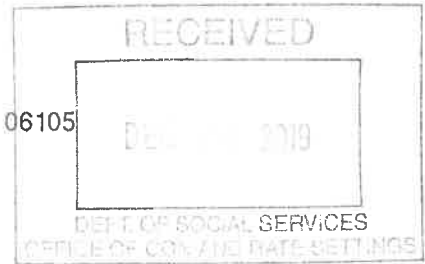


**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
 55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105



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

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

1. FQHC Name	Fair Haven Community Health Clinic, Inc.
Street Address	374 Grand Avenue
City, State, ZIP	New Haven, CT 06513
Telephone Number	203-752-5127
Contact Person	Patricia Moro
Title	Chief Financial Officer

*Myers and Stauffer LLC*  
**DEC 31 2019**  
*Received*

2. FQHC Medicaid Provider Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Medical</td> <td style="border-bottom: 1px solid black;">004235736</td> </tr> <tr> <td>Dental</td> <td style="border-bottom: 1px solid black;">008050183</td> </tr> <tr> <td>Mental Health</td> <td style="border-bottom: 1px solid black;">008050025</td> </tr> <tr> <td>Other (Hospital)</td> <td style="border-bottom: 1px solid black;">008054526</td> </tr> </table>	Medical	004235736	Dental	008050183	Mental Health	008050025	Other (Hospital)	008054526	3. Reporting Period: From <u>7/1/2018</u> To <u>6/30/2019</u>
Medical	004235736								
Dental	008050183								
Mental Health	008050025								
Other (Hospital)	008054526								

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

Fair Haven Community Health Clinic, Inc. 004235736

(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
	Suzanne Lagarde, MD
Title	Date
Chief Executive Officer	12.19.19

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:	Fair Haven Community Health Clinic, 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 removed.

Provider Name	Location	FQHC Certified Yes/No	Clinic/Provider No.
Fair Haven Community Health Clinic, Inc.	374 Grand Avenue, New Haven, CT 06513	Yes	
Fair Haven Middle School	164 Grand Avenue, New Haven, CT 06513	Yes	
Wilbur Cross High School	181 Mitchell Drive, New Haven, CT 06511	Yes	
J. Martinez School	100 James Street, New Haven, CT 06513	Yes	
Bella Vista Clinic	339 Eastern Street, New Haven, CT 06513	Yes	
Clinton Avenue School	293 Clinton Avenue, New Haven, CT 06513	Yes	
Multicultural Ambulatory Addictions Services	426 East Street, New Haven, CT 06511	Yes	
East Haven Health & Wellness	626 Main Street, East Haven, CT 06512	Yes	
"Smiles 2 Go" Dental Van	374 Grand Avenue, New Haven, CT 06513	Yes	
Fair Haven Community Health Center @ East Haven	370 Hemmingway Avenue, East Haven, CT 06512	Yes	
Fair Haven Community Health Center @ 50 Grand	50 Grand Avenue, New Haven, CT 06513	Yes	
BH Cares	14 Sycamore Way, Branford, CT 06405	Yes	
East Haven High School	35 Wheelbarrow Lane, East Haven, CT 06513	Yes	
Joseph Milillo Middle School	67 Hudson Street, East Haven, CT 06512	Yes	

