

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	United Community and Family Services, Inc.		
Street Address	34 East Town Street		
City, State, ZIP	Norwich, CT, 06360		
Telephone Number	(860) 822-4153		
Contact Person	William Rush		
Title	CFO		

2. FQHC Medicaid Provider Number:	3. Reporting Period:												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Medical</td> <td style="width: 20%; border-bottom: 1px solid black;">004235934</td> </tr> <tr> <td>Dental</td> <td style="border-bottom: 1px solid black;">004236106</td> </tr> <tr> <td>Mental Health</td> <td style="border-bottom: 1px solid black;">004235942</td> </tr> <tr> <td>Other (Specify)</td> <td style="border-bottom: 1px solid black;">004264066</td> </tr> <tr> <td> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Medical	004235934	Dental	004236106	Mental Health	004235942	Other (Specify)	004264066					From <u>7/1/2018</u> To <u>6/30/2019</u>
Medical	004235934												
Dental	004236106												
Mental Health	004235942												
Other (Specify)	004264066												

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

United Community and Family Services, Inc. 004235934

(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
	William Rush
Title	Date
CFO	11/27/19

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:	United Community and Family Services, 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.
United Community and Family Services, Inc.	47 Town Street, Norwich, CT 06360	Yes	071872
United Community and Family Services, Inc.	212 Upton Road, Colchester, CT 06514	Yes	071875
United Community and Family Services, Inc.	351 North Frontage Road, Suite 24, New London, CT 06320	Yes	071874
United Community and Family Services, Inc.	70 Main Street, Jewett City, CT 06351; Moved to 224 Main Street, Griswold, CT Summer 2018	Yes	071873
United Community and Family Services, Inc.	120-122 Plainfield Road, Moosup, CT 06354	Yes	071894

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: United Community and Family Services, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER		I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST		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	682,310	177,972	860,282		860,282		860,282
b.	Dental Hygienist	310,024	80,866	390,890		390,890		390,890
c.	Other - Specify							
	Directors, Assistants, Coordinators	586,375	152,948	739,323		739,323		739,323
d.	Subtotal Direct Dental Care Cost	1,578,709	411,786	1,990,495	0	1,990,495	0	1,990,495
2. Other Direct Dental Care Cost								
a.	Dental Supplies		161,350	161,350		161,350		161,350
b.	Transportation		5,116	5,116		5,116		5,116
c.	Depreciation - Dental Equipment		139,603	139,603		139,603		139,603
d.	Professional Liability Insurance		0	0		0		0
e.	Other - Specify							
	Program Supplies		63,083	63,083		63,083		63,083
	Contract Services		6,599	6,599		6,599		6,599
			0	0		0		0
			0	0		0		0
			0	0		0		0
			0	0		0		0
f.	Subtotal Other Direct Dental Care Cost	0	375,751	375,751	0	375,751	0	375,751
3. TOTAL DIRECT DENTAL CARE COST (1d & 2f)		1,578,709	787,537	2,366,246	0	2,366,246	0	2,366,246

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: United Community and Family Services, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	DIRECT MENTAL HEALTH CARE COST						
	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
1. Staff Cost							
a. Psychologist	725,508	189,239	914,747		914,747		914,747
b. Social Worker	513,943	134,055	647,998		647,998		647,998
c. Other - Specify							
Psych APRN	492,127	128,365	620,492		620,492		620,492
Directors, Assistants, Nurses, Clinicians	5,041,096	1,314,905	6,356,001		6,356,001		6,356,001
d. Subtotal Direct Mental Health Care Cost	6,772,674	1,766,564	8,539,238	0	8,539,238	0	8,539,238
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		26,530	26,530		26,530		26,530
b. Transportation		11,169	11,169		11,169		11,169
c. Depreciation - Mental Health Equipment		0	0		0		0
d. Professional Liability Insurance		488	488		488		488
e. Other - Specify							
Program Supplies		14,610	14,610		14,610		14,610
Contract Services		42,718	42,718		42,718		42,718
f. Subtotal Other Direct Mental Health Care Cost	0	95,515	95,515	0	95,515	0	95,515
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	6,772,674	1,862,079	8,634,753	0	8,634,753	0	8,634,753
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	12,474,384	4,509,717	16,984,101		16,984,101		16,984,101

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: <u>United Community and Family Services, Inc.</u>	

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	Reclass- ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
	E	NON-ALLOWABLE DIRECT OTHER SERVICE COST					
1. Service							
a. Clinical Diagnostic Lab	0				0		0
b. Radiology	0				0		0
c. Prescription Drugs/Pharmacy	0				0		0
d. Battered Women	0				0		0
e. Homeless	0				0		0
f. WIC	0				0		0
g. Non-FQHC Sites	0				0		0
h. Other - Specify	0				0		0
Medicaid Outreach Program	318,769	434,683	753,452		753,452		753,452
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
I. Total Non-Allowable Direct Other Service Cost	318,769	434,683	753,452		753,452	0	753,452
F. TOTAL DIRECT COST (D+E+I)	12,793,153	4,944,400	17,737,553		17,737,553	-	17,737,553

