

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105**



**ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

Date Submitted: _____ Date Received: _____

1. FQHC Name	Community Health Services
Street Address	500 Albany Avenue
City, State, ZIP	Hartford, CT 06120
Telephone Number	860-808-8765
Contact Person	Dianna Kulmacz
Title	Chief Financial Officer

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical 004235570	From 1/1/2019 To 12/31/2019
Dental 004236099	
Mental Health 004235588	
Other (Specify) 008050894	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
Community Health Services 004235570
(FQHC Name)

For the Reporting Period Beginning 1/1/2019 and Ending 12/31/2019 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6. Signature (Officer or Administrator of FQHC)	Printed Name
	Dianna Kulmacz
Title	Date
CFO	6/22/2020

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>1/1/2019</u>	To <u>12/31/2019</u>
FQHC Name:	Community Health Services	

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
Community Health Services, Inc.	500 Albany Ave, Hartford, CT 06120	Yes	004235570
Community Health Services	503 Windsor Ave, Windsor, CT 06905	Yes	004235570

8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

Select One:

C. Not applicable. The FQHC does not have any related party individuals or organizations.

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2019 To 12/31/2019
 FQHC Name: Community Health Services

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES								
Form A-1 (Direct Health Care Cost)								
COST CENTER								
A.	DIRECT HEALTH CARE COST	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	(Excluding Dental, Mental Health & Other)	I	II	III	IV	V	VI	VII
1.	Staff Cost							
a.	Physician	1,536,532	503,634	2,040,166		2,040,166		2,040,166
b.	Physician Assistant	106,776	34,998	141,774		141,774		141,774
c.	Nurse (APRN, Midwife, RN)	2,344,880	768,589	3,113,469		3,113,469		3,113,469
d.	Other - Specify							
	Registered Dietician	81,606	26,748	108,354		108,354		108,354
	Other clinical (Medical Assistant, Medical Case Manag	992,146	325,189	1,317,345		1,317,345		1,317,345
e.	Subtotal Direct Health Care Cost	5,061,940	1,659,168	6,721,109	0	6,721,109	0	6,721,109
2.	Other Direct Health Care Cost							
a.	Medical Supplies		274,446	274,446		274,446		274,446
b.	Transportation		20,554	20,554		20,554		20,554
c.	Depreciation - Medical Equipment							
d.	Professional Liability Insurance							
e.	Laboratory							
f.	Radiology							
g.	Physician-Administered Drugs		721,684	721,684		721,684	(431,260)	290,424
h.	Other - Specify							
	Medical Assistant Receptionist	99,821	32,719	132,540		132,540		132,540
i.	Subtotal Other Direct Health Care Cost	99,821	1,049,404	1,149,225	0	1,149,225	(431,260)	717,965
3.	TOTAL DIRECT HEALTH CARE COST (1e & 2i)	5,161,761	2,708,572	7,870,334	0	7,870,334	(431,260)	7,439,074

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2019 To 12/31/2019

FQHC Name: Community Health Services

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaries Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	444,693	145,759	590,452		590,452		590,452
b. Dental Hygienist	178,159	58,396	236,555		236,555		236,555
c. Other - Specify Dental Assistant	231,510	75,883	307,393		307,393		307,393
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	854,363	280,037	1,134,401	0	1,134,401	0	1,134,401
2. Other Direct Dental Care Cost							
a. Dental Supplies		214,075	214,075		214,075		214,075
b. Transportation			0		0		0
c. Depreciation - Dental Equipment		33,120	33,120		33,120		33,120
d. Professional Liability Insurance			0		0		0
e. Other - Specify (Ind Contractors, Licenses, RX Other, Other Clinical Exp, Office and General Supplies, Food/Beverage, Laundry, IT, Training, Maintenance, etc..)		308,546	308,546		308,546	(1,230)	307,316
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	555,741	555,741	0	555,741	(1,230)	554,512
3. TOTAL DIRECT DENTAL CARE COST (1d & 2f)							
	854,363	835,779	1,690,142	0	1,690,142	(1,230)	1,688,913

STATE OF CONNECTICUT
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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2019 To 12/31/2019

