

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

**Contract Number****22-361 A-2****SAP Number****4400019390**

## Department of Behavioral Health

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

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

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

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

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

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

**SAN BERNARDINO COUNTY**

► *Dawn Rowe*  
 Dawn Rowe, Chair, Board of Supervisors

Dated: MAY 21 2024

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

By *Lynna Menell*  
 Lynna Menell  
 Clerk of the Board of Supervisors  
 of San Bernardino County  
 Deputy



**Telecare Corporation**

(Print or type name of corporation, company, contractor, etc.)  
 DocuSigned by:  
 By *Dawan Utecht*  
 65C9AC7AC89541E  
 Authorized signature - sign in blue ink)

Name Dawan Utecht  
 (Print or type name of person signing contract)

Title SVP/Chief Development Officer  
 (Print or Type)

Dated: 5/9/2024

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

**FOR COUNTY USE ONLY**

Approved by Legal Form  
*Dawn Martin*  
 Dawn Martin, Deputy County Counsel  
 Date 5/8/2024

Reviewed for Contract Compliance  
*Ellayna Hoatson*  
 Ellayna Hoatson, Contracts Supervisor  
 Date 5/8/2024

Reviewed and Approved by Department  
*Georgina Yoshioka*  
 Georgina Yoshioka, Director  
 Date 5/9/2024

EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
Crisis Residential Treatment Services  
(CRT)

FY 2023 - 2024

Anticipated Utilization of Funds

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-361124-08

Address: 1060 Marina Village Pkwy  
Alameda, CA 94501-1078

Date Form Completed: 2/29/2024

Date Form Revised:

Prepared by: Richard Pai  
Title: Sr Financial Analyst

LINE #	MODE OF SERVICE	06-24 Hr Svcs Adult Crisis Residential (40-49)	15-Outpatient Case Management (01-06 & 08-09)	15-Outpatient Medication Support (60)	60- Support Client Flexible Support (72)	60- Support Profit Margin	60- Support Other Non-Medi-Cal Client Support (78)	45 - Outreach Mental Health Promotion (10)	TOTAL
1	100% Distribution %	61.27%	5.63%	3.75%	0.18%	4.42%	15.55%	5.38%	
2	SALARIES	963,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	166,021	17,108	11,366			46,617	28,514	289,645
4	(2+3 must equal total staffing costs)	1,169,324	107,541	71,570	0		293,032	179,235	1,820,702
5	OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,181	181,068	110,751	1,179,299
6	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,967	3,000,000
7	AGENCY REVENUES								
8	PATIENT FEES								
9	PATIENT INSURANCE								
10	MEDI-CARE								
11	GRANTS/OTHER								
12	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
13	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,967	3,000,000
14	FUNDING								
15	Share %								
16	70.00% MEDI-CAL (FPP)	662,151	60,897	40,528					763,577
17	0.00% EPSDT (2011 Realignment)	0	0	0					0
18	0.00% MHSA MATCH	945,931	66,996	57,897					1,090,824
19	100.00% MHSA FUNDING	283,779	26,099	17,369	2,085	52,181	474,099	289,967	1,145,600
20	FUNDING TOTAL	1,891,861	173,993	115,793	2,085	52,181	474,099	289,967	3,000,000
21	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
22	STATE FUNDING (including Realignment)	283,779	26,099	17,369	2,085	52,181	474,099	289,967	1,145,600
23	AGENCY FUNDING (non-DBH)	945,931	66,996	57,897	0	0	0	0	1,090,824
24	FEDERAL FUNDING	662,151	60,897	40,528	0	0	0	0	763,577
25	TOTAL FUNDING	1,891,861	173,993	115,793	2,085	52,181	474,099	289,967	3,000,000
26	TARGET COST PER UNIT OF SERVICE	\$62.65	\$3.10	\$7.83					
27	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966
28									5,256
29									Minutes
30									Client Days

APPROVED:

*Anthony Altamirano*

Apr 8, 2024

Anthony Altamirano  
DBH FISCAL SERVICES

Apr 8, 2024

Jessica Montecinos  
DBH PROGRAM MANAGER

Apr 8, 2024

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES PROVIDER AUTHORIZED SIGNATURE DATE DBH PROGRAM MANAGER

Denise Awrey

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME)

Jessica Montecinos

DBH PROGRAM MANAGER (PRINT NAME)

EXHIBIT I

BUDGET SCHEDULES

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

Schedule B

Anticipated Utilization of Funds (12 months)

Staffing Detail - Per annum (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Telecare Corporation

