TANF SAMH POLICY HANDBOOK

Substance Abuse and Mental Health (SAMH), Temporary Assistance for Needy Families (TANF) in cooperation with Economic Self-Sufficiency (ESS) Agency for Workforce Innovation (AWI)

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery

Substance Abuse and Mental Health Program Office
December, 2005
# TANF SAMH Guide

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## FOREWARD

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<thead>
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<th>Purpose of this guide</th>
<th>The purpose of this guide is to give district specialists and service providers the information they need to provide and be reimbursed for TANF SAMH services.</th>
</tr>
</thead>
</table>
| Organization          | This guide is organized into six sections including Attachments:  
|                       |   1. General Information  
|                       |   2. the Enrollment Process  
|                       |   3. Using the TANF SAMH Database  
|                       |   4. Case Record Documentation  
|                       |   5. Provider Requirements  
|                       |   6. Attachments -  
|                       |     • Program Services Descriptions  
|                       |     • Glossary of terms  
|                       |     • Forms and instructions  
|                       |     • Legal Bases  
<p>|                       |     • TANF State Plan |</p>
<table>
<thead>
<tr>
<th>Updates</th>
<th>This guide is being published in .pdf format so that the guide may be printed and distributed as needed.</th>
</tr>
</thead>
</table>
CHAPTER 1: GENERAL INFORMATION

In this chapter

This chapter describes:

- The TANF SAMH Program
- TANF SAMH Program Eligible Services
- Role and Responsibilities of TANF SAMH
  - Central Office Staff
  - Specialists
  - Service Providers
  - Administrative Service Organizations (ASO)

Overview

A significant proportion of welfare clients may suffer from substance abuse and/or mental health problems that impede their ability to participate in required program activities and move successfully into the workplace. Others may have caretaking responsibilities for a family member who suffers from mental illness or substance abuse.

Temporary Assistance to Needy Families (TANF) is a federal block grant program which provides funding to states to help move recipients into work and turn welfare into a program of temporary assistance.

The Department of Children and Families (DCF), Office of Substance Abuse and Mental Health (SAMH) is responsible for overseeing the use of TANF funds for people with substance abuse and/or mental health problems.

TANF/ SAMH

TANF/SAMH refers to that portion of TANF funding which is used to provide services to families receiving welfare benefits and families at-risk of receiving welfare benefits who may suffer from substance abuse and/or mental health problems.
The welfare reform legislation of 1996, also known as The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) marked a turning point in national welfare policy. TANF replaced the old welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and instead created TANF as a block grant that provides federal funds to states and tribes each year.

The policy aims to encourage personal responsibility by promoting work, reducing non-marital births, and strengthening and supporting marriage. These funds cover benefits, administrative expenses, and services targeted to needy families.

As a result of the federal law, Florida enacted State Law 96-175, and the resulting statute, Chapter 414, Family Self-Sufficiency, commonly known as the "Work and Gain Economic Self-Sufficiency (WAGES) Act". During the 2000 legislative session, as a result of the Federal Workforce Investment Act (WIA), additional changes were enacted (State Law 2000-165, the Florida Workforce Innovation Act of 2000) that significantly revised Chapter 414 and created Chapter 445. The new law separates out the TANF funded workforce functions statutorily and operationally from the TANF funded cash assistance functions.

These laws are designed to promote work, self-sufficiency and personal responsibility while providing assistance to meet the transitional needs of participants as they move toward achieving independent, productive lives and gaining the responsibility that comes with self-sufficiency.
### Target Populations

TANF SAMH programs are intended to serve two target populations; both have the same program requirements:
- **Temporary Cash Assistance (TCA):** Individuals/ families receiving cash payments, and
- **TANF Diversion Families (TDF):** Individuals/ families who are at risk of needing TCA.

### Who is eligible for services?

The substance abuse and mental health programs have established "target populations" that must be served with its limited resources. These target populations are:
- **Children**
  - with mental health and substance abuse problems
  - incompetent to proceed in Juvenile Justice
  - with serious emotional disturbance
  - with emotional disturbance
  - at risk of an emotional disturbance
  - with substance abuse problems
- **Adults**
  - with substance abuse problems
  - in mental health crisis
  - with forensic involvement

### Who provides services?

An organization or individuals provide services or materials to the department in accordance with the terms of the contract. They are also known as "contractors."
The following services may be provided:

- Aftercare
- Assessment
- Case Management
- Crisis Management/Emergency Services
- Day Care
- In-Home and On-Site
- Incidental Expenses
- Intensive Case Management
- Intervention
- Outpatient/ Individual and Group
- Outreach
- Prevention
- Prevention/Intervention Day
- Residential Level 1
- Residential Level 2
- Residential Level 3
- Residential Level 4
- Respite Care
- Room and Board with Supervision
- Supported Employment
- Supported Housing/Living
- Treatment Alternatives for Safer Communities (TASC)

Note: See Attachment 1 for a detailed description of each service.
The TANF SAMH Program
Purpose

The purpose of the TANF SAMH Program is to provide outreach, screening, assessment, case management, and treatment services to those individuals who are having employment and family instability due to substance abuse and/or mental illness.

This is in accordance with Chapter 414 and Chapter 445, Florida Statutes (F.S.) which sets forth provisions for receipt of Temporary Cash Assistance (TCA) and Family Self-Sufficiency.

Mission

The mission of the TANF SAMH Programs are as follows:

- Substance abuse services are to promote healthy, substance-free lifestyles with improved functionality that include economic and family stability. These services are targeted to children, adults and their families who have or are suffering from the negative effects of substance abuse-related disorders.

- Mental health services are to provide a system of care, in partnership with families and the community that enables children and adults with mental health problems or emotional disturbances to successfully live in the community, to be self-sufficient or to attain self-sufficiency at adulthood, and to realize their full potential.
There are four TANF goals mandated in federal legislation.

Services provided to TCA applicants/recipient must support the achievement of at least the first two of the TANF goals. These goals are:

1. Provide assistance to eligible families so children may be cared for in their own homes or in the homes of relatives.
2. End the dependence of families on government assistance by emphasizing work, self-sufficiency and personal responsibility while meeting the transitional needs of program participants who need short-term assistance towards achieving independent, productive lives and gaining the responsibility that comes with self sufficiency such as job preparation, work and marriage, which includes: relationship and marriage skills education, family support and individual couple support services.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

Services provided to the TDF population must support the goals as stated in s. 414.158(1) F.S., “to assist families in avoiding welfare dependence and to stabilize families, so that:

1. Children can be cared for in their own homes or in the homes of relatives, and
2. Families can be self-sufficient.”
<table>
<thead>
<tr>
<th>TANF SAMH Program</th>
<th>TANF will only pay for non-medical services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Services</td>
<td>Families who have Medicaid as well as those who do not have Medicaid are eligible to receive TANF SAMH services consistent with their identified needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Medicaid eligible families, the services provided which are Medicaid billable must be billed to Medicaid first. TANF SAMH services is the last payer of services in other words, any remaining TANF SAMH eligible services should be billed to TANF SAMH services. In cases where Medicaid services are determined no longer accessible by utilization management, the corresponding TANF services may be utilized if the participant warrants further treatment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Medicaid eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>For families who are NOT Medicaid eligible, the TANF SAMH Program eligible services must be billed as TANF SAMH services. The services NOT eligible as TANF services must be billed to an alternative funding source.</td>
</tr>
</tbody>
</table>
TANF SAMH PROGRAM ELIGIBLE SERVICES WITH COST CENTER NUMBERS

The following services/ cost centers are **ELIGIBLE** for reimbursement.

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aftercare</td>
<td>9</td>
</tr>
<tr>
<td>Assessment</td>
<td>1</td>
</tr>
<tr>
<td>Case Management</td>
<td>2</td>
</tr>
<tr>
<td>Crisis Support / Emergency</td>
<td>4</td>
</tr>
<tr>
<td>Day Care</td>
<td>5</td>
</tr>
<tr>
<td>Day-Night (day treatment)</td>
<td>6</td>
</tr>
<tr>
<td>Incidental Expenses</td>
<td>31 (contingency)</td>
</tr>
<tr>
<td>In-Home &amp; On-Site Services</td>
<td>8</td>
</tr>
<tr>
<td>Intensive Case Management</td>
<td>10</td>
</tr>
<tr>
<td>Intervention</td>
<td>11</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Individual - 14; Group – 34</td>
</tr>
<tr>
<td>Outreach</td>
<td>15</td>
</tr>
<tr>
<td>Prevention</td>
<td>16</td>
</tr>
<tr>
<td>Prevention / Intervention Day (targeted)</td>
<td>17</td>
</tr>
<tr>
<td>Residential Levels 1-4</td>
<td>18 - 21 respectively*</td>
</tr>
<tr>
<td>Respite Services</td>
<td>22</td>
</tr>
<tr>
<td>Room &amp; Board w/Supervision</td>
<td>36 -38 respectively*</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>25</td>
</tr>
<tr>
<td>Supported Housing/Living (no rent)</td>
<td>26</td>
</tr>
<tr>
<td>TASC</td>
<td>27</td>
</tr>
</tbody>
</table>

*Limited to 5 months for the TCA population and 4 months for the TDF population

The following services are **NOT ELIGIBLE** for reimbursement.

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Stabilization</td>
<td>3</td>
</tr>
<tr>
<td>Drop-In / Self-Help Centers</td>
<td>7</td>
</tr>
<tr>
<td>Information and Referral</td>
<td>30</td>
</tr>
<tr>
<td>Inpatient</td>
<td>9</td>
</tr>
<tr>
<td>Medical Services</td>
<td>12</td>
</tr>
<tr>
<td>Methadone Maintenance</td>
<td>13</td>
</tr>
<tr>
<td>Sheltered Employment</td>
<td>23</td>
</tr>
<tr>
<td>Substance Abuse Detoxification Services</td>
<td>24</td>
</tr>
</tbody>
</table>

Descriptions for ineligible TANF SAMH Program Services can be found in:
- F.A.C., 65D-14.
- Mental Health and Substance Abuse Measurement and Data - DCF Pamphlet 155-2 (Sixth Edition)
# Roles and Responsibilities

| TANF SAMH Central Office Staff | The Central Office TANF SAMH staff consists of two Coordinators of Research, Programs and Services: one for Mental Health and one for Substance Abuse. The Central Office staff may not work on non-TANF activities that exceed 10% of their TANF SAMH responsibilities. The Central Office staff are responsible for:  
- Overall development, implementation, and evaluation of the TANF SAMH Program,  
- Administration of TANF SAMH Program Guidelines,  
- Supervision of operations related to the district/region's systematic needs and the Central Office team including coordination of interagency and legislative projects, TANF trainings, quality improvement strategies and continuous family and treatment systems needs assessment,  
- Implementation of newly created policies, procedures, guidelines, and directives related to the TANF SAMH Program,  
- Technical assistance to central office and district/region staff,  
- Collection of data, and the production of various reports based on analysis, and  
- Other duties as assigned by the respective programs offices. |

| TANF SAMH Specialist | The TANF SAMH Specialists serve as liaisons between the local SAMH district/region offices, the Central Office, multiple agencies with mutual populations and the service providers. Responsibilities of the Specialist are:  
- To acknowledge receipt of and provide confirmation for each new and renewed participant via electronic submission prior to reimbursement approval for each participant.  
- To provide technical assistance to agencies as needed,  
- To identify outreach services, and promote interagency collaboration for linkages in the community. |
• To oversee of all TANF SAMH grant requirements and monthly invoice approvals,

• To serve as programmatic advisers: "review" case records with the District/Region monitoring teams for agency/provider compliance as outlined in the TANF SAMH Guidelines. Waiting lists and referral times are also monitored to assure that TCA participants are being served in a timely manner due to the time restrictions for cash assistance eligibility.

• To document, investigate, and resolve participant complaints with additional technical assistance from the central office administrative team as needed,

• To be responsible for the appropriate spending of the TANF SAMH contingency funds. He/she may manage these funds for the TDF population under the auspices of Section 445.002(2), F.S., "Services and One Time Payments" and contract the management of these funds out to the service provider under the Incidental Cost Center with monthly reports being sent to the TANF Specialist (Chapter 5),

• To monitor length of stay (for residential treatment) to ensure that TANF is not billed beyond four months for TDF and five months for TCA participants,

• To maintain corrective/ explanation of surplus/ deficit reports related to the Districts/ Regions spending patterns,

• To implement statewide needs assessment (every 2 years),

• To provide quarterly screening and referral analysis reports (November 15th, February 15th, May 15th and August 15th) and,

• To implement new federal and state requirements related to the reauthorization of the TANF Legislation.

• To attend Annual TANF Specialist Meetings and other State or Federal meetings related to TANF substance abuse and mental health services, and

• To actively participate on monthly TANF Specialists statewide monthly conference calls and ad hoc committees.
TANF SAMH Providers

The TANF SAMH providers are required by contract to provide substance abuse/mental health services to those TCA and TDF participants who meet TANF SAMH eligibility requirements. It is the provider's responsibility to determine if a participant meets eligibility criteria by using the TANF SAMH EZ-1 Eligibility form (see Chapter 3) as a means of assisting the participant in his/her own TANF SAMH certification.

- The provider inputs the assessment information into the TANF SAMH Database and electronically sends a notification to the local TANF Specialist for confirmation of the participants' involvement in the program. (This ensures that TANF SAMH participants will be enrolled in the substance abuse and mental health One Family and TANF SAMH databases).
- All participants must be re-determined for TANF eligibility by the services provider and certified by the participant's signature, reflecting their current status at least yearly between July 1st and July 31st.
- The providers must provide the federally mandated income verification. Monthly income must be requested by providers and documented monthly in the participant's case file. This only applies to the TANF Diversion population.
- Before any funds are released by the Department, each provider shall certify to the department the number of clients to be served and their eligibility as required under Part A of Title IV of the Social Security Act, WIA and chapters 394, 397, 414 and 445, Florida Statutes.
- The provider shall certify assurances that all applicable laws and rules governing substance abuse and mental health services and Federal Laws governing confidentiality of TANF SAMH participants will be adhered to within the treatment community, One-Stop Delivery System and Economic Self-Sufficiency arenas.
CHAPTER 2: THE ENROLLMENT PROCESS

In this chapter

This chapter describes the TANF SAMH enrollment process, including:

- Outreach and Prevention Activities,
- Program Survey form,
- The Eligibility Process, and
- Enrollment.

Overview

The enrollment process consists of the provider screening and determining eligibility and then using the database to obtain the confirmation number from the DCF TANF specialist.

The participant declares his/her TANF eligibility status. The participant and the provider signs the TANF EZ-1 form and electronically sends the Eligibility Notification form to the TANF Specialist for review. The TANF Specialist electronically notifies the provider with a confirmation number acknowledging service provision. The provider begins the treatment documentation in the enrolled participant’s case record. The provider submits service events with the monthly invoice along with the signed and dated Participant Log indicating participant’s status for payment.

This process is illustrated on the following page.
Chapter 2     TANF SAMH GUIDE

THE TANF SAMH PROCESS

Walk-in

District Program Office or ASO

Outreach (use survey if needed)

+Existing Clients

INTAKE

Community SAMH Provider

TANF EZ Eligibility Determined [TCA/TDF]

If TANF eligibility cannot be determined: Route for other SAMH services

Eligible for TANF services?

Yes

TANF Specialist acknowledges & issues Confirmation #

Automatic E-mail to Provider

Inputs into TANF Database

(Automatic E-mail goes to TANF Specialist)

No

TANF Specialist acknowledges & issues Confirmation #

Automatic E-mail to Provider

+Existing Clients

Receives TANF Confirmation #

Identifies needed services (Medicaid and non-Medicaid)

Provides Services Maintains case files

Submits Invoice with:

- monthly participant log
- outreach/prevention activities log
- screening & referral analysis form

Provider Track

Units of Service

Submits Invoice with:

- monthly participant log
- outreach/prevention activities log
- screening & referral analysis form

December 2005
TANF OUTREACH /PREVENTION ACTIVITIES

**Outreach Services**
Outreach services target prospective participants offering assessment for substance abuse/mental health issues as a point of entry for treatment services. TANF SAMH Outreach services are directed to locations where at least 25% of persons living in that area are likely to meet the TANF eligibility requirements.

