

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
16-428 A-2

SAP Number
4400009464

Department of Behavioral Health

Department Contract Representative	Deborah Forthun
Telephone Number	909-388-0862
Contractor	Family Service Agency
Contractor Representative	Patrice Cormican
Telephone Number	(909) 886-6737
Contract Term	July 1, 2016 – September 30, 2021
Original Contract Amount	\$2,620,000
Amendment Amount	\$868,750
Total Contract Amount	\$3,488,750
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 Family Service Agency referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-428** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for General Mental Health services, 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. Family Service Agency 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 \$2,620,000 to \$3,488,750.

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/oca> (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 Crestline, Adelanto, 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 E is hereby added to read as follows:

- D. Adult Needs Strengths Assessment (ANSA)
 1. Within thirty (30) days of admission
 2. Every six (6) months, and
 3. 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

Family Services Agency of San Bernardino

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

By Patrice Cormican

DocuSigned by:

54C32E73E895478
(Authorized signature - sign in blue ink)

Name Patrice Cormican

(Print or type name of person signing contract)

Cief Executive Officer

Title (Print or Type)

Dated: 5/5/2020

1669 North E Street

Address San Bernardino, CA 92405

▶ Curt Hagman
Curt Hagman, Chairman, Board of Supervisors

Dated: MAY 19 2020

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 the County of San Bernardino

By Lynna Monell
Deputy



FOR COUNTY USE ONLY

Approved as to Legal Form

Dawn Martin
8FD744A7887047B
Dawn Martin, Deputy County Counsel

Date 4/30/2020

Reviewed for Contract Compliance

Natalie Kessee
4AA4DEAD058D0425
Natalie Kessee, Contracts Manager

Date 5/5/2020

Reviewed/Approved by Department

Veronica Kelley
81288F7A883304D
Veronica Kelley, Director

Date 5/5/2020

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Family Service Agency of San Bernardino			
Actual Cost Contract (cost reimbursement)		GMH FY 2020 - 2021 July 1, 2020 - June 30, 2021		Provider # LE 00288 / 36A1 RU 36HS1			
Prepared by: Patrice J Cormican		ADELANTO		Contract/RFP# 16-428 Adelanto			
Title: CEO		July 1, 2020 - June 30, 2021		Address: 1669 North E St San Bernardino, CA 92405			
		Date Form Completed: March 30, 2020		Date Form Revised:			
100% LINE	Distribution %	15-00% 15-Outpatient Case Management (01-08)	54.5% 15-Outpatient Mental Health Services (10-50)	30.00% 15-Outpatient Medication Support (60)	4.58% 60-Support Client Flexible Support (72)	3.90% 60-Support Other Non-Medi-Cal Client Support (78)	TOTAL
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	32,615	118,546	43,487	4,349	8,480	207,478
2	BENEFITS	8,802	31,993	11,736	1,174	2,289	55,994
	(1+2 must equal total staffing costs)	41,418	150,540	55,224	5,523	10,769	263,472
3	OPERATING EXPENSES	12,139	37,738	94,186	3,219	6,276	160,928
4	TOTAL EXPENSES (1+2+3)	53,557	188,278	149,409	8,741	17,045	424,400
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
10	CONTRACT AMOUNT (4-9)	53,557	188,278	149,409	8,741	17,045	424,400
FUNDING							
Mix %		Share %					
11	80.00% MEDI-CAL (FFP)	21,423	75,311	59,764	3,496		159,994
12	15.00% EPSDT (2011 Realignment)	2,316	8,140	6,460	378		17,294
13	1991 REALIGNMENT MATCH	19,107	67,171	53,303	3,119		142,700
14	MHSA Non-Medi-Cal Client Services					17,045	24,415
15							0
16	20.00% 1991 REALIGNMENT - NET COUNTY	10,711	37,656	29,882	1,748		79,997
17							0
18	FUNDING TOTAL	53,557	188,278	149,409	8,741	17,045	424,400
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0		0
20	STATE FUNDING (Including Realignment)	21,423	75,311	59,763	3,497	17,045	184,408
21	FEDERAL FUNDING	32,134	112,967	89,646	5,244		239,991
22	TOTAL FUNDING	53,557	188,278	149,409	8,741	17,045	424,400
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)	24,344	62,969	26,872	2,081		116,266

