

**Chapter 15 Temporary Assistance for Needy Families
(TANF) Eligibility Data Set**

Table of Contents

Revision History----- 15-2

Background----- 15-3

General Policies and Procedures----- 15-4

 Submitting TANF SAMH Data----- 15-4

 Updating a TANF Record----- 15-4

 Deleting a TANF Record----- 15-4

Instructions for Collecting and Reporting TANF Data Elements on the
TANF SAMH Information System----- 15-5

Who to Contact for Help----- 15-22

Substance Abuse ICD10 Disorders Qualifying Diagnoses Table-----15-23

Mental Health ICD10 Disorders Qualifying Diagnoses Table-----15-25

I. Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	Effective Date	Revision Date	Description	Author
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit

I. Background

The welfare reform legislation of 1996, also known as the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, replaced previous welfare programs known as Aid to Families with Dependent Children (AFDC), Job Opportunities and Basic Skills Training (JOBS) and Emergency Assistance (EA). The law ended federal entitlement to assistance and instead created Temporary Assistance for Needy Families (TANF). TANF is a block grant that provides federal funds to states, territories and tribes each year to accomplish the purposes of TANF. The purposes of TANF are to:

- Assist needy families so that children can be cared for in their own homes
- Reduce the dependency of needy parents by promoting job preparation, work and marriage
- Prevent out-of-wedlock pregnancies
- Encourage the formation and maintenance of two-parent families

Subsequent to the creation of TANF, the Florida Legislature passed State Law 96-175 and the resulting statute, Chapter 414, Florida Statutes (F.S.), Family Self-Sufficiency, commonly known as the “Work and Gain Economic Self-Sufficiency (WAGES) Act” in 1996.

Two target populations are served by TANF Substance Abuse and Mental Health (SAMH) programs:

A. Temporary Cash Assistance (TCA): Individuals/families receiving cash payments

In order to participate in TANF SAMH programs, TCA participants must meet one of the following criteria:

1. Be an applicant for/or a recipient of temporary cash assistance; or
2. Be a family member whose impairment has a direct impact on the needs of the TCA participant, as defined in s.414.0252, F.S.; or
3. Be a post-TANF recipient within 12 months following TCA eligibility; or
4. Be a child-only case, as defined in s.414.045(1)(b), F.S., **and**
 - The individual or family member is identified as having a barrier to employment stability due to substance abuse and/or mental health impairments, **and**
 - The individual or family member is not an SSI recipient. (Note: An individual who volunteers for work activity may receive services consistent with such participation.)

B. TANF Diversion Families: Individuals/families who are at risk of needing TCA

TDF participants must meet one of the following criteria:

1. Be a parent(s) or relative caretaker with one or more minor children living in the home; or
2. Be a pregnant woman; or
3. Be a family whose children have been removed from the home by the Family Safety Program (FSP,) as long as substance abuse or mental health treatment is included in or added to the active family reunification goal in the case plan; or
4. Be a Non-custodial parent with a court order to pay child-support; or
5. Be a Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) family with current work directive goals, **and**

- Be a family who is at risk of becoming welfare dependent due to substance abuse or mental illness problems, **and**.
- Family income is below 200% of the federal poverty level and there is documentation of household income in the SAMH provider case record.

II. General Policies and Procedures

A. Submitting TANF SAMH Data?

Contractors who provide TANF services may submit TANF SAMH data and are reimbursed for TANF-eligible services. TANF demographic, household, type of TANF assistance, and billable service events data are entered into the SAMH web-enabled database for persons who suffer from substance abuse and/or mental health problems and who are TANF-eligible (e.g. persons receiving welfare benefits and families at-risk of receiving welfare benefits).

The substance abuse or mental health provider must enter Participant information on the TANF SAMH Eligibility Notification screen. After all data entry is completed, notification must be sent to the appropriate circuit/regional TANF Specialist informing him/her that there are individual records pending TANF eligibility approval. The circuit TANF Specialist reviews the records and, if an individual is eligible for TANF funds, certifies the individual via the online system.

A Demographic record must exist in SAMHIS before a TANF record can be submitted.

Note: Discharge information is also collected in the database.

B. Updating a TANF Record

A record must be updated when there is a change in a participant's status that would affect the participant's eligibility for TANF services or amount of payment, (e.g. income too high, left the state, completed services, etc.) Please note that a participant's income must be verified on a monthly basis.

All TANF participants are re-determined (recertified) for TANF eligibility by the service provider, and participants must certify by their signature their status each year, between July 1 and July 31. All participants active on June 30, and who will continue to be active on July 1, are recertified. At the time of recertification, all participants must sign a new EZ-1 Eligibility Form and the family income must be re-verified.

For instructions on how to recertify a participant, please refer to item # 2, "Application Status," on page 26 of this Chapter.

