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

SAN BERNARDINO COUNTY

Contract Number

17-709 A-2

SAP Number

4400009496

Department of Behavioral Health

Department Contract Representative	Deborah Forthun
Telephone Number	(909) 388-0862
Contractor	Telecare Corporation.
Contractor Representative	Bryceton Danico
Telephone Number	(562) 544-0791
Contract Term	September 1, 2017 – June 30, 2022
Original Contract Amount	$12,083,333
Amendment Amount	$100,000
Total Contract Amount	$12,183,333
Cost Center	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: JUN 09 2020

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

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

By _____
Deputy

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

By DocuSigned by: Faith Richie 84780DD2C [illegible]
(Authorized signature - sign in blue ink)

Name Faith Richie
(Print or type name of person signing contract)

Title Senior VP for Development
(Print or Type)

Dated: 5/26/2020

Address 1080 Marina Village Parkway, Alameda CA 945(
1080 Marina Village Parkway, Alameda CA 94501

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► DocuSigned by: Dawn Martin 8FD744A7697047B...	► DocuSigned by: Natalie Kessee 4AA4DEA056D0425...	► DocuSigned by: Veronica Kelley B428FF1A85354BD...
Dawn Martin, Deputy County Counsel	Natalie Kessee, Contracts Manager	Veronica Kelley, Director
Date 5/26/2020	Date 5/26/2020	Date 5/26/2020

SCHEDULE A

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

Prepared by: Gene Fantano
Title: Senior Financial Analyst

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
West Valley (Wellspring Center)
Crisis Residential Treatment
FY 2019 - 2020
July 1, 2019 - June 30, 2020

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
Date Form Revised: Shift of Fund request 09/30/2019

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Medication Support (60)	05- 24 hr. Svcs Adult Crisis Residental (40-49)	60- Support Client Flexible Support (72)	60 - Support Other Non-Medi-Cal Board & Care (40)	60 - Support Other Non-Medi-Cal Net Income (78)	TOTAL
1	100%	Distribution %		4.56%	9.26%	68.39%	0.19%	15.86%	1.74%	
		EXPENSES								
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
		AGENCY REVENUES								
6		PATIENT FEES								0
7		PATIENT INSURANCE								0
8		MEDI-CARE								0
9		GRANTS/OTHER								0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		118,444	240,838	1,778,185	5,000	412,315	45,217	2,600,000
	Mix %	FUNDING	Share %							
12	50.00%	MEDI-CAL (FFP)	50.00%	29,611	60,210	444,546	0	0	0	534,367
13	0.00%	EPSDT (2011 Realignment)	36.03%	0	0	0	0	0	0	0
14	0.00%	HEALTHY FAMILIES MEDI-CAL	85.00%	0	0	0	0	0	0	0
15		MHSA MATCH	13.97%	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) MUST = ZERO		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

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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
Crisis Residential Treatment
FY 2019 - 2020

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

Prepared by: Gene Fantano
Title: Senior Financial Analyst

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

July 1, 2019 - June 30, 2020

	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	Budget Revision: Revised Budget
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
	SUBTOTAL B:	$1,219,800		$0		$1,219,800	0	1,219,800
	GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					$2,599,999		

SCHEDULE B

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

Prepared by: Gene Fantano
Title: Senior Financial Analyst

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

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, photocoping, 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 Residental (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