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.	N/A

ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel		Other Costs		Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV					
<b>A. DIRECT HEALTH CARE COST</b>									
<i>(Excluding Dental, Mental Health &amp; Other)</i>									
<b>1. Staff Cost</b>									
a. Physician	1,982,144	507,454	2,489,598		2,489,598		2,489,598	(105,000)	2,384,598
b. Physician Assistant	28,694	5,626	34,520		34,520		34,520		34,520
c. Nurse (APRN, Midwife, RN)	1,749,575	355,233	2,104,808		2,104,808		2,104,808		2,104,808
d. Other - Specify			0		0		0		0
Patient support services	230,640	46,829	277,469		277,469		277,469		277,469
Clinical Assistants	766,654	155,661	922,315		922,315		922,315		922,315
Nutritionist	158,412	32,164	190,576		190,576		190,576		190,576
Lab staff	74,230	142,368	216,598		216,598		216,598		216,598
Nurse - non-billable	1,572,427	319,265	1,891,692		1,891,692	(127,296)	1,891,692		1,891,692
Enabling	294,010	59,696	353,706		353,706		353,706		353,706
Educator	7,774	1,579	9,353		9,353		9,353		9,353
		0	0		0		0		0
		0	0		0		0		0
		0	0		0		0		0
		0	0		0		0		0
<b>e. Subtotal Direct Health Care Cost</b>	<b>6,864,560</b>	<b>1,626,075</b>	<b>8,490,635</b>	<b>0</b>	<b>8,490,635</b>	<b>(232,296)</b>	<b>8,490,635</b>	<b>(232,296)</b>	<b>8,258,339</b>
<b>2. Other Direct Health Care Cost</b>									
a. Medical Supplies		1,008,966	1,008,966		1,008,966		1,008,966	(770,317)	238,649
b. Transportation		57,244	57,244		57,244		57,244		57,244
c. Depreciation - Medical Equipment		367,701	367,701		367,701		367,701		367,701
d. Professional Liability Insurance		0	0		0		0		0
e. Laboratory		0	0		0		0		0
f. Radiology		0	0		0		0		0
g. Physician-Administered Drugs		0	0		0		0		0
h. Other - Specify		633,633	633,633		633,633		633,633		633,633
Occupancy and Office		932,549	932,549		932,549		932,549		932,549
Prescription Drug Benefit Program		163,510	163,510		163,510		163,510		163,510
Other expenses		0	0		0		0		0
		0	0		0		0		0
<b>f. Subtotal Other Direct Health Care Cost</b>	<b>0</b>	<b>3,163,603</b>	<b>3,163,603</b>	<b>0</b>	<b>3,163,603</b>	<b>(770,317)</b>	<b>3,163,603</b>	<b>(770,317)</b>	<b>2,393,286</b>
<b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2f)</b>	<b>6,864,560</b>	<b>4,789,678</b>	<b>11,654,238</b>	<b>0</b>	<b>11,654,238</b>	<b>(1,002,613)</b>	<b>11,654,238</b>	<b>(1,002,613)</b>	<b>10,651,625</b>

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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-2 (Direct Dental Care 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
<b>B. DIRECT DENTAL CARE COST</b>							
<b>1. Staff Cost</b>							
a. Dentist	336,376	68,419	405,395		405,395		405,395
b. Dental Hygienist	201,304	40,873	242,177		242,177		242,177
c. Other - Specify							
Dental Support Staff	73,362	14,895	88,257		88,257		88,257
Dental Assistant	99,042	20,110	119,152		119,152		119,152
Patient Support Svcs ...	36,216	7,353	43,569		-43,569		-43,569
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
<b>d. Subtotal Direct Dental Care Cost</b>	<b>746,900</b>	<b>151,650</b>	<b>898,550</b>	<b>0</b>	<b>898,550</b>	<b>0</b>	<b>898,550</b>
<b>2. Other Direct Dental Care Cost</b>							
a. Dental Supplies		78,704	78,704		78,704		78,704
b. Transportation		6,228	6,228		6,228		6,228
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Occupancy and Office		68,943	68,943		68,943		68,943
Other Expenses			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
<b>f. Subtotal Other Direct Dental Care Cost</b>	<b>0</b>	<b>153,875</b>	<b>153,875</b>	<b>0</b>	<b>153,875</b>	<b>0</b>	<b>153,875</b>
<b>3. TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>	<b>746,900</b>	<b>305,525</b>	<b>1,052,425</b>	<b>0</b>	<b>1,052,425</b>	<b>0</b>	<b>1,052,425</b>