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: United Community and Family Services, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
Form A-5 (Overhead Cost)							
COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col. 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col. 5 & 6)
G. OVERHEAD - FACILITY COST							
a. Rent		261,038	261,038		261,038		261,038
b. Insurance		0	0		0		0
c. Interest on Mortgage or Loans		109,825	109,825		109,825		109,825
d. Utilities		236,232	236,232		236,232		236,232
e. Depreciation - Building		0	0		0		0
f. Depreciation - Equipment		747,619	747,619		747,619		747,619
g. Housekeeping & Maintenance		400,044	400,044		400,044		400,044
h. Other (Specify)		33,175	33,175		33,175		33,175
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
i. Subtotal Overhead - Facility Cost	0	1,787,931	1,787,931	0	1,787,931	0	1,787,931
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,079,461		4,079,461		4,079,461		4,079,461
b. Depreciation - Office Equipment		218,468	218,468		218,468		218,468
c. Office Supplies		75,048	75,048		75,048		75,048
d. Legal		65,850	65,850		65,850		65,850
e. Accounting		331,793	331,793		331,793		331,793
f. Insurance		208,541	208,541		208,541		208,541
g. Telephone		102,230	102,230		102,230		102,230
h. Advertising-Help Wanted		44,562	44,562		44,562		44,562
i. Interest - Capital Loans		156,680	156,680		156,680		156,680
j. Other (Specify)		(1,088,163)	(1,088,163)		(1,088,163)		(1,088,163)
		120,039	120,039		120,039		120,039
		579,495	579,495		579,495		579,495
		83,272	83,272		83,272		83,272
		2,580	2,580		2,580		2,580
		1,064,076	1,064,076		1,064,076		1,064,076
		37,670	37,670		37,670		37,670
		0	0		0		0
		(350)	(350)		(350)		(350)
k. Subtotal Overhead - Administrative Cost	4,079,461	2,001,262	6,080,723	0	6,080,723	0	6,080,723
l. TOTAL OVERHEAD COST (G+H+K)	4,079,461	3,789,193	7,868,654	0	7,868,654	0	7,868,654
GRAND TOTAL COSTS (F+I)	16,672,614	8,734,132	25,406,746	25,406,746	25,406,746	25,406,746	25,406,746

* 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: United Community and Family Services, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>10,400</i>	<i>0.50</i>
A. PHYSICIAN					
1. Please see attached	See attached	1,134,359	15,276	10,964	5.27
2.					0.00
3.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		1,134,359	15,276	10,964	5.27
B. PHYSICIAN ASSISTANT					
1.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Physician 1	PHYSICIAN	142,808	1,438		0.69	2,722
Physician 2	PHYSICIAN	64,089	645		0.31	979
Physician 3	DIRECTOR OF ADULT ME	202,871	2,016		0.97	4,088
Physician 4	PHYSICIAN	20,063	310		0.15	198
Physician 5	PHYSICIAN	13,641	177		0.09	195
Physician 6	CHIEF MEDICAL OFFICE	286,760	2,236		1.08	1,491
Physician 7	PEDIATRICIAN	191,555	2,098		1.01	2,360
Physician 8	PEDIATRICIAN	212,571	2,044		0.98	3,243
		1,134,359	10,964	2,080	5.27	15,276

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

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: United Community and Family Services, 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)	
Provide itemized, de-identified list (e.g., Physician 1)	I	II	III	IV	V	
C. NURSE (APRN, MIDWIFE)						
1. Please see attached.	See attached	1,859,267	31,774	45,407	21.83	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Nurse Practitioner				31,774	45,407	21.83
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Please see attached	See attached	39,694	128	205	0.10	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Services Under Contract				128	205	0.10
E. OTHER HEALTH CARE PRACTITIONER						
1.					0.00	
2.					0.00	
3.					0.00	
Total Other Health Care Practitioner				0	0	0.00

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
APRN 1	APRN	21,692	425		0.20	442
APRN 2	APRN	13,970	274		0.13	273
APRN 3	APRN	122,464	2,104		1.01	3,110
APRN 4	APRN	7,301	218		0.10	25
APRN 5	APRN	106,311	2,214		1.06	1,616
APRN 6	APRN	145,690	2,521		1.21	3,539
APRN 7	APRN	93,887	2,060		0.99	2,858
APRN 8	APRN	92,656	2,081		1.00	3,546
APRN 9	APRN	94,922	2,085		1.00	3,454
APRN 10	APRN	42,407	825		0.40	557
APRN 11	APRN	53,083	1,120		0.54	1,378
APRN 12	APRN	102,701	2,080		1.00	3,354
APRN 13	APRN	90,524	2,055		0.99	2,958
APRN 14	APRN	100,502	2,126		1.02	2,898
		1,088,110	22,188	2080	10.67	30,008

