



Contract Number
16-432 A-2

SAP Number
4400009473

Department of Behavioral Health

Department Contract Representative	Deborah Forthun
Telephone Number	909-388-0862
Contractor	High Desert Medical Center
Contractor Representative	Nicole Duarte
Telephone Number	(760) 366-1541
Contract Term	July 1, 2016 – September 30, 2021
Original Contract Amount	\$3,600,000
Amendment Amount	\$1,400,000
Total Contract Amount	\$5,000,000
Cost Center	9206311000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and High Desert Medical Center referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-432** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for General Mental Health services and CalWorks, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE III Performance, paragraph T. Internal Control is hereby added to read as follows:
 - T. High Desert Medical Center must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and

expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

II. ARTICLE IV Funding and Budgetary Restrictions paragraphs B, E, and J are hereby amended to read as follows:

- B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 15% of a budgeted line item without the prior written approval from DBH. Budget line items applicable to the 15% rule are: (1) Total Salaries & Benefits and (2) Individual Operating Expense items. The County has the sole discretion of transferring funds between funding sources or modes of services.
 - 1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.
- E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.
- J. This amendment shall increase the total contract from \$3,600,000 to \$5,000,000.

III. ARTICLE V Provisional Payment is hereby amended to read as follows:

- A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.
- B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.
- C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
 - 1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.

2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 € of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.
 4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
 5. County will send Contractor a year-to-date Medi-Cal denied claims report on a monthly basis. It is the responsibility of Contractor to make any necessary corrections to the denied services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 6. In the event that the denied claims cannot be corrected, and therefore the DHCS will not adjudicate and approve the denied claims, the County will recover the paid funds from Contractor's current invoice payment(s). DBH Fiscal recovers denied claim amounts at a minimum quarterly basis.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' general ledger with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
1. For each fiscal year period (FYs 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
 2. For each fiscal year period (FYs 2021-22) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-third (1/3) of the maximum allocations for the mode of service unless there have been payments of less than one-third (1/3) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-third (1/3) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
- E. Monthly payments for Short-Doyle Medi-Cal services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the

provisional rates in the DBH claiming system. The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report or County Contract Rate (CCR), whichever is lower, shall prevail.

1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges, Contractor's actual cost and the CCR.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement as described in the Annual Cost Report Settlement Article.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for

categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.

- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/oqa> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.

- S. Prohibited Payments
 - 1. County shall make no payment to Contractor other than payment for services covered under this Contract.
 - 2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
 - 3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.

- b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
- c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
- d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

T. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

IV. ARTICLE VII Annual Cost Report Settlement Paragraphs A, C, D and E are hereby amended to read as follows:

A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.

C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.

1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.

a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.

2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which have been approved by DHCS up to the preliminary submission period as reported by DBH.

3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-end. The eighteen (18) month timeline is an approximation as the final reconciliation process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission.

Contractors are not permitted to increase total services or cost during this reconciliation process.

4. Each Annual Cost Report shall be prepared by Contractor in accordance with the Centers for Medicare and Medicaid Services' Publications #15-1 and #15-02; "The Providers Reimbursement Manual Parts 1 and 2;" the State Cost and Financial Reporting Systems (CFRS) Instruction Manual; and any other written guidelines that shall be provided to Contractor at the Cost Report Training, to be conducted by County on or before October 15 of the fiscal year for which the annual cost report is to be prepared.
 - a. Attendance by Contractor at the County's Cost Report Training is mandatory.
 - b. Failure by Contractor to attend the Cost Report Training shall be considered a breach of this Agreement.
 5. Failure by Contractor to submit an annual cost report within the specified date set by the County shall constitute a breach of this Agreement. In addition to, and without limiting, any other remedy available to the County for such a breach, the County may, at its option, withhold any monetary settlements due Contractor until the cost report(s) is (are) complete.
 6. Only the Director or designee may make exception to the requirement set forth in the Annual Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
 7. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Provisional Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
 8. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
 9. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:
 - a. Available Match Funds
 - b. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.
- D. As part of its annual cost report settlement, County shall identify any amounts due to Contractor by the County or due from Contractor to the County.
1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.

2. Upon receipts by the County of Contractor's written request, the County shall, within twenty (20) business days, meet with Contractor to review the annual cost report settlement and to consider any documentation or information presented by Contractor. Contractor may waive such meeting and elect to proceed based on written submission at its sole discretion.
3. Within twenty (20) business days of the meeting specified above, the County shall issue a response to Contractor including confirming or adjusting any amounts due to Contractor by the County or due from Contractor to the County.
4. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor is due payment from the County, the County shall initiate the payment process to Contractor before submitting the annual Cost report to DHCS or other State agencies.
5. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor owes payments to the County, Contractor shall make payment to the County in accordance with Paragraph E below (Method of Payments for Amounts Due to the County).
6. Regardless of any other provision of this Paragraph D, reimbursement to Contractor shall not exceed the maximum financial obligation by fiscal year, funding source, and service modalities as delineated on the Schedules A and B.

