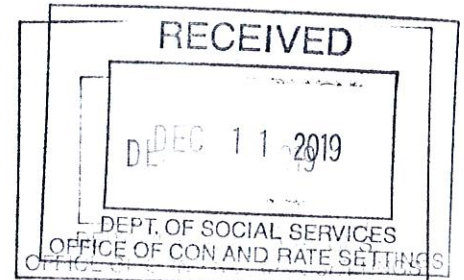




December 10, 2019

Christopher LaVigne
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105



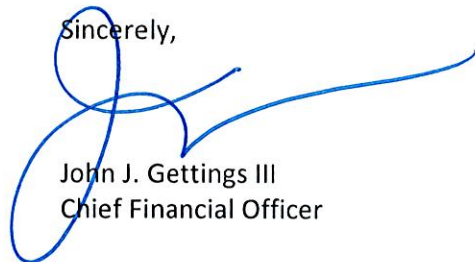
Dear Mr. Lavigne,

Enclosed please find the cost report filing due December 31, 2019 for the fiscal year ended June 30, 2019. As noted in our discussions at the CHCACT CFO meetings previously, the report that you are using for the submission does not, in our opinion, accurately reflect the "reasonable" cost of providing Medicaid covered services - the standard for setting and adjusting the Medicaid PPS rate. Accordingly, we do not agree or acquiesce to the concept that these reports will result in an accurate measure of the reasonable cost of providing Medicaid covered services by our member FQHCs.

As such, our submission should not be construed as and does not represent an agreement to the concept that the State's cost report accurately measures the reasonable cost of providing Medicaid covered services by an FQHC in Connecticut.

We look forward to working with you and your office in the future, please do not hesitate to call if you have any questions.

Sincerely,

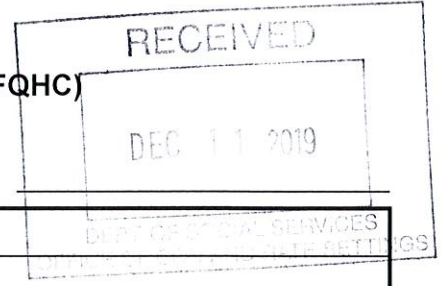


John J. Gettings III
Chief Financial Officer



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	Norwalk Community Health Center, Inc.
Street Address	120 Connecticut Avenue
City, State, ZIP	Norwalk, Connecticut, 06854
Telephone Number	203.899.1770
Contact Person	John J. Gettings III
Title	CFO

2. FQHC Medicaid Provider Number: Medical 004236172 Dental 008066587 Mental Health 008066726 Other (Specify) _____ _____	3. Reporting Period: From <u>7/1/2018</u> To <u>6/30/2019</u>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

Norwalk Community Health Center, Inc. (501c(3))

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

 Norwalk Community Health Center, Inc. 004236172
 (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
	John J. Gettings III
Title	Date
Chief Financial Officer	12/10/19

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:	Norwalk Community Health Center, 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.
Norwalk Community Health Center	120 Connecticut Avenue, Norwalk, CT 06854 (Including Mobile Unit)	Yes	004236172

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: Norwalk Community Health Center, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
Form A-1 (Direct Health Care Cost)							
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)
A. DIRECT HEALTH CARE COST							
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	485,548	1,274,366	1,759,914	112,993	1,872,907		1,872,907
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	1,002,110		1,002,110	233,204	1,235,314		1,235,314
d. Other - Specify LPNs, Medical Assistants, Case Mgmt	944,088		944,088	219,701	1,163,789		1,163,789
e. Subtotal Direct Health Care Cost	2,431,746	1,274,366	3,706,111	565,898	4,272,010	0	4,272,010
2. Other Direct Health Care Cost							
a. Medical Supplies		653,209	653,209		653,209	(425,081)	228,128
b. Transportation		22,337	22,337		22,337		22,337
c. Depreciation - Medical Equipment		18,994	18,994		18,994		18,994
d. Professional Liability Insurance		17,356	17,356		17,356		17,356
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify							
Provider Credentialing		40	40		40		40
Provider Licensing		9,714	9,714		9,714		9,714
GE/Visuals Provider Licensing		189,748	189,748		189,748		189,748
Provider/Clinical CME Training		5,970	5,970		5,970		5,970
Interpreting Services		154,909	154,909		154,909		154,909
Payroll Services		8,481	8,481		8,481		8,481
Office Supplies							
Minor Office							
Subscriptions		786	786		786		786
Printing		2,220	2,220		2,220		2,220
Minor Clinical							
Medical Equip. Repairs & Maintenance		9,232	9,232		9,232		9,232
Answering Service		15,851	15,851		15,851		15,851
Telephone		12,658	12,658		12,658		12,658
Recruitment		31,186	31,186		31,186		31,186
Bad Debt Expense		182,738	182,738		182,738	(182,738)	0
Mobile Medical Unit Insurance		5,707	5,707		5,707		5,707
i. Subtotal Other Direct Health Care Cost	0	1,341,336	1,341,336	0	1,341,336	(607,818)	733,517
3. TOTAL DIRECT HEALTH CARE COST (1a & 2i)	2,431,746	2,615,702	5,047,447	565,898	5,613,346	(607,818)	5,005,527

