

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


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JUL 1 2021

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

DEPT. OF SOCIAL SERVICES
 OFFICE OF CON AND RATE SETTINGS

Date Submitted: _____ Date Received: _____

1.	FQHC Name	Community Health Services			
	Street Address	500 Albany Avenue			
	City, State, ZIP	Hartford, CT 06120			
	Telephone Number	860-808-8765			
	Contact Person	Dianna Kulmacz			
	Title	Chief Financial Officer			
2.	FQHC Medicaid Provider Number:	3. Reporting Period: From <u>1/1/2020</u> To <u>12/31/2020</u>			
	Medical				004235570
	Dental				004236099
	Mental Health				004235588
	Other (Specify)				008050894
4.	Type of Control (Check One Only)				
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION				
	<input type="checkbox"/> GOVERNMENT				
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER		
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY			
5.	FQHC Owned By:				
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC					
I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By _____ Community Health Services 004235570 (FQHC Name)					
For the Reporting Period Beginning 1/1/2020 and Ending 12/31/2020 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			
		Dianna Kulmacz			
	Title	Date			
	CFO	6/21/2021			

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DEPT. OF SOCIAL SERVICES
OFFICE OF COIN AND RATE SETTINGS

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

Reporting Period:	From <u>1/1/2020</u>	To <u>12/31/2020</u>
FQHC Name:	Community Health Services	

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.
Community Health Services, Inc.	500 Albany Ave, Hartford, CT 06120	Yes	004235570
Community Health Services	503 Windsor Ave, Windsor, CT 06905	Yes	004235570

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 11/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

Form A-1 (Direct Health Care Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclass- ifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST <i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	1,310,894	462,431	1,773,326		1,773,326		1,773,326
b. Physician Assistant	200,020	70,559	270,579		270,579		270,579
c. Nurse (APRN, Midwife, RN)	1,965,787	693,451	2,659,238		2,659,238		2,659,238
d. Other - Specify							
Registered Dietician	41,217	14,540	55,757		55,757		55,757
Other clinical (Medical Assistant, Medical Case Manager)	930,649	328,296	1,258,945		1,258,945		1,258,945
e. Subtotal Direct Health Care Cost	4,448,567	1,569,277	6,017,844	0	6,017,844	0	6,017,844
2. Other Direct Health Care Cost							
a. Medical Supplies		298,114	298,114		298,114		298,114
b. Transportation		9,395	9,395		9,395		9,395
c. Depreciation - Medical Equipment							
d. Professional Liability Insurance							
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs		897,782	897,782		897,782	(422,134)	475,648
h. Other - Specify							
i. Subtotal Other Direct Health Care Cost	0	1,205,291	1,205,291	0	1,205,291	(422,134)	783,157
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	4,448,567	2,774,568	7,223,135	0	7,223,135	(422,134)	6,801,001

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

Reporting Period: From 1/1/2020 To 12/31/2020

FQHC Name: Community Health Services

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	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)
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	287,866	101,477	389,343		389,143		389,143
b. Dental Hygienist	85,000	29,985	114,985		114,985		114,985
c. Other - Specify							
Dental Assistant	167,418	59,058	226,477		226,477		226,477
			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
d. Subtotal Direct Dental Care Cost	540,084	190,520	730,604	0	730,604	0	730,604
2 Other Direct Dental Care Cost							
a. Dental Supplies		112,847	112,847		112,847		112,847
b. Transportation		0	0		0		0
c. Depreciation - Dental Equipment		29,382	29,382		29,382		29,382
d. Professional Liability Insurance		10,551	10,551		10,551		10,551
e. Other - Specify							
(Ind Contractors, Licenses, RX Other, Other Clinical Exp., Office and General Supplies, Food/Beverage, Laundry, IT, Training, Maintenance, etc.)		116,014	116,014		116,014	(210)	115,804
		0	0		0		0
		0	0		0		0
		0	0		0		0
f. Subtotal Other Direct Dental Care Cost	0	268,795	268,795	0	268,795	(210)	268,585
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	540,084	459,315	999,399	0	999,399	(210)	999,189

