



**Contract Number**

17-709 A-2

**SAP Number**

4400009496

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Deborah Forthun
<b>Telephone Number</b>	(909) 388-0862
<b>Contractor</b>	Telecare Corporation.
<b>Contractor Representative</b>	Bryceton Danico
<b>Telephone Number</b>	(562) 544-0791
<b>Contract Term</b>	September 1, 2017 – June 30, 2022
<b>Original Contract Amount</b>	\$12,083,333
<b>Amendment Amount</b>	\$100,000
<b>Total Contract Amount</b>	\$12,183,333
<b>Cost Center</b>	9204332200

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 17-709** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor provision of Crisis Residential Treatment program services, which Contract first became effective September 1, 2017 the following changes are hereby made and agreed to, effective June 9, 2020:

- I. ARTICLE IV Funding and Budgetary Restrictions paragraph J is hereby added to read as follows:
  - J. The maximum financial obligation under this contract shall not exceed \$2,600,000 for FY 2019-20. This contract is increased by \$100,000 for FY 2019-2020. This amendment shall increase the total contract amount from \$12,083,333 to \$12,183,333.
- II. Schedules A and B for FY 2019-20 are hereby revised and attached. All previously approved schedules remain in effect.

III. 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

►

Curt Hagman, Chairman, Board of Supervisors

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

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

By \_\_\_\_\_  
Deputy

Telecare Corporation

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

By \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

Dawn Martin, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

Natalie Kessee, Contracts Manager

Date \_\_\_\_\_

Reviewed/Approved by Department

►

Veronica Kelley, Director

Date \_\_\_\_\_

SCHEDULE A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY							
		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: Telecare Corporation					
Actual Cost Contract (cost reimbursement)		West Valley (Wellspring Center)		Provider # 108					
		Crisis Residential Treatment		Contract/RFP# 17-709					
Prepared by: Gene Fantano		FY 2019 - 2020		Address: 1080 Marina Village Pkwy, Suite 100					
Title: Senior Financial Analyst		July 1, 2019 - June 30, 2020		Alameda, CA 94501-1078					
				Date Form Completed: 1/19/18					
				Date Form Revised: Shift of Fund request 09/30/2019					
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	05- 24 hr. Svcs	60- Support	60 - Support	60 - Support	60 - Support	
#	SERVICE FUNCTION	Case Management (01-09)	Medication Support (60)	Adult Crisis Residential (40-49)	Client Flexible Support (72)	Other Non-Medi-Cal Board & Care (40)	Other Non-Medi-Cal Net Income (78)		TOTAL
1	100% Distribution %	4.56%	9.26%	68.39%	0.19%	15.86%	1.74%		
<b>EXPENSES</b>									
2	SALARIES	63,908	0	993,482		0	0		1,057,390
3	BENEFITS	19,510	0	303,300		0	0		322,810
	(2+3 must equal total staffing costs)	83,418	0	1,296,782	0	0	0		1,380,200
4	OPERATING EXPENSES	35,026	240,838	481,404	5,000	412,315	45,217		1,219,800
5	TOTAL EXPENSES (2+3+4)	118,444	240,838	1,778,185	5,000	412,315	45,217		2,600,000
<b>AGENCY REVENUES</b>									
6	PATIENT FEES								0
7	PATIENT INSURANCE								0
8	MEDI-CARE								0
9	GRANTS/OTHER								0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0		0
11	CONTRACT AMOUNT (5-10)	118,444	240,838	1,778,185	5,000	412,315	45,217		2,600,000
<b>FUNDING</b>									
	Mix %	Share %							
12	50.00% MEDI-CAL (FFP)	29,611	60,210	444,546	0	0	0		534,367
13	0.00% EPSDT (2011 Realignment)	0	0	0	0	0	0		0
14	0.00% HEALTHY FAMILIES MEDI-CAL	0	0	0	0	0	0		0
15	MHSA MATCH	29,611	60,209	444,547	0	0	0		534,367
16	MHSA FUNDING	59,222	120,419	889,092	5,000	412,315	45,217		1,531,266
17	0.00% AB2726	0	0	0	0	0	0		0
18	0.00% REALIGNMENT - NET COUNTY	0	0	0	0	0	0		0
19									0
20	FUNDING TOTAL	118,444	240,838	1,778,185	5,000	412,315	45,217		2,600,000
21	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0	0		0
22	STATE FUNDING (Including Realignment)	88,833	180,628	1,333,639	5,000	412,315	45,217		2,065,633
23	FEDERAL FUNDING	29,611	60,210	444,546	0	0	0		534,367
24	TOTAL FUNDING	118,444	240,838	1,778,185	5,000	412,315	45,217		2,600,000
25	SCHEDULE OF MAXIMUM ALLOWANCES (CCR)	2.20	5.56	365.35					
26	TARGET COST PER UNIT OF SERVICE	1.74	4.05	338.32					
27	UNITS OF TIME (Minutes) or (Days)	68,040	59,400	5,256					
						Minutes	127440		
						Days			5,256

