



Contract Number

22-361 A-2

SAP Number

4400019390

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	909-388-0856
Contractor	Telecare Corporation
Contractor Representative	Bryceton Danico
Telephone Number	562-544-0791
Contract Term	July 1, 2022 – June 30, 2027
Original Contract Amount	\$14,000,000
Amendment Amount	\$800,000
Total Contract Amount	\$14,800,000
Cost Center	9204332200

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Telecare Corporation referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 22-361** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Crisis Residential Treatment Services, which Contract first became effective July 1, 2022, the following changes are hereby made and agreed to, effective upon execution:

- I. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraphs I and J are hereby amended and paragraph K is hereby added to read as follows:
 - I. The contract amendment amount of \$800,000 shall increase the total contract amount from \$14,000,000 to \$14,800,000 for the contract term.
 - J. This amendment hereby revises Schedules A and B for FY 2023-2024, FY 2024-2025, FY 2025-2026 and FY 2026-2027 as set forth in Exhibit I. All previously approved schedules remain in effect.

- K. The allowable funding sources for this Contract may include: Federal Financial Participation Medi-Cal, and Mental Health Services Act. Federal funds may not be used as match funds to draw down other federal funds.
- II. This amendment hereby adds Exhibit I Schedules A and B for FY 2023-2024, FY 2024-2025, FY 2025-2026 and FY 2026-2027.
- III. ATTACHMENT III, Campaign Contribution Disclosure (SB 1439) updated form is hereby attached.
- IV. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY

► _____
 Dawn Rowe, Chair, Board of Supervisors

Dated: _____
 SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
 Clerk of the Board of Supervisors
 of San Bernardino County

By _____
 Deputy

Telecare Corporation

(Print or type name of corporation, company, contractor, etc.)

By _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address 2080 S. E Street, Suite 100,
San Bernardino, CA 92408

FOR COUNTY USE ONLY

Approved as to Legal Form
 ► _____
 Dawn Martin, Deputy County Counsel
 Date _____

Reviewed for Contract Compliance
 ► _____
 Ellayna Hoatson, Contracts Supervisor
 Date _____

Reviewed/Approved by Department
 ► _____
 Georgina Yoshioka, Director
 Date _____

EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

Crisis Residential Treatment Services
(CRT)

FY 2023 - 2024

Anticipated Utilization of Funds

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-361/24-08

Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078

Date Form Completed: 2/29/2024

Date Form Revised:

Prepared by: Richard Pai
Title: Sr Financial Analyst

LINE #	MODE OF SERVICE	05-24 Hr Svcs	15-Outpatient	15-Outpatient	60- Support	60- Support	60- Support	45 - Outreach	TOTAL
	SERVICE FUNCTION	Adult Crisis Residential (40-49)	Case Management (01-06 & 08-09)	Medication Support (60)	Client Flexible Support (72)	Profit Margin	Other Non-Medi-Cal Client Support (78)	Mental Health Promotion (10)	
1	100% Distribution %	61.27%	5.63%	3.75%	0.18%	4.42%	15.35%	9.39%	
	EXPENSES								
2	SALARIES	983,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	186,021	17,108	11,386			46,617	28,514	289,645
	(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
4	OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,181	181,068	110,751	1,179,298
5	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
	AGENCY REVENUES								
6	PATIENT FEES								0
7	PATIENT INSURANCE								0
8	MEDI-CARE								0
9	GRANTS/OTHER								0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
	FUNDING								
12	MEDI-CAL (FFP)	662,151	60,897	40,528					763,577
13	EPSDT (2011 Realignment)	0	0	0					0
14	MHSA MATCH	945,931	86,996	57,897					1,090,824
15	MHSA FUNDING	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
16									0
17	FUNDING TOTAL	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
20	AGENCY FUNDING (non-DBH)	945,931	86,996	57,897	0	0	0	0	1,090,824
21	FEDERAL FUNDING	662,151	60,897	40,528	0	0	0	0	763,577
22	TOTAL FUNDING	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
23	TARGET COST PER UNIT OF SERVICE	\$362.65	\$3.10	\$7.83					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966

Client Days 5,256 Minutes

APPROVED:

Apr 8, 2024

Anthony Altamirano

Apr 8, 2024

Jessica Montecinos

Apr 8, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Denise Awrey

Anthony Altamirano

Jessica Montecinos

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2023 - 2024

Schedule B

Anticipated Utilization of Funds (12 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Telecare Corporation