**Prevention Services**
Prevention services involve strategies that preclude, forestall, or impede the development of substance abuse and mental health problems and increase public awareness through information, education, and alternative-focused activities. TANF SAMH Prevention services are directed to the universal population in locations where at least 25% of persons living in that area are likely to meet the TANF eligibility requirements. There is a limit of 10% of the contracted amount for prevention activities as listed below:

**Initial Screening**
TCA screenings are to be conducted by a trained outreach worker using the TANF SAMH Program Survey. The outreach worker will conduct a one-on-one, confidential, strengths-based interview with each TCA applicant. The outreach worker will personally complete the survey after interviewing the potential client. The TANF SAMH Survey will not be completed by the TCA applicant/recipient, RWB, ESS, FS, or other collaborative staff. These surveys will not be passed out to a group of people (such as an orientation group) for them to complete themselves. The TANF SAMH Survey will not be completed or scored by the TCA applicant / recipient and may not be handled or copied by other collaborative staff. The TANF SAMH Program Survey must be maintained in a locked file in a secure location accordance with federal and state rules of confidentiality.
The rules of confidentiality must always extend to the potential TANF participant as it does to the participant in treatment as the provider/participant relationship begins at first contact.

Referrals for assessments should not solely rely on the survey. There are obvious indicators of substance abuse or mental health issues that an outreach worker can pick up on and utilize to make a referral. A referral for an assessment is to be made regardless of the result of the TANF SAMH Program Survey if there are other signs of substance abuse and/or mental health problems. It is preferable that all TCA applicants and others seeking treatment services have an opportunity for a screening or referral for assessment. For those who refuse the screening instrument, it may be better to concentrate on other psychosocial factors such as problems with children or retaining employment.

Through screening and referral, the outreach worker identifies and engages those individuals that would benefit from TANF SAMH services. This initial screening, using the TANF SAMH Program Survey, will determine if the person may be in need of further TANF SAMH assessment. In some situations, the TANF SAMH Program Survey will not be needed when referring a person for services. For example, the TANF SAMH Survey is not used when conducting curbside outreach. When an emergency referral is requested by the Regional Workforce Board Designee or it is apparent that the person is in need of a domestic violence, substance abuse, or mental health intervention / treatment, a referral for services is made. In cases when a child or adolescent is being referred for services, the TANF SAMH Program Survey will not be used because a direct referral for a full assessment will be indicated.

Note that several questions are bolded as a cue to the outreach worker to make an automatic referral regardless of the final score. Two questions are designated as emergency referrals if appropriate answers are given during an interview. An "observations and comments" section is available to allow the interviewer to comment on what he/she observed during the interview.
**THE ELIGIBILITY PROCESS**

**Intake**
The process is initiated by the Community Substance Abuse and/or Mental Health provider who identifies that a person needs substance abuse or mental health services and is potentially eligible for those services to be paid for by TANF SAMH.

**TANF EZ-1 FORM**
The provider uses the TANF EZ-1 Form to determine eligibility for TANF SAMH services. The form has three pages:
- Page 1: Used to determine and document the participant’s eligibility.
- Page 2: Provides a chart to determine if the family income is within 200% of the Federal Poverty Level and
- Page 3: Used to determine if a non-citizen is eligible for TANF services.

See Attachment 3 for all three pages of the TANF EZ Form.

**Income**
The income declared by a participant on the form may be from a variety of sources including:
- TCA
- SSI
- SSDI, and
- Employment,
- Other income, or
- No income.

**Zero Income Declaration**
In some situations, a participant will declare that he/she has no income. For example, a person may be living with relatives who are providing for that person’s financial needs. If the person reports zero income, he/she should be encouraged to engage in job search activities as the self-sufficiency goal indicates. Since TANF goals are to promote self-sufficiency, a zero income past 30 days should be noted in the participant’s record indicating why income has not changed. The service provider is responsible for documenting monthly income progress.
### TANF SAMH Program Eligibility Notification

TANF SAMH Program Eligibility Notification is done electronically and is used to inform the DCF TANF specialist of eligibility and to obtain a confirmation number.

### Confirmation Numbers

The confirmation number from DCF’s TANF database must be recorded by the provider and is used to verify that the participant is enrolled for services. It also serves as a cross-reference when billing for payment.

### TANF SAMH Program Populations

There are two distinct populations which are tracked:

- **TCA**: those receiving Temporary Cash Assistance, and
- **TDF**: those considered TANF Diversion Families.

Separate data needs to be identified for TCA and TDF even though it is not required for TANF eligibility. Typically, those persons receiving TCA have Medicaid and those who are TDF do not have Medicaid.

### Temporary Cash Assistance (TCA) Population

The substance abuse and mental health service system is funded by TANF to serve persons who are applicants for/or recipients of TCA assistance, including those with post-TANF status. Also, persons may be referred based on the recipient’s request or because it was determined the recipient would benefit from such services. When a person applies for TCA benefits, the person must be determined eligible or not eligible based on federal/state criteria. During the determination phase, the person will also be interviewed to determine if any substance abuse or mental health services are requested or needed. The TANF SAMH Program referral criteria are listed below:
The criteria for a TCA participant includes:

- One of the following:
  a. The individual must be an applicant for/or a recipient of temporary cash assistance; or
  b. A family member when impairment has a direct impact on the needs of the TCA participant; as defined in s. 414.0252, F.S., or
  c. A post-TANF recipient within 12 months following TCA eligibility; or
  d. A child-only case, as defined in s. 414.045(1) (b), F.S.

- Individual or family member must be identified as having a barrier to employment stability due to substance abuse and/or mental health impairments;

- Eligibility for TANF SAMH Services excludes those who are SSI recipients.
  (an individual who volunteers for work activity may receive services consistent with such participation)

Families that are identified as the TANF SAMH Diversion Family population are eligible for the TANF SAMH Program that incorporates a focus on family and employment stability. The treatment plans are to include goals that address caring for children in their own homes or relatives' homes and assisting families in becoming self-sufficient. According to s.414.1585, F.S., these families are eligible to receive the same services as the TCA population as outlined in the cost center definitions.
Criteria for TDF participants include:

- One of the following:
  - Parent(s) or relative caretaker with one or more minor children living in the home; or
  - A pregnant woman; or
  - Families whose children have been removed from the home by the Family Safety Program (FSP) may also be treated for substance abuse and/or mental health under the TANF SAMH Program as long as said treatment is included in or added to the active family reunification goal in the case plan; or
  - Non-custodial parent with a court order to pay child-support; or
  - SSI/SSDI family with current work directive goals; and

- Family who is at risk of becoming welfare dependent due to substance abuse or mental illness problems; and

- Family income is below the 200% of the federal poverty level and there is documentation of income in the SAMH provider case record.

TDF: Custodial and Non-custodial Parents

The TANF diversion family population allows non-custodial parents who have a court order to pay child support to receive TANF services. These criteria are designed to make sure that children receive child support from their non-custodial parents and those parents get the services they need in order to stay in the workforce.
Requirements for custodial and non-custodial parents

To be considered eligible for TANF SAMH services, the non-custodial parent and the custodial parent must have income below 200% of the poverty level separately and meet other TDF criteria.

To certify that the non-custodial parent’s family income is below 200% of the poverty level, the non-custodial parent must sign consent to release information so the custodial parent can be contacted for income verification. If the custodial parent cannot be found or refuses to give income information, the provider must then find alternate funding sources to pay for the treatment of the non-custodial parent.

If the child and the custodial parent live in another state, the non-custodial parent is not eligible for TANF services because the child and family must live in the state of Florida. Regardless of the fact that the non-custodial parent may be the only member of a household, he/she must meet the TANF SAMH diversion family criteria and have a court order to pay child support in order to be eligible to receive TANF services. As part of the documentation of eligibility, the service provider is responsible for maintaining a copy of that court order for child support payment in the clinical record of the participant. As with all TANF SAMH diversion participants, both TANF goals must be present on a treatment plan and documentation must support efforts being made by the non-custodial parent to meet these goals.
### Out of Home Placement

In cases where the children are removed from their homes for more than 30 days, the TCA recipient loses cash assistance. Since Family Safety must have a case plan developed within a 60-day period, the recipient can request a “Temporary Absence” status, s. 414.095(15) (h), Florida Statutes, if the children are expected to be reunited with their family within that timeframe. If the children are disposed to Foster Care for a longer period of time, however, the family would most likely fall under the TDF eligibility for TANF SAMH services if or when the TCA is terminated.

### Relative Caregiver/Foster Care

The families whose children are placed with a Relative Caregiver or in Shelter Care or Foster Care still fall under the first TANF SAMH diversion family situation of Parent(s) / Relative Caregiver with one or more minor children living in the home.

- The family situation for children placed in non-relative Shelter or Foster Care would fall under the third family eligible situation that being Family Safety involvement with treatment included on active reunification goal or temporary Shelter Care.

- If, however, Family Safety investigation shows a need for parental rights to be severed, TANF SAMH will not be able to fund services given while the child(ren) was in Shelter Care. Under no circumstances can the TANF SAMH Program provide services to children in Foster Care when parental rights have been severed due to the TANF specific goals mandated by federal and state laws.
Forms used for TANF eligibility include:

1. Program Survey (Screening Assessment & Referral)
2. EZ - 1 (Eligibility Form for TANF-Funded Services)
   EZ - 2 (Worksheet on Family Income Eligibility for TANF-
   Funded Services)
   EZ - 3 (TANF-Funded Services for Non-Citizen Eligibility)
3. Screening and Referral Analysis
4. Outreach/ Prevention Activities Log

See Attachments for copies of the forms and their instructions.
This chapter presents information on the TANF Database.

Overview

The TANF Eligibility Database was created to track persons with substance abuse and/or mental health disorders who are eligible for TANF funding/services. This database allows a centralized control process to capture information on these TANF clients. In the TANF database, the substance abuse or mental health provider submits information on a particular client and send an email to the appropriate District TANF Specialist informing them that there are client records pending TANF eligibility approval. The TANF Specialist reviews the client records and if a client is eligible for TANF funds, the client will be certified. Discharge information is also collected in this database.

How to access

To access the TANF database, go to the following web address:


User name and password

You will need a User Name and Password in order to log onto the database. The User Name will be your “DS” number that you are assigned when you are added to the SAMH System.

To obtain a User Name and Password, contact Sherry Catledge at (850) 921-3059 or Email: sherry_catledge@dcf.state.fl.us
The log-in screen looks like this:

1. When you login for the first time, you will be prompted to change your password.
   - Password must have 1 alpha and 1 numeric character
   - Password is a minimum of 6 and maximum of 15 characters long
   - Password must be changed every 90 days
   - You will be locked out after 3 failed attempts to login

2. There are five types of users:
   - TANF Specialist - Can only view client records for their own district
   - Provider - Can only view clients for their own agency
   - Manager - Can view all client records statewide (Headquarters)
   - District Data Liaison - Can view clients statewide
   - Supervisor (District level) - Can view only their own district information

3. TANF Program Information
   - Click here to obtain the programming instructions for the database and the data dictionary - file layout specs for submitting client records to Susan Cranford for seeding
The main menu screen looks like this:

The menu choices are:

- New Client
- Client Search
- Reports Menu
- TANF Users Guide
- Log Off
How to add a new client

- Choose New Notification or Re-Notification (New Notification will be automatically marked unless you change it to a Re-Notification)

- The Notification Date will populate automatically when you begin to populate the form. If you are a Provider, the Agency Name will populate automatically as well. If the subcontractor should be different than your agency, you will need to choose the correct provider from the list.

- All green fields are required.

- The First and Last names are required fields (though they may show up as yellow instead of green on some of your screens!) Middle name can be blank.

- Type in the SSN of the Participant

- Choose Type of Participant, Child, Parent or Relative

- Enter the Date of Birth of the Participant

- Enter the Address where the client is living at time of admission into TANF

- Enter the Participant’s Race, Ethnicity and Gender

- If the client is a child, the Parent/Caregiver Name and Relationship fields must be completed

- A Referral Focus must be checked and the Primary ICD9 code must be identified

- The Referral Focus can be Substance Abuse, Mental Health or both (if both SA and MH are picked, the Secondary ICD9 should be identified as well.

- Level of Care: Identify the type of services being rendered

- Enter the date that the EZ Form for this Participant was signed

- Date Eligible to Begin Receiving Services will automatically be populated according to the Date EZ Form was signed (i.e., if the EZ Form was signed on 10/15/2004, the Eligible date will become 10/01/2004) This date will automatically revert to the first day of the month identified in the EZ Form date field. The users will be able to change this date if necessary.
How to add a new client, continued

- Choose either the Temporary Cash Assistance Participant/Family or the TANF SAMH Diversion Family
  - If you choose the TANF SAMH Diversion Family, click any of the options that apply
  - Specify where the children are living
  - Choose the appropriate TANF Specialist for your district from the list that is provided

Pending TANF Clients

Providers will use this screen to notify the appropriate TANF Specialist of the pending clients via Email

- Providers will be able to see all the clients for their agency that are pending approval from the TANF Specialist.
- TANF Specialists will click on the clients SSN to view the complete record of the client and get to the “Edit Screen” where they will add the Acknowledgement Date to certify the client.
- The Confirmation Number will be automatically added. These Confirmation Numbers are unique to each district.

Certified TANF Clients

This screen shows a list of the clients that have been approved by the TANF Specialists

- It will show the Notification Date and the Confirmation number.
- The SSN can be clicked to view the complete record of client or to get to the Edit Screen.

Discharged TANF Clients

This screen shows a list of the clients that have been discharged from the TANF System

- Shows discharge reason and criteria
- Can click on SSN to see complete client record
- To discharge a client, click on the client’s SSN to open up the complete record and get to the Edit Screen. This is where the discharge date and discharge reason and criteria will be entered.
Chapter 3

Client Search

You can search for a specific client by last name or SSN

- When the list of names pops up, you will see the first, middle and last name, SSN, DOB, type of record (new or re-cert) and the notification date
- You can click on the SSN to view the client’s complete record and get to the Edit Screen
- You can also create a new record by clicking on the New Client Button

Maintain User Information

This screen is for the managers only. This is where each user’s information is stored and maintained.

Log Off

Click on the Logoff button to exit the database.

About the TANF Database

TANF Eligibility Database:

- SQLServer 2000
- Web-based /Active Server Pages
- Housed on the State Intranet
- Need to have VPN Connection or be networked to the state system as this database runs behind the Firewall

Note: The TANF eligibility data will be stored in this TANF database. You will be able to query information to create a report. At this time the TANF data will not be submitted to OneFamily.
TANF Central Office Contacts

Kim Finch-Kareem - kim_finch-kareem@dcf.state.fl.us
(Policy Issues) Phone: (850) 410-1187
Fax: (850) 413-6887

Sherry Catledge - sherry_catledge@dcf.state.fl.us
(Database Assistance) Phone: (850) 921-3059
Fax: (850) 487-2239

Susan Cranford - susan_cranford@dcf.state.fl.us
(Programming) Phone: (850) 922-5183
Fax: (850) 487-2239
In this chapter

This chapter presents documentation requirements for the TANF SAMH Program participants’ case file records, including:

- Case Record Documentation
- Service Plan Documentation
- Required TANF SAMH Program Forms

Overview

An understanding of the TANF SAMH Program case record requirements is essential for both TANF Specialist and the TANF SAMH Program providers. The TANF Specialist needs to understand the requirements in order to correctly review and provide district/region specific technical assistance and training related to participants’ records and to conduct accurate invoice review. TANF SAMH Program providers need to understand requirements so that they may properly formulate treatment goals and to be correctly compensated for services delivered to program participants.