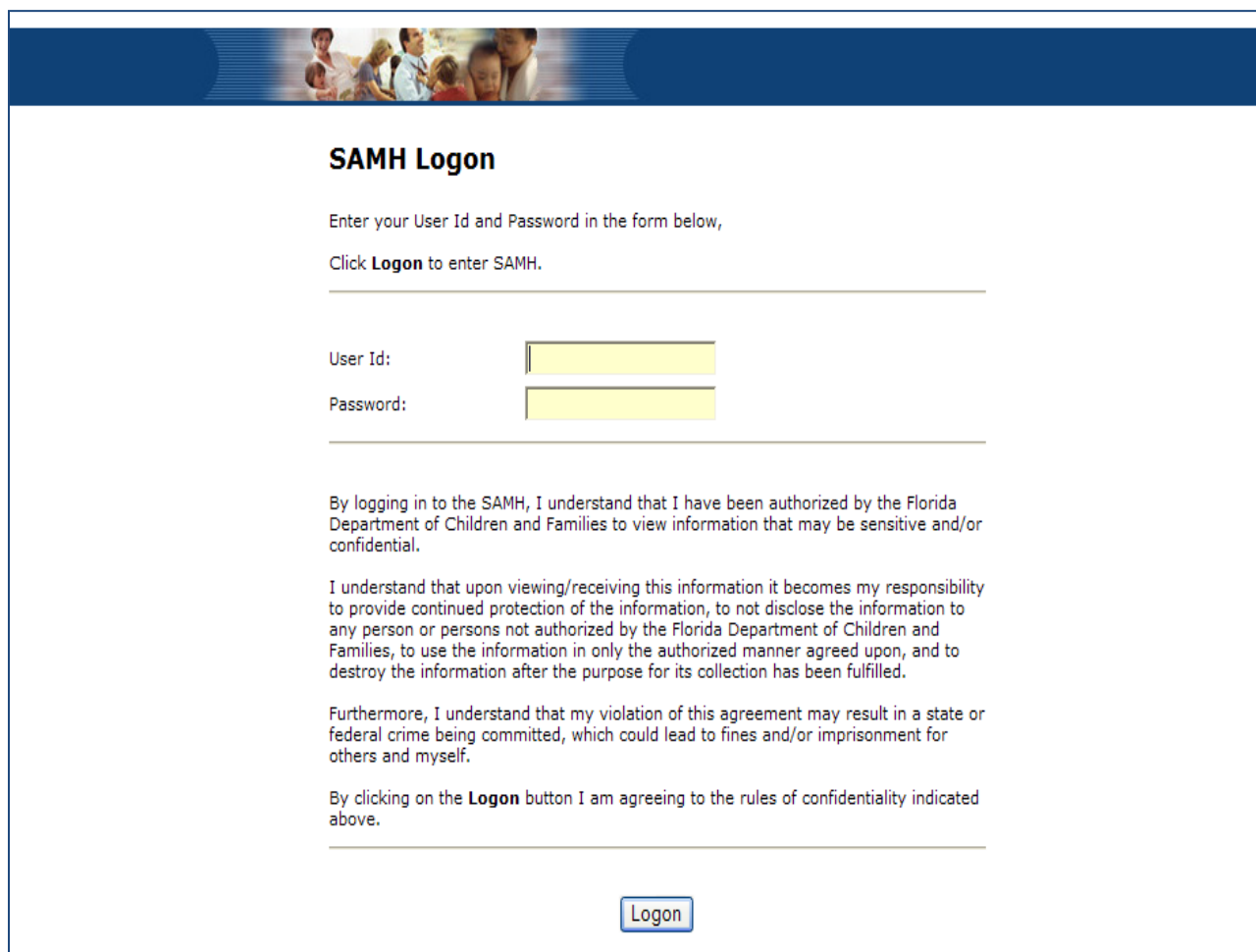
C. Deleting TANF Records

There is a separate procedure to follow if you need to delete a participant's TANF information from SAMHIS. Only the TANF Research and Training Specialist in the Central Office may delete TANF records. To request the deletion of a record, please call Temberly Mitchell at (850) 717-4328, or e-mail the information/deletion request to Temberly.Mitchell@myflfamilies.com

If you elect to send the information/request in a document via e-mail, you must encrypt the document to a minimum standard of 128 bytes. You may also submit the information through the TANF SAMH Post Message system to initiate the deletion process. (For an explanation of the Post Message system, see page 24-26 of this Chapter.)

Users will need a user ID and password in order to log on to the TANF SAMH Information System (SAMHIS). Please review chapter 2, "Security," for the required paperwork and training requirements for new users.

To log into SAMH, go to: <http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12>



SAMH Logon

Enter your User Id and Password in the form below,
Click **Logon** to enter SAMH.

User Id:

Password:

By logging in to the SAMH, I understand that I have been authorized by the Florida Department of Children and Families to view information that may be sensitive and/or confidential.

I understand that upon viewing/receiving this information it becomes my responsibility to provide continued protection of the information, to not disclose the information to any person or persons not authorized by the Florida Department of Children and Families, to use the information in only the authorized manner agreed upon, and to destroy the information after the purpose for its collection has been fulfilled.

Furthermore, I understand that my violation of this agreement may result in a state or federal crime being committed, which could lead to fines and/or imprisonment for others and myself.

By clicking on the **Logon** button I am agreeing to the rules of confidentiality indicated above.

Logon

III. Instructions for Collecting and Reporting TANF Data Elements on the TANF SAMH Information System (SAMHIS)

The following pages of this chapter provide screen shots of TANF SAMH participant data (Demographics, Address, Participant, Household, Assistance, Services, Discharge, and Messages,) including the TANF Participant Search Results and TANF SAMH Eligibility Notification screens.

Note that fields indicated in **red** on the screens and screenshots are optional, and are not required to be completed.

A. Demographics

Users should search for an existing Demographic record before entering a new one by clicking on “Person Search” under the main menu.

SAMH

Main Menu

- + **TANF**
 - Contacts
 - Standard Reports
 - **Person Search**
- + **ADMDW Reports**

Logout

Select New Role ▼

Print Screen

Welcome to SAMH.

CATHY this is your **20** visit.
Email: Cathy_Cross@dcf.state.fl.us [Click here to update profile](#)

Your last visit was on **03/17/2011** at **03:58:49** EST

Your current role is **TANF Provider: Lakeview Center, Inc.**
[Click here to view message\(s\).](#)
1 Read message(s)

Select a person to work with by clicking on **SAMH** then choose **Person Search** on the Main Menu.

You have 1 Person records pending.
You have 5 Client Specific Service Event records pending.
You have 0 Non-Client Specific Service Event records pending.
You have 0 Mental Health Outcome records pending.
You have 0 Substance Abuse Outcome records pending.