Name	Degree/ License	Position Title	If Staff Position is not, Clinical FTE Providing SMHS, change to "N"	D/I/C ⁽¹⁾	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Contract	S&B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Larry Lawler	LCSW	Administrator-Inpatient	N	D	163,374	30,907	194,281	100%	0%	0%	194,281		163,374	30,907
Bryoston Danico	LCSW	Regional Director of Operations	N	D	182,873	34,558	217,231	11%	0%	0%	23,895		20,094	3,801
Holly Still	LCSW	Clinical Dir-Inpatient	N	D	91,243	17,261	108,504	100%	0%	0%	108,504		91,243	17,261
Gloria Castro	S. Abuse Cert	Case Manager-Sub Use Casr	Y	D	75,964	14,371	90,335	100%	0%	100%	90,335		75,964	14,371
Floyd Gentle	Peer Emplmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	100%	0%	100%	58,973		49,591	9,382
Calab Brown	Peer Emplmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	40%	0%	40%	23,589		19,837	3,753
Edgar Roman	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715
Clarence Johnson	Assoc Clinical SW	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715
Nicole Lopez	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	40%	0%	40%	37,000		31,114	5,886
Heather Lewis	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Lynette Ashby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Melissa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Michael Albanese	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,798		20,852	3,946
Yessenia Cruz	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	75%	0%	75%	40,095		33,718	6,378
Vacant	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	30%	0%	30%	16,038		13,487	2,551
Joseph Toruno	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Mason Walker	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Amber Williams	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Glenn Wright	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Danielle Stettler	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Nellie Jimenez	N/A	MRT-Inpatient	N	D	46,040	8,710	54,750	50%	0%	0%	27,375		23,020	4,355
Jody Rodriguez	N/A	Office Coordinator III	N	D/I	78,037	14,763	92,800	100%	0%	0%	92,800		78,037	14,763
TaNeisha Riley	N/A	HR Generalist	N	D	22,505	4,258	26,763	20%	0%	0%	5,253		4,417	836
Graeme Goldsmith	N/A	Reg IT Support Analyst	N	D	73,171	13,843	87,014	3.5%	0%	0%	3,045		2,561	484
Rosalind Victor	RN	Nurse Coordinator	N	D	107,650	20,365	128,015	100%	0%	0%	128,015		107,650	20,365
Neal, Sanathara, Kurz	MD	Psychiatrist	Y	C			0	100%	100%	0%	100%		0	0
			Y				0	100%	0%	0%	100%		0	0
												1,531,057	289,645	

TOTAL COST: 1,820,703

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,
Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

⁽¹⁾ Input "D" to indicate a direct staffing position, "I" for an indirect staffing position, and "C" for Contract position
Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

⁽²⁾ Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2023 - 2024

Prepared by: Richard Pai
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
Provider # 108
Contract/RFP# 22-361/24-08
Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
Date Form Completed: 2/29/2024

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

Anticipated Utilization of Funds

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Psychiatric Services	\$261,429	0%	\$0	100%	\$261,429
2 Client & Clinical Transportation	\$12,114	0%	\$0	100%	\$12,114
3 Other Community/Clinical	\$7,796	0%	\$0	100%	\$7,796
4 Member Expenses	\$5,305	0%	\$0	100%	\$5,305
5 Physical Plant	\$3,917	0%	\$0	100%	\$3,917
6 General and administrative expenses	\$201,887	0%	\$0	100%	\$201,887
7 Building Expenses	\$258,432	0%	\$0	100%	\$258,432
8 Depreciation	\$8,327	0%	\$0	100%	\$8,327
9 Dietary	\$74,960	0%	\$0	100%	\$74,960
10 Administrative support	\$212,388	0%	\$0	100%	\$212,388
11 Profit Margin	\$132,743	0%	\$0	100%	\$132,743
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
15		0%	\$0	100%	\$0
16		0%	\$0	100%	\$0
17		0%	\$0	100%	\$0
18		0%	\$0	100%	\$0
19		0%	\$0	100%	\$0
SUBTOTAL B:	\$1,179,298		\$0		\$1,179,298
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$3,000,001

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2023 - 2024

Prepared by: Richard Pai
 Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
 Provider # 108
 Contract/RFP# 22-361/24-08
 Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
 Date Form Completed: 2/29/2024

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

Anticipated Utilization of Funds

ITEM	Justification of Cost
1 Psychiatric Services	The expense includes Psychiatrists for 21 hours per week at \$210 per hour plus medical administration fees. The psychiatrist are projected to visit with each new admission for one hour and each additional client for 20 minutes per week.
2 Client & Clinical Transportation	Mileage, van lease, transportation services to transport clients and transport staff to assist clients. All mileage is reimbursed according to current IRS mileage reimbursement rates.
3 Other Community/Clinical	Clinical supplies and services.
4 Member Expenses	Assistance to clients to fulfill their clothing, transportation, or employment needs in order to encourage independent living.
5 Physical Plant	Physical plant expenses include: * Purchase services such as sanitation, janitorial, alarm, pest control. * Housekeeping and custodial supply and services - laundry, housekeeping and custodial supplies.
6 General and administrative expenses	General and administrative expenses include payroll, benefits, and human resources services, general liability insurance, office and computer supplies (paper, toner, photocopying, software upgrades, user license), minor equipment, communication services (telephone, data lines, cell phones), administrative travel expenses and mileage, professional services, and staff training and meetings.
7 Building Expenses	Building lease
8 Depreciation	Amortization of capitalized equipment.
9 Dietary	Food and dietary supplies purchased for the clients
10 Administrative support	Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
11 Profit Margin	Costs estimated to be 5% of direct cost of the program. These costs include development activity and profit. These are shown separately from Corporate Allocation based on the Medicare Allowable Cost Guidelines. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
12	
13	
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EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024
Service Projections (Mode 05)

