

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



Contract Number

16-434 A-3

SAP Number

4400009476

Department of Behavioral Health

Department Contract Representative	Alia Caldwell
Telephone Number	909-388-0861
Contractor	Telecare Corporation
Contractor Representative	Jennifer Hinkel
Telephone Number	510-337-7950
Contract Term	July 1, 2016-September 30, 2021
Original Contract Amount	\$8,914,170
Amendment Amount	\$780,000
Total Contract Amount	\$9,694,170
Cost Center	ADLACT; SAP: 9209232200

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. 16-434** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Members Assertive Positive Solutions (MAPS) Community Treatment Team Services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective April 1, 2021:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraph J is hereby amended to read as follows:
 - J. The contract amendment amount of \$780,000 shall increase the total contract amount from \$8,914,170 to \$9,694,170 for the contract term.
- II. ARTICLE XIII Duration and Termination, paragraph 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.
- III. This amendment hereby adds a revised Schedule A and B for 2020/21 and new schedule for 2021/22. All previously approved schedules remain in effect.
- IV. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

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

COUNTY OF SAN BERNARDINO


Curt Hagman, Chairman, Board of Supervisors

Dated: **FEB 09 2021**

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 Leslie J. Davis

Leslie J. Davis (Jan 22, 2021 16:41 PST)

(Authorized signature - sign in blue ink)

Name Leslie Davis

(Print or type name of person signing contract)

Title SVP and CFO

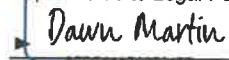
(Print or Type)

Dated: **01/22/21**

Address 1080 Marina Village Parkway, Suite 100, Alameda, CA, 94501

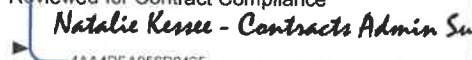
FOR COUNTY USE ONLY

Approved by Legal Form


Dawn Martin, Deputy County Counsel

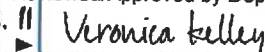
Date **1/20/2021**

Reviewed for Contract Compliance


Natalie Kessee, Contracts Manager

Date **1/20/2021**

Reviewed/Approved by Department


Veronica Kelley, Director

Date **1/20/2021**

SCHEDULE A - Planning Estimates

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

Actual Cost Contract (cost reimbursement)

FY 2020 / 2021

Members Assertive Positive Solutions (MAPS)

July 1, 2020 to June 30, 2021

Prepared by: Gene Fantano
Title: Senior Financial Analyst

Telecare Corporation

Contract #

Address:

Date Form Completed: 12/25/2020

1080 Marina Village Pkwy, Suite 100
Alameda, CA 94501-1078

			Distribution % Mode to Service Function Allocation (60/SF 72)	52.94%	40.06%	0.06%					
LINE	100%		MODE OF SERVICE	15 - Outpatient 63.50%	15 - Outpatient 25.80%	15 - Outpatient 0.70%	60 - Support Client Housing 70	60 - Support Client Flexible Support 72	60 - Support Other Non-Medical Client Support 78	60 - Support Operating Income SFC 78	TOTAL
			SERVICE FUNCTION	Case Management (01-09)	Mental Health Svcs (10-19)	Medication Support (60-69)	Crisis Intervention (70-79)				
#			EXPENSES								
1			SALARIES	30,164	261,027	197,446	4,239			0	492,876
2			BENEFITS	11,051	95,633	72,339	1,553			0	180,576
			(1+2 must equal total staffing costs)	41,215	356,660	269,785	5,792	0	0	0	673,452
3			OPERATING EXPENSES	41,562	359,577	271,991	5,839	126,017	13,745	67,826	886,548
4			TOTAL EXPENSES (1+2+3)	82,767	716,237	541,776	11,631	126,017	13,745	67,826	1,560,000
			AGENCY REVENUES								
5			PATIENT FEES								0
6			PATIENT INSURANCE								0
7			MEDI-CARE								0
8			GRANTS/OTHER								0
9			TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0
10			CONTRACT AMOUNT (4-9)	82,767	716,237	541,776	11,631	126,017	13,745	67,826	1,560,000
			FUNDING								
11	76.00%		MEDI-CAL (FFP)	35,400	306,343	231,724	4,975				578,442
12	0.00%		EPSDT (2011 REALIGNMENT)	0	0	0	0				0
13			MHSA MATCH	27,503	237,997	180,026	3,865				449,391
14	0.00%		MHSA	19,864	171,897	130,026	2,791	126,017	13,745	67,826	532,167
15	0.00%										0
16	0.00%										0
17	0.00%										0
18	0.00%		REALIGNMENT (Net County)								0
19			REALIGNMENT-MATCH	82,767	716,237	541,776	11,631	126,017	13,745	67,826	1,560,000
20			FUNDING TOTAL								
21			NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
22			STATE FUNDING (Including Realignment)	47,367	409,894	310,052	6,656	126,017	13,745	67,826	981,558
23			FEDERAL FUNDING	35,400	306,343	231,724	4,975	0	0	0	578,442
24			TOTAL FUNDING	82,767	716,237	541,776	11,631	126,017	13,745	67,826	1,560,000
			UNITS OF TIME (MINUTES)	41,932	266,266	108,184	2,935				419,316
25			COUNTY CONTRACT RATE - Maximum	2.20	2.99	5.56	4.20				
27			COST PER UNIT OF TIME	1.97	2.69	5.01	3.96				
28			UNITS OF SERVICE—Hours	699	4,438	1,803	49				6,989