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
RN 1	REGISTERED NURSE	1,152	-	-	-	5
RN 2	NURSE MANAGER	100,223	2,044	2,044	0.98	-
RN 3	RN NURSE EDUCATOR	81,268	2,168	2,168	1.04	257
RN 4	REGISTERED NURSE	4,027	126	126	0.06	3
RN 5	REGISTERED NURSE	40,395	1,166	1,166	0.56	168
RN 6	LEAD REGISTERED NURS	18,944	560	560	0.27	28
RN 7	REGISTERED NURSE	23,725	654	654	0.31	37
RN 8	REGISTERED NURSE	54,349	1,373	1,373	0.66	246
RN 9	REGISTERED NURSE	51,417	1,330	1,330	0.64	100
RN 10	REGISTERED NURSE	64,871	1,613	1,613	0.78	232
		<u>440,371</u>	<u>11,034</u>	<u>2080</u>	<u>5.30</u>	<u>1,076</u>
LPN 1	LPN	59,184	2,073	2,073	1.00	266
LPN 2	LPN	20,045	802	802	0.39	-
LPN 3	LEAD NURSE	56,651	2,107	2,107	1.01	157
LPN 4	LPN	46,925	1,913	1,913	0.92	84
LPN 5	LPN	50,007	1,700	1,700	0.82	41
LPN 6	LPN	13,582	587	587	0.28	-
LPN 7	LPN	20,507	885	885	0.43	51
LPN 8	LPN	6,924	181	181	0.09	2
LPN 9	LEAD NURSE	56,962	1,937	1,937	0.93	89
		<u>330,786</u>	<u>12,185</u>	<u>2080</u>	<u>5.86</u>	<u>690</u>

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Contracted Physician 1	Physician	7,939	41		0.02	32
Contracted Physician 2	Physician	7,939	41		0.02	19
Contracted Physician 3	Physician	7,939	41		0.02	11
Contracted Physician 4	Physician	7,939	41		0.02	38
Contracted Physician 5	Physician	7,939	41		0.02	28
		39,694	205	2080	0.10	128

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: United Community and Family Services, 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 and Identified list (e.g., Dentist, Hygienist)</i>					
A. DENTIST					
1. See attached	665,342	12,492	9,842	4.73	
2.				0.00	
3.				0.00	
4.				0.00	
5.				0.00	
6.				0.00	
Total Dentist Encounters, Staff Hours and FTEs	665,342	12,492	9,842	4.73	
B. DENTAL HYGIENIST					
1. See attached	373,798	8,600	9,907	4.76	
2.				0.00	
3.				0.00	
4.				0.00	
5.				0.00	
Total Dental Hygienist Encounters, Hours and FTEs	373,798	8,600	9,907	4.76	
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	

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Dentist 1	DENTIST	15,926	280		0.13	275
Dentist 2	DENTIST	81,436	1,181		0.57	1,307
Dentist 3	DENTIST	122,461	2,024		0.97	2,769
Dentist 4	DENTAL DIRECTOR	169,450	1,793		0.86	2,578
Dentist 5	DENTIST	120,433	2,080		1.00	2,525
Dentist 6	DENTIST	26,933	406		0.20	479
Dentist 7	DENTIST	128,703	2,078		1.00	2,559
		665,342	9,842	2080	4.73	12,492
Dental Hygienist 1	DENTAL HYGIENIST	88,291	2,101		1.01	1,987
Dental Hygienist 2	DENTAL HYGIENIST	63,399	1,645		0.79	1,329
Dental Hygienist 3	DENTAL HYGIENIST	73,761	1,776		0.85	1,769
Dental Hygienist 4	DENTAL HYGIENIST	28,458	802		0.39	840
Dental Hygienist 5	DENTAL HYGIENIST	57,273	1,721		0.83	1,385
Dental Hygienist 6	DENTAL HYGIENE COORD	82,616	1,862		0.90	1,290
		393,798	9,907	2080	4.76	8,600

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Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: United Community and Family Services, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
1. Provide itemized identified list (e.g., Psychologist)	II Compensation		III Encounters		IV Total Employee Hours and FTEs	
	Compensation	Encounters	Total Hours	Employee Total Hours	FTEs (2080 hrs = 1 FTE)	FTEs
A. PSYCHOLOGIST						
1. Please see attached.	1,289,092	14,006	16,034	16,034	7.71	7.71
2.					0.00	0.00
3.					0.00	0.00
4.					0.00	0.00
5.					0.00	0.00
Total Psychologist Encounters, Staff Hours and FTEs		1,289,092	14,006	16,034	7.71	7.71
B. SOCIAL WORKER						
1.					0.00	0.00
2.					0.00	0.00
3.					0.00	0.00
4.					0.00	0.00
5.					0.00	0.00
Total Social Worker Encounters, Hours and FTEs		0	0	0	0.00	0.00
C. OTHER MENTAL HEALTH PRACTITIONER						
1. Please see attached.	4,911,110	74,086	182,138	182,138	87.57	87.57
2.					0.00	0.00
3.					0.00	0.00
4.					0.00	0.00
5.					0.00	0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		4,911,110	74,086	182,138	87.57	87.57