E. Method of Payments for Amounts Due to the County

1. Within fourteen (14) business days after written notification by the County to Contractor of any amount due by Contractor, Contractor shall notify the County as to which payment option will be utilized. Payment options for the amount to be recovered will be outlined in the settlement letter.
- C. If Contractor does not so notify the County within such fourteen (14) business days, or if Contractor fails to make payment of any such amount to the County as required, then recovery of such amount from Contractor will be deducted in its entirety from immediate future claim(s) until recovered in.

V. ARTICLE XIII Duration and Termination Paragraphs A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through September 30, 2021 inclusive.

VI. This amendment hereby adds Schedules A and B for FY 2020-21 and FY 2021-22. All previously approved schedules remain in effect.

VII. ADDENDUM I is hereby amended as follows:

Article I DEFINITION OF RECOVERY, WELLNESS, AND RESILIENCE AND REHABILITATIVE MENTAL HEALTH SERVICES Paragraph D.20 is hereby added to read as follows:

20. Adjunctive Rural Outpatient Services – services designed to support rural communities that may or may not be a billable service under Medi-Cal. To include but not limited to; transportation, remote tele-health services, in-home services, and medication delivery services.

Article III SERVICE AREA is hereby amended to read as follows:

Services shall be provided to San Bernardino County residents in Morongo Valley, Yucca Valley, Joshua Tree and surrounding remote service areas.

Article VIII. ADMINISTRATIVE REQUIREMENTS paragraph B is hereby amended to read as follows:

B. Services will be billed by the minute for all Mode 15 & Mode 60 services.

Article IX. REPORTING REQUIREMENTS article is hereby amended to read as follows:

Contractor shall work in collaboration with DBH for accurate data collections. The expectation is that the selected Contractor's staff will be available for collaboration for at least two (2) hours per month.

The collaboration will include, but is not limited to the following:

- A. Collect, analyze, and report on evaluation elements and their outcomes as defined by DBH.
- B. Provide support and assistance to DBH in any testing/evaluation efforts. This will minimally include the Child, Adolescent, Needs and Strengths Assessment, specifically, the Child, Adolescent Needs and Strengths Assessment: Comprehensive Multisystem Assessment – San Bernardino (CANS-SB), and the Adult Needs Strengths Assessment, (ANSA). Provide DBH Research and Evaluation Section (R&E) with important outcome information throughout the term of any contract awarded. R&E will notify the Agency(s) when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining needed information.

Participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities. The evaluation may include: Audits, Annual Program Review, contract monitor site reviews or a review of special incident

Article X. PERFORMANCE OUTCOMES paragraph D is hereby revised and paragraph E is hereby added to read as follows:

- D. Adult Needs Strengths Assessment (ANSA)
 - a. Within thirty (30) days of admission
 - b. Every six (6) months, and
 - c. Within thirty (30) days of discharge
- E. Clarifications:
 - 1. A CANS-SB or ANSA is not required at admission if the client did not meet criteria for services AND there is deemed insufficient information to complete the CANS-SB accurately.
 - 2. In no case shall a period of more than six (6) months pass without completing a CANS-SB or ANSA.
 - 3. A CANS-SB or ANSA is not required at discharge if a six (6) month (i.e., update) CANS-SB, ANSA, was administered within the past thirty (30) days AND no significant change in client's presentation has occurred

VIII. 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.

COUNTY OF SAN BERNARDINO

High Desert Medical Center

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

▶

Curt Hagman, Chairman, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

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

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

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

Reviewed for Contract Compliance
▶
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
▶
Veronica Kelley, Director
Date _____