Schedule A

SCHEDULE A - Planning Estimates
Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Family Service Agency of San Bernardino
 Provider # LE 00288 / 36A1 RU 36HS1
 Contract/RFP# 16-428 Adelanto
 Address: 1669 North E St
 San Bernardino, CA 92405

GMH ADELANTO
 (3 Months)
 Date Form Completed: March 31, 2020
 Date Form Revised:

Prepared by: Patrice J Cormican
 Title: CEO
 FY 2021 - 2022
 July 1, 2021 - September 30, 2021

100% LINE #	Distribution %	15-Outpatient (01-09)	15-Outpatient (10-50)	15-Outpatient (51-60)	15-Outpatient (61-70)	15-Outpatient (71-80)	60-Support Client Flexible Support (72)	60-Support Other Non-Medi-Cal Client Support (78)	TOTAL
EXPENSES									
1		8,326	30,308	11,102	1,110			2,220	53,066
2		2,165	7,880	2,886	289			577	13,797
3		10,491	38,187	13,988	1,399			2,788	66,863
4		2,886	8,923	23,347	785		1,726	1,569	39,237
5		13,377	47,111	37,335	2,184		1,726	4,367	106,100
6									0
7									0
8									0
9									0
10		13,377	47,111	37,335	2,184		1,726	4,367	106,100
FUNDING									
11	80.00%	5,351	18,844	14,934	873				40,002
12	15.00%	578	2,037	1,614	94				4,323
13		4,772	16,808	13,320	780				35,680
14							1,726	4,367	6,094
15									0
16	20.00%	2,675	9,422	7,467	437				20,001
17									0
18		13,377	47,111	37,335	2,184		1,726	4,367	106,100
19		0	0	0	0				0
20		5,350	18,845	14,934	874		1,726	4,367	46,097
21		8,026	28,266	22,401	1,310				60,003
22		13,377	47,111	37,335	2,184		1,726	4,367	106,100
23		2,20	2,99	5,56	4,20				29,071
24		2,20	2,99	5,56	4,20				
25		6,080	15,756	6,715	520				

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE "B" STAFFING DETAIL

Schedule B

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)
July 1, 2020 - June 30, 2021
FY 2020 - 2021
(12 months)

CONTRACTOR NAME: Family Service Agency of San Bernardino

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	
TBD	LCSW	Supervising Clinician	75,000	0	75,000	100%	7,500		7,500	
TBD	LCSW/LMFT	Lead Clinician	52,000	14,560	66,560	100%	66,560		52,000	
TBD	MFT/ASW	Clinician	45,760	12,813	58,573	100%	58,573		45,760	
TBD	LVN	LVN/Psych Tech	47,840	13,395	61,235	20%	12,247		9,568	
TBD	BS/BA/Exper	Case Mg/Advocate	35,360	9,901	45,261	100%	45,261		35,360	
TBD	N/A	Clerical Support	27,040	7,571	34,611	100%	34,611		27,040	
TBD	BS	Data/Simon	55,000	15,400	70,400	50%	35,200		27,500	
TBD	N/A	Compliance/QAR	55,000	15,400	70,400	5%	3,520		2,750	
			0	0	0	0%	0		0	
					0	100%	0		0	
					0	100%	0		0	
					0	100%	0		0	
* Psychiatrist TBD	MD	Medical Director	72,900		72,900	0%	0		0	
					0	100%	0		0	
					0	100%	0		0	
TOTAL									207,478	
COST:								263,472		

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**

Prepared by: Patrice J. Cormican
 Title: CEO
 Contractor Name: Family Service Agency of San Bernardino
 Provider #/LE: 00288 / 36A1 RU 36HS1
 Contract/RFP#: 16-428 Adelanto
 Address: 1669 North E St
 San Bernardino, CA 92405

