

Chart 8

**DEPARTMENT OF CHILDREN AND FAMILIES
REVENUE MANAGEMENT**

BE: 60910950

OCA: MH0CN

BUDGET ENTITY: SUBS ABUSE AND MENTAL HLTH

CYCLE: 2026 1

OCA: ME MH CARE COORDINATION DIRECT CLIENT SERVICES

FUNDS:

10 1 000326 GENERAL REVENUE-DEPT OF CHILDREN AND FAMILY SERV

STATE PROGRAMS:

1301100000 000000 COMM MENTAL HLTH SERVICES

PURPOSE:

This BE/OCA combination captures allowable costs of care coordination as outlined in Guidance 4 - Care Coordination of the Managing Entity contracts, available at:

<https://www.myflfamilies.com/service-provider-programs/samh/managing-entities>

Pursuant to s. 394.9082(3)(c), F.S., the Department has defined several priority populations to potentially benefit from Care Coordination. Network Service Providers are expected to minimally serve the following two populations:

1. Adults with a serious mental illness (SMI) or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as:
 - a. Adults with three (3) or more acute care admissions or evaluations within 180 days; or
 - b. Adults with acute care admissions that last 16 days or longer.
2. Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.

Populations identified to potentially benefit from Care Coordination that may be served in addition to the two required groups include:

1. Persons with SMI or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
2. Caretakers and parents with a SMI or co-occurring disorders involved with child welfare.
3. Individuals with a SMI identified by the Department, managing entities, or Network Service Providers as potentially high risk due to concerns that warrant Care Coordination, as approved by the Department.

The following covered services described in ch.65E-14.021, F.A.C., are allowable uses of these funds: Outreach; Assessment; Case Management; Intensive Case Management; Crisis Support/Emergency; Incidental Expenses; Intervention; In-Home and On-Site; Recovery Support; and Supportive Housing/Living. In addition to the restrictions contained in Managing Entity contract Exhibit B1, these funds may not be used to pay for inpatient or residential services or any other covered services that are not listed in this Chart 8.

SOURCE OF MATCH:

This BE/OCA combination has no matching requirement.

**COST ALLOCATION
METHODOLOGY:**

Costs associated with this BE/OCA combination are allocated to the Community Mental Health Block Grant and

state funds based on available budget.

BUDGET
RESTRICTIONS:

Care Coordination funds may not be used for the following purposes:

To make direct payments to individuals to induce them to enter prevention or treatment services.

To make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals.

To pay for the purchase or construction of any building or structure to house any part of the program.

To pay for inpatient, residential, and any other covered services that are not listed in this Chart 8.

SOURCE OF FUNDS:

This BE/OCA combination is funded by the Community Health Block Grant (CMHBG), U.S. Department of Health and Human Services, Payment Management System Letter of Credit Number 7508-V627B.

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|-------------|-----------------------|--------------------|-------------|-----------------------------|
| CATEGORY: | 001800 | REFUNDS | | |
| <u>CFDA</u> | <u>COST OBJECTIVE</u> | <u>ALLOCATION%</u> | <u>FFP%</u> | <u>COST OBJECTIVE TITLE</u> |
| 93.958 | BMH25GME | 100 | 0 | COMMUNITY MH SERVICE BG MOE |

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|-------------|-----------------------|----------------------------------|-------------|-----------------------------|
| CATEGORY: | 003700 | PRIOR YEAR WARRANT CANCELLATIONS | | |
| <u>CFDA</u> | <u>COST OBJECTIVE</u> | <u>ALLOCATION%</u> | <u>FFP%</u> | <u>COST OBJECTIVE TITLE</u> |
| 93.958 | BMH25GME | 100 | 0 | COMMUNITY MH SERVICE BG MOE |

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|-------------|-----------------------|------------------------------------|-------------|-----------------------------|
| 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> |
| 93.958 | BMH25GME | 100 | 0 | COMMUNITY MH SERVICE BG MOE |

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|-------------|-----------------------|--------------------------|-------------|-----------------------------|
| 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> |
| 93.958 | BMH25GME | 100 | 0 | COMMUNITY MH SERVICE BG MOE |

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| REV MGMT ANALYST: | HOLMES, ANNETTE | CHART CREATED: | 10/25/2017 |
| POSITION: | 43788 | CHART UPDATED: | 10/25/2024 |

GRANTS RUN DATE: 9/8/2025

PRINT DATE: 9/9/2025

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