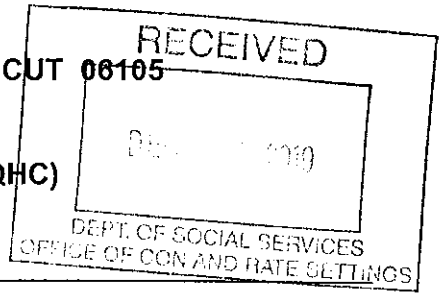


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
 55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)



Date Submitted: 12/26/19 Date Received: _____

1. FQHC Name	Generations Family Health Center, Inc.
Street Address	40 Mansfield Avenue
City, State, ZIP	Willimantic, CT 06226
Telephone Number	860-450-7471
Contact Person	Debra Daviau Savoie
Title	Chief Financial Officer

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical <u>4235695</u>	From <u>7/1/2018</u> To <u>6/30/2019</u>
Dental <u>4235687</u>	
Mental Health <u>8003942</u>	
Other (Specify) _____	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

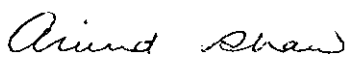
5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

 Generations Family Health Center, Inc. 4235695
 (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
	Arvind Shaw
Title	Date
CEO	12/23/2019

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: Generations Family Health Center, 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>	
A. PHYSICIAN						
1.					0.00	
2.					0.00	
3. Please see Form B4					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00	
B. PHYSICIAN ASSISTANT						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00	

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:	Generations Family Health Center, 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 I)</i>						
C. NURSE (APRN, MIDWIFE, RN)						
1.						0.00
2. Please see Form B4						0.00
3.						0.00
4.						0.00
5.						0.00
Total Nurse Practitioner				0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT						
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Services Under Contract				0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER						
1.						0.00
2.						0.00
3.						0.00
Total Other Health Care Practitioner				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: Generations Family Health Center, 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>				
A. DENTIST				
1.				0.00
2. Please see Form B4				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs			0	0
B. DENTAL HYGIENIST				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs			0	0
C. OTHER DENTAL PRACTITIONER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs			0	0

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Generations Family Health Center, 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	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist)</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A. PSYCHOLOGIST				
1.				0.00
2. Please see Form B4				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. SOCIAL WORKER				
1.				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
C. OTHER MENTAL HEALTH PRACTITIONER				
1.				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

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: Generations Family Health Center, 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	Departures	Hires	Encounters	Total Hours	FTEs (2,080 hrs = 1 FTE)	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	7	2	10,000	8,320	4.00	
1. PHYSICIAN	12	1,515,859	335,504	180,000	1	1	24,097	16,062	7.72	
2. PHYSICIAN ASSISTANT									0.00	
3. NURSE (APRN, MIDWIFE, RN)	22	1,453,444	137,500	100,000	7	2	31,247	28,320	13.62	
4. PHYSICIAN SERVICES UNDER CONTRACT	1	41,499					251		0.00	
5. OTHER HEALTH PROFESSIONALS									0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00	
7. OTHER HEALTH CARE PRACTITIONERS									0.00	
Total Health Care	35	3,010,801			8	3	55,595	44,382	21.34	
B. DENTAL PRACTITIONERS										
1. DENTIST	7	479,032	190,000	112,815	2	3	7,540	7,426	3.57	
2. DENTAL HYGIENIST	7	293,340	74,297	89,481	1	2	5,766	7,403	3.56	
3. OTHER DENTAL PRACTITIONERS									0.00	
Total Dental	14	772,373			3	5	13,306	14,829	7.13	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	2	295,554	401,419	235,000	1	1	3,490	2,156	1.04	
2. PSYCHIATRIST SERVICES UNDER CONTRACT									0.00	
3. LICENSED CLINICAL SOCIAL WORKER	10	476,690	117,500	52,000	3	2	7,198	15,727	7.56	
4. PSYCHIATRICAL APRN	4	250,176	155,250	135,200	1	1	3,837	4,006	1.93	
5. OTHER MENTAL HEALTH PRACTITIONERS	7	224,834	64,605	45,000	3	2	3,727	8,483	4.08	
Total Mental Health	23	1,247,253			7	6	18,252	30,372	14.61	