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: Norwalk Community Health Center, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER						
B. DIRECT DENTAL CARE COST						
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)
1. Staff Cost						
a. Dentist	153,373	0	153,373	35,692		189,064
b. Dental Hygienist	75,055		75,055	17,466		92,521
c. Other - Specify			39,440	9,178		48,618
Dental Assistant						0
						0
						0
						0
						0
						0
						0
d. Subtotal Direct Dental Care Cost	267,867	0	267,867	62,336	0	330,204
2 Other Direct Dental Care Cost						
a. Dental Supplies		34,499		34,499		34,499
b. Transportation						0
c. Depreciation - Dental Equipment		26,160		26,160		26,160
d. Professional Liability Insurance						0
e. Other - Specify						0
Payroll Services		934		934		934
Dental Equip. Repair & Maintenance		1,068		1,068		1,068
Telephone		713		713		713
Dentrix/Software Provider Licensing		9,621		9,621		9,621
Office Supplies		0		0		0
Minor Office		0		0		0
Minor Dental Equipment		868		868		868
Printing		595		595		595
Provider/Clinical CME Training		770		770		770
Provider Licensing		720		720		720
f. Subtotal Other Direct Dental Care Cost	75,948	0	75,948	0	0	75,948
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)						
	267,867	75,948	343,816	62,336	0	406,152

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: Norwalk Community Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
C. DIRECT MENTAL HEALTH CARE COST							
	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)
1. Staff Cost							
a. Psychologist	130,160		130,160	30,290	160,450	0	160,450
b. Social Worker	21,231		21,231	4,941	26,172	0	26,172
c. Other - Specify	97,204		97,204	22,621	119,825	0	119,825
Psychiatrist							
APRN - Psych							
d. Subtotal Direct Mental Health Care Cost	248,596	0	248,596	57,851	306,447	0	306,447
2. Other Direct Mental Health Care Cost							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Provider CME Training		769	769		769		769
Payroll Services		867	867		867		867
Telephone		488	488		488		488
Recruitment Fees		12,699	12,699		12,699		12,699
Provider Licensing		971	971		971		971
GE/Visualutions Provider Licensing		5,485	5,485		5,485		5,485
Maintenance		255	255		255		255
f. Subtotal Other Direct Mental Health Care Cost	0	21,533	21,533	0	21,533	0	21,533
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	248,596	21,533	270,129	57,851	327,980	0	327,980
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	2,948,209	2,713,183	5,661,392	686,086	6,347,478	(607,818)	5,739,659

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: Norwalk Community Health Center, Inc.

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

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
1. Service							
a. Clinical Diagnostic Lab	0		0		0		0
b. Radiology	0		0		0		0
c. Prescription Drugs/Pharmacy	0		0		0		0
d. Battered Women	0		0		0		0
e. Homeless	0		0		0		0
f. WIC	0		0		0		0
g. Non-FQHC Sites	0		0		0		0
h. Other - Specify	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		0
	0		0		0		0
	0		0		0		0
	0		0		0		0
i. Total Non-Allowable Direct Other Service Cost	2,948,209	2,713,183	5,661,392	686,086	6,347,478	(607,818)	5,739,659
F. TOTAL DIRECT COST (D+E(i))							