CASE RECORD DOCUMENTATION

Required Documentation

The case records for participants must contain certain documentation in order for payment for services to be made. All case files must include:

- TANF SAMH Program Survey (Outreach services only)
- TANF SAMH EZ-1 form; all four (4) TANF goals in Step 4 must be checked
- TANF SAMH Eligibility Notification form (electronic)
- Documentation of Referral source
Chapter 4  TANF SAMH GUIDE

Required Documentation, continued

- Consent to Release Confidential Information
- Initial Assessment
- Initial Treatment/Service Plan
- Family Safety Reunification Plan (when the child has been removed from the home)
- Non-custodial parent documentation of eligibility
- Monthly Income Verification
- Documentation of communication with the RWBD to include SAMH treatment goals in Individual Responsibility Plan (IRP)
- Program notes documenting the TANF goals of strengthening families and moving towards economic self-sufficiency

Enrollment

All participants’ case files must include the TANF EZ-1 Eligibility form; this form must be complete and accurate for the current fiscal year (all four TANF goals must be checked.) A screenprint of the TANF SAMH Eligibility Notification must be in the case file; this must show the TANF Specialist’s name and the confirmation number.

Referral Source

The participant’s referral, either the TANF SAMH Applicant Program Survey for TCA Participants, or other forms of documentation for TDF participants should be noted in the case file record.

DCF Family Safety

If the participant is involved with DCF Family Safety, it should be documented in the case record. It should also be noted on the treatment/service plan and in the progress notes, along with any client participation in family therapy.
Consent to Release Confidential Information

The participant’s case record should contain a Consent to Release Confidential Information. This consent should be specific in nature and contain the name or organization that is authorized to receive information; the purpose and the precise information to be released. It must be dated and signed by both the participant and the provider and should be updated every six months. No information can be released without the participants’ written consent and may not be released or used in any criminal proceeding.

Income Status

For TDF participants, documentation of their continuing eligible income status should be noted in the progress notes or elsewhere in the case file every thirty days.

Non-Custodial Parent

For TDF participants who are the non-custodial parent, a copy of the child support court order must be included in the case record, or attempts to access this information must be noted in the progress notes.

Temporary Cash Assistance (TCA)

A TCA participant must have any of the following documented:

- Any TCA participant’s communication with or attempted communication with the Regional Workforce Board (RWFB) should be noted in the case record on a monthly basis.
- The TANF SAMH Medical Incapacity form must be complete and contained in the record for participants in residential treatment.
- The TANF SAMH Treatment Verification form must be in the participant’s case record and should indicate successful or unsuccessful completion of treatment. For outpatient treatment, the form should indicate the months that the participant complied with treatment goals and a rationale should be provided for the successful or unsuccessful completion of treatment.
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Summary for Closed Files</td>
<td>The discharge summary must be signed and dated by both the participant and the provider staff and filed in the case record. The summary should support the discharge outcome. It should employ a strength-based approach that includes participant progress toward achieving TANF SAMH goals of economic and family stability.</td>
</tr>
<tr>
<td>Other Documentation</td>
<td>If a participant is transferred to another level of treatment, a transfer summary must be completed and filed in the case record.</td>
</tr>
<tr>
<td>Service Plans</td>
<td>The participant’s case record must contain an initial service plan and a master treatment plan. The initial service plan may be omitted from the case record if a master treatment plan is completed on the first day of enrollment. An initial treatment plans must be developed within the first 30 days of treatment following TANF SAMH eligibility determination.</td>
</tr>
<tr>
<td>Must include program goals</td>
<td>Initial (if applicable) and master treatment plans must include at least two of the four TANF SAMH Program goals (economic and family stability), be strength-based and indicate participant’s involvement in formulating treatment goals and action steps. TANF goals must be specific and reflect the needs of the individual participant. For example, the goal of family stability could be quite different for a participant suffering from domestic violence than for a participant whose children have been removed for abuse or neglect. The treatment plan is to be signed and dated by the participant and the provider.</td>
</tr>
</tbody>
</table>
**Progress Notes**

The treatment review or progress notes are now calculated from the date of the TANF eligibility and are required every thirty days. Treatment plan progress notes should employ a strength-based approach and include statements reflecting client's progress in achieving both long-term and short-term goals. It should also include participant's statements illustrating how they feel about their progress toward treatment goals. All progress notes must include that treatment reflects forward movement toward treatment TANF SAMH Program goals of economic and family stability.

**Discharge Planning**

Discharge planning links participants to appropriate next step resources in the recovery process. Discharge planning must be tailored based on client needs and it must be comprehensive; linking participants to community services and supports. Case record documentation must include goals for successful discharge planning.

**Aftercare Follow-up**

The recovery process does not end when an individual/ family completes a treatment program, continuing support upon completion is the key to a healthy recovery. Aftercare activities occur in a variety of settings and include counseling and support services. Aftercare plans must be noted in the case record.
In this chapter

This chapter presents requirements for the TANF SAMH providers.

Invoice Process

During any month in which TANF SAMH services are billed, providers must submit the state-approved TANF SAMH Participant Log along with the monthly invoice. The total units of TANF SAMH billed services on the participant log must be equal to the amount of the TANF services on the invoice. The TANF SAMH Specialist will verify that every individual was a TANF SAMH participant during the month covered by the invoice prior to payment of the invoice.

Contracted Medicaid providers are required to bill Medicaid for those services provided for participants who have Medicaid. Additional TANF SAMH services received that are not covered by Medicaid will be billed to TANF.

TANF SAMH participants who are not eligible for Medicaid will have services billed to TANF. If the SAMH provider is not a Medicaid provider, services may be billed to TANF whether they are a covered Medicaid service or not.

Required Documentation

Providers are responsible for completing and/or submitting the following reports/forms:

- TANF SAMH Screening and Referral Analysis
- TANF SAMH Program Participant Log
- TANF SAMH Services and One-Time Payment
- TANF SAMH Outreach/Prevention Activities Log
The TANF Screening and Referral Analysis is a monthly report used for collecting data and analyzing how the screening and referral process is working across the state. A tally mark for each item indicates each person the outreach worker has had contact with and contacts made.

(This is the monthly analysis that is submitted by providers.)

<table>
<thead>
<tr>
<th>TANF SAMH Screening &amp; Referral Analysis</th>
<th>Month __________, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF SAMH Provider:</td>
<td>Screener:</td>
</tr>
<tr>
<td>Please place a tally mark next to the appropriate items and total at the end of the month.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of</th>
<th>At the One-Stop</th>
<th>Other Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCA applicants/recipients screened</td>
<td></td>
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<tr>
<td>TDF diversion population screened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening referred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCA applicants/recipients referred for assessment from screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDF diversion population referred for assessment from screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other referral indicators (i.e. obvious intoxication, flight of ideas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals upon request for self</td>
<td></td>
<td></td>
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<tr>
<td>Referrals upon request for family member</td>
<td></td>
<td></td>
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<tr>
<td>Referrals for assessments made by the RWB designer</td>
<td></td>
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<tr>
<td>Substance Abuse referrals</td>
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<tr>
<td>Mental Health referrals</td>
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<tr>
<td>Domestic Violence referrals</td>
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<tr>
<td>Emergency referrals</td>
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<tr>
<td>Days on average from referral to assessment</td>
<td></td>
<td></td>
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<tr>
<td>Referrals not getting assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCA applicants/recipients attended orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach contacts made this month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF participants that entered treatment this month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Participant Logs are to assist the providers in documenting eligible participants; and providing an audit trail for approved services.

<table>
<thead>
<tr>
<th>TANF SAMH Program</th>
<th>Participant Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's Name:</td>
<td>Vendor I.D. Number:</td>
</tr>
<tr>
<td>Address:</td>
<td>Date: <strong>/</strong>/___</td>
</tr>
<tr>
<td></td>
<td>District / Region:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>Social Security Number</th>
<th>TANF Participant Status*</th>
<th>Status Date</th>
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</thead>
<tbody>
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</table>

* I am attesting, by my signature, that the TDF participants on this Log still meet the TANF income eligibility requirements for this month according to the 100% of Federal Poverty level guidelines provided.

Provider Signature: ______________________ Date: __/__/___

*TANF Participant Status: 1 = TCA applicant/recipients Post-TANF  
2 = TDF  
3 = Successful D/C  
5 = No longer eligible for TANF SAMH Services
The TANF SAMH Program provides for contingency funds (Services and One-Time Payments) under certain conditions. These funds are available only to TDF participants. The One-Time Payment/Contingency Funds program is designed to address specific crisis situations or “episodes of need” lasting no longer than four months.

These funds are available from each district/region which has funds set aside for this purpose. Funds can only be distributed from the budget categories set aside for this purpose, i.e., adult mental health funds can only be used for adult mental health participants. The TANF SAMH Specialist will maintain records of these funds. Authority to access these funds by the treatment provider may be accomplished by use of the TANF SAMH Services and One-Time Payment Approval form.

Statutory requirements governing the use and appropriate services cover by this program can be found in 445.002(2), F.S. and 45 C.F.R.s.260.31 (a).
The TANF Services and One-Time Payment Request and Approval Form is used to authorize services and one-time payments for participants.

### TANF SERVICES & ONE-TIME PAYMENT

Request / Approval Form

<table>
<thead>
<tr>
<th>Agency: __________________________</th>
<th>Case Manager: ____________</th>
<th>Date: ____________</th>
</tr>
</thead>
</table>

**Section A:** Request for Service Funding Authorization (usually completed by the case manager)

1. TANF Participant name or number __________________________
2. SS#: ____________
3. DOB: ________
4. Race: ________
5. Sex: M or F
6. Yearly Income: ____________

7. Description of Goods/Services requested: ____________________________________________

8. General reason for request/benefit to participant: ______________________________________

9. Alternatives explored: ______________________________________________________________

10. Client was asked and acknowledges they have not previously been recipients of services funded by TANF one-time payment/contingency. ______________________________________________________

11. Funding amount requested: $ ____________

12. Vendor (Name, Address, and Vendor ID#) ____________________________________________

________________________________ Case Manager Signature / Date

________________________________ Case Manager Supervisor’s Signature

**Section B:** Action Taken

Letter of Approval Sent / Date: ____________ Date Funds Encumbered: ____________

Letter of Disapproval Sent / Date: ____________ Reason for Disapproval / Instructions: ____________

**Acknowledgement by TANF Specialist of request from Provider to access Contingency Funds**

<table>
<thead>
<tr>
<th>TANF SAMH Specialist Signature / Date</th>
<th>Approved</th>
<th>Disapproved</th>
<th>Confirmation #</th>
</tr>
</thead>
</table>
There will be continuous program and financial reviews and monitoring through the SAMH data warehouse and other integrated data systems for TANF participants’ eligibility authorization and system coordination. Random record checks at the One-Stop Centers and treatment providers are encouraged to assure that confidentiality measures are strictly being followed. When providers are being monitored for programmatic quality assurance, TANF SAMH Program Specialists using randomly selected files will look within the progress notes and treatment plans for evidence that participants are pursuing the TANF goals as part of their treatment. The monitor will check, among other items, if the TANF strengths-based goals are documented as the TANF participants' wants with the objectives being what the individuals need. For a complete list of what is to be monitored, please refer to Figure 15.

In the course of TANF Fiscal Compliance monitoring reviews, a sampling of TANF SAMH invoices will be validated to ensure that services were indeed provided to the TANF SAMH participants as invoiced. This group will also compare the TANF SAMH events billing information against current Medicaid information to ensure that no duplicative billing occurs for the same service on the same date when a person is both a TANF SAMH participant and Medicaid eligible.

The TANF Fiscal Compliance Unit will provide fiscal monitoring reviews and reports to identify areas of non-compliance and resolutions to operational and management problems. The reports are directed to provide departmental staff technical financial assistance for policies and procedures as they relate to TANF fiscal requirements of Federal and State rules and regulations.
TANF Outreach and Prevention Activities

The TANF SAMH Outreach/Prevention Log shown below is the means by which Outreach and Prevention activities are billed under staff hour rates. Use separate logs when documenting Outreach and Prevention activities and circle the applicable cost center.

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Staff Name and ID Number</th>
<th>Service Site</th>
<th>Service Type Code</th>
<th>Total Units of Service</th>
<th>Number of Persons Served</th>
<th>Agency Receiving Referral</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Temporary Assistance for Needy Families
Outreach / Prevention Activities Log
(Circle One)

Agency Providing Service: ______________________ Vendor ID Number: ________

Billing Period: ___________ Total Units of Service: ___________
Allowable Codes for Outreach Tasks

The following codes are allowable:

1- Building rapport with TCA applicants/recipient at the Outreach location sites and with TDF persons

2- Screening with the TANF SAMH approved instrument and other visual indicators

3- Coordinating referrals for assessments based on screenings and/or other indicators or requests for services

4- Education and collaborative work with the RWBs' designees, Family Safety, & ESS staff*

5- Information and referral regarding the array of treatment services available

6- Orientation participation

7- Follow up on referrals and pre-case management

8- Home visits as point of engagement as needed

9- Attendance and input at RWBs' case staffing meetings

10- Seek confirmation of and collect data on treatment admission of persons screened

11- Attendance in family oriented dependency and juvenile delinquency courts only

12- Training is allowable under Outreach by TANF SAMH providers for assisting other collaborative staff (WTP, RWB, Family Safety, and Domestic Violence) in identifying and understanding the barriers to employment and family stability posed by mental illness and substance abuse impairments. Outreach is not allowable for SAMH providers to attend training events or meetings.
### Allowable Codes for Prevention Activities

The following codes are allowable:

1. Preschool and school age ATOD classroom prevention programs
2. ATOD prevention programs for youths and groups
3. Community service activities including health fairs and other health promotions
4. Media campaigns, brochures, posters
5. Speaking engagements
6. Other activities as allowable with full approval documentation by the TANF Specialist.

### Locations that are allowable

The following locations are allowable:

- Regional Workforce Board (RWB) One-Stop Centers
- In-home
- Areas where at least 25% of the population are likely to be TCA eligible or at risk of becoming TCA eligible (door to door marketing or other soliciting efforts are prohibited)
- Community Resource Centers
- Homeless Shelters
- Family oriented courts like dependency and juvenile justice courts.
- Other locations as approved by the SAMH District office (i.e., local Housing Authority collaborative efforts)
Outreach Activities that are NOT allowable

The following common outreach activities that are NOT allowable or have restrictions:

- Travel is not an activity that is billable under outreach because the cost is included in the rate. However, in doing a home visit, the time it took to travel to and from the home can be included in the time for the entire visit. This is the same protocol as with the rest of the SAMH programs. Traveling to One-Stops or from one One-Stop to another is not outreach.

- Non-applicant contact time in the One-Stop is limited to 25% of the day. Other outreach activities need to be addressed like home visits and follow-up calls if it's a slow day or area at the One-Stops. Participating in the One-Stop orientations is a necessary first contact.

- There will be no outreach activities billed to this program that are performed from the agency office setting, without an exception being included in the provider contract for extreme circumstances, such as a rural setting, with that time being limited to 25% of the day as well.

- If there are problems with space in a One-Stop or not being allowed to be there, this is to be reported to the TANF Specialist and continuing collaborative efforts must be documented monthly until an acceptable solution is found.

- Provider staff education, training and clinical supervision are not to be counted as Outreach.

- Being available to accept referrals or attending meetings such as FSPT, on a chance there may be a referral is not Outreach (exception being RWB staffings).

- Meetings with TANF Specialists are not Outreach.

- At no time is a Family Intervention Specialist (FIS) considered a TANF SAMH Outreach worker for the TANF program. These are two different programs and the FIS can refer TANF participants who are involved with Family Safety to the TANF program if they meet the TANF criteria. Otherwise, the FIS staff has no affiliation to the program.

- Non-Family oriented courts like DUI traffic court does not target families, only the disorder.