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2020 / 2021

July 1, 2020 to June 30, 2021

(9 months)

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

CONTRACTOR NAME: **Telecare Corporation**

[illegible]

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits

Admin Costs - Op Expenses

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: Telecare Corporation

FY 2020 / 2021

Contract #

Address: 1080 Marina Village Pkwy, Suite 100
Alameda, CA 94501-1078

Prepared by: Gene Fantano

Title: Senior Financial Analyst

Date Form Completed: 12/25/2020
Updated

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	% CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						Request Change	Revised Budget
1 Building Rent	\$86,030	0%	\$0	100%	\$86,030	0	86,030
2 Utilities	\$1,543	0%	\$0	100%	\$1,543		1,543
3 Property Taxes and Insurance	\$5,473	0%	\$0	100%	\$5,473		5,473
4 Psychiatrist Contractor	\$234,854	0%	\$0	100%	\$234,854		234,854
5 Professional Fees	\$6,578	0%	\$0	100%	\$6,578		6,578
6 Equipment Expense	\$12,498	0%	\$0	100%	\$12,498		12,498
7 General & Administrative Costs	\$115,634	0%	\$0	100%	\$115,634		115,634
8 Administrative Support	\$135,652	0%	\$0	100%	\$135,652		135,652
9 Operating Income	\$67,826	0%	\$0	100%	\$67,826		67,826
10 Building Expenses	\$13,483	0%	\$0	100%	\$13,483		13,483
11 Members' Expenses	\$139,762	0%	\$0	100%	\$139,762		139,762
12 Medical Supplies Expenses	\$3,010	0%	\$0	100%	\$3,010		3,010
13 Mileage	\$59,160	0%	\$0	100%	\$59,160		59,160
14 Ancillary	\$5,045	0%	\$0	100%	\$5,045		5,045
SUBTOTAL B:	\$886,548				\$886,548	0	886,548
GROSS COSTS TOTAL A + B:	\$1,560,001						

Admin.Cost Budget Narrative

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

Contractor Name: Telecare Corporation
Contract #
Address: 1080 Marina Village Pkwy, Suite 100
Alameda, CA 94501-1078
Date Form Completed: 12/25/2020
Updated

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, 2020 to June 30, 2021

ITEM	Justification of Cost
1 Building Rent	Building Rent - The budgeted lease cost of renting the entire facility is approximately \$23,990 mo of which the MAPS share is \$7,169/ mo or \$64,523 for nine months. The building is shared with the San Bernardino ACT, LEHP and MAPS programs. 30% of the lease is paid by the MAPS program. The percentage is determined by the number of clinical FTEs assigned to the programs.
2 Utilities	Utilities - The annual budgeted utility cost is for sanitation services, Gas, water and electric expense is incorporated in the lease expense.
3 Property Taxes and Insurance	Property Tax and Insurance - Cost of property tax and insurance is what is paid by the program in addition to monthly rent.
4 Psychiatrist Contractor	Psychiatrist Contractor - The program contracts with two psychiatrist. One works approximately 27 per week and the other five per week.
5 Equipment Expense	Equipment Expense - Equipment expense includes Depreciation expense of \$8096 and copier lease for \$1277.
6 General & Administrative Costs	General & Administrative Costs - Includes various G&A costs of which the most significant are related to general liability insurance (\$10,668), travel (\$1814), audit fees (\$1869), telephone & data line (\$17,753), office expenses, including software upgrades, minor equip & repairs (\$35,540), payroll & benefits processing (\$20,706) and other employee related costs for recruiting, background checks, fingerprints and physicals (\$4,580).
7 Administrative Support	Administrative Support - Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement.
8 Operating Income	Operating Income - Costs estimated to be 5% of direct cost of the program. This allows Telecare to earn a profit in addition to covering the cost of development and corporate expenses that are not allocated to the programs.
9 Building Expenses	Building Expenses - Costs related to maintaining the facility including supplies, repairs & maintenance, minor equipment, and janitorial services.
10 Members' Expenses	Members' Expenses - Costs related to client support expenses (\$10,309) for food, emergency clothing or transportation and housing (\$94,513) for those without benefits or needing transitional support for critical needs to prevent homelessness.
11 Medical Supplies Expenses	Medical Supplies Expenses - Incidental medical supplies and equipment, including gloves, syringes, tongue depressors, glucometers, drug tests, and blood pressure cuffs.
12 Mileage	Mileage - Clinical staff mileage incurred in field operations. Staff is reimbursed based on the IRS standard rate that is adjusted January 1st each year.
13 Ancillary	Ancillary - Incidental laboratory costs as well as pharmacy costs for clients without benefits including refills of prescription medication that has been lost or run out.

