Temporary Assistance for Needy Families (TANF)

Client Eligibility Criteria	 Client who meets all of the following criteria for TANF: Family income of 200% or less of the federal poverty level Legal Custodian or Guardian of a child who is age 17 or under, or who is age 18 and is expected to graduate high school by his or her 19th birthday A US citizen or TANF-eligible immigrant under federal law A resident of North Carolina
	NOTES : This population is for tracking purposes only. Clients must be dually enrolled in appropriate population groups for service provision. All claims, for clients in this population group, will be flagged to facilitate TANF reporting requirements.
ICD-9 Diagnosis Ranges	Not Applicable
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Concurrency Issues	No Restriction
	For full details, refer to <u>IPRS Eligibility Concurrency</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)

Service Array	Not Applicable
Provider Restrictions	Not Applicable
Funding Source(s)	Not Applicable
Utilization Management	Not Applicable

## **Cross-Disability Funded (CDF)**

Client Eligibility Criteria	This population group is established to allow functionality for tracking payments made for Non- Client specific service provision. A state-enrolled 'client' will be used to report all services.
	<b>NOTES</b> : This population is for reporting an emergency coverage monthly fee only.
	Client may be identified in CNDS as '(local facility code)CDF001'
ICD-9 Diagnosis Ranges	No Restriction
Concurrency Issues	No LME client should be enrolled in this population. The state-enrolled 'client' cannot be enrolled in both CDF and any other population at the same time.
	For full details, refer to <u>IPRS Eligibility Concurrency</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)

Service	Refer to <u>IPRS Service Array</u> on the IPRS website.
Array	(http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider	Billing Provider – Area Program or LME
Restrictions	Attending Provider – No Restriction
Funding	Cross-Disability Fund – 536951 1290-220-00
Source(s)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Utilization Management	Reporting of the emergency coverage service is limited to 1 unit per month.

## Hurricane Katrina Evacuees (KTRNA)

Client Eligibility Criteria	Client who relocated to North Carolina after having to evacuee due to Hurricane Katrina. <b>NOTES</b> : This population is for tracking purposes only. If applicable, clients must be dually enrolled in appropriate population groups for service provision. All claims, for clients in this population group, will be flagged to facilitate reporting requirements.
ICD-9 Diagnosis Ranges	Not Applicable
Concurrency Issues	No Restriction For full details, refer to <u>IPRS Eligibility Concurrency</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)

Service Array	Not Applicable
Provider Restrictions	Not Applicable
Funding Source(s)	Not Applicable
Utilization Management	Not Applicable