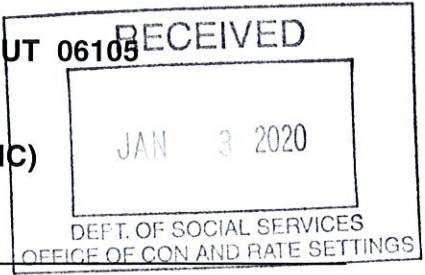


**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105**

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



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

1. FQHC Name	Family Centers Inc.
Street Address	40 Arch Street
City, State, ZIP	Greenwich CT 06830
Telephone Number	203 869-4848
Contact Person	Marion Beale
Title	Director of Finance

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical 008066994	From 7/1/2018 To 6/30/2019
Dental 008068285	
Mental Health 004172912	
Other (Specify) _____	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE  DISTRICT  OTHER

COUNTY  CITY

5. FQHC Owned By:

Family Centers Inc.

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

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

Family Centers Inc. 008066994

(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
	Stephanie Johnson
Title	Date
Chief Financial Officer	12/30/2019

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: Family 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.
Family Centers Health Care	111 Wilbur Peck Court Greenwich, CT 06830	Yes	008066994
Family Centers Health Care	20 Bridge Street Greenwich CT 06830	Yes	004172912
Family Centers Health Care	60 Palmer's Hill Road Stamford, CT 06902	Yes	004172920

**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 7/1/2018 To 6/30/2019  
 FQHC Name: Family Centers Inc.

**Form A-1 (Direct Health Care Cost)**  
**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
<b>1. Staff Cost</b>							
a. Physician							
b. Physician Assistant							
c. Nurse (APRN, Midwife, RN)	93,359	20,025	113,384		113,384		113,384
d. Other - Specify							
Medical Assistant		8,938	50,042		50,042		50,042
APRN (temp agency)	41,204	43,132	43,132		43,132		43,132
Director	57,200	12,269	69,470		69,470		69,470
e. Subtotal Direct Health Care Cost	191,763	84,285	276,028	0	276,028	0	276,028
<b>2. Other Direct Health Care Cost</b>							
a. Medical Supplies		10,178	10,178		10,178		10,178
b. Transportation							
c. Depreciation - Medical Equipment							
d. Professional Liability Insurance							
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify							
Equipment		4,147	4,147		4,147		4,147
Prescription COGS		8,507	8,507		8,507		8,507
Vaccines		12,250	12,250		12,250		12,250
i. Subtotal Other Direct Health Care Cost	0	35,082	35,082	0	35,082	0	35,082
<b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>	191,763	119,347	311,110	0	311,110	0	311,110

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: Family Centers Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments Increase (Decrease)	Net Expenses
	I	II	III	IV	(Col 3 & 4) V	VI	(Col 5 & 6) VII
<b>B. DIRECT DENTAL CARE COST</b>							
<b>1. Staff Cost</b>							
a. Dentist	127,581	27,366	154,947		154,947		154,947
b. Dental Hygienist	42,406	9,096	51,502		51,502		51,502
c. Other - Specify							
Dental Assistant	26,355	5,653	32,008		32,008		32,008
Dental Assistant (temp agency)		8,164	8,164		8,164		8,164
Dental Hygienist (contractor)		4,365	4,365		4,365		4,365
Dental Hygienist (temp agency)		13,130	13,130		13,130		13,130
			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
<b>d. Subtotal Direct Dental Care Cost</b>	<b>196,342</b>	<b>67,773</b>	<b>264,116</b>	<b>0</b>	<b>264,116</b>	<b>0</b>	<b>264,116</b>
<b>2. Other Direct Dental Care Cost</b>							
a. Dental Supplies		30,299	30,299		30,299		30,299
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify		1,845	1,845		1,845		1,845
Equipment			0		0		0
			0		0		0
			0		0		0
			0		0		0
<b>f. Subtotal Other Direct Dental Care Cost</b>	<b>0</b>	<b>32,144</b>	<b>32,144</b>	<b>0</b>	<b>32,144</b>	<b>0</b>	<b>32,144</b>
<b>3. TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>	<b>196,342</b>	<b>99,917</b>	<b>296,259</b>	<b>0</b>	<b>296,259</b>	<b>0</b>	<b>296,259</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: Family Centers Inc.