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: HDMC Holdings, LLC		
Actual Cost Contract (cost reimbursement)		GMH FY 2020 - 2021				Provider # 1856		
Prepared by: Armann Rohde		July 1, 2020 - June 30, 2021				Contract/RFP#		
Title: Senior Accountant						Address: 6601 White Feather Rd. Joshua Tree, CA 92252		
						Date Form Completed:		
						Date Form Revised:		
100%	Distribution %	3.00%	61.59%	5.00%	2.00%	24.61%	3.80%	
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	60-Support	60-Support	TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Client Flexible Support (72)	Other Non-Medi-Cal Client Support (78)	
EXPENSES								
1	SALARIES	21,058	432,319	35,097	14,039		26,674	529,187
2	BENEFITS	6,063	124,467	10,105	4,042		7,680	152,356
	(1+2 must equal total staffing costs)	27,121	556,786	45,202	18,081		34,353	681,543
3	OPERATING EXPENSES	6,404	131,465	10,673	4,269	52,535	8,112	213,457
4	TOTAL EXPENSES (1+2+3)	33,524	688,251	55,875	22,350	52,535	42,465	895,000
AGENCY REVENUES								
5	PATIENT FEES							0
6	PATIENT INSURANCE							0
7	MEDI-CARE							0
8	GRANTS/OTHER							0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	33,524	688,251	55,875	22,350	52,535	42,465	895,000
FUNDING								
	Mix %	Share %						
11	94.08%	MEDI-CAL (FFP)	50.00%	15,770	323,753	26,283	10,513	376,319
12	3.08%	EPSDT (2011 REALIGNMENT)	36.03%	350	7,186	583	233	8,352
13		1991 REALIGNMENT MATCH		15,420	316,568	25,701	10,281	367,969
14		MHSA Non-Medi-Cal Client Services					52,535	42,465
15								0
16	5.92%	1991 REALIGNMENT - NET COUNTY		1,985	40,744	3,308	1,323	47,360
17								0
18		FUNDING TOTAL		33,524	688,251	55,875	22,350	895,000
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20		STATE FUNDING (Including Realignment)		15,770	323,754	26,284	10,514	471,321
21		FEDERAL FUNDING		17,755	364,497	29,591	11,836	423,679
22		TOTAL FUNDING		33,524	688,251	55,875	22,350	895,000
23		MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24		TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25		UNITS OF TIME (Minutes)		15,238	230,184	10,049	5,321	260,792

Schedule A

100%		Distribution %		3.00%	61.59%	5.00%	2.00%	24.61%	3.80%	TOTAL
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	60-Support	60-Support			
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Client Flexible Support (72)	Other Non-Medi-Cal Client Support (78)			
EXPENSES										
1	SALARIES	5,264	108,080	8,774	3,510		6,668	132,297		
2	BENEFITS	1,516	31,117	2,526	1,010		1,920	38,089		
	(1+2 must equal total staffing costs)	6,780	139,197	11,300	4,520		8,588	170,386		
3	OPERATING EXPENSES	1,601	32,866	2,668	1,067	13,134	2,028	53,364		
4	TOTAL EXPENSES (1+2+3)	8,381	172,063	13,969	5,587	13,134	10,617	223,750		
AGENCY REVENUES										
5	PATIENT FEES							0		
6	PATIENT INSURANCE							0		
7	MEDI-CARE							0		
8	GRANTS/OTHER							0		
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0		
10	CONTRACT AMOUNT (4-9)	8,381	172,063	13,969	5,587	13,134	10,617	223,750		
FUNDING										
	Mix %	Share %								
11	94.08%	MEDI-CAL (FFP)	50.00%	3,942	80,938	6,571	2,628	94,079		
12	3.08%	EPSDT (2011 REALIGNMENT)	36.03%	87	1,796	146	58	2,087		
13		1991 REALIGNMENT MATCH		3,856	79,143	6,425	2,571	91,994		
14		MHSA Non-Medi-Cal Client Services					13,134	23,750		
15								0		
16	5.92%	1991 REALIGNMENT - NET COUNTY		496	10,186	827	331	11,840		
17								0		
18		FUNDING TOTAL		8,381	172,063	13,969	5,587	223,750		
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0		
20		STATE FUNDING (Including Realignment)		3,943	80,939	6,571	2,629	117,831		
21		FEDERAL FUNDING		4,438	91,124	7,398	2,959	105,919		
22		TOTAL FUNDING		8,381	172,063	13,969	5,587	223,750		
23		MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20			
24		TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20			
25		UNITS OF TIME (Minutes)		3,809	57,546	2,512	1,330	65,197		

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
Schedule B	STAFFING DETAIL									
	FY 2020 - 2021									
	July 1, 2020 - June 30, 2021 (12 months)									
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME:	HDMC Holdings, LLC									
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Stephanie Lewis	SLP	Director	161,984	61,554	223,538	22%	48,284		34,989	13,296
Michelle Redman	LCSW	Program Therapist	85,238	32,390	117,628	60%	70,577		51,143	19,434
Cheryl Allen	LCSW	Program Therapist	85,280	32,406	117,686	65%	76,025		55,091	20,935
Tamara Ward	HS	Office Assistant	33,820	12,852	46,672	79%	36,690		26,587	10,103
Jordan Fink	LMFT	Program Therapist	63,897	24,281	88,178	75%	66,133		47,923	18,211
Mary Jo Thornton	LMFT	Program Therapist	74,900	28,462	103,362	70%	72,353		52,430	19,923
Tania Leysen	HS Diploma	Case Manager	34,362	13,058	47,420	80%	37,914		27,474	10,440
Shawn Ferris	HS Diploma	Case Manager	33,405	12,694	46,099	50%	23,049		16,703	6,347
Marybel Barnes	MA	Medical Assistant	35,214	13,381	48,595	4%	1,944		1,409	535
Elizabeth Little	HS or AA	Billing/Admin	33,820	12,852	46,672	60%	27,970		20,268	7,702
Greater Modesto	Physician	Psychiatrist	135,000	0	135,000	95%	128,250		128,250	0
TBD	LCSW/LMFT	Program Therapist	60,320	22,922	83,242	100%	83,242		60,320	22,922
Alison Burton	LMFT	Program Therapist	65,998	25,079	91,077	10%	9,108		6,600	2,508
									0	0
									0	0
									0	0
				291,930				0	529,187	152,356
						TOTAL COST:	681,543			
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021