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Psych 1	PSYCHIATRIST	181,749	1,218		0.59	1,543
Psych 2	PSYCHIATRIC APRN	108,849	2,080		1.00	2,199
Psych 3	PSYCHIATRIC APRN	126,097	2,088		1.00	2,334
Psych 4	PSYCHIATRIST	244,234	2,096		1.01	1,137
Psych 5	PSYCHIATRIST	68,483	430		0.21	454
Psych 6	PSYCHIATRIC APRN	297	4		0.00	9
Psych 7	PSYCHIATRIC APRN	130,987	2,056		0.99	2,264
Psych 8	PSYCHIATRIC APRN	110,103	2,080		1.00	2,216
Psych 9	PSYCHIATRIC MEDICAL	263,083	1,907		0.92	1,850
		1,233,883	13,959	2080	6.71	14,006
Psych 10	BHS PSYCHIATRIC NURS	55,209	2,075		1.00	
		55,209	2,075	2080	1.00	

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Clinician 1	CLINICIAN II	48,996	1,892		0.91	954
Clinician 2	CLINICIAN II	50,603	2,076		1.00	930
Clinician 3	CLINICIAN II	50,885	2,112		1.02	928
Clinician 4	CLINICIAN II	50,878	2,098		1.01	1,105
Clinician 5	CLINICIAN II	48,440	1,810		0.87	962
Clinician 6	CLINICIAN II	5,338	152		0.07	10
Clinician 7	OUTPATIENT BHS SUPER	51,728	1,565		0.75	189
Clinician 8	CLINICIAN I	56,518	2,370		1.14	86
Clinician 9	CLINICIAN I	17,130	858		0.41	315
Clinician 10	CLINICIAN II	52,807	2,088		1.00	1,066
Clinician 11	SENIOR CLINICIAN	37,743	1,395		0.67	604
Clinician 12	CLINICIAN I	45,105	2,090		1.00	1,134
Clinician 13	CLINICIAN I	53,062	1,827		0.88	
Clinician 14	BHS PRACTICE MANAGER	90,388	1,978		0.95	1
Clinician 15	CLINICIAN II	51,365	2,088		1.00	
Clinician 16	CLINICIAN II	54,061	2,082		1.00	1,133
Clinician 17	SENIOR CLINICIAN	58,559	2,080		1.00	551
Clinician 18	CLINICIAN I	7,315	392		0.19	
Clinician 19	CLINICIAN II	28,222	1,132		0.54	533
Clinician 20	CLINICIAN I	44,217	2,050		0.99	953
Clinician 21	CLINICIAN II	55,297	2,096		1.01	857
Clinician 22	SENIOR CLINICIAN	35,665	1,362		0.65	389
Clinician 23	CLINICIAN II	55,858	2,016		0.97	941
Clinician 24	OUTPATIENT BHS SUPER	64,849	2,093		1.01	345
Clinician 25	SBHC PRACTICE MANAGE	59,642	1,634		0.79	18
Clinician 26	CLINICIAN I	11,614	601		0.29	259
Clinician 27	CLINICIAN I	47,097	2,088		1.00	848
Clinician 28	CLINICIAN II	6,384	167		0.08	152
Clinician 29	CLINICIAN II	51,797	2,082		1.00	1,294
Clinician 30	CLINICIAN I	46,613	2,097		1.01	1,008
Clinician 31	CLINICIAN II	17,109	727		0.35	241
Clinician 32	OUTPATIENT BHS SUPER	64,168	2,096		1.01	535
Clinician 33	CLINICIAN I	47,740	2,056		0.99	1,160
Clinician 34	CLINICIAN I	4,327	232		0.11	146
Clinician 35	CLINICIAN II	30,505	1,233		0.59	912
Clinician 36	SUPERVISING CLINICIA	65,273	2,088		1.00	404
Clinician 37	Clinician colchester	3,115	144		0.07	33
Clinician 38	CLINICIAN II	49,897	2,090		1.00	1,153
Clinician 39	CLINICIAN I	51,662	2,104		1.01	1,153