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**  
Form A-3 (Direct Mental Health Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
<b>C. DIRECT MENTAL HEALTH CARE COST</b>							
<b>1. Staff Cost</b>							
a. Psychologist							
b. Social Worker							
c. Other - Specify							
	Licensed Clinical Social Workers						
	Licensed Clinical Social Workers (contractors)						
	Psychiatrist						
	Psychiatrist (contractor)						
	Director						
<b>d. Subtotal Direct Mental Health Care Cost</b>	<b>335,744</b>	<b>153,687</b>	<b>489,432</b>	<b>0</b>	<b>489,432</b>	<b>0</b>	<b>489,432</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>335,744</b>	<b>153,687</b>	<b>489,432</b>	<b>0</b>	<b>489,432</b>	<b>0</b>	<b>489,432</b>
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>723,850</b>	<b>372,951</b>	<b>1,096,801</b>	<b>-</b>	<b>1,096,801</b>	<b>-</b>	<b>1,096,801</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: Family Centers Inc.

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**  
 Form A-4 (Non-Allowable Direct Other Service Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments	Net Expenses
	I	II	III	IV	V	VI	VII
<b>E. NON-ALLOWABLE DIRECT OTHER SERVICE COST</b>							
<b>1. Service</b>							
a. Clinical Diagnostic Lab							0
b. Radiology							0
c. Prescription Drugs/Pharmacy							0
d. Battered Women							0
e. Homeless							0
f. WIC							0
g. Non-FQHC Sites							0
h. Other - Specify							0
Quality Improvement	82,070	17,604	99,674		99,674		99,674
Enabling/Outreach	126,563	27,148	153,711		153,711		153,711
Outreach Supplies		2,487	2,487		2,487		2,487
Translation		1,460	1,460		1,460		1,460
Pharmacy Management		5,147	5,147		5,147		5,147
Professional Liability Insurance		875	875		875		875
							0
							0
<b>I. Total Non-Allowable Direct Other Service Cost</b>	<b>208,633</b>	<b>54,721</b>	<b>263,355</b>	<b>0</b>	<b>263,355</b>	<b>0</b>	<b>263,355</b>
<b>F. TOTAL DIRECT COST (D+E+I)</b>	<b>932,483</b>	<b>427,673</b>	<b>1,360,156</b>	<b>-</b>	<b>1,360,156</b>	<b>-</b>	<b>1,360,156</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: Family Centers Inc.

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

Form A-5 (Overhead Cost)

G. COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments	Net
	I	II	III	IV	V (Col 3 & 4)	VI (Increase/Decrease)	VII (Col 5 & 6)
a. Rent							
b. Insurance		24,364	24,364	0	24,364	0	24,364
c. Interest on Mortgage or Loans			0	0	0	0	0
d. Utilities			0	0	0	0	0
e. Depreciation - Building			0	0	0	0	0
f. Depreciation - Equipment			0	0	0	0	0
g. Housekeeping & Maintenance			0	0	0	0	0
h. Other (Specify)			0	0	0	0	0
Facility costs		120,090	120,090	0	120,090	0	120,090
In Kind Office Space		46,475	46,475	0	46,475	0	46,475
			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0
<b>I. Subtotal Overhead - Facility Cost</b>	<b>0</b>	<b>190,929</b>	<b>190,929</b>	<b>0</b>	<b>190,929</b>	<b>0</b>	<b>190,929</b>
<b>H. OVERHEAD - ADMINISTRATIVE COST</b>							
a. Office Salaries	507,342	108,825	616,167	0	616,167	0	616,167
b. Depreciation - Office Equipment			0	0	0	0	0
c. Office Supplies			0	0	0	0	0
d. Legal			0	0	0	0	0
e. Accounting			0	0	0	0	0
f. Insurance			0	0	0	0	0
g. Telephone			0	0	0	0	0
h. Advertising-Help Wanted			0	0	0	0	0
i. Interest - Capital Loans			0	0	0	0	0
j. Other (Specify)			0	0	0	0	0
Professional Fees		40,367	40,367	0	40,367	0	40,367
Agency Overhead allocation		304,768	304,768	0	304,768	0	304,768
various		97,636	97,636	0	97,636	0	97,636
			0	0	0	0	0
			0	0	0	0	0
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>507,342</b>	<b>551,596</b>	<b>1,058,938</b>	<b>0</b>	<b>1,058,938</b>	<b>0</b>	<b>1,058,938</b>
<b>l. TOTAL OVERHEAD COST (G+H+K)</b>	<b>507,342</b>	<b>742,525</b>	<b>1,249,867</b>	<b>-</b>	<b>1,249,867</b>	<b>-</b>	<b>1,249,867</b>
<b>J. GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>							
	<b>1,439,825</b>	<b>1,170,198</b>	<b>2,610,023</b>	<b>-</b>	<b>2,610,023</b>	<b>-</b>	<b>2,610,023</b>