Contractor Name: **HDMC Holdings, LLC**

Provider # **1,856**

Contract/RFP#

Address: **6601 White Feather Rd.**

Joshua Tree, CA 92252

Date Form Completed:

Prepared by: **Armann Rohde**

Title: **Senior Accountant**

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.

July 1, 2020 - June 30, 2021

Budget Revision

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 Supplies	\$1,580	5%	\$79	95%	\$1,501	0	1,501
2 Rent	\$84,492	5%	\$4,225	95%	\$80,267		80,267
3 Rental - Equipment	\$1,000	5%	\$50	95%	\$950		950
4 Utilities	\$23,000	5%	\$1,150	95%	\$21,850		21,850
5 Telephone	\$3,600	5%	\$180	95%	\$3,420		3,420
6 Mileage - Staff	\$1,000	5%	\$45	96%	\$955		955
7 Internet	\$13,134	5%	\$657	95%	\$12,477		12,477
8 Licenses	\$1,000	5%	\$50	95%	\$950		950
9 Outside training	\$2,000	5%	\$100	95%	\$1,900		1,900
10 Travel/Lodging for Training	\$500	5%	\$25	95%	\$475		475
11 Indirect	\$19,696	5%	\$985	95%	\$18,711		18,711
12 Non-M/C items to support rural clients	\$70,000	0%	\$0	100%	\$70,000		70,000
13	\$0	0%	\$0	100%	\$0		0
14	\$0	0%	\$0	100%	\$0		0
15	\$0	0%	\$0	100%	\$0		0
SUBTOTAL B:	\$221,002		\$7,545		\$213,457	0	213,457
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$895,000		

SAN BERNARDINO COUNTY											
DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE B											
BUDGET NARRATIVE											
FY 2020 - 2021											
						Contractor Name: HDMC Holdings, LLC					
						Provider # 1856					
						Contract/RFP#					
Prepared by: Armann Rohde						Address: 6601 White Feather Rd.					
Title: Senior Accountant						Joshua Tree, CA 92252					
Date Form Completed:											
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.											
July 1, 2020 - June 30, 2021											
ITEM		Justification of Cost									
1	Supplies	Office supplies including paper, ink cartridges, toner, minor equipment, water, etc.									
2	Rent	Rent for the facility that houses the programs									
3	Rental - Equipment	Copier rental & Fax Rental									
4	Utilities	Utilities include electricity, gas water, sewer, trash, Shred-It and EVS staff for cleaning/floor care									
5	Telephone	Verizon telephone service and Verizon wireless service									
6	Mileage - Staff	Employee transportation/mileage for meetings and trainings related to the Program									
7	Internet	Monthly internet cost									
8	Licenses	Staff Team licensure									
9	Outside training	Training classes									
10	Travel/Lodging for Training	Travel for training									
11	Indirect	Indirect expense includes HR functions, accounting/audit/bookkeeping, engineering, purchasing, IT, QRM, etc. Indirect costs will not exceed 15% of direct costs									
12	Non-M/C items to support rural clients	Funds for the non-Medi-Cal goods and assistance directly to rural clients. These funds include transportation needed for clients receiving care or services from rural areas. These rural clients may receive care or services in the home or locations most ideal to the client. In addition, any other Non-Medi-Cal funds needed for the rural clients.									

Schedule B

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2020 - 2021													
										Contractor Name: HDMC Holdings, LLC			
										Provider # 1,856			
										Contract/RFP#			
										Address: 6601 White Feather Rd.			
										Joshua Tree, CA 92252			
										Date Form Completed:			
Client Service Projections for: July 1, 2020 - June 30, 2021													
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	21,733	21,733	21,733	21,733	21,733	21,733	21,733	21,733	21,733	21,733	21,733	21,733	260,792
Projected Cost per Unit													
Case Management (01-09)	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$2,794	\$33,524
Mental Health Services (10-50)	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$57,354	\$688,251
Medication Support (60)	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$4,656	\$55,875
Crisis Intervention (70)	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$1,862	\$22,350
Number of Unduplicated Clients Served	26	26	26	26	26	26	26	26	27	26	27	26	314