Name	Degree/License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	DM/JC <sup>(1)</sup>	Full Time Annual Salary*	Full Time Fringe Benefits	Total Full Time Time Salaries & Benefits	% Cost Allocated to Contract Services	Contract	\$S.B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Larry Lawler	LCSW	Administrator-Intervent	N	D	163,374	30,907	194,281	100%	0%	0%	194,281	0	163,374	30,907
Erinsson Diano	LCSW	Regional Director of Operations	N	D	182,873	34,559	217,432	11%	0%	0%	23,865	0	20,084	3,801
Holly Shi	LCSW	Clinical Dir-Intervent	N	D	91,243	17,291	108,504	100%	0%	0%	108,504	0	91,243	17,261
Gina Castro	S Abuse Cert	Case Manager-Sub Use Car	Y	D	75,984	14,371	90,335	100%	0%	100%	90,335	0	75,984	14,371
Royd Garcia	Peer Empirt Cert	Peer Recovery Coach	Y	D	49,891	9,382	59,873	100%	0%	100%	59,873	0	49,891	9,982
Earl Brown	Peer Empirt Cert	Peer Recovery Coach	Y	D	49,891	9,382	59,873	40%	0%	40%	23,989	0	19,837	3,753
Araceli Roman	Assoc.MFT	SW Clinician II-SE	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499	0	77,784	14,715
Cherise Johnson	Assoc.Clinical SW	SW Clinician II-SE	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499	0	77,784	14,715
Nicole Lopez	Assoc.MFT	SW Clinician II-SE	Y	D	77,784	14,715	92,499	40%	0%	40%	37,000	0	31,114	5,886
Hester Lewis	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	0	104,259	19,724
Lynette Asby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	0	104,259	19,724
Melissa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	0	104,259	19,724
Michael Abante	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,790	0	20,852	3,945
Yessica Cruz	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	75%	0%	75%	40,065	0	33,716	6,378
Valent	N/A	Family Peer Support Spec	Y	D	44,955	8,505	53,460	30%	0%	30%	16,035	0	13,487	2,551
Joseph Toronto	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	0	65,551	12,401
Mason Walker	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	0	65,551	12,401
Andrea Williams	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	0	65,551	12,401
Erin Whiting	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	0	65,551	12,401
Doreale Steiler	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	0	65,551	12,401
Nellis Jimenez	N/A	MFT-Intervent	N	D	46,040	8,710	54,750	50%	0%	0%	27,375	0	23,020	4,355
Joy Rodriguez	N/A	Office Coordinator III	N	D	78,037	14,783	92,800	100%	0%	0%	92,800	0	78,037	14,763
Tanisha Riley	N/A	HR Generalist	N	D	22,505	4,258	26,763	20%	0%	0%	5,253	0	4,417	836
Greene Goldenfrh	N/A	RegIT Support Analyst	N	D	73,171	13,643	87,014	3.5%	0%	0%	3,045	0	2,901	484
Rosalind Victor	RN	Nurse Coordinator	N	D	107,850	20,365	128,015	100%	0%	0%	128,015	0	107,850	20,365
Neel Santhara Kuzh	MD	Psychiatrist	Y	C	0	0	0	100%	0%	100%	0	0	0	0
<b>TOTAL COST:</b>											1,531,067	0	1,531,067	299,846

1,531,067

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

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

Note, administrative and clinical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.443 (c)(1) - (4)

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

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2023 - 2024

Contractor Name: Telecare Corporation  
Provider # 108

Contract/RFP# 22-36124-08  
Address: 1080 Marina Village Pkwy  
Alameda, CA 94501-1078

Date Form Completed: 2/29/2024

Prepared by: Richard Pai  
Title: Sr Financial Analyst

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

Anticipated Utilization of Funds

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Psychiatric Services	\$261,429	0%	\$0	100%	\$261,429
2 Client & Clinical Transportation	\$12,114	0%	\$0	100%	\$12,114
3 Other Community/Clinical	\$7,796	0%	\$0	100%	\$7,796
4 Member Expenses	\$5,305	0%	\$0	100%	\$5,305
5 Physical Plant	\$3,917	0%	\$0	100%	\$3,917
6 General and administrative expenses	\$201,887	0%	\$0	100%	\$201,887
7 Building Expenses	\$258,432	0%	\$0	100%	\$258,432
8 Depreciation	\$8,327	0%	\$0	100%	\$8,327
9 Dietary	\$74,960	0%	\$0	100%	\$74,960
10 Administrative support	\$212,368	0%	\$0	100%	\$212,368
11 Profit Margin	\$132,743	0%	\$0	100%	\$132,743
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
15		0%	\$0	100%	\$0
16		0%	\$0	100%	\$0
17		0%	\$0	100%	\$0
18		0%	\$0	100%	\$0
19		0%	\$0	100%	\$0
<b>SUBTOTAL B:</b>	<b>\$1,179,298</b>		<b>\$0</b>		<b>\$1,179,298</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$3,060,001</b>