- Administrative paperwork
### ATTACHMENT 1: ELIGIBLE TANF SAMH SERVICE DESCRIPTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>As referenced in the Policy Guidelines and approved by the department, certain services are eligible for TANF reimbursement. These services are non-medical in nature and defined below as they are in the Mental Health and Substance Abuse Measurement and Data Handbook, 6th Edition, October, 2004.</td>
</tr>
<tr>
<td><strong>Aftercare</strong></td>
<td>Aftercare, including but not limited to relapse prevention, is a vital part of recovery in every level of treatment. Aftercare activities include client participation in daily activity functions that were adversely affected by mental illness and/or substance abuse impairments. New directional goals like vocational education or rebuilding relationships are often priorities. Relapse prevention issues are key in assisting the client to recognize triggers and warning signs that one may be regressing. Aftercare services help families and pro-social support systems reinforce a healthy living environment for the client.</td>
</tr>
<tr>
<td><strong>Assessment Services</strong></td>
<td>Assessment Services assess, evaluate, and provide assistance to individuals and families to determine level of care, motivation, and need for services and supports to assist individuals and families to identify their strengths.</td>
</tr>
<tr>
<td><strong>Case Management Services</strong></td>
<td>Case Management Services consist of activities aimed at identifying the recipient’s needs, planning services, linking the service system with the person, coordinating the various system components, monitoring service delivery, and evaluating the effect of services received.</td>
</tr>
<tr>
<td><strong>Crisis Support/Emergency Services</strong></td>
<td>Crisis Support/ Emergency Services are nonresidential care services, generally available 24 hours, 7 days a week or some other specific time period, to intervene in a crisis or provide emergency care. Examples include mobile crisis, crisis support, crisis/emergency screening, crisis telephone, emergency walk-in, and assertive community treatment.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
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<tr>
<td><strong>Day Care Services</strong></td>
<td>Day Care Services provide a structured schedule of activities for four (4) or more consecutive hours per day for children of persons who are participating in a mental health and substance abuse day-night service and residential services.</td>
</tr>
<tr>
<td><strong>Day/Night (Day Treatment) Services</strong></td>
<td>Day/Night (Day Treatment) Services provide a structured array of nonresidential services for four (4) or more consecutive hours per day. Activities for children and adult mental health programs are designed to assist individuals to attain skills and behaviors needed to function successfully in living, learning, work, and social environments. Generally, a person receives three (3) or more services a week. Activities for substance abuse programs emphasize rehabilitation, treatment, and education services using multidisciplinary teams to provide integrated programs of academic, therapeutic, and family services.</td>
</tr>
<tr>
<td><strong>In-home and On-Site Services</strong></td>
<td>In-home and On-Site Services are therapeutic services and supports that are rendered in non-provider settings such as nursing homes, adult congregate living facilities, residences, schools, detention centers, commitment settings, foster homes, and other community settings.</td>
</tr>
<tr>
<td><strong>Incidental Expenses</strong></td>
<td>Incidental Expenses are those expenses that were formally referred to as “contingency funds” and fall into the Services and One-Time Payments category.</td>
</tr>
<tr>
<td><strong>Intensive Case Management Services</strong></td>
<td>Intensive Case Management Services consist of activities aimed at assessing recipient needs, planning services, linking the service system to a recipient, coordinating the various system components, monitoring service delivery, and evaluating the effect of services received. These services are typically offered to persons who are being discharged from a hospital or crisis stabilization unit who are in need of more professional care and who will have contingency needs to remain in a less restrictive setting.</td>
</tr>
</tbody>
</table>
### Intervention Services

Intervention Services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services that emphasize short-term counseling and referral. These services are targeted toward individuals and families.

### Outpatient Services

Outpatient Services provide a therapeutic environment that is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. They are usually provided on a regularly scheduled basis by appointment with arrangements made for nonscheduled visits during times of increased stress or crisis.

### Outreach Services

Outreach Services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with the high-risk groups. Outreach services for individuals are those of encouragement, education, and engagement for prospective clients who show an indication of substance abuse and/or mental health problems or needs.

### Prevention Services

Prevention Services are those involving strategies that preclude, forestall, or impede the development of substance abuse and mental health problems and include increasing public awareness through information, education, and alternative-focused activities.

### Prevention/ Intervention Day Services

Prevention/ Intervention Day Services include school-based day services for children and adolescents for four (4) or more consecutive hours per day. It includes:

- Services for children with mental health problems, including school-based mental health services for children who have been identified by the school as having or are at risk of developing mental health problems. Services are individualized and may be provided in a self-contained classroom, a regular classroom, or as a component of a full service school.
Prevention/Intervention Day Services, continued

- Services for children and adolescents with substance abuse problems, including Alpha and Beta targeted prevention programs serving students in grades 4-6 and 6-8, respectively, which are identified as at-risk for alcohol or other drug abuse. Targeted prevention consists of multiple, structured contacts over time to specific individuals or groups identified as having behavioral, biological, or environmental at-risk characteristics. These programs are designed to promote skill-building and reduce the risk of establishing patterns of use. Services are provided through community provider agencies in partnership with county school boards. Counselors provide individual, group, and family counseling and school personnel implement an intensive education program.

Residential Level 1 Services

Residential Level 1 Services are licensed services which provide a structured, live-in, a non-hospital setting with daily 24 hour supervision. There is a nurse on duty in these facilities at all times. For adult mental health, these services include two different kinds of programs: Group homes and short-term residential treatment services. Group homes are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a 24 hours a day, 7 days per week basis. Short-term residential treatment services provide intensive residential treatment for individuals in need of acute care for an average of 90 days. For children with serious emotional disturbances, Level 1 services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital setting which include residential treatment centers and short-term residential treatment programs. On-call medical care must be available for substance abuse programs. Level 1 provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs (TCA - 5 months; TDC - 4 months).
Residential Treatment Level 2 Services are licensed structured rehabilitation-oriented group facilities that have 24 hour, seven days per week supervision. Level 2 facilities are for persons who have significant deficits in independent living skills and need extensive support and supervision. For children with serious emotional disturbances, Level 2 services are programs specifically designed for the purpose of providing intensive therapeutic behavioral and treatment interventions. This includes therapeutic group homes, specialized therapeutic foster homes-Level II, and individualized residential treatment homes. For substance abuse, Level 2 provides a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation and may include formal school and adult educational programs. (TCA – 5 months; TDF – 4 months)

Residential Treatment Level 3 Services are designed to provide 24 hours, 7 days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living. For children with serious emotional disturbances, Level 3 services are programs specifically designed for the purpose of providing sparse therapeutic behavioral and treatment interventions including therapeutic group homes, specialized therapeutic foster homes-Level I, and individualized residential treatment homes. For adults with serious mental illness, this cost center consists of supervised apartments. For substance abuse, Level 3 provides a range of assessment, rehabilitation, treatment, and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the clients served, the emphasis is on rehabilitation or treatment. (TCA – 5 months; TDF – 4 months)
Residential Level 4 Services
Residential Level 4 Service facilities may have less than 24 hours per day, 7 days per week on-premise supervision. This is the least intensive level of residential care. It is primarily a support service and, as such, treatment services are not included in this cost center. For adult mental health, this includes satellite apartments, satellite group homes and therapeutic foster homes. For substance abuse, Level 4 provides a range of assessment, rehabilitation, treatment, and ancillary services in a transitional living environment with an emphasis on habilitation and rehabilitation. For children with serious emotional disturbances, Level 4 services are the least intensive and restrictive level of residential care provided in group or foster home settings, therapeutic foster homes, and group care with treatment. Note: Regular therapeutic foster care can be provided either through Residential Level 4 "Day of Care: TFH" or by billing in-home / non-provider setting for a child in a foster home. (TCA – 5 months; TDF – 4 months if room and board is provided)

Respite Care Service
Respite Care Service is an organized program that is designed to sustain the family or other primary care giver by providing time-limited, temporary relief from the ongoing responsibility of care giving.

Room and Board with Supervision Services
Room and Board with Supervision Services provides room and board with 24 hour, 7 days-a-week supervision only. The supervision entails the continuous treatment and daily life-skills training beyond what Medicaid provides for, in daily group and/or individual treatments in residential settings. This cost center brings an emphasis to economic and family stability by facilitating the use of community resources for employment (school), along with effective parenting, communication, and health psycho-education. (TCA – 5 months; TDF – 5 months)

Supported Employment Service
Supported Employment Service is community-based employment in an integrated work setting that provides regular contact with non-disabled co-workers or the public. A job coach provides long-term, ongoing support for as long as it is needed to enable the person served to maintain employment.
Supported Housing/Living Services

Supported Housing/Living Services assist persons with substance abuse and psychiatric disabilities in the selection of housing of their choice and provide the necessary services and supports to assure their continued successful living in the community and transition into the community. For children with mental health problems, supported living is the process of assisting adolescents in arranging for housing and providing services to assure successful transition to living on their own or with roommates in the community. Services include training in independent living skills. For substance abuse, services provide for the placement and monitoring of recipients who are participating in nonresidential services and persons who have completed or are completing substance abuse treatment and need assistance and support in independent or supervised living within a live-in environment. (No rent allowable unless under the limitations of One-Time payment and Services time restrictions)

TASC (Treatment Alternatives for Safer Communities)

TASC (Treatment Alternatives for Safer Communities) provides for identification, screening, court liaison, referral, and tracking of persons in the criminal justice system with a history of drug abuse or addiction.
# ATTACHMENT 2: GLOSSARY

<table>
<thead>
<tr>
<th>Overview</th>
<th>The following definitions are commonly used terms in the TANF SAMH program.</th>
</tr>
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<tbody>
<tr>
<td>Adult</td>
<td>&quot;Adult&quot; means an individual who is at least 18 years old or 19 years old if they have been a full-time student in a secondary school or at the equivalent level of vocational or technical training until reaching 19 years of age. A minor child that becomes married is considered an adult.</td>
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<tr>
<td>Adults at risk of serious mental illness</td>
<td>The TANF SAMH population is incorporated within the existing SAMH target populations. Typically, the adult mental health participants are placed under the &quot;Adults in Mental Health Crisis&quot; population, because only a few of our TANF SAMH participants meet the criteria for severe and persistent mentally ill (SPMI) or are forensically involved.</td>
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<tr>
<td>Alternative payee</td>
<td>An alternative payee, sometimes known as a protective payee, is an individual who received temporary cash assistance payments on behalf of a minor.</td>
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<td>Assessment</td>
<td>Assessment is the clinical process of determining if an individual referred to the TANF SAMH Program may benefit from substance abuse or mental health services. This referral may be the result of a screening, like the TANF SAMH Program Survey or directly by the individual, a family member, or a Regional Workforce Board (RWB) designee. Qualified clinical staff usually completes a full assessment after a TANF SAMH outreach worker has referred a prospective participant to an SAMH service provider.</td>
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"The term “assistance” includes cash payments, vouchers, and other forms of benefits designated to meet a family’s ongoing basic needs; (i.e. for food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses)…benefits even when they are provided in the form of payments by a TANF agency, or other agency on its behalf, to individual recipients; and conditioned on participation in work experience or community service…It also includes supportive services such as transportation and childcare provided to families who are not employed.”

Assistance excludes (therefore Services are) “nonrecurring, short-term benefits that are designed to deal with a specific crisis situation or episode of need, are not intended to meet recurrent or ongoing needs and will not extend beyond four (4) months. It also excludes services such as counseling, case management, peer support, child care, information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support; and transportation benefits to an individual who is not otherwise receiving assistance.”

45 C.F.R. s. 260.31

A caretaker relative means an adult who has assumed the primary responsibility of caring for a child who is related to the child by blood or marriage. This individual may be given temporary custody by the court or placed in the home without legal involvement. There are special considerations for determining family income eligibility for these cases. Section 414.085(5), F.S.
**Case Management/Treatment Coordination**

Case Management/Treatment Coordination is a method of providing client-based services whereby a professional mental health/substance abuse provider assesses the needs of the participant and the participant's family when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the participant's specific needs. The primary goal of TANF SAMH case management is to optimize participant functioning by assisting the participant in completing his or her TANF SAMH goals in the most effective and efficient manner. Quality case management requires a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining participant directed goals.

Section 65E-4.014(k), FAC, addresses adult treatment coordination as follows: "The provider's treatment staff member responsible for the coordination of treatment or services to the participant who is not assigned a CCMS case manager due to not meeting CCMS priority criteria."

Section 394.497, F.S. discusses case management services to be provided to children and adolescents and their family.

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**Case Plan**

A case plan is a written document prepared by a Family Safety Worker for assuring that the child receives safe and proper care. It discusses services that are provided to the parents, child, and foster parents in order to improve the conditions in the parent's home; to facilitate return of the child to his/her own safe home or the permanent placement of the child. The case plan addresses the needs of the child, including the appropriateness of the services that have been provided to the child under the plan. To be eligible for TANF SAMH services the goal of the child's case plan must be reunification with their parents.
Children's Mental Health

As the TANF SAMH proviso language mandates treatment for parents and their children, it has been a challenge to treat children who have their own diagnoses, separate from the parents who are funded under the adult categories. The legislature continues to allocate funds in the adult categories only. TANF Specialists and providers have had to be creative in order to treat all four populations with the funding sources in only two categories. The only time a child is funded under his or her parent's name, is when collateral family work is conducted and the child has no separate diagnoses of his or her own.

Certification/Recertification

TANF SAMH services eligibility is now certified by the individual or family member who has been determined by the treatment provider to need substance abuse and/or mental health assessment/treatment services. By signing the form, he/she is certifying that the eligibility information given to the service provider is true and accurate. The treatment providers will submit a copy of these signed forms as notifications of TANF participants' certified eligibility status to the TANF Specialists for confirmation. This will also be done for annual re-confirmations during the month of July, for the participants who re-certify themselves for continuing TANF eligibility status.

Child-Only Cases

Child-only cases mean only the child in the family is receiving temporary cash assistance. In these cases, there is no adult or teen head of household receiving temporary cash assistance (TCA) because either the relative caregiver may choose to have their needs excluded in the calculation of the amount of cash assistance, or the parent(s) are not eligible for TCA. The families where the parent in a single-parent family or both parents in a two-parent family are not eligible for cash assistance can be due to immigration status, conviction of drug trafficking, SSI status, sanctioning for noncompliance or lose of time-limits, or other requirements of federal law. For children who live with relative caregivers, the primary goal of the child-only cases is to support children in homes of relatives without going deeper in the child welfare system. Section 414.045(1) (b), F.S.
Children Services

The ability to provide direct services to minor children due to substance abuse or mental health issues is available for both TCA and TDF populations with the goals to promote family and economic stability. Although it is best to work with the child as part of the family, that is not always possible, regardless of using adult or children funding. In cases where the child is the primary participant, he/she would be TANF SAMH certified and SAMH enrolled. Children being served in residential placement or foster care settings must have the stated goal of such placement as reunification with the child’s family and economic stability. Therefore, it is of the utmost importance that the families, in which the child will be returning, receive treatment services that are addressed on the treatment/service and/or case plans as well. In cases where the child is in foster care or residential treatment, the income of the child’s biological family is used to determine TANF diversion family eligibility.

Economic Self-Sufficiency

Defined as the ability to support oneself and family through stable employment, having a support network in place, and having stable affordable housing and effective management of SA and MH issues. This individual is not dependent on public assistance as defined in s. 414.0252(10) F.S.
Eligibility Notification and Confirmation

These terms replace Certification and Re-certification of participants’ TANF eligibility by the TANF Specialists. Once the participant attests to his/her eligibility on the TANF EZ-1 Eligibility Form for TANF-funded Services, the provider can immediately begin providing TANF services for that participant and his/her family. The provider signs the TANF EZ-1 form. After a full assessment and SAMH enrollment into the TANF SAMH Program is conducted, the provider fills out the Eligibility Notification form and notifies the TANF Specialist of a new participant and family by sending a copy of the Notification form to the TANF Specialist for confirmation. If the provider chooses not to re-input demographic information in the top box of the Notification form, the provider sends a copy of both the TANF EZ-1 Eligibility Form and the Notification Form to the TANF Specialist. As treatment begins, the TANF Specialist confirms the receipt of the participant’s eligibility status for the participant’s file and will add that participant to his or her data records for Participant Log comparisons.

Family Members

“Family” means the assistance group or the individuals whose needs, resources, and income are considered when determining eligibility for temporary assistance. The family for purposes of temporary assistance includes the minor child, custodial parent, or caretaker relative who resides in the same house or living unit. The family may also include individuals whose income and resources are considered in whole or in part in determining eligibility for temporary assistance but whose needs, due to federal or state restrictions, are not considered. These individuals include, but are not limited to, ineligible non-citizens or sanctioned individuals.

s. 414.025-41455, F.S.

