#### STATE OF CONNECTICUT

#### **DEPARTMENT OF SOCIAL SERVICES**

55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105 ECEIVED

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

3 2020 JAN NGS

	Date Submitted:		Date Received:	DEFT. OF SOCIAL SERVICES OFFICE OF CON AND RATE SETTI
1.	FQHC Name	Family Centers Inc.		
	Street Address	40 Arch Street	ld .	
	City, State, ZIP	Greenwich CT 06830		
	Telephone Number	203 869-4848		
	Contact Person	Marion Beale		
	Title	Director of Finance		
2.	FQHC Medicaid Prov Medical Dental Mental Healt Other (Spec	008066994 008068285 th 004172912	3. Reporting Period: From 7.	/1/2018 To <u>6/30/2019</u>
4.	Type of Control (Choose	TT ORGANIZATION	_от	HER
5.	FQHC Owned By:	Family Ce	enters Inc.	
	I Hereby C  For the Reporting Pe Knowledge and Belie		Accompanying Workshe nters Inc. 008066994 FQHC Name) ding 6/30/2019 and That to blete Statement Prepared	o the Best of My From the Books and
6.	Signature (Office	er or Administrator of FQHC)		ed Name
		Title		Date
	Chief	Financial Officer	12/30	12119

Reporting Period: Fro	m7/1/2018	To6/3	0/2019
FQHC Name: Family	Centers Inc.		
	sites of the FQHC, including all FQHC-ce te is FQHC certified. If a site or sites are		
reported on Form A-4 as non-a	llowable costs.		
Provider Name	Location	FQHC Certified Yes/No	Clinic/Provider No.
Family Centers Health Care	111 Wilbur Peck Court Greenwich, CT 06830	Yes	008066994
	20 Bridge Street Greenwich CT 06830	Yes	
Family Centers Health Care	60 Palmer's Hill Road	res	004172912
Family Centers Health Care	Stamford, CT 06902	Yes	004172920
			2
8. Related Parties: Related part	y information is reported on the following	, which accompanies this	cost report submission:
Select One:		Andreas (Marie Control	The state of the s

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

FQHC Name: Family Centers Inc. Reporting Period: ٦ 6/30/2019

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

311,110	0	311,110	0	311,110	119,347	191,763	3. TOTAL DIRECT HEALTH CARE COST (16 & 2)
35,082	0	35,082	c	35,002	35,062	0	i Suproval Culei bilevi Heditti Cale Cost
35 080	5	35 082	5	35 082	35 082	0	i. Subtotal Other Direct Health Care Cost
0 (		0 0		0 (			
12,230		12,500		1,100	1,100		MANITOR
10 050		13 350		10 050	10 050		Vaccines
8.507		8.507		8.507	8.507		Prescription COGS
4,147		4,147		4,147	4,147		Equipment
							h. Other - Specify
0		0		0			g. Physician-Administered Drugs
0		0		0			f. Radiology
0		0		0			e. Laboratory
0		0		0			d. Professional Liability Insurance
0		0		0			c. Depreciation - Medical Equipment
0		0		0			b. Transportation
10,178		10,178		10,178	10,178		a. Medical Supplies
を   を   を   を   を   を   を   を   を   を	· · · · · · · · · · · · · · · · · · ·	にいるとうのできた	がある。	日本ののはなるのでは、日本ののでは	The state of the s	小田 ののととなった。	2. Other Direct Health Care Cost
276,028	0	276,028	0	276,028	84,265	191,763	e. Subtotal Direct Health Care Cost
0		0		0			
0		0		0			
0		0		0	a		
0		0		0			
0		0		0			
0		0		0			
0		0		0			
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69,470		69,470		69,470	12,269	57,200	Director
0		0		0			
43,132		43,132		43,132	43,132		APRN (temp agency)
50,042		50,042		50,042	8,838	41,204	Medical Assistant
							d. Other - Specify
113 384		113.384		113 384	20.025	93.359	c. Nurse (APRN Midwife RN)
0 (		0 0		0 (			b. Physician Assistant
0	The second second second second	0	2000年の中では、1000年	0	S. Trees and the second		a Physician
VII	≤	<	₹	Ξ	=	_	A. DIRECT HEALTH CARE COST
(001000)	(Decrease)	(+ 10 0 100)	IIIcauoiio	Specification Classification in the	Cooto	Letootillet	OCC. OCK.EII
Net Expenses	Adjustments Increase	Reclassified Trial Balance (Col.3 & 4)	Reclass-		Other	Salaried	COST CENTER
		PENSES	NCE OF EXP	RIAL BALA	MENTS OF T	ND ADJUST	RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXP
Form A-1 (Direct Health Care Cost)	Direct Hea	Form A-1 (					