EXHIBIT I

BUDGET SCHEDULES

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

Contractor Name: Telecare Corporation  
Provider # 108  
Contract RFP# 22-36124-08  
Address: 1080 Marina Village Pkwy  
Alameda, CA 94501-1078  
Date Form Completed: 2/29/2024

Prepared by: Richard Fai  
Title: Sr Financial Analyst

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

Anticipated Utilization of Funds

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

BUDGET SCHEDULES

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

Contractor Name: Telecare Corporation  
 Provider # 109  
 Contract/REP#: 23-36 124-08  
 Address: 1080 Marina Village Pkwy  
 Alameda, CA 94501-1079  
 Date Form Completed: 2/28/2024  
 Date Form Revised:

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Days)	Planned Clinical FTEs	Required Productivity (based on 30 days per month)	Projected Revenue Generated by Service Type			Clients Served		
				Adult Crisis Residential (40-49)	Starting Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-23	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Aug-23	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Sep-23	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Oct-23	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Nov-23	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Dec-23	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Jan-24	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Feb-24	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Mar-24	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Apr-24	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
May-24	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
Jun-24	438	15.05	97%	\$0	\$157,655	\$0	11	11	14
TOTAL	5,256				\$1,891,951		132	132	146
				Total Revenue	\$1,891,951	Unduplicated Clients Served	\$12,923		Estimated Cost Per Client:

EXHIBIT I

BUDGET SCHEDULES

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

Prior fiscal year Rates (Completed by DBH)		Old County Contract (CCR) Rates		MHS Rate/Min		MSS Rate/Min		Crisis Rate/Min				
	\$2.20	\$2.89	\$2.89	\$6.59	\$4.20							
Productivity Expectation: 80%		CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min							
	\$2.20	\$2.89	\$2.89	\$5.56	\$4.20							
Agency Per Min Rates:		NOTE: If no established agency per minute rates, please input the COR rates in the highlighted cells										
Target Cost Per Unit of Service	\$3.10	\$0.00	\$7.83	\$0.00								
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER												
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type				Clients Served					
			Case Management (01-06 & 09-09)	Medication Support (60)					Starting Census (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census	
Jul-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Aug-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Sep-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Oct-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Nov-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Dec-23	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jan-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Feb-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Mar-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Apr-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
May-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
Jun-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	0
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	\$0	132	132	132
			Total Revenue				Unduplicated Clients Served					
							Estimated Cost Per Client: \$2,195					

Contractor Name: Telecare Corporation  
Provider # 109  
Contract/RFF# 22-381/24-09  
Address: 1080 Marina Village Fkwy  
Alameda, CA 94501-1078  
Date Form Completed: 2/29/2024  
Date Form Revised:

EXHIBIT I

BUDGET SCHEDULES

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
70,966	0	0	0	0	70,966
5914	0	0	0	0	5914
0	0	0	0	0	0
0.00	0.00	0.00	0.00	0.00	0.00

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

Total Minutes of Services  
 Total Monthly Minutes of Services (Average)  
 Dosage (minutes) per client per month  
 Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 0.00

EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
Crisis Residential Treatment Services  
(CRT)

Contractor Name: Telecare Corporation  
Provider # 108  
Contract/RFP# 22-361124-08

Address: 1080 Marina Village Pkwy  
Alameda, CA 94501-1078  
Date Form Completed: 2/29/2024  
Date Form Revised:

Actual Cost Contract (cost reimbursement)

