
| 93.958      | BMH17GAA              | 11.64505876        | 100         | COMM MNTL HLTH SRV BLK GRT  |
| 93.958      | BMH17GME              | 44.20684832        | 0           | COMM MNTL HLTH SRV BG MOE   |

CATEGORY: 003800 12 MONTH OLD WARRANTS (12 MO VOID)

| <u>CFDA</u> | <u>COST OBJECTIVE</u> | <u>ALLOCATION%</u> | <u>FFP%</u> | <u>COST OBJECTIVE TITLE</u> |
|-------------|-----------------------|--------------------|-------------|-----------------------------|
| 93.778      | PMA17GAF              | 44.14809292        | 50          | MEDICAID ADM OTHER-FFY2017  |
| 93.958      | BMH17GAA              | 11.64505876        | 100         | COMM MNTL HLTH SRV BLK GRT  |
| 93.958      | BMH17GME              | 44.20684832        | 0           | COMM MNTL HLTH SRV BG MOE   |

CATEGORY: 100610 G/A-COMM MENTAL HLTH SVS

| <u>CFDA</u> | <u>COST OBJECTIVE</u> | <u>ALLOCATION%</u> | <u>FFP%</u> | <u>COST OBJECTIVE TITLE</u> |
|-------------|-----------------------|--------------------|-------------|-----------------------------|
| 93.778      | PMA17GAF              | 44.14809292        | 50          | MEDICAID ADM OTHER-FFY2017  |
| 93.958      | BMH17GAA              | 11.64505876        | 100         | COMM MNTL HLTH SRV BLK GRT  |
| 93.958      | BMH17GME              | 44.20684832        | 0           | COMM MNTL HLTH SRV BG MOE   |

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|                   |               |                |           |
|-------------------|---------------|----------------|-----------|
| REV MGMT ANALYST: | SUNDAY, DIANE | CHART CREATED: | 7/16/2015 |
| POSITION:         | 00060         | CHART UPDATED: | 9/7/2017  |

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GRANTS RUN DATE: 11/8/2017 PRINT DATE: 11/9/2017

\* Indicates a link to an Internet site not under the control of the Department of Children and Families.