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-361/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Days)	Planned Clinical FTE's	Required Productivity (based on 30 days per month)	Projected Revenue Generated by Service Type						Clients Served		
						Adult Crisis Residential (40-49)				Starting Census		14.4
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-23	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Aug-23	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Sep-23	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Oct-23	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Nov-23	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Dec-23	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jan-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Feb-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Mar-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Apr-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
May-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jun-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
TOTAL	5,256					\$1,891,861				132	132	
							Total Revenue	\$1,891,861	Unduplicated Clients Served	146		
								Estimated Cost Per Client:	\$12,923			

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					
Old County Contract (CCR) Rates	\$2.20	\$2.99	\$5.56	\$4.20	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	
Agency Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20	
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells					
Target Cost Per Unit of Service	\$3.10	\$0.00	\$7.83	\$0.00	

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ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Medication Support (60)						Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Aug-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Sep-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Oct-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Nov-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Dec-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jan-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Feb-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Mar-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Apr-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
May-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jun-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	\$0	132	132	0
Total Revenue								\$289,786	Unduplicated Clients Served		132	
								Estimated Cost Per Client:	\$2,195			

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	70,966	0	0	0	70,966
Total Monthly Minutes of Services (Average)	5914	0	0	0	5914
Dosage (minutes) per client per month	0	0	0	0	0
Dosage (hours) per client per month	0.00	0.00	0.00	0.00	0.00
Total Hours Per Unduplicated Client for Duration of the Program:					0.00

Avg Monthly Census	Expected Length of Program (months)
0	1

EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

Crisis Residential Treatment Services
(CRT)

FY 2024 - 2025

Anticipated Utilization of Funds

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-361/24-08

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#	SERVICE FUNCTION	Adult Crisis Residential (40-49)	Case Management (01-06 & 08-09)	Medication Support (60)	Client Flexible Support (72)	Profit Margin	Other Non-Medi-Cal Client Support (78)	Mental Health Promotion (10)	
1	100% Distribution %	61.27%	5.63%	3.75%	0.18%	4.42%	15.35%	9.38%	
EXPENSES									
2	SALARIES	983,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	186,021	17,108	11,386			46,617	28,514	289,645
	(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
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5	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
AGENCY REVENUES									
6	PATIENT FEES								0
7	PATIENT INSURANCE								0
8	MEDI-CARE								0
9	GRANTS/OTHER								0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
FUNDING									
12	MEDI-CAL (FFP)	662,151	60,897	40,528					763,577
13	EPSDT (2011 Realignment)	0	0	0					0
14	MHSA MATCH	945,931	86,996	57,897					1,090,824
15	MHSA FUNDING	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
16									0
17	FUNDING TOTAL	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
20	AGENCY FUNDING (non-DBH)	945,931	86,996	57,897	0	0	0	0	1,090,824
21	FEDERAL FUNDING	662,151	60,897	40,528	0	0	0	0	763,577
22	TOTAL FUNDING	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
23	TARGET COST PER UNIT OF SERVICE	\$362.65	\$3.10	\$7.83					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966 Minutes

Client Days 5,256

APPROVED:

Apr 8, 2024

Anthony Altamirano

Apr 8, 2024

Jessica Montecinos

Apr 8, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Denise Awrey

Anthony Altamirano

Jessica Montecinos

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2024 - 2025

Schedule B

Anticipated Utilization of Funds (12 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Telecare Corporation

Name	Degree/ License	Position Title	If Staff Position is not, Clinical FTE Providing SMHS, change to "N"	D/I/C ⁽¹⁾	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Contract	S&B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Larry Lawler	LCSW	Administrator-Inpatient	N	D	163,374	30,907	194,281	100%	0%	0%	194,281		163,374	30,907
Bryceon Danico	LCSW	Regional Director of Operations	N	D	182,673	34,558	217,231	11%	0%	0%	23,895		20,094	3,801
Holly Still	LCSW	Clinical Dir-Inpatient	N	D	91,243	17,261	108,504	100%	0%	0%	108,504		91,243	17,261
Gloria Castro	S. Abuse Cert	Case Manager-Sub Use Csr	Y	D	75,964	14,371	90,335	100%	0%	100%	90,335		75,964	14,371
Floyd Gentle	Peer Emprmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	100%	0%	100%	58,973		49,591	9,382
Caleb Brown	Peer Emprmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	40%	0%	40%	23,589		19,837	3,753
Edgar Roman	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715
Clarence Johnson	Assoc Clinical SW	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715
Nicole Lopez	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	40%	0%	40%	37,000		31,114	5,886
Heather Lewis	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Lynette Ashby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Melissa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Michael Abanise	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,796		20,852	3,946
Yessenia Cruz	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	75%	0%	75%	40,095		33,716	6,378
Vacant	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	30%	0%	30%	16,038		13,487	2,551
Joseph Toruno	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Mason Walker	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Amber Williams	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Glenn Wright	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Danielle Stettler	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Nellie Jimenez	N/A	MRT-Inpatient	N	D	46,040	8,710	54,750	50%	0%	0%	27,375		23,020	4,355
Jody Rodriguez	N/A	Office Coordinator III	N	D/I	78,037	14,763	92,800	100%	0%	0%	92,800		78,037	14,763
TaNeSha Riley	N/A	HR Generalist	N	D	22,505	4,258	26,763	20%	0%	0%	5,253		4,417	836
Graeme Goldsmith	N/A	Reg IT Support Analyst	N	D	73,171	13,843	87,014	3.5%	0%	0%	3,045		2,561	484
Rosalind Victor	RN	Nurse Coordinator	N	D	107,650	20,365	128,015	100%	0%	0%	128,015		107,650	20,365
Neal, Sanathara, Kurz	MD	Psychiatrist	Y	C			0	100%	100%	0%	100%	0	0	0
			Y				0	100%	0%	0%	100%	0	0	0
												1,531,057	289,646	