If you have a HyperEvent error when selecting or clicking on the menu options, download the latest version of [Java Virtual Machine](#).

If you experience any difficulty with the system please contact the DCF Help Desk at (850) 487-9400.

If you have any procedural questions please contact your district SAMH coordinator.

Enter the individual's last name and the first few letters of the individual's first name, then click [Perform Person Search.]

The screenshot shows a web application interface for SAMH - Substance Abuse and Mental Health. At the top, there is a dark blue header with the text "SAMH - Substance Abuse and Mental Health". Below the header, there are two buttons: "Person Search" (highlighted in yellow) and "Demographics". A red message states: "Your current role is : TANF Provider: Lakeview Center, Inc." The main section is titled "Person Search" and contains several input fields: "Last Name", "First Name", "Client ID", "Social Security Number", "Date Of Birth (format mm/dd/yyyy or mmdyyy)" (with a calendar icon), and "Provider ID". Below these fields is a horizontal line, and then a section titled "Action Buttons" containing two buttons: "Perform Person Search" and "Exit Person Search".

If the individual is already in the system, click on the resulting appropriate record/row to access the participant's Demographic record and TANF information. If you do not see the person's record listed, click on the [Demographics] button located at the top of the screen to create a new record. A Demographic record must be completed at the time of the individual's initial request for substance abuse or mental health services.

SAMH - Substance Abuse and Mental Health

Person Search
Demographics

Your current role is : TANF Provider: Lakeview Center, Inc.

Demographics Information

Optional fields are indicated in red

Social Security Number

Contractor ID

Record Not Complete

Provider ID

Client ID

Last Name

First Name

Middle Name

Suffix

Contractor NPI

Date of Birth

Gender

Race

Ethnicity

Provider Local Information

Service Provider NPI

View Demographics

Add Demographics

Exit Demographics

When data entry is complete, save the screen by clicking the [Add Demographics] action button at the bottom. Then select the [TANF] button, which will appear at the top of the screen, to access the TANF Participant Search Results screen. Note: Future changes to the demographics information may be made by clicking the [Update Demographics Information] action button that will appear at the bottom of the screen.

See Chapter 4 for Demographic screen definitions and instructions.

B. TANF Participant Search Results

SAMH - Substance Abuse and Mental Health

Person Search

Demographics

TANF

Your current role is : **TANF System Administrator**
Your current person is **Name: DOE, JOHN - SSN: 212222222 - DOB: 08/17/1959**
Contractor: **59-0737872**
SubContractor: **59-0737872**

TANF Participant Search Results

Circuit	Provider	Subcontractor	SSN	Referral Focus	Type of Application	Notification Date	Status	Confirmation
C01	Lakeview Center, Inc.	Lakeview Center, Inc.	212222222	Substance Abuse	New	07/07/2011	Discharged	C01-140
C01	Lakeview Center, Inc.	Lakeview Center, Inc.	212222222	Substance Abuse	Re-Certification	07/07/2011	Accepted	C01-
Total Count = 2								

Action Buttons

New Notification

Exit

If the individual is a current TANF participant, a list of records corresponding to each time the participant was accepted or discharged from SAMH TANF services will be displayed. To create a new TANF service record, click on the [New Notification] button on the TANF Participant Search Results screen.

C. TANF SAMH Eligibility Notification

The TANF SAMH Eligibility Notification screen, including the Poverty Base, Additional Person amounts, and number of Days to Recertify, will appear at the top of each of the following seven tabs/screens: Address, Participant, Household, Assistance, Service, Discharge, and Messages.

Note: The system will not allow you to click the [Save Changes] action button located at the bottom of each screen until information from the Address, Participant, Household, Assistance, and Services screens is completed. All data entry will be lost until the [Save Changes] button is activated.

Poverty Base

The poverty base guidelines are used as an eligibility criterion for the TANF federal program. The guidelines are updated periodically in the Federal Register by the Department of Health and Human Services under the authority of [42 U.S.C. 9902\(2\)](#). The TANF 200% of eligibility must be redetermined every 12 months for TANF recipients.

[31] Day(s) to Recertify

All TANF participants must be re-determined for TANF eligibility by the service provider and subsequently certified by the participant's signature, whereby attesting to their current status, yearly between July 1 and July 31. All participants active on June 30 who will continue to be active on July 1 of each year are recertified.

The number of days remaining to complete the recertification are calculated automatically and displayed on this screen during the month of recertification (July.)

The following data elements are included on the TANF SAMH Eligibility Notification tab:

1. **Agency** (Key Field)
Mandatory: Yes

The Agency's Contractor ID number is pre-populated by SAMHIS from the entry made on the Demographics screen in the Contractor ID selection box.

The Contractor Identification Number is the agency's Federal Employer Identification Number (FEIN) assigned by the US Internal Revenue Service (IRS). It is a ten-digit number, including a dash in the third position (e.g., 59-1234567) that identifies the entity possessing the contract with the Department of Children and Families (DCF) to provide

services to the participant. This number should be the same as reported in the agency's DCF Contract document (i.e. when the agency registered as a provider.)

Note: If a DCF-contracted provider subcontracts with another entity to provide services, it is essential that the subcontracted entity use the Contractor's ID number in this field.

If you are the Provider, the Agency Name will populate automatically as well.

2. Subcontractor (Key Field)

Mandatory: Yes

The Subcontractor ID number is pre-populated by SAMHIS from the entry made on the Demographics screen in the Provider ID selection box. If the subcontractor is different from your agency, select the correct provider from the list.

This ID number is the 10-digit Federal Employer ID (including a dash in the third position) of the subcontracted provider agency serving the participant. DCF-contracted agencies re-enter the Contractor ID. If your agency is the subcontractor from the Managing Entity, put your federal tax ID here.