Srvc Projections

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

July 1, 2020 to June 30, 2021

Contractor Name: Telecare Corporation
Contract/RFP#: 1080 Marina Village Pkwy, Suite 100
Address: Alameda, CA 94501-1078
Date Form Completed: 12/25/2020

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 150 hours per month per FTE)	Projected Revenue Generated by Service Type			Crisis Intervention (70)	Estimated Number of Unduplicated Clients Served
				Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)		
Jul-19	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Aug-19	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Sep-19	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Oct-19	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Nov-19	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Dec-19	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Jan-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Feb-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Mar-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Apr-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
May-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Jun-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
TOTAL	419,316			\$82,767	\$716,237	\$541,776	\$11,631	60

This worksheet is provided to aid you in planning your services. It takes information from the Schedule A worksheet and information you provide about how you plan to distribute your projected service units across the twelve months of the year and your planned FTE's for Clinical Service Providers. It will then calculate the level of productivity at which your clinical staff must perform to achieve your service and revenue goals. You may adjust the productivity by

(1) increasing or decreasing your costs on the Staffing and/or Admin Costs Sheets,

(2) increasing or decreasing the number of FTE's of Clinical Service Providers, or

(3) increasing or decreasing your projected Cost Per Unit of Service on Schedule A. Caution: You may not increase your Cost per Unit of Service above the rate set be the Schedule of Maximum Allowances in Schedule A, Line 25. It is not advised to develop your Schedule A based on the maximum possible per minute rate.

Directions:

1. Complete the Staffing, Admin Costs and Schedule A worksheets. On the Schedule A worksheet, be sure to enter Distribution % and the Target Cost Per Unit of Service.
2. Manually enter the number of services you expect to provide in each of the 12 months of the year. This total must equal the total on Schedule A, Line 27.
3. For each month of service, manually enter the number FTE's of Clinical Service Providers. The formulas in the worksheet assume that 1 FTE is equal to 168 hours.
4. Manually enter the Estimated Number of Unduplicated Clients Served for each month of service. This column is just of reference and does not affect other calculations.
5. Review the columns labeled "Estimated Clinical FTE's" and "Projected Revenue Generated by Service Type" to ensure that the projected costs and staffing patterns will enable you to meet your revenue generating requirements.

Schedule A

SCHEDULE A - Planning Estimates

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

Actual Cost Contract (cost reimbursement)

FY 2021 / 2022

Members Assertive Positive Solutions (MAPS)

Prepared by:

Gene Fantano

Title: Senior Financial Analyst

Contractor Name:

Contract #

Address:

months)

Date Form Completed:

Telecare Corporation

16-434

1080 Marina Village Pkwy. Suite 100

Alameda, CA 94501-1078

Date Form Revised									
		Distribution % Mode to Service Function Allocation (60/SF 72)	6.12%	52.96%	40.06%	0.86%			
LINE 100%	MODE OF SERVICE	15 - Outpatient	10.00%	63.50%	25.80%	0.70%			
	SERVICE FUNCTION	Case Management (01-09)	Mental Health Svcs (10-19)	Medication Support (60-69)	Crisis Intervention (70-79)	Client Housing Support 70	Client Flexible Support 72	Other Non-Medical Client Support 78	Operating Income SFC 78
#	EXPENSES								TOTAL
1	SALARIES	7,541	65,257	49,362	1,060				123,219
2	BENEFITS	2,763	23,908	18,085	388				45,144
	(1+2 must equal total staffing costs)	10,304	89,165	67,447	1,448	0	0	0	168,364
3	OPERATING EXPENSES	10,388	89,894	67,997	1,460	31,504	3,436		221,636
4	TOTAL EXPENSES (1+2+3)	20,692	179,059	135,444	2,908	31,504	3,436	0	390,000
	AGENCY REVENUES								
5	PATIENT FEES								0
6	PATIENT INSURANCE								0
7	MEDI-CARE								0
8	GRANTS/OTHER								0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	20,692	179,059	135,444	2,908	31,504	3,436	0	390,000
	FUNDING								
11	MEDI-CAL (FFP)	8,850	76,586	57,931	1,244				144,611
12	EPSDT (2011 REALIGNMENT)	0	0	0	0				0
13	MHSA MATCH	6,876	59,499	45,006	966				112,347
14	MHSA	4,966	42,974	32,507	698	31,504	3,436	0	133,042
15									0
16									0
17									0
18	REALIGNMENT (Net County)								0
19	REALIGNMENT-MATCH								0
20	FUNDING TOTAL	20,692	179,059	135,444	2,908	31,504	3,436	0	390,000
21	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
22	STATE FUNDING (Including Realignment)	11,842	102,473	77,513	1,664	31,504	3,436	0	245,389
23	FEDERAL FUNDING	8,850	76,586	57,931	1,244	0	0	0	144,611
24	TOTAL FUNDING	20,692	179,059	135,444	2,908	31,504	3,436	0	390,000
25	UNITS OF TIME (MINUTES)	10,483	66,566	27,046	734				104,829
27	COUNTY CONTRACT RATE - Maximum	2.20	2.99	5.56	4.20				
28	COST PER UNIT OF TIME	1.97	2.69	5.01	3.96				
29	UNITS OF SERVICE--Hours	175	1,109	451	12				1,747

STAFFING DETAIL

FY 2021 / 2022

July 1, 2021 to September 30, 2021 (3 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)**Telecare Corporation**[illegible]

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

Admin Costs - Op Expenses

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2021 / 2022

Contractor Name: Telecare Corporation

Contract #

Address: 1080 Marina Village Pkwy, Suite 100

Alameda, CA 94501-1078

Date Form Completed: 12/25/2020

Updated

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.

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	% CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						Request Change	Revised Budget
1 Building Rent	\$21,508	0%	\$0	100%	\$21,508	0	21,508
2 Utilities	\$386	0%	\$0	100%	\$386		386
3 Property Taxes and Insurance	\$1,368	0%	\$0	100%	\$1,368		1,368
4 Psychiatrist Contractor	\$58,712	0%	\$0	100%	\$58,712		58,712
5 Professional Fees	\$1,645	0%	\$0	100%	\$1,645		1,645
6 Equipment Expense	\$3,125	0%	\$0	100%	\$3,125		3,125
7 General & Administrative Costs	\$28,909	0%	\$0	100%	\$28,909		28,909
8 Administrative Support	\$33,913	0%	\$0	100%	\$33,913		33,913
9 Operating Income	\$16,957	0%	\$0	100%	\$16,957		16,957
10 Building Expenses	\$3,371	0%	\$0	100%	\$3,371		3,371
11 Members' Expenses	\$34,941	0%	\$0	100%	\$34,941		34,941
12 Medical Supplies Expenses	\$753	0%	\$0	100%	\$753		753
13 Mileage	\$14,790	0%	\$0	100%	\$14,790		14,790
14 Ancillary	\$1,261	0%	\$0	100%	\$1,261		1,261
SUBTOTAL B:	\$221,636				\$221,636	0	221,636
GROSS COSTS TOTAL A + B:	\$389,999						