TOTAL COST: 1,820,703

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

⁽¹⁾ Input "D" to indicate a direct staffing position, "I" for an indirect staffing position, and "C" for Contract position
Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

⁽²⁾ Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Prepared by: Richard Pai
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
Provider # 108
Contract/RFP# 22-361/24-08
Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
Date Form Completed: 2/29/2024

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

Anticipated Utilization of Funds

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Psychiatric Services	\$261,429	0%	\$0	100%	\$261,429
2 Client & Clinical Transportation	\$12,114	0%	\$0	100%	\$12,114
3 Other Community/Clinical	\$7,796	0%	\$0	100%	\$7,796
4 Member Expenses	\$5,305	0%	\$0	100%	\$5,305
5 Physical Plant	\$3,917	0%	\$0	100%	\$3,917
6 General and administrative expenses	\$201,887	0%	\$0	100%	\$201,887
7 Building Expenses	\$258,432	0%	\$0	100%	\$258,432
8 Depreciation	\$8,327	0%	\$0	100%	\$8,327
9 Dietary	\$74,960	0%	\$0	100%	\$74,960
10 Administrative support	\$212,388	0%	\$0	100%	\$212,388
11 Profit Margin	\$132,743	0%	\$0	100%	\$132,743
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
15		0%	\$0	100%	\$0
16		0%	\$0	100%	\$0
17		0%	\$0	100%	\$0
18		0%	\$0	100%	\$0
19		0%	\$0	100%	\$0
SUBTOTAL B:	\$1,179,298		\$0		\$1,179,298
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$3,000,001

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2024 - 2025

Prepared by: Richard Pai
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
Provider # 108
Contract/RFP# 22-361/24-08
Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
Date Form Completed: 2/29/2024

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

Anticipated Utilization of Funds

ITEM	Justification of Cost
1 Psychiatric Services	The expense includes Psychiatrists for 21 hours per week at \$210 per hour plus medical administration fees. The psychiatrist are projected to visit with each new admission for one hour and each additional client for 20 minutes per week.
2 Client & Clinical Transportation	Mileage, van lease, transportation services to transport clients and transport staff to assist clients. All mileage is reimbursed according to current IRS mileage reimbursement rates.
3 Other Community/Clinical	Clinical supplies and services.
4 Member Expenses	Assistance to clients to fulfill their clothing, transportation, or employment needs in order to encourage independent living.
5 Physical Plant	Physical plant expenses include: * Purchase services such as sanitation, janitorial, alarm, pest control. * Housekeeping and custodial supply and services - laundry, housekeeping and custodial supplies.
6 General and administrative expenses	General and administrative expenses include payroll, benefits, and human resources services, general liability insurance, office and computer supplies (paper, toner, photocopying, software upgrades, user license), minor equipment, communication services (telephone, data lines, cell phones), administrative travel expenses and mileage, professional services, and staff training and meetings.
7 Building Expenses	Building lease
8 Depreciation	Amortization of capitalized equipment.
9 Dietary	Food and dietary supplies purchased for the clients
10 Administrative support	Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
11 Profit Margin	Costs estimated to be 5% of direct cost of the program. These costs include development activity and profit. These are shown separately from Corporate Allocation based on the Medicare Allowable Cost Guidelines. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
12	
13	
14	
15	
16	
17	
18	
19	

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025
Service Projections (Mode 05)

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-361/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Days)	Planned Clinical FTE's	Required Productivity (based on 30 days per month)	Projected Revenue Generated by Service Type						Clients Served		
						Adult Crisis Residential (40-49)				Starting Census		14.4
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Aug-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Sep-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Oct-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Nov-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Dec-24	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jan-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Feb-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Mar-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Apr-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
May-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jun-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
TOTAL	5,256					\$1,891,861				132	132	
Total Revenue								\$1,891,861	Unduplicated Clients Served		146	
Estimated Cost Per Client:										\$12,923		

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$3.10	\$0.00	\$7.83	\$0.00

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-381/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Medication Support (60)						Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Aug-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Sep-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Oct-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Nov-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Dec-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jan-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Feb-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Mar-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Apr-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
May-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jun-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	\$0	132	132	0
Total Revenue								\$289,786	Unduplicated Clients Served		132	
Estimated Cost Per Client:										\$2,195		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	70,966	0	0	0	70,966
Total Monthly Minutes of Services (Average)	5914	0	0	0	5914
Dosage (minutes) per client per month	0	0	0	0	0
Dosage (hours) per client per month	0.00	0.00	0.00	0.00	0.00
Total Hours Per Unduplicated Client for Duration of the Program:					0.00