FQHC Name: Family Centers Inc.	Reporting Period:
	From7/1/2018
	To 6/30/2019

COST CENTER   Salaried Cots   Froat   Cots   Froat								
COST CENTER   Salaried Costs   Total Salaried Increase   Expension   Total Salaried   Costs   Total Salaried   Total Salaried   Costs   Total Salaried   Total Salaried   Costs   Total Salaried   T	32,144	0	32,144	0.	32,144	32,144	0	f. Subtotal Other Direct Dental Care Cost
COST CENTER   Costs   Costs   Toal   Faciles   Facile	C		0		0			
COST CENTER   Salarida   Costs   Total   Facileas   F	C		0		0			
COST CENTER   Salaried   Costs   Total   Reclassifier   Reclassi	C		0		0			
COST CENTER   Salaried   Other   Costs   Total   Reclassified	2		0		0			
COST CENTER   Sabried   Costs   Total   Reclass   Total   To	1,845		1,845		1,845	1,845		Equipment
COST CENTER   Salaried   Other   Total   Recises   Reclassified   Interiors								
COST CENTER   Salaried   Other   Total   Reclass   Trais Balance   Incoress	0		0		0			
COST CENTER   Salaried   Other   Personnel   Costs   Total   Reclass-   Trial Balance   Increase	0		0		0			
COST CENTER   Salaried   Cost   Cos	0		0		0			b. Transportation
COST CENTER   Salaried   Other   Personnel   Other   III   III   No.   Costs   Trial Balance   Trial Balance   Increase   Expensor   III   No.   V.   V.   V.   V.   V.   V.   V.	30,299		30,299		30,299	30,299		a. Dental Supplies
Salaried   Other   Total   Reclass   Total   Total   Reclass   Total   Reclass   Total   Reclass   Total   Total   Reclass   Total   Reclass   Total   Total   Reclass   Total   Tot								2 Other Direct Dental Care Cost
COST CENTER   Salaried   Other   Facilass   Facilass   Costs   Trial Balance   Costs	264,116	0	264,116	0	264,116	67,773	196,342	d. Subtotal Direct Dental Care Cost
COST CENTER   Salaried   Other   Costs   Trial Balance   Expenss   Cost   Expenss   Trial Balance   Costs   Expenss   Trial Balance   Costs   Expenss   Trial Balance   Expenss   Expenss   Trial Balance   Costs   Expenss   Trial Balance   Costs   Expenss   Trial Balance   Trial Balance   Trial Balance   Trial Balance   Expenss   Trial Balance   Tria	0		0		0			
COST CENTER   Salaried Costs   Total	0	,	0		0			
COST CENTER   Salaried   Other   Costs   Reclass:   Trail   Hitcations   Hitcations   Hitcations   Costs   Hitcations   Costs   Hitcations   Hitca	0		0		0			
COST CENTER   Salaried   Other   Personnel   Costs   Total   Feciassified   Hill   Fersonnel   Costs   Total   Feciassified   Hill   Fersonnel   Hill	0		0		0			
COST CENTER   Salaried   Costs   Total   Reclassified   Increase   Expension   Increase   Increas	0		0		0			
COST CENTER         Salaried Costs         Other Costs         Total T	0		0		0			
COST CENTER         Salaried Personnel         Other Costs         Total Total Total         Reclass- Trial Balance Increase	0		0		0			
COST CENTER         Salaried Personnel         Other Costs         Total Increase Trial Balance Increase I	0		0		0			
COST CENTER         Salaried Personnel Costs         Other Costs         Total Tot	-		0		0			
COST CENTER         Salaried Personnel         Other Costs         Total In	13,130		13,130		13,130	13,130		Dental Hygienist (temp agency)
COST CENTER         Salaried Personnel         Other Costs         Total In	4,365		4,365		4,365	4,365		Dental Hygienist (contractor)
COST CENTER         Salaried Personnel         Other Costs         Total Tot	8,16		8,164		8,164	8,164		Dental Assistant (temp agency)
COST CENTER         Salaried Personnel         Other Costs         Total III         Reclass-III         Trial Balance III         Adjustments Expens (Col 3 & 4)         Net (Col 3 & 4)           Staff Cost           DIRECT DENTAL CARE COST           I Dentist         127,581         27,366         154,947         154,947         154,947         154,947         51,502	32,008		32,008		32,008	5,653	26,355	Dental Assistant
COST CENTER         Salaried         Other Personnel         Costs         Total III         III         Reclassified ifications (Col 3 & 4)         Adjustments (Decrease) (Col 5 & Expensions) (Col 3 & 4)         Net Reclass-Increase (Col 3 & 4)         Trial Balance Increase (Col 5 & III)         IIII         IV         V         VI         VI         VII								
COST CENTER  Salaried Other Personnel Costs Total III IV V V VI VII Dentist  127.581  Salaried Other Reclass- Feclassified Adjustments Net Reclass- Frial Balance Increase Inc	51.502		51,502		51,502	9.096	42,406	
COST CENTER  Salaried Other Personnel Costs Total III III NV V V VI  Reclassified Adjustments Reclassified Increase Increase Increase Increase Increase VI  OIRECT DENTAL CARE COST  Reclassified Adjustments Adjustments Increase Increase III III IV V V VI VI  VI  VI  VI  VI	154.947		154.947		154,947	27.366	127,581	a. Dentist
COST CENTER  Salaried Other Personnel Costs Total Feclassified Adjustments Costs Total Figure 6 Feclassified III FV V V VI Other Reclassified Adjustments Increase In	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			THE PARTY OF THE PARTY.				- maria
Salaried Other Reclass- Trial Balance Increase Personnel Costs Total iffications (Col 3 & 4) (Decrease)	VII	٧I	٧	IV	Ξ	=	-	
Adiustments	Expenses (Col 5 & 6)	Increase (Decrease)	Trial Balance (Col 3 & 4)	Reclass- ifications	Total	Other Costs	Salaried Personnel	COST CENTER
	Net	Adjustments	Reclassified		Section of the sectio		的である。それではありませ	
				101				