Admin. Cost Budget Narrative

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

Contractor Name: Telecare Corporation

Contract #

Address: 1080 Marina Village Pkwy, Suite 100

Alameda, CA 94501-1078

Date Form Completed: 12/25/2020

Updated

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 to September 30, 2021

Prepared by: Gene Fantano

Title: Senior Financial Analyst

ITEM	Justification of Cost
1 Building Rent	Building Rent - The budgeted lease cost of renting the entire facility is approximately \$23,990 /mo of which the MAPS share is \$7,169/ mo or \$64,523 for nine months. The building is shared with the San Bernardino ACT, IEHP and MAPS programs. 30% of the lease is paid by the MAPS program. The percentage is determined by the number of clinical FTEs assigned to the programs.
2 Utilities	Utilities - The annual budgeted utility cost is for sanitation services. Gas, water and electric expense is incorporated in the lease expense.
3 Property Taxes and Insurance	Property Tax and Insurance - Cost of property tax and insurance is what is paid by the program in addition to monthly rent.
4 Psychiatrist Contractor	Psychiatrist Contractor - The program contracts with two psychiatrist. One works approximately 27 per week and the other five per week.
5 Equipment Expense	Equipment Expense - Equipment expense includes Depreciation expense of \$8096 and copier lease for \$1277.
6 General & Administrative Costs	General & Administrative Costs - Includes various G&A costs of which the most significant are related to general liability insurance (\$10,668), travel (\$1814), audit fees (\$1866), telephone & data line (\$17,753), office expenses, including software upgrades, minor equip & repairs (\$35,540), payroll & benefits processing (\$20,706) and other employee related costs for recruiting, background checks, fingerprints and physicals (\$4,580).
7 Administrative Support	Administrative Support - Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, and quality assurance and quality improvement.
8 Operating Income	Operating Income - Costs estimated to be 5% of direct cost of the program. This allows Telecare to earn a profit in addition to covering the cost of development and corporate expenses that are not allocated to the programs.
9 Building Expenses	Building Expenses - Costs related to maintaining the facility including supplies, repairs & maintenance, minor equipment, and janitorial services.
10 Members' Expenses	Members' Expenses - Costs related to client support expenses (\$10,309) for food, emergency clothing or transportation and housing (\$94,513) for those without benefits or needing transitional support for critical needs to prevent homelessness.
11 Medical Supplies Expenses	Medical Supplies Expenses - Incidental medical supplies and equipment, including gloves, syringes, tongue depressors, glucometers, drug tests, and blood pressure cuffs.
12 Mileage	Mileage - Clinical staff mileage incurred in field operations. Staff is reimbursed based on the IRS standard rate that is adjusted January 1st each year.
13 Ancillary	Ancillary - Incidental laboratory costs as well as pharmacy costs for clients without benefits including refills of prescription medication that has been lost or run out.

Svc Projections

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

July 1, 2021 to September 30, 2021

Contractor Name: Telecare Corporation
Contract/RFP#:
Address: 1080 Marina Village Pkwy, Suite 100
Alameda, CA 94501-1078
Date Form Completed: 12/25/2020

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 150 hours per month per FTE)	Projected Revenue Generated by Service Type			Crisis Intervention (70)	Estimated Number of Unduplicated Clients Served
				Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)		
Jul-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Aug-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Sep-20	34,943	5.60	60%	\$6,897	\$59,686	\$45,148	\$969	60
Oct-20								
Nov-20								
Dec-20								
Jan-21								
Feb-21								
Mar-21								
Apr-21								
May-21								
Jun-21								
JUL-21								
AUG-21								
SEP-21								
TOTAL	104,829			\$20,692	\$179,059	\$135,444	\$2,908	60

This worksheet is provided to aid you in planning your services. It takes information from the Schedule A worksheet and information you provide about how you plan to distribute your projected service units across the twelve months of the year and your planned FTE's for Clinical Service Providers. It will then calculate the level of productivity at which your clinical staff must perform to achieve your service and revenue goals. You may adjust the productivity by

(1) increasing or decreasing your costs on the Staffing and/or Admin Costs Sheets,
(2) increasing or decreasing the number of FTE's of Clinical Service Providers, or
(3) increasing or decreasing your projected Cost Per Unit of Service on Schedule A. Caution: You may not increase your Cost per Unit of Service above the rate set be the Schedule of Maximum Allowances in Schedule A, Line 25. It is not advised to develop your Schedule A based on the maximum possible per minute rate.

Directions:

1. Complete the Staffing, Admin Costs and Schedule A worksheets. On the Schedule A worksheet, be sure to enter Distribution % and the Target Cost Per Unit of Service.
2. Manually enter the number of services you expect to provide in each of the 12 months of the year. This total must equal the total on Schedule A, Line 27.
3. For each month of service, manually enter the number FTE's of Clinical Service Providers. The formulas in the worksheet assume that 1 FTE is equal to 168 hours.
4. Manually enter the Estimated Number of Unduplicated Clients Served for each month of service. This column is just of reference and does not affect other calculations.
5. Review the columns labeled "Estimated Clinical FTE's" and "Projected Revenue Generated by Service Type" to ensure that the projected costs and staffing patterns will enable your to meet your revenue generating requirements.