SCHEDULE B

		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH									
Schedule B		STAFFING DETAIL FY 2019 - 2020									
		July 1, 2019 - June 30, 2020				(12 months)	Crisis Residential Treatment				
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)											
CONTRACTOR NAME: Telecare Corporation											
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
TBD	Masters	Program Administrator	120,000	37,155	157,155	100%	156,635	2,080	120,000	36,635	
TBD	Masters	Regional Director - Operations	137,691	42,632	180,323	10%	17,973	208	13,769	4,204	
TBD	MFT/MFTi, MSW, RN, Ph.D./Psy.D	Clinical Director	81,190	25,138	106,328	100%	105,976	2,080	81,190	24,786	
TBD	CADAC, GED, CASAC, CAS, CATC	PSC III - Substance Use Counselor	52,850	16,364	69,214	100%	68,985	2,080	52,850	16,135	
TBD	GED	Peer Recovery Coach	35,994	11,144	47,138	140%	65,775	2,912	50,391	15,384	
TBD	Masters, MFT, MSW, LPCC	Social Worker/Clinician II	60,865	18,581	79,446	240%	190,671	4,992	146,075	44,595	
TBD	RN	Registered Nurse - Supervisor	77,542	23,673	101,215	100%	101,215	2,080	77,542	23,673	
TBD	LVN/LPT	LVN/LPT	52,850	16,364	69,214	419%	289,736	8,736	221,971	67,765	
TBD	GED	Peer Family Support Specialist	33,099	10,248	43,347	105%	45,363	2,184	34,753	10,610	
TBD	GED	Residential Counselor	34,302	10,621	44,923	498%	223,871	10,400	171,511	52,360	
TBD	N/A	HR Generalist	70,604	21,861	92,465	25%	23,040	520	17,651	5,389	
TBD	N/A	Med Records Tech	30,098	9,319	39,417	50%	19,643	1,040	15,049	4,594	
TBD	N/A	Office Coordinator I	50,996	15,790	66,785	100%	66,564	2,080	50,996	15,569	
TBD	N/A	Regional IT Support Analyst	72,828	22,549	95,377	5%	4,753	104	3,641	1,112	
									1,057,390	322,810	
						TOTAL COST:	1,380,199				
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,											

SCHEDULE B

<b>SAN BERNARDINO COUNTY</b> <b>DEPARTMENT OF BEHAVIORAL HEALTH</b> <b>SCHEDULE B</b> <b>Crisis Residential Treatment</b> <b>FY 2019 - 2020</b>							
				Contractor Name: <b>Telecare Corporation</b>			
				Provider # <b>108</b>			
				Contract/RFP# <b>17-709</b>			
Prepared by: Gene Fantano				Address: <b>1080 Marina Village Pkwy, Suite 100</b>			
Title: Senior Financial Analyst				<b>Alameda, CA 94501-1078</b>			
				Date Form Completed: <b>1/19/18</b>			
<b>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.</b>							
<b>July 1, 2019 - June 30, 2020</b>							
						<b>Budget Revision</b>	
<b>ITEM</b>	<b>TOTAL COST TO ORGANIZATION</b>	<b>% CHARGED TO OTHER FUNDING SOURCE</b>	<b>TOTAL COST TO OTHER FUNDING SOURCE</b>	<b>PERCENT CHARGED TO PROGRAM</b>	<b>TOTAL COST TO PROGRAM</b>	<b>Request Change</b>	<b>Revised Budget</b>
1 Psychiatric Services	\$240,838	0%	\$0	100%	\$240,838	0	240,838
2 Client & Clinical Transportation	\$12,217	0%	\$0	100%	\$12,217		12,217
3 Other Community/Clinical	\$19,002	0%	\$0	100%	\$19,002		19,002
4 Member Expenses	\$5,000	0%	\$0	100%	\$5,000		5,000
5 Physical Plant	\$158,546	0%	\$0	100%	\$158,546		158,546
6 Dietary	\$49,682	0%	\$0	100%	\$49,682		49,682
7 General and administrative expenses	\$135,957	0%	\$0	100%	\$135,957		135,957
8 Medical Records	\$500	0%	\$0	100%	\$500		500
9 Building Expenses	\$255,000	0%	\$0	100%	\$255,000		255,000
10 Depreciation	\$3,928	0%	\$0	100%	\$3,928		3,928
11 Administrative support	\$293,913	0%	\$0	100%	\$293,913		293,913
12 Operating Income	\$45,217	0%	\$0	100%	\$45,217		45,217
<b>SUBTOTAL B:</b>	\$1,219,800		\$0		\$1,219,800	0	1,219,800
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$2,599,999		