FQHC Name: Family Centers Inc.	Reporting Period:
	From
	7/1/2018
	То_
	6/30/2019

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1	orm A-3 (Direct Mental Health Care Cost
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D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	f. Subtotal Other Direct Mental Health Care Cost							e. Other - Specify	d. Professional Liability Insurance	c. Depreciation - Mental Health Equipment	b. Transportation	a. Medical Supplies	E. Onice micromination of Cook	2 Other Direct Mental Health Care Cost	d. Subtotal Direct Mental Health Care Cost				Director	Disabet	Psychiatrist (contractor)	Psychiatrist	Licensed Clinical Social Workers (contractors)	Licensed Clinical Social Workers	c. Other - Specify	b. Social Worker	a. Psychologist	1. Staff Cost	C. DIRECT MENTAL HEALTH CARE COST		COST CENTER			RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
723.850	335,744	0												DESCRIPTION OF STREET	Character and the second	335,744				41,9//			57,158		236,609					<b>建设工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</b>	_	Personnel	Salaried		JUSTMENT
372.951	153,687	0												を出りた。日日の日本の日本の日本の日本の	The state of the s	153,687				9,004	10,123	10.125	12,260	71,545	50,753					KA BEN WEST AND	=	Costs	Other		S OF TRIAL
1.096.801	489,432	0	0	0	0			2		0	0			COLUMN OF THE PROPERTY OF THE PARTY OF THE P	A Topica Control	489,432	0	0	0				69,419		287,362		0	0	· · · · · · · · · · · · · · · · · · ·	品を行うない。	=	Total			BALANCE
	0	0												Carried Court Carried and		0								-						な対象とはあるが	~	ifications	Reclass-		OF EXPEN
1.096.801	489,432		0	-				_				-		The state of the s		489,432	0	0	0	20,96,0	10,120	10.125	69,419	71,545	287,362		-	-	は他のないのである。	の対対はあるのかが	<	(Col 3 & 4)	Trial Balance	Reclassified	SES
	2 0	0 0	0	0	0					0	-			これできたがないというないのであること	でのなるといいのはないのは	2 0	3	-	_		- (	01	9	SI.	20		0	0	The state of the s	語は我があるない。	≤	(Decrease)	increase	Adjustments	
1.096.801	489,432	0	0	0	0	0 0	0 0	0		0	0	C		大学 はないのでは あいの おおからま いちんち		489,432	0	0	0	106,00	50,001	10.125	69,419	71,545	287,362		0	0	語の経過におからればいのか	はあるがある。	\	(Col 5 & 6)		Net	

FQHC Name: Family Centers Inc.	Reporting Period:
	From 7/1/2018
	То 6/30/2019

E TOTAL DIBECT COST (D. E4)	i. Total Non-Allowable Direct Other Service Cost		Pharmacy Management Professional Liability Insurance	Translation	Enabling/Outreach Outreach Supplies	Quality Improvement	h. Other - Specify	t, WIC g. Non-FQHC Sites	e. Homeless	d. Battered Women	c. Prescription Drugs/Pharmacy	b. Radiology	a. Clinical Diagnostic Lab	1. Service	E. NON-ALLOWABLE DIRECT OTHER SERVICE COST		COST CENTER	RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCI
932,483	208,633				126,563	82,070										-	Salaried Personnel	ND ADJUSTMI
427,673	54,721		5,147 875	1,460	27,148	17,604								数数数が変数的	行うとははなけれ		Other Costs	ENTS OF TR
1,360,156	263,355	0 0 0	5,147 875	1,460	153,711	99,674		0 0	0	0	0	0	0		大の地方の日本の大学		Total	IAL BALAN
	0													の		IV	Reclass-	CE OF EXPENSES
1,360,156	263,355	0 0	5,147 875	1,460	153,711	99,674		0 0	0	0	0	0	0	三世 は 一世 は 一世 に 一世 に 一世 に 一世 に 一世 に 一世 に 一	A Company of the	٧	Reclassified Trial Balance (Col 3 & 4)	ENSES
	0													が 対 と から 大きな の		<	Adjustments Increase (Decrease)	
1,360,156	263,355	0 0 0	5,147 875	1,460	153,711	99,674		0 0	0	0	0	0	0	原本において、他の名はない。 では、他の名はない。 では、他の名はない。 では、他の名はない。 では、他の名はない。 では、他の名はない。 では、他の名はない。 では、他のる。 では、他のる。 では、他のる。 では、他のの。 では、他の。 他の。 では、他の。 他の。 他の。 他の。 他の。 他の。 他の。 他の。	等技術的 医皮肤	VII	Net Expenses (Col 5 & 6)	

FQHC Name: Family Centers Inc. Reporting Period: From 7/1/2018 ٦<sub>-</sub> 6/30/2019

Form A-5 (Overhead Cost)