FQHC Name: Community Health Services

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	526,112	172,446	698,558	0	698,558	0	698,558
b. Social Worker	106,206	34,811	141,017	0	141,017	0	141,017
c. Other - Specify							
Staff Psychiatrist							
d. Subtotal Direct Mental Health Care Cost	632,318	207,257	839,575	0	839,575	0	839,575
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		4,568	4,568		4,568		4,568
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify		233,065	233,065		233,065		233,065
(Other clinical exp. office and gen supplies, recruitment, training, maintenance, interpretation, ind contractors, IT expenses, etc.)			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	237,632	237,632	0	237,632	0	237,632
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	632,318	444,889	1,077,207	0	1,077,207	0	1,077,207
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	6,648,443	3,989,240	10,637,683	-	10,637,683	(432,490)	10,205,193

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Reporting Period: From 1/1/2019 To 12/31/2019
 FQHC Name: Community Health Services

Form A-4 (Non-Allowable Direct Other Service Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES						
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Net Expenses
	I	II	III	IV	V	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST						
1. Service						
a. Clinical Diagnostic Lab			0		0	0
b. Radiology			0		0	0
c. Prescription Drugs/Pharmacy			0		0	0
d. Battered Women			0		0	0
e. Homeless			0		0	0
f. WIC			0		0	0
g. Non-FQHC Sites			0		0	0
h. Other - Specify	HIV-EIS Program Manager & Healthy Start Coordinator	44,221	179,133		179,133	179,133
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
i. Total Non-Allowable Direct Other Service Cost	134,912	44,221	179,133	0	179,133	179,133
F. TOTAL DIRECT COST (D+E+I)	6,783,355	4,033,461	10,816,816	-	10,816,816	10,384,326

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Reporting Period: From 1/1/2019 To 12/31/2019
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Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent		91,131	91,131		91,131	(12,750)	78,381
b. Insurance			0		0		0
c. Interest on Mortgage or Loans		10,058	10,058		10,058	(10,058)	0
d. Utilities		248,356	248,356		248,356		248,356
e. Depreciation - Building		1,034,355	1,034,355		1,034,355		1,034,355
f. Depreciation - Equipment			0		0		0
g. Housekeeping & Maintenance	272,302	588,424	860,726		860,726		860,726
h. Other (Specify) Facility Supplies		35,798	35,798		35,798		35,798
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	272,302	2,008,121	2,280,423	0	2,280,423	(22,808)	2,257,616
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,513,565		4,513,565		4,513,565		4,513,565
b. Depreciation - Office Equipment		1,479,426	1,479,426		1,479,426		1,479,426
c. Office Supplies			0		0		0
d. Legal		76,435	76,435		76,435		76,435
e. Accounting	383,553		383,553		383,553		383,553
f. Insurance		180,053	180,053		180,053		180,053
g. Telephone		104,380	104,380		104,380		104,380
h. Advertising-Help Wanted		121,476	121,476		121,476		121,476
i. Interest - Capital Loans		1,235	1,235		1,235	(1,235)	0
j. Other (Specify) Misc. Expenses, Contracted service expenses and Meeting and Conferences, non capitalized furniture & equip, IT, licenses etc.)		1,294,325	1,294,325		1,294,325		1,294,325
k. Subtotal Overhead - Administrative Cost	4,897,118	3,297,128	8,194,246	0	8,194,246	(1,235)	8,193,011
l. TOTAL OVERHEAD COST (G+H+k)	5,169,420	5,305,249	10,474,669	-	10,474,669	(24,043)	10,450,626
J. GRAND TOTAL COSTS² (F+l)	11,952,775	9,338,710	21,291,485	-	21,291,485	(456,532)	20,834,953

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2019 To 12/31/2019
 FQHC Name: Community Health Services

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	Hours (2080 hrs = 1 FTE)	FTEs V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>		<i>0.50</i>
A. PHYSICIAN						
1. Adolescent Medicine	Adolescent Medicine	205,268	1,496	1,664		0.80
2. Adult Medicine	Staff Physicians	547,228	8,157	7,904		3.80
3. Pediatrics	Pediatrics	258,141	5,454	3,328		1.60
4. Podiatry	Podiatrist	281,000	5,525	4,160		2.00
5. Womens Health	OB / GYN	270,852	3,055	2,461		1.18
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
Total Physician Encounters, Staff Hours and FTEs		1,562,489	23,687	19,517		9.38
B. PHYSICIAN ASSISTANT						
1. PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	97,041	2,929	1,664		0.80
2.						0.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Assistant Encounters, Hours and FTEs		97,041	2,929	1,664		0.80