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

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER							
C. DIRECT MENTAL HEALTH CARE COST							
	I	II	III	IV	V	VI	
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	
	I	II	III	IV	V	VI	
						VII	
						Net Expenses (Col 5 & 6)	
<b>1. Staff Cost</b>							
a. Psychologist	127,885	25,966	153,851		153,851		153,851
b. Social Worker	498,434	101,202	599,636		599,636		599,636
c. Other - Specify							
Enabling	49,988	10,149	60,137		60,137		60,137
Educator	0	0	0		0		0
Patient Support Services	117,278	23,812	141,090		141,090		141,090
d. Subtotal Direct Mental Health Care Cost	793,585	161,129	954,714	0	954,714	0	954,714
<b>2. Other Direct Mental Health Care Cost</b>							
a. Medical Supplies			0		0		0
b. Transportation		6,618	6,618		6,618		6,618
c. Depreciation - Mental Health Equipment		42,508	42,508		42,508		42,508
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Occupancy and Office		73,252	73,252		73,252		73,252
Consulting			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	122,378	122,378	0	122,378	0	122,378
<b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	793,585	283,507	1,077,092	0	1,077,092	0	1,077,092
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	8,405,045	5,378,710	13,783,755	-	13,783,755	(1,002,613)	12,781,142



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: Fair Haven Community Health Clinic, Inc.

Form A-5 (Overhead Cost)

COST CENTER		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
OVERHEAD - FACILITY COST		I	II	III	IV	V	VI	VII
<b>G.</b>								
a.	Rent		108,558	108,558		108,558		108,558
b.	Insurance		34,567	34,567		34,567		34,567
c.	Interest on Mortgage or Loans		27,784	27,784		27,784		27,784
d.	Utilities		40,764	40,764		40,764		40,764
e.	Depreciation - Building		182,025	182,025		182,025		182,025
f.	Depreciation - Equipment		0	0		0		0
g.	Housekeeping & Maintenance		68,245	68,245		68,245		68,245
h.	Other (Specify)		37,172	37,172		37,172		37,172
	Building Security		0	0		0		0
			0	0		0		0
			0	0		0		0
			0	0		0		0
			0	0		0		0
i.	Subtotal Overhead - Facility Cost	0	499,115	499,115	0	499,115	0	499,115
<b>H.</b>								
OVERHEAD - ADMINISTRATIVE COST								
a.	Office Salaries	3,775,801	799,037	4,574,838		4,574,838	(32,400)	4,542,438
b.	Depreciation - Office Equipment		20,225	20,225		20,225		20,225
c.	Office Supplies		223,033	223,033		223,033		223,033
d.	Legal		69,992	69,992		69,992		69,992
e.	Accounting		65,785	65,785		65,785		65,785
f.	Insurance		34,567	34,567		34,567		34,567
g.	Lobbying		10,650	10,650		10,650		10,650
h.	Telephone		41,232	41,232		41,232		41,232
i.	Fringe Benefits & Taxes		0	0		0		0
j.	Interest - Capital Loans		0	0		0		0
j.	Other (Specify)		281,646	281,646		281,646		281,646
	Payroll and other professional services		34,066	34,066		34,066		34,066
	Credentiaing, licensing, dues and subscriptions		15,641	15,641		15,641		15,641
	Office Equipment		298,584	298,584		298,584	(298,584)	0
	Bad Debts		13,319	13,319		13,319		13,319
	Postage and Printing		150,193	150,193		150,193		150,193
	Miscellaneous Expenses		2,057,970	2,057,970		2,057,970	(330,984)	1,726,986
k.	Subtotal Overhead - Administrative Cost	3,775,801	2,557,085	6,332,886	0	6,332,886	(330,984)	6,001,902
l.	TOTAL OVERHEAD COST (G+H+K)	3,775,801	2,557,085	6,332,886	0	6,332,886	(330,984)	6,001,902
j.	GRAND TOTAL COSTS <sup>2</sup> (F+I)	12,820,451	9,575,645	22,396,096		22,396,096	(1,333,597)	21,062,499

<sup>2</sup> Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Fair Haven Community Health Clinic, 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- General)</i>	General	125,000	1,500	1,040	0.50
A. PHYSICIAN					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
<b>Total Physician Encounters, Staff Hours and FTEs</b>		0	0	0	0.00
B. PHYSICIAN ASSISTANT					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		0	0	0	0.00