SCHEDULE B

SAN BERNARDINO COUNTY									
DEPARTMENT OF BEHAVIORAL HEALTH									
SCHEDULE B									
BUDGET NARRATIVE									
FY 2019 - 2020									
Crisis Residential Treatment									
Prepared by: Gene Fantano				Contractor Name: Telecare Corporation					
Title: Senior Financial Analyst				Provider # 108					
				Contract/RFP# 17-709					
				Address: 1080 Marina Village Pkwy, Suite 100					
				Alameda, CA 94501-1078					
				Date Form Completed: 1/19/18					
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, 2019 - June 30, 2020									
ITEM	Justification of Cost								
1	Psychiatric Services	The expense includes Psychiatrists for 9 hours per week at \$253.28 per hour and Nurse Practitioners for 12 hours per week at \$112.43 per hour. Also included is medical director supervision at a rate of \$30,000 per NP FTE and TLC administrative fee of \$10 per hour.							
2	Client & Clinical Transportation	Mileage, van lease, transportation services to transport clients and transport staff to assist clients. All mileage is reimbursed according to current IRS mileage reimbursement rates.							
3	Other Community/Clinical	Medical and other clinical supplies, dues and subscriptions for benefit of clients.							
4	Member Expenses	Assistance to clients to fulfill their clothing, transportation, or employment needs in order to encourage independent living.							
5	Physical Plant	Physical plant expenses include: * Professional services - twenty four hours, seven days a week security patrol (averaging \$22.27 per hour) and other services including sanitation, janitorial, alarm, pest control - \$196,077 * Housekeeping and custodial supply and services - laundry, housekeeping and custodial supplies \$8,546							
6	Dietary	Food and other dietary supplies.							
7	General and administrative expenses	General and administrative expenses include payroll, benefits, and human resources services (\$30,486), general liability insurance (\$21,580), office and computer supplies (paper, toner, photocopying, software upgrades, user license) (\$20,451), minor equipment (\$8,370), communication services (telephone, data lines, cell phones) (\$12,285), administrative travel expenses and mileage (\$17,537), professional services (\$4,871), and staff training and meetings (\$14,064).							
8	Medical Records	Medical records charts, office supplies, and storage services.							
9	Building Expenses	Includes building lease, utilities, and other building related expenses.							
10	Depreciation	Amortization of capitalized equipment.							
11	Administrative support	Indirect corporate overhead costs estimated to be 13% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement. The total of operating income and indirect administration will not exceed 15% of direct costs of the program.							
12	Operating Income	Costs estimated to be 2% of direct cost of the program. These costs include development activity and profit. These are shown separately from Corporate Allocation based on the Medicare Allowable Cost Guidelines. The total of operating income and indirect administration will not exceed 15% of direct costs of the program.							

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2019 - 2020**

Mode 15 and Mode 5 - Service Projections

**Crisis Residential Treatment**

Contractor Name: Telecare Corporation  
Provider # 108  
Contract/RFP# 17-709  
Address: 1080 Marina Village Pkwy, Suite 100  
Alameda, CA 94501-1078

Date Form Completed: 1/19/18

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Case Management (01-09)		Medication Support (60)			Estimated Number of Unduplicated Clients Served
Jul-19	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Aug-19	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Sep-19	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	31
Oct-19	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Nov-19	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	31
Dec-19	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Jan-20	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Feb-20	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	29
Mar-20	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Apr-20	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	31
May-20	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	32
Jun-20	10,620	1.58	65%	\$9,870	\$0	\$20,070	\$0	\$0	31
TOTAL	127,440			\$118,444		\$240,838			375

MONTH	Estimated Units of Service (Days)	Planned Clinical FTE's	Required Productivity (based on 21 days per month per FTE)	Adult Crisis Residential (Day) 05 (40-49)	Estimated Number of Unduplicated Clients Served
Jul-19	438	14.65	65%	\$148,182	32
Aug-19	438	14.65	65%	\$148,182	32
Sep-19	438	14.65	65%	\$148,182	31
Oct-19	438	14.65	65%	\$148,182	32
Nov-19	438	14.65	65%	\$148,182	31
Dec-19	438	14.65	65%	\$148,182	32
Jan-20	438	14.65	65%	\$148,182	32
Feb-20	438	14.65	65%	\$148,182	29
Mar-20	438	14.65	65%	\$148,182	32
Apr-20	438	14.65	65%	\$148,182	31
May-20	438	14.65	65%	\$148,182	32
Jun-20	438	14.65	65%	\$148,182	31
TOTAL	5,256			\$1,778,185	375