FY 2024 - 2025  
Anticipated Utilization of Funds

Prepared by: Richard Poi  
Title: Sr Financial Analyst

LINE #	MODE OF SERVICE	05-24 Hr Svcs Adult Crisis Residential (40-49)	15-Outpatient Case Management (01-06 & 08-09)	15-Outpatient Medication Support (60)	60-Support Client Flexible Support (72)	60-Support Profit Margin	60-Support Other Non-Medi-Cal Client Support (76)	45-Outreach Mental Health Promotion (10)	TOTAL
1	100% Distribution %	61.27%	5.63%	3.75%	0.18%	4.42%	15.35%	5.39%	
<b>EXPENSES</b>									
2	SALARIES	963,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	166,021	17,106	11,386			46,617	28,514	269,645
4	(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
5	OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,161	181,068	110,751	1,179,999
6	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,161	474,099	289,967	3,000,000
<b>AGENCY REVENUES</b>									
7	PATIENT FEES								0
8	PATIENT INSURANCE								0
9	MEDICARE								0
10	GRANTS/OTHER								0
11	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
12	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,161	474,099	289,967	3,000,000
<b>FUNDING</b>									
13	Mix %	Share %							
12	70.0%	MEDICAL (FFP)	60,897	40,526					763,577
13	0.0%	EP/SDT (2011 Realignment)	0	0					0
14	100.0%	MHSA MATCH	86,996	57,897					1,090,824
15		MHSA FUNDING	26,099	17,369					1,145,600
16		FUNDING TOTAL	173,993	115,793	2,085	52,161	474,099	289,967	3,000,000
17		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0
19		STATE FUNDING (including Realignment)	26,099	17,369	2,085	52,161	474,099	289,967	1,145,600
20		AGENCY FUNDING (non-DBH)	86,996	57,897	0	0	0	0	1,090,824
21		FEDERAL FUNDING	60,897	40,526	0	0	0	0	763,577
22		TOTAL FUNDING	173,993	115,793	2,085	52,161	474,099	289,967	3,000,000
23		TARGET COST PER UNIT OF SERVICE	\$362.65	\$7.83					
24		UNITS OF TIME (Days (Mode 06), Minutes (Mode 15))	5256	14,792					70,966 5,256

APPROVED:

*Anthony Altamirano*

Anthony Altamirano  
Anthony Altamirano, Sr. Financial Analyst

Apr 8, 2024  
DBH FISCAL SERVICES

Apr 8, 2024  
DBH PROGRAM MANAGER

Apr 8, 2024  
DATE

Denise Awrey

Anthony Altamirano

Jessica Montecinos

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

EXHIBIT I

BUDGET SCHEDULES

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

(12 months)

Anticipated Utilization of Funds

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

CONTRACTOR NAME: Telecare Corporation

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SARS change to "N"	DMIC <sup>(1)</sup>	Full Time Annual Salary <sup>(2)</sup>	Full Time Fringe Benefits <sup>(2)</sup>	Total Full Time Salaries & Benefits <sup>(2)</sup>	% Cost Allocated Contract Services	Contract	S&B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Larry Lawler	LCSW	Administrator-Inpatient	N	D	163,374	30,607	194,281	100%	0%	0%	194,281	194,281	163,374	30,907
Bronson Diano	LCSW	Regional Director of Operations	N	D	182,873	34,659	217,231	11%	0%	0%	23,865	23,865	20,094	3,801
Holly Still	LCSW	Clinical Dir-Inpatient	N	D	91,243	17,261	108,504	100%	0%	0%	108,504	108,504	91,243	17,261
Sonia Castro	S Abuse Cert.	Cases Manager-Sub Use Car	Y	D	75,984	14,371	90,335	100%	0%	100%	90,335	90,335	75,984	14,371
Floyd Garcia	Peer Support Cert.	Peer Recovery Coach	Y	D	49,591	9,382	58,973	100%	0%	100%	58,973	58,973	49,591	9,382
Calib Brown	Peer Support Cert.	Peer Recovery Coach	Y	D	49,591	9,382	58,973	40%	0%	40%	23,469	23,469	19,837	3,763
Elder Roman	Assoc MFT	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499	92,499	77,784	14,715
Charlene Johnson	Assoc Clinical SW	SW Clinician II-SB	Y	D	77,784	14,715	92,499	100%	0%	100%	92,499	92,499	77,784	14,715
Lois Lopez	Assoc MFT	SW Clinician II-SB	Y	D	104,259	19,724	123,982	40%	0%	40%	37,000	37,000	31,114	5,886
Heather Lewis	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	123,982	104,259	19,724
Lynette Asby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	123,982	104,259	19,724
Melissa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	123,982	104,259	19,724
Michael Abate	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,766	24,766	20,852	3,945
Yessica Cruz	N/A	Family Peer Support Spec	Y	D	44,965	8,505	53,480	75%	0%	75%	40,065	40,065	33,716	6,378
Vasanti	N/A	Family Peer Support Spec	Y	D	44,965	8,505	53,480	30%	0%	30%	16,038	16,038	13,487	2,561
Joseph Torino	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	77,952	65,551	12,401
Mason Walker	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	77,952	65,551	12,401
Amber Williams	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	77,952	65,551	12,401
Garn Wright	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	77,952	65,551	12,401
Dunelle Steiner	N/A	Residential Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	77,952	65,551	12,401
Nellie Jamariz	N/A	MFT-Inpatient	N	D	49,040	8,710	57,750	50%	0%	0%	27,375	27,375	23,020	4,355
Joey Rodriguez	N/A	Office Coordinator III	N	DM	78,037	14,763	92,800	100%	0%	0%	92,800	92,800	78,037	14,763
Taliaha Riley	N/A	HR Generalist	N	D	22,505	4,258	26,763	20%	0%	0%	5,263	5,263	4,417	836
Genevieve Smith	N/A	Reg IT Support Analyst	N	D	73,171	13,643	87,014	3.5%	0%	0%	3,045	3,045	2,561	484
Rosario Victor	RN	Nurse Coordinator	Y	D	107,650	20,395	128,015	100%	0%	0%	128,015	128,015	107,650	20,365
Neel, Santhara Kurz	MD	Psychiatrist	Y	C	0	0	0	100%	0%	0%	0	0	0	0
			Y	D	0	0	0	100%	0%	0%	0	0	1,531,067	290,946
<b>TOTAL</b>												<b>1,531,067</b>	<b>290,946</b>	
<b>COST:</b>												<b>1,820,703</b>		