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Clinician 1	CLINICIAN II	48,996	1,892		0.91	954
Clinician 2	CLINICIAN II	50,603	2,076		1.00	930
Clinician 3	CLINICIAN II	50,885	2,112		1.02	928
Clinician 4	CLINICIAN II	50,878	2,098		1.01	1,105
Clinician 5	CLINICIAN II	48,440	1,810		0.87	962
Clinician 6	CLINICIAN II	5,338	152		0.07	10
Clinician 7	OUTPATIENT BHS SUPER	51,728	1,565		0.75	189
Clinician 8	CLINICIAN I	56,518	2,370		1.14	86
Clinician 9	CLINICIAN I	17,130	858		0.41	315
Clinician 10	CLINICIAN II	52,807	2,088		1.00	1,066
Clinician 11	SENIOR CLINICIAN	37,743	1,395		0.67	604
Clinician 12	CLINICIAN I	45,105	2,090		1.00	1,134
Clinician 13	CLINICIAN I	53,062	1,827		0.88	
Clinician 14	BHS PRACTICE MANAGER	90,388	1,978		0.95	1
Clinician 15	CLINICIAN II	51,365	2,088		1.00	
Clinician 16	CLINICIAN II	54,061	2,082		1.00	1,133
Clinician 17	SENIOR CLINICIAN	58,559	2,080		1.00	551
Clinician 18	CLINICIAN I	7,315	392		0.19	
Clinician 19	CLINICIAN II	28,222	1,132		0.54	533
Clinician 20	CLINICIAN I	44,217	2,050		0.99	953
Clinician 21	CLINICIAN II	55,297	2,096		1.01	857
Clinician 22	SENIOR CLINICIAN	35,665	1,362		0.65	389
Clinician 23	CLINICIAN II	55,858	2,016		0.97	941
Clinician 24	OUTPATIENT BHS SUPER	64,849	2,093		1.01	345
Clinician 25	SBHC PRACTICE MANAGER	59,642	1,634		0.79	18
Clinician 26	CLINICIAN I	11,614	601		0.29	259
Clinician 27	CLINICIAN I	47,097	2,088		1.00	848
Clinician 28	CLINICIAN II	6,384	167		0.08	152
Clinician 29	CLINICIAN II	51,797	2,082		1.00	1,294
Clinician 30	CLINICIAN I	46,613	2,097		1.01	1,008
Clinician 31	CLINICIAN II	17,109	727		0.35	241
Clinician 32	OUTPATIENT BHS SUPER	64,168	2,096		1.01	535
Clinician 33	CLINICIAN I	47,740	2,056		0.99	1,160
Clinician 34	CLINICIAN I	4,327	232		0.11	146
Clinician 35	CLINICIAN II	30,505	1,233		0.59	912
Clinician 36	SUPERVISING CLINICIA	65,273	2,088		1.00	404
Clinician 37	Clinician colchester	3,115	144		0.07	33
Clinician 38	CLINICIAN II	49,897	2,090		1.00	1,153
Clinician 39	CLINICIAN I	51,662	2,104		1.01	1,153

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Clinician 40	CLINICIAN I	30,093	1,407		0.68	565
Clinician 41	Clinician griswold	2,596	120		0.06	163
Clinician 42	BHS PRACTICE MANAGER	49,889	1,223		0.59	
Clinician 43	CLINICIAN I	25,300	1,168		0.56	400
Clinician 44	CLINICIAN II	55,146	1,633		0.79	762
Clinician 45	CLINICIAN II	21,000	1,016		0.49	
Clinician 46	CLINICIAN II	54,869	2,024		0.97	680
Clinician 47	CLINICIAN II	44,713	1,716		0.82	800
Clinician 48	SENIOR CLINICIAN	47,575	1,667		0.80	674
Clinician 49	CLINICIAN I	9,827	432		0.21	138
Clinician 50	CLINICIAN I	37,212	1,584		0.76	637
Clinician 51	OUTPATIENT BHS SUPER	43,585	1,255		0.60	205
Clinician 52	CLINICIAN II	51,938	2,079		1.00	1,086
Clinician 53	CLINICIAN II	2,689	67		0.03	41
Clinician 54	CLINICIAN I	46,945	2,072		1.00	
Clinician 55	CLINICIAN I	10,961	569		0.27	184
Clinician 56	CLINICIAN II	53,266	2,096		1.01	
Clinician 57	CLINICIAN II	53,210	2,113		1.02	1,044
Clinician 58	CLINICIAN I	4,519	312		0.15	285
Clinician 59	CLINICIAN I	45,047	2,088		1.00	1,204
Clinician 60	CLINICIAN I	48,212	2,091		1.01	1,241
Clinician 61	CLINICIAN I	46,882	1,400		0.67	773
Clinician 62	CLINICIAN I	7,426	241		0.12	218
Clinician 63	CLINICIAN I	50,747	2,080		1.00	77
Clinician 64	CLINICIAN I	17,692	625		0.30	284
Clinician 65	CLINICIAN II	34,098	1,273		0.61	1,267
Clinician 66	CLINICIAN II	51,202	2,090		1.00	1,075
Clinician 67	CLINICIAN II	51,193	2,105		1.01	1,133
Clinician 68	LEAD CLINICIAN	58,289	2,083		1.00	819
Clinician 69	CLINICIAN I	29,423	898		0.43	357
Clinician 70	CLINICIAN II	25,108	1,092		0.53	573
Clinician 71	CLINICIAN I	47,372	2,063		0.99	1,102
Clinician 72	BHS PRACTICE MANAGER	83,192	1,814		0.87	372
Clinician 73	CLINICIAN I	51,618	2,082		1.00	1,141
Clinician 74	OUTPATIENT BHS SUPER	36,650	1,114		0.54	89
Clinician 75	BHS SUPERVISOR AUTIS	3,339	172		0.08	166
Clinician 76	CLINICIAN II	63,089	2,077		1.00	1,124
Clinician 77	CLINICIAN I	47,506	2,095		1.01	1,094
Clinician 78	CLINICIAN II	56,732	2,083		1.00	1,042