Note: This number must be included in the SAMHIS Provider table, and must be the same Provider ID reported in the Demographic record

3. Site ID (Key Field)

Mandatory: Yes

The site identification number is the location where the event took place or where the provider staff, who rendered the service, are assigned. The two-character site ID must be a unique ID stored in the Provider table and must be associated with the Contractor ID. (See Chapter 3 – Provider Data.)

4. Authorized Staff (Key Field)

Mandatory: Yes

Authorized Staff is the person at the provider agency who completes and signs the EZ-1 Eligibility Form.

D. Address

Address	Participant	Household	Assistance	Service(s)	Discharge	Messages
Address 1	1 Our Street					
Address 2						
City	Lovely		State	FL - Florida	Zip Code	32999
County	37 - Leon					

The following data elements are included on the Address tab.

1. **Address 1** (Key Field)

Mandatory: Yes

Include the street number where the individual resides in this field.

2. **Address 2**

Mandatory: No

This field is not mandatory. However, if an individual has provided additional information, such as an apartment number, or a second address, include that information in this field.

3. **City** (Key Field)

Mandatory: Yes

Name of city where the individual resides.

4. **State** (Key Field)

Mandatory: Yes

This field is pre-populated with FL -Florida, since only Florida residents are approved to receive Florida TANF benefits. If a child and the custodial parent are residents of another state, the non-custodial parent is not eligible for TANF services because the child and family must live in the State of Florida.

5. **Zip Code** (Key Field)

Mandatory: Yes

This item is for the individual's home/residence 5-digit U.S. Postal Zip code. If the individual's zip code is unavailable, enter '99999'. If the individual is from outside the state, use the out-of-state zip code. If the individual is in prison, local jail, or a detention facility, attempt to obtain the zip code of the individual's last known residence. Do not enter the prison, local jail, or detention facility's zip code; use the unavailable code ('99999') instead.

6. **County** (Key Field)

Mandatory: Yes

This item indicates the individual's current county of residence, which may differ from the county of service. However, in most cases, individuals will come from a county

served by the agency. Select the county name from the drop-down box provided for this field.

E. Participant

The Participant screen includes the status of the individual (New or Re-certification), the notification date, participant type, caregiver information, referral focus type, date the EZ-1 Eligibility Form was signed, and the date the individual was eligible to begin receiving services.

1. **Notification Type** (Key Field)
Mandatory: Yes

This field is pre-populated.

2. **Notification Date** (Key Field)
Mandatory: Yes

The Notification Date will automatically populate with the current date when you begin to fill in the screen. This is the date that the provider notifies the Circuit TANF Specialist of the individual's request for services.

3. **Participant Type** (Key Field)
Mandatory: Yes

Select the type of participant applying for assistance from the drop-down box: Parent, Child, or Relative.

4. **Child Only**
Mandatory: No

Check this box if only the child in the family will receive Temporary Cash Assistance (TCA). In these cases, there is no adult or teen head of household receiving TCA because either the relative / caregiver chose to have their needs excluded from the calculation of the amount of cash assistance, or the parent(s) are not eligible for TCA.

5. **If Child, Name of Parent/Caregiver**
Mandatory: Yes, but only if the "Child Only" box is checked.

If the individual is a child, enter the name of the parent or caregiver with whom the child resides.

6. Relationship to child

Mandatory: Yes, but only if the “Child Only” box is checked.

If the individual is a child, select the child’s parent/caregiver relationship from the drop-down list of approved relatives.

7. Referral Focus (Key Field)

Mandatory: Yes

Indicate the Referral Focus (i.e. the general state funding source) for the program in which the individual will receive services. In most instances, the majority of services that occur in one location will have the same Program code. The agency’s fiscal staff should be consulted for the correct code. The Referral Focus can be Substance Abuse, Mental Health, or Co-Occurring. If Co-Occurring is selected, ICD-9 codes for both Substance Abuse and Mental Health must be selected.

8. Substance Abuse ICD9

Mandatory: Yes, but only if Referral Focus is Substance Abuse or Co-Occurring.

This item is used to indicate the individual’s substance abuse diagnosis, if any, using the International Classification of Diseases (ICD-9-CM) codes. See **page 15-23** for Substance Abuse ICD9 codes and definitions.

9. Mental Health ICD9

Mandatory: Yes, but only if Referral Focus is Mental Health or Co-Occurring.

This item is used to indicate the individual’s primary Mental Health diagnosis using the International Classification of Diseases (ICD-9-CM) codes. See **page 15-25** for Mental Health ICD9 codes and definitions.

10. Date EZ-1 Eligibility Form Signed (Key Field)

Mandatory: Yes

Enter the date that the Participant signed the EZ-1 Eligibility Form.

11. Date Eligible to Begin Receiving Services (Key Field)

Mandatory: Yes

Date Eligible to Begin Receiving Services is pre-populated based on the date entered in item # 10 above (Date EZ-1 Eligibility Form Signed.) The date will automatically revert to the first day of the month identified in the EZ-1 Eligibility Form Signed date field (e.g., if the EZ-1 Eligibility Form was signed on 10/15/2012, the eligible date will revert to 10/01/2012.) **Note:** Users may manually change this date if necessary.

F. Household

Address	Participant	Household	Assistance	Service	Discharge	Messages																				
Annual Household Income \$13,500 Household Size (Including Participant) # Adults: 2 # Children: 1 Child(ren) Living in <table> <tr> <td>Home</td> <td> </td> <td>Homeless</td> <td> </td> </tr> <tr> <td>Shelter</td> <td> </td> <td>Friend</td> <td> </td> </tr> <tr> <td>With Relative</td> <td> 1 </td> <td>Residential</td> <td> </td> </tr> <tr> <td>Foster Care</td> <td> </td> <td colspan="2"></td> </tr> <tr> <td>Other</td> <td> </td> <td colspan="2">if other, describe: </td> </tr> </table>							Home		Homeless		Shelter		Friend		With Relative	1	Residential		Foster Care				Other		if other, describe:	
Home		Homeless																								
Shelter		Friend																								
With Relative	1	Residential																								
Foster Care																										
Other		if other, describe:																								

The Household tab provides information regarding the total household income (including income from non-family members), number of people living in the household, and where the children reside.