HEALTHOUS WIND WIND WIND WIND OF IDIME BALMINGE OF EASTINGES	10 2000	F141.0.01	AL DALAIN	בייייי			
					Reclassified	Adjustments	Net
COST CENTER	Salaried	Other	T (1)	Reclass-	Trial Balance	Increase	Expenses
	-	=	=	7	<	≤	VII
G. OVERHEAD - FACILITY COST	ないというなどないないない	のの音の語言を	をなると	The Control of the Control	The second second second		STATE OF STREET
Rent			0		0		0
	-	24,364	24,364		24,364		24,364
c. Interest on Mortgage or Loans			0		0		0
d. Utilities			0		0		0
e. Depreciation - Building			0		0		0
f. Depreciation - Equipment			0		0		0
g. Housekeeping & Maintenance			0		0		0
h. Other (Specify)							
Facility costs		120,090	120,090		120,090		120,090
In Kind Office Space		46,475	46,475		46,475		46,475
			0		0		0
			0		0		0
			0		0		0
I. Subtotal Overnead - Facility Cost	0	190,929	190,929	0	190,929	0	190,929
H. OVERHEAD - ADMINISTRATIVE COST	100000000000000000000000000000000000000			A STANSFORM AND A STANSFORM AN	五代を料したのと	1000年の日本の日本の	一年前 このこうはない
a. Office Salaries	507.342	108,825	616.167		616.167		616.167
b. Depreciation - Office Equipment			0		0		0
c. Office Supplies			0		0		0
d. Legal			0		0		0
e. Accounting			0		0		0
f. Insurance			0		0		0
g. Telephone			0		0		0
h. Advertising-Help Wanted			0		0		0
i. Interest - Capital Loans			0		0		0
j. Other (Specify)							
Professional Fees		40,367	40,367		40,367		40,367
Agency Overhead allocation		304,768	304,768		304,768		304,768
various		97,636	97,636		97,636		97,636
			0		0		0
			0		0		0
k. Subtotal Overhead - Administrative Cost	507,342	551,596	1,058,938	0	1,058,938	0	1,058,938
I. TOTAL OVERHEAD COST (Gi+Hk)	507.342	742.525	1.249.867		1.249.867		1 249 867
京一次 はない とははいるにくるい	1.439.825	STORY THE PERSON NAMED IN				の一般のできる。	2 640 000
J. GRAND TOTAL COSTS' (F+I)		1,170,198	2,610,023	The second secon	2.510.023	The second secon	2.0 0.023

То 6/30/2019	7/1/2018	From	#	Reporting Period:

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

	ن	4.	ω	5	-	œ		10.	9.	.8	7.	6.	5	4.	ω	'n	<del></del>	P	No.		Ŧ		
Total Physician Assistant Encounters, Hours and FTEs						PHYSICIAN ASSISTANT	Total Physician Encounters, Staff Hours and FTEs												Provide itemized de-identified list (e.g., Physician 1)		HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)		HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PR.
																			General Practitioner		Specialty		TION, ENCOUNTER
0							0												125,000	II	Compensation		S, HOURS, AND
0							0												1,500	Ш	Encounters		FTEs BY PRA
0							0												1,040	IV	Employee Total Hours	Total Employee	ACTITIONER
0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.50	٧	FTES (2080 hrs = 1 FTE)	Total Employee Hours and FTEs	

FQHC Name: Family Centers Inc.	Reporting Period:
	From 7/1/2018
	To 6/30/2019

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

FQHC Name: Reporting Period: Family Centers Inc. From\_ 7/1/2018 ٥ 6/30/2019

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

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Total Other Dental Dractitioner Encounters Hours and ETEs						OTHER DENTAL PRACTITIONER	Total Dental Hygienist Encounters, Hours and FTEs			3. DENTAL HYGIENIST 3	DENTAL HYGIENIST 2	DENTAL HYGIENIST 1	DENTAL HYGIENIST	Total Dentist Encounters, Staff Hours and FTEs					ST	DENTIST	Provide itemized de-identified list (e.g., Dentist 1)		DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTES	DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER
0							59,901			13,130	4,365	42,406		127,581					127,581		125,000	=	Compensation	UNTERS, HOUR
							494			30	10	454		1,801					1,801		1,500	=	Encounters	S, AND FTEs BY
							1,432			219	97	1,116		1,276					1,276		1,040	V	Total Employee Employee Total Hours	
	0.00	0.00	0.00	0.00	0.00		0.70	0.00	0.00	0.11	0.05	0.54		0.61	0.00	0.00	0.00	0.00	0.61		0.50	<	FTES (2080 hrs = 1 FTE)	

#### DSS-16 10-24-2016

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

FQHC Name:	Reporting Period:
Family Centers Inc.	
	From
	7/1/2018
	_0_
	o 6/30/2019

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

					2
0.29	595	434	67,283	Total Other Mental Health Practitioner Encounters, Hours and FTEs	
0.00				5.	Ċı
0.00					4.
0.00					ω
0.04	75	75	10,125	2. PSYCHIATRIST 2	2
0.25	520	359	57,158	1. PSYCHIATRIST 1	<del></del>
				OTHER MENTAL HEALTH PRACTITIONER	C.
4.77	9,930	5,295	308,154	Total Social Worker Encounters, Hours and FTEs	
0.00					Ċυ
0.00					4
0.00				3.	ω
0.00					52
4.77	9,930	5,295	308,154	1. SEE ATTACHED	<del></del>
				3. SOCIAL WORKER	В.
0.00	0	0	0	Total Psychologist Encounters, Staff Hours and FTEs	
0.00				5.	<u>5</u>
0.00				4.	4
0.00					ω
0.00				2	2
0.00					<del></del>
					P
0.50	1,040	1,500	125,000	Provide itemized de-identified list (e.g., Psychologist 1)	
FTEs (2080 hrs = 1 FTE)	Employee Total Hours	Encounters	Compensation	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTES	ME
ours and FTEs					4
E 2	S BY PRACTITIONER	OURS, AND FTE	NCOUNTERS. H	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTES	
	110013, 110013	Polication, Lincon	101111111111111111111111111111111111111		

