

## DCF Chart 8 System



<b>Chart 8</b>	<b>DEPARTMENT OF CHILDREN AND FAMILIES REVENUE MANAGEMENT</b>	<b>BE:</b> 60910950
<b>BUDGET ENTITY:</b> SUBS ABUSE AND MENTAL HLTH		<b>OCA:</b> MH0TB
<b>OCA:</b> ME MH TANF		<b>CYCLE:</b> 2018 1

**FUNDS:**

20 2 401001 WELFARE TRANSITION TRUST FUNDS

**STATE PROGRAMS:**

1301100000 000000 COMM MENTAL HLTH SERVICES

**PURPOSE:**

This BE/OCA combination captures the allowable costs of eligible adult mental health services for Temporary Assistance for Needy Families (TANF) eligible participants.

The purpose is to provide interim services for TANF eligible participants who would either be required to wait on a list for treatment, or have no other method of payment. This is to be used to give priority to families with child welfare involvement.

These non-medical services must be inline with the Federal TANF Legislative Goals, TANF Florida State Plan (in accordance with Florida Statute 414.1585), and must be for TANF eligible consumers. TANF is the last payer for services.

Eligible services include; aftercare, assessment, case management, crisis support / emergency, day care, day-night, incidental expenses, in-home / on-site, intensive case management, intervention, outpatient, outreach, prevention, residential levels I through IV, room and board with supervision, supported employment, supported housing / living (non-rent) and Treatment Alternative to Street Crime (TASC).

Community Support Services include, but are not limited to, income supports, social supports, housing supports and vocational supports.

**SOURCE OF MATCH:**

This BE/OCA combination has no matching requirement.

**COST ALLOCATION  
METHODOLOGY:**

Costs associated with this BE/OCA combination are directly charged to the Temporary Assistance for Needy Families (TANF) Block Grant.

**BUDGET  
RESTRICTIONS:**

There are no budget restrictions.

**SOURCE OF FUNDS:**

This BE/OCA combination is funded through the Temporary Assistance for Needy Families (TANF) Block Grant through the U.S. Department of Health and Human Services Payment Management System (PMS) Letter of Credit number 7508-V155P.

CATEGORY: 001800

REFUNDS

<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.558	PTA17GSH	100	100	FFY17 TANF SUPPORTIVE HLTH SVC

CATEGORY: 003700 PRIOR YEAR WARRANT CANCELLATIONS

<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.558	PTA17GSH	100	100	FFY17 TANF SUPPORTIVE HLTH SVC

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>
93.558	PTA17GSH	100	100	FFY17 TANF SUPPORTIVE HLTH SVC

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>
93.558	PTA17GSH	100	100	FFY17 TANF SUPPORTIVE HLTH SVC

REV MGMT ANALYST: HIERS, CRYSTAL

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