Avg Monthly Census	Expected Length of Program (months)
0	1

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

Crisis Residential Treatment Services (CRT)

FY 2025 - 2026

Anticipated Utilization of Funds

Contractor Name: **Telecare Corporation**

Provider # **108**

Contract/RFP# **22-361/24-08**

Address: **1080 Marina Village Pkwy
Alameda, CA 94501-1078**

Date Form Completed: **2/29/2024**

Date Form Revised:

Prepared by: **Richard Pai**
Title: **Sr Financial Analyst**

LINE #	MIX %	MODE OF SERVICE	05-24 Hr Svcs	15-Outpatient	15-Outpatient	60- Support	60- Support	60 - Support	45 - Outreach	TOTAL
		SERVICE FUNCTION	Adult Crisis Residential (40-49)	Case Management (01-06 & 08-09)	Medication Support (60)	Client Flexible Support (72)	Profit Margin	Other Non-Medi-Cal Client Support (78)	Mental Health Promotion (10)	
1	100%	Distribution %	61.27%	5.63%	3.75%	0.18%	4.42%	15.35%	9.38%	
EXPENSES										
2		SALARIES	983,303	90,433	60,184			246,415	150,722	1,531,057
3		BENEFITS	186,021	17,108	11,386			46,617	28,514	289,645
		(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
4		OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,181	181,068	110,751	1,179,298
5		TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
AGENCY REVENUES										
6		PATIENT FEES								0
7		PATIENT INSURANCE								0
8		MEDI-CARE								0
9		GRANTS/OTHER								0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
FUNDING										
12	70.00%	MEDI-CAL (FFP)	662,151	60,897	40,528					763,577
13	0.00%	EPSDT (2011 Realignment)	0	0	0					0
14	100.00%	MHSA MATCH	945,931	86,996	57,897					1,090,824
15		MHSA FUNDING	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
16										0
17		FUNDING TOTAL	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
20		AGENCY FUNDING (non-DBH)	945,931	86,996	57,897	0	0	0	0	1,090,824
21		FEDERAL FUNDING	662,151	60,897	40,528	0	0	0	0	763,577
22		TOTAL FUNDING	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
23		TARGET COST PER UNIT OF SERVICE	\$362.65	\$3.10	\$7.83					
24		UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966

Client Days 5,256 Minutes

APPROVED:

Apr 8, 2024

Anthony Altamirano
Anthony Altamirano (Apr 8, 2024 12:56 PDT)

Apr 8, 2024

Jessica Montecinos

Apr 8, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Denise Awrey

Anthony Altamirano

Jessica Montecinos

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2025 - 2026

Anticipated Utilization of Funds (12 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Telecare Corporation

Name	Degree/ License	Position Title	If Staff Position is <u>not</u> Clinical FTE Providing SMHS, change to "N"	D/I/C ⁽¹⁾	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Contract	S&B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Larry Lawler	LCSW	Administrator-Inpatient	N	D	163,374	30,907	194,281	100%	0%	0%	194,281		163,374	30,907
Bryston Danico	LCSW	Regional Director of Operations	N	D	182,873	34,558	217,231	11%	0%	0%	23,885		20,094	3,801
Holly Still	LCSW	Clinical Dir-Inpatient	N	D	91,243	17,261	108,504	100%	0%	0%	108,504		91,243	17,261
Gloria Castro	S Abuse Cert	Case Manager-Sub Use Csr	Y	D	75,964	14,371	90,335	100%	0%	100%	90,335		75,964	14,371
Floyd Gentle	Peer Emplmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	100%	0%	100%	58,973		49,591	9,382
Caleb Brown	Peer Emplmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	40%	0%	40%	23,589		19,837	3,753
Edgar Roman	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715
Clarence Johnson	Assoc Clinical SW	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715
Nicole Lopez	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	40%	0%	40%	37,000		31,114	5,886
Heather Lewis	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Lynette Ashby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Melissa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724
Michael Abanise	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,796		20,852	3,945
Yessenia Cruz	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	75%	0%	75%	40,095		33,718	6,378
Vacant	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	30%	0%	30%	16,038		13,487	2,551
Joseph Toruno	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Mason Walker	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Amber Williams	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Glenn Wright	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Danielle Stetler	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401
Nellie Jimenez	N/A	MRT-Inpatient	N	D	48,040	8,710	54,750	50%	0%	0%	27,375		23,020	4,355
Jody Rodriguez	N/A	Office Coordinator III	N	D/I	78,037	14,763	92,800	100%	0%	0%	92,800		78,037	14,763
Ta'Neisha Riley	N/A	HR Generalist	N	D	22,505	4,258	26,763	20%	0%	0%	5,253		4,417	836
Graeme Goldsmith	N/A	Reg IT Support Analyst	N	D	73,171	13,843	87,014	3.5%	0%	0%	3,045		2,561	484
Rosalind Victor	RN	Nurse Coordinator	N	D	107,850	20,365	128,015	100%	0%	0%	128,015		107,850	20,365
Neal Sanathara, Kurz	MD	Psychiatrist	Y	C			0	100%	100%	0%	0		0	0
			Y				0	100%	0%	0%	0		0	0
TOTAL												1,531,057	289,645	