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

Reporting Period: From 1/1/2020 To 12/31/2020

FQHC Name: Community Health Services

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

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	509,687	179,797	689,484		689,484	0	689,484
b. Social Worker							
c. Other - Specify	73,882	26,063	99,944		99,944	0	99,944
d. Subtotal Direct Mental Health Care Cost	583,568	205,860	789,428	0	789,428	0	789,428
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		889	889		889		889
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance		13,328	13,328		13,328		13,328
e. Other - Specify		135,487	135,487		135,487		135,487
(Other clinical exp. office and gen supplies, recruitment, training, maintenance, interpretation, ind contractors, IT expenses, etc.)							
f. Subtotal Other Direct Mental Health Care Cost	0	149,704	149,704	0	149,704	0	149,704
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)							
	583,568	355,564	939,132	0	939,132	0	939,132
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	5,572,220	3,589,447	9,161,666		9,161,666	(422,344)	8,739,322

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Reporting Period: From 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

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

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)
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
HIV-EIS Program Manager & Healthy Start Coordinator	132,639	46,790	179,429		179,429		179,429
			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	132,639	46,790	179,429	0	179,429	0	179,429
F. TOTAL DIRECT COST (D+E1)	5,704,859	3,636,236	9,341,095	-	9,341,095	(422,344)	8,918,752

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Reporting Period: From 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
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		90,676	90,676		90,676	(26,949)	63,727
b. Insurance		3,035	3,035		3,035	(3,035)	0
c. Interest on Mortgage or Loans		225,953	225,953		225,953		225,953
d. Utilities		855,590	855,590		855,590		855,590
e. Depreciation - Building		0	0		0		0
f. Depreciation - Equipment	241,277	574,960	816,237		816,237		816,237
g. Housekeeping & Maintenance							
h. Other (Specify) Facility Supplies		37,375	37,375		37,375		37,375
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	241,277	1,787,589	2,028,866	0	2,028,866	(29,964)	1,998,883
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,037,754	1,424,359	5,462,113		5,462,113		5,462,113
b. Depreciation - Office Equipment		64,626	64,626		64,626		64,626
c. Office Supplies		67,599	67,599		67,599		67,599
d. Legal		178,565	178,565		178,565		178,565
e. Accounting	358,560	88,299	446,859		446,859		446,859
f. Insurance		121,509	121,509		121,509		121,509
g. Telephone		24,084	24,084		24,084		24,084
h. Advertising-Help Wanted							
i. Interest - Capital Loans							
j. Other (Specify) Misc. Expenses, Contracted service expenses and Meeting and Conferences, non capitalized furniture & equip. IT, licenses etc.)		1,172,522	1,172,522		1,172,522		1,172,522
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Administrative Cost	4,396,315	3,141,563	7,537,878	0	7,537,878	(24,084)	7,513,794
I. TOTAL OVERHEAD COST (G+H)	4,637,592	4,929,152	9,566,744	-	9,566,744	(54,068)	9,512,676
J. GRAND TOTAL COSTS² (F+I)	10,342,451	8,565,388	18,907,839	-	18,907,839	(476,411)	18,431,428

² 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 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

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>	General Practitioner	125,000	1,500	1,040	0.50	
A. PHYSICIAN						
1. Adolescent Medicine	Adolescent Medicine	115,715	1,363	1,248	0.60	
2. Adult Medicine	Staff Physicians	503,534	6,960	5,824	2.80	
3. Pediatrics	Pediatrics	282,863	3,779	4,260	2.05	
4. Podiatry	Podiatrist	175,943	3,510	3,266	1.57	
5. Womens Health	OB / GYN	217,757	2,543	2,080	1.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Total Physician Encounters, Staff Hours and FTEs		1,295,812	18,155	16,677	8.02	
B. PHYSICIAN ASSISTANT						
1. Adult Medicine	PHYSICIAN ASSISTANT	90,276	2,795	1,976	0.95	
2. Pediatrics	PHYSICIAN ASSISTANT	109,744	2,323	1,830	0.88	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Assistant Encounters, Hours and FTEs		200,020	5,118	3,806	1.83	