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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician)</i>	General	125,000	1,500	1,020	0.50
<b>C. NURSE (APRN, MIDWIFE, RN)</b>					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Nurse Practitioner</b>		0	0	0	0.00
<b>D. PHYSICIAN SERVICES UNDER CONTRACT</b>					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Physician Services Under Contract</b>		0	0	0	0.00
<b>E. OTHER HEALTH CARE PRACTITIONER</b>					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
<b>Total Other Health Care Practitioner</b>		0	0	0	0.00

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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Fair Haven Community Health Clinic, 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>				
<b>A. DENTIST</b>				
1. Please see form B-4 Summary Personnel		1,500	19,940	0.50
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Dentist Encounters, Staff Hours and FTEs</b>	0	0	0	0.00
<b>B. DENTAL HYGIENIST</b>				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Dental Hygienist Encounters, Hours and FTEs</b>	0	0	0	0.00
<b>C. OTHER DENTAL PRACTITIONER</b>				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Other Dental Practitioner Encounters, Hours and FTEs</b>	0	0	0	0.00

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

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	Fair Haven Community Health Clinic, Inc.	

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER	Compensation II	Encounters III	Employee Total Hours IV	Total Employee Hours and FTEs (2080 hrs = 1 FTE) V
<i>Provide (itemized de-identified list (e.g., Psychologist))</i>				
<b>A. PSYCHOLOGIST</b>	125,000	1,500	10,400	0.50
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>B. SOCIAL WORKER</b>				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Social Worker Encounters, Hours and FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>C. OTHER MENTAL HEALTH PRACTITIONER</b>				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Other Mental Health Practitioner Encounters, Hours and FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

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

Reporting Period: From 7/1/2018 To 6/30/2019  
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Compensation Range			Turnover		Employee Hours and FTEs			
	I Number of Practitioners	II Total Compensation	III High	IV Low	V Hires	VI Departures	VII Encounters	VIII Total Hours	IX hrs = 1 FTE
<b>A. HEALTH CARE PRACTITIONERS</b>									
1. PHYSICIAN	20	2,006,465	264,264	161,283		1	25,473	21,570	10.37
2. PHYSICIAN ASSISTANT	2	68,067	156,000	104,707	1		1,495	957	0.46
3. NURSE (APRN, MIDWIFE, RN)	52	3,203,028	134,701	44,117	1	11	31,309	79,706	38.32
4. PHYSICIAN SERVICES UNDER CONTRAC									0.00
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS	3	31,475	234,000	104,000			686	354	0.17
<b>Total Health Care</b>	<b>77</b>	<b>5,309,035</b>			<b>2</b>	<b>12</b>	<b>58,963</b>	<b>102,586</b>	<b>49.32</b>
<b>B. DENTAL PRACTITIONERS</b>									
1. DENTIST	5	336,976	174,990	130,000			3,304	4,618	2.22
2. DENTAL HYGIENIST	4	201,304	86,694	74,256	1		3,779	5,283	2.54
3. OTHER DENTAL PRACTITIONERS									0.00
<b>Total Dental</b>	<b>9</b>	<b>538,280</b>			<b>1</b>	<b>1</b>	<b>7,083</b>	<b>9,901</b>	<b>4.76</b>
<b>C. MENTAL HEALTH PRACTITIONERS</b>									
1. PSYCHIATRIST	0								
2. PSYCHOLOGIST	4	112,195	91,790	90,002			2,855	5,346	2.57
3. LICENSED CLINICAL SOCIAL WORKER	3	71,989	63,003	63,003			2,083	4,701	2.26
4. PSYCHIATRIC APRN	1	112,195	112,185	60,590			1,857	2,859	0.99
5. OTHER MENTAL HEALTH PRACTITIONER	4	75,005	56,098	48,963			3,141	7,717	3.71
<b>Total Mental Health</b>	<b>12</b>	<b>371,384</b>			<b>0</b>	<b>2</b>	<b>9,937</b>	<b>19,822</b>	<b>9.53</b>