FQHC Name:	Reporting Period:
Family Centers Inc.	
	From_
	7/1/2018
	То_
	6/30/2019

NCOUNTERS. H	OURS. AND FTE	RY PRACTITION	FR
		Total Employee I	lours and FTEs
		Employee	FTEs
Compensation	Encounters	Total Hours	(2080 hrs = 1 FTE)
=	=	IV	٧
125,000	1,500	1,040	0.50
57,000	820	2,080	1.00
23,748	167	920	0.44
24,292	307	693	0.33
32,760	588	1,040	0.50
50,000	795	2,080	1.00
14,994	220	510	0.25
10,000	236	303	0.15
680	168	26	0.01
18,333	250	607	0.29
2,379	27	73	0.04
2,423	49	49	0.02
4,710	96	105	0.05
1,350	43	27	0.01
21,755	458	435	0.21
12,280	303	246	0.12
31,450	060	629	0.30
0	108	108	0.05
308,154	5,295	9,930	4.77
	Compensation II  57,000  57,000  23,748  24,292  32,760  50,000  14,994  10,000  680  18,333  2,379  2,423  4,710  1,350  21,755  12,280  31,450  0  308,154	H	COUNTERS, HOURS, AND FTEs BY PRACTITIONER   Total Employee   FTEs   Employee   FTEs   Employee   Compensation   Encounters   Total Hours   (2080 hrs = 1 FTEs   Total Hours   (2080 hrs = 1 F

#### DSS-16 10-24-2016

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

Reporting Period:	
From	
7/1/2018	

FQHC Name: Family Centers Inc.