<sup>(1)</sup> Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services  
<sup>(2)</sup> Detail of Fringe Benefits: Employer FICA, Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2024 - 2025

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-36124-08

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

Date Form Completed: 2/29/2024

Prepared by: Richard Pai  
Title: Sr Financial Analyst

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

Anticipated Utilization of Funds

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

EXHIBIT I

BUDGET SCHEDULES

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

Prepared by: Richard Raj  
Title: Sr Financial Analyst

Contractor Name: Telecare Corporation  
Provider #: 108  
Contract/RFP#: 22-361724-08  
Address: 1060 Marina Village Pkwy  
Alameda, CA 94501-1078  
Date Form Completed: 2/29/2024

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

Anticipated Utilization of Funds

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

BUDGET SCHEDULES

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

Contractor Name: Telecare Corporation  
 Provider # 108  
 Contract/RFP# 22-361124-08  
 Address: 1050 Marina Village Pkwy  
 Alameda, CA 94501-1079  
 Date Form Completed: 2/28/2024  
 Date Form Revised:

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

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

EXHIBIT I

BUDGET SCHEDULES

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

Prior fiscal year Rates (Completed by DBH)																			
Old County Contract: (CCR) Rates	\$2.20	\$2.99	\$6.56	\$4.20															
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min															
Agency Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20															
Target Cost Per Unit of Service	\$3.10	\$0.00	\$7.83	\$0.00															
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells																			
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER																			
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type				Clients Served				Date Form Revised:								
			Case Management (01-06 & 08-09)	Medication Support (60)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Monthly Census									
Jul-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Aug-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Sep-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Oct-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Nov-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Dec-24	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Jan-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Feb-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Mar-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Apr-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
May-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
Jun-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	\$0	11	11	11	0						
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	\$0	132	132	132	0						
Total Revenue										\$289,786		Unduplicated Clients Served		132		Estimated Cost Per Client: \$2,195			



EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
Crisis Residential Treatment Services  
(CRT)

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-381/24-08

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

Prepared by: Richard Pai  
Title: Sr Financial Analyst

FY 2025 - 2026  
Anticipated Utilization of Funds

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

LINE #	MODE OF SERVICE	05-24 Hr Svcs Adult Crisis Residential (40-49)	15-Outpatient Case Management (01-06 & 08-09)	15-Outpatient Medication Support (60)	60-Support Client Flexible Support (72)	60-Support Profit Margin	60-Support Other Non-Medi-Cal Client Support (78)	45 - Outreach Mental Health Promotion (10)	TOTAL
1	100% Distribution %	\$1.27%	5.83%	3.75%	0.18%	4.42%	15.33%	3.33%	
2	EXPENSES								
2	SALARIES	983,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	186,021	17,108	11,386			46,617	28,514	289,645
3	(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
4	OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,181	181,068	110,751	1,179,298
5	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
6	AGENCY REVENUES								
6	PATIENT FEES								0
7	PATIENT INSURANCE								0
8	MEDI-CARE								0
9	GRANTS/OTHER								0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
12	MIX %								
12	MEDICAL (FFP)	50.00%	60,897	40,528					763,577
13	EPSDT (2011 Realignment)	0.00%	0	0					0
14	MHSA MATCH	50.00%	86,996	57,897					1,090,824
15	MHSA FUNDING		26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
16	FUNDING TOTAL		173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
17	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0
19	STATE FUNDING (including Realignment)		26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
20	AGENCY FUNDING (non-DBH)		86,996	57,897	0	0	0	0	1,090,824
21	FEDERAL FUNDING		60,897	40,528	0	0	0	0	763,577
22	TOTAL FUNDING		173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
23	TARGET COST PER UNIT OF SERVICE		\$3.10	\$7.83					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966
									5,256
									Client Days