<sup>2</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: Family 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	FTEs (2080 hrs = 1 FTE)
<b>A.</b>	<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>
	PHYSICIAN					
1.						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>			0	0	0	0.00
<b>B.</b>	PHYSICIAN ASSISTANT					
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
<b>Total Physician Assistant Encounters, Hours and FTEs</b>			0	0	0	0.00



STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Family 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	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	<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>C. NURSE (APRN, MIDWIFE, RN)</b>						
1.	APRN 1	General	93,359	810	1,733	0.83
2.	APRN 2	General	43,132	242	378	0.18
3.						0.00
4.						0.00
5.						0.00
	<b>Total Nurse Practitioner</b>		136,491	1,052	2,112	1.01

<b>D. PHYSICIAN SERVICES UNDER CONTRACT</b>						
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	<b>Total Physician Services Under Contract</b>		0	0	0	0.00

<b>E. OTHER HEALTH CARE PRACTITIONER</b>						
1.						0.00
2.						0.00
3.						0.00
	<b>Total Other Health Care Practitioner</b>		0	0	0	0.00

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

Reporting Period: From 7/1/2019 To 6/30/2019  
 FQHC Name: Family 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		FTEs (2080 hrs = 1 FTE) V
			Employee Total Hours IV	FTEs	
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040		0.50
<b>A. DENTIST</b>					
1. DENTIST	127,581	1,801	1,276		0.61
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Dentist Encounters, Staff Hours and FTEs</b>	127,581	1,801	1,276		0.61
<b>B. DENTAL HYGIENIST</b>					
1. DENTAL HYGIENIST 1	42,406	454	1,116		0.54
2. DENTAL HYGIENIST 2	4,365	10	97		0.05
3. DENTAL HYGIENIST 3	13,130	30	219		0.11
4.					0.00
5.					0.00
<b>Total Dental Hygienist Encounters, Hours and FTEs</b>	59,901	494	1,432		0.70
<b>C. OTHER DENTAL PRACTITIONER</b>					
1.					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  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Family 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				Total Employee Hours and FTEs			
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>				Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<b>A. PSYCHOLOGIST</b>				125,000	1,500	1,040	0.50
1.							0.00
2.							0.00
3.							0.00
4.							0.00
5.							0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>				0	0	0	0.00
<b>B. SOCIAL WORKER</b>							
1.	SEE ATTACHED			308,154	5,295	9,930	4.77
2.							0.00
3.							0.00
4.							0.00
5.							0.00
<b>Total Social Worker Encounters, Hours and FTEs</b>				308,154	5,295	9,930	4.77
<b>C. OTHER MENTAL HEALTH PRACTITIONER</b>							
1.	PSYCHIATRIST 1			57,158	359	520	0.25
2.	PSYCHIATRIST 2			10,125	75	75	0.04
3.							0.00
4.							0.00
5.							0.00
<b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>				67,283	434	595	0.29