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: Norwalk Community Health Center, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
Form A-5 (Overhead Cost)							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent		820,374	820,374		820,374	(164,935)	655,439
b. Insurance		54,369	54,369		54,369		54,369
c. Interest on Mortgage or Loans		28,004	28,004		28,004		28,004
d. Utilities		109,425	109,425		109,425		109,425
e. Depreciation - Building		187,753	187,753		187,753		187,753
f. Depreciation - Equipment							
g. Housekeeping & Maintenance	115,362	103,927	219,290	26,846	246,136		246,136
h. Other (Specify)							
Payroll Services		402	402		402		402
Real Estate Taxes		113,284	113,284		113,284		113,284
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	115,362	1,417,539	1,532,901	26,846	1,559,747	(164,935)	1,394,813
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	1,851,233		1,851,233	430,806	2,282,039		2,282,039
b. Depreciation - Office Equipment		30,924	30,924		30,924		30,924
c. Office Supplies		45,979	45,979		45,979		45,979
d. Legal		28,758	28,758		28,758		28,758
e. Accounting		30,364	30,364		30,364		30,364
f. Insurance							
g. Telephone		14,059	14,059		14,059		14,059
h. Fringe Benefits & Taxes		1,143,738	1,143,738	(1,143,738)	0		0
i. Interest - Capital Loans							
j. Other (Specify)							
Marketing		3,016	3,016		3,016	(3,016)	0
Development		16,467	16,467		16,467	(16,467)	0
MIS		50,592	50,592		50,592		50,592
IT/EMR Consultants		108,947	108,947		108,947		108,947
Training/Conference/Meeting		6,555	6,555		6,555		6,555
Grant Contracted Services		10,000	10,000		10,000		10,000
Payroll Services		6,456	6,456		6,456		6,456
Postage		11,938	11,938		11,938		11,938
Printing		6,097	6,097		6,097		6,097
Professional Dues		15,149	15,149		15,149		15,149
Travel		1,925	1,925		1,925		1,925
Bank Fees		22,567	22,567		22,567		22,567
Temporary Services		23,057	23,057		23,057		23,057
Americorps Member		15,500	15,500		15,500		15,500
Miscellaneous		43,086	43,086		43,086		43,086
Recruitment		18,395	18,395		18,395		18,395
K. Subtotal Overhead - Administrative Cost	1,851,233	1,653,578	3,504,811	(712,532)	2,791,879	(19,483)	2,772,395
L. TOTAL OVERHEAD COST (G+H+K)	1,966,595	3,071,117	5,037,712	(686,686)	4,351,026	(184,418)	4,166,208
J. GRAND TOTAL COSTS² (F+I)							
	4,914,804	5,784,300	10,699,104	-	10,699,104	(792,237)	9,906,867

¹ 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: Norwalk Community 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>					
A.					
1. Please See Form B4	General Practitioner	125,000	1,500	1,040	0.50
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
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:	Norwalk Community 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 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. Please See Form B4					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.					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.					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: Norwalk Community 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>	125,000	1,500	1,040	0.50
A.				
1. Dentist				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	0	0.00
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	0	0.00
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	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:	Norwalk Community 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 (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>			
A. PSYCHOLOGIST			
1. Please See Form B4	125,000	1,500	1,040 0.50
2.			0.00
3.			0.00
4.			0.00
5.			0.00
Total Psychologist Encounters, Staff Hours and FTEs			
	0	0	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: Norwalk Community 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 Total Hours	Employee Hours and FTEs FTEs (2,080 hrs = 1 FTE)
			High	Low	Hires	Departures		
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	8,320	4.00
1. PHYSICIAN	5	485,548	220,000	160,000	2	1	4,180	2.01
2. PHYSICIAN ASSISTANT								0.00
3. NURSE (APRN, MIDWIFE, RN)	13	1,002,110	115,000	70,000	1	0	22,609	10.87
4. PHYSICIAN SERVICES UNDER CONTRACT	12	1,274,366	343,200	187,500	1	4	10,174	4.89
5. OTHER HEALTH PROFESSIONALS								0.00
6. OTHER ALLIED HEALTH PROFESSIONALS								0.00
7. OTHER HEALTH CARE PRACTITIONERS								0.00
Total Health Care	30	2,762,023			4	5	36,962	17.77
B. DENTAL PRACTITIONERS								
1. DENTIST	1	153,373	154,500	154,500			2,080	1.00
2. DENTAL HYGIENIST	2	75,055	77,000	75,000	1		1,993	0.96
3. OTHER DENTAL PRACTITIONERS								0.00
Total Dental	3	228,427			1	0	4,073	1.96
C. MENTAL HEALTH PRACTITIONERS								
1. PSYCHIATRIST	1	21,231	220,000	220,000	0	0	230	0.11
2. PSYCHOLOGIST								0.00
3. LICENSED CLINICAL SOCIAL WORKER	2	130,160	69,000	63,000	0	0	3,464	1.67
4. PSYCHIATRIC APRN	1	97,204	135,000	120,000	0	1	1,502	0.72
5. OTHER MENTAL HEALTH PRACTITIONERS								0.00
Total Mental Health	4	248,596			0	1	5,196	2.50