APPROVED:

*Anthony Altamirano*

Apr 8, 2024  
DATE

Anthony Altamirano  
DBH FISCAL SERVICES

Apr 8, 2024  
DATE

Apr 8, 2024  
DATE

Denise Awrey

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME)

Jessica Montecinos

DBH PROGRAM MANAGER (PRINT NAME)

BUDGET SCHEDULES

EXHIBIT I

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
STAFFING DETAIL

Schedule B

FY 2025 - 2026

Anticipated Utilization of Funds (12 months)

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

CONTRACTOR NAME: Telecare Corporation

Name	Degree/ License	Position Title	If Staff Position/SES, Clinical FTE Providing SMHS, change to "N"	DIR/C <sup>(1)</sup>	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Cost Allocated Contract Services	Contract	SB B	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Larry Lutz	LCSSW	Administrator- Inpatient	N	D	163,374	30,937	194,311	100%	0%	0%	194,311	163,374	30,937	
Ernesto Duran	LCSSW	Regional Director of Operations	N	D	183,873	34,658	218,531	11%	0%	0%	218,531	20,094	3,901	
Holly Gill	LCSSW	Clinical Dir-Inpatient	N	D	91,243	17,231	108,474	100%	0%	0%	108,474	91,243	17,231	
Gloria Castro	S. Abuse Cert	Case Manager-Suicide Csr	Y	D	75,984	14,371	90,355	100%	0%	100%	90,355	75,984	14,371	
Royal Garcia	Peer Support Cert	Peer Recovery Coach	Y	D	49,591	9,352	58,943	100%	0%	100%	58,943	49,591	9,352	
Carla Brown	Peer Support Cert	Peer Recovery Coach	Y	D	49,591	9,352	58,943	40%	0%	40%	23,577	19,837	3,753	
Edgar Roman	Assoc MFT	SW Clinician II-SB	Y	D	77,794	14,715	92,509	100%	0%	100%	92,509	77,794	14,715	
Clarence Johnson	Assoc MFT	SW Clinician II-SB	Y	D	77,794	14,715	92,509	100%	0%	100%	92,509	77,794	14,715	
Nicole Lopez	Assoc MFT	SW Clinician II-SB	Y	D	77,794	14,715	92,509	40%	0%	40%	37,000	31,114	5,886	
Hester Lewis	LVN	LVN	Y	D	104,259	19,724	123,983	100%	0%	100%	123,982	104,259	19,724	
Lynette Asby	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	104,259	19,724	
Wallisa Rivera	LVN	LVN	Y	D	104,259	19,724	123,982	100%	0%	100%	123,982	104,259	19,724	
Mirzael Abanias	LVN	LVN	Y	D	104,259	19,724	123,982	20%	0%	20%	24,796	20,852	3,945	
Yessica Cruz	N/A	Family Peer Support Spec	Y	D	44,865	8,505	53,480	75%	0%	75%	40,065	33,716	6,378	
Vanant	N/A	Family Peer Support Spec	Y	D	44,865	8,505	53,480	30%	0%	30%	16,038	13,487	2,551	
Josiah Torano	N/A	Resident Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	65,551	12,401	
Mason Walker	N/A	Resident Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	65,551	12,401	
Amber Williams	N/A	Resident Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	65,551	12,401	
Sam Wright	N/A	Resident Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	65,551	12,401	
Danielle Gessler	N/A	Resident Counselor	Y	D	65,551	12,401	77,952	100%	0%	100%	77,952	65,551	12,401	
Nellie Jimenez	N/A	MRT-Inpatient	N	D	48,040	8,710	56,750	50%	0%	0%	28,375	23,020	4,355	
John Rodriguez	N/A	Office Coordinator III	N	DA	78,037	14,763	92,800	100%	0%	0%	92,800	78,037	14,763	
Taleneha Riley	N/A	HR Generalist	N	D	22,505	4,259	26,763	20%	0%	0%	5,353	4,417	936	
Gracie Goldman	N/A	ResIT Support Analyst	N	D	73,171	13,843	87,014	3.5%	0%	0%	3,045	2,961	484	
Rosalind Victor	RN	Nurse Coordinator	N	D	107,650	20,355	128,015	100%	0%	0%	128,015	107,650	20,355	
Neha Santhara Kurz	MD	Psychiatrist	Y	C	0	0	0	100%	100%	0%	0	0	0	
TOTAL											1,531,057	0	299,645	
TOTAL COST:											1,830,703			