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

TOTAL COST: 1,820,703

⁽¹⁾ Input "D" to indicate a direct staffing position, "I" for an indirect staffing position, and "C" for Contract position

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

⁽²⁾ Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Prepared by: Richard Pai
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
Provider # 108
Contract/RFP# 22-361/24-08
Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
Date Form Completed: 2/29/2024

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

Anticipated Utilization of Funds

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Psychiatric Services	\$261,429	0%	\$0	100%	\$261,429
2 Client & Clinical Transportation	\$12,114	0%	\$0	100%	\$12,114
3 Other Community/Clinical	\$7,796	0%	\$0	100%	\$7,796
4 Member Expenses	\$5,305	0%	\$0	100%	\$5,305
5 Physical Plant	\$3,917	0%	\$0	100%	\$3,917
6 General and administrative expenses	\$201,887	0%	\$0	100%	\$201,887
7 Building Expenses	\$258,432	0%	\$0	100%	\$258,432
8 Depreciation	\$8,327	0%	\$0	100%	\$8,327
9 Dietary	\$74,960	0%	\$0	100%	\$74,960
10 Administrative support	\$212,388	0%	\$0	100%	\$212,388
11 Profit Margin	\$132,743	0%	\$0	100%	\$132,743
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
15		0%	\$0	100%	\$0
16		0%	\$0	100%	\$0
17		0%	\$0	100%	\$0
18		0%	\$0	100%	\$0
19		0%	\$0	100%	\$0
SUBTOTAL B:	\$1,179,298		\$0		\$1,179,298
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$3,000,001

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: Telecare Corporation
 Provider # 108
 Contract/RFP# 22-361/24-08
 Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
 Date Form Completed: 2/29/2024

Prepared by: Richard Pai
 Title: Sr Financial Analyst

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

Anticipated Utilization of Funds

ITEM	Justification of Cost
1 Psychiatric Services	The expense includes Psychiatrists for 21 hours per week at \$210 per hour plus medical administration fees. The psychiatrist are projected to visit with each new admission for one hour and each additional client for 20 minutes per week.
2 Client & Clinical Transportation	Mileage, van lease, transportation services to transport clients and transport staff to assist clients. All mileage is reimbursed according to current IRS mileage reimbursement rates.
3 Other Community/Clinical	Clinical supplies and services.
4 Member Expenses	Assistance to clients to fulfill their clothing, transportation, or employment needs in order to encourage independent living.
5 Physical Plant	Physical plant expenses include: * Purchase services such as sanitation, janitorial, alarm, pest control. * Housekeeping and custodial supply and services - laundry, housekeeping and custodial supplies.
6 General and administrative expenses	General and administrative expenses include payroll, benefits, and human resources services, general liability insurance, office and computer supplies (paper, toner, photocopying, software upgrades, user license), minor equipment, communication services (telephone, data lines, cell phones), administrative travel expenses and mileage, professional services, and staff training and meetings.
7 Building Expenses	Building lease
8 Depreciation	Amortization of capitalized equipment.
9 Dietary	Food and dietary supplies purchased for the clients
10 Administrative support	Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
11 Profit Margin	Costs estimated to be 5% of direct cost of the program. These costs include development activity and profit. These are shown separately from Corporate Allocation based on the Medicare Allowable Cost Guidelines. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
12	
13	
14	
15	
16	
17	
18	
19	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 05)**

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-361/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Days)	Planned Clinical FTE's	Required Productivity (based on 30 days per month)	Projected Revenue Generated by Service Type						Clients Served		
						Adult Crisis Residential (40-49)				Starting Census		14.4
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Aug-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Sep-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Oct-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Nov-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Dec-25	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jan-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Feb-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Mar-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Apr-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
May-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jun-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
TOTAL	5,256					\$1,891,861				132	132	
							Total Revenue	\$1,891,861	Unduplicated Clients Served		146	
								Estimated Cost Per Client:		\$12,923		

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$3.10	\$0.00	\$7.83	\$0.00

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-361/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Medication Support (60)						Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Aug-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Sep-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Oct-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Nov-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Dec-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jan-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Feb-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Mar-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Apr-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
May-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jun-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	\$0	132	132	0
Total Revenue								\$289,786	Unduplicated Clients Served		132	
								Estimated Cost Per Client:	\$2,195			

EXHIBIT I

BUDGET SCHEDULES

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	70,966	0	0	0	70,966
Total Monthly Minutes of Services (Average)	5914	0	0	0	5914
Dosage (minutes) per client per month	0	0	0	0	0
Dosage (hours) per client per month	0.00	0.00	0.00	0.00	0.00
Total Hours Per Unduplicated Client for Duration of the Program:					0.00

Avg Monthly Census	Expected Length of Program (months)
0	1

EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

Crisis Residential Treatment Services
(CRT)

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-361/24-08

Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078

Date Form Completed: 2/29/2024
Date Form Revised:

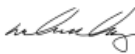
Prepared by: Richard Pai
Title: Sr Financial Analyst

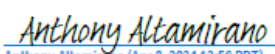
FY 2026 - 2027
Anticipated Utilization of Funds