Date Form Completed: March 30, 2020
 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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$4,800	0%	\$0	100%	\$4,800	0	4,800
2 Office Supplies & Expense	\$4,000	0%	\$0	100%	\$4,000		4,000
3 Telephone	\$5,400	0%	\$0	100%	\$5,400		5,400
4 Maint/Repair	\$1,799	0%	\$0	100%	\$1,799		1,799
5	\$0	0%	\$0	100%	\$0		0
6	\$0	0%	\$0	100%	\$0		0
7 Mode 60 Client Flex Funds	\$7,371	0%	\$0	100%	\$7,371		7,371
8	\$0	0%	\$0	100%	\$0		0
9 Travel/Mileage	\$1,000	0%	\$0	100%	\$1,000		1,000
10 Contract Psychiatrist	\$65,529	0%	\$0	100%	\$65,529		65,529
11 Dues/Subscriptions		0%	\$0	100%	\$0		0
12 Supportive Services	\$51,529	0%	\$0	100%	\$51,529		51,529
13 Rent	\$19,500	0%	\$0	100%	\$19,500		19,500
14	\$0	0%	\$0	100%	\$0		0
15	\$0	0%	\$0	100%	\$0		0
SUBTOTAL B:	\$160,928		\$0		\$160,928	0	160,928
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:							\$424,400

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

BUDGET NARRATIVE

FY 2020 - 2021

Contractor Name: Family Service Agency of San Bernardino

Provider # LE 00288 / 36A1 RU 36HS1

Contract/RFF#: 16-428 Adelanto

Address: 1669 North E St

San Bernardino, CA 92405

Date Form Completed: March 30, 2020

Prepared by: Patrice J Cormican

Title: CEO

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 Utilities	Gas, water, electric
2 Office Supplies & Expense	consumable supplies, cleaning and other expenses that provide greater client comfort or safety
3 Telephone	Monthly cost of telephone & internet connectivity
4 Maint/Repair	minor repair and maintenance for building for security/comfort/safety
5	
6	
7 Mode 60 Client Flex Funds	Funds for 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 rural clients.
8	
9 Travel/Mileage	reimbursable mileage or other travel expenses (including conferences & meetings) required for the program. Reimbursement rate is most current IRS rate; as of 01/01/2020, that rate is 57.5 cents per mile.
10 Contract Psychiatrist	Psychiatrist for provision of medication support, estimated at 365 hours annually at \$200/hr
11 Dues/Subscriptions	cost of maintaining professional and organization memberships, literature, and other necessary fees
12 Supportive Services	cost necessary but not allocable to one specific program (indirect cost). Supportive Service will not exceed 15% of direct costs.
13 Rent	leased office space to house program 1200sq ft@.95/sq ft +CAM+3% annual increase of base rent
14	
15	

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021	Family Service Agency of San Bernardino
	Contractor Name: Bernardino
	Provider # LE 00288 / 36A1 RU 36HS1
	Contract/RFQ# 16-428 Adelanto
	Address: 1669 North E St
	San Bernardino, CA 92405

	Date Form Completed: March 30, 2020												
	Client Service Projections for: July 1, 2020 - June 30, 2021												
Units of Service (Minutes)	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
	9,689	9,689	9,689	9,689	9,688	9,688	9,689	9,689	9,689	9,689	9,689	9,689	116,266
Case Management (01-09)	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$4,463	\$53,557
Mental Health Services (10-50)	\$15,690	\$15,690	\$15,690	\$15,690	\$15,688	\$15,688	\$15,690	\$15,690	\$15,690	\$15,690	\$15,690	\$15,690	\$188,278
Medication Support (60)	\$12,451	\$12,451	\$12,451	\$12,451	\$12,450	\$12,450	\$12,451	\$12,451	\$12,451	\$12,451	\$12,451	\$12,451	\$149,409
Crisis Intervention (70)	\$728	\$728	\$728	\$728	\$728	\$728	\$728	\$728	\$728	\$728	\$728	\$728	\$8,741
Number of Unduplicated Clients Served	6	9	11	11	8	6	15	14	14	14	16	16	140

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	
SCHEDULE "B" 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: Family Service Agency of San Bernardino

