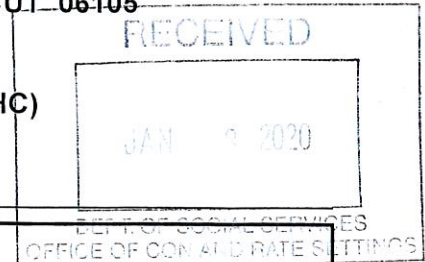


**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105**

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



Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

1. FQHC Name	First Choice Health Centers, Inc.
Street Address	94 Connecticut Boulevard
City, State, ZIP	East Hartford, CT 06108-3013
Telephone Number	860.610.6191
Contact Person	Jeffrey Steele
Title	Chief Financial Officer/Interim President and Chief Executive Officer

2. FQHC Medicaid Provider Number:	3. Reporting Period:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Medical</td> <td style="border-bottom: 1px solid black;">4191425</td> </tr> <tr> <td>Dental</td> <td style="border-bottom: 1px solid black;">4222931</td> </tr> <tr> <td>Mental Health</td> <td style="border-bottom: 1px solid black;">8071428</td> </tr> <tr> <td>Other (Specify)</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Medical	4191425	Dental	4222931	Mental Health	8071428	Other (Specify)				From <u>07/01/18</u> To <u>06/30/19</u>
Medical	4191425										
Dental	4222931										
Mental Health	8071428										
Other (Specify)											

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE                       DISTRICT

COUNTY                       CITY                       OTHER

5. FQHC Owned By:

First Choice Health Centers, Inc.  
 94 Connecticut Boulevard  
 East Hartford, CT 06108-3013

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

\_\_\_\_\_

First Choice Health Centers, Inc. 4191425

(FQHC Name)

For the Reporting Period Beginning 7/1/2018 and Ending 6/30/2019 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
	Jeffrey Steele
Title	Date
Interim President & CEO	01/07/2020

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

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	First Choice Health Centers, Inc.	

**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.
First Choice Health Centers, Inc.	94/110 Connecticut Boulevard East Hartford, CT 06108	Yes	1215923131
First Choice Health Centers, Inc.	150 North Main Street Manchester, CT 06042	Yes	1699732206
First Choice Health Centers, Inc.	3 Prospect Street Vernon, CT 06066	Yes	1396930459
First Choice Health Centers, Inc.	265 Ellington Road East Hartford, CT 06108	Yes	1891101473
First Choice at Howell Cheney Technical High School	791 West Middle Turnpike Manchester, CT 06040	Yes	1992111579
First Choice Health Centers, Inc.	70 Loveland Hill Road Vernon, CT 06066	Yes	1669874087
First Choice Health Centers, Inc.	20 Maple Street Vernon, CT 06066	Yes	1669874855
First Choice Health Centers, Inc.	587 Middle Turnpike East Suite A Manchester, CT 06040	Yes	1962884395
First Choice Health Centers, Inc.	92 Connecticut Boulevard East Hartford, CT 06108	Yes	1770932642
First Choice Health Centers, Inc.	94 Union Street Floor 2 Vernon, CT 06066	Yes	1558804070
First Choice Health Centers, Inc.	809 Main Street East Hartford, CT 06108	Yes	1225559826
First Choice Health Centers, Inc.	227 E. Middle Turnpike Manchester, CT 06040	Yes	1851883458

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

<p><b>Select One:</b></p> <p>C. Not applicable. The FQHC does not have any related party individuals or organizations.</p>	
--	--

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

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: First Choice Health Centers, Inc.