<sup>(1)</sup> Clinical therapists are contracted employees that are part-time but 55% their time is towards the MH services  
Detail of Fringe Benefits: Employee FICA, Medicare, Workers' Compensation  
Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

<sup>(2)</sup> Input "D" to indicate a direct staffing position, "I" for an indirect staffing position, and "C" for Contract position

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

<sup>(3)</sup> Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2026

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFP# 22-361/24-08

Address: 1080 Marina Village Pkwy

Alameda, CA 94501-1078

Date Form Completed: 2/29/2024

Prepared by: Richard Pai  
Title: Sr Financial Analyst

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

Anticipated Utilization of Funds

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

EXHIBIT I

BUDGET SCHEDULES

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

Contractor Name: Telecare Corporation  
 Provider # 108  
 Contract/RFP# 22-36124-08  
 Address: 1080 Marina Village Pkwy  
 Alameda, CA 94501-1078  
 Date Form Completed: 2/29/2024

Prepared by: Richard Pai  
 Title: Sr Financial Analyst

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

Anticipated Utilization of Funds

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

EXHIBIT I

BUDGET SCHEDULES

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

Contractor Name: Telecare Corporation  
 Provider # 109  
 Contract/RFP# 22-361/24-08  
 Address: 1050 Marina Village Pkwy  
 Alameda, CA 94501-1078  
 Date Form Completed: 2/28/2024  
 Date Form Revised:

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

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

EXHIBIT I

BUDGET SCHEDULES

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

Prior fiscal year Rates (Completed by DBH)		Old County Contract (CCR) Rates		Productivity Expectation: 60%		Agency Per Min Rates:		Target Cost Per Unit of Service		Contractor Name:		Provider #	
	\$2.20	\$2.69	\$5.56	\$4.20	\$2.69	\$5.56	\$4.20	\$3.10	\$0.00	\$7.83	Telecare Corporation	22-391/24-08	109
	\$2.20	\$2.69	\$5.56	\$4.20	\$2.69	\$5.56	\$4.20	\$3.10	\$0.00	\$7.83	1080 Marina Village Pkwy		
											Alameda, CA 94501-1078		
											Date Form Completed:	2/29/2024	
											Date Form Revised:		
	ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER												
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type				Clients Served						
			Case Management (01-06 & 09-09)	Medication Support (60)			Starting Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census				
Jul-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Aug-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Sep-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Oct-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Nov-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Dec-25	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Jan-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Feb-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Mar-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Apr-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
May-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
Jun-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0		
<b>TOTAL</b>	<b>70,966</b>		<b>\$173,993</b>	<b>\$115,793</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>132</b>	<b>132</b>	<b>132</b>		
<b>Total Revenue</b>											<b>\$289,786</b>	<b>Unduplicated Clients Served</b>	<b>132</b>
											<b>Estimated Cost Per Client:</b>	<b>\$2,195</b>	



EXHIBIT I

BUDGET SCHEDULES

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
Crisis Residential Treatment Services  
(CRT)

Contractor Name: Telecare Corporation

Provider # 108

Contract/RFPP# 22-361/24-08

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

Prepared by: Richard Pai  
Title: Sr Financial Analyst

FY 2026 - 2027  
Anticipated Utilization of Funds

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

LINE #	MODE OF SERVICE	05-24 Hr Svcs (40-49)	15-Outpatient (01-06 & 08-09)	15-Outpatient Medication Support (\$60)	60-Support Client Flexible Support (72)	60-Support Profit Margin	60-Support Other Non-Medi-Cal Client Support (78)	45-Outreach Mental Health Promotion (110)	TOTAL
1	100% Distribution %	51.27%	5.63%	3.75%	0.18%	4.42%	15.35%	9.33%	
<b>EXPENSES</b>									
2	SALARIES	993,303	90,433	60,184			246,415	150,722	1,531,057
3	BENEFITS	186,021	17,108	11,386			46,617	28,514	289,645
4	(2+3 must equal total staffing costs)	1,169,324	107,542	71,570	0		293,032	179,235	1,820,702
5	OPERATING EXPENSES	722,538	66,451	44,224	2,085	52,181	181,068	110,751	1,179,298
6	TOTAL EXPENSES (2+3+4)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
<b>AGENCY REVENUES</b>									
7	PATIENT FEES								0
8	PATIENT INSURANCE								0
9	MEDI-CARE								0
10	GRANTS/OTHER								0
11	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
12	CONTRACT AMOUNT (5-10)	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
<b>FUNDING</b>									
13	MIX %								
14	70.00% MEDI-CAL (FFP)	662,151	60,897	40,528					763,577
15	0.00% EPSDT (2011 Realignment)	0	0	0					0
16	100.00% MHSA MATCH	945,931	86,996	57,897	2,085				1,090,824
17	MHSA FUNDING	293,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
18	FUNDING TOTAL	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
20	STATE FUNDING (Including Realignment)	293,779	26,099	17,369	2,085	52,181	474,099	289,987	1,145,600
21	AGENCY FUNDING (Iron-DBH)	945,931	86,996	57,897	0	0	0	0	1,090,824
22	FEDERAL FUNDING	662,151	60,897	40,528	0	0	0	0	763,577
23	TOTAL FUNDING	1,891,861	173,993	115,793	2,085	52,181	474,099	289,987	3,000,000
24	TARGET COST PER UNIT OF SERVICE	\$362.65	\$3.10	\$7.83					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	5256	56,174	14,792					70,966
								Client Days	9,256

