

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



**Contract Number**  
16-429 A-3

**SAP Number**  
4400009465

## Department of Behavioral Health

<b>Department Contract Representative</b>	Deborah Forthun
<b>Telephone Number</b>	909-388-0862
<b>Contractor</b>	Lutheran Social Services of Southern California
<b>Contractor Representative</b>	Tawanda Counts
<b>Telephone Number</b>	(760) 248-6612
<b>Contract Term</b>	July 1, 2016 – September 30, 2021
<b>Original Contract Amount</b>	\$3,063,000
<b>Amendment Amount</b>	\$1,096,250
<b>Total Contract Amount</b>	\$4,159,250
<b>Cost Center</b>	9206311000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Lutheran Social Services of Southern California referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 16-429** 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. Lutheran Social Services must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

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

B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 15% of a budgeted line item without the prior written approval from DBH. Budget line items applicable to the 15% rule are: (1) Total Salaries & Benefits and (2) Individual Operating Expense items. The County has the sole discretion of transferring funds between funding sources or modes of services.

1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.

E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

J. This amendment shall increase the total contract from \$3,063,000 to \$4,159,250.

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

A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.

B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.

C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:

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

mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.

- E. Monthly payments for Short-Doyle Medi-Cal services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system. The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report or County Contract Rate (CCR), whichever is lower, shall prevail.
  - 1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges, Contractor's actual cost and the CCR.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement as described in the Annual Cost Report Settlement Article.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.

- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.
- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/oqa> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.
- For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."
- The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.
- S. Prohibited Payments
1. County shall make no payment to Contractor other than payment for services covered under this Contract.
  2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
  3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:

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

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

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

- A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.
- C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.
  1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.
    - a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.
  2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which have been approved by DHCS up to the preliminary submission period as reported by DBH.
  3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-end. The eighteen (18) month timeline is an approximation as the final reconciliation

process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission. Contractors are not permitted to increase total services or cost during this reconciliation process.

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

1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.
2. Upon receipt 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 Big Bear, Lucerne Valley, Trona and other remote service areas of this region.

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

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

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

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

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

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

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

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

- D. Adult Needs Strengths Assessment (ANSA)
  - 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

Lutheran Social Services of Southern California

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

By LaSharnda Beckwith  
6186EEB350DF480...  
(Authorized signature - sign in blue ink)

Name LaSharnda Beckwith  
(Print or type name of person signing contract)

Title Chief Executive Officer  
(Print or Type)

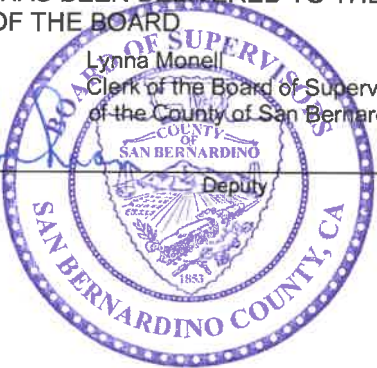
Dated: 5/5/2020

Address 247 East Amerige Ave  
Fullerton, CA  
92832

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

By KL  
Lynna Monell  
Clerk of the Board of Supervisors  
of the County of San Bernardino  
Deputy



**FOR COUNTY USE ONLY**

Approved as to Legal Form  
Dawn Martin  
Dawn Martin, Deputy County Counsel  
Date 5/5/2020

Reviewed for Contract Compliance  
Natalie Kessee  
Natalie Kessee, Contracts Manager  
Date 5/5/2020

Reviewed/Approved by Department  
Veronica Kelley  
Veronica Kelley, Director  
Date 5/7/2020

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Lutheran Social Services	
Actual Cost Contract (cost reimbursement)		GMH		Contract/RFP# 16-429 / RFP 18-84		Provider # LE 00829	
Prepared by: Eileen Hofer		FY 2020 - 2021 - Big Bear		Address: PO Box 1927		Big Bear Lake, CA 92315	
Title: Senior Director		July 1, 2020 - June 30, 2021		Date Form Completed: 4/15/2020		Date Form Revised:	
LINE	Distribution %	8.00%	37.75%	36.82%	0.11%	8.97%	14.35%
MODE OF SERVICE	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
SERVICE FUNCTION							
<b>EXPENSES</b>							
1	SALARIES	27,345	129,055	105,362	376	49,050	311,188
2	BENEFITS	4,935	23,293	19,016	68	8,853	56,165
3	(1+2 must equal total staffing costs)	32,280	152,347	124,378	444	57,903	367,353
4	OPERATING EXPENSES	11,010	51,964	42,424	151	19,750	137,647
4	TOTAL EXPENSES (1+2+3)	43,290	204,311	166,803	596	77,653	505,000
<b>AGENCY REVENUES</b>							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MED-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)	43,290	204,311	166,803	596	12,347	505,000
<b>FUNDING</b>							
	Mix %	Share %					
11	88.00%	50.00%					
12	25.00%	36.03%					
13							
14							
15							
16	2.00%						
17							
18							
19							
20							
21							
22							
23							
24							
25							