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Clinician 40	CLINICIAN I	30,093	1,407		0.68	565
Clinician 41	Clinician griswold	2,596	120		0.06	163
Clinician 42	BHS PRACTICE MANAGER	49,889	1,223		0.59	
Clinician 43	CLINICIAN I	25,300	1,168		0.56	400
Clinician 44	CLINICIAN II	55,146	1,633		0.79	762
Clinician 45	CLINICIAN II	21,000	1,016		0.49	
Clinician 46	CLINICIAN II	54,869	2,024		0.97	680
Clinician 47	CLINICIAN II	44,713	1,716		0.82	800
Clinician 48	SENIOR CLINICIAN	47,575	1,667		0.80	674
Clinician 49	CLINICIAN I	9,827	432		0.21	138
Clinician 50	CLINICIAN I	37,212	1,584		0.76	637
Clinician 51	OUTPATIENT BHS SUPER	43,585	1,255		0.60	205
Clinician 52	CLINICIAN II	51,938	2,079		1.00	1,086
Clinician 53	CLINICIAN II	2,689	67		0.03	41
Clinician 54	CLINICIAN I	46,945	2,072		1.00	
Clinician 55	CLINICIAN I	10,961	569		0.27	184
Clinician 56	CLINICIAN II	53,266	2,096		1.01	
Clinician 57	CLINICIAN II	53,210	2,113		1.02	1,044
Clinician 58	CLINICIAN I	4,519	312		0.15	285
Clinician 59	CLINICIAN I	45,047	2,088		1.00	1,204
Clinician 60	CLINICIAN I	48,212	2,091		1.01	1,241
Clinician 61	CLINICIAN I	46,882	1,400		0.67	773
Clinician 62	CLINICIAN I	7,426	241		0.12	218
Clinician 63	CLINICIAN I	50,747	2,080		1.00	77
Clinician 64	CLINICIAN I	17,692	625		0.30	284
Clinician 65	CLINICIAN II	34,098	1,273		0.61	1,267
Clinician 66	CLINICIAN II	51,202	2,090		1.00	1,075
Clinician 67	CLINICIAN II	51,193	2,105		1.01	1,133
Clinician 68	LEAD CLINICIAN	58,289	2,083		1.00	819
Clinician 69	CLINICIAN I	29,423	898		0.43	357
Clinician 70	CLINICIAN II	25,108	1,092		0.53	573
Clinician 71	CLINICIAN I	47,372	2,063		0.99	1,102
Clinician 72	BHS PRACTICE MANAGER	83,192	1,814		0.87	372
Clinician 73	CLINICIAN I	51,618	2,082		1.00	1,141
Clinician 74	OUTPATIENT BHS SUPER	36,650	1,114		0.54	89
Clinician 75	BHS SUPERVISOR AUTIS	3,339	172		0.08	166
Clinician 76	CLINICIAN II	63,089	2,077		1.00	1,124
Clinician 77	CLINICIAN I	47,506	2,095		1.01	1,094
Clinician 78	CLINICIAN II	56,732	2,083		1.00	1,042