LINE #	MODE OF SERVICE	05-24 Hr Svcs	15-Outpatient	15-Outpatient	60- Support	60- Support	60- Support	45 - Outreach	TOTAL
	SERVICE FUNCTION	Adult Crisis Residential (40-49)	Case Management (01-06 & 08-09)	Medication Support (60)	Client Flexible Support (72)	Profit Margin	Other Non-Medi-Cal Client Support (78)	Mental Health Promotion (10)	
1	100% Distribution %	61.27%	5.63%	3.75%	0.18%	4.42%	15.35%	9.39%	
EXPENSES									
2	SALARIES	983,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	186,021	17,108	11,386			46,617	28,514	289,645
	(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
4	OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,181	181,068	110,751	1,179,298
5	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
AGENCY REVENUES									
6	PATIENT FEES								0
7	PATIENT INSURANCE								0
8	MEDI-CARE								0
9	GRANTS/OTHER								0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
FUNDING									
12	Mix % 70.00% MEDI-CAL (FFP) Share % 50.00%	662,151	60,897	40,528					763,577
13	0.00% EPSDT (2011 Realignment) 0.00%	0	0	0					0
14	100.00% MHSA MATCH 50.00%	945,931	86,996	57,897					1,090,824
15	MHSA FUNDING	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
16									0
17	FUNDING TOTAL	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	283,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
20	AGENCY FUNDING (non-DBH)	945,931	86,996	57,897	0	0	0	0	1,090,824
21	FEDERAL FUNDING	662,151	60,897	40,528	0	0	0	0	763,577
22	TOTAL FUNDING	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
23	TARGET COST PER UNIT OF SERVICE	\$362.65	\$3.10	\$7.83					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966 Minutes

Client Days 5,256

APPROVED:


 Apr 8, 2024
 PROVIDER AUTHORIZED SIGNATURE DATE


 Apr 8, 2024
 DBH FISCAL SERVICES DATE


 Apr 8, 2024
 DBH PROGRAM MANAGER DATE

Denise Awrey
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

Jessica Montecinos
 DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2026 - 2027

Anticipated Utilization of Funds (12 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Telecare Corporation

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C ⁽¹⁾	Full Time Annual Salary*	Full Time Fringe Benefits [†]	Total Full Time Salaries & Benefits [†]	% Cost Allocated Contract Services	Contract	S&B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services										
Larry Lawler	LCSW	Administrator-Inpatient	N	D	163,374	30,907	194,281	100%	0%	0%	194,281		163,374	30,907										
Bryceton Danico	LCSW	Regional Director of Operations	N	D	182,873	34,558	217,231	11%	0%	0%	23,895		20,094	3,801										
Holly Still	LCSW	Clinical Dir-Inpatient	N	D	91,243	17,261	108,504	100%	0%	0%	108,504		91,243	17,261										
Gloria Castro	S Abuse Cert	Case Manager-Sub Use Csr	Y	D	75,964	14,371	90,335	100%	0%	100%	90,335		75,964	14,371										
Floyd Gentle	Peer Emplmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	100%	0%	100%	58,973		49,591	9,382										
Caleb Brown	Peer Emplmt Cert	Peer Recovery Coach	Y	D	49,591	9,382	58,973	40%	0%	40%	23,589		19,837	3,753										
Edgar Roman	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715										
Clarence Johnson	Assoc Clinical SW	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499		77,784	14,715										
Nicole Lopez	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	40%	0%	40%	37,000		31,114	5,886										
Heather Lewis	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724										
Lynette Ashby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724										
Melissa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982		104,259	19,724										
Michael Albanise	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,796		20,852	3,945										
Yessenia Cruz	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	75%	0%	75%	40,095		33,716	6,378										
Vacant	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	30%	0%	30%	16,038		13,487	2,551										
Joseph Toruno	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401										
Mason Walker	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401										
Amber Williams	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401										
Glenn Wright	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401										
Danielle Stettler	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952		65,551	12,401										
Nellie Jimenez	N/A	MRT-Inpatient	N	D	46,040	8,710	54,750	50%	0%	0%	27,375		23,020	4,355										
Jody Rodriguez	N/A	Office Coordinator III	N	D/I	78,037	14,783	92,800	100%	0%	0%	92,800		78,037	14,783										
TaNeisha Riley	N/A	HR Generalist	N	D	22,506	4,258	26,763	20%	0%	0%	5,253		4,417	836										
Graeme Goldsmith	N/A	Reg IT Support Analyst	N	D	73,171	13,843	87,014	3.5%	0%	0%	3,045		2,561	484										
Rosalind Victor	RN	Nurse Coordinator	N	D	107,650	20,365	128,015	100%	0%	0%	128,015		107,650	20,365										
Neal Sanathara, Kurz	MD	Psychiatrist	Y	C			0	100%	100%	0%	100%		0	0										
			Y				0	100%	0%	0%	100%		0	0										
TOTAL																								
COST:																								
																							1,531,057	289,645

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

†Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

TOTAL COST: 1,820,703

⁽¹⁾ Input "D" to indicate a direct staffing position, "I" for an indirect staffing position, and "C" for Contract position

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

⁽²⁾ Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Prepared by: Richard Pai
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
Provider # 108
Contract/RFP# 22-361/24-08
Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
Date Form Completed: 2/29/2024