**Form A-1 (Direct Health Care Cost)**

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER	I	II	III	IV	V	VI	VII
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>A. DIRECT HEALTH CARE COST</b>							
<b>1. (Excluding Dental, Mental Health &amp; Other)</b>							
<b>1. Staff Cost</b>							
a. Physician	1,187,981	0	1,187,981	265,871	1,453,852	(5,000)	1,448,852
b. Physician Assistant	882,671	0	882,671	289,295	1,171,966	0	1,171,966
c. Nurse (APRN, Midwife, RN)	632,370	0	632,370	153,724	786,094	0	786,094
d. Other - Specify							
Other Nursing Staff	1,677,736	0	1,677,736	394,127	2,061,863	0	2,061,863
Dietitian	13,617	0	13,617	2,930	16,547	0	16,547
Case Management	0	0	0	0	0	0	0
Other Contracted HC Providers	0	690,411	690,411	(625,648)	64,763	0	64,763
<b>e. Subtotal Direct Health Care Cost</b>	<b>4,394,375</b>	<b>690,411</b>	<b>5,084,786</b>	<b>470,299</b>	<b>5,555,085</b>	<b>(5,000)</b>	<b>5,550,085</b>
<b>2. Other Direct Health Care Cost</b>							
a. Medical Supplies		794,572	794,572	0	794,572	(563,847)	230,725
b. Transportation		0	0	0	0	0	0
c. Depreciation - Medical Equipment		0	0	70,640	70,640	0	70,640
d. Professional Liability Insurance		0	0	0	0	0	0
e. Laboratory		0	0	0	0	0	0
f. Radiology		0	0	0	0	0	0
g. Physician-Administered Drugs		0	0	0	0	0	0
h. Other - Specify							
Continuing Medical Education		0	0	28,255	28,255	0	28,255
Minor Medical Equipment		0	0	0	0	0	0
<b>i. Subtotal Other Direct Health Care Cost</b>	<b>0</b>	<b>794,572</b>	<b>794,572</b>	<b>98,895</b>	<b>893,467</b>	<b>(563,847)</b>	<b>329,620</b>
<b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>	<b>4,394,375</b>	<b>1,484,983</b>	<b>5,879,358</b>	<b>569,194</b>	<b>6,448,552</b>	<b>(568,847)</b>	<b>5,879,705</b>

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

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: First Choice Health Centers, Inc.

Form A-2 (Direct Dental Care Cost)  
**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)	
							Net Expenses (Col 5)	Net Expenses (Col 6)
<b>B. DIRECT DENTAL CARE COST</b>								
<b>1. Staff Cost</b>								
a. Dentist	715,551	0	715,551	105,039	820,590	0	820,590	0
b. Dental Hygienist	385,199	0	385,199	82,535	467,734	0	467,734	0
c. Other - Specify								
Dental Assistant	419,671	0	419,671	90,309	509,980	0	509,980	0
Contract Dental	0	0	0	44,959	44,959	0	44,959	0
<b>d. Subtotal Direct Dental Care Cost</b>	<b>1,520,421</b>	<b>0</b>	<b>1,520,421</b>	<b>322,842</b>	<b>1,843,263</b>	<b>0</b>	<b>1,843,263</b>	<b>0</b>
<b>2. Other Direct Dental Care Cost</b>								
a. Dental Supplies		266,470	266,470	0	266,470	0	266,470	0
b. Transportation		0	0	0	0	0	0	0
c. Depreciation - Dental Equipment		0	0	49,031	49,031	0	49,031	0
d. Professional Liability Insurance		0	0	0	0	0	0	0
e. Other - Specify								
Continuing Dental Education		0	0	7,838	7,838	0	7,838	0
Minor Dental Equipment		0	0	0	0	0	0	0
<b>f. Subtotal Other Direct Dental Care Cost</b>	<b>0</b>	<b>266,470</b>	<b>266,470</b>	<b>56,869</b>	<b>323,339</b>	<b>0</b>	<b>323,339</b>	<b>0</b>
<b>3. TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>	<b>1,520,421</b>	<b>266,470</b>	<b>1,786,891</b>	<b>379,711</b>	<b>2,166,602</b>	<b>0</b>	<b>2,166,602</b>	<b>0</b>

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

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: First Choice Health Centers, Inc.

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
<b>C. DIRECT MENTAL HEALTH CARE COST</b>							
<b>1. Staff Cost</b>							
a. Psychologist	0	0	0	0	0	0	0
b. Social Worker	401,660	0	401,660	36,636	438,296	0	438,296
c. Other - Specify	0	0	0	0	0	0	0
Psychiatric APRN	89,824	0	89,824	19,329	109,153	0	109,153
Alcohol & Drug Counselor	0	0	0	184,060	184,060	0	184,060
Other Contracted Mental Health Providers							
<b>d. Subtotal Direct Mental Health Care Cost</b>	<b>491,464</b>	<b>0</b>	<b>491,464</b>	<b>240,025</b>	<b>731,509</b>	<b>0</b>	<b>731,509</b>
<b>2. Other Direct Mental Health Care Cost</b>							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
<b>f. Subtotal Other Direct Mental Health Care Cost</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	<b>491,464</b>	<b>0</b>	<b>491,464</b>	<b>240,025</b>	<b>731,509</b>	<b>0</b>	<b>731,509</b>
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>6,406,280</b>	<b>1,751,453</b>	<b>8,157,733</b>	<b>1,188,930</b>	<b>9,346,663</b>	<b>(568,847)</b>	<b>8,777,816</b>



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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: First Choice Health Centers, Inc.

