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	Family Centers Inc.										
	Street Address	40 Arch Street										
	City, State, ZIP	Greenwich CT 06830										
	Telephone Number	203 869-4848	1171									
	Contact Person	Marion Beale										
	Title	Director of Finance										
2.	FQHC Medicaid Prov	vider Number:	3. Reporting Period:									
	Medical	008066994	From 7/1/2019 To 6/30/2020									
	Dental	008068285										
	Mental Heal											
	Other (Spec	ify)	i engine was sign									
4.	Type of Control (Ch		RECEIVED									
	_	FIT ORGANIZATION										
	GOVERNN STATE	DISTRICT	_dtarr 1 9 2021									
	COUNTY	CITY	5 2021									
5.	FQHC Owned By:		OFFICE OF CON AND DATE									
23963	oreconstructor succession and a construction of		OFFICE OF CON AND RATE SETTINGS									
		Family Ce	enters Inc.									
	CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC											
I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By												
			nters Inc. 008066994									
	(FQHC Name) For the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 and That to the Best of My											
	or the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 and That to the Best of My (nowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and											
			e Instructions, Except as Noted:									
		^										
6.	Signature (Office	er or Administrator of FQHC)	Printed Name									
			Stephanie Johnson									
		Title	Date									
	Chief	Financial Officer	March 11, 2021									

(1 1 1 1 2 m)

. . .

ISUS E I RAM

OFF. OF SOOIAL SERVICES
OFF. OF SOOIAL SERVICES

Reporting Period:	From 7/1/2019	То	6/30/2020
FQHC Name: Fa	mily Centers Inc.		
	e site is FQHC certified. If a		nd any other non-FQHC service sites. tified, the associated costs should be
Provider Name	Locatio 111 Wilbur Pe		
Family Centers Health Care		T 06830 Ye	s 008066994
Family Centers Health Care		06830 Ye	s 004172912
Family Centers Health Care			s 004172920
			No.
· · · · · · · · · · · · · · · · · · ·			
			8
	,		
8. Related Parties: Related	party information is reported	on the following, which accor	npanies this cost report submission:
Select One:			

DSS-16 10-24-2016 Page 2

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

FQHC Name: Reporting Period: Family Centers Inc. From_ 7/1/2019 5 6/30/2020

Form A-1 (Direct Health Care Cost)