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Lutheran Social Services	
Actual Cost Contract (cost reimbursement)		GMH		Contract/RFP# 16-429 / RFP 18-84		Provider # LE 00829	
Prepared by: Eileen Hofer		FY 2021 - 2022 - Big Bear		Address: PO Box 1927		Date Form Completed: 3/19/2019	
Title: Senior Director		July 1, 2021 - September 30, 2021		Big Bear Lake, CA 92315		Date Form Revised:	
100%	Distribution %	8.00%	37.75%	30.82%	0.15%	8.97%	14.35%
LINE	MODE OF SERVICE	15-Outpatient Case Management (04-09)	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)
#	SERVICE FUNCTION						TOTAL
<b>EXPENSES</b>							
1	SALARIES	6,836	32,284	26,340	94		12,263
2	BENEFITS	1,234	5,823	4,754	17		2,213
3	(1+2 must equal total staffing costs)	8,070	38,087	31,094	111		14,476
4	OPERATING EXPENSES	2,753	12,991	10,606	38	3,087	4,938
4	TOTAL EXPENSES (1+2+3)	10,823	51,078	41,700	149	3,087	19,413
<b>AGENCY REVENUES</b>							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MED-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)	10,823	51,078	41,700	149	3,087	19,413
<b>FUNDING</b>							
	Mix %	Share %					
11	88.00%	50.00%					
12	25.00%	36.03%					
13							
14							
15							
16	2.00%						
17							
18							
19							
20							
21							
22							
23							
24							
25							
11	MEDICAL (FFP)	4,762	22,474	18,348	66		45,650
12	EPSDT (2011 REALIGNMENT)	858	4,049	3,305	12		8,224
13	1991 REALIGNMENT MATCH	3,904	18,425	15,043	53		37,426
14	MHSA Non-Medi-Cal Client Services					3,087	22,500
15	1991 REALIGNMENT - NET COUNTY	1,299	6,129	5,004	18		12,450
17	FUNDING TOTAL	10,823	51,078	41,700	149	3,087	126,250
19	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0		0
20	STATE FUNDING (Including Realignment)	4,762	22,474	18,348	65	3,087	68,150
21	FEDERAL FUNDING	6,061	28,603	23,352	84		58,100
22	TOTAL FUNDING	10,823	51,078	41,700	149	3,087	126,250
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)	4,919	17,083	7,500	36		29,538



Schedule B

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

FY 2020 - 2021 - Big Bear

Contractor Name: Lutheran Social Services  
 Provider #: LE 00829  
 Contract/RFP#: 18-429 / RFP 18-84

Prepared by: Eileen Hofer  
 Title: Senior Director

Address: PO Box 1927  
 Big Bear Lake, CA 92315

Date Form Completed: 4/15/2020

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.

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 Supportive Services	\$50,965	0%	\$0	100%	\$50,965		50,965
2 Emergency Assistance	\$24,583	0%	\$0	100%	\$24,583		24,583
3 Equipment Rental	\$2,500	0%	\$0	100%	\$2,500		2,500
4 Information Tech Costs	\$7,226	0%	\$0	100%	\$7,226		7,226
5 Insurance	\$876	0%	\$0	100%	\$876		876
6 Maintenance	\$264	0%	\$0	100%	\$264		264
7 Misc - Adv. Bank, Printing, Postage, Employee Exp	\$1,015	0%	\$0	100%	\$1,015		1,015
8 Office & Program Supplies	\$3,472	0%	\$0	100%	\$3,472		3,472
9 Professional/Contract Costs	\$200	0%	\$0	100%	\$200		200
10 Rent	\$23,104	0%	\$0	100%	\$23,104		23,104
11 Staff Travel/Meetings/ Trainings & Mileage	\$8,426	0%	\$0	100%	\$8,426		8,426
12 Taxes & Licenses, Dues & Subscriptions	\$5,000	0%	\$0	100%	\$5,000		5,000
13 Telephone & Utilities	\$6,937	0%	\$0	100%	\$6,937		6,937
14 Vehicle Expense	\$2,000	0%	\$0	100%	\$2,000		2,000
15 Depreciation	\$0	0%	\$0	100%	\$0		0
16 External Database Fee (.26% of Contract)	\$1,079	0%	\$0	100%	\$1,079		1,079
<b>SUBTOTAL B:</b>	<b>\$137,647</b>		<b>\$0</b>		<b>\$137,647</b>	<b>0</b>	<b>137,647</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>							
					<b>\$505,000</b>		

Schedule B

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2020 - 2021 - Big Bear

Contractor Name: Lutheran Social Services  
 Provider #: LE 00828  
 Contract/RFP#: 18-429 / RFP 18-84  
 Address: PO Box 1927  
 Big Bear Lake, CA 92315  
 Date Form Completed: 4/15/2020

Prepared by: Eileen Hofer  
 Title: Senior Director

**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 Supportive Services	Federal allowable indirect admin costs. The federal allowable indirect cost rate is determined between LSS corporate and the recipient government. Costs in this category will include the corporate share of audit and legal costs, HR costs, CEO/CFO costs, non-specific SBC accounting (such as payroll), and other corporate expenses that support San Bernardino operations. Rate 15% Does not cover cost of Senior Director who is covered under staffing. <u>Will not exceed 15% of direct costs</u>
2 Emergency Assistance	"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"
3 Equipment Rental	This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while traveling and food for meetings if deemed necessary.
8 Office & Program Supplies	This includes expendable office, program, janitorial, and household supplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, paper towels, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	This includes costs for specific contract items such sub-contracts or independent contractors. This line item is necessary for LSS GL (since this is where non-payroll employees will land). However, independent contractors who are necessary for units production (such as doctors or other contracted unit-producing staff) will be listed on staffing tab on DBH budgets (and specifically identified) so that units/hours on that page can be captured correctly for this staff.
10 Rent	This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	This includes costs for training of staff, travel to get to meetings/trainings, motels if necessary for a training, and the cost of education/seminars. This also includes mileage reimbursement at no more than the current, in effect IRS rates at time of mileage charged.
12 Taxes & Licenses, Dues & Subscriptions	This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and membership & association dues.
13 Telephone & Utilities	This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
14 Vehicle Expense	This includes all vehicle related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.

Note: Specific items are mentioned to give an idea of the types of expenses included, but specific items mentioned are not intended to be restrictive or all inclusive.