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
STAFFING DETAIL										
FY 2021 - 2022										
July 1, 2021 - September 30, 2021 (3 months)										
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME:		HDMC Holdings, LLC				0.25 year				
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Stephanie Lewis	SLP	Director	161,984	61,554	223,538	22%	12,071		8,747	3,324
Michelle Redman	LCSW	Program Therapist	85,238	32,390	117,628	60%	17,644		12,786	4,859
Cheryl Allen	LCSW	Program Therapist	85,280	32,406	117,686	65%	19,006		13,773	5,234
Tamara Ward	HS	Office Assistant	33,820	12,852	46,672	79%	9,173		6,647	2,526
Jordan Fink	LMFT	Program Therapist	63,897	24,281	88,178	75%	16,533		11,981	4,553
Mary Jo Thornton	LMFT	Program Therapist	74,900	28,462	103,362	70%	18,088		13,108	4,981
Tania Leysen	HS Diploma	Case Manager	34,362	13,058	47,420	80%	9,479		6,869	2,610
Shawn Ferris	HS Diploma	Case Manager	33,405	12,694	46,099	50%	5,762		4,176	1,587
Marybel Barnes	MA	Medical Assistant	35,214	13,381	48,595	4%	486		352	134
Elizabeth Little	HS or AA	Billing/Admin	33,820	12,852	46,672	60%	6,993		5,067	1,926
Greater Modesto	Physician	Psychiatrist	135,000	0	135,000	95%	32,063		32,063	0
TBD	LCSW/LMFT	Program Therapist	60,320	22,922	83,242	100%	20,811		15,080	5,731
Alison Burton	LMFT	Program Therapist	65,998	25,079	91,077	10%	2,277		1,650	627
									0	0
									0	0
									0	0
				291,930				0	132,297	38,089
						TOTAL COST:	170,386			
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B							
FY 2021 - 2022				Contractor Name: HDMC Holdings, LLC			
				Provider # 1,856			
				Contract/RFP#			
Prepared by: Armann Rohde				Address: 6601 White Feather Rd.			
Title: Senior Accountant				Joshua Tree, CA 92252			
				Date Form Completed:			
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.							
July 1, 2021 - September 30, 2021							
0.25							Budget Revision
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 Supplies	\$395	5%	\$20	95%	\$375	0	375
2 Rent	\$21,123	5%	\$1,056	95%	\$20,067		20,067
3 Rental - Equipment	\$250	5%	\$13	95%	\$238		238
4 Utilities	\$5,750	5%	\$288	95%	\$5,463		5,463
5 Telephone	\$900	5%	\$45	95%	\$855		855
6 Mileage - Staff	\$250	5%	\$11	96%	\$239		239
7 Internet	\$3,284	5%	\$164	95%	\$3,119		3,119
8 Licenses	\$250	5%	\$13	95%	\$238		238
9 Outside training	\$500	5%	\$25	95%	\$475		475
10 Travel/Lodging for Training	\$125	5%	\$6	95%	\$119		119
11 Indirect	\$4,924	5%	\$246	95%	\$4,678		4,678
12 Non-M/C items to support rural clients	\$17,500	0%	\$0	100%	\$17,500		17,500
13	\$0	0%	\$0	100%	\$0		0
14	\$0	0%	\$0	100%	\$0		0
15	\$0	0%	\$0	100%	\$0		0
SUBTOTAL B:	\$55,250		\$1,886		\$53,364	0	53,364
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$223,750		

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2021 - 2022													
											Contractor Name: HDMC Holdings, LLC		
											Provider # 1,856		
											Contract/RFP#		
											Address: 6601 White Feather Rd. Joshua Tree, CA 92252		
											Date Form Completed:		
Client Service Projections for: July 1, 2021 - September 30, 2021													
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Units of Service (Minutes)	21,732	21,732	21,732										65,197
Projected Cost per Unit													
Case Management (01-09)	\$2,794	\$2,794	\$2,794	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,381
Mental Health Services (10-50)	\$57,354	\$57,354	\$57,354	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,063
Medication Support (60)	\$4,656	\$4,656	\$4,656	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,969
Crisis Intervention (70)	\$1,862	\$1,862	\$1,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,587
Number of Unduplicated Clients Served	26	26	26										78