COST	11,000	· ·	11,000		711,000	190,009	210,740	or Total pinest nearth cane cost (18 % 21)
CENTER Personner COSS COM III IV V V V V V V V	411 805		411 805		411 905	105.050	315.315	O TOTAL DIDECT LIFALTH CADE COST (2 ° 25)
CENTER Personner Coss Item	68,182	0	68,182	0	68,182	68,182	0	i. Subtotal Other Direct Health Care Cost
CENTECN Personner Coss	0		0		0			
CENTER Presente Coss Italia I	0		0		0			
CENTER Presenter Costs Italia	46,307		46,307		46,307	46,307		Vaccines
CENTER Personner Cost Industrial (2015 et 27) Industrial (20	4,007		4,007		4,007	4,007		Prescription COGS
CENTER Personner Coss Idam Incatoris Idam Idam	2,615		2,615		2,615	2,615		Equipment
CENTER Personner Costs Induit Induits (Pull 24.4) (Personse) Personner P								h. Other - Specify
CENTER Personner Custs Indain	0		0		0			g. Physician-Administered Drugs
CENTER COST	0		0		0			f. Radiology
CENT	0		0		0			e. Laboratory
CENTIFIC COST I III III IV V VI VI VI al, Mental Health & Other) 36,753 7,799 44,552	1,200		1,200		1,200	1,200		d. Professional Liability Insurance
CENT I			0		0			c. Depreciation - Medical Equipment
CENT II III IV V V V V V V	1,780		1,780		1,780	1,780		b. Transportation
CENTER Personnel Costs Idal III IV V V V V V V V	12,273		12,273		12,273	12,273		a. Medical Supplies
		BOARDS OF BUILDING			TO SECURITIES THE SECURITIES AND ADDRESS OF THE SECURITIES AND ADD	明治の自由の表の表を必要を 1000年		2. Other Direct Health Care Cost
THEALTH CARE COST	343,623	0	343,623	0	343,623	126,877	216,745	e. Subtotal Direct Health Care Cost
THEALTH CARE COST	0		0		0			
THEALTH CARE COST	0		0		0			
THEALTH CARE COST	0		0		0			
THEALTH CARE COST III III IV V V V V V	0		0		0			
THEALTH CARE COST III III IV V V V V V	0		0		0			
THEALTH CARE COST	0		0		0			
THEALTH CARE COST	0		0		0			
THEALTH CARE COST	0		0		0			
THEALTH CARE COST	72,975		72,975		72,975	12,774	60,200	Director
THEALTH CARE COST	7,814		7,814		7,814	7,814		Medical Assistant (temp agency)
THEALTH CARE COST	56,636		56,636		56,636	9,914	46,722	Medical Assistant
THEALTH CARE COST	73,070		73,070		73,070	73,070		APRN (temp agency)
THEALTH CARE COST								
	88,575		88,575		88,575	15,505	73,070	c. Nurse (APRN, Midwife, RN)
Personnel Costs lotal lications (Coloxy) (Coloxy)	44,552		44,552		44,552	7,799	36,753	b. Physician Assistant
Personnel Costs Iodal IIICadolis (Coloar) (Decrease)	0		0		0			a. Physician
Personnel Costs Iodal IIICaudits (Coloart) (Decrease)	新聞を は は は は は は は は は は は は は は は は は は は			THE REPORT OF THE PARTY OF THE	NAMES AND ADDRESS OF			1. Staff Cost
Personnel Costs Iodal IIIcauoiis (Coloart) (Decrease)	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	は国家のないのでは、				STATE OF THE PROPERTY OF THE P		
Personnel Costs Iotal IIIcauons (Col 3 x 4) (Periesse)	VII	≤	٧	V	=	=	-	A. DIRECT HEALTH CARE COST
Salaried Other Reclass- Trial Balance Increase	Expenses (Col 5 & 6)	Increase (Decrease)	Trial Balance (Col 3 & 4)	Reclass- ifications	Total	Other Costs	Salaried Personnel	COST CENTER
Reclassified Adjustments Net	Net	Adjustments	Reclassified					
			PENSES	NCE OF EX	RIAL BALA	MENIS OF I	AND ADJUST	RECLASSIFICATIONS
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			11.010) 1 1 1 Y				

FQHC Name: Family Centers Inc. Reporting Period: From 7/1/2019 7 6/30/2020

Form A-2 (Direct Dental Care Cost)

312 625	0	312.625	0	312 625	109 754	202.871	3 TOTAL DIRECT DENTAL CARE COST /1d & 26
The same has a second			The second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to have been a few and the second	
34,917	0	34,917	0	34,917	34,917	0	f. Subtotal Other Direct Dental Care Cost
0		0		0			
0		0		0 (
0 (0 (0 0		100	
0		0		0	0,100		Edulpuscia
3.293		3.293		3 293	3 293	- 12500	e: Outer - Specify
		1,500		1,200	1,200		C. Professional Lability Historice
1 200		1 200		1 300	1 200		
0		0		0			c Depreciation - Deptal Equipment
0		0		0	30,424		a. Delital Supplies h. Transportation
30 424	Non-conditional lives (V) or sometime	VCV UE	SCHOOL STREET,	VCV UE	20 00	The attended to the state of th	2 Other Direct Delital Cale Cost
							9 Other Direct Dental Care Cost
277,708	0	277,708	0	277,708	74,837	202,871	d. Subtotal Direct Dental Care Cost
0		0		0			
0		0		0			
0		0		0			
		C		0			
		o c					
		o (o (
0		0		0			
0		0		0			
0		0		0			
27,250		27,250		27,250	27,250		Dental Assistant (temp agency)
66,013		66,013		66,013	11,556	54,457	Dental Assistant
0		0		0			
4,538		4,538		4,538	4,538		Dental Hygienist (contractor)
							c. Other - Specify
34,548		34,548		34,548	6,048	28,500	b. Dental Hygienst
145,360		145,360		145,360	25,446	119,914	a. Dentist
	の語言の言語は言語を	対 の					1. Staff Cost
							B. DIRECT DENTAL CARE COST
\	≤	٧	IV	ш	-		
(Col 5 & 6)	(Decrease)	(Col 3 & 4)	ifications	Total	Costs	Personnel	COST CENTER
Expenses	Increase	Trial Balance	Reclass-		Other	Salaried	
INEL	Adjustments	Reclassified					