Schedule B

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 FY 2020 - 2021 - Big Bear  
 Contractor Name: Lutheran Social Services  
 Provider # LE 00829  
 Contract/RFP# 16-429 / RFP 18-84  
 Address: PO Box 1927  
 Big Bear Lake, CA 92315  
 Date Form Completed: 4/15/2020

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)		9,846	9,846	9,846	9,846	9,846	9,846	9,846	9,846	9,846	9,846	9,846	9,846	118,151
Projected Cost per Unit														
Case Management (01-09)		\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$3,608	\$43,290
Mental Health Services (10-50)		\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$17,026	\$204,311
Medication Support (60)		\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$166,803
Crisis Intervention (70)		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$596
Number of Unduplicated Clients Served		40	10	10	10	10	10	10	10	10	10	10	10	150

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
SCHEDULE "B" STAFFING DETAIL										
July 1, 2021 - September 30, 2021 (3 months)										
FY 2021 - 2022 - Big Bear										
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: Lutheran Social Services										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
<i>Big Bear</i>										
Tawanda Counts	LMFT	Clinic Supervisor/Atre	70,000	18,900	88,900	27%	6,001	140	4,725	1,276
Brian Sanchez	LMFT/Associate	Therapist,	47,000	13,104	60,104	100%	15,026	520	11,750	3,276
Lairisha Ballard	LMFT/ associate	Therapist,	47,000	15,000	62,000	30%	4,650	156	3,525	1,125
Chim K		Case Manager	35,360	10,608	45,968	50%	5,746	260	4,420	1,326
Kellie Newton	LVN or Psych Tech	Hub Coordinator	45,000	13,104	58,104	75%	10,895	390	8,438	2,457
Dr. Malik	M.D.	Psychiatrist**	250,000	0	250,000	45%	28,125	234	28,125	0
Dolores Price		Area manager	55,580	15,000	70,580	90%	15,881	468	12,506	3,375
Hofer, Eileen	RN, BSPA	Senior Director	82,500	19,845	102,345	7%	1,805	37	1,455	350
Joanne Voesst		Simon Billing Clerk	35,360	10,608	45,968	19%	2,224	101	1,711	513
River Bilton		Front Desk	27,256	8,177	35,433	17%	1,487	87	1,144	343
					0			0	0	0
					0			0	0	0
					0			0	0	0
							<b>TOTAL</b>	2,393	77,797	14,041
							<b>COST:</b>		91,838	
** Not a W-2 employee, independent contractor! Placed here because this position does units!										
<b>Detail of Fringe Benefits:</b> Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										

Schedule B

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

**FY 2021 - 2022 - Big Bear**

Contractor Name: Lutheran Social Services  
 Provider # LE 00829  
 Contract/RFP# 16-429 / RFP 18-84

Prepared by: Eileen Hofer  
 Title: Senior Director

Address: PO Box 1927  
 Big Bear Lake, CA 92315

Date Form Completed: 3/19/2019

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 Supportive Services	\$12,741	0%	\$0	100%	\$12,741		12,741
2 Emergency Assistance	\$6,146	0%	\$0	100%	\$6,146		6,146
3 Equipment Rental	\$625	0%	\$0	100%	\$625		625
4 Information Tech Costs	\$1,807	0%	\$0	100%	\$1,807		1,807
5 Insurance	\$219	0%	\$0	100%	\$219		219
6 Maintenance	\$66	0%	\$0	100%	\$66		66
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	\$254	0%	\$0	100%	\$254		254
8 Office & Program Supplies	\$868	0%	\$0	100%	\$868		868
9 Professional/Contract Costs	\$50	0%	\$0	100%	\$50		50
10 Rent	\$5,776	0%	\$0	100%	\$5,776		5,776
11 Staff Travel/Meetings/ Trainings & Mileage	\$2,107	0%	\$0	100%	\$2,107		2,107
12 Taxes & Licenses, Dues & Subscriptions	\$1,250	0%	\$0	100%	\$1,250		1,250
13 Telephone & Utilities	\$1,734	0%	\$0	100%	\$1,734		1,734
14 Vehicle Expense	\$500	0%	\$0	100%	\$500		500
15 Depreciation	\$0	0%	\$0	100%	\$0		0
16 External Database Fee (.26% of Contract)	\$270	0%	\$0	100%	\$270		270
<b>SUBTOTAL B:</b>	<b>\$34,412</b>		<b>\$0</b>		<b>\$34,412</b>	<b>0</b>	<b>34,412</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>							
					<b>\$126,250</b>		

Schedule B

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

**BUDGET NARRATIVE**

FY 2021 - 2022 - Big Bear

Contractor Name: Lutheran Social Services  
 Provider # LE 00829  
 Contract/RFP# 15-429 / RFP 18-84  
 Address: PO Box 1927  
 Big Bear Lake, CA 92315

Date Form Completed: 3/19/2019

Prepared by: Eileen Hofer  
 Title: Senior Director

**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 Supportive Services	Federal allowable indirect admin costs. The federal allowable indirect cost rate is determined between LSS corporate and the federal government. Costs in this category will include the corporate share of audit and legal costs, HR costs, CEO/CFO costs, non-specific SBC accounting (such as payroll), and other corporate expenses that support San Bernardino operations. Rte 15% Does nto cover Senior Director who is covered under staffing
2 Emergency Assistance	Client flex funds - any expenses spent on behalf of a client or client's family.
3 Equipment Rental	This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while travelling and food for meetings if deemed necessary.
8 Office & Program Supplies	This includes expendable office, program, janitorial, and household supplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, papertowels, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	This includes costs for specific contract items such sub-contracts or independent contractors. This line item is necessary for LSS GAL (since this is where non-payroll employees will land). However, independent contractors who are necessary for units production (such as doctors or other contracted unit-producing staff) will be listed on staffing tab on DBH budgets (and specifically identified) so that units/hours on that page can be captured correctly for this staff.
10 Rent	This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	This includes costs for training of staff, travel to get to meetings/trainings, motels if necessary for a training, and the cost of education/seminars. This also includes mileage reimbursement at no more than the current, in effect IRS rates at time of mileage charged.
12 Taxes & Licenses, Dues & Subscriptions	This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and membership & association dues.
13 Telephone & Utilities	This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
14 Vehicle Expense	This includes all vehicle related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2021 - 2022 - Big Bear				
Contractor Name: Lutheran Social Services Provider # LE 00829 Contract/RFP# 16-429 / RFP 18-84 Address: PO Box 1927 Big Bear Lake, CA 92315		Date Form Completed: 3/19/2019		
Client Service Projections for: July 1, 2021 - September 30, 2021				
	Jul-21	Aug-21	Sep-21	TOTAL
Units of Service (Minutes)	9,846	9,846	9,846	29,538
<b>Projected Cost per Unit</b>				
Case Management (01-09)	\$3,608	\$3,608	\$3,608	\$10,823
Mental Health Services (10-50)	\$17,026	\$17,026	\$17,026	\$51,078
Medication Support (60)	\$13,900	\$13,900	\$13,900	\$41,700
Crisis Intervention (70)	\$50	\$50	\$50	\$149
Number of Unduplicated Clients Served	40	10	10	60