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

To 6/30/2019

Number Of Total Hours, AND FIES BY PRACTITIONER TYPE   Practitioners   Componisation Range   Total Hours, AND FIES BY PRACTITIONER TYPE   Practitioners   Componisation Field   Total Hours   Total	SUMMARY COMPENSATION, ENCOUNTERS,   Number of Total   OURS, AND FTES BY PRACTITIONER TYPE   Employee Hours and tours, and press by PRACTITIONER TYPE   Practitioners   Compensation Angle   Total   Compensation Angle   Total   Compensation Angle   Total   Employee Forest   Fire (I Fire	5.06	10,525	5,729	2	_			375,438	2	Total Mental Health
DIMMARY COMPENSATION, ENCOUNTERS, OURS, AND FIES BY PRACTITIONER TYPE   Employee Hours and to press BY PRACTITIONER TYPE   Practitioners   Compensation   High   Low   Hires   Departures   Employee Hours and to press   Employee Hours and to pres	SUMMARY COMPENSATION, ENCOUNTERS, NUMBER OF TOTAL SUMMARY COMPENSATION, ENCOUNTERS, Number of OURS, AND FTES BY PRACTITIONER TYPE	0.00									
	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Employee Hours and Jummary Compensation, Range   Trumover   Employee Hours and Jummary Compensation Range   Trumover   Employee Hours and Jumpary Compensation Range   Trumover   T	0.00									-
Dental Health Care Practitioners   Compensation Range   Compensation R	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Employee Hours and the proper type   Total type	4.77	9,930	5,295	2	_			308,154		
Number of   Numb	SUMMARY COMPENSATION. ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Total Compensation Range   Total Ra	0.00									2. PSYCHOLOGIST
Compensation Range   Compensation   Compe	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Total Compensation   High   Low   Hires   Departures   Encounters   Total   Employee   Hours   Additioners   Total   High   Low   Hires   Departures   Encounters   Total Hours   Hires   High   Hires   Departures   Encounters   High   Hires   Departures   Encounters   High   Hires   Hires   Departures   Encounters   High   Hires   Departures   Hires   Departures   Encounters   High   Hires   Departures	0.29	595	434	0	0			67,283	2	
NUMMARY COMPENSATION, ENCOUNTERS, OURSE, AND FTES BY PRACTITIONER TYPE         Number of Total Compensation Range         Compensation Range         Humbers of Total Low         Hires Departures         Employee Fores and Imployee Fores Imployee Imployee Fores Imployee Imployee Fores Imployee Fo	SUMMARY COMPENSATION, ENCOUNTERS, Number of total (Industry Compensation Range)   Compensation Range (Industry Compensation Range)   Turnover (Industry Compen	Y.									
Compensation Range   Turnover   Employee   Firs (2011)   Employee   F	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, HOURS, AND FTES BY PRACTITIONER TYPE   Compensation Range   Turnover   Total   Compensation Range   Turnover   Total   Compensation Range   Turnover   Total   Compensation Range   Turnover   Total   Compensation Range   Turnover   Turnover   Employee Hours and Turnover   Turnover   Turnover   Employee Fortas (2014)   Turnover   T										
	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   SUMMARY COMPENSATION, ENCOUNTERS, LOURS, AND FTES BY PRACTITIONER TYPE   Total   Compensation Range   Turnover   Total   Compensation Range   Turnover   Total   Compensation Range   Turnover   Employee   FTES (2	1.30	2,708	2,295		_			187,482	4	Total Dental
Compensation Range   Turnover   Total   Compensation Range   Turnover   Employee Hours and Industry Compensation Range   Turnover   Employee Hours and Industry Range   Total Hours   Employee Hours and Industry Range   Employee Formation	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, HOURS, HOURS, HOURS BY PRACTITIONER TYPE   Total tours and tour	0.00									
Compensation Range   Turnover   Employee Hours and I	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Total Ours, AND FTES BY PRACTITIONER TYPE   Total Compensation Range   Turnover   Total Turnover   Total Compensation Range   Turnover   Employee Hours and Imployee, FTES (2)   Total Hours   Total Compensation   High   Low   Hires   Departures   Encounters   Total Hours   High   Low   Hires   Departures   Encounters   Total Hours   High   High   High   High   Hires   Departures   Encounters   Total Hours   High    0.69	1,432	494	_	_	. 0		59,901	3		
SUMMARY COMPENSATION, ENCOUNTERS, OURS, AND FTES BY PRACTITIONER TYPE         Number of Lourn Total Practitioners         Compensation Range Low Hires         Turnover Low Hires         Employee FTEs (2 Encounters Total Hours Install Employee FTEs (2 Encounters)         Ins 2 Encounters FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Ins 2 Encounters FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Ins 2 Encounters FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Ins 2 Encounters FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Employee FTEs (2 Encounters)         Employee FTEs (2 En	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Compensation Range   Turnover   Total   Employee Hours and I   Compensation Range   Turnover   Total   Employee   FTES (2)   Employee   FTES (3)   Employee   FTES (3)   Employee   FTES (4)    0.61	1,276	1,801	0	0	0		127,581	_		
Number of   Total	SUMMARY COMPENSATION, ENCOUNTERS,   Number of total   Number of										
Compensation   High   Low   Hires   Compensation   High   Hires   Compensation   High   Hires   H	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE   Employee Hours and Iturnover   Iturnover   Employee Hours and Iturnover   Iturnover   Employee Hours and Iturnover   It	1.02	2,112	750,1		0	Color of the state	2000年の大学	130,491	7	i Otal Ficalli Cale
Compensation Range   Compensation Phics   Compensation Range   Compens	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER TYPE   Employee   Total   Total   Employee   Total   Total   Employee   Total   Tota	100	0 110	1 050	•	0			136 /01	s	Total Health Care
Compensation Range   Compensation   Compensation   Compensation   Fires (2   Compensation   Fires (3   Compensation   Fires (4   S00,000   150,000   100,000   2   1   10,000   8,320   Mires   Practitioners   Fires (3   Compensation   Fires (3   Compensation   Fires (4   Compensation   Fire	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER TYPE   Employee Hours and I   Employee   FTE's (2   I   I   I   I   I   I   I   I   I	0.00									
SUMMARY COMPENSATION, ENCOUNTERS, IOURS, AND FTES BY PRACTITIONER TYPE         Number of Practitioners         Total Compensation High Iow Practitioners         Compensation High Iow Practitioners         Low Interest Inter	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER TYPE         Employee Hours and I Total           LOURS, AND FTE'S BY PRACTITIONER TYPE         Number of LOURS, AND FTE'S BY PRACTITIONER TYPE         Compensation Range         Turnover         Employee Hours and I Turnover         FTES (2           HOURS, AND FTE'S BY PRACTITIONER TYPE         Practitioners         Compensation High Low Practition Range         Hires         Departures         Employee FTES (2         FTES (2         Employee FTES (2         FTES (2         TOTAL HOURS (2         1 10,000         3,320         TOTAL HOURS (2         1 10,000<	0.00									
JUMMARY COMPENSATION, ENCOUNTERS, IOURS, AND FTES BY PRACTITIONER TYPE         Number of IOURS, AND FTES BY PRACTITIONER TYPE         Total Practitioners         Compensation High Iow IO0,000         Low Incompensation Incompensatio	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE         Employee Hours and I Turnover         Employee FTES (2 Total I TOT	0.00									5. OTHER HEALTH PROFESSIONALS
SUMMARY COMPENSATION, ENCOUNTERS, IOURS, AND FTES BY PRACTITIONER TYPE         Number of IOURS, AND FTES BY PRACTITIONER TYPE         Total Practitioners         Compensation High Low Prices         Low Prices         Hires Iounters         Departures Incounters         Employee FTES (2 Total Hours In Total Prices Incounters In Total Hours In Total Hour	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE    SUMMARY COMPENSATION, ENCOUNTERS, Hours of total Hours of total High Low Hires Departures Encounters Total Hours hrs = 1	0.00									
Number of High Low Hires Departures Departures Departures Total Health Care Practitioners Prysician Physician Assistant Physician Physic	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE    SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE	1.02	2,112	1,052	_	0	0		136,491	2	3. NURSE (APRN, MIDWIFE, RN)
SUMMARY COMPENSATION, ENCOUNTERS, Incompensation Range   Turnover   Employee Hours and I   IOURS, AND FTES BY PRACTITIONER TYPE   Practitioners   Compensation   High   Low   Hires   Departures   Encounters   Total Hours   hrs = 1   INCOMPSION   HEALTH CARE PRACTITIONERS   High   Hires    SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE    Compensation Range   Turnover   Employee Hours and I	0.00										
Number of HEALTH CARE PRACTITIONERS  Number of House Practitioners (August 1997)  Number of Total (August 1997)  Number of Total (August 1997)  Number of Total (August 1997)  Total (August 1997)  Compensation (August 1997)  Compensation (August 1997)  Compensation (August 1997)  Total (August 1997)  Compensation Range (August 1997)  Total (Aug	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE  SUMMARY COMPENSATION, ENCOUNTERS, Number of HOURS, AND FTES BY PRACTITIONER TYPE  Number of HOURS, AND FTES BY PRACTITIONER TYPE  Number of Hours, AND FTES BY PRACTITIONER TYPE  Number of Total Hours, AND FTES BY PRACTITIONER TYPE  Number of Total Low Hires Departures Encounters  HEALTH CARE PRACTITIONERS  Number of Total Low Hires Departures Encounters  HEALTH CARE PRACTITIONERS	0.00									
Number of Total Compensation Range Turnover  Practitioners Compensation High Low Hires Departures Encounters 4 500,000 150,000 100,000 2 1 10,000	Number of Practitioners Compensation High Low Hires Departures Encounters 100,000 150,000 100,000 2 1 10,000										
Number of Total Compensation Range Turnover  Practitioners Compensation High Low Hires Departures Encounters	MPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE    Number of	4.00	7855F	10,000	1	2	100,000	150,000		4	
Compensation Range Turnover	MPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE  Compensation Range Turnover	FTEs (2,080 hrs = 1 FTE)	Employee Total Hours	Encounters	Departures	Hires	Low	High	277227	Number of Practitioners	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE
	BY PRA	urs and FTEs	Employee Hou		ırnover	Tu	tion Range	Compensa			