FQHC Name: Family Centers Inc.	Reporting Period:
	From 7/1/2019
	То 6/30/2020

Form
A-3
(Direct
Mental
Form A-3 (Direct Mental Health Care Co
Care
Cost)

0 9,600 0 723,484	The second secon	., ,		.,,	000,000	000,000	Total Control
		1.447.914	-	1.447.914	552.055	895 859	D TOTAL DIRECT COST REFORE NON-ALL OWARLE SERVICES
		723,484	0	723,484	247,242	476,243	3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)
					STREET, STREET		
c		9,600	0	9,600	9,600	0	f. Subtotal Other Direct Mental Health Care Cost
				c			
» (0 0					
0		0		0 (
0		0		0			
0		0		0			
0		0		0			C. Curici Openii)
9,600		9,600		9.600	9.600		d Professional Liability Insurance
0		0		0			C Depreciation - Mental Health Equipment
0		0		0			b. Transportation
0		0		0			a. Medical Supplies
					社会の記録の記録に		2. Other Direct Mental Health Care Cost
0 713,884		713,884	0	713,884	237,642	476,243	d. Subtotal Direct Mental Health Care Cost
0		0		0			
0		0		0			
0		0		0			
0		0		0			
93,970		93,970		93,970	16,450	77,520	Director
17,618		17,618		17,618	17,618		Psychiatrist (contractor)
80,198		80,198		80,198	14,039	66,159	Psychiatrist
118,965		118,965		118,965	118,965		Social Workers (contract)
							c. Other - Specify
403,134		403,134		403,134	70,570	332,564	
0		0		0			a. Psychologist
	新班的				新たりには、 は、 は、 は、 は、 は、 は、 は、 は、 は、		. Staff Cost
						新四种的一种种的一种种的	C. DIRECT MENTAL HEALTH CARE COST
VII	N	٧	IV	Ш			
	(Decrease)	(Col 3 & 4)	ifications	Total	Costs	Personnel	COST CENTER
D.	Increase	Trial Balance	Reclass-		Other	Salaried	
ents Net	Adiustments	Reclassified		Management of the second of the second of	THE PERSON STREET, STR	THE THE PROPERTY OF THE PROPER	
		ÉS)F EXPENS	BALANCE C	OF TRIAL	DJUSTMENTS	RECI ASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