Form A-5 (Overhead Cost)

COST CENTER	RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES						
	I Salaried Personnel	II Other Costs	III Total	IV Reclass- ifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
<b>G. OVERHEAD - FACILITY COST</b>							
a. Rent		241,530	241,530	0	241,530	(15,672)	225,858
b. Insurance		171,597	171,597	(120,558)	51,039	(3,249)	47,790
c. Interest on Mortgage or Loans		61,913	61,913	0	61,913	(378)	61,535
d. Utilities		121,480	121,480	0	121,480	0	121,480
e. Depreciation - Building		494,553	494,553	(245,045)	249,508	0	249,508
f. Depreciation - Equipment		0	0	24,826	24,826	0	24,826
g. Housekeeping & Maintenance		303,818	308,639	20,405	419,044	(11,623)	407,421
h. Other (Specify)	94,821						
		53,848	53,848	0	53,848	0	53,848
		429,914	429,914	0	429,914	0	429,914
		0	0	0	0	0	0
		0	0	0	0	0	0
		0	0	0	0	0	0
<b>i. Subtotal Overhead - Facility Cost</b>	<b>94,821</b>	<b>1,878,653</b>	<b>1,973,474</b>	<b>(320,372)</b>	<b>1,653,102</b>	<b>(30,922)</b>	<b>1,622,180</b>
<b>H. OVERHEAD - ADMINISTRATIVE COST</b>							
a. Office Salaries	2,445,695	0	2,445,695	848,539	3,294,234	(20,000)	3,274,234
b. Depreciation - Office Equipment		147,932	147,932	100,548	100,548	0	100,548
c. Office Supplies		40,978	40,978	0	40,978	(426)	40,552
d. Legal		92,449	92,449	0	92,449	0	92,449
e. Accounting		0	0	50,346	50,346	0	50,346
f. Insurance		107,312	107,312	0	107,312	0	107,312
g. Telephone		89,535	89,535	0	89,535	(66,560)	22,975
h. Advertising-Help Wanted		0	0	0	0	0	0
i. Interest - Capital Loans		66,507	66,507	0	66,507	0	66,507
j. Other (Specify)		89,712	89,712	0	89,712	(14,825)	74,887
		277,147	277,147	(78,273)	198,874	0	198,874
		1,897,263	1,897,263	(1,868,706)	28,557	(8,557)	20,000
		291,902	291,902	0	291,902	0	291,902
		3,100,737	5,545,432	(967,546)	4,577,886	(132,368)	4,445,518
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>2,445,695</b>	<b>4,975,390</b>	<b>7,519,905</b>	<b>(1,287,918)</b>	<b>6,231,988</b>	<b>(163,290)</b>	<b>6,068,698</b>
<b>l. TOTAL OVERHEAD COST (G+H)</b>							
<b>J. GRAND TOTAL COSTS<sup>1</sup> (F+H)</b>	<b>9,103,190</b>	<b>6,946,948</b>	<b>16,052,138</b>	<b>-</b>	<b>16,052,138</b>	<b>(732,137)</b>	<b>15,320,001</b>

<sup>1</sup> 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 7/1/2018 To 6/30/2019  
 FQHC Name: First Choice Health Centers, Inc.

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	FTEs (2080 hrs = 1 FTE) 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>	
<b>A.</b>						
1. <i>Please see form B4</i>					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
<b>Total Physician Encounters, Staff Hours and FTEs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	
<b>B.</b>						
<b>PHYSICIAN ASSISTANT</b>						
1. <i>Please see form B4</i>					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	



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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: First Choice Health Centers, Inc.

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 I	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., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: First Choice Health Centers, Inc.

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 1)</i>	725,000	1,500	1,040	0.50
<b>A. DENTIST</b>				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Dentist Encounters, Staff Hours and FTEs</b>	0	0	0	0.00
<b>B. DENTAL HYGIENIST</b>				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Dental Hygienist Encounters, Hours and FTEs</b>	0	0	0	0.00
<b>C. OTHER DENTAL PRACTITIONER</b>				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Other Dental Practitioner Encounters, Hours and FTEs</b>	0	0	0	0.00

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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: First Choice Health Centers, Inc.

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		Compensation	Encounters	Total Employee Hours and FTEs	
Provide itemized de-identified list (e.g., Psychologist:1)				Total Hours	Employee Total Hours (2080 hrs = 1 FTE)
<b>A. PSYCHOLOGIST</b>					
1.	Please see form B4		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	0	0.00
<b>B. SOCIAL WORKER</b>					
1.	Please see form B4				0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Social Worker Encounters, Hours and FTEs		0	0	0	0.00
<b>C. OTHER MENTAL HEALTH PRACTITIONER</b>					
1.	Please see form B4				0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		0	0	0	0.00

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: First Choice Health Centers, Inc.