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:	Generations Family Health Center, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	11,537,258
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	11,537,258
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	8,251,745
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,251,745
G.	Total Title XIX Services Cost (A+F)	19,789,003
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,936,701
I.	Cost Adjustment (Lower of H-F or Zero)	(2,315,044)
J.	Allowable Title XIX Overhead Cost (F+I)	5,936,701
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,617,662
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,749,715
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,169,881
	4. Total Direct Costs (K1 thru K3)	11,537,258
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	66.03%
	2. Dental Services (K2/K4)	15.17%
	3. Mental Health Services (K3/K4)	18.81%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,920,004
	2. Dental Services (JxL2)	900,598
	3. Mental Health Services (JxL3)	1,116,693
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,937,295

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:	Generations Family Health Center, 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)	7,617,662
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,920,004
C. Total Allowable Health Care Cost (A+B)	11,537,666
D. Encounters (P12 - Form B-4, Health Care Total)	55,595
E. Allowable Health Care Cost Per Encounter (C/D)	207.53
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,749,715
B. Allowable Overhead Cost (P13 - Form C, Line M2)	900,598
C. Total Allowable Dental Cost (A+B)	2,650,313
D. Encounters (P12 - Form B-4, Dental Total)	13,306
E. Allowable Dental Cost Per Encounter (C/D)	199.18
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	2,169,881
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,116,693
C. Total Allowable Mental Health Cost (A+B)	3,286,574
D. Encounters (P12 - Form B-4, Mental Health Total)	18,252
E. Allowable Mental Health Cost Per Encounter (C/D)	180.07

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: Generations Family Health Center, Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	5,518,092	1,397,669	2,174,346		9,090,107
2.	Private	1,082,608	102,785	265,380		1,450,773
3.	Medicare	1,316,012		379,368		1,695,380
4.	Patient Cash/Self Pay	753,945	192,765	109,707		1,056,417
5.	Other - Specify Allowance for Doubtful Accounts	(343,439)	(76,320)	(57,239)		(476,998)
6.	Total (1 thru 5)	8,327,218	1,616,899	2,871,562	0	12,815,679
B.	Other Revenue					
1.	Contributions	247,224				247,224
2.	Grants	3,407,824	1,043,909	1,097,611		5,549,344
3.	Interest				8,436	8,436
4.	Donations				2,145	2,145
5.	Other - Specify DPH Bonding Grant				383,876	383,876
6.	Other - Specify Pharmacy Revenue				4,428,742	4,428,742
7.	Other - Specify Fees Collected - Records				18,124	18,124
8.	Other - Specify Fundraising Event				123,872	123,872
9.	Other - Specify Miscellaneous Revenue				486,425	486,425
10.	Other - Specify					
11.	Total (1 thru 10)	3,655,048	1,043,909	1,097,611	5,451,620	11,248,188
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)	11,982,266	2,660,808	3,969,173	5,451,620	24,063,867

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: Generations Family Health Center, Inc.

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>)	247,224
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	247,224

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	485,190
	2. Dental	62,431
	3. Mental Health	661,672
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,209,293

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:	Generations Family Health Center, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	Cost Disallowance		
1.	Entertainment		*See Note Below*
2.	Fines and penalties		
3.	Bad debt		
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	74,109	
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	96,298	
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care	20,934	
14.	Interest	2,738	
15.	Pass through expenses		
16.	Total (1 thru 15)		
B.	Cost Offset (Expense Recovery)		
1.	Refunds - Medicaid Outreach		
2.	Rent Income		
3.	In-Kind Medical Supplies	247,224	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		
C.	Total Cost Disallowance and Offset (A16+B7)		441,303

Note: Bad debt is no longer recorded as an expense, it is now an offset to revenue per FASB regulation ASU 2011-07. See Form E.