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY			Contractor Name: HDMC Holdings, LLC				
		DEPARTMENT OF BEHAVIORAL HEALTH			Contract # 16-432				
Actual Cost Contract (cost reimbursement)		CALWORKS			Address: 6601 White Feather Rd.				
		FY 2020/2021			Joshua Tree, CA 92252				
Prepared by: Armann Rohde		July 1, 2020 to June 30, 2021			Date Form Completed:				
Title: Senior Accountant					Date Form Revised:				
LINE	Distribution %	5.25%	94.75%	0.00%					
100%	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient					TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Crisis Intervention (70)					
EXPENSES									
1	SALARIES	8,338	150,484	0					158,822
2	BENEFITS	3,034	54,753	0					57,787
	(1+2 must equal total staffing costs)	11,372	205,237	0	0	0	0	0	216,609
3	OPERATING EXPENSES	441	7,950	0					8,391
4	TOTAL EXPENSES (1+2+3)	11,813	213,187	0	0	0	0	0	225,000
AGENCY REVENUES									
5	PATIENT FEES								0
6	PATIENT INSURANCE								0
7	MEDI-CARE								0
8	GRANTS/OTHER								0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	11,813	213,187	0	0	0	0	0	225,000
FUNDING									
Mix %		Share %							
11	0.00%	MEDI-CAL (FFP)	50.00%	0	0	0			0
12		EPSDT (State share applied to line 11)	36.03%	0	0	0			0
13		HEALTHY FAMILIES MEDI-CAL	65.00%	0	0	0			0
14		MHSA							0
15		MIOCR GRANT							0
16		SAMHSA GRANT							0
17		PATH GRANT							0
18	100.00%	CALWORKS		11,813	213,187	0	0	0	225,000
19		REALIGNMENT					0	0	0
20		REALIGNMENT-MATCH		0	0	0	0	0	0
21		FUNDING TOTAL		11,813	213,187	0	0	0	225,000
22		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
23		STATE FUNDING (Including Realignment)		11,813	213,187	0	0	0	225,000
24		FEDERAL FUNDING		0	0	0	0	0	0
25		TOTAL FUNDING		11,813	213,187	0	0	0	225,000
26		MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	4.20			
27		TARGET COST PER UNIT OF SERVICE		2.20	2.99	4.20			
28		UNITS OF TIME--Minutes		5,370	71,300	0			76,670

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY								
		DEPARTMENT OF BEHAVIORAL HEALTH			Contractor Name: HDMC Holdings, LLC					
Actual Cost Contract (cost reimbursement)		CALWORKS			Contract # 16-432					
		FY 2021/2022			Address: 6601 White Feather Rd.					
Prepared by:	Armann Rohde	July 1, 2021 to September 30, 2021			(3 months)		Date Form Completed:		Joshua Tree, CA 92252	
Title:	Senior Accountant						Date Form Revised:			
LINE	100%	Distribution %	5.25%	94.75%	0.00%					
#		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient					TOTAL
		SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Crisis Intervention (70)					
EXPENSES										
1		SALARIES	2,085	37,620	0					39,705
2		BENEFITS	758	13,689	0					14,447
		(1+2 must equal total staffing costs)	2,843	51,309	0	0	0	0	0	54,152
3		OPERATING EXPENSES	110	1,988	0					2,098
4		TOTAL EXPENSES (1+2+3)	2,953	53,297	0	0	0	0	0	56,250
AGENCY REVENUES										
5		PATIENT FEES								0
6		PATIENT INSURANCE								0
7		MEDI-CARE								0
8		GRANTS/OTHER								0
9		TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0
10		CONTRACT AMOUNT (4-9)	2,953	53,297	0	0	0	0	0	56,250
FUNDING										
	Mix %		Share %							
11	0.00%	MEDI-CAL (FFP)	50.00%	0	0	0				0
12		EPSDT (2011 REALIGNMENT)	36.03%	0	0	0				0
13		HEALTHY FAMILIES MEDI-CAL	65.00%	0	0	0				0
14		MHSA								0
15		MIOCR GRANT								0
16		SAMHSA GRANT								0
17		PATH GRANT								0
18	100.00%	CALWORKS		2,953	53,297	0	0	0		56,250
19		REALIGNMENT						0	0	0
20		REALIGNMENT-MATCH		0	0	0	0	0	0	0
21		FUNDING TOTAL		2,953	53,297	0	0	0	0	56,250
22		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0
23		STATE FUNDING (Including Realignment)		2,953	53,297	0	0	0	0	56,250
24		FEDERAL FUNDING		0	0	0	0	0	0	0
25		TOTAL FUNDING		2,953	53,297	0	0	0	0	56,250
26		MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	4.20				
27		TARGET COST PER UNIT OF SERVICE		2.20	2.99	4.20				
28		UNITS OF TIME--Minutes		1,342	17,825	0				19,167