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Reporting Period: From 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

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	Employee Total Hours (2080 hrs = 1 FTE) V	FTEs
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>		<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)						
1. APRN	APRN	1,206,995	30,841	23,358		11.23
2. Registered Nurse	RN	381,914		17,826		8.57
3.						0.00
4.						0.00
5.						0.00
Total Nurse Practitioner		1,588,909	30,841	41,184		19.80
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Optometry Contractor	Optometrist	33,440	210	416		0.20
2.						0.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Services Under Contract		33,440	210	416		0.20
E. OTHER HEALTH CARE PRACTITIONER						
1. Medical Assistant	MA	763,569		44,408		21.35
2. Other Health Care	Health Educator, LPN,	430,209		18,845		9.06
3. Registered Dietician	RD	41,217	515	520		0.25
Total Other Health Care Practitioner		1,234,995	515	63,773		30.66

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

Reporting Period: From 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

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	Employee FTEs (2080 hrs = 1 FTE) V	
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>					
A. DENTIST					
1. Staff Dentist	287,666	4,370	5,054		2.43
2. Contracted Dentist	53,973	766	1,456		0.70
3.					0.00
4.					0.00
5.					0.00
Total Dentist Encounters, Staff Hours and FTEs	341,639	5,136	6,510		3.13
B. DENTAL HYGIENIST					
1. Dental Hygienist	85,000	1,580	4,638		2.23
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Dental Hygienist Encounters, Hours and FTEs	85,000	1,580	4,638		2.23
C. OTHER DENTAL PRACTITIONER					
1. Dental Assistant	167,418	0	15,600		7.50
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	167,418	0	15,600		7.50

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs			Total Employee Hours and FTEs		
Provide itemized de-identified list (e.g., Psychologist 1)			Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
A.	PSYCHOLOGIST	125,000	1,500	1,040	0.50
1.					0.00
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.	Licensed Clinical Social Worker	509,687	7,957	22,734	10.93
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Social Worker Encounters, Hours and FTEs		509,687	7,957	22,734	10.93
C.	OTHER MENTAL HEALTH PRACTITIONER				
1.	Staff Psychiatrist	73,882	398	416	0.20
2.	Psychiatric APRN	289,159	3,534	3,619	1.74
3.	Contracted Psychiatric APRN	4,985	11	1,040	0.50
4.					0.00
5.					0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		368,026	3,943	5,075	2.44

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Reporting Period: From 1/1/2020 To 12/31/2020
 FQHC Name: Community Health Services

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 Hours and FTEs				
			High	Low	Hires	Departures	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)			
A. HEALTH CARE PRACTITIONERS											
1. PHYSICIAN	10	1,295,812	274,197	98,895	1	1	18,155	19,510			9.38
2. PHYSICIAN ASSISTANT	2	200,020	110,000	100,000	2	1	5,118	3,806			1.83
3. NURSE (APRN, MIDWIFE, RN)	32	1,588,909	136,000	82,400	3	4	30,841	45,344			21.80
4. PHYSICIAN SERVICES UNDER CONTRACT	1	33,440	33,440	33,440	1	1	210	416			0.20
5. OTHER HEALTH PROFESSIONALS											0.00
6. OTHER ALLIED HEALTH PROFESSIONALS											0.00
7. OTHER HEALTH CARE PRACTITIONERS	37	1,234,995	82,700	31,200	3	9	515	63,773			30.66
Total Health Care	82	4,353,176			10	16	54,839	132,850			63.87
B. DENTAL PRACTITIONERS											
1. DENTIST	6	341,639	165,000	149,375	0	1	11,224	8,736			4.20
2. DENTAL HYGIENIST	2	85,000	81,000	80,000	0	0	4,826	4,638			2.23
3. OTHER DENTAL PRACTITIONERS	6	92,764	46,929	38,900	0	0	0	6,240			3.00
Total Dental	14	519,403			0	1	16,050	19,614			9.43
C. MENTAL HEALTH PRACTITIONERS											
1. PSYCHIATRIST	1	73,882	108,000	108,000	0	0	398	416			0.20
2. PSYCHOLOGIST											0.00
3. LICENSED CLINICAL SOCIAL WORKER	17	509,687	132,000	53,000	5	3	7,957	12,189			5.86
4. PSYCHIATRIC APRN	4	294,144	132,000	105,000	0	1	3,545	5,408			2.60
5. OTHER MENTAL HEALTH PRACTITIONERS											0.00
Total Mental Health	22	877,713			5	4	11,900	18,013			8.66