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	0.25 year		Total Benefits Charged to Contract Services
							Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	
TBD	LCSW	Supervising Clinician	75,000	19,500	94,500	10%	2,363	1,875	488
TBD	LCSW/LMFT	Lead Clinician	52,000	13,520	65,520	100%	16,380	13,000	3,380
TBD	MFT/ASW	Clinician	45,760	11,898	57,658	100%	14,414	11,440	2,975
TBD	LVN	LVN/Psych Tech	47,840	12,438	60,278	30%	4,521	3,588	933
TBD	BS/BA/Expert	Case Mgr/Advocate	35,360	9,194	44,554	100%	11,138	8,840	2,299
TBD	N/A	Clerical Support	27,040	7,030	34,070	100%	8,518	6,760	1,758
TBD	BS	Data/Simon	55,000	14,300	69,300	50%	8,663	6,875	1,788
TBD	N/A	Compliance/QAR	55,000	14,300	69,300	5%	866	688	179
				0	0	0	0	0	0
					0	100%	0	0	0
					0	100%	0	0	0
					0	100%	0	0	0
* Psychiatrist TBD	MD	Medical Director	18,225		18,225	0%	0	0	0
					0	100%	0	0	0
					0	100%	0	0	0
TOTAL COST:							66,863	53,066	13,797

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

Prepared by: Patrice J. Cormican
Title: CEO

FY 2021 - 2022

Contractor Name: Bernardino
Provider # LE 00288 / 36A1 RU 36HS1
Contract/REP# 16-428 Adelanto
Address: 1669 North E St
San Bernardino, CA 92405

Family Service Agency of San Bernardino

Date Form Completed: March 31, 2020

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$1,800	0%	\$0	100%	\$1,800	0	1,800
2 Office Supplies & Expense	\$2,000	0%	\$0	100%	\$2,000		2,000
3 Telephone	\$2,400	0%	\$0	100%	\$2,400		2,400
4 Maint/Repair	\$450	0%	\$0	100%	\$450		450
5	\$0	0%	\$0	100%	\$0		0
6 Mode 60 Client Flex Funda	\$1,726	0%	\$0	100%	\$1,726		1,726
7	\$0	0%	\$0	100%	\$0		0
8	\$0	0%	\$0	100%	\$0		0
9 Travel/Mileage	\$1,480	0%	\$0	100%	\$1,480		1,480
10 Contract Psychiatrist	\$16,499	0%	\$0	100%	\$16,499		16,499
11 Dues/Subscriptions		0%	\$0	100%	\$0		0
12 Supportive Services	\$12,882	0%	\$0	100%	\$12,882		12,882
13 Rent	\$0	0%	\$0	100%	\$0		0
14	\$0	0%	\$0	100%	\$0		0
15	\$0	0%	\$0	100%	\$0		0
SUBTOTAL B:	\$39,237		\$0		\$39,237	0	39,237
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$106,100		

Schedule B

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

Contractor Name: Family Service Agency of San Bernardino
Provider # LE 00288 / 36A1 RU 36HS1
Contract/RFP#: 16-428 Adelanto
Address: 1669 North E St
San Bernardino, CA 92405

Prepared by: Patrice J Cormican
Title: CEO

Date Form Completed: March 31, 2020

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, 2021 - September 30, 2021

ITEM	Justification of Cost
1 Utilities	Gas, water, electric
2 Office Supplies & Expense	consumable supplies, small repairs, cleaning and other expenses that provide greater client comfort or safety
3 Telephone	Monthly cost of telephone & internet connectivity
4 Maint/Repair	minor repair and maintenance for building for security/comfort/safety
5	
6 Mode 60 Client Flex Funda	Funds for 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 rural clients.
7	
8	
9 Travel/Mileage	reimbursable mileage or other travel expenses (including conferences & meetings) required for the program. Reimbursement rate is most current IRS rate; as of 01/01/2020, that rate is 57.5 cents per mile.
10 Contract Psychiatrist	Psychiatrist for provision of medication support, estimated at 91 hours at \$200/hr
11 Dues/Subscriptions	cost of maintaining professional and organization memberships, literature, and other necessary fees
12 Supportive Services	cost necessary but not allocable to one specific program (indirect cost). Supportive Service will not exceed 15% of direct costs.
13 Rent	leased office space to house program 1200sq ft@.95/sq ft +CAM+3% annual increase of base rent
14	
15	

Schedule A

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Family Service Agency of San Bernardino
 Provider # LE 00288 / 16-428 RU 36A11
 Contract/RFP# RFP DBH 15-66 W. MTNS Region
 Address: 1669 North E St
 San Bernardino, CA 92405
 Date Form Completed: March 30, 2020
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