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: Family 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 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., Psychologist 1)</i>					
		<b>125,000</b>	<b>1,500</b>	<b>1,040</b>	<b>0.50</b>
<b>B. SOCIAL WORKER</b>					
1.	LICENSED CLINICAL SOCIAL WORKER 1	57,000	820	2,080	1.00
2.	LICENSED CLINICAL SOCIAL WORKER 2	23,748	167	920	0.44
3.	LICENSED CLINICAL SOCIAL WORKER 3	24,292	307	693	0.33
4.	LICENSED CLINICAL SOCIAL WORKER 4	32,760	588	1,040	0.50
5.	LICENSED CLINICAL SOCIAL WORKER 5	50,000	795	2,080	1.00
6.	LICENSED CLINICAL SOCIAL WORKER 6	14,994	220	510	0.25
7.	LICENSED CLINICAL SOCIAL WORKER 7	10,000	236	303	0.15
8.	LICENSED CLINICAL SOCIAL WORKER 8	680	168	26	0.01
9.	LICENSED CLINICAL SOCIAL WORKER 9	18,333	250	607	0.29
10.	LICENSED CLINICAL SOCIAL WORKER 10	2,379	27	73	0.04
11.	LICENSED CLINICAL SOCIAL WORKER 11	2,423	49	49	0.02
12.	LICENSED CLINICAL SOCIAL WORKER 12	4,710	96	105	0.05
13.	LICENSED CLINICAL SOCIAL WORKER 13	1,350	43	27	0.01
14.	LICENSED CLINICAL SOCIAL WORKER 14	21,755	458	435	0.21
15.	LICENSED CLINICAL SOCIAL WORKER 15	12,280	303	246	0.12
16.	LICENSED CLINICAL SOCIAL WORKER 16	31,450	660	629	0.30
17.	LICENSED CLINICAL SOCIAL WORKER 17	0	108	108	0.05
<b>Total Social Worker Encounters, Hours and FTEs</b>		<b>308,154</b>	<b>5,295</b>	<b>9,930</b>	<b>4.77</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: Family 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		Encounters	Employee Hours and FTEs			
			High	Low	Hires	Departures		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									0.00		
2. PHYSICIAN ASSISTANT									0.00		
3. NURSE (APRN, MIDWIFE, RN)	2	136,491		0	0	1	1,052	2,112	1.02		
4. PHYSICIAN SERVICES UNDER CONTRACT									0.00		
5. OTHER HEALTH PROFESSIONALS									0.00		
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00		
7. OTHER HEALTH CARE PRACTITIONERS									0.00		
<b>Total Health Care</b>	<b>2</b>	<b>136,491</b>			<b>0</b>	<b>1</b>	<b>1,052</b>	<b>2,112</b>	<b>1.02</b>		
<b>B. DENTAL PRACTITIONERS</b>											
1. DENTIST	1	127,581		0	0	0	1,801	1,276	0.61		
2. DENTAL HYGIENIST	3	59,901		0	1	1	494	1,432	0.69		
3. OTHER DENTAL PRACTITIONERS									0.00		
<b>Total Dental</b>	<b>4</b>	<b>187,482</b>			<b>1</b>	<b>1</b>	<b>2,295</b>	<b>2,708</b>	<b>1.30</b>		
<b>C. MENTAL HEALTH PRACTITIONERS</b>											
1. PSYCHIATRIST	2	67,283			0	0	434	595	0.29		
2. PSYCHOLOGIST									0.00		
3. LICENSED CLINICAL SOCIAL WORKER		308,154			1	2	5,295	9,930	4.77		
4. PSYCHIATRIC APRN									0.00		
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00		
<b>Total Mental Health</b>	<b>2</b>	<b>375,438</b>			<b>1</b>	<b>2</b>	<b>5,729</b>	<b>10,525</b>	<b>5.06</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:	Family 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)	1,096,801
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	263,355
C.	Total Direct Costs (A+B)	1,360,156
D.	Portion of Title XIX Services (A/C)	80.64%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	1,249,867
F.	Overhead Cost Applicable to Title XIX Services (DxE)	1,007,893
G.	Total Title XIX Services Cost (A+F)	2,104,694
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	631,408
I.	Cost Adjustment (Lower of H-F or Zero)	(376,485)
J.	Allowable Title XIX Overhead Cost (F+I)	631,408
K.	<b>Direct Costs</b>	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	311,110
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	296,259
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	489,432
	4. Total Direct Costs (K1 thru K3)	1,096,801
L.	<b>Direct Costs as a % of Total</b>	
	1. Health Care Services (K1/K4)	28.37%
	2. Dental Services (K2/K4)	27.01%
	3. Mental Health Services (K3/K4)	44.62%
M.	<b>Allocated Allowable Overhead Cost</b>	
	1. Health Care Services (JxL1)	179,130
	2. Dental Services (JxL2)	170,543
	3. Mental Health Services (JxL3)	281,734
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	631,407