Reporting Period:

From

7/1/2018

To

6/30/2019

FQHC Name:

Family Centers Inc.

Form C (Cost Adjustment & Allocation)

Page 13

	COST ADJUSTMENT AND ALLOCATION	F 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	1,096,801
В.	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
н.	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.	Direct Costs	
	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.	Direct Costs as a % of Total	1,000,001
	1. Health Care Services (K1/K4)	28.37%
	2. Dental Services (K2/K4)	27.01%
	3. Mental Health Services (K3/K4)	44.62%
М.	Allocated Allowable Overhead Cost	
	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)	
	Total Allowable Title AIA Overhead Cost (WT thru W3)	631,407

DSS-16 10-24-2016

Reporting Period:	From	7/1/2018		То	6/30/2019
FQHC Name:	Family Centers Inc.		v		

Form D (Allowable Cost per Encounter)

		ALLOWABLE COST PER ENCOUNTER	
ı.	Hea	th Care Cost (Excluding Dental and Mental Health)	
	A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	311,110
	В.	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
II.	Den	al	
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	296,259
	В.	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
III.	Men	tal Health	
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	489,432
	В.	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

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FQHC Name:	Reporting F
e: Family Centers Inc.	Period:
C.	
	From
	7/1/2018
	T <sub>0</sub>
	6/30/2019

Form E (Revenues)

一日の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本	D. Total Revenue (A6+B11+C7)	7. Total (1 thru 7)	6. Other - Specify	5. Other - Specify	4. Other - Specify	3. Other - Specify	2. Other - Specify	1. Other - Specify	C. revenue generated by non-approved FQHC sites)	Mary III	11.   Lotal (1 thru 10)	10. Other - Specify	9. Other - Specify	8. Other - Specify		Other - Specify		4. Donations	2. Grants	Contributions	B. Other Revenue	6. Total (1 thru 5)		4. Patient Cash/Self Pay	3. Medicare	2. Private		A. Operating Revenue M	Ex	REVENUES	
101,000	701 880	0									689,914				12,250		3,600		674,064			101,975	16,550	20,551	4,971	4,001	55,902	Mental Health &	Services Excluding Dental,	_	-
711,220	417 990	0									253,600						3,600		250,000			163,620		72,792	9	13,478	77,350	Dental		_	•
307,072	CVU VED	0									222,917						2,900		214,017	6,000		711,125		3,136	92,329	130,774	484,886	Mental Health		=	
+00,072	166 870	0									466,872				46,475	420,397						0						Other		V	
2,010,022	2 610 022	0	0	0	0	0	0	0			1,633,303	0	0	0	58,725	420,397	10,100	0 0	1,138,081	6,000		976,720	16,550	96,479	97.300	148,252	618,138	(Col. I thru IV)	Total	<	

FQHC Name: Reporting Period: Family Centers Inc. From 7/1/2018 5 6/30/2019

Form F (Grants and Contributions)

	149,214		5. Total (1 thru 4)	
			Other - Specify	
			Other - Specify	
			Other - Specify	
			Other - Specify	
	99,214	CHCACT various	4. Other - Specify	
	50,000		3. Mental Health	
			2. Dental	
		Services (Excluding Dental, Mental Health and Other)	1. Services (Excl	
•		ing PHS)	Grants (Excluding PHS)	В.
	507,472		5. Total (1 thru 4)	
	46,475	Donated office space	Other - Specify	
	12,250	Donated vaccines	Other - Specify	
	420,397	ī	Other - Specify	
	10,100	Sales of Service allocation of Agency wide Annual Appeal.	Other - Specify	
	6,000	Contributions	4. Other - Specify	
			3. Mental Health	
			2. Dental	
		1. Services (Excluding Dental, Mental Health and Other)	1. Services (Excl	
	ACTUAL		Contributions	Ą
VTS)	CHEALTH SERVICES GRAN	GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)	GRAN'	

Reporting	Period:

From

7/1/2018

To

6/30/2019

FQHC Name:

Family Centers Inc.

