

**Chart 8**

**DEPARTMENT OF CHILDREN AND FAMILIES  
REVENUE MANAGEMENT**

**BE:** 60910950

**OCA:** MS0TB

**BUDGET ENTITY:** SUBS ABUSE AND MENTAL HLTH

**CYCLE:** 2026 1

**OCA:** ME SA TANF

**FUNDS:**

20 2 401001

WELFARE TRANSITION TRUST FUNDS

**STATE PROGRAMS:**

1301110000 000000

COMM SUBSTANCE ABUSE SERV

**PURPOSE:**

This BE/OCA combination captures the allowable costs of eligible adult substance abuse 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, daycare, 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 for Safer Communities (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	PTA25GSH	100	100	FFY25 SUPPORTIVE HEALTH SER

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	PTA25GSH	100	100	FFY25 SUPPORTIVE HEALTH SER

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	PTA25GSH	100	100	FFY25 SUPPORTIVE HEALTH SER

CATEGORY:	100618	G/A-COM SUB ABUSE SVCS		
<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.558	PTA25GSH	100	100	FFY25 SUPPORTIVE HEALTH SER

REV MGMT ANALYST:	BEBAWY, MERVAT	CHART CREATED:	7/7/2015
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GRANTS RUN DATE: 9/8/2025

PRINT DATE: 9/9/2025

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