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Lutheran Social Services	
Actual Cost Contract (cost reimbursement)		GMH		Contract/RFP# 16-429 / RFP 18-84		Provider # LE 00829	
Prepared by: Eileen Hofer		FY 2020 - 2021 - Lucerne Valley		Address: PO Box 1927		Big Bear Lake, CA 92315	
Title: Senior Director		July 1, 2020 - June 30, 2021		Date Form Completed:		Date Form Revised:	
LINE	Distribution %	7.65%	44.20%	27.25%	0.10%	15.02%	5.78%
MODE OF SERVICE	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
SERVICE FUNCTION							
<b>EXPENSES</b>							
1	SALARIES	15,099	87,245	53,785	197	11,402	167,729
2	BENEFITS	2,583	14,921	9,198	34	1,950	28,686
3	(1+2 must equal total staffing costs)	17,682	102,166	62,984	231	13,353	196,415
4	OPERATING EXPENSES	7,963	46,008	28,363	104	6,013	104,085
4	TOTAL EXPENSES (1+2+3)	25,644	148,174	91,347	335	19,366	300,500
<b>AGENCY REVENUES</b>							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MED-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)	25,644	148,174	91,347	335	19,366	300,500
<b>FUNDING</b>							
Mix %		Share %					
11	88.00% MED-CAL (FFP)	11,284	65,196	40,193	147		116,820
12	25.00% EPSDT (2011 REALIGNMENT)	2,033	11,745	7,241	27		21,046
13	1991 REALIGNMENT MATCH	9,250	53,452	32,951	121		95,774
14	MHSA Non-Medi-Cal Client Services					19,366	35,000
15	1991 REALIGNMENT - NET COUNTY	3,077	17,781	10,962	40		31,860
17							0
18	FUNDING TOTAL	25,644	148,174	91,347	335	19,366	300,500
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0		0
20	STATE FUNDING (Including Realignment)	11,283	65,197	40,192	148	19,366	151,820
21	FEDERAL FUNDING	14,361	82,977	51,155	187		148,680
22	TOTAL FUNDING	25,644	148,174	91,347	335	19,366	300,500
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)	11,657	49,556	16,429	80		77,722

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Lutheran Social Services	
Actual Cost Contract (cost reimbursement)		GMH		Provider # LE 00829		Contract/RFP# 16-429 / RFP 18-84	
Prepared by: Eileen Hofer		FY 2021 - 2022 - Lucerne Valley		Address: PO Box 1927		Big Bear Lake, CA 92315	
Title: Senior Director		July 1, 2021 - September 30, 2021		(3 Months)		Date Form Completed: 4/15/2020	
LINE	Distribution %	7.65%	44.20%	27.25%	0.10%	15.02%	5.78%
MODE OF SERVICE	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-Med-Cal Client Support (78)	TOTAL
SERVICE FUNCTION	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-Med-Cal Client Support (78)	TOTAL
<b>EXPENSES</b>							
1	SALARIES	3,775	21,811	13,446	49	2,851	41,932
2	BENEFITS	646	3,731	2,300	8	488	7,172
3	(1+2 must equal total staffing costs)	4,421	25,542	15,746	58	3,338	49,104
4	OPERATING EXPENSES	1,991	11,502	7,091	26	1,503	26,021
4	TOTAL EXPENSES (1+2+3)	6,411	37,044	22,836	84	3,909	75,125
<b>AGENCY REVENUES</b>							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MED-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)	6,411	37,044	22,836	84	3,909	75,125
<b>FUNDING</b>							
Mix %		Share %					
11	88.00% MED-CAL (FFP)	2,821	16,299	10,048	37		29,205
12	25.00% EPSDT (2011 REALIGNMENT)	508	2,936	1,810	7		5,261
13	1991 REALIGNMENT MATCH	2,313	13,363	8,238	30		23,944
14	MHSA Non-Med-Cal Client Services					3,909	4,841
15	1991 REALIGNMENT - NET COUNTY	769	4,445	2,740	10		7,965
17							0
18	FUNDING TOTAL	6,411	37,044	22,836	84	3,909	75,125
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0		0
20	STATE FUNDING (Including Realignment)	2,821	16,299	10,048	37	3,909	37,955
21	FEDERAL FUNDING	3,590	20,744	12,788	47		37,170
22	TOTAL FUNDING	6,411	37,044	22,836	84	3,909	75,125
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	3.20		
25	UNITS OF TIME (Minutes)	2,914	12,389	4,107	26		19,437



Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B									
Contractor Name: Lutheran Social Services		Contractor Name: Lutheran Social Services		Contractor Name: Lutheran Social Services		Contractor Name: Lutheran Social Services		Contractor Name: Lutheran Social Services	
Provider # LE 00828		Provider # LE 00828		Provider # LE 00828		Provider # LE 00828		Provider # LE 00828	
Contract/RFP# 18-429 / RFP 18-84		Contract/RFP# 18-429 / RFP 18-84		Contract/RFP# 18-429 / RFP 18-84		Contract/RFP# 18-429 / RFP 18-84		Contract/RFP# 18-429 / RFP 18-84	
Address: PO Box 1927		Address: PO Box 1927		Address: PO Box 1927		Address: PO Box 1927		Address: PO Box 1927	
Big Bear Lake, CA 92315		Big Bear Lake, CA 92315		Big Bear Lake, CA 92315		Big Bear Lake, CA 92315		Big Bear Lake, CA 92315	
Date Form Completed:		Date Form Completed:		Date Form Completed:		Date Form Completed:		Date Form Completed:	
Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.									
July 1, 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	Request Change	Revised Budget	Budget Revision	
1 Supportive Services	\$37,500	0%	\$0	100%	\$37,500		37,500		
2 Emergency Assistance	\$21,500	0%	\$0	100%	\$21,500		21,500		
3 Equipment Rental	\$4,500	0%	\$0	100%	\$4,500		4,500		
4 Information Tech Costs	\$7,500	0%	\$0	100%	\$7,500		7,500		
5 Insurance	\$644	0%	\$0	100%	\$644		644		
6 Maintenance	\$194	0%	\$0	100%	\$194		194		
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	\$1,146	0%	\$0	100%	\$1,146		1,146		
8 Office & Program Supplies	\$3,500	0%	\$0	100%	\$3,500		3,500		
9 Professional/Contract Costs	\$200	0%	\$0	100%	\$200		200		
10 Rent	\$9,494	0%	\$0	100%	\$9,494		9,494		
11 Staff Travel/Meetings/ Trainings & Mileage	\$8,600	0%	\$0	100%	\$8,600		8,600		
12 Taxes & Licenses, Dues & Subscriptions	\$1,727	0%	\$0	100%	\$1,727		1,727		
13 Telephone & Utilities	\$4,800	0%	\$0	100%	\$4,800		4,800		
14 Vehicle Expense	\$2,000	0%	\$0	100%	\$2,000		2,000		
15 Depreciation	\$0	0%	\$0	100%	\$0		0		
16 External Database Fee (.26% of Contract)	\$780	0%	\$0	100%	\$780		780		
<b>SUBTOTAL B:</b>	\$104,085		\$0		\$104,085		104,085		
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>			\$0		\$300,500		300,500		

Schedule B

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

BUDGET NARRATIVE

FY 2020 - 2021 - Lucerne Valley

Contractor Name: Lutheran Social Services  
Provider # LE 00829  
Contract/RF#: 16-428 / RFP 18-84  
Address: PO Box 1927  
Big Bear Lake, CA 92315

Prepared by: Eileen Hofer  
Title: Senior Director

Date Form Completed:

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

July 1, 2020 - June 30, 2021

ITEM	Justification of Cost
1 Supportive Services	Federal allowable indirect admin costs. The federal allowable indirect cost rate is determined between LSS corporate and the federal government. Costs in this category will include the corporate share of audit and legal costs, HR costs, CEO/CFO costs, non-specific SBC accounting (such as payroll), and other corporate expenses that support San Bernardino operations. This will never be more than 15%.
2 Emergency Assistance	"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"
3 Equipment Rental	This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while traveling and food for meetings if deemed necessary.
8 Office & Program Supplies	This includes expendable office, program, janitorial, and household supplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, paper towels, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	This includes costs for specific contract items such sub-contracts or independent contractors. This line item is necessary for LSS G/L (since this is where non-payroll employees will land). However, independent contractors who are necessary for units production (such as doctors or other contracted unit-producing staff) will be listed on staffing tab on DBH budgets (and specifically identified) so that units/hours on that page can be captured correctly for this staff.
10 Rent	This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	This includes costs for training of staff, travel to get to meetings/trainings, motels if necessary for a training, and the cost of education/seminars. This also includes mileage reimbursement at no more than the current, in effect IRS rates at time of mileage charged.
12 Taxes & Licenses, Dues & Subscriptions	This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and membership & association dues.
13 Telephone & Utilities	This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
14 Vehicle Expense	This includes all vehicle related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.

Note: Specific items are mentioned to give an idea of the types of expenses included, but specific items mentioned are not intended to be restrictive or all inclusive.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2020 - 2021 - Lucerne Valley													
											Contractor Name: Lutheran Social Services		
											Provider # LE 00829		
											Contract/RFP# 16-429 / RFP 18-84		
											Address: PO Box 1927		
											Big Bear Lake CA 92315		
Date Form Completed:													
Client Service Projections for: July 1, 2020 - June 30, 2021													
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	6,477	6,477	6,477	6,477	6,477	6,477	6,477	6,477	6,477	6,477	6,477	6,477	77,722
Projected Cost per Unit													
Case Management (01-09)	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$25,644
Mental Health Services (10-50)	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$12,348	\$148,174
Medication Support (60)	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$7,612	\$91,347
Crisis Intervention (70)	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$335
Number of Unduplicated Clients Served	27	7	7	7	7	7	7	7	7	7	7	7	104



Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B									
Contractor Name: Lutheran Social Services		Provider # LE 00829		Contract/RFP# 16-429 / RFP 18-84		Address: PO Box 1927		Big Bear Lake, CA 92315	
Prepared by: Eileen Hofer		Title: Senior Director		Date Form Completed: 4/15/2020		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.			
		0.25		July 1, 2021 - September 30, 2021		Budget Revision			
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget		
1 Supportive Services	\$9,375	0%	\$0	100%	\$9,375	0	9,375		
2 Emergency Assistance	\$5,375	0%	\$0	100%	\$5,375		5,375		
3 Equipment Rental	\$1,125	0%	\$0	100%	\$1,125		1,125		
4 Information Tech Costs	\$1,875	0%	\$0	100%	\$1,875		1,875		
5 Insurance	\$161	0%	\$0	100%	\$161		161		
6 Maintenance	\$49	0%	\$0	100%	\$49		49		
7 Misc - Adv. Bank, Printing, Postage, Employee Exp	\$287	0%	\$0	100%	\$287		287		
8 Office & Program Supplies	\$875	0%	\$0	100%	\$875		875		
9 Professional/Contract Costs	\$50	0%	\$0	100%	\$50		50		
10 Rent	\$2,374	0%	\$0	100%	\$2,374		2,374		
11 Staff Travel/Meetings/ Trainings & Mileage	\$2,150	0%	\$0	100%	\$2,150		2,150		
12 Taxes & Licenses, Dues & Subscriptions	\$432	0%	\$0	100%	\$432		432		
13 Telephone & Utilities	\$1,200	0%	\$0	100%	\$1,200		1,200		
14 Vehicle Expense	\$500	0%	\$0	100%	\$500		500		
15 Depreciation	\$0	0%	\$0	100%	\$0		0		
16 External Database Fee (.26% of Contract)	\$195	0%	\$0	100%	\$195		195		
<b>SUBTOTAL B:</b>	\$26,021		\$0		\$26,021	0	26,021		
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>									
						\$75,125			

Schedule B

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

**BUDGET NARRATIVE**

FY 2021 - 2022 - Lucame Valley

Contractor Name: Lutheran Social Services  
 Provider # LE 00829  
 Contract/RFP#: 16-429 / RFP 18-84  
 Address: PO Box 1927  
 Big Bear Lake, CA 92315

Prepared by: Eileen Hofer  
 Title: Senior Director

Date Form Completed: 4/15/2020

**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 Supportive Services	Federal allowable indirect admin costs. The federal allowable indirect cost rate is determined between LSS corporate and the federal government. Costs in this category will include the corporate share of audit and legal costs, HR costs, CEO/CFO costs, non-specific SBC accounting (such as payroll), and other corporate expenses that support San Bernardino operations. 15% Does not cover Senior Director who is included in staffing.
2 Emergency Assistance	Client flex funds - any expenses spent on behalf of a client or client's family.
3 Equipment Rental	This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while traveling and food for meetings if deemed necessary.
8 Office & Program Supplies	This includes expendable office, program, janitorial, and household supplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, paper towels, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	This includes costs for specific contract items such sub-contracts or independent contractors. This line item is necessary for LSS G/L (since this is where non-payroll employees will land). However, independent contractors who are necessary for units production (such as doctors or other contracted unit-producing staff) will be listed on staffing tab on DBH budgets (and specifically identified) so that units/hours on that page can be captured correctly for this staff.
10 Rent	This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	This includes costs for training of staff, travel to get to meetings/trainings, motels if necessary for a training, and the cost of education/seminars. This also includes mileage reimbursement at no more than the current, in effect IRS rates at time of mileage charged.
12 Taxes & Licenses, Dues & Subscriptions	This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and membership & association dues.
13 Telephone & Utilities	This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
14 Vehicle Expense	This includes all vehicle related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.

Schedule B

SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH	
SCHEDULE B		FY 2021 - 2022 - Lucerne Valley	
Contractor Name: Lutheran Social Services		Provider # LE 00929	
Contract/RFP# 16-428 / RFP 18-84		Address: PO Box 1927	
Big Bear Lake CA 92315		Date Form Completed: 4/15/2020	
Client Service Projections for: July 1, 2021 - September 30, 2021			
	Jul-21	Aug-21	Sep-21
Units of Service (Minutes)	6,479	6,479	6,479
Projected Cost per Unit			
Case Management (01-09)	\$2,137	\$2,137	\$2,137
Mental Health Services (10-50)	\$12,348	\$12,348	\$12,348
Medication Support (60)	\$7,612	\$7,612	\$7,612
Crisis Intervention (70)	\$28	\$28	\$28
Number of Unduplicated Clients Served	27	8	8
TOTAL	19,437		
			\$6,411
			\$37,044
			\$22,836
			\$84
			43

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Lutheran Social Services	
Actual Cost Contract (cost reimbursement)		GMH		Contract/RFP# 16-429 / RFP 18-84		Provider # LE 00829	
Prepared by: Eileen Hofer		FY 2020 - 2021 - Trona		Address: PO Box 1927		Big Bear Lake, CA 92315	
Title: Senior Director		July 1, 2020 - June 30, 2021		Date Form Completed: 4/15/2020		Date Form Revised:	
Mix %	Distribution %	8.00%	8.64%	0.00%	0.11%	22.02%	4.44%
LINE	MODE OF SERVICE	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)
#	SERVICE FUNCTION						TOTAL
<b>EXPENSES</b>							
1	SALARIES	3,533	28,898	0	49	0	1,961
2	BENEFITS	872	7,135	0	12	0	484
3	(1+2 must equal total staffing costs)	4,405	36,033	0	61	0	2,445
4	OPERATING EXPENSES	2,284	18,686	0	31	6,287	1,268
4	TOTAL EXPENSES (1+2+3)	6,690	54,719	0	92	6,287	3,713
<b>AGENCY REVENUES</b>							
5	PATIENT FEES						
6	PATIENT INSURANCE						
7	MED-CARE						
8	GRANTS/OTHER						
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	6,690	54,719	0	92	6,287	3,713
<b>FUNDING</b>							
Mix %	Share %						
11 88.00%	50.00%	2,944	24,076	0	40	0	27,060
12 25.00%	36.03%	530	4,337	0	7	0	4,874
13		2,413	19,739	0	34	0	22,186
14						6,287	3,713
15							0
16 2.00%		803	6,566	0	11	0	7,380
17							0
18		6,690	54,719	0	92	6,287	3,713
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
20	STATE FUNDING (Including Realignment)	2,943	24,076	0	41	6,287	3,713
21	FEDERAL FUNDING	3,747	30,642	0	51	0	34,440
22	TOTAL FUNDING	6,690	54,719	0	92	6,287	3,713
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	0.00	4.20		
25	UNITS OF TIME (Minutes)	3,041	18,301	0	22		21,363