“Family or household member”

This means spouses, former spouses, non-cohabitating partners, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family. Also persons who have a child in common regardless of whether they have been married or have resided together at any time.
<table>
<thead>
<tr>
<th>Family Size</th>
<th>In determining the family size for the TANF Income Eligibility requirement, only the parents(s) or relative caretaker and children living in the same household are counted. Any other individual living in the household is not considered as a member of the family for the purpose of TANF income eligibility. For those families involved with a reunification goal on a Family Safety case plan, the children are to count as if they were currently living in the same household.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Stability</td>
<td>A stable family is one in which the individuals within the nuclear family are interacting in a healthy, non-abusive and interdependent manner that is consistent with their multigenerational family norms, and successfully functioning in the three functional domains; work/school, community, and home.</td>
</tr>
<tr>
<td>Fully Complied with Treatment Requirements</td>
<td>The Completion of Treatment Verification of the new TANF SAMH Treatment Verification Form CF-ES 2299, Oct 2000, Section C, refers to verification months of fully complying with treatment requirements as directed by Chapter 414.105(3), Florida Statutes with completion of treatment. In this sense, fully compliant does not include unsuccessful attempts to obtain/remain substance free. Examples of refusal to comply with the treatment plan objectives or program rules, or repeated no-shows in a month's period would not count as fully compliance with the treatment program. It is at the clinical director's discretion as to what non-therapeutic behaviors would constitute noncompliance.</td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental Health Program Offices</td>
<td>The Mental Health and Substance Abuse Program Offices conduct administrative and coordination activities for the provision of prevention, assessment and treatment services, as a component of the integrated service delivery system of the Department of Children and Families</td>
</tr>
<tr>
<td><strong>Attachment 2</strong></td>
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<tr>
<td><strong>Minor Child</strong></td>
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<tr>
<td>&quot;Minor child&quot; means a child less than 18 years of age, or under 19 years of age if the child is a full-time student in a secondary school or at the equivalent level of vocational or technical training, and does not include anyone who is married or divorced.</td>
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<tr>
<td><strong>Non-custodial Parent</strong></td>
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<tr>
<td>Non-custodial parent means a parent and the minor child (ren) live in Florida but does not live in the same household as the minor child. TANF SAMH may provide funding for services to the non-custodial parent if those services are designed to increase his/her ability to pay child support. Both the custodial and non-custodial parent must meet the eligibility criteria of a needy parent before this benefit can be paid.</td>
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<tr>
<td><strong>One-Stop Delivery System</strong></td>
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<td>Section 445.009(1), F.S. states “The One-Stop Career Centers are redesigned as &quot;one-stop delivery system,&quot; providing for the system to be the state’s primary strategy for providing workforce development services. The one-stop delivery system will offer every Floridian access through service sites or telephone or computer networks…” to multitude of employment related services. One of those services is the TANF SAMH Outreach screenings.</td>
<td></td>
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<tr>
<td><strong>Outreach Services</strong></td>
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<tr>
<td>Outreach services are provided through a formal program to both individuals and the community that includes education, identification, and linkage with the high-risk groups. Strengths-based Outreach services for individuals who show indications of substance abuse and/or mental health barriers are those of encouragement, education, affirmation and engagement through participant motivation in determining what the person wants instead of just what the person needs to achieve his or her goals. Outreach services will be provided at the Workforce Board One-Stop Delivery System location, in the participant’s home, homeless shelters, or in areas where at least 25% of the population are likely to be TCA eligible. If a person appears to be in need of mental health or substance abuse services, the participant is referred to an SAMH service provider for assessment of his/her treatment/intervention needs.</td>
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</tbody>
</table>
Prevention services are those involving strategies that preclude, forestall, or impede the development of substance abuse and mental problems and include increasing public awareness through information, education and alternative focused activities. May not contract no more than 25% of total District/Region TANF allotment.

Parents: Biological or adoptive parents or legal guardians, as determined by state law (section 475. (2) 42U.S.C. 675).

Participant: A Temporary Cash Assistance (TCA) participant is an individual who has applied for/or receives temporary cash assistance. A TANF SAMH Diversion Family (TDF) participant is a family member who receives TANF SAMH services as part of a diversion effort from the welfare program. For purposes of the TANF SAMH Program, a TANF SAMH participant is any individual who is receiving services through this program.

Post-TANF Recipient: Post-TANF recipients are participants that continue to receive services aimed at maintaining employment stability for up to 12 months following successful completion or voluntary withdrawal from the TCA Program. If a participant is sanctioned for non-compliance with the TCA Program, they are not eligible for Post-TANF services.

Public Assistance: Benefits paid on the basis of the temporary cash assistance, food stamps, Medicaid, or optional state supplementation program. (s. 414.0252 (10) F.S.)

Public Assistance Specialist (PAS): The individual that handles individual claims for public assistance at the Economic Self-Sufficiency offices.
Qualified Non-citizen

In some cases a participant of a TANF SAMH service provider may be a non-citizen or is living in a home with non-citizens. To determine eligibility for cash assistance and assist in determining eligibility for TANF SAMH Services the term qualified non-citizen has been defined in s.414.085(3), F.S., as -

"A qualified non-citizen is an individual who is admitted to the United States as a refugee under s. 207 of the Immigration and Nationality Act or who is granted asylum under s. 208 of the Immigration and Nationality Act; a non-citizen whose deportation is withheld under s. 243(h) or s. 241(b) (3) of the Immigration and Nationality Act; a non-citizen who is paroled into the United States under s. 212(d) (5) of the Immigration and Nationality Act, for at least one year, a non-citizen who is granted conditional entry pursuant to s. 203(a) (7) of the Immigration and Nationality Act as in effect prior to April 1, 1980; a Cuban or Haitian entrant; or a non-citizen who has been admitted as a permanent resident. In addition, a "qualified non-citizen includes as individual who, or an individual whose child or parent, has been battered or subject to extreme cruelty in the United States by a spouse, a parent, or other household member under certain circumstances, and has applied for or received protection under federal Violence Against Women Act of 1994, Pub. L. No.103-322, if the need for benefits is related to the abuse and the batterer no longer lives in the household.

Non-Qualified Non-citizen

Certain non-citizens are not immigrants and are NOT qualified: this includes tourists, business visitors, foreign students, exchange visitors, temporary workers, and diplomats. In addition, a "non-qualified non-citizen" includes an individual paroled into the United States for less than 1 year. A non-qualified non-citizen who is otherwise eligible may receive temporary cash assistance to the extent permitted by federal law. The income or resources of a sponsor and the sponsor's spouse shall be included in determining eligibility to the maximum extent permitted by federal law.
A child who is a qualified non-citizen or who was born in the United States to an illegal or ineligible non-citizen is eligible for temporary cash assistance if the family meets all eligibility requirements. If the parent may legally work in this country, the parent must participate in the work activity requirements provided in s. 445.024 (previously s. 414.065), to the extent permitted under federal law. The department shall participate in the Systematic Alien Verification for Entitlement Program (SAVE) established by the United States Immigration and Naturalization Service in order to verify the validity of documents provided by non-citizens, counts in determining a family’s eligibility to participate in the program. The income of an illegal non-citizen or ineligible non-citizen who is a mandatory member of a family, less a pro rata share for the illegal non-citizen or ineligible non-citizen, counts in determining a family’s eligibility to participate in the program. The entire assets of an ineligible non-citizen or a disqualified individual who is a mandatory member of a family shall be included in determining the family’s eligibility.

A Referral for services or assessment may be made by an SAMH service provider outreach worker, Regional Workforce Board Designee, family member, or the individual themselves. It may be the result of a formal screening using the TANF SAMH Survey or because an identified need has been demonstrated. It is made to access services for an individual participant or request an assessment of need for substance abuse or mental health services from an SAMH service provider. Sending an applicant to an outreach worker for a screening is not considered a referral. Only after a substance abuse or mental health issue is identified is it considered a referral.

Regional Workforce Development Boards and local WAGES Coalitions are redesigned as the “Regional Workforce Boards (RWB)”. One RWB shall be appointed in each designated service area and shall serve as the local workforce investment board. Workforce Florida, Inc. will oversee the regional workforce boards. In addition to the duties and functions specified by Workforce Florida, Inc., the RWB shall have the responsibility of overseeing the one-stop delivery system in its local area.
Regional Workforce Board Designee

The One-Stop career manager has been re-named as the Regional Workforce Board designee. This individual will assist the TCA participant / applicant in receiving the services they require to assist him/her in obtaining and maintaining full employment. The RWBD develops the Individual Responsibility Plan (IRP) that specifies the employment goals of the participant and the activities and services agreed upon and completion date.

SAMH

This acronym refers to the Substance Abuse and Mental Health Program Office within the Department of Children and Families.

Screening

Screening is the initial process used by the TANF SAMH service providers and their outreach workers to assist them in determining if an individual may benefit from a referral for assessment of treatment needs. This is usually done at the one-stop delivery system location using the TANF SAMH Program Survey. It may be used at other locations that prove helpful. However, it is not necessary to use the TANF SAMH Survey for individuals who present with an obvious need of services as determined by the outreach worker at any location.

Services and One-Time Payments

There is a need at times to provide funds for special needs of our participants. Otherwise known as contingency funds by SAMH service providers, in TANF these funds are referred to as Services and One-Time Payments, as defined in Section 445.002 (2), F.S. Services and One-Time payments are available for TCA participants who are in need of nonrecurring, short-term benefits (no more than four (4) months). The services and payments are designed to deal with a specific crisis situation or episode of need and other services that are reasonably calculated to further the purposes of the Welfare Transition Program. Such terms do not include assistance as defined in federal regulations at 45 C.F.R. s. 260.31(a).
**Service Plan**

When services are provided to a TANF SAMH participant by a case manager, a Service Plan must be developed. The case manager with the assistance of the participant and their family, when appropriate, selects and outlines an array of services and interventions whose purpose is to successfully resolve the issues that resulted in the need for case management services. This plan incorporates the participant’s expectations, short and long term goals and objectives to which the participant has clearly identified and agreed. The service plan should clearly identify what goals are to be accomplished, by whom, and the time frame for completion. All parties to the service plan must have clear tasks assigned and should sign the plan.

**Supplemental Security Income (SSI) Families**

There are families in which the only parent in a single-parent family or both parents in a two-parent family receive supplemental security income (SSI) benefits under Title XVI of the Social Security Act, as amended. To the extent permitted by federal law, individuals receiving SSI shall be excluded as household members in determining the amount of cash assistance, and such cases shall not be considered families containing an adult. Parents or caretaker relatives who are excluded from the cash assistance group due to receipt of SSI may chose to participate in work activities. An individual who volunteers to participate in work activities but whose ability to participate in work activities is limited shall be assigned to work activities consistent with such limitations. An individual who volunteers to participate in a work activity may receive childcare or support services consistent with such participation.

**Stepparents**

"Section 414.085(4), F.S. - A family that contains a stepparent has the following special eligibility options if the family meets all other eligibility requirements: A family that does not contain a mutual minor child has the option to include or exclude a stepparent in determining eligibility if the stepparent’s monthly gross income is less than 185 percent of the federal poverty level for a two-parent family."
Stepparents, continued

If the stepparent chooses to be excluded from the family, temporary cash assistance without shelter expense shall be provided for the child. The parent of the child must comply with work activity requirements as provided in s. 445.024. Income and resources from the stepparent may not be included in determining eligibility; however, any income and resources from the parent of the child shall be included in determining eligibility.

If a stepparent chooses to be included in the family, the department shall determine eligibility using the requirements for a non-step parent family. A stepparent whose income is equal to or greater than 185 percent of the federal poverty level for a two-person family does not have the option to be excluded from the family, and all income and resources of the stepparent shall be included in determining the family’s eligibility.

A family that contains a mutual minor child does not have the option to exclude a stepparent from the family, and the income and resources from the stepparent shall be included in determining eligibility. A family that contains two stepparents, with or without a mutual minor child, does not have the option to exclude a stepparent from the family, and the income and resources from each stepparent must be included in determining eligibility.”

---

TANF

Temporary Assistance for Needy Families

TANF EZ-1 Eligibility Form for TANF Funded Services

This new form will be utilized by all TANF funded services programs in which the participant certifies his or her family as TANF eligible and the provider signs and sends a copy to the TANF Specialist for notification of the TANF SAMH participant/family receiving services.

Temporary Cash Assistance

Temporary Cash Assistance (TCA) means cash assistance provided under the state program certified under Title IV-A of the Social Security Act as amended. WAGES applicants/recipient are now regarded as TCA participants.
### Treatment Plan

A Treatment Plan is a document that is prepared by the treatment provider, with the help of the participant that defines the "Goals and Objectives" of the treatment to be provided to the participant. It should include the reason for treatment as well as defining how the participant will demonstrate that treatment has been completed. Participant’s strengths as well as problem issues should be stated.

### Workforce Florida, Inc.

The Workforce Development Board is redesigned as "Workforce Florida, Inc." Workforce Florida, Inc. is the principal workforce policy organization for the state. The purpose of Workforce Florida, Inc. is to design and implement strategies that help Floridians enter, remain in, and advance in the workplace, becoming more highly skilled and successful, benefiting Floridians, Florida businesses, and the entire state, and to assist in developing the state’s business climate. Workforce Florida, Inc. will function as a not-for-profit corporation.

### Work Directive Goals

Some SSI/SSDI recipients receive additional income by working part-time, volunteering to work or would like to work at full capacity as possible, especially with the federal PASS Program and new Ticket to Work and Work Incentives Act. These diversion participants are eligible for services as long as the treatment plan includes goals that are directed to obtaining and maintaining employment.

### Welfare Transition Program (WTP)

Work And Gain Economic Self-Sufficiency (WAGES) Program has been designated the Welfare Transition Program (WTP) in the Economic Self-Sufficiency arena. The qualifying requirements as outlined in the guidelines remain the same for TCA participants, formally known as the WAGES population.
The purpose of the TANF SAMH Program Survey Form is to provide initial assessment to prospective families who may be eligible for substance abuse and mental health recovery services.

TANF SAMH Program Survey

TCA Applicant: ______________ SSN: ___________ Date: __________

1. How’s your life going for you right now? ____________________________________________________________________________

2. How is life going for your children? __________________________________________________________________________________

3. Are any of your children having problems with defiant behavior, school attendance, or have they had legal problems? ______ If yes, please explain: _____________________________________________________________________________________

4. Are you currently under the care of a physician? ______

5. What prescribed medications are you currently taking? Name of medication: ____________ Reason for medication: ____________

6. Do you think the following substances can cause harm to a person? Please mark Y or N: Alcohol ______ Marijuana ______ Cocaine ______ Heroin ______ Others ______

7. How often do you currently drink beer, wine, or liquor? Everyday ______ 1-4 times weekly ______ 1-2 times weekly ______ Twice a month ______ Once a month ______ Never ______ Other ______

8. How much beer, wine, or liquor do you usually drink at one time? ________________________________________________________________________________

9. In the past year, which of the following reasons have you drank alcohol or used drugs? ______ To get high ______ To escape problems ______ To relax ______ To socialize ______ To fit in with the crowd ______ To have fun ______

10. a. Have you ever felt the need to quit or cut down on your drinking or drug use? ______

   b. If yes, have you tried to quit or cut down but were unsuccessful? ______

11. a. Has anyone ever expressed concern about your drinking or drug use? ______

   b. Do you feel annoyed when being questioned or criticized about your drinking or drug use? ______

12. Have you felt badly or guilty about your drinking or drug use? ______

13. Do you ever drink or take drugs in the morning to get yourself going or feel better from a hangover? ______

   a. If yes, how often does this happen? ____________ Occasionally ______ Often ______

14. Has your drinking or drug use caused family, job, or legal problems? ______

15. a. Do you, your children, or anyone in your family have a history of substance abuse and/or mental health problems? ______ If yes, who and when: _____________________________________________________________________

   b. Have you or your children ever received substance abuse or mental health services? _____________________________________________________________________

16. a. Do you think you or your children might have a substance abuse or mental health problem now? ______

   b. If yes, do you think it would help to receive treatment services? ______

17. Have you ever had a problem from not eating or eating too much? ______

18. Are there periods when you don’t want to do anything for weeks or months at a time or can’t find pleasure in doing fun things? ______

19. a) Have you felt overwhelmingly hopeless and considered hurting yourself or another? ______

   b) Are you feeling this way now? ______

TCA Applicant: (initials): __________ SSN: __________ Date: __________

20. Have you ever deliberately hurt yourself or anyone else? ______

21. Do you sometimes feel really happy and stay happy for hours, days, or weeks and then suddenly feel very depressed or upset for no apparent reason? ______

22. Have you experienced anxiety or panic for no apparent reason? ______

23. a. Have you ever been sexually, physically, or mentally abused as a child or an adult? ______

   b. If yes, how has the abuse affected your life? _____________________________________________________________________

24. Do you feel that sometimes you are not in control of your behavior and that a voice inside your head is telling you what to do? ______

25. Have you, a family member, or anyone close to you attempted or committed suicide? ______
ATTACHMENT 3

TANF SAMH PROGRAM SURVEY-- INSTRUCTIONS

The scoring of this survey is done on a point system except for the occasions that indicate a need for treatment is so strong, that the points are secondary to determine the need for a referral. Complete scoring the entire survey marking referral next to the bolded question(s) indicating an automatic referral and the number of points for each YES question according to the weight of the question. The addition of opened-ended questions is generally not scoreable, but gives a subjective overview of how the person sees themselves and their family's functioning. Questions 4 and 5 are held neutral and for ease of scoring, each question is 2 points, except in the specific question category.