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:	Family Centers Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
<b>I. Health Care Cost (Excluding Dental and Mental Health)</b>	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	311,110
B. Allowable Overhead Cost (P13 - Form C, Line M1)	179,130
C. Total Allowable Health Care Cost (A+B)	490,240
D. Encounters (P12 - Form B-4, Health Care Total)	1,052
E. Allowable Health Care Cost Per Encounter (C/D)	466.01
<b>II. Dental</b>	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	296,259
B. Allowable Overhead Cost (P13 - Form C, Line M2)	170,543
C. Total Allowable Dental Cost (A+B)	466,802
D. Encounters (P12 - Form B-4, Dental Total)	2,295
E. Allowable Dental Cost Per Encounter (C/D)	203.40
<b>III. Mental Health</b>	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	489,432
B. Allowable Overhead Cost (P13 - Form C, Line M3)	281,734
C. Total Allowable Mental Health Cost (A+B)	771,166
D. Encounters (P12 - Form B-4, Mental Health Total)	5,729
E. Allowable Mental Health Cost Per Encounter (C/D)	134.61

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: Family Centers Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A. Operating Revenue</b>						
1. Medicaid		55,902	77,350	484,886		618,138
2. Private		4,001	13,478	130,774		148,252
3. Medicare		4,971		92,329		97,300
4. Patient Cash/Self Pay		20,551	72,792	3,136		96,479
5. Other - Specify Pharmacy		16,550				16,550
6. Total (1 thru 5)		101,975	163,620	711,125	0	976,720
<b>B. Other Revenue</b>						
1. Contributions						6,000
2. Grants		674,064	250,000	6,000		1,138,081
3. Interest				214,017		0
4. Donations						0
5. Other - Specify Family First Services		3,600	3,600	2,900		10,100
6. Other - Specify Fundraising					420,397	420,397
7. Other - Specify In Kind Donations		12,250			46,475	58,725
8. Other - Specify						0
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		689,914	253,600	222,917	466,872	1,633,303
<b>C. 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. Total Revenue (A6+B11+C7)</b>		791,889	417,220	934,042	466,872	2,610,022



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:	Family Centers Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		ACTUAL
<b>A.</b>	<b>Contributions</b>	
	1. Services (Excluding Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify	6,000
	Other - Specify	
	Other - Specify	10,100
	Other - Specify	420,397
	Other - Specify	12,250
	Other - Specify	46,475
	5. Total (1 thru 4)	507,472
<b>B.</b>	<b>Grants (Excluding PHS)</b>	
	1. Services (Excluding Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	50,000
	4. Other - Specify	99,214
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
	5. Total (1 thru 4)	149,214

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:	Family 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	16,255
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	
	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	15,206
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	31,461
<b>B.</b>	<b>Cost Offset (<i>Expense Recovery</i>)</b>	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	
	3. In-Kind Medical Supplies	12,250
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	12,250
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>	<b>43,711</b>

# Family Centers Inc.

For the Fiscal Year Ended June 30, 2019

## Crosswalk from Trial Balance to Medicaid Cost Report

	FCHC Medical	FCHC Dental	FCHC Mental Health	Total	Pharmacy	In Kind Donation	Other Fund Raising	Adjusted Total	comment
<b>REVENUES</b>									
SERVICE FEES	85,425	163,620	711,125	960,170				960,170	
SERVICE FEES - PHARMACY	16,550			16,550	13,654			30,204	T/B reports net revenue
GRANTS - GOVERNMENT	674,064	250,000	214,017	1,138,081				1,138,081	
SALES OF SERVICES	3,600	3,600	2,900	10,100				10,100	
CONTRIBUTIONS			6,000	6,000			406,743	412,743	all costs covered by Other
MISC INCOME				0		58,725		58,725	T/B omits In Kind
<b>Total REVENUES</b>	<b>779,639</b>	<b>417,220</b>	<b>934,042</b>	<b>2,130,901</b>	<b>13,654</b>	<b>58,725</b>	<b>406,743</b>	<b>2,610,023</b>	
<b>EXPENSES</b>									
SALARIES	524,848	377,961	537,016	1,439,825				1,439,825	
EMPLOYEE BENEFITS	67,393	48,283	78,168	193,844				193,844	
PAYROLL TAXES	40,637	29,191	45,212	115,040				115,040	
CONTRACTED CLIENT SVS	43,829	26,204	82,233	152,266				152,266	
SUPPLIES : Office	1,650	1,661	128	3,439				3,439	
SUPPLIES : Building	2,472	2,249	219	4,940				4,940	
SUPPLIES : Printing	689	502	442	1,633				1,633	
SUPPLIES : Computer	2,722	1,016	1,575	5,313				5,313	
SUPPLIES : Dental & Medical	10,178	30,299	163	40,640	8,507	12,250		61,397	T/B omits Rx COGS, In Kind
SUPPLIES : Outreach	959	932	596	2,487				2,487	
PROFL. DEV.	766	622	2,670	4,058				4,058	
PROFL. DEV. - Travel/Meals	1,552	1,221	2,639	5,412				5,412	
PROFL. DEV. - Tuition Reimb.	0	2,500		2,500				2,500	
PROFL. DEV. - Profil. Pubs	545	455	499	1,499				1,499	
CLIENT ACTIVITY	29	13	0	42				42	
TRAVEL & AUTO EXPENSES	1,671	1,264	2,221	5,156				5,156	
CLIENT ASSISTANCE	24	0		24				24	