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	Range	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
<b>A. HEALTH CARE PRACTITIONERS</b>	<b>4</b>	<b>500,000</b>	<b>150,000</b>	<b>100,000</b>		<b>2</b>	<b>1</b>	<b>10,000</b>	<b>8,320</b>	<b>4.00</b>
1. PHYSICIAN	8	789,627	278,728	37,875		2	3	9,203	8,260	3.98
2. PHYSICIAN ASSISTANT	9	891,323	127,233	91,207		2	0	24,040	17,466	8.40
3. NURSE (APRN, MIDWIFE, RN)	12	638,569	130,312	33,783		2	5	12,830	13,522	6.51
4. PHYSICIAN SERVICES UNDER CONTRACT	3	390,429						2,093		
5. OTHER HEALTH PROFESSIONALS	5	474,763	150,000	110,000		0	0	9,801	6,414	3.09
6. OTHER ALLIED HEALTH PROFESSIONALS	1	13,750	55,151	55,151		1	0	94	528	0.25
7. OTHER HEALTH CARE PRACTITIONERS	73	1,894,183	65,468	3,317		32	33		79,695	38.32
<b>Total Health Care</b>	<b>111</b>	<b>4,892,643</b>				<b>39</b>	<b>41</b>	<b>58,061</b>	<b>125,884</b>	<b>60.55</b>
<b>B. DENTAL PRACTITIONERS</b>										
1. DENTIST	6	722,565	194,217	110,555		2	1	14,288	11,055	5.32
2. DENTAL HYGIENIST	6	388,975	86,102	29,295		0	0	7,215	10,085	4.86
3. OTHER DENTAL PRACTITIONERS	1	44,959						384		
<b>Total Dental</b>	<b>13</b>	<b>1,156,499</b>				<b>2</b>	<b>1</b>	<b>21,887</b>	<b>21,140</b>	<b>10.18</b>
<b>C. MENTAL HEALTH PRACTITIONERS</b>										
1. PSYCHIATRIST										0.00
2. PSYCHOLOGIST										0.00
3. LICENSED CLINICAL SOCIAL WORKER	10	405,597	113,047	35,383		5	3	4,278	10,966	5.27
4. PSYCHIATRIC APRN										
5. OTHER MENTAL HEALTH PRACTITIONERS	3	274,764	69,310	39,054		0	1	2,562	3,038	1.47
<b>Total Mental Health</b>	<b>13</b>	<b>680,362</b>				<b>5</b>	<b>4</b>	<b>6,840</b>	<b>14,004</b>	<b>6.74</b>

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

Reporting Period: From 7/1/2018 To 6/30/2019  
FQHC Name: First Choice Health Centers, Inc.

Form C (Cost Adjustment & Allocation)

**COST ADJUSTMENT AND ALLOCATION**

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	8,777,816
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	473,487
C.	Total Direct Costs (A+B)	9,251,303
D.	Portion of Title XIX Services (A/C)	94.88%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,068,698
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,757,981
G.	Total Title XIX Services Cost (A+F)	14,535,797
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,360,739
I.	Cost Adjustment (Lower of H-F or Zero)	(1,397,242)
J.	Allowable Title XIX Overhead Cost (F+I)	4,360,739
K.	<b>Direct Costs</b>	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,879,705
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,166,602
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	731,509
	4. Total Direct Costs (K1 thru K3)	8,777,816
L.	<b>Direct Costs as a % of Total</b>	
	1. Health Care Services (K1/K4)	66.98%
	2. Dental Services (K2/K4)	24.68%
	3. Mental Health Services (K3/K4)	8.33%
M.	<b>Allocated Allowable Overhead Cost</b>	
	1. Health Care Services (JxL1)	2,920,823
	2. Dental Services (JxL2)	1,076,230
	3. Mental Health Services (JxL3)	363,250
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,360,303

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 FQHC Name: First Choice Health Centers, Inc.