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:	Norwalk Community 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)	5,739,659
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	5,739,659
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	4,167,208
F.	Overhead Cost Applicable to Title XIX Services (DxE)	4,167,208
G.	Total Title XIX Services Cost (A+F)	9,906,867
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	2,972,060
I.	Cost Adjustment (Lower of H-F or Zero)	(1,195,148)
J.	Allowable Title XIX Overhead Cost (F+I)	2,972,060
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,005,527
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	406,152
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	327,980
	4. Total Direct Costs (K1 thru K3)	5,739,659
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	87.21%
	2. Dental Services (K2/K4)	7.08%
	3. Mental Health Services (K3/K4)	5.71%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,591,934
	2. Dental Services (JxL2)	210,422
	3. Mental Health Services (JxL3)	169,705
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	2,972,061

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FQHC Name:	Norwalk Community 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)	5,005,527
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,591,934
C. Total Allowable Health Care Cost (A+B)	7,597,461
D. Encounters (P12 - Form B-4, Health Care Total)	40,530
E. Allowable Health Care Cost Per Encounter (C/D)	187.45
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	406,152
B. Allowable Overhead Cost (P13 - Form C, Line M2)	210,422
C. Total Allowable Dental Cost (A+B)	616,574
D. Encounters (P12 - Form B-4, Dental Total)	2,373
E. Allowable Dental Cost Per Encounter (C/D)	259.83
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	327,980
B. Allowable Overhead Cost (P13 - Form C, Line M3)	169,705
C. Total Allowable Mental Health Cost (A+B)	497,685
D. Encounters (P12 - Form B-4, Mental Health Total)	1,623
E. Allowable Mental Health Cost Per Encounter (C/D)	306.65

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Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Norwalk Community Health Center, Inc.

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	3,625,175				3,625,175
2.	Private	392,246				392,246
3.	Medicare	480,851				480,851
4.	Patient Cash/Self Pay	762,864				762,864
5.	Other - Specify					0
6.	Total (1 thru 5)	5,261,136	0	0	0	5,261,136
B.	Other Revenue					
1.	Contributions	68,452				68,452
2.	Grants	4,367,211				4,367,211
3.	Interest	5,509				5,509
4.	Donations					0
5.	Other - Specify	100,000				100,000
6.	Other - Specify	428,281				428,281
7.	Other - Specify	72,080				72,080
8.	Other - Specify	76,500				76,500
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	5,118,033	0	0	0	5,118,033
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify					0
2.	Other - Specify					0
3.	Other - Specify					0
4.	Other - Specify					0
5.	Other - Specify					0
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	10,379,169	0	0	0	10,379,169

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Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	Norwalk Community 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>)	68,452
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	68,452

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,639,222
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,639,222

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Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	Norwalk Community Health Center, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	Cost Disallowance		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	182,738	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	19,483	
6.	Contingent reserves		
7.	Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
8.	Fundraising		
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care		
14.	Interest		
15.	Straight Line Lease Accounting Method	92,855	
16.	Total (1 thru 15)		295,076
B.	Cost Offset (<i>Expense Recovery</i>)		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	72,080	
3.	In-Kind Medical Supplies	425,081	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		497,161
C.	Total Cost Disallowance and Offset (A16+B7)		792,237