Substance Abuse Referral
Points scored from questions 6 through 14 are mainly directed to substance abuse issues. An accumulation of 9 points or more in this section warrants a referral for a more in-depth substance abuse assessment and possible treatment services.

Substance Abuse and/or Mental Health Referral
Points scored from questions 15, 16 and 17 are directed to mental health and/or substance abuse indicators. Please circle the treatment needs that apply to the applicant.

Mental Health Referral
Points scored from questions 18 through 26 are indicative of mental health issues. A total of 9 points or more in this section would mean a referral for a more in-depth mental health assessment and possible treatment. Please note question 19* is an emergency referral. Affirmative Domestic Violence answers shall also count towards a mental health assessment to rule out PTSD or other diagnoses, in addition to a Domestic Violence referral.

EMERGENCY Referral*
If the applicant answered YES to 19b* or NO to 32*, this means that this person is in a life threatening situation. Take immediate action to assure the applicant's safety.

AUTOMATIC Referral (Bolded Questions)
If the applicant answered YES to question(s): 3, 16a, 16b, 23a, 27b, 27c, 29, 30, 31, then that is an indication for automatic referral. Please complete scoring the instrument for the full picture.

Specific Point Questions
Question 6 - 2 point for each NO
7 - 2 points for everyday; 1 point for 3-4 times weekly
8 - 2 points for 6 or more drinks; 1 point for 4-5 drinks
9 - 2 points for to get high or to escape problems; 1 point to fit in; the rest are neutral
13 - 3 points for “often”; 2 points for “occasionally”; 1 point for “hardly ever”
26 - 2 points for each listed trauma

2 - Point Questions
10a, 10b, 11a, 11b, 12, 14, 15a, 15b, 17, 18, 19a, 20, 21, 22, 23a, 23b, 24, 25, 27a, 28, 29, 30, 31
Domestic Violence Referral
The questions 27 through 32, show problems with domestic violence. An affirmative answer to these questions (except for 32) show a need for an automatic domestic violence referral if the person indicates that the history reported is in a current relationship. Please provide the applicant with a packet of information on domestic violence of any question is answered YES. Please note that a NO answer to question 32* is considered an emergency for the applicant and family, making an immediate referral imperative.

Emergency Referral Protocol

Materials Needed:

1) The local domestic violence hotline number ______________________________. If none is available, then the statewide number: (800) 500-1119, press “1” or say “one.”

2) Safety Planning brochures and packets of information about domestic violence and local services available.

3) A private space for the participant to make a confidential phone call.

Action Steps:

1) Provide the woman with the opportunity to call the domestic violence hotline for crisis intervention and safety planning. Say, “I’m concerned about your safety. Would you like to talk to someone about what is happening? We can call the hotline right now. It’s confidential.”

2) If the woman says YES:
   A. Find a private place where she can talk on the phone.
   B. Give her the local number or statewide hotline. If using the statewide hotline, tell her to press “1” after the voice prompt. This will transfer her to the nearest domestic violence center.
   C. Allow at least 30 minutes for her to talk privately with the hotline worker.
   D. Be available if the hotline worker needs any information. For example, where the office is located, program hours, how transportation can be arranged, etc.
   E. Once the call is completed, ask the woman if she needs help with any arrangements. If she is going directly into the shelter, provide her with a private place to wait. Most women do not go directly into the shelter as they need time to make arrangements for themselves and their children.
   F. Do not pressure her to go into the shelter or to leave the relationship. She may need more time to absorb the information and make plans for her safety. The risk of homicide increases when women are attempting to leave. Remember that she is the best judge of what steps she can safely take right now.
   G. Always treat the woman non-judgmentally and with respect. Remember she is not to blame for the abuse.
   H. Ask her to review her safety plan with you before she leaves.
3) If the woman says NO to calling the hotline:
   A. Say, "I want you to know that I'm concerned for your safety. It's not your fault that this
   is happening to you. There is help available."
   B. Go over safety planning brochure with her.
   C. Give her a packet of information and let her know that she can read it there or take it
   with her.
   D. Do not pressure her to leave the relationship. Continue to let her know that you are
   concerned for her safety, that it is not her fault, and that help is available.
   E. If she decides to call the hotline, follow action step 2.
   F. Ask her to review her safety plan with you before she leaves.
   G. If you need to talk to someone about your own feelings and frustrations, call the
   domestic violence hotline. Review the FCADV "Screening for Domestic Violence" fact
   sheet for more information about working with battered women.

Documentation/Confidentiality
1. Because of privacy and safety issues, documentation should not include details of abuse.
   The information the participant discusses with the domestic violence hotline is privileged
   and must remain so. Employment counselors should only document that the domestic
   violence protocol was followed.
2. Because batterers use many tactics to locate their current or former partners, a wide
   variety of information must be protected, including current addresses, phone numbers,
   post office box locations, training sites, job placement sites, etc.

General Guidelines
1. Let the woman know that her safety and her children's safety is your number one
   concern.
2. If a woman begins to talk about the abuse, use good counseling skills. Listen, reflect
   feelings, respond non-judgmentally, validate her experience, and assure her that it is not
   her fault that this is happening to her. Always talk about safety and have her talk
   through her safety plan.
3. Do not call law enforcement unless the victim specifically asks you to or the abuser is on
   the scene and behaving threateningly. (Refer to workplace violence policy.)
4. Post information about domestic violence throughout the office and have safety planning
   brochures readily available to all participants.
5. Remember that leaving a violent relationship can be dangerous, and small steps may be
   the safest way for the victim to proceed.
6. Remember that the abuser has been trying to control the victim. It is not helpful for
   other people to try and exert control over her as well. Providing her with information
   and the opportunity to make her own decisions is the best method of intervention.
The purpose of the EZ-1 Eligibility Form is to determine TANF household eligibility for families challenged by substance abuse and mental health problems. The EZ-1 Eligibility Form identifies household members, citizenship and income.

<table>
<thead>
<tr>
<th>Section I: Identifying Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>SSN:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II: Eligibility Information</th>
<th>Check the following if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: The family receives temporary cash assistance.</td>
<td></td>
</tr>
<tr>
<td>If the above is checked, the family is eligible for TANF-funded services. Go to Section III. If not checked, go to Step 2.</td>
<td></td>
</tr>
</tbody>
</table>

| Step 2: The family receiving services includes: |
| A parent or relative caring for one or more children under 19 years of age; or, |
| A pregnant woman; or |
| A non-custodial parent of a child under 19 years of age. |

| If ANY of the above are checked, go to Step 3. If none are checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section III. |

| Step 3: The TANF-funded services are for the benefit of a family member who is: |
| A citizen of the United States; or |
| A non-citizen who meets the TANF-eligible citizen criteria (For determination, go to the attached sheet entitled “TANF Funded Services: non-citizen eligibility” and complete). |

| If EITHER of the above is checked, go to Step 4. If neither is checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section III. |

| Step 4: The services being provided are designed to: |
| Provide services to needy families so that the child or children may be cared for in their own home or the home of relatives. |
| Promote job preparation, work or marriage. |
| Prevent or reduce the incidence of out-of-wedlock pregnancies. |
| Encourage the formation and maintenance of two-parent families. |

| If number 3 or 4 above is checked, the family is eligible for TANF-funded services. Go to Section III. |
| If number 1 or 2 is checked, go to Step 5. |

| Step 5: The family income is less than 200% of the federal poverty level. (See the income level chart on back and complete Financial Eligibility Section) |
| If Step 5 is checked, the family is eligible for TANF-funded services. |

<table>
<thead>
<tr>
<th>Section III: Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that the information provided on this form, is true and correct to the best of my knowledge. If the information changes, I will notify a program staff person of the new information.</td>
</tr>
<tr>
<td>Signature of Responsible Family Member: Date signed:</td>
</tr>
</tbody>
</table>

| OFFICE USE ONLY: |
| Based on the information provided, the family is: |
| Eligible OR not eligible for TANF-funded services for the period: |

| Name of program staff person (Please print): |
| Signature: Date: |

Form DCF-TANF-EZ1, October 2005
**EZ-2 WORKSHEET ON FAMILY INCOME**  
*(back of EZ-1 Form)*

**Worksheet on Family Income**  
**Eligibility for TANF-Funded Services**  
*(Back of Eligibility Form TANF-EZ-1)*

**2005 Countable Income Limits**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>200% FPL Gross Annual Income</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19,140</td>
<td>1,595</td>
</tr>
<tr>
<td>2</td>
<td>25,660</td>
<td>2,139</td>
</tr>
<tr>
<td>3</td>
<td>32,180</td>
<td>2,682</td>
</tr>
<tr>
<td>4</td>
<td>38,700</td>
<td>3,225</td>
</tr>
<tr>
<td>5</td>
<td>45,220</td>
<td>3,769</td>
</tr>
<tr>
<td>6</td>
<td>51,740</td>
<td>4,312</td>
</tr>
<tr>
<td>7</td>
<td>58,260</td>
<td>4,855</td>
</tr>
<tr>
<td>8</td>
<td>64,780</td>
<td>5,399</td>
</tr>
</tbody>
</table>

*If Family Size is over 8, add $6,520 for each additional member.*

**Financial Eligibility (to be completed by program staff person):**

1. Family size:
2. The total family income is $________ per __________.
3. Convert to a monthly amount and list the family's total monthly income: $__________
4. Is this amount less than 200% of the federal poverty level on the above chart?  □ YES  □ NO

*If YES, the family is eligible for TANF-funded services. If NO, and the family has high expenses; consult with the Department of Children and Families to explore potential financial eligibility.*

Comments / Notes:

Name of program staff person (Please print): ____________________________  Signature: ____________________________

Date: ____________________________  

TANF-EZ2, October 2005
EZ-3 TANF FUNDED SERVICES FOR NON-CITIZENS
(separate page attached to EZ-1 Form)

<table>
<thead>
<tr>
<th>TANF-Funded Services for Non-Citizen Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>(attach to DCF Form TANF-EZ-1)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Applicability and Scope:</strong> This form is to be used to determine eligibility for TANF-funded services for families who are non-citizens. In situations where some family members are citizens, some family members are non-citizens and the services are for the benefit of the family, the family would generally be eligible on this factor. If there is any discernable benefit to a family member who is a citizen, then the status of other members of the family does not need to be determined because the family is eligible due to the status of the citizen. The potential eligibility for non-citizens would be relevant when all of the family members are non-citizens, or when the services being provided are solely for the benefit of a family member who is not a citizen. If some family members are eligible non-citizens, and some family members are ineligible non-citizens, then the family would generally be eligible, unless the service was provided solely for a member who is ineligible. Note: Non-citizen eligibility can be very complex. This form is intended to provide guidance that will cover many circumstances. If eligibility cannot be determined for an individual or family, consult with the applicable Department of Children and Families Program Office.</td>
</tr>
<tr>
<td><strong>Eligibility for Services</strong> (section references are from the Immigration and Nationalities Act):</td>
</tr>
<tr>
<td><strong>Step 1</strong> – Are the relevant member(s) of the family lawful permanent residents who are:</td>
</tr>
<tr>
<td>□ Granted asylum under section 208  □ Individuals with deportation withheld by INS under section 243(h) or 241(b)(3),</td>
</tr>
<tr>
<td>□ Refugees under section 207,       □ Cuban/Haitian Entrants</td>
</tr>
<tr>
<td>□ Amerasians</td>
</tr>
<tr>
<td>If any of the above, the family is eligible for TANF-funded services. If not, go to Step 2.</td>
</tr>
<tr>
<td><strong>Step 2</strong> – Are the relevant member(s) lawful permanent residents, who are not listed in Step One AND who were in the U.S. prior to August 22, 1996? □ YES □ NO</td>
</tr>
<tr>
<td>If YES, the family is eligible for TANF-funded services. If no, go to Step 3.</td>
</tr>
<tr>
<td><strong>Step 3</strong> – Are the relevant member(s) lawful permanent residents who are not listed in Step One AND who did not enter the U.S. until after August 22, 1996? □ YES □ NO</td>
</tr>
<tr>
<td>If YES, the relevant member(s) are not eligible until 5 years after the date of entry (Family members who are not in a status described in one of the steps above, are not likely to be eligible for TANF-funded services).</td>
</tr>
<tr>
<td><strong>Eligibility Determination:</strong> The family is eligible based on the non-citizen status of relevant member(s): □ YES □ NO</td>
</tr>
<tr>
<td><strong>Comments/Notes:</strong></td>
</tr>
<tr>
<td>Name of program staff person (Please print):</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

TANF-EZ3, October 2005
TANF SAMH SCREENING AND REFERRAL ANALYSIS

The purpose of the TANF SAMH Screening and Referral Analysis Form is to provide monthly cumulative information on individuals screened for substance abuse and mental health services in a community setting based on Outreach efforts.

<table>
<thead>
<tr>
<th>Number of:</th>
<th>At the One-Stop</th>
<th>Other Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCA applicants/recipient screened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDF diversion population screened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCA applicants/recipient referred for assessment from screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDF diversion population referred for assessment from screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other referral indicators (i.e. obvious intoxication, flight of ideas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals upon request for self</td>
<td></td>
<td></td>
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<tr>
<td>Referrals upon request for family member</td>
<td></td>
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<tr>
<td>Referrals for assessments made by the RWB designee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health referrals</td>
<td></td>
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<tr>
<td>Domestic Violence referrals</td>
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<tr>
<td>Emergency referrals</td>
<td></td>
<td></td>
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<tr>
<td>Days on average from referral to assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals not getting assessments</td>
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<td></td>
</tr>
<tr>
<td>TCA applicants/recipient attended orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach contacts made this month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF participants that entered treatment this month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TANF SAMH Screening & Referral Analysis
Month ________________, 2000

TANF SAMH Provider: ____________________________ Screener: ____________________________ Date Completed: _______
SCREENING AND REFERRAL ANALYSIS --INSTRUCTIONS

1. TCA applicants/recipients screened - count the # of TCA applicants/recipients screened for the month.
2. TANF SAMH diversion family screened - count the # of people in the TANF SAMH diversion family population screened for the month.
3. Screenings refused - count the # of people who refused to be screened for the month.

***Lines 4-9 are equal to the total # of referrals***
4. TCA applicants/recipients referred for assessment from screening - count the # of TCA applicants/recipients that were referred for further assessment after being screened.
5. TANF SAMH diversion family population referred for assessment from screening - count the # of people at risk for becoming welfare dependent referred for assessment after being screened.