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Reporting Period: From 1/1/2019 To 12/31/2019
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Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs		
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
	I	II	III	IV	V	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>						
C. NURSE (APRN, MIDWIFE, RN)	General Practitioner	125,000	1,500	1,040	0.50	
1. APRN	APRN	1,412,077	37,454	32,864	15.80	
2. Registered Nurse	RN	545,552		16,453	7.91	
3.					0.00	
4.					0.00	
5.					0.00	
Total Nurse Practitioner				49,317	23.71	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Optometry Contractor	Optometrist	79,125	1,505	1,206	0.58	
2. Cardiologist Contractor	Cardiologist	33,210	311	208	0.10	
3. Adult Med Contractor	APRN	21,573	2	208	0.10	
4.					0.00	
5.					0.00	
Total Physician Services Under Contract				1,818	1,622	0.78
E. OTHER HEALTH CARE PRACTITIONER						
1. Medical Assistant	MA	810,554		54,496	26.20	
2. Other Health Care	Health Educator, LPN	635,815		31,366	15.08	
3. Registered Dietician	RD	81,827	1,321	2,080	1.00	
Total Other Health Care Practitioner				1,321	87,942	42.28

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Reporting Period: From 1/1/2019 To 12/31/2019
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Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs		
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
<i>Provide itemized de-identified list (e.g., Dentist)</i>					
A. DENTIST					
1. Staff Dentist	452,206	7,356	5,408		2.60
2. Contracted Dentist	251,680	3,868	3,328		1.60
3.					0.00
4.					0.00
5.					0.00
Total Dentist Encounters, Staff Hours and FTEs	703,886	11,224	8,736		4.20
B. DENTAL HYGIENIST					
1. Dental Hygienist	181,169	4,826	4,638		2.23
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Dental Hygienist Encounters, Hours and FTEs	181,169	4,826	4,638		2.23
C. OTHER DENTAL PRACTITIONER					
1. Dental Assistant	294,559	0	15,600		7.50
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	294,559	0	15,600		7.50

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Reporting Period:	From <u>1/1/2019</u>	To <u>12/31/2019</u>
FQHC Name:	Community Health Services	

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs			Total Employee Hours and FTEs	
	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist:1)</i>				
A. PSYCHOLOGIST				
1.	125,000	1,500	1,040	0.50
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs			0	0
B. SOCIAL WORKER				
1.	535,000	10,656	22,734	10.93
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs			10,656	22,734
C. OTHER MENTAL HEALTH PRACTITIONER				
1.	108,000	639	416	0.20
2.	204,589	1,593	3,619	1.74
3.	61,110	1,359	1,040	0.50
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs			3,591	5,075
Total Other Mental Health Practitioner Encounters, Hours and FTEs			3,591	5,075

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Reporting Period:

From 1/1/2019

To 12/31/2019

FQHC Name: Community Health Services

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range			Turnover			Employee Hours and FTEs	
			High	Low	Encounters	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	10,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	8	1,562,489	274,197	118,674	23,687	1	1	19,510	19,510	9.38
2. PHYSICIAN ASSISTANT	3	195,054	112,000	100,000	5,094	2	1	3,640	3,640	1.75
3. NURSE (APRN, MIDWIFE, RN)	27	1,300,744	136,000	71,732	37,454	7	6	49,317	49,317	23.71
4. PHYSICIAN SERVICES UNDER CONTRACT	3	70,950	416,000	224,640	1,818	0	2	1,622	1,622	0.78
5. OTHER HEALTH PROFESSIONALS										0.00
6. OTHER ALLIED HEALTH PROFESSIONALS										0.00
7. OTHER HEALTH CARE PRACTITIONERS	57	1,528,196	140,000	6,777	1,321	8	17	87,942	87,942	42.28
Total Health Care	98	4,657,433			69,374	18	27	162,032	162,032	77.90
B. DENTAL PRACTITIONERS										
1. DENTIST	7	605,088	165,000	149,375	11,224	0	0	8,736	8,736	4.20
2. DENTAL HYGIENIST	3	237,000	81,000	76,000	4,826	0	1	4,638	4,638	2.23
3. OTHER DENTAL PRACTITIONERS	8	92,764	46,929	38,900	0	1	1	15,600	15,600	7.50
Total Dental	18	934,852			16,050	1	2	28,974	28,974	13.93
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	108,000	108,000	108,000	639	0	0	416	416	0.20
2. PSYCHOLOGIST										0.00
3. LICENSED CLINICAL SOCIAL WORKER	16	535,000	53,000	75,000	10,656	5	3	22,734	22,734	10.93
4. PSYCHIATRIC APRN	4	204,589	132,000	105,000	2,952	2	2	4,659	4,659	2.24
5. OTHER MENTAL HEALTH PRACTITIONERS										0.00
Total Mental Health	21	847,589			14,247	7	5	27,809	27,809	13.37