GMH CRESTLINE
 FY 2020 - 2021
 July 1, 2020 - June 30, 2021

Prepared by: Patrice J Cormican
 Title: CEO

100% LINE	Distribution % MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-60)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	60-Support Client Flexible Support (72)	60-Support Other Non-Medi-Cal Client Support (76)	TOTAL
#	SERVICE FUNCTION							
EXPENSES								
1	SALARIES	24,448	86,854	32,651	3,217	0	7,061	154,230
2	BENEFITS	5,554	19,733	7,418	731	0	1,604	35,040
3	(1+2 must equal total staffing costs)	30,002	106,587	40,069	3,948	0	8,666	189,270
4	OPERATING EXPENSES	12,362	29,918	30,510	1,627	3,343	3,570	81,330
4	TOTAL EXPENSES (1+2+3)	42,364	136,505	70,579	5,574	3,343	12,236	270,600
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)	42,364	136,505	70,579	5,574	3,343	12,236	270,600
FUNDING								
Mk. %								
11	90.00% MEDI-CAL (FFP)	19,064	61,427	31,760	2,508			114,759
12	16.00% EPSDT (2011 REALIGNMENT)	2,061	6,640	3,433	271			12,405
13	1991 REALIGNMENT MATCH	17,003	54,787	28,328	2,238			102,356
14	MHSA Non-Medi-Cal Client Services					3,343	12,236	15,579
15	1991 REALIGNMENT - NET COUNTY	4,236	13,650	7,058	557			25,502
17								0
18	FUNDING TOTAL	42,364	136,505	70,579	5,574	3,343	12,236	270,600
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0			0
20	STATE FUNDING (Including Realignment)	19,064	61,427	31,761	2,509	3,343	12,236	130,339
21	FEDERAL FUNDING	23,300	75,077	38,818	3,065			140,261
22	TOTAL FUNDING	42,364	136,505	70,579	5,574	3,343	12,236	270,600
MAXIMUM COUNTY CONTRACT RATE (CCR)								
23		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)	19,256	45,654	12,694	1,327			78,931

Schedule A

SCHEDULE A - Planning Estimates
Actual Cost Contract (cost reimbursement)
Prepared by: Patrice J Cormican
Title: CEO

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Family Service Agency of San Bernardino
Provider # LE 00288 / 16-428 RU 36A11
Contract/RFP# RFP DBH 15-66 W. MTNS Region
Address: 1669 North E St
San Bernardino, CA 92405

GMH
CRESTLINE
(3 months)

FY 2021 - 2022
July 1, 2021 - September 30, 2021

Date Form Completed: March 31, 2020
Date Form Revised:

100% LINE #	Distribution %	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	60-Support Client Flexible Support (72)	60-Support Other Non-Medi-Cal Client Support (78)	TOTAL
EXPENSES								
1		7,062	20,028	7,846	785	0	1,667	37,388
2		1,878	5,327	2,087	209	0	444	9,945
3		8,940	25,353	9,933	993	0	2,111	47,331
4		3,657	10,373	4,064	406	955	864	20,319
5		12,598	35,726	13,997	1,400	955	2,974	67,650
6								0
7								0
8								0
9		0	0	0	0	0	0	0
10		12,598	35,726	13,997	1,400	955	2,974	67,650
FUNDING								
11	90.00%	5,669	16,077	6,299	630			28,675
12	15.00%	613	1,738	681	68			3,100
13		5,056	14,338	5,618	562			25,574
14						955	2,974	3,929
15		1,260	3,573	1,400	140			6,372
16	10.00%							0
17								0
18		12,598	35,726	13,997	1,400	955	2,974	67,650
19		0	0	0	0			0
20		5,669	16,076	6,299	630	955	2,974	32,603
21		6,929	19,650	7,699	770			35,047
22		12,598	35,726	13,997	1,400	955	2,974	67,650
23		2.20	2.99	5.56	4.20			
24		2.20	2.99	5.56	4.20			
25		5,726	11,949	2,517	333			20,525