Form G (Cost Disallowance and Offset)

<u> </u>	Cos	COST DISALLOWANCE AND OI t Disallowance	FSET	
	1.	Entertainment		
	2.	Fines and penalties		
			40.055	
	3.	Bad debt	16,255	
	4.	Cost of actions to collect receivables		
	5.	Advertising, except for recruitment of personnel		
	6. 7.	Contingent reserves 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
	_	t Offset (Expense Recovery)	1	
-	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
		Total Cost Disallowance and Offset (A16+B7)	]	

Family Centers Inc.

### For the Fiscal Year Ended June 30, 2019

# **Crosswalk from Trial Balance to Medicaid Cost Report**

	24				24		0	24	. CLIENT ASSISTANCE
	5,156				5,156	2,221	1,264	1,671	TRAVEL & AUTO EXPENSES
	42				42	0	13	29	CLIENT ACTIVITY
	1,499				1,499	499	455	545	PROF'L. DEV Prof'l. Pubs
	2,500				2,500		2,500	0	PROF'L. DEV Tuition Reimb.
	5,412				5,412	2,639	1,221	1,552	PROF'L. DEV Travel/Meals
	4,058				4,058	2,670	622	766	PROF'L. DEV.
	2,487				2,487	596	932	959	SUPPLIES : Outreach
T/B omits Rx COGS, In Kind	61,397		12,250	8,507	40,640	163	30,299	10,178	SUPPLIES: Dental & Medical
	5,313				5,313	1,575	1,016	2,722	SUPPLIES : Computer
	1,633				1,633	442	502	689	SUPPLIES : Printing
	4,940				4,940	219	2,249	2,472	SUPPLIES : Building
	3,439				3,439	128	1,661	1,650	SUPPLIES : Office
	152,266				152,266	82,233	26,204	43,829	CONTRACTED CLIENT SVS
	115,040				115,040	45,212	29,191	40,637	PAYROLL TAXES
	193,844				193,844	78,168	48,283	67,393	EMPLOYEE BENEFITS
	1,439,825				1,439,825	537,016	377,961	524,848	SALARIES
									EXPENSES
	2,610,023	406,743	58,725	13,654	2,130,901	934,042	417,220	779,639	Total REVENUES
T/B omits In Kind	58,725		58,725		0				MISC INCOME
all costs covered by Other	412,743	406,743			6,000	6,000			CONTRIBUTIONS
	10,100				10,100	2,900	3,600	3,600	SALES OF SERVICES
	1,138,081				1,138,081	214,017	250,000	674,064	GRANTS - GOVERNMENT
T/B reports net revenue	30,204			13,654	16,550			16,550	SERVICE FEES - PHARMACY
	960,170				960,170	711,125	163,620	85,425	REVENUES SERVICE FEES
	lotal	Haising	Donation			Health	Dental	Wedical	
comment	Adjusted	Other Fund	In Kind	Pharmacy	Total	FCHC Mental	FCHC	FOHC	

Family Centers Inc.

For the Fiscal Year Ended June 30, 2019

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	0	406,743	0	0	(94,579) (406,743)	(94,579)	(90,126) (222,039)	(90,126)	EXCESS OF REVENUES OVER EXPENSES
	2,610,023	0	58,725	13,654	2,537,644	1,028,621	639,259	869,765	TOTAL EXPENSES
	304,768				304,768	168,906	54,135	81,727	G & A DISTRIBUTION
	2,305,255	0	58,725	13,654	2,232,876	859,715	585,124	788,038	Total EXPENSES
	16,255				16,255	10,286	3,557	2,412	BAD DEBTS
	17,185				17,185	1,278	1,174	14,734	MISC - LIC, FEES, RECRUIT
	25,239				25,239	10,129	6,500	8,610	INSURANCE
	19,409				19,409	5,109	4,845	9,455	MEMBERSHIP DUES
	29,699				29,699	12,960	763	15,976	SOFTWARE FEES
	17,867				17,867	1,667	14,533	1,667	PROF'L. FEES - ADMIN - Other
T/B omits Pharmacy management	27,647			5,147	22,500	12,167	5,167	5,166	PROF'L. FEES - ADMIN.
	7,700				7,700	2,041	2,230	3,429	PUBLIC AWARENESS
	13,491				13,491	6,099	3,245	4,147	EQUIPMENT MAINT & RENTAL
T/B omits In Kind	95,146		46,475		48,671	32,816	7,480	8,375	OCCUPANCY
	104				104	26	39	39	POSTAGE/DELIVERY SERVICE
	3,566				3,566	1,461	496	1,609	CELL PHONE
	33,072				33,072	9,895	10,722	12,455	TELECOMMUNICATIONS
comment	Adjusted Total	Other Fund Raising	In Kind V Donation	Pharmacy	Total	FCHC Mental Health	FCHC Dental	FCHC Medical	

#### 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
Expenses Per Audited Financial Statements	\$	16,352,986
Revenue		
Revenues Per Form E Line D, Column V	\$	2,610,022
Add: Non-FQHC Service Revenue	\$	13,429,538
Revenue per Audited Financial Statements	\$	16,039,560
Income (Loss) from Operations	<u>\$</u>	(313,426)
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
Net (Income) Loss Medicaid Report	\$	(0)
CCN #071924 06/02/2018 - 06/30/2019 (medical and dental services) CCN #071928 07/01/2018 - 06/30/2019 (mental health services)	\$ \$	(1) 23,769
Net (Income) Loss Medicare report	\$	23,768

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.