(Definition of **Household**: The child and the child's caretaker and all other individuals, whether related or unrelated, who are living together with the child and caretaker as one economic unit. An economic unit is one collective group of persons who are depending on the same source(s) of income.)

1. Annual Household Income

Mandatory: Yes

Enter the annual family (gross) income of the individual's household (in line with the definition of Household above) in the last 12 months prior to this application, rounded to the nearest thousand. If several members of the household have income, the income from each source should be added together to arrive at the total. Income from family living outside the individual's household is not counted. If the person is living in a licensed home, only the person's income is counted; no other incomes are included.

2. Household Size (including Participant) (Key Field)

Mandatory: Yes

Household Size refers to the number of adults and children residing in the home and should include both blood relatives and non-relatives (except in the case of a person living in a licensed home) or any other person who may contribute to the financial support of the individual. A "significant other" is also part of the family size determination. For a person living in an ALF, group home, nursing home or a foster care home, they are a family of '1' unless there is a blood relative living with them in the licensed home.

Enter the number of adults in the box provided. Number of adults should include the participant, if the participant is an adult. Enter the number of children in the box provided. Number of children should include the participant, if the participant is a child.

Note: If there are no children, then “Woman Pregnant” under TANF Options must be checked on the Assistance tab.

3. Children Living in (Key Field)

Mandatory: Yes, unless the individual (female) is pregnant.

Indicate the number of children in the box beside the appropriate type of residence: Home, Shelter, With Relative, Foster Care, Other, Homeless, Friend, or Residential. If other, describe.

G. Assistance

The Assistance tab provides information on the type of assistance that the participant is receiving: Temporary Cash Assistance (individuals/families receiving cash payment from the Welfare Transition Program) or a TANF SAMH Diversion Family (individuals/families who are at risk of entering the Welfare Transition Program).

1. Type of Assistance (Key Field)

Mandatory: Yes

Choose either the Temporary Cash Assistance/Family or the TANF SAMH Diversion Family.

2. TANF Options (Key Field)

Mandatory: No

If TANF SAMH Diversion Family is selected, select one of the following TANF Options: SSI/SSDI with work directive goal, Pregnant Woman, Family Safety, Participant is already in treatment, or Non-Custodial Parent.

Validation: The “Pregnant Woman” box must be checked if the number of children on the Household screen equals 0.

3. Notes**Mandatory:** No

An explanatory note is required if the annual household income is \$0.

H. Services

Address	Participant	Household	Assistance	Service	Discharge	Messages
Requested Service (check all that apply)						
☐ Aftercare	☐ Day/Night	☐ Outreach	☐ Room and Board with Supervision			
☒ Assessment	☐ In-home and On-site	☐ Prevention	☐ Supported Employment			
☐ Case Management	☐ Incidental expenses	☐ Prevention/Intervention	☐ Supported Housing/Living			
☐ Comprehensive Community Service Team	☒ Intensive case management	☐ Recovery Support Services	☐ Treatment Alternatives for Safer Communities (TASC)			
☐ Crisis Management/Emergency Services	☐ Intervention	☐ Residential				
☐ Day Care	☐ Outpatient	☐ Respite Care				

The Services tab includes a list of all services that are eligible for TANF SAMH Program reimbursement.

1. Requested Service (Key Field)**Mandatory:** Yes

Check the box by all services that apply, including any for which the individual may be potentially eligible. Note: The system requires at least one service be checked.

I. Discharge

Discharge Date
08/09/2010

Discharge Type
1 - Family achieving TANF Goals

Select one or more discharge reasons

- ☐ Employed at time of discharge from TANF
- ☐ Enrolled in school or training program at time of discharge from TANF
- ☐ Family Safety client in compliance with case plan at discharge from TANF
- ☐ Family Safety client reunified with child at discharge from TANF
- ☐ Independent living established by time of discharge from TANF
- ☐ Client successfully completed treatment
- ☒ Recertify for the new fiscal year

The Discharge tab reflects the date of discharge, the status of achievement of the participant's goals, and a list of the discharge reasons. To discharge a participant once a participant has been saved in the system, click on the [Add Discharge] action button, which may be accessed at the bottom of any screen. The system will automatically re-direct you to the Discharge screen/tab.

1. **Discharge Date** (Key Field)

Mandatory: Yes

Select the Participant's date (dd/mm/yyyy) of discharge from the calendar.

2. **Discharge Type** (Key Field)

Mandatory: Yes

Select the applicable type of discharge from the drop-down box: "Family Achieving TANF Goals", "Family Not Achieving TANF Goals", or "Meets Immediate Discharge Criteria." The reasons for discharge will vary, depending upon the type of discharge selected. If recertification is the reason for discharge, select "Family Achieving TANF Goals."

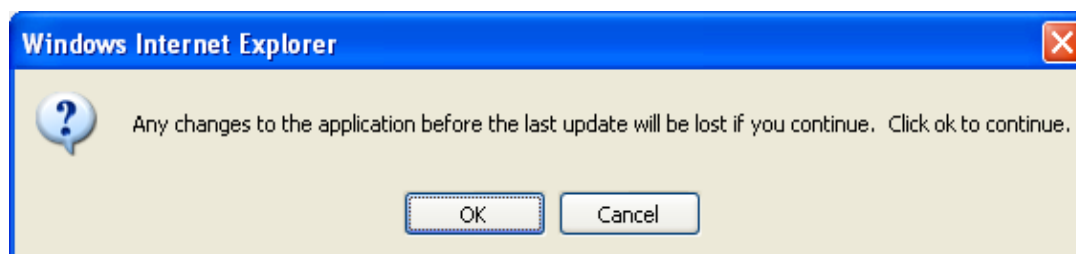
Click the [Save Changes] action button when the information entered is complete. The Application Status will be updated to "Discharged." **Note:** There is an option to delete the discharge if there is not another open record (i.e. "Pending" or "Accepted") by clicking the [Change Discharge Status] action button at the bottom of the screen. When the discharge is deleted, the screen will revert to the previous application status (Pending or Accepted) and the associated acknowledgement date.