Form D (Allowable Cost per Encounter)

**ALLOWABLE COST PER ENCOUNTER**

**I. Health Care Cost (Excluding Dental and Mental Health)**

A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	5,879,705
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,920,823
C. Total Allowable Health Care Cost (A+B)	8,800,528
D. Encounters (P12 - Form B-4, Health Care Total)	58,061
E. Allowable Health Care Cost Per Encounter (C/D)	151.57

**II. Dental**

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,166,602
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,076,230
C. Total Allowable Dental Cost (A+B)	3,242,832
D. Encounters (P12 - Form B-4, Dental Total)	21,887
E. Allowable Dental Cost Per Encounter (C/D)	148.16

**III. Mental Health**

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	731,509
B. Allowable Overhead Cost (P13 - Form C, Line M3)	363,250
C. Total Allowable Mental Health Cost (A+B)	1,094,759
D. Encounters (P12 - Form B-4, Mental Health Total)	6,840
E. Allowable Mental Health Cost Per Encounter (C/D)	160.05

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: First Choice Health Centers, Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A.</b>	<b>Operating Revenue</b>					
1.	Medicaid	5,442,589	2,045,776	658,875		8,147,240
2.	Private	1,407,973	426,299	113,050		1,947,322
3.	Medicare	833,329		167,490		1,000,819
4.	Patient Cash/Self Pay	367,063	205,093	18,062		590,218
5.	Other - Specify				(292,407)	(292,407)
6.	Provision for uncollectible accounts				(292,407)	(292,407)
	<b>Total (1 thru 5)</b>	<b>8,050,954</b>	<b>2,677,168</b>	<b>957,477</b>		<b>11,393,192</b>
<b>B.</b>	<b>Other Revenue</b>					
1.	Contributions				24,898	24,898
2.	Grants				5,116,107	5,116,107
3.	Interest				378	378
4.	Donations					0
5.	Other - Specify				32,965	32,965
6.	Other - Specify				15,672	15,672
7.	Other - Specify					0
8.	Other - Specify					0
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	0	0	0	5,190,020	5,190,020
<b>C.</b>	<b>Other Revenue (Include revenue generated by non-approved FQHC sites)</b>					
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
<b>D.</b>	<b>Total Revenue (A6+B11+C7)</b>	<b>8,050,954</b>	<b>2,677,168</b>	<b>957,477</b>	<b>4,897,613</b>	<b>16,583,212</b>

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FQHC Name:	First Choice Health Centers, Inc.			

Form F (Grants and Contributions)

**GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)**

A.	Contributions	ACTUAL
	1. Services ( <i>Excluding</i> Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>Hartford Foundation for Public Giving</u>	24,898
	Other - Specify <u>In Kind Revenue</u>	15,672
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	<b>40,570</b>

B.	Grants ( <i>Excluding</i> PHS)	ACTUAL
	1. Services ( <i>Excluding</i> Dental, Mental Health and Other)	
	2. Dental	50,000
	3. Mental Health	
	4. Other - Specify <u>CT OPM - Construction Bond</u>	409,897
	Other - Specify <u>CT DSS Maternal, Infant, and Early Childhood Home Visiting Program</u>	236,562
	Other - Specify <u>CT Dept of Public Health: Immunization</u>	479,897
	Other - Specify <u>Vaccines - Children's Health Insurance Program</u>	76,179
	Other - Specify <u>Vaccines - Vaccines for Children Program</u>	7,771
	Other - Specify <u>CHCACT Medicaid Outreach</u>	20,000
	Other - Specify <u>CHCACT Transforming Clinic Practice Innovation</u>	115,447
	Other - Specify <u>Yale Grant</u>	10,000
	Other - Specify <u>Community Health Resources</u>	9,398
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	<b>1,415,151</b>



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FQHC Name:	First Choice Health Centers, Inc.				

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
<b>A.</b>	<b>Cost Disallowance</b>		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	(88,560)	
	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	(100)	
	12. Membership dues for public relations		
	13. Cost not related to patient care	(13,115)	
	14. Interest	(378)	
	15. Pass through expenses		
	16. Prior Year Adjustment		
	17. Legal Settlement		
	18. Outside Specialist		
	19. Total (1 thru 18)		(102,153)
<b>B.</b>	<b>Cost Offset (Expense Recovery)</b>		
	1. Refunds - Medicaid Outreach	(20,000)	
	2. In-Kind Rent	(15,672)	
	3. In-Kind Medical Supplies	(563,847)	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Miscellaneous Income - Insurance	(3,249)	
	8. Miscellaneous Income - Fringe Benefits	(8,557)	
	9. Miscellaneous Income - Maintenance	(11,623)	
	10. Miscellaneous Income - Miscellaneous	(1,610)	
	11. Miscellaneous Income - Medical Records	(383)	
	12. Miscellaneous Income - Physician	(5,000)	
	13. Medical Records	(43)	
	14. Rent Income	0	
	15. Total (1 thru 10)		(629,984)
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>		(732,137)