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

Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	12,781,142
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	2,279,455
C.	Total Direct Costs (A+B)	15,060,597
D.	Portion of Title XIX Services (A/C)	84.86%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,001,902
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,093,214
G.	Total Title XIX Services Cost (A+F)	17,874,356
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,362,307
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	5,093,214
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	10,651,625
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,052,425
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,077,092
	4. Total Direct Costs (K1 thru K3)	12,781,142
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	83.34%
	2. Dental Services (K2/K4)	8.23%
	3. Mental Health Services (K3/K4)	8.43%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,244,685
	2. Dental Services (JxL2)	419,172
	3. Mental Health Services (JxL3)	429,358
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,093,215

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FQHC Name:	Fair Haven Community Health Clinic, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
<b>I. Health Care Cost (Excluding Dental and Mental Health)</b>	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	10,651,625
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,244,685
C. Total Allowable Health Care Cost (A+B)	14,896,310
D. Encounters (P12 - Form B-4, Health Care Total)	58,963
E. Allowable Health Care Cost Per Encounter (C/D)	252.64
<b>II. Dental</b>	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,052,425
B. Allowable Overhead Cost (P13 - Form C, Line M2)	419,172
C. Total Allowable Dental Cost (A+B)	1,471,597
D. Encounters (P12 - Form B-4, Dental Total)	7,083
E. Allowable Dental Cost Per Encounter (C/D)	207.76
<b>III. Mental Health</b>	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,077,092
B. Allowable Overhead Cost (P13 - Form C, Line M3)	429,358
C. Total Allowable Mental Health Cost (A+B)	1,506,450
D. Encounters (P12 - Form B-4, Mental Health Total)	9,937
E. Allowable Mental Health Cost Per Encounter (C/D)	151.60

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 FQHC Name: Fair Haven Community Health Clinic, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A. Operating Revenue</b>						
1. Medicaid		5,511,602	560,082	1,151,603		7,223,287
2. Private Insurance		1,068,765	7,482	156,500		1,232,747
3. Medicare		364,507	0	252,772		617,279
4. Patient Cash/Self Pay		515,583	14,802	6,198		536,583
5. Other - Specify Breast and Cervical		29,702				29,702
6. Total (1 thru 5)		7,490,159	582,366	1,567,073	0	9,639,598
<b>B. Other Revenue</b>						
1. Contributions					93,220	93,220
2. Grants			71,139	202,284		7,442,520
3. Interest					17,004	17,004
4. Donations					1,369,932	2,445,595
5. Other - Specify In Kind						2,749,055
6. Other - Specify Prescription Drug Program 340B		1,075,663			642,162	642,162
7. Other - Specify Meaningful Use and PCMH +		2,749,055			150,021	150,021
8. Other - Specify Other Miscellaneous						0
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		10,993,815	71,139	202,284	2,272,339	13,539,577
<b>C. Other Revenue (Include revenue generated by non-approved FQHC sites)</b>						
1. Other - Specify						0
2. Other - Specify						0
3. Other - Specify						0
4. Other - Specify						0
5. Other - Specify						0
6. Other - Specify						0
7. Total (1 thru 7)		0	0	0	0	0
<b>D. Total Revenue (A6+B11+C7)</b>		18,483,974	653,505	1,769,357	2,272,339	23,179,175

Form E (Revenues)

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FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS <i>(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)</i>		
A.	Contributions	ACTUAL
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	93,220
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	93,220
B.	Grants <i>(Excluding PHS)</i>	
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	2,280,164
	2. Dental	71,139
	3. Mental Health	202,284
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,553,587



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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	298,584
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	
	6. Contingent reserves	
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	
	8. Fundraising	
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care - social services	902,573
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	1,201,157
B.	Cost Offset ( <i>Expense Recovery</i> )	
	1. Refunds - Medicaid Outreach	
	2. Rent Expense - Donated Space	33,700
	3. In-Kind Medical Supplies	770,317
	4. In-Kind Donated Salaries	264,696
	5. In-Kind Expenses - WIC	1,369,932
	6. In-Kind Expenses - Radiology	6,950
	7. Total (1 thru 6)	2,445,595
C.	Total Cost Disallowance and Offset (A16+B7)	3,646,752