

Temporary Assistance for Needy Families (TANF)

Requirement: Contract
TANF SAMH Policy Handbook
Part A of Title IV of the Social Security Act
Florida Statutes Chapters 414 and 445, F.S.

Frequency: Annual Monitoring

Due Date: Ongoing

Discussion:

Temporary Assistance for Needy Families (TANF) is a federal block grant program which provides funding to states to help move recipients into work. In the context of the Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH), TANF is a funding stream to provide substance abuse or mental health services to families receiving TANF cash assistance benefits.

It is not a separate program – TANF is merely a funding stream.

I. Authority

TANF was authorized by Congress in 1996,¹ and Florida enacted the program in Chapters 414 and 445, F.S. The Department has also developed a state plan, Temporary Assistance for Needy Families State Plan Renewal: October 1, 2023-October 30, 2026, available at: [2023-2026 Temporary Assistance for Needy Families \(TANF\) State Plan Renewal](#).

II. Eligibility

- A.** For reimbursement of an individual's substance abuse or mental health services through the TANF funding stream, one of two eligibility standards apply:
 - 1.** The individual must meet the TANF eligibility requirements; or
 - 2.** The individual must be at risk for welfare dependency, as provided under 414.1585, F.S.
- B.** Section 414.1585, and 414.045 F.S. establishes the requirements for TANF funding to be used in SAMH for diversionary services. This is for families who are at risk of welfare dependence due to a substance use disorder or mental health disorder. Additionally, a family must be at or below 200% of the federal poverty level and meet one of the following criteria:
 - 1.** A parent or relative caretaker with one or more minor children living in the home.
 - 2.** A non-custodial parent with a court order to pay child support.
 - 3.** A pregnant woman.
 - 4.** A family whose children have been removed from the home by the Child Welfare Program (where the service is included, or added to the active family reunification goals in the case plan).
 - 5.** A Supplemental Security Income (SSI) recipient or a Social Security Disability Insurance (SSDI) recipient.

TANF funds cannot be used to reimburse medical treatment services.²

¹ See, the *Personal Responsibility and Work Opportunity Act*, Pub. L. 104-193, (1996).

² 42 U.S.C. s. 608(6)(A).

A family that receives TANF cash assistance payments, the amount of which are dependent on family size, must meet certain weekly work activity requirements. Sanctions apply to families when they do not meet the work activity requirements. This is an important point to note, as sanctions will reduce the cash assistance payment available for a family.

Substance use disorder services and mental health services are considered job search and job readiness assistance. Such assistance is time limited by federal law.³ Additionally, Florida law has adopted the following requirements relating to inclusion of substance use disorder services and mental health services as work activities:

1. A TANF recipient cannot claim more than 5 hours of outpatient services a week, up to a cap of 100 hours per year.⁴
2. A TANF recipient receiving services through out-of-home residential treatment may be exempted from the work requirement, when certified by a Florida-licensed physician, for 60 days, which may be extended up to an additional 90 days.⁵

Network Service Providers shall assess eligibility using the TANF SAMH EZ-1 Eligibility Form.

III. Managing Entity Responsibilities and Expectations

The Managing Entities are responsible for:

1. Acknowledging each new or renewed Participant via electronic submission prior to reimbursement approval for each Participant.
2. Providing technical assistance to Network Service Providers as needed.
3. Identifying outreach services and promoting interagency collaboration for linkages in the community.
4. Overseeing all TANF SAMH requirements and invoice approvals.
5. Performing annual monitoring using the approved TANF monitoring tool, and following up on the monitoring to ensure that corrective action plans are completed.
6. Documenting, investigating, and resolving complaints, with additional technical assistance, when needed.
7. Monitoring length of stay, for residential treatment, to ensure that TANF is used as an appropriate funding stream.
8. Implementing new federal and state requirements related to the reauthorization of TANF legislation.

IV. Network Service Provider Responsibilities and Expectations

Network Service Providers that receive TANF as a funding stream must be required by contract to ensure Participants meet TANF 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 as a means of assisting

³ 42 U.S.C. s. 607(d)(6). Job search and readiness activities may be counted as work activities for no more than 6 weeks a year, and no more than four consecutive weeks. 42 U.S.C. s. 607(c)(2)(A)(i).