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Lutheran Social Services	
Actual Cost Contract (cost reimbursement)		GMH		Contract/RFP# 16-429 / RFP 18-34		Provider # LE 00829	
Prepared by: Eileen Hofer		FY 2021 - 2022 - Trona		(3 months)		Address: PO Box 1927	
Title: Senior Director		July 1, 2021 - September 30, 2021		Date Form Completed:		Date Form Revised:	
10.0%	Distribution %	8.00%	55.43%	6.00%	0.11%	22.02%	4.44%
LINE	MODE OF SERVICE	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)
#	SERVICE FUNCTION						TOTAL
<b>EXPENSES</b>							
1	SALARIES	883	7,224	0	12		490
2	BENEFITS	218	1,784	0	3		121
3	(1+2 must equal total staffing costs)	1,101	9,008	0	15	0	611
4	OPERATING EXPENSES	571	4,671	0	8	1,572	317
4	TOTAL EXPENSES (1+2+3)	1,672	13,680	0	23	1,572	928
<b>AGENCY REVENUES</b>							
5	PATIENT FEES						
6	PATIENT INSURANCE						
7	MED-CARE						
8	GRANTS/OTHER						
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	1,672	13,680	0	23	1,572	928
<b>FUNDING</b>							
	Mix %	Share %					
11	68.00%	736	6,019	0	10		6,765
12	25.00%	133	1,084	0	2		1,219
13		603	4,935	0	8		5,546
14						1,572	928
15	2.00%	201	1,642	0	3		1,845
17							0
18		1,672	13,680	0	23	1,572	928
19		0	0	0	0		0
20		736	6,019	0	10	1,572	928
21		937	7,661	0	13		8,610
22		1,672	13,680	0	23	1,572	928
23		2.20	2.99	5.56	4.20		
24		2.20	2.99	5.56	4.20		
25		760	4,575	0	5		5,341



Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B									
Contractor Name: Lutheran Social Services		Provider #: LE 00829		Contract/RFP #: 16-429 / RFP 18-84		Address: PO Box 1927 Big Bear Lake, CA 92315		Date Form Completed: 4/15/2020	
Contractor Name: Lutheran Social Services		Provider #: LE 00829		Contract/RFP #: 16-429 / RFP 18-84		Address: PO Box 1927 Big Bear Lake, CA 92315		Date Form Completed: 4/15/2020	
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	Request Change	Revised Budget		
1 Supportive Services	\$8,295	0%	\$0	100%	\$8,295		8,295		
2 Emergency Assistance	\$7,555	0%	\$0	100%	\$7,555		7,555		
3 Equipment Rental	\$250	0%	\$0	100%	\$250		250		
4 Information Tech Costs	\$1,550	0%	\$0	100%	\$1,550		1,550		
5 Insurance	\$150	0%	\$0	100%	\$150		150		
6 Maintenance	\$75	0%	\$0	100%	\$75		75		
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	\$175	0%	\$0	100%	\$175		175		
8 Office & Program Supplies	\$600	0%	\$0	100%	\$600		600		
9 Professional/Contract Costs	\$1	0%	\$0	100%	\$1		1		
10 Rent	\$4,500	0%	\$0	100%	\$4,500		4,500		
11 Staff Travel/Meetings/ Trainings & Mileage	\$2,500	0%	\$0	100%	\$2,500		2,500		
12 Taxes & Licenses, Dues & Subscriptions	\$145	0%	\$0	100%	\$145		145		
13 Telephone & Utilities	\$2,575	0%	\$0	100%	\$2,575		2,575		
14 Vehicle Expense	\$0	0%	\$0	100%	\$0		0		
15 Depreciation	\$0	0%	\$0	100%	\$0		0		
16 External Database Fee (.26% of Contract)	\$185	0%	\$0	100%	\$185		185		
<b>SUBTOTAL B:</b>	\$28,556		\$0		\$28,556	0	28,556		
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>									
						0			
						\$71,500			

Schedule B

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2020 - 2021 - Trons

Contractor Name: Lutheran Social Services  
Provider # LE 00829  
Contract/RFP# 16-429 / RFP 18-84  
Address: PO Box 1927  
Big Bear Lake, CA 92315  
Date Form Completed: 4/15/2020

Prepared by: Eileen Hofer  
Title: Senior Director

**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 Supportive Services	Federal allowable indirect admin costs. The federal allowable indirect cost rate is determined between LSS corporate and the federal government. Costs in this category will include the corporate share of audit and legal costs, HR costs, CEO/CFO costs, non-specific SBC accounting (such as payroll), and other corporate expenses that support San Bernardino operations. 15% Does not include Senior Director who is under staffing
2 Emergency Assistance	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
3 Equipment Rental	This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while traveling and food for meetings if deemed necessary.
8 Office & Program Supplies	This includes expendable office, program, janitorial, and household supplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, paper towels, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	This includes costs for specific contract items such sub-contracts or independent contractors. This line item is necessary for LSS G/L (since this is where non-payroll employees will land). However, independent contractors who are necessary for units production (such as doctors or other contracted unit-producing staff) will be listed on staffing tab on DBH budgets (and specifically identified) so that units/hours on that page can be captured correctly for this staff.
10 Rent	This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	This includes costs for training of staff, travel to get to meetings/trainings, motels if necessary for a training, and the cost of education/seminars. This also includes mileage reimbursement at no more than the current, in effect IRS rates at time of mileage charged.
12 Taxes & Licenses, Dues & Subscriptions	This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and membership & association dues.
13 Telephone & Utilities	This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
14 Vehicle Expense	This includes all vehicle related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16 External Database Fee (.25% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.