APPROVED:

*Anthony Altamirano*

Apr 8, 2024

Anthony Altamirano  
DBH FISCAL SERVICES

Apr 8, 2024

Jessica Montecinos  
DBH PROGRAM MANAGER

Apr 8, 2024

DATE

Denise Awrey

Anthony Altamirano

Jessica Montecinos

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)



EXHIBIT I

BUDGET SCHEDULES

SAH BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

Contractor Name: Telecare Corporation  
 Provider # 108  
 Contract/RFP# 22-361/24-08  
 Address: 1080 Marina Village Pkwy  
 Alameda, CA. 94501-1078

FY 2026 - 2027

Prepared by: Richard Pai  
 Title: Sr Financial Analyst

Date Form Completed: 2/29/2024

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

Anticipated Utilization of Funds

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

EXHIBIT I

BUDGET SCHEDULES

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2025 - 2027

Contractor Name: Telecare Corporation  
Provider # 108  
Contract/RF# 22-26124-08  
Address: 1080 Marina Village Pkwy  
Alameda, CA 94501-1078  
Date Form Completed: 2/28/2024

Prepared by: Richard Pai  
Title: Sr Financial Analyst

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

Anticipated Utilization of Funds

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

BUDGET SCHEDULES

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

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

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name: Telecare Corporation  
 Provider # : 109  
 Contract RFP #: 22-361/24-08  
 Address: 1050 Marina Village Pkwy  
 Alameda, CA 94501-1078  
 Date Form Completed: 2/28/2024  
 Date Form Revised:

EXHIBIT I

BUDGET SCHEDULES

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

Prior fiscal year Rates (Completed by DBH)		Old County Contract (CCR) Rates		Productivity Expectation: 80%		Agency Per Min Rates:		Target Cost Per Unit of Service				
		\$2.20	\$2.99	\$2.99	\$6.69	\$4.20	\$2.69	\$2.69	\$3.10			
		CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Cnsis Rate/Min	Cnsis Rate/Min						
		\$2.20	\$2.69	\$5.56	\$4.20							
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells												
Date Form Completed: 2/29/2024												
Date Form Revised:												
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER												
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE'S	Projected Revenue Generated by Service Type				Clients Served					
			Case Management (01-06 & 08-09)	Medication Support (60)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Monthly Census		
Jul-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Aug-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Sep-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Oct-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Nov-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Dec-26	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Jan-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Feb-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Mar-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Apr-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
May-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
Jun-27	5,914	15.05	\$14,499	\$9,649	\$0	\$0	\$0	\$0	11	11	0	0
TOTAL	70,966		\$173,993	\$115,793	\$0	\$0	\$0	\$0	132	132	0	0
			Total Revenue				Unduplicated Clients Served				132	
							Estimated Cost Per Client:				\$2,195	

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

EXHIBIT I BUDGET SCHEDULES

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
70,966	0	0	0	0	70,966
5914	0	0	0	0	5914
0	0	0	0	0	0
0.00	0.00	0.00	0.00	0.00	0.00

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

Total Minutes of Services  
 Total Monthly Minutes of Services (Average)  
 Dosage (minutes) per client per month  
 Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 0.00



## ATTACHMENT III Campaign Contribution Disclosure (SB 1439)

### **DEFINITIONS**

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

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

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

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

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

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

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

1. Name of Contractor: Telecare Corporation

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

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

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

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

Anne Bakar, Nanci Fredkin, Telecare ESOP Trust

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

Company Name	Relationship
None	

6. Name of agent(s) of Contractor:

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

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

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

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

Company Name	Individual(s) Name
None	

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

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

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

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

Name of Contributor: \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

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

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