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Clinician 79	CLINICIAN II	51,615	2,085		1.00	1,039
Clinician 80	BHS PRACTICE MANAGER	11,818	312		0.15	
Clinician 81	CLINICIAN II	2,222	69		0.03	45
Clinician 82	CLINICIAN I	16,808	632		0.30	327
Clinician 83	SENIOR CLINICIAN	64,595	2,052		0.99	1,241
Clinician 84	CLINICIAN II	47,519	1,726		0.83	812
Clinician 85	SENIOR CLINICIAN	59,068	2,069		0.99	949
Clinician 86	CLINICIAN I	439	16		0.01	3
Clinician 87	OUTPATIENT BHS SUPER	77,747	2,072		1.00	338
Clinician 88	CLINICIAN II	18,461	733		0.35	1,531
Clinician 89	CLINICIAN II	55,413	2,090		1.00	1,232
Clinician 90	CLINICIAN I	27,329	1,152		0.55	316
Clinician 91	CLINICIAN II	57,688	2,077		1.00	1,116
Clinician 92	CLINICIAN I	36,262	1,616		0.78	804
Clinician 93	CLINICIAN II	19,108	570		0.27	467
Clinician 94	CLINICIAN I	16,432	700		0.34	271
Clinician 95	CLINICIAN II	40,401	1,662		0.80	994
Clinician 96	CLINICIAN I	19,462	919		0.44	401
Clinician 97	CLINICIAN II	63,841	1,864		0.90	1,027
Clinician 98	CLINICIAN II	43,967	1,587		0.76	794
Clinician 99	CLINICIAN I	45,104	2,098		1.01	1,139
Clinician 100	CLINICIAN II	43,499	1,694		0.81	775
Clinician 101	OUTPATIENT BHS SUPER	68,939	2,091		1.01	371
Clinician 102	LEAD CLINICIAN	15,555	617		0.30	121
Clinician 103	CLINICIAN II	58,627	2,142		1.03	1,063
Clinician 104	BETTOR CHOICE SUPERV	65,518	1,827		0.88	403
Clinician 105	CLINICIAN II	39,244	1,660		0.80	637
Clinician 106	CLINICIAN II	61,302	2,083		1.00	1,071
Clinician 107	CLINICIAN II	51,761	2,088		1.00	163
Clinician 108	OUTPATIENT BHS SUPER	26,090	819		0.39	123
Clinician 109	OUTPATIENT BHS SUPER	64,707	2,089		1.00	369
Clinician 110	CLINICIAN II	23,373	863		0.41	332
Clinician 111	CLINICIAN II	55,280	2,069		0.99	1,149
Clinician 112	CLINICIAN II	75,500	2,788		1.34	391
Clinician 113	Clinician Norwich	3,462	160		0.08	186
Clinician 114	CLINICIAN II	59,083	2,080		1.00	1,773
Clinician 115	CLINICIAN I	41,885	1,920		0.92	929
Clinician 116	OUTPATIENT BHS SUPER	64,049	2,113		1.02	328
Clinician 117	AUTISM & EVAL CLINIC	47,733	2,098		1.01	759

<u>Department</u>	<u>Specialty</u>	<u>Total Salary</u>	<u>Total Hours</u>	<u>Yearly Hrs</u>	<u>FTE</u>	<u>Visits</u>
Clinician 118	AUTISM & EVAL CLINIC	46,740	1,973		0.95	950
Clinician 119	SUPERVISOR OF AUTISM	51,341	1,607		0.77	230
Clinician 120	Clinician					246
Clinician 121	Clinician					108
Clinician 122	Clinician					93
Clinician 123	Clinician					37
Clinician 124	Clinician					195
Clinician 125	Clinician					4
Clinician 126	Clinician					1
Clinician 127	Clinician					5
Clinician 128	Clinician					157
Clinician 129	Clinician					3
Clinician 130	Clinician					151
		4,911,410	182,138	2080	87.57	74,086

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: United Community and Family Services, 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	Compensation Range				Turnover		Employee Hours and FTEs		Employee Hours and FTEs		IX
	I	II	III	IV	V	VI	VII	VIII	IX	X	
A. HEALTH CARE PRACTITIONERS											
1. PHYSICIAN	4	500,000	759,000	760,000	2	10,600	8,320	4,900			
2. PHYSICIAN ASSISTANT	8	1,134,359	266,753	134,415	0	15,276	10,964	5,27			
3. NURSE (APRN, MIDWIFE, RN)	33	1,659,267	121,067	48,091	13	31,774	45,407	21,83			
4. PHYSICIAN SERVICES UNDER CONTRACT	5	39,694	402,745	402,745	0	128	205	0.10			
5. OTHER HEALTH PROFESSIONALS								0.00			
6. OTHER ALLIED HEALTH PROFESSIONALS								0.00			
7. OTHER HEALTH CARE PRACTITIONERS								0.00			
Total Health Care	46	3,033,320			13	47,178	56,576	27,20			
B. DENTAL PRACTITIONERS											
1. DENTIST	7	665,342	196,628	118,310	1	12,492	9,842	4,73			
2. DENTAL HYGIENIST	6	373,798	82,288	69,201	0	8,600	9,907	4,76			
3. OTHER DENTAL PRACTITIONERS								0.00			
Total Dental	13	1,039,140			1	21,092	19,749	9,49			
C. MENTAL HEALTH PRACTITIONERS											
1. PSYCHIATRIST	10	1,289,092	331,266	109,849	0	14,006	16,034	7,71			
2. PSYCHOLOGIST								0.00			
3. LICENSED CLINICAL SOCIAL WORKER								0.00			
4. PSYCHIATRIC APRN								0.00			
5. OTHER MENTAL HEALTH PRACTITIONERS	130	4,911,110	95,392	30,128	17	74,086	182,138	87,57			
Total Mental Health	140	6,200,202			17	88,092	198,172	95,28			