# Family Centers Inc.

For the Fiscal Year Ended June 30, 2019

## Crosswalk from Trial Balance to Medicaid Cost Report

	FCHC Medical	FCHC Dental	FCHC Mental Health	Total	Pharmacy	In Kind Donation	Other Fund Raising	Adjusted Total	comment
TELECOMMUNICATIONS	12,455	10,722	9,895	33,072				33,072	
CELL PHONE	1,609	496	1,461	3,566				3,566	
POSTAGE/DELIVERY SERVICE	39	39	26	104				104	
OCCUPANCY	8,375	7,480	32,816	48,671		46,475		95,146	T/B omits In Kind
EQUIPMENT MAINT & RENTAL	4,147	3,245	6,099	13,491				13,491	
PUBLIC AWARENESS	3,429	2,230	2,041	7,700				7,700	
PROFL. FEES - ADMIN.	5,166	5,167	12,167	22,500	5,147			27,647	T/B omits Pharmacy management
PROFL. FEES - ADMIN - Other	1,667	14,533	1,667	17,867				17,867	
SOFTWARE FEES	15,976	763	12,960	29,699				29,699	
MEMBERSHIP DUES	9,455	4,845	5,109	19,409				19,409	
INSURANCE	8,610	6,500	10,129	25,239				25,239	
MISC - LIC, FEES, RECRUIT	14,734	1,174	1,278	17,185				17,185	
BAD DEBTS	2,412	3,557	10,286	16,255				16,255	
Total EXPENSES	788,038	585,124	859,715	2,232,876	13,654	58,725	0	2,305,255	
G & A DISTRIBUTION	81,727	54,135	168,906	304,768				304,768	
TOTAL EXPENSES	869,765	639,259	1,028,621	2,537,644	13,654	58,725	0	2,610,023	
EXCESS OF REVENUES OVER EXPENSES	(90,126)	(222,039)	(94,579)	(406,743)	0	0	406,743	0	

## Family Centers Inc.

For the Fiscal Year Ended June 30, 2019

### Reconciliation of DSS FQHC Cost Report to Audited Financial Statements

#### Expense

Expenses per Form A-5 Line J, Column III	\$ 2,610,023
Add: Non-FQHC Services	\$ 13,742,963
	<hr/>
Expenses Per Audited Financial Statements	<u>\$ 16,352,986</u>

#### Revenue

Revenues Per Form E Line D, Column V	\$ 2,610,022
Add: Non-FQHC Service Revenue	\$ 13,429,538
	<hr/>
Revenue per Audited Financial Statements	<u>\$ 16,039,560</u>
Income (Loss) from Operations	<u>\$ (313,426)</u>

### Reconciliation of DSS FQHC Cost Report to Medicare Cost Reports

Form E - Revenues Line D Column V	\$ 2,610,022
Form A-5 - Expenses Line J, Column VII	\$ 2,610,022
	<hr/>
Net (Income) Loss Medicaid Report	<u>\$ (0)</u>
CCN #071924 06/02/2018 - 06/30/2019 (medical and dental services)	\$ (1)
CCN #071928 07/01/2018 - 06/30/2019 (mental health services)	\$ 23,769
	<hr/>
Net (Income) Loss Medicare report	<u>\$ 23,768</u>

NOTE: CCN #071924 included 13 months of activity to bring the reporting for mental health services up to date with medical and dental services. In subsequent years, we anticipate that one twelve month report will be done for all services under CCN #071924.