J. Messages

Address	Participant	Household	Assistance	Service(s)	Discharge	Messages
Ron, Please delete this duplicate record. Thanks.						
TANF Specialist: This serves as confirmation that the TANF Specialist has been notified that the participant/family member has met the eligibility requirements and has been SAMH enrolled as a TANF participant. Application Status: 4- Discharged Date Acknowledged: 06/08/2009 Confirmation Number: C07-28 Update Recertification Action Buttons Delete Delete Discharge Exit						

Once a participant's record has been successfully added and saved, a message may be posted to anyone in the TANF SAMH system by clicking on the Post Message  button.

Note: If you click on the Post Message button (and click OK) prior to saving any additional changes to data entered on the Address, Participant, Household, Assistance, and Services screens, data entry on all five screens will be lost.



The Post Message button may be accessed from any of the seven tabs/screens after the participant is successfully added to the system. Messages, including participant notes, entered through the Post Message system are displayed on the participant's Messages tab if the [Save Message] box is left checked when posting a message. (See following screen shot.)

Post Message	
From User: CROSS, CATHY (CC10067) To User(s):	
Select Users Chintam, Venu (CASVXC3) Cranford, Etta (DS74879) Ensenat, Vincent (DS10054) McIntyre, Janice (DS72677) Morrell, Ron (DS05046) Robertson, John (DS76832) Stovall, Russell (DS05041) Tindell, Teresa (DS31589) Ulmer, Donna (DS05040) Wasserman, Adam (WB15578)	Selected Users Cross, Cathy (CC10067)
Select >> Remove <<	
Subject: Tanf application ID 98 Date 02/28/2011 ☒ Save Message Click to view TANF App	
Message: 	
Post Message Reply to Message Cancel	

Note: If you do not wish to have the message displayed, you must uncheck the [Save Message] box. “Selected Users” (top right) is pre-populated based upon the TANF Specialist(s) and active providers associated with a particular circuit. You may remove an individual from this pre-populated list by highlighting the person’s name and clicking the [Remove<<] button. Please notify Central TANF Office staff (see page 28) if the pre-populated list is incomplete or incorrect.

When you have finished selecting the recipients and typing your message, click on the [Post Message] button at the bottom of the screen. The participant’s TANF record will be automatically attached to the message. The system will then send an e-mail to the receiver of the message notifying him/her of the new message in the TANF SAMH system.

All TANF SAMH users must adhere to Health Insurance Portability and Accountability Act (HIPAA)* guidelines regarding confidentiality of information in participant records transmitted through the Post Message system.

* HIPAA guidelines ensure the privacy and security of Protected Health Information (PHI) maintained in SAMHIS. Only authorized persons can access SAMHIS and must protect individually identifiable information from accidental or intentional misuse.

1. **TANF Specialist** (Key Field)

Mandatory: Yes

Choose the appropriate TANF Specialist for your circuit from the list provided.

The TANF SAMH Specialists serve as liaisons between the local SAMH circuit/region offices, the Central Office, multiple agencies with mutual populations, and the service providers.

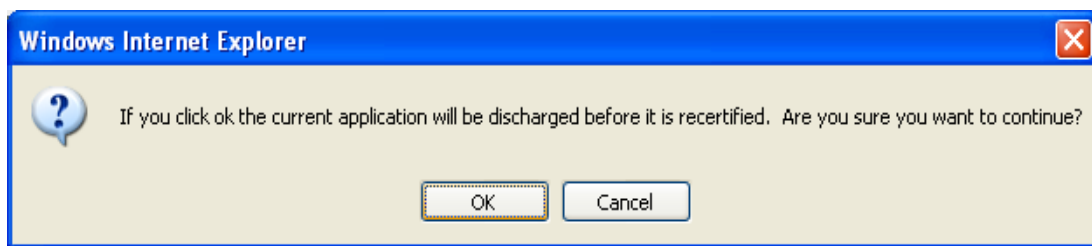
2. Application Status (Key Field)**Mandatory:** Yes

Circuit TANF Specialists may select one of the following: Pending, Accepted, or Rejected. Once a participant is saved in the system, “Discharged” may be selected, if appropriate. After following the Discharge instructions on pages 22-23, the application status will automatically update to “Discharged.”

Note for Provider staff when entering new clients: When the form is saved, this field will automatically show Pending. No entry is needed in this case.

Recertification:

To recertify a participant in SAMH during the month of July, click the [Re-certification] action button at the bottom of the screen. The following alert will pop up:



After you click [OK], the record will automatically change to “Discharged” status. Behind the scenes, the Discharge Date will automatically fill with the current date, Discharge Type will default to “1 - Family Achieving TANF Goals,” and Discharge Reason will default to “Re-certify for the new fiscal year.” It is important to note that the record you will now be viewing after clicking the [Re-certification] button will be the newly created / copied record in “Pending” status. After making any updates that are necessary (e.g. date EZ-1 Eligibility form signed, income amount, and Application Status) you must click the [Save Changes] action button in order for the new Re-Certification record to be saved. Note that the Application Type on the TANF Participant Search Results screen for the new record is “2 - Re-Certification.”