⁴ S. 414.065(4)(e), F.S.

⁵ S. 414.0655, F.S.

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the Participant with determining whether the Participant can be certified as TANF-eligible. Provider responsibilities and expectations further require that:

1. TANF, as a funding stream, only be used for client-specific services.
2. The Network Service Provider utilizing a notification procedure established by their Managing Entity must send a notification to the Managing Entity for confirmation of the Participants' involvement in the program.
3. All Participants are re-determined for TANF eligibility by the Network Service Provider and certified by the Participant's signature, reflecting their current status between July 1st and July 31st, or as directed by the Department.
4. The Network Service Provider must document the federally mandated income verification. Monthly income must be requested by the Provider and updated monthly in the Participant's case file. This only applies to the TANF diversion population.
5. Before any funds are released by the Managing Entity, each Network Service Provider certify the Participant's eligibility, as required by federal and state law.
6. Any month in which TANF SAMH services are billed, a Network Service Provider submits the allowable covered service data into the Managing Entity's Data System for payment. The Managing Entity must verify that every individual who receives services was a TANF SAMH-eligible Participant during the month covered by the invoice prior to payment of the invoice.

V. Services

Application for Services:

The Network Service Provider shall submit prospective consumers to LSF Health Systems via the electronic TANF application system. Approval through the electronic system must be obtained prior to rendering services under TANF funds. Consumers shall recertify through the electronic system at the commencement of each fiscal year. This process should take place between July 1st and July 31st each year.

Covered Services:

Because TANF is a funding stream, not a program, both the Managing Entity and Network Service Provider must be able to demonstrate service utilization by funding source

As with any clinical service, the Participant's need should determine the type, intensity and frequency of service provided. The service should further support the overarching goals of the Florida TANF macro goals:

1. To ensure children are safe in their homes or the homes of relatives; and
2. Participants are prepared to enter and retain employment.

If a Participant receives Medicaid, TANF shall not be used to reimburse Medicaid services. Rather, TANF SAMH funds shall support Medicaid services.

All SAMH services utilizing TANF funding must be client specific. This is due to the eligibility requirements discussed previously in Section II.

The Network Service Provider may provide Incidental Expense services as defined in F.A.C. 65E-14.021(4)(k)4.b.(V) to or on behalf of specific individuals receiving services under this contract, to the extent the primary need for such services demonstrably supports the individual's recovery or resiliency

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goals as documented in the individual's plan of care. Prior authorization is required for all TANF incidental requests, regardless of amount, using LSF Health Systems' TANF Services One-Time Payment Request/Approval Form, attached hereto as Exhibit A. For incidental requests in excess of \$1,000.00, the Network Service Provider must include documentation of three quotes.

Consumer Chart Documentation:

For TANF diversion (TDF) clients (those not currently receiving temporary cash assistance,) the Network Service Provider shall conduct monthly income verification and document same in the consumer's medical record or case file.

Progress notes treatment plans must evidence that participants are pursuing the TANF goals as part of their treatment.

Invoice Submission and Supporting Data:

Submission of an invoice for reimbursement of services rendered under the TANF funding stream shall constitute certification of the Network Service Provider as to eligibility as required by federal and state law.

Documentation of services rendered under TANF funding shall be submitted to the managing entity via the data entry system. The total units of TANF SAMH billed services on the invoice must be equal to the amount of the TANF-service events submitted to the data system.

VI. Monitoring

Managing Entities shall monitor all aspects of TANF as a funding stream. Each Managing Entity will use randomly selected files to review the progress notes and treatment plans for evidence that Participants, in the Managing Entity's respective region, are pursuing TANF goals as part of the Participant's treatment

Temporary Assistance for Needy Families (TANF) will be administered according to DCF Guidance 17, which can be found at following link using the applicable fiscal year:
<https://www.myflfamilies.com/services/samh/providers/managing-entities>