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: Family Service Agency of San Bernardino
 Provider # LE 00288 / 16-428 RU 36A11
 Contract/RFP# RFP DBH 16-66 W, MTNS Region
 Address: 1669 North E St
 San Bernardino, CA 92406

FY 2020 - 2021

Prepared by: Patrice J Cormican
 Title: CEO

Date Form Completed: March 30, 2020

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$3,220	0%	\$0	100%	\$3,220	0	3,220
2 Office Supplies & Expense	\$1,704	0%	\$0	100%	\$1,704		1,704
3 Telephone	\$2,000	0%	\$0	100%	\$2,000		2,000
4 Maint/Repair	\$1,000	0%	\$0	100%	\$1,000		1,000
5	\$0	0%	\$0	100%	\$0		0
6 Mode 60 Client Flex Funds	\$3,343	0%	\$0	100%	\$3,343		3,343
7		0%	\$0	100%	\$0		0
8 Training & Development	\$1,760	0%	\$0	100%	\$1,760		1,760
9 Travel/Mileage	\$1,400	0%	\$0	100%	\$1,400		1,400
10 Contract Psychiatrist	\$33,657	0%	\$0	100%	\$33,657		33,657
11 Dues/Subscriptions	\$1,000	0%	\$0	100%	\$1,000		1,000
12 Supportive Services	\$32,246	0%	\$0	100%	\$32,246		32,246
13	\$0	0%	\$0	100%	\$0		0
14	\$0	0%	\$0	100%	\$0		0
15	\$0	0%	\$0	100%	\$0		0
SUBTOTAL B:	\$81,330		\$0		\$81,330	0	\$81,330
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:							\$270,600

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: Family Service Agency of San Bernardino
 Provider #: LE 00288 / 16-428 RU 36A11
 Contract/RFP#: RFP DBH 15-66 W. MTNS Region
 Address: 1669 North E St
 San Bernardino, CA 92405

Prepared by: Patrice J Cormican
 Title: CEO

Date Form Completed: March 30, 2020

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 Utilities	Gas, water, electric
2 Office Supplies & Expense	consumable supplies, small repairs, cleaning and other expenses that provide greater client comfort or safety
3 Telephone	Monthly cost of telephone & internet connectivity
4 Maint/Repair	repair and maintenance for building for security/comfort/safety
5	
6 Mode 60 Client Flex Funds	Funds for 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 rural clients.
7	
8 Training & Development	staff development costs to maintain quality service provision and enhance program effectiveness
9 Travel/Mileage	reimbursable mileage or other travel expenses (including conferences & meetings) required for the program. Reimbursement rate is most current IRS rate; as of 01/01/2020, that rate is 57.5 cents per mile.
10 Contract Psychiatrist	Psychiatrist for provision of medication support, estimated at 180 hours annually at \$200/hr
11 Dues/Subscriptions	cost of maintaining professional and organization memberships, literature, and other necessary fees
12 Supportive Services	cost necessary but not allocable to one specific program (indirect cost). Supportive Service will not exceed 15% of direct costs.

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021

Contractor Name: Bernardino
Provider # LE 00288 / 16-428 RU 36A11
Contract/RFP# RFP DBH 15-66 W. MTNS Region
Address: 1669 North E St
San Bernardino, CA 92405

Family Service Agency of San Bernardino

Date Form Completed: March 30, 2020

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)		6,577	6,577	6,577	6,578	6,577	6,577	6,578	6,578	6,578	6,578	6,578	6,578	78,931
Projected Cost per Unit														
Case Management (01-09)		\$3,530	\$3,530	\$3,530	\$3,531	\$3,530	\$3,530	\$3,531	\$3,531	\$3,531	\$3,531	\$3,531	\$3,531	\$42,364
Mental Health Services (10-50)		\$11,374	\$11,374	\$11,374	\$11,376	\$11,374	\$11,374	\$11,376	\$11,376	\$11,376	\$11,376	\$11,376	\$11,376	\$136,505
Medication Support (60)		\$5,881	\$5,881	\$5,881	\$5,882	\$5,881	\$5,881	\$5,882	\$5,882	\$5,882	\$5,882	\$5,882	\$5,882	\$70,579
Crisis Intervention (70)		\$464	\$464	\$464	\$465	\$464	\$464	\$465	\$465	\$465	\$465	\$465	\$465	\$5,574
Number of Unduplicated Clients Served		8	10	10	8	6	6	8	8	8	8	10	10	100

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: Bernardino
Family Service Agency of San Bernardino
Provider # LE 00288 / 16-428 RU 36A11
Contract/RFP# RFP DBH 16-66 W. MTNS Region
Address: 1669 North E St
San Bernardino, CA 92406

FY 2021 - 2022
Date Form Completed: March 31, 2020

Prepared by: Patrice J Cormican
Title: CEO

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.