Schedule B		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH									
		STAFFING DETAIL									
		FY 2020/2021									
		July 1, 2020 to June 30, 2021					(12 months)				
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)											
CONTRACTOR NAME:		HDMC Holdings, LLC									
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Stephanie Lewis	SLP	Director	161,984	61,554	223,538	23%	51,414		37,256	14,158	
Shawn Ferris	HS Diploma	Case Manager	33,405	12,694	46,099	50%	23,049		16,703	6,346	
Elizabeth Little	HS or AA	Billing/Admin	33,820	12,852	46,672	40%	18,669		13,528	5,141	
Jordan Fink	LMFT	Program Therapist	63,897	24,281	88,178	25%	22,044		15,974	6,070	
Mary Jo Thornton	LMFT	Program Therapist	74,900	28,462	103,362	30%	31,009		22,470	8,539	
Marybel Barnes	MA	Medical Assistant	35,214	13,381	48,595	15%	7,289		5,282	2,007	
Greater Modesto	Physician	Psychiatrist	135,000	0	135,000	5%	6,750		6,750	0	
Tamara Ward	HS	Office Assistant	33,820	12,852	46,672	20%	9,334		6,764	2,570	
Michelle Redman	LCSW	Program Therapist	85,238	32,390	117,628	40%	47,051		34,095	12,956	
			0	0	0	0%	0		0	0	
			0	0	0	0%	0		0	0	
			0	0	0	0%	0		0	0	
			0	0	0	0%	0		0	0	
			0	0	0	0%	0		0	0	
			0	0	0	0%	0		0	0	
								0	158,822	57,787	
			Total Program Allocation:			Total S&B Cost:					
			2.48			\$216,609					
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits.											
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.											

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B**

	FY 2020/2021	Contractor Name: HDMC Holdings, LLC
Prepared by: Armann Rohde		Address: 6601 White Feather Rd.
Title: Senior Accountant		Joshua Tree, CA 92252
		Date Form Completed:
		Updated

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

July 1, 2020 to June 30, 2021

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER CONTRACTS	TOTAL COSTS TO OTHER CONTRACTS	% CHARGED TO THIS CONTRACT	TOTAL COST TO THIS CONTRACT
1.	Supplies	\$1,500	95%	\$1,425	5%	\$75
2.	Rent	\$84,492	95%	\$80,267	5%	\$4,225
3.	Rental - Equipment	\$1,000	95%	\$950	5%	\$50
4.	Utilities	\$23,000	95%	\$21,850	5%	\$1,150
5.	Telephone	\$3,600	95%	\$3,420	5%	\$180
6.	Mileage - Staff	\$500	95%	\$450	10%	\$50
7.	Internet	\$13,134	95%	\$12,477	5%	\$657
8.	Licenses	\$800	95%	\$760	5%	\$40
9.	Outside training	\$1,500	95%	\$1,425	5%	\$75
10.	Travel/Lodging for Training	\$500	95%	\$450	10%	\$50
11.	Indirect	\$19,504	95%	\$17,664	9%	\$1,840
12.		\$0	0%	\$0	100%	\$0
13.		\$0	0%	\$0	100%	\$0
14.		\$0	0%	\$0	100%	\$0
SUBTOTAL B:		\$149,530	94%	\$141,138	6%	\$8,391
GROSS COSTS TOTAL A + B:		\$1,005,274	78%	\$780,273	22%	\$225,000

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2020/2021

Contractor Name: HDMC Holdings, LLC

Address: 6601 White Feather Rd.
 Joshua Tree, CA 92252

Prepared by: Armann Rohde
 Title: Senior Accountant

Date Form Completed:
 Updated

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).

July 1, 2020 to June 30, 2021

ITEM	Justification of Cost
1 Supplies	Office supplies including paper, ink cartridges, toner, pens, water, etc.
2 Rent	Rent for the facility that houses the programs
3 Rental - Equipment	Copier rental & Fax Rental
4 Utilities	Utilities include electricity, gas water, sewer, trash, Shred-It and EVS staff for cleaning/floor care, allocated 5%
5 Telephone	Verizon telephone service and Verizon wireless service, allocated 5%
6 Mileage - Staff	Employee transportation/mileage for meetings and trainings related to the Program
7 Internet	Monthly internet cost
8 Licenses	Staff Team licensure
9 Outside training	Training classes
10 Travel/Lodging for Training	Travel costs for training
11 Indirect	Indirect expense includes HR functions, accounting/audit/bookkeeping, engineering, purchasing, IT, QRM, etc. Indirect costs will not exceed 15% of direct costs

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2020/2021													
										Contractor Name: HDMC Holdings, LLC			
										Address: 6601 White Feather Rd. Joshua Tree, CA 92252			
										Date Form Completed: Updated:			
Client Service Projections for: July 1, 2020 to June 30, 2021													
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Case Management (01-09)	448	448	448	448	448	448	448	448	448	448	448	448	5,370
Mental Health Services (10-50)	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	71,300
Crisis Intervention (70)	0	0	0	0	0	0	0	0	0	0	0	0	0
Projected Cost per Unit													
Case Management (01-09)	\$984	\$984	\$984	\$984	\$984	\$984	\$984	\$984	\$984	\$984	\$984	\$984	\$11,813
Mental Health Services (10-50)	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$17,766	\$213,187
Crisis Intervention (70)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
Number of Unduplicated Clients Served	6	5	6	5	6	5	6	6	6	5	6	5	67