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:	United Community and Family Services, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	16,984,101
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	753,452
C.	Total Direct Costs (A+B)	17,737,553
D.	Portion of Title XIX Services (A/C)	95.75%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	7,869,193
F.	Overhead Cost Applicable to Title XIX Services (DxE)	7,534,752
G.	Total Title XIX Services Cost (A+F)	24,518,853
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	7,355,656
I.	Cost Adjustment (Lower of H-F or Zero)	(179,096)
J.	Allowable Title XIX Overhead Cost (F+I)	7,355,656
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,983,102
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,366,246
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	8,634,753
	4. Total Direct Costs (K1 thru K3)	16,984,101
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	35.23%
	2. Dental Services (K2/K4)	13.93%
	3. Mental Health Services (K3/K4)	50.84%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,591,398
	2. Dental Services (JxL2)	1,024,643
	3. Mental Health Services (JxL3)	3,739,616
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	7,355,657

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:	United Community and Family Services, 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)	5,983,102
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,591,398
C. Total Allowable Health Care Cost (A+B)	8,574,500
D. Encounters (P12 - Form B-4, Health Care Total)	47,178
E. Allowable Health Care Cost Per Encounter (C/D)	181.75
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,366,246
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,024,643
C. Total Allowable Dental Cost (A+B)	3,390,889
D. Encounters (P12 - Form B-4, Dental Total)	21,092
E. Allowable Dental Cost Per Encounter (C/D)	160.77
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	8,634,753
B. Allowable Overhead Cost (P13 - Form C, Line M3)	3,739,616
C. Total Allowable Mental Health Cost (A+B)	12,374,369
D. Encounters (P12 - Form B-4, Mental Health Total)	88,092
E. Allowable Mental Health Cost Per Encounter (C/D)	140.47

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: United Community and Family Services, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Mental Health	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	(4,071,105)	(1,936,824)	(8,770,802)	0	(14,778,731)
2.	Private	0	0	0	0	0
3.	Medicare	(1,074,200)	0	(1,301,523)	0	(2,375,723)
4.	Patient Cash/Self Pay	(229,267)	(125,452)	(41,410)	0	(396,129)
5.	Other - Specify Commercial Insurance	(1,008,429)	(541,893)	(1,996,167)	482,376	(3,064,113)
6.	Total (1 thru 5)	(6,383,001)	(2,604,169)	(12,109,902)	482,376	(20,614,696)
B.	Other Revenue					
1.	Contributions	(80,838)	(250)	(250)	(112,565)	(193,903)
2.	Grants	(1,114,638)	(149,327)	(956,287)	(957,382)	(3,177,634)
3.	Interest	0	0	0	(260,126)	(260,126)
4.	Donations	0	0	0	0	0
5.	Other - Specify Foundation Revenue	(38,802)	(2,230)	(30,189)	(24,669)	(95,890)
6.	Other - Specify Contracts	(402,103)	0	(99,591)	(32,406)	(534,100)
7.	Other - Specify United Way	(112,517)	(167,348)	(32,568)	(4,088)	(316,521)
8.	Other - Specify	0	0	0	0	0
9.	Other - Specify	0	0	0	0	0
10.	Other - Specify	0	0	0	0	0
11.	Total (1 thru 10)	(1,748,898)	(319,155)	(1,118,885)	(1,391,236)	(4,578,174)
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify Gain/Loss	(33,245)	7,622	174,358	2,644,477	2,793,212
2.	Other - Specify Special Events	0	0	0	(8,274)	(8,274)
3.	Other - Specify Recovered Bad Debts	(2,573)	(4,368)	(1,779)	0	(8,720)
4.	Other - Specify Bonding Revenue	0	0	0	(3,408,260)	(3,408,260)
5.	Other - Specify Other Income	(14,848)	(3,268)	(130,475)	(605,295)	(753,887)
6.	Other - Specify Prior Period Revenue	(64,819)	(9,006)	(77,750)	(9,894)	(161,469)
7.	Total (1 thru 7)	(115,485)	(9,020)	(35,646)	(1,387,246)	(1,547,397)
D.	Total Revenue (A6+B11+C7)	(8,247,384)	(2,932,344)	(13,264,433)	(2,296,106)	(26,740,267)

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:	United Community and Family Services, 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>)	(80,838)
	2. Dental	(250)
	3. Mental Health	(250)
	4. Other - Specify <u>Unrestricted & Fundraising Contributions</u>	(112,565)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(193,903)

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	(1,114,638)
	2. Dental	(149,327)
	3. Mental Health	(956,287)
	4. Other - Specify <u>Various Other Program Grants</u>	(957,382)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(3,177,634)

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

Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	United Community and Family Services, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	32,383
	3. Bad debt	
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	105,505
	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	30,964
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	130,568
	15. Pass through expenses	75,410
	16. Total (1 thru 15)	374,830
B.	Cost Offset (Expense Recovery)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	
	3. In-Kind Medical Supplies	395,091
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	395,091
C.	Total Cost Disallowance and Offset (A16+B7)	769,921