***Lines 6-9 are referrals made without a screening***
6. Other referral indicators - # of persons referred for assessment that demonstrated a need due to obvious intoxication, flight of ideas, etc.
7. Referrals upon request for self - count the # of people who requested assessment for themselves with out being screened.
8. Referrals upon request for family member - count the # of referrals for assessment made for family members such as a parent requesting services for a child.
9. Referrals for assessment made by Regional Workforce Board Designees - count the # of people referred for assessment made by Regional Workforce Board Designee for reasons such as sanctions, frequent job loss, etc.

***Lines 10-12 should equal the total # of referrals in lines 4-9***
10. Substance abuse referrals - # of people referred for substance abuse assessments.
11. Mental health referrals - # of people referred for mental health assessments.
12. Domestic violence referrals - # of people referred for domestic violence assessments.
13. Emergency referrals - # of people referred for emergency service due to their being homicidal, suicidal, or their being in a dangerous situation.
14. Average days from referral to assessment - average # of days it takes for a person to go from being referred to being assessed by a provider.
15. Referrals not getting assessed - # of people who are referred for assessment but do not get assessed. (No shows, refusals etc.)
16. TCA applicants/recipients attended orientation - # of people attending orientation
17. This line is for providers who do outreach activities at orientations, if your agency does not participated in this, this line can be left blank.
18. Outreach contacts - the total # of people contacted in a month. Only count 1 contact per person even though a person may have more than one contact.
19. Participants entered treatment - the total number of outreach participants that entered treatment during the month.
ATTACHMENT 3

TANF SAMH PROGRAM PARTICIPANT LOG

The Participant Log is used to document eligible participants; and provide an audit trail for approved services.

<table>
<thead>
<tr>
<th>TANF SAMH Program</th>
<th>Participant Name</th>
<th>Social Security Number</th>
<th>TANF Participant Status</th>
<th>Status Date</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>15.</td>
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</tr>
</tbody>
</table>

I am attesting by my signature, that the TDF participants on this Log still meet the TANF Income eligibility requirements for this month according to the 200% of Federal Poverty level guidelines provided.

Provider Signature: ___________________________ Date: ______/_____/_____

*TANF Participant Status: 1 = TCA (applicant/recipient/Post-TANF)  
2 = TDF  4 = Administrative D/C  
3 = Successful D/C  5 = No longer eligible for TANF SAMH Services
PARTICIPANT LOG: INSTRUCTIONS

The Participant Log is to be completed only by authorized personnel (with a letter of authorization placed in the employees' personnel file), signed by the provider, and sent electronically and hard copy with the monthly invoice. The purpose for the provider's signature on the Participant Log is to ensure that there are no misunderstandings and errors. The signature is also attesting that the participants on this log have been acknowledged by the TANF Specialists and continue to meet the same income eligibility criteria as when first determined eligible for TANF services. The Participant Log submitted will be the most current log in the TANF SAMH Guidelines. The TANF Specialists will continue to use their electronic participant log databases, which will contain all the verification information for auditing and monitoring purposes. Every name will be checked for notification confirmation.
# MEDICAL INCAPACITY FORM

The TANF SAMH Medical Incapacity Form is used to verify the individual's incapacity due to a medical condition.

## TANF SAMH Medical Incapacity Certification Form

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Social Security #:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Section A: Non-Residential Treatment

Section 414.065(F.S.), F.S. (Noncompliance related to Medical Incapacity)

If an individual cannot participate in assigned work activities due to a medical incapacity, (includes mental stress and substance abuse) the individual may be exempted from the activity for a specific period, except that the individual shall be required to comply with the course of treatment necessary for the individual to resume participation. A participant may not be exempted from work activity requirements (not withstanding the provisions in 414.665(5)(b), F.S.) unless the participant's medical incapacity is verified by a physician licensed under chapter 458 or chapter 459, in accordance with procedures established by rule of the department. An individual for whom there is medical verification of limitation to participate in work activities shall be assigned to work activities consistent with such limitations.

**SAMH "Medical Incapacity" Non-Residential Treatment Certification**

is currently participating in or being admitted to a non-residential treatment program that requires that he/she receive(s) at least _______ hours per week and is not currently capable of fully/partly (circle one) participating in work activities. The participant requires _______ hours of exception from work activity a week until ______ (date), whereby a reevaluation of work ability will be provided every 90 days as needed. At the completion of his/her course of treatment, he/she will resume full participation in the TCA Program. This certification authorizes the Regional Workforce Board designee to continue this TCA participant's benefits until the completion of the prescribed course of treatment in accordance with s.414.065(F.S.), F.S.

has been certified by: [Signature]

a physician licensed under chapter 458 or chapter 459 as requiring non-residential treatment for alcoholism, drug addiction, or mental health disorder. This individual will be referred to the following program for a period not to exceed 90 days under this certification. A re-certification will be provided if the client meets the criteria for continued treatment upon clinical review for a period not to exceed an additional 90 days under TANF SAMH Program funding.

I certify that this applicant meets the s.414.065(F.S.) criteria to continue participation in the TCA program while in substance abuse and/or mental health non-residential treatment.

Attending Physician: [Signature] Date:________

### Section B: Residential Treatment

Section 414.065(F.S.), F.S. (Medical incapacity due to substance abuse or mental health impairment)

1. Not withstanding the provisions of s.414.065(F.S.), to the contrary, any participant who requires out-of-home residential treatment for alcoholism, drug addiction, alcohol abuse, or mental health disorder, as certified by a physician licensed under chapter 458 or chapter 459, shall be exempted from work activities while participating in treatment. The participant shall be required to comply with the course of treatment necessary for the individual to resume work activity participation. The treatment agency shall be required to notify the department with an initial estimate of when the participant will have completed the course of treatment and be ready to resume full participation in the TCA Program. If the treatment will take longer than 60 days, the treatment agency shall provide the department with the conditions to justify extending treatment. The department and the treatment agency shall require a continued stay in treatment not to exceed an additional 90 days.

2. Notwithstanding any provision of s.414.065(F.S.), to the contrary, a participant who is absent from the home due to out-of-home residential treatment for not more than 90 days shall continue to be a member of the assistance group whether or not the child or children for whom the participant or caretaker relative are living in the residential treatment center.

**SAMH "Medical Incapacity" Residential Treatment Certification**

is currently participating in, or being admitted to, a treatment program that requires that he/she is placed in out-of-home residential treatment, which can expand to a period of 150 days. At the completion of his/her course treatment he/she will resume full participation in the TCA Program. This certification authorizes the Regional Workforce Board designee to continue this TCA participant's benefits until the completion of the prescribed course of treatment of 150 days, whichever is less, in accordance with s.414.0655(F.S.), F.S.

has been certified by: [Signature]

a physician licensed under chapter 458 or chapter 459 as requiring out-of-home residential treatment for alcoholism, drug addiction, or a mental health disorder. This individual will be referred to the following program for a period not to exceed 60 days under this certification. A re-certification will be provided if the client meets the criteria for continued residential treatment upon clinical review for a period not to exceed an additional 90 days under TANF funding.

I certify that this applicant meets the s.414.0655(F.S.) criteria to continue participation in the TCA program while in residential treatment.

Attending Physician: [Signature] Date:________

<table>
<thead>
<tr>
<th>District TANF Specialist Signature (if applicable):</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Regional Workforce Board Designee Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authorization Number (if applicable):</th>
<th>Date of Certification:</th>
</tr>
</thead>
</table>

### SAMH "Medical Incapacity" Residential and Non-Residential Re-Certification

has been extended in his/her treatment program for a period not to exceed 90 days under Medical Incapacity status. In accordance with s.414.065(F.S.) and s.414.0655(F.S.), the treatment facility has certified that this additional period of treatment is fully or partially required to complete his/her treatment or 90 days, whichever is less.

<table>
<thead>
<tr>
<th>Program Attending:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Attending Physician:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>District TANF Specialist Signature (if applicable):</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Regional Workforce Board Designee Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
TANF SAMH RESIDENTIAL MEDICAL INCAPACITY FLOW CHART

The Regional Workforce Board (RWB) designee or SAMH Provider refers TCA applicant/recipient for TANF SAMH Assessment / Treatment (TX)

TANF SAMH participant is assessed as needing residential treatment according to placement criteria

Physician licensed under Chapter 458 or 459 certifies that the client is appropriate for residential

SAMH Provider sends physician’s certification of Medical Incapacity Form to Public Assistance Specialist (PAS) and TANF Specialist for up to 60 days of residential TX

SAMH Provider and participant ensure cash assistance status is still in place with the RWB designee monthly.

SAMH Provider determines that client meets continued stay placement criteria for up to an additional 90 days

SAMH Provider verifies to PAS that participant meets criteria for continued stay care and informs TANF Specialist

TANF Specialist continues to re-certify TCA eligibility each month as client continues in residential services.

Is client discharged prior to 60 days certification?

YES

SAMH Provider notifies TANF Specialist for info purposes only of discharge from residential services

NO

SAMH Provider notifies the PAS of participant’s discharge from Residential Care
TANF SAMH ELIGIBILITY NOTIFICATION FORM

The TANF SAMH Eligibility Notification Form is filled out by the provider on the TANF SAMH Database and sent electronically to the TANF Specialist. The TANF Specialist assigns a confirmation number. A hard copy of the form must be retained in the case record.

ATTACHMENT 3

The TANF SAMH Eligibility Notification Form is filled out by the provider on the TANF SAMH Database and sent electronically to the TANF Specialist. The TANF Specialist assigns a confirmation number. A hard copy of the form must be retained in the case record.

Please check either "Temporary Cash Assistance Participant/Family" OR "TANF SAMH Diversion Family" (and applicable items) as it pertains to the Household.

This serves as confirmation that the District TANF Specialist has been notified that the participant/family member has met the eligibility requirements and has been SAMH enrolled as a TANF participant.
The Notification form will be returned electronically with the Confirmation Number, as shown below.
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Field Position</th>
<th>Field Type</th>
<th>Field Size</th>
<th>Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EligCode</td>
<td>1</td>
<td>Char</td>
<td>1</td>
<td>N = Notification and R = Re-Notification, Cannot be Null</td>
</tr>
<tr>
<td>NotifyDate</td>
<td>2-11</td>
<td>Date</td>
<td>10</td>
<td>Notification Date (mm/dd/yyyy), Cannot be Null</td>
</tr>
<tr>
<td>ProvID</td>
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<td>Char</td>
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<td>Federal Tax ID of the Provider Agency - 10 digit number including a dash as the third character. Cannot be Null</td>
</tr>
<tr>
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<td>Char</td>
<td>10</td>
<td>Federal Tax ID of the Subcontracted Provider Agency - 10 digit number including a dash as the third character. Cannot be null - If no subcontractor, enter your agency’s Provider ID number</td>
</tr>
<tr>
<td>AuthStaff</td>
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<td>Provider Staff Authorizing Eligibility of Participant, Cannot be Null</td>
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<tr>
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<tr>
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<td>25</td>
<td>City of Participant’s Address at Admission</td>
</tr>
<tr>
<td>Zip</td>
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<td>Number</td>
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<td>5 digit zip code of Participant’s Address at Admission</td>
</tr>
<tr>
<td>CounCode</td>
<td>223-224</td>
<td>Char</td>
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<td>Participant’s County of Residence at Admission , Cannot be null Valid Values are: 01=Alachua 02=Baker 03=Bay 04=Bradford 05=Brevard 06=Broward 07=Calhoun 08=Charlotte 09=Citrus 10=Clay 11=Collier 12=Columbia 13=Dade 14=DeSota 15=Dixie 16=Duval 17=Escambia 18=Flagler 19=Franklin 20=Gadsden 21=gilchrist 22=Glades 23=Gulf 24=Hamilton 25=Hardee 26=Hendry 27=Hernando 28=Highlands 29=Hillsborough 30=Holmes 31=Indian River 32=Jackson 33=Jefferson 34=Lafayette 35=Lake 36=Lee 37=Leon 38=Levy 39=Liberty 40=Madison 41=Manatee 42=Marion 43=Martin 44=Monroe 45=Nassau 46=Okaloosa 47=Okeechobee</td>
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<td>Field Name</td>
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<td>Field Type</td>
<td>Field Size</td>
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<td>Char</td>
<td>20</td>
<td>Participant’s First Name, Cannot be Null</td>
</tr>
<tr>
<td>Minitial</td>
<td>124</td>
<td>Char</td>
<td>1</td>
<td>Participant’s Middle Initial, Can be Null</td>
</tr>
<tr>
<td>SSN</td>
<td>123-133</td>
<td>Char</td>
<td>9</td>
<td>Participant’s Social Security Number Cannot be Null</td>
</tr>
<tr>
<td>PartType</td>
<td>134</td>
<td>Char</td>
<td>1</td>
<td>P = Parent  C = Child  R = Relative, Cannot be Null</td>
</tr>
<tr>
<td>DOB</td>
<td>133-144</td>
<td>Date</td>
<td>10</td>
<td>Birth Date of the Participant, Cannot be Null</td>
</tr>
<tr>
<td>Addr3</td>
<td>143-194</td>
<td>Char</td>
<td>50</td>
<td>Address of Participant at time of Admission, Cannot be Null</td>
</tr>
<tr>
<td>City</td>
<td>193-219</td>
<td>Char</td>
<td>25</td>
<td>City of Participant’s Address at Admission</td>
</tr>
<tr>
<td>Zip</td>
<td>218-224</td>
<td>Number</td>
<td>5</td>
<td>7 digit zip code of Participant’s Address at Admission</td>
</tr>
<tr>
<td>Field Name</td>
<td>Field Position</td>
<td>Field Type</td>
<td>Field Size</td>
<td>Field Description</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>------------</td>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>EligCode</td>
<td>4</td>
<td>Char</td>
<td>1</td>
<td>N = Notification and R = Re-Notification, Cannot be Null</td>
</tr>
</tbody>
</table>
**TANF OUTREACH /PREVENTION ACTIVITIES LOG**

The TANF SAMH Outreach/Prevention Log shown below is the means by which Outreach and Prevention activities are billed under staff hour rates. Use separate logs when documenting Outreach and Prevention activities and circle the applicable cost center.

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Staff Name and ID Number</th>
<th>Service Site</th>
<th>Service Type Code</th>
<th>Total Units of Service</th>
<th>Number of Persons Served</th>
<th>Agency Receiving Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The TANF Screening and Referral Analysis is a monthly report submitted by providers that is used for collecting data and analyzing how the screening and referral process is working across the state. A tally mark for each item indicates each person the outreach worker has had contact with and contacts made.

<table>
<thead>
<tr>
<th>TANF SAMH Screening &amp; Referral Analysis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month: __________________, 2000</td>
<td></td>
</tr>
<tr>
<td>TANF SAMH Provider: ___________ Screenr: ________ Date Completed: _______</td>
<td></td>
</tr>
<tr>
<td>Please place a tally mark next to the appropriate items and total at the end of the month.</td>
<td></td>
</tr>
<tr>
<td>Number of:</td>
<td>At the One-Stop</td>
</tr>
<tr>
<td>TCA applicants/recipient screened</td>
<td></td>
</tr>
<tr>
<td>TDF diversion population screened</td>
<td></td>
</tr>
<tr>
<td>Screening refused</td>
<td></td>
</tr>
<tr>
<td>TCA applicants/recipient referred for assessment from screening</td>
<td></td>
</tr>
<tr>
<td>TDF diversion population referred for assessment from screening</td>
<td></td>
</tr>
<tr>
<td>Other referral indicators (i.e. obvious intoxication, flight of ideas)</td>
<td></td>
</tr>
<tr>
<td>Referrals upon request for self</td>
<td></td>
</tr>
<tr>
<td>Referrals upon request for family member</td>
<td></td>
</tr>
<tr>
<td>Referrals for assessments made by the RWB designee</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse referrals</td>
<td></td>
</tr>
<tr>
<td>Mental Health referrals</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence referrals</td>
<td></td>
</tr>
<tr>
<td>Emergency referrals</td>
<td></td>
</tr>
<tr>
<td>Days on average from referral to assessment</td>
<td></td>
</tr>
<tr>
<td>Referrals not getting assessments</td>
<td></td>
</tr>
<tr>
<td>TCA applicants/recipient attended orientation</td>
<td></td>
</tr>
<tr>
<td>Outreach contacts made this month</td>
<td></td>
</tr>
<tr>
<td>TANF participants that entered treatment this month</td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT 3

TANF SERVICES AND ONE-TIME PAYMENT (REQUEST/ APPROVAL FORM)

The TANF Services and One-Time Payment Request and Approval Form is used to authorize services and one-time payments for participants.