3. Date Acknowledged (Key Field)**Mandatory:** Yes

After the Application Status (Accepted or Rejected) is selected, the Date Acknowledged will automatically fill with the current date. For discharges, this date will pre-populate after the [Add Discharge] and/or [Save Changes] buttons are selected.

Note: The acknowledgment date for Accepted status may differ from the date the participant is actually eligible to receive services (i.e. date the EZ-1 form is signed.)

4. Confirmation Number (Key Field)**Mandatory:** Yes

Once an application is changed to “Accepted” status, the Confirmation Number will automatically fill. Confirmation Numbers are unique to each circuit. The first part of the number is the circuit number preceded by a “C” (e.g. C07), followed by a sequential number automatically assigned by the SAMH system. It also serves as a cross-reference when billing for payment.

IV. Who to Contact for Help

First, contact the Managing Entity Data Liaison if your agency is a subcontracted provider or the Regional Data Liaison in Circuits 3, 4, 7, 8, 9 and 18 if you are not a subcontracted provider. If the Managing Entity or Regional Data Liaison cannot help, then call the Customer Assistance Center (CAC) Help Desk at (850) 487-9400. If you need further assistance, contact the following individuals in the central program office in Tallahassee.

TANF Central Office Contacts:

Technical assistance is available statewide to TANF SAMH data system users from various individuals as follows:

Temberly Mitchell

TANF policy issues

[Temberly Mitchell@myflfamilies.com](mailto:Temberly.Mitchell@myflfamilies.com)

Phone: (850) 717-4328

Sarah Griffith

Database Access/User Access

Sarah.Griffith@myflfamilies.com

Phone (850) 717-4785

Substance Abuse ICD10 Disorders Qualifying Diagnoses Table

ICD10 Substance Abuse Codes and Descriptions:

Alcoholic Psychoses

- F10.121 Alcohol intoxication delirium, With mild use disorder
- F10.231 Alcohol withdrawal delirium
- F10.26 Alcohol-induced major neurocognitive disorder, Amnestic confabulatory type, With moderate or severe use disorder
- F10.27 Alcohol-induced major neurocognitive disorder, Nonamnestic confabulatory type, With moderate or severe use disorder
- F10.151 Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
- F10.920 Alcohol use, unspecified with intoxication, uncomplicated
- F10.950 Alcoholic Jealousy
- F10.232 Alcohol withdrawal, With perceptual disturbances
- F10.151 Alcohol abuse with alcohol-induced psychotic disorder with delusions

Drug Psychoses

- 292.0 Drug Withdrawal Syndrome
- 292.1 Paranoid and/or Hallucinatory States Induced – by Drugs
- 292.11 Drug-Induced Organic Delusional Syndrome
- 292.12 Drug-Induced Hallucinoses
- 292.2 Pathological Drug Intoxication
- 292.8 Other Specified Drug-Induced Mental Disorders
- 292.81 Drug-Induced Delirium
- 292.82 Drug-Induced Dementia
- 292.83 Drug-Induced Amnestic Syndrome
- 292.84 Drug-Induced Organic Affective Syndrome
- 292.89 Other Specified Drug-Induced Mental Disorders
- 292.9 Unspecified Drug-Induced Mental Disorder

303. Alcohol Dependence Syndrome

- 303.0 Acute Alcoholic Intoxication
- 303.00 Acute Alcoholic Intoxication in Alcoholism, Unspecified Use
- 303.01 Acute Alcoholic Intoxication in Alcoholism, Continuous Use
- 303.02 Acute Alcoholic Intoxication in Alcoholism, Episodic Use
- 303.03 Acute Alcoholic Intoxication in Alcoholism, in Remission
- 303.9 Other and Unspecified Alcohol Dependence
- 303.90 Other and Unspecified Alcohol Dependence, Unspecified Use
- 303.91 Other and Unspecified Alcohol Dependence, Continuous Use
- 303.92 Other and Unspecified Alcohol Dependence, Episodic Use
- 303.93 Other and Unspecified Alcohol Dependence, in Remission

304. Drug Dependence

304.0 Opioid Type Dependence

- 304.00 Opioid Type Dependence, Unspecified Use
- 304.01 Opioid Type Dependence, Continuous Use
- 304.02 Opioid Type Dependence, Episodic Use
- 304.03 Opioid Type Dependence, in Remission

304.1 Barbiturate and Similarly Acting Sedative or Hypnotic Dependence

- 304.10 Barbiturate and Similarly Acting Sedative or Hypnotic Dependence, Unspecified Use
- 304.11 Barbiturate and Similarly Acting Sedative or Hypnotic Dependence, Continuous Use
- 304.12 Barbiturate and Similarly Acting Sedative or Hypnotic Dependence, Episodic Use
- 304.13 Barbiturate and Similarly Acting Sedative or Hypnotic Dependence, in Remission

- 304.2 **Cocaine Dependence**
- 304.20 Cocaine Dependence, Unspecified Use
- 304.21 Cocaine Dependence, Continuous Use
- 304.22 Cocaine Dependence, Episodic Use
- 304.23 Cocaine Dependence, in Remission
- 304.3 **Cannabis Dependence**
- 304.30 Cannabis Dependence, Unspecified Use
- 304.31 Cannabis Dependence, Continuous Use
- 304.32 Cannabis Dependence, Episodic Use
- 304.33 Cannabis Dependence, in Remission
- 304.4 **Amphetamine and Other Psychostimulant Dependence**

Mental Health ICD10 Disorders Qualifying Diagnoses Table

ICD10 Mental Health Codes and Descriptions:

MENTAL DISORDERS

F29	Unspecified schizophrenia spectrum and other psychotic disorder
F41.9	Unspecified anxiety disorder
F41.0	Panic disorder
F34.1	Persistent depressive disorder (dysthymia)
F99	Other specified mental disorder
F60.9	Unspecified personality disorder
F45.41	Pain disorder exclusively related to psychological factors
F43.0	Acute stress disorder
F43.0	Acute stress disorder
F32.8	Other specified depressive disorder
F70	Intellectual disability (intellectual developmental disorder), Mild
F78	Other intellectual disabilities

ACADEMIC, COMPETENCY & DEVELOPMENTAL PROBLEMS

F81.0	Specific learning disorder, with impairment in reading
Z55.9	Academic or educational problem
F81.89	Other developmental disorders of scholastic skills (use this one for the green ones listed below)
Z55.0	Illiteracy and low-level literacy
F80.9	Unspecified communication disorder
F79	Unspecified intellectual disability (intellectual developmental disorder)
Z13.9	Encounter for screening, unspecified

IMPULSIVE, HYPERACTIVE OR INATTENTIVE PROBLEMS

F90.9	Unspecified attention-deficit/hyperactivity disorder
F90.2	Attention-deficit/hyperactivity disorder, Combined presentation
F63.89	Other impulse disorders
F63.81	Intermittent explosive disorder
Z72.6	Gambling and betting

NEGATIVE & ANTISOCIAL PROBLEMS

F91.9	Unspecified disruptive, impulse-control, and conduct disorder
F64.9	Unspecified gender dysphoria
F91.3	Oppositional defiant disorder
Z72.810	Child or adolescent antisocial behavior
F91.9	Unspecified disruptive, impulse-control, and conduct disorder
F91.1	Conduct disorder, Childhood-onset type
F91.2	Conduct disorder, Adolescent-onset type
F91.8	Other specified disruptive, impulse-control, and conduct disorder
F91.9	Unspecified disruptive, impulse-control, and conduct disorder

SUBSTANCE USE & ABUSE PROBLEMS

Z87.891	Personal history of nicotine dependence
---------	---

EMOTIONAL & MOOD PROBLEMS

F43.21	Adjustment disorder, With depressed mood
F43.24	Adjustment disorder, With disturbance of conduct
F43.25	Adjustment disorder, With mixed anxiety and depressed mood
F43.20	Adjustment disorder, Unspecified
F93.0	Separation anxiety disorder
F43.22	Adjustment disorder, With anxiety

- F43.23 Adjustment disorder with mixed anxiety and depressed mood
- F93.8 Other childhood emotional disorders.
- Z63.4 Uncomplicated bereavement

SLEEP & SOMATIC PROBLEMS

- F48.8 Other specified nonpsychotic mental disorders

FEEDING, EATING & ELIMINATION PROBLEMS

- F50.2 Bulimia nervosa
- F50.9 Unspecified feeding or eating disorder
- F98.1 Encopresis
- F98.0 Enuresis
- F50.00 Anorexia nervosa, unspecified
- Z72.4 Inappropriate diet and eating habits
- Z86.39 Personal history of other endocrine, nutritional and metabolic disease
- F50.8 Other Specified Feeding or Eating Disorder

ILLNESS-RELATED BEHAVIOR PROBLEMS

- Z51.5 Encounter for palliative care
- Z91.11 Patient's noncompliance with dietary regimen
- Z72.3 Lack of physical exercise

SEXUAL BEHAVIOR PROBLEMS

- Z72.51 High risk heterosexual behavior
- Z64.0 Problems related to unwanted pregnancy

ATYPICAL BEHAVIOR PROBLEMS

- Z76.5 Malingering

ENVIRONMENTAL & SITUATION PROBLEMS

- Z69.010 Other circumstances related to child neglect, Encounter for mental health services for victim of child neglect by parent **(Use this for the ones listed in green)**
- F93.8 Other childhood emotional disorders
- Z62.810 Personal history (past history) of physical abuse in childhood
- Z62.811 Personal history (past history) of psychological abuse in childhood
- Z91.419 Personal history of unspecified adult abuse
- Z62.820 Parent-child relational problem
- Z69.010 Other circumstances related to child neglect, Encounter for mental health services for victim of child neglect by parent
- Z04.41 Encounter for examination and observation following alleged adult rape
- Z81.8 Family history of other mental and behavioral disorders
- Z63.0 Relationship distress with spouse or intimate partner
- Z63.6 Dependent relative needing care at home
- Z63.72 Alcoholism and drug addiction in family
- Z62.22 Institutional upbringing
- Z63.9 Problem related to primary support group, unspecified
- Z65.9 Unspecified problem related to unspecified psychosocial circumstances
- Z62.891 Sibling relational problem
- Z62.0 Inadequate parental supervision and control
- Z56.0 Unemployment, unspecified
- Z56.2 Threat of job loss
- Z56.1 Change of job
- Z59.4 Lack of adequate food or safe drinking water
- Z59.1 Inadequate housing
- Z59.0 Homelessness
- Z60.2 Problem related to living alone

Z59.3 Problem related to living in a residential institution
Z59.8 Other problems related to housing and economic circumstances
Z60.4 Social exclusion or rejection
Z75.2 Other waiting period for investigation and treatment
Z72.821 Inadequate sleep hygiene
Z72.9 Problem related to lifestyle
Z03.6 Encounter for observation for suspected toxic effect from ingested substance ruled out
Z65.0 Conviction in civil or criminal proceedings without imprisonment

OTHER

Z04.9 Encounter for examination and observation for unspecified reason
F59 Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F69 Unspecified disorder of adult personality and behavior
F99 Other specified mental disorder
Z71.1 Person with feared health complaint in whom no diagnosis is made
F69 Unspecified disorder of adult personality and behavior
.

HEALTH COUNSELING/ EDUCATION

Z71.3 Dietary counseling and surveillance
Z71.41 Alcohol abuse counseling and surveillance of alcoholic
Z71.7 Human immunodeficiency virus [HIV] counseling