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$805	0%	\$0	100%	\$805	0	805
2 Office Supplies & Expense	\$426	0%	\$0	100%	\$426		426
3 Telephone	\$200	0%	\$0	100%	\$200		200
4 Maint/Repair	\$250	0%	\$0	100%	\$250		250
5	\$0	0%	\$0	100%	\$0		0
6 Mode 60 Client Flex Funds	\$955	0%	\$0	100%	\$955		955
7		0%	\$0	100%	\$0		0
8 Training & Development	\$340	0%	\$0	100%	\$340		340
9 Travel/Mileage	\$350	0%	\$0	100%	\$350		350
10 Contract Psychiatrist	\$9,250	0%	\$0	100%	\$9,250		9,250
11 Dues/Subscriptions		0%	\$0	100%	\$0		0
12 Supportive Services	\$7,743	0%	\$0	100%	\$7,743		7,743
13	\$0	0%	\$0	100%	\$0		0
14	\$0	0%	\$0	0%	\$0		0
15	\$0	0%	\$0	0%	\$0		0
SUBTOTAL B:	\$20,319		\$0		\$20,319	0	20,319
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$67,650		

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

BUDGET NARRATIVE
 FY 2021 - 2022

Contractor Name: Family Service Agency of San Bernardino
 Provider # LE 00288 / 16-428 RU 36A11
 Contract/RFP# RFP DBH 15-66 W, MTNS Region
 Address: 1669 North E St
 San Bernardino, CA 92405

Prepared by: Patrice J Cormican
 Title: CEO

Date Form Completed: March 31, 2020

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, 2021 - September 30, 2021

ITEM	Justification of Cost
1 Utilities	Gas, water, electric
2 Office Supplies & Expense	consumable supplies, small repairs, cleaning and other expenses that provide greater client comfort or safety
3 Telephone	Monthly cost of telephone & internet connectivity
4 Maint/Repair	repair and maintenance for building for security/comfort/safety
5	
6 Mode 60 Client Flex Funds	Funds for 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 rural clients.
7	
8 Training & Development	staff development costs to maintain quality service provision and enhance program effectiveness
9 Travel/Mileage	reimbursable mileage or other travel expenses (including conferences & meetings) required for the program. Reimbursement rate is most current IRS rate; as of 01/01/2020, that rate is \$7.5 cents per mile.
10 Contract Psychiatrist	Psychiatrist for provision of medication support, estimated at 180 hours annually at \$200/hr
11 Dues/Subscriptions	cost of maintaining professional and organization memberships, literature, and other necessary fees
12 Supportive Services	cost necessary but not allocable to one specific program (indirect cost). Supportive Services will not exceed 15% of direct costs.

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2021 - 2022

Contractor Name: Bernardino
 Family Service Agency of San Bernardino
 Provider # LE 00288 / 16-428 RU 36A11
 Contract/RFP# RFP DBH 15-66 W. MTNS Region
 Address: 1659 North E St
 San Bernardino, CA 92405

Date Form Completed: March 31, 2020

Client Service Projections for:		July 1, 2021 - September 30, 2021		
	Jul-21	Aug-21	Sep-21	TOTAL
Units of Service (Minutes)	6,842	6,842	6,842	20,525
<i>Projected Cost per Unit</i>				
Case Management (01-09)	\$4,199	\$4,199	\$4,199	\$12,598
Mental Health Services (10-50)	\$11,909	\$11,909	\$11,909	\$35,726
Medication Support (60)	\$4,666	\$4,666	\$4,666	\$13,997
Crisis Intervention (70)	\$467	\$467	\$467	\$1,400
Number of Unduplicated Clients Served	8	10	10	28