Schedule B										
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
STAFFING DETAIL										
FY 2021/2022										
July 1, 2021 to September 30, 2021 (3 months)										
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: HDMC Holdings, LLC 0.25 year										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Stephanie Lewis	SLP	Director	161,984	61,554	223,538	23%	12,854		9,314	3,540
Shawn Ferris	HS Diploma	Case Manager	33,405	12,694	46,099	50%	5,762		4,176	1,586
Elizabeth Little	HS or AA	Billing/Admin	33,820	12,852	46,672	40%	4,667		3,382	1,285
Jordan Fink	LMFT	Program Therapist	63,897	24,281	88,178	25%	5,511		3,994	1,517
Mary Jo Thornton	LMFT	Program Therapist	74,900	28,462	103,362	30%	7,752		5,617	2,136
Marybel Barnes	MA	Medical Assistant	35,214	13,381	48,595	15%	1,822		1,321	501
Greater Modesto	Physician	Psychiatrist	135,000	0	135,000	5%	1,688		1,688	0
Tamara Ward	HS	Office Assistant	33,820	12,852	46,672	20%	2,334		1,691	643
Michelle Redman	LCSW	Program Therapist	85,238	32,390	117,628	40%	11,763		8,524	3,239
			0	0	0	0%	0		0	0
			0	0	0	0%	0		0	0
			0	0	0	0%	0		0	0
			0	0	0	0%	0		0	0
			0	0	0	0%	0		0	0
			0	0	0	0%	0		0	0
								0	39,705	14,447
					Total Program Allocation:	Total S&B Cost:				
					2.48	\$54,152				
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits.										
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

SAN BERNARDINO COUNTY					
DEPARTMENT OF BEHAVIORAL HEALTH					
SCHEDULE B					
				Contractor Name:	HDMC Holdings, LLC
				FY 2021/2022	
Prepared by: Armann Rohde				Address:	6601 White Feather Rd.
Title: Senior Accountant					Joshua Tree, CA 92252
				Date Form Completed:	
				Updated	
Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detailed explanation of the categories below.					
July 1, 2021 to September 30, 2021					
0.25					
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER CONTRACTS	TOTAL COSTS TO OTHER CONTRACTS	% CHARGED TO THIS CONTRACT	TOTAL COST TO THIS CONTRACT
1. Supplies	\$375	95%	\$356	5%	\$19
2. Rent	\$21,123	95%	\$20,067	5%	\$1,056
3. Rental - Equipment	\$250	95%	\$238	5%	\$13
4. Utilities	\$5,750	95%	\$5,463	5%	\$288
5. Telephone	\$900	95%	\$855	5%	\$45
6. Mileage - Staff	\$125	95%	\$113	10%	\$13
7. Internet	\$3,284	95%	\$3,119	5%	\$164
8. Licenses	\$200	95%	\$190	5%	\$10
9. Outside training	\$375	95%	\$356	5%	\$19
10. Travel/Lodging for Training	\$125	95%	\$113	10%	\$13
11. Indirect	\$4,876	95%	\$4,416	9%	\$460
12.	\$0	0%	\$0	100%	\$0
13.	\$0	0%	\$0	100%	\$0
14.	\$0	0%	\$0	100%	\$0
SUBTOTAL B:	\$37,382	94%	\$35,285	6%	\$2,098
GROSS COSTS TOTAL A + B:	\$893,126	94%	\$836,877	6%	\$56,249

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021/2022

Contractor Name: HDMC Holdings, LLC

Address: 6601 White Feather Rd.
Joshua Tree, CA 92252

Prepared by: Armann Rohde
Title: Senior Accountant

Date Form Completed:
Updated

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).

July 1, 2021 to September 30, 2021

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SAN BERNARDINO COUNTY											
DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE B											
FY 2021/2022											
										Contractor Name: HDMC Holdings, LLC	
										Address: 6601 White Feather Rd. Joshua Tree, CA 92252	
										Date Form Completed: Updated:	

Client Service Projections for: July 1, 2021 to September 30, 2021													
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Case Management (01-09)	447	447	447										1,342
Mental Health Services (10-50)	5,942	5,942	5,942										17,825
Crisis Intervention (70)	40	40	40										120
Projected Cost per Unit													
Case Management (01-09)	\$984	\$984	\$984	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,953
Mental Health Services (10-50)	\$17,766	\$17,766	\$17,766	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,297
Crisis Intervention (70)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Number of Unduplicated Clients Served	5	5	6										16