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

Anticipated Utilization of Funds

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Psychiatric Services	\$261,429	0%	\$0	100%	\$261,429
2 Client & Clinical Transportation	\$12,114	0%	\$0	100%	\$12,114
3 Other Community/Clinical	\$7,796	0%	\$0	100%	\$7,796
4 Member Expenses	\$5,305	0%	\$0	100%	\$5,305
5 Physical Plant	\$3,917	0%	\$0	100%	\$3,917
6 General and administrative expenses	\$201,887	0%	\$0	100%	\$201,887
7 Building Expenses	\$258,432	0%	\$0	100%	\$258,432
8 Depreciation	\$8,327	0%	\$0	100%	\$8,327
9 Dietary	\$74,960	0%	\$0	100%	\$74,960
10 Administrative support	\$212,388	0%	\$0	100%	\$212,388
11 Profit Margin	\$132,743	0%	\$0	100%	\$132,743
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
15		0%	\$0	100%	\$0
16		0%	\$0	100%	\$0
17		0%	\$0	100%	\$0
18		0%	\$0	100%	\$0
19		0%	\$0	100%	\$0
SUBTOTAL B:	\$1,179,298		\$0		\$1,179,298
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$3,000,001

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2027

Prepared by: Richard Pai
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation
Provider # 108
Contract/RFP# 22-361/24-08
Address: 1080 Marina Village Pkwy
Alameda, CA 94501-1078
Date Form Completed: 2/29/2024

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

Anticipated Utilization of Funds

ITEM	Justification of Cost
1 Psychiatric Services	The expense includes Psychiatrists for 21 hours per week at \$210 per hour plus medical administration fees. The psychiatrist are projected to visit with each new admission for one hour and each additional client for 20 minutes per week.
2 Client & Clinical Transportation	Mileage, van lease, transportation services to transport clients and transport staff to assist clients. All mileage is reimbursed according to current IRS mileage reimbursement rates.
3 Other Community/Clinical	Clinical supplies and services.
4 Member Expenses	Assistance to clients to fulfill their clothing, transportation, or employment needs in order to encourage independent living.
5 Physical Plant	Physical plant expenses include: * Purchase services such as sanitation, janitorial, alarm, pest control. * Housekeeping and custodial supply and services - laundry, housekeeping and custodial supplies.
6 General and administrative expenses	General and administrative expenses include payroll, benefits, and human resources services, general liability insurance, office and computer supplies (paper, toner, photocopying, software upgrades, user license), minor equipment, communication services (telephone, data lines, cell phones), administrative travel expenses and mileage, professional services, and staff training and meetings.
7 Building Expenses	Building lease
8 Depreciation	Amortization of capitalized equipment.
9 Dietary	Food and dietary supplies purchased for the clients
10 Administrative support	Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
11 Profit Margin	Costs estimated to be 5% of direct cost of the program. These costs include development activity and profit. These are shown separately from Corporate Allocation based on the Medicare Allowable Cost Guidelines. The total of Profit Margin and indirect administration will not exceed 15% of direct costs of the program.
12	
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EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 05)

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-361/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Days)	Planned Clinical FTE's	Required Productivity (based on 30 days per month)	Projected Revenue Generated by Service Type						Clients Served		
						Adult Crisis Residential (40-49)				Starting Census		14.4
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Aug-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Sep-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Oct-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Nov-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Dec-26	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jan-27	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Feb-27	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Mar-27	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Apr-27	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
May-27	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
Jun-27	438	15.05	97%	\$0	\$0	\$157,655	\$0	\$0	\$0	11	11	14
TOTAL	5,256					\$1,891,861				132	132	
							Total Revenue	\$1,891,861	Unduplicated Clients Served		146	
								Estimated Cost Per Client:	\$12,923			

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Target Cost Per Unit of Service	\$3.10	\$0.00	\$7.83	\$0.00

NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	Telecare Corporation
Provider #	108
Contract/RFP#	22-361/24-08
Address:	1080 Marina Village Pkwy Alameda, CA 94501-1078
Date Form Completed:	2/29/2024
Date Form Revised:	

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Medication Support (60)						Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Aug-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Sep-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Oct-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Nov-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Dec-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jan-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Feb-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Mar-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Apr-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
May-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jun-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	\$0	132	132	0
Total Revenue								\$289,786	Unduplicated Clients Served		132	
Estimated Cost Per Client:										\$2,195		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	70,966	0	0	0	70,966
Total Monthly Minutes of Services (Average)	5914	0	0	0	5914
Dosage (minutes) per client per month	0	0	0	0	0
Dosage (hours) per client per month	0.00	0.00	0.00	0.00	0.00
Total Hours Per Unduplicated Client for Duration of the Program:					0.00

Avg Monthly Census	Expected Length of Program (months)
0	1



ATTACHMENT III Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Telecare Corporation

2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

Yes If yes, skip Question Nos. 3-4 and go to Question No. 5 No

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):

Anne Bakar, Nanci Fredkin, Telecare ESOP Trust

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
None	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
None		

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):
None		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
None	

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No If **no**, please skip Question No. 10.

Yes If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.