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	1/1/2020	To	12/31/2020
FQHC Name:	Community Health Services			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	8,739,322
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	179,429
C.	Total Direct Costs (A+B)	8,918,752
D.	Portion of Title XIX Services (A/C)	97.99%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	9,512,676
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,321,471
G.	Total Title XIX Services Cost (A+F)	18,060,793
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,418,238
I.	Cost Adjustment (Lower of H-F or Zero)	(3,903,233)
J.	Allowable Title XIX Overhead Cost (F+I)	5,418,238
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	6,801,001
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	999,189
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	939,132
	4. Total Direct Costs (K1 thru K3)	8,739,322
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	77.82%
	2. Dental Services (K2/K4)	11.43%
	3. Mental Health Services (K3/K4)	10.75%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,216,473
	2. Dental Services (JxL2)	619,305
	3. Mental Health Services (JxL3)	582,461
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,418,239

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Reporting Period:	From <u>1/1/2020</u>	To <u>12/31/2020</u>
FQHC Name:	Community Health Services	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (<u>Excluding Dental and Mental Health</u>)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	6,801,001
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,216,473
C. Total Allowable Health Care Cost (A+B)	11,017,474
D. Encounters (P12 - Form B-4, Health Care Total)	54,839
E. Allowable Health Care Cost Per Encounter (C/D)	200.91
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	999,189
B. Allowable Overhead Cost (P13 - Form C, Line M2)	619,305
C. Total Allowable Dental Cost (A+B)	1,618,494
D. Encounters (P12 - Form B-4, Dental Total)	16,050
E. Allowable Dental Cost Per Encounter (C/D)	100.84
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	939,132
B. Allowable Overhead Cost (P13 - Form C, Line M3)	582,461
C. Total Allowable Mental Health Cost (A+B)	1,521,593
D. Encounters (P12 - Form B-4, Mental Health Total)	11,900
E. Allowable Mental Health Cost Per Encounter (C/D)	127.86

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REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Dental	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	5,737,394	432,854	1,526,306		7,696,554
2.	Private	801,262	261,655	37,995		1,100,912
3.	Medicare	1,032,563		123,868		1,156,430
4.	Patient Cash/Self Pay	(444,431)	(82,145)	(133,163)		(659,739)
5.	Other - Specify					0
6.	Total (1 thru 5)	7,126,788	612,364	1,555,005	0	9,294,157
B.	Other Revenue					
1.	Contributions					0
2.	Grants	1,604,083	25,000	485,593	5,673,768	7,788,444
3.	Interest				714	714
4.	Donations				8,091	8,091
5.	Other - Specify Pharmacy				1,131,960	1,131,960
6.	Other - Specify Other				95,745	95,745
7.	Other - Specify Rental				26,949	26,949
8.	Other - Specify Restricted Contributions				53,725	53,725
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	1,604,083	25,000	485,593	6,990,952	9,105,628
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)	8,730,871	637,364	2,040,598	6,990,952	18,399,785

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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>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,604,083
	2. Dental	25,000
	3. Mental Health	485,593
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,114,676

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FQHC Name:	Community Health Services			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	322,976
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	24,084
	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	3,245
	15. Pass through expenses	
	16. Total (1 thru 15)	350,305
B.	Cost Offset (Expense Recovery)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	26,949
	3. In-Kind Medical Supplies	422,134
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	449,083
C.	Total Cost Disallowance and Offset (A16+B7)	799,388