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Reporting Period:	From	1/1/2019	To	12/31/2019
FQHC Name:	Community Health Services			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	10,205,193
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	179,133
C.	Total Direct Costs (A+B)	10,384,326
D.	Portion of Title XIX Services (A/C)	98.27%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,450,626
F.	Overhead Cost Applicable to Title XIX Services (DxE)	10,269,831
G.	Total Title XIX Services Cost (A+F)	20,475,024
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,142,507
I.	Cost Adjustment (Lower of H-F or Zero)	(4,127,324)
J.	Allowable Title XIX Overhead Cost (F+I)	6,142,507
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,439,074
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,688,913
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,077,207
	4. Total Direct Costs (K1 thru K3)	10,205,193
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	72.89%
	2. Dental Services (K2/K4)	16.55%
	3. Mental Health Services (K3/K4)	10.56%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,477,273
	2. Dental Services (JxL2)	1,016,585
	3. Mental Health Services (JxL3)	648,649
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,142,507

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DEPARTMENT OF SOCIAL SERVICES
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>1/1/2019</u>	To <u>12/31/2019</u>
FQHC Name:	Community Health Services	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (<u>Excluding Dental and Mental Health</u>)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	7,439,074
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,477,273
C. Total Allowable Health Care Cost (A+B)	11,916,347
D. Encounters (P12 - Form B-4, Health Care Total)	69,374
E. Allowable Health Care Cost Per Encounter (C/D)	171.77
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,688,913
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,016,585
C. Total Allowable Dental Cost (A+B)	2,705,498
D. Encounters (P12 - Form B-4, Dental Total)	16,050
E. Allowable Dental Cost Per Encounter (C/D)	168.57
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,077,207
B. Allowable Overhead Cost (P13 - Form C, Line M3)	648,649
C. Total Allowable Mental Health Cost (A+B)	1,725,856
D. Encounters (P12 - Form B-4, Mental Health Total)	14,247
E. Allowable Mental Health Cost Per Encounter (C/D)	121.14

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Reporting Period: From 1/1/2019 To 12/31/2019
 FQHC Name: Community Health Services

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Dental	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	7,087,063	1,067,115	1,614,813		9,768,991
2.	Private	1,461,507	578,281	54,480		2,094,268
3.	Medicare	869,990		236,865		1,106,855
4.	Patient Cash/Self Pay	(511,293)	4,207	(138,015)		(645,101)
5.	Other - Specify					0
6.	Total (1 thru 5)	8,907,267	1,649,603	1,768,143	0	12,325,013
B.	Other Revenue					
1.	Contributions					0
2.	Grants	1,623,094	31,000	494,114	4,170,922	6,319,130
3.	Interest				378	378
4.	Donations				41,126	41,126
5.	Other - Specify Pharmacy				1,265,213	1,265,213
6.	Other - Specify Other				57,255	57,255
7.	Other - Specify Rental				12,750	12,750
8.	Other - Specify Restricted Contributions				56,417	56,417
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	1,623,094	31,000	494,114	5,604,061	7,752,269
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify					0
2.	Other - Specify					0
3.	Other - Specify					0
4.	Other - Specify					0
5.	Other - Specify					0
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	10,530,361	1,680,603	2,262,257	5,604,061	20,077,282

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Reporting Period:	From	1/1/2019	To	12/31/2019
FQHC Name:	Community Health Services			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

A.	Contributions	ACTUAL
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,623,094
	2. Dental	31,000
	3. Mental Health	494,114
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,148,208

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Reporting Period:	From	1/1/2019	To	12/31/2019
FQHC Name:	Community Health Services			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	692,170
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	1,235
	6. Contingent reserves	
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	
	8. Fundraising	
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	10,058
	15. Pass through expenses	
	16. Total (1 thru 15)	703,463
B.	Cost Offset (Expense Recovery)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	12,750
	3. In-Kind Medical Supplies	431,260
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	444,010
C.	Total Cost Disallowance and Offset (A16+B7)	1,147,473