Note: Specific items are mentioned to give an idea of the types of expenses included, but specific items mentioned are not intended to be restrictive or all inclusive.

Schedule B

SAN BERNARDINO COUNTY											
DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE B											
FY 2020 - 2021 - Trona											
Contractor Name: Lutheran Social Services											
Provider # LE 00829											
Contract/RFP# 16-429 / RFP 18-84											
Address: PO Box 1927											
Big Bear Lake, CA 92315											
Date Form Completed: 4/15/2020											

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)	1,780	1,780	1,780	1,780	1,780	1,780	1,780	1,780	1,780	1,780	1,780	1,780	1,780	21,363
Projected Cost per Unit														
Case Management (01-09)	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$557	\$6,690
Mental Health Services (10-50)	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$4,560	\$54,719
Medication Support (60)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Crisis Intervention (70)	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$92
Number of Unduplicated Clients Served	5	2	2	2	2	1	1	2	2	2	1	2	2	24

Schedule B

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

Contractor Name:	Lutheran Social Services
Provider #:	LE 00829
Contract/RFP#:	16-429 / RFP 18-34
Address:	PO Box 1927 Big Bear Lake, CA 92315
Date Form Completed:	

Prepared by: Eileen Hofer  
Title: Senior Director

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 Supportive Services	\$2,074	0%	\$0	100%	\$2,074	0	2,074
2 Emergency Assistance	\$1,889	0%	\$0	100%	\$1,889		1,889
3 Equipment Rental	\$63	0%	\$0	100%	\$63		63
4 Information Tech Costs	\$388	0%	\$0	100%	\$388		388
5 Insurance	\$38	0%	\$0	100%	\$38		38
6 Maintenance	\$19	0%	\$0	100%	\$19		19
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	\$44	0%	\$0	100%	\$44		44
8 Office & Program Supplies	\$150	0%	\$0	100%	\$150		150
9 Professional/Contract Costs	\$0	0%	\$0	100%	\$0		0
10 Rent	\$1,125	0%	\$0	100%	\$1,125		1,125
11 Staff Travel/Meetings/ Trainings & Mileage	\$625	0%	\$0	100%	\$625	0	625
12 Taxes & Licenses, Dues & Subscriptions	\$36	0%	\$0	100%	\$36		36
13 Telephone & Utilities	\$644	0%	\$0	100%	\$644		644
14 Vehicle Expense	\$0	0%	\$0	100%	\$0		0
15 Depreciation	\$0	0%	\$0	100%	\$0		0
16 External Database Fee (.26% of Contract)	\$46	0%	\$0	100%	\$46		46
<b>SUBTOTAL B:</b>	<b>\$7,139</b>		<b>\$0</b>		<b>\$7,139</b>	<b>0</b>	<b>7,139</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>							
						<b>\$17,875</b>	



Schedule B

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

Contractor Name: Lutheran Social Services  
 Provider # LE 00829  
 Contract/REP#: 16-429 / RFP 18-84  
 Address: PO Box 1927  
 Big Bear Lake, CA 92315

Prepared by: Eileen Hofer  
 Title: Senior Director

Date Form Completed:  
 July 1, 2021 - September 30, 2021

ITEM	Justification of Cost
1 Supportive Services	Federal allowable indirect admin costs. The federal allowable indirect cost rate is determined between LSS corporate and the federal government. Costs in this category will include the corporate share of audit and legal costs, HR costs, CEO/CFO costs, non-specific SBC accounting (such as payroll), and other corporate expenses that support San Bernardino operations. Rate 15% Does nto cover Senior Director who is under staffing.
2 Emergency Assistance	Client flex funds - any expenses spent on behalf of a client or client's family.
3 Equipment Rental	This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/ brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while travelling and food for meetings if deemed necessary.
8 Office & Program Supplies	This includes expendable office, program, janitorial, and household supplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, paper towels, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	This includes costs for specific contract items such sub-contracts or independent contractors. This line item is necessary for LSS G/L (since this is where non-payroll employees will land). However, independent contractors who are necessary for units production (such as doctors or other contracted unit-producing staff) will be listed on staffing tab on DBH budgets (and specifically identified) so that units/hours on that page can be captured correctly for this staff.
10 Rent	This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	This includes costs for training of staff, travel to get to meetings/trainings, motels if necessary for a training, and the cost of education/seminars. This also includes mileage reimbursement at no more than the current, in effect IRS rates at time of mileage charged.
12 Taxes & Licenses, Dues & Subscriptions	This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and membership & association dues.
13 Telephone & Utilities	This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
14 Vehicle Expense	This includes all vehicle related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.

Note: Specific items are mentioned to give an idea of the types of expenses included, but specific items mentioned are not intended to be restrictive or all inclusive.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	
SCHEDULE B	
FY 2021 - 2022 - Trona	
Contractor Name: Lutheran Social Services	
Provider # LE 00829	
Contract/RFP#: 16-429 / RFP 18-84	
Address: PO Box 1927	
Big Bear Lake, CA 92315	
Date Form Completed:	
Client Service Projections for:	July 1, 2021 - September 30, 2021
	Jul-21 Aug-21 Sep-21
Units of Service (Minutes)	1,780 1,780 1,780
Projected Cost per Unit	
Case Management (01-09)	\$557 \$557 \$557
Mental Health Services (10-50)	\$4,560 \$4,560 \$4,560
Medication Support (60)	\$0 \$0 \$0
Crisis Intervention (70)	\$8 \$8 \$8
Number of Unduplicated Clients Served	5 2 2
TOTAL	5,341
	\$1,672
	\$13,680
	\$0
	\$23
	9