TANF SERVICES & ONE-TIME PAYMENT
Request / Approval Form

Agency: ______________________ Case Manager: ______________ Date: ________

Section A: Request for Service Funding Authorization (usually completed by the case manager)

1. TANF Participant name or number __________________________ 2. SS#: __________
7. Description of Goods/Services requested: ______________________________________
   ________________________________________________________________
   ________________________________________________________________
8. General reason for request/benefit to participant: __________________________________
   ________________________________________________________________
9. Alternatives explored: _________________________________________________
   ________________________________________________________________
10. Client was asked and acknowledges they have not previously been recipients of services funded by
    TANF one-time payment/contingency ______________________________________

11. Funding amount requested: $________

12. Vendor (Name, Address, and Vendor ID#) _______________________________________

   Case Manager Signature / Date ____________________ Case Manager Supervisor’s Signature

Section B: Action Taken

Letter of Approval Sent / Date: _______ Date Funds Encumbered: _______

Letter of Disapproval Sent / Date: _______ Reason for Disapproval / Instructions: _______

Acknowledgement by TANF Specialist of request from Provider to access Contingency Funds

   TANF SAMH Specialist Signature / Date ______________ Approved Disapproved Confirmation #
TANF SCREENING AND REFERRAL QUARTERLY REPORT

TANF Screening and Referral Quarterly Report

(Reporting Dates: Oct 1, Jan 1, April 1, Aug 1)

Are you utilizing the ADM TANF approved WAGES Screening Instrument? Yes / No

If not, please begin using the ADM TANF Screening Instrument included in the TANF Program Guidelines immediately.

Number of:

- Applicants
- Applicants screened
- Screening refused
- Recipients screened
- Applicants/Recipients referred for assessment from screening
- Other referral indicators (for example: obvious intoxication, flight of ideas)
- Substance abuse referrals as a result of screening
- Mental health referrals as a result of screening
- Domestic Violence referrals
- Days on average from referral to assessment
- Referrals not getting assessments
- Referrals upon request
- Referrals refused
- Emergency referrals
- Request for family member referrals
## ATTACHMENT 4: LEGAL BASES FOR TANF SAMH PROGRAMS

<table>
<thead>
<tr>
<th>Legal Cite</th>
<th>Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 491, F.S. Clinical Counseling and Psychotherapy Services</td>
<td><a href="http://www.leg.state.fl.us/Statute">http://www.leg.state.fl.us/Statute</a></td>
</tr>
<tr>
<td>Chapter 414, F.S. Family Self-Sufficiency</td>
<td><a href="http://www.leg.state.fl.us/Statute">http://www.leg.state.fl.us/Statute</a></td>
</tr>
<tr>
<td>Chapter 445, F.S. Work Force Involvement (WIP)</td>
<td><a href="http://www.leg.state.fl.us/Statute">http://www.leg.state.fl.us/Statute</a></td>
</tr>
<tr>
<td>Chapter 394, F.S. Mental Health</td>
<td><a href="http://www.leg.state.fl.us/Statute">http://www.leg.state.fl.us/Statute</a></td>
</tr>
<tr>
<td>Chapter 397, F.S. Substance Abuse</td>
<td><a href="http://www.leg.state.fl.us/Statute">http://www.leg.state.fl.us/Statute</a></td>
</tr>
<tr>
<td>Department of Children &amp; Families Pamphlet 155-2: Mental Health and Substance Abuse Measurement and Data</td>
<td><a href="http://www.dcf.state.fl.us/mentalhealth/publications/pam600.pdf">http://www.dcf.state.fl.us/mentalhealth/publications/pam600.pdf</a></td>
</tr>
</tbody>
</table>
ATTACHMENT 5: TANF STATE PLAN

(Exhibit K to all contracts)
TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) GUIDELINES
for FISCAL Year 2005-2006

A. Introduction

The purpose of the TANF Substance Abuse and Mental Health (SAMH) State Plan is to establish the policy guidelines and operational procedures in implementing services to the eligible Temporary Cash Assistance (TCA) population and the TANF SAMH Diversion Family (TDF) population. The term "TANF SAMH participants" is defined as including both populations of the TANF SAMH Program. These policy guidelines are based on specific proviso language included in the 2001 Appropriations Act, the Workforce Innovation Act (WIA), Chapter 445, Florida Statutes (F.S.), and Family Self-Sufficiency, Chapter 414, F.S.

B. Authority

The provider agrees to comply with the applicable parts of Part A, Title IV of the Social Security Act, 45 CFR Part 260, and section 414.1585, F.S.

C. Compliance with Proviso Language

1. Provider Certification: Before any funds are released by the Department, each SAMH provider shall certify to the department the number of clients to be served and their eligibility under Part A of Title IV of the Social Security Act.

   a. Therefore, the provider agrees to submit to the department:

      (1) An estimate of the projected number of TANF participants to be served;

      (2) Assurances that TANF SAMH funds are expended for TANF eligible persons and families in compliance with PART A of the Title IV of the Social Security Act, WIA, and Chapters 394, 397, 414, and 445, F.S.;

      (3) Assurances that strengths-based services rendered to TCA participants must support the participant/family directed goals with objectives relating to the diagnostic issues and at least the first two TANF goals;
(4) The goals, as stated in federal legislation, are:

(a) Provide assistance to eligible families so that children may be cared for in their own homes or in the homes of relatives;

(b) End the dependence of needy parents on government benefits by promoting job preparation, work and marriage;

(c) Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidences of these pregnancies; and

(d) Encourage the formation and maintenance of two-parent families.

(5) Assurances that services rendered to the TDF population must support the two goals as stated in section 414.1585, F.S.: “to assist families in avoiding welfare dependence and stabilize families so that:

(a) Children can be cared for in their own homes or in the homes of relatives; and

(b) Families can be "self-sufficient."

(6) Assurances that documentation for Outreach and Prevention services will be maintained on a state approved Outreach/Prevention Log including the types of services provided, the target audience and numbers served, the sites at which these services were provided, staff hours/units of service, the staff member(s) name and identification number delivering these services and referral locations;

(7) Assurances that all applicable State laws and rules governing mental health and substance abuse services and federal laws governing confidentiality of TANF SAMH participants will be adhered to within the treatment community, One-Stop Delivery System and Economic Self-Sufficiency arenas; and

(8) Assurances that TANF SAMH participants will be enrolled in the substance abuse and mental health data One Family and TANF SAMH database.

b. TANF SAMH funds may be expended for outreach activities including the provision training to other interagency staff, but not for more than the districts'/region's approved amount of the TANF allocations. The SAMH Outreach efforts are billed as a staff hour because they are not subject to client enrollment. The outreach staff must ensure their activities are targeted to TANF SAMH's TCA and TDF populations. Strengths-based model case management, including outreach,
will be optimal resource utilized, both within a single agency operation and a lead agency system of care. Case managers must be able to arrange for services outside of the specific agency for which they work.

c. All TANF SAMH service providers must comply with the TANF SAMH Guidelines, Effective December , 2004 (5th Edition).

d. All TANF SAMH service providers must comply with Substance Abuse and Mental Health Required Outcome/Outputs (Exhibit D Performance Contract SAMH Program)

2. TANF SAMH Client : Funds may not pay for services to any client except those identified and certified eligible in the One Family and TANF Participant computer Database.

a. The provider agrees to certify eligible all persons served for TANF SAMH recovery services in accordance to the TANF SAMH Program Guidelines December 2004 (5th Edition)

b. Declaration of TANF Eligibility: All TANF SAMH participants to be served under this contract must declare by signature that they meet the TANF eligibility criteria. The SAMH treatment providers will assist with the completion of the state-approved TANF EZ Eligibility Form, including the SAMH specific section, with the participants. The providers will sign the eligibility form to certify that based on the information given by the participant the family meets TANF eligibility qualifications. The providers must electronically complete eligibility information on each TANF SAMH participant, submit to the District/Region for review and acknowledgement retain the original in the participant’s file. . The TANF SAMH providers will ensure annual re-declarations of current month of July of each fiscal year by using the state-approved TANF EZ Eligibility Form to confirm continued eligibility and Electronic Notification submission to the TANF Specialist, effective July 1, 2005, Notification and Re-Notification will be submitted by the providers for these individuals electronically on the One Family TANF SAMH database. The District TANF Specialist will confirm receipt and submit electronically to the Provider Additionally; the TANF Specialist will review the Program Participant Log notification and invoice before invoice processing. This notification process, along with the “change of eligibility status” on the Participant Log, will ensure that treatment services for persons ineligible for TANF SAMH are not billed for or are no longer charged to TANF funds if they continue to receive services.
(1) General TANF Eligibility Criteria:

(a) Family with children living in their home, home of relatives, foster care and homeless; or a pregnant woman;

(b) United States citizenship or TANF approval as eligible non-citizen; and

(c) Family income level if under 200% of the Federal Poverty Level.

(2) Temporary Cash Assistance (TCA) Population Description and Benefits

(a) Individual must be an applicant for or a recipient of cash assistance; or

(b) Family member, as defined in s. 414.0252(6), F.S., when impairment has a direct impact on the needs of the TCA participant; or

(c) Post- TANF recipient within 12 months following TCA eligibility; or

(d) Child-only case as defined in s. 414.045(1)(b), F.S.;

(e) An important eligibility factor in section 414.0655, F.S. provides the specific identification of mental illness and substance abuse impairments that qualify as "Medical Incapacity" for those TANF SAMH TCA participants who need residential treatment. The participants must be assessed as meeting Florida’s Supplement of the American Society of Addiction Medicine’s criteria for substance abuse residential treatment, as well as those assessed as meeting Chapter 394, F.S. mental health residential treatment criteria. There is a 60-day treatment review if participants have not yet been discharged, with approval of up to an additional 90 days as needed according to the client placement criteria. This section also states that TCA participants who are in residential treatment will continue to receive their "cash assistance" up to the 150 day limit for "Medical Incapacity" status, regardless of parent/child separation;
(f) TANF SAMH TCA participants are eligible for an “Exception to Noncompliance Penalties” under section 414.065, F.S., which provides for no more than 5 hours a week, up to 100 hours a year, for outpatient treatment. This treatment must be certified as necessary by a mental health or substance abuse professional who is recognized by the department and will provide verification of weekly attendance at the treatment sessions to the One-Stop Career Managers. For those participants who need more than outpatient services, the regular Medical Incapacity section 414.0655, F.S., allows for temporary exemption from work activities using the same criteria to determine the need for intensive outpatient treatment; and/or residential treatment.

(g) Completion of Treatment Verification in section 414.105, F.S., applies to TCA individuals who successfully complete treatment in a recommended substance abuse and mental health treatment program. These individuals may earn 1 month of eligibility for extended temporary cash assistance, up to a maximum of 12 additional months, for each month in which the individuals fully complies with the requirements of the treatment program. This treatment credit may be awarded only upon the successful completion of the treatment program and only once during the 48-month time limit. There is a certification process in place to advise the Workforce Board staff of the participants’ length of stay and status of treatment completion.

(3) TANF SAMH Diversion Family (TDF) Population Specific Description:
Diversion Population - Defined according to section 445.017, F.S.

(a) Families at risk of welfare dependency due to substance abuse or mental illness and want to stabilize so that their children can be cared for in their own homes or in the homes of relatives, and to enable families to be self-sufficient;

(b) Families meeting other eligibility criteria whose children have been removed from the home by the Family Safety Program (FSP) may also be treated for substance abuse and/or mental illness under the TANF SAMH Program, as long as said treatment is included in or added to the active Reunification Plan;

(c) Non-custodial parent with court ordered child support; and

(d) SSI/SSDI families with current work directive goals.

(e) Pregnant Women.
D. Invoices for TANF Services

1. The SAMH provider will use instructions given in Rule 65E-14.021(10).

2. The SAMH provider agrees to submit to the department documentation of the types of TANF Outreach and Prevention services provided, target audiences, sites at which services were provided, staff hours provided and identification of staff delivering the TANF Outreach and Prevention services as a pre-requisite for payment.

E. Proviso Requirements in Model Contracts:

The Substance Abuse and Mental Health Program Offices will ensure that all model contracts will include all requirements of the proviso. There are separate Other Cost Accumulators (OCA) established to ensure that TANF SAMH funds are clearly identified in provider contract documents. The TANF Budget Office will not release any TANF SAMH funds to the districts/region prior to finalization of these necessary controls.

F. Availability of TANF SAMH Services

All TANF SAMH participants are eligible for the TANF SAMH Program, regardless of funding source. Providers agree to comply with all of the following TANF SAMH expenditure limitations:

1. TANF SAMH services are limited to the designated non-medical cost centers;

2. Services provide support of at least the first two TANF goals;

3. TANF SAMH services for Medicaid-eligible participants will be billed to Medicaid for Medicaid eligible services. The Medicaid payment is considered as full payment for services provided to Medicaid eligible participants;

4. Regardless of funding source, all TANF SAMH participants will be served with a focus on TANF Goals included in the strengths-based treatment plan;

5. In those instances when TANF SAMH services are the same as Medicaid eligible services, the provider will bill Medicaid as the first payer of services and not bill TANF SAMH for the same eligible service.

6. The billing rates will be no greater than the agreed upon unit cost stipulated in the contract.
G. TANF SAMH Program Eligible Services with Exhibit G Cost Center Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Center Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aftercare</td>
<td>29</td>
</tr>
<tr>
<td>Assessment</td>
<td>Outreach - 15</td>
</tr>
<tr>
<td>Case Management</td>
<td>Prevention - 16</td>
</tr>
<tr>
<td>Crisis Support/Emergency</td>
<td>Prevention/Intervention Day (targeted) - 17</td>
</tr>
<tr>
<td>Day Care</td>
<td>Residential Levels 1-4 (18 – 21 respectively)*</td>
</tr>
<tr>
<td>Day-Night (day treatment)</td>
<td>Respite Services - 22</td>
</tr>
<tr>
<td>Incidental Expenses - 31 (contingency)</td>
<td>Room &amp; Board w/ Supervision (36 – 38 respectively)*</td>
</tr>
<tr>
<td>In-Home &amp; On-Site Services</td>
<td>Supported Employment - 25</td>
</tr>
<tr>
<td>Intensive Case Management</td>
<td>Supported Housing/Living (no rent) - 26</td>
</tr>
<tr>
<td>Intervention</td>
<td>TASC - 27</td>
</tr>
</tbody>
</table>

*Limited to 5 months for the TCA population and 4 months for the TDF population

H. Non-Eligible Cost Centers easily mistaken as an eligible TANF SAMH Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Stabilization</td>
<td>Medical Services</td>
</tr>
<tr>
<td>Drop-In/Self-Help Centers</td>
<td>Methadone Maintenance</td>
</tr>
<tr>
<td>Information and Referral</td>
<td>Sheltered Employment</td>
</tr>
<tr>
<td>Inpatient</td>
<td>Substance Abuse Detoxification Services</td>
</tr>
<tr>
<td></td>
<td>Drug Screening</td>
</tr>
</tbody>
</table>

I. TANF SAMH Program Outreach Activities and Limitations

The TANF SAMH service provider is authorized to use TANF Outreach funds to train the One-Stop delivery system, ESS, Family Safety and Domestic Violence staff in identifying mental health and substance abuse problems to facilitate the referring of participants to treatment services. Under no circumstances is the TANF Outreach cost center to be billed for treatment provider staff to attend training events or TANF meetings. Administrative paperwork is not included in billable Outreach Services, as it is incorporated into the agency’s unit rate per SAMH contracting procedures. For other allowable Outreach activities and its limitations, refer to the TANF SAMH Program Guidelines, December 2004, 5th Edition.