FQHC Name: Family Centers Inc.	Reporting Period:
	From
	7/1/2019
	о
	6/30/2020

COST CENTER Salaried Other Total Reclassified Mineral Non-Allowable Direct Other Service Costs Fersonnei Other Total Reclass Trial Balance Mineral Non-Allowable Direct Other Service Costs Total Non-Allowable Direct Other Service Costs Total Non-Allowable Direct Other Service Cost Total Non-Allowable Direct Other Service Costs Total Non-Allowable Direct Other Service Cost Total Non-Costs Total Non-Costs Total Non-Costs Total Non-Costs Non-Costs Non-Costs Non-Costs Non-Costs Non-Costs Non-Cost Non-Costs Non	1,702,734	-	1,702,734	•	1,702,734	612,104	1,090,629	TOTAL DIRECT COST (D+E1i)
COST CENTER Salaried Other Total Reclass- Trotal Trota	254,820	0	254,820	0	254,820	60,049	194,771	Total Non-Allowable Direct Other Service Cost
COST CENTER Salaried Other Total Costs Total Ill Total	0		0		0			
COST CENTER Salaried Other Total Reclass- Trial Balance Cost Cost Total Reclass- Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Cost Total Reclass- Trial Balance Cost Total Reclass- Trial Balance Cost Total Reclass- Trial Balance Cost Total Reclass- Total Total Reclass- Total Reclass- Total Reclass- Total	0		0		0			
COST CENTER Salaried Other Total III III No Corassified Costs Cost	c		0		0			
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Reclassified Adjustments Net	1,973		1,973		1,973	1,973		Pharmacy Management
COST CENTER Salaried Other Total III IV V V V V V V V	2,941		2,941		2,941	2,941		Translation
COST CENTER Salaried Costs Total III IV V V V V V V V	6,053		6,053		6,053	6,053		Outreach Supplies
COST CENTER Salaried Other III III W V V V V V V V V V	7,752		7,752		7,752	7,752		Outreach intern
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Reclassified Adjustments Reclassified Costs Total Ifications Total Ifications Total Reclassified Increase Col 3 & 4) VII VIII VIIII VII	121,669		121,669		121,669	21,299	100,371	Enabling/Outreach
COST CENTER Salaried Other Total III IV VI VIII VIII VIII VIII VIII VI	114,432		114,432		114,432	20,032	94,400	Quality Improvement
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES COST CENTER Salaried Other Costs Total III IV V VI VII VIII V								h. Other - Specify
COST CENTER Salaried Personnel Costs Total III N Reclassified Reclassified Increase Col 5 & 6) V V V V VI VIII N Col 5 & 6) VIII N Col 5 & 6) VIII Col 5 & 6) Col 6 & 6) Col 6 & 6) Col 6 & 6) Col 6 & 6) Col 7 & 7			0		0			Non-FQHC Sites
COST CENTER Salaried Other Personnel Costs Total III IV V V V V V V V V V V V V V V V V					0			f. WIC
COST CENTER Salaried Other Personnel Costs Total III IV V V VI VIII MABLE DIRECT OTHER SERVICE COST Total III III V V V VIII VIII VIII VIII VII			0		0			e. Homeless
COST CENTER Salaried Other Personnel Costs Total III IV V V VI VIII WABLE DIRECT OTHER SERVICE COST Table 1			0		0			d. Battered Women
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES COST CENTER Salaried Other Costs Total Ilications Ilicati			0		0			c. Prescription Drugs/Pharmacy
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES COST CENTER Salaried Other Costs Total III IV V V V V V V V			0		0			b. Radiology
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Reclassified Other Costs Total Ifications Total Ification			0		0			a. Clinical Diagnostic Lab
AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Salaried Other Reclassified Increase Increa		STATE OF STA						1. Service
LASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Salaried Other Personnel Costs Total iffications (Col 3 & 4) (Decrease) Total III IV V VI			温の東の日本の場の日本の			日 10 mm 10		NON-ALLOWABLE DIRECT OTHER SERVICE COST
LASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Salaried	VII	<u> </u>	<	V	=	-		
OF EXPENSES Reclassified Adjustments	(Col 5 & 6)	(Decrease)	(Col 3 & 4)	Heclass- ifications	Total	Other	Salaried Personnel	COST CENTER
OT EXPENSES	Net	Adjustments	Reclassified					
			ENSES		IAL BALAN	NTS OF TR	ID ADJUSTME	RECLASSIFICATIONS AN

Reporting Period: FQHC Name: Family Centers Inc. From_ 7/1/2019 ا₀ 6/30/2020

	?			Poolage.	Reclassified	Adjustments	Net
COST CENTER	Personnel	Costs	Total	ifications	(Col 3 & 4)	(Decrease)	(Col 5 & 6)
G. OVERHEAD - FACILITY COST	-			IV	A A	VI	VIII
NATIONAL PROPERTY OF THE PROPE	SERVICE OF THE PROPERTY OF THE PERSON NAMED IN COLUMN NAMED IN	The second of the second of the second of		Control and Control and Control and Control			
a. Rent		14,368	0 14.368		14,368		14,368
c. Interest on Mortgage or Loans			0		0		0
d. Utilities			0		0		
e. Depreciation - Building			0		0		0
f. Depreciation - Equipment			0		0		
g. Housekeeping & Maintenance			0		0		
h. Other (Specify)							
Facility costs		56,487	56,487		56,487		56,48/
In Kind Office Space		46,475	46,4/5		40,4/5		0 4,4,0
			0 0		0 (0 (
			0		0		0
i. Subtotal Overhead - Facility Cost	0	117,330	117,330	0	117,330	0	117,330
H.I OVERHEAD - ADMINISTRATIVE COST						新作品的 · · · · · · · · · · · · · · · · · · ·	
Office Salaries	680,577	144,418	824,995		824,995		824,995
b. Depreciation - Office Equipment			0		0		0
c. Office Supplies			0		0		0
d. Legal			0		0		
e. Accounting			0		0		0
f. Insurance			0		0		0
g. Telephone		49,609	49,609		49,609		49,609
			0		0		0
i. Interest - Capital Loans			0		0		
j. Other (Specify)							
Professional Fees		19,695	19,695		307.768		304 768
Agency Overhead allocation		304,768	304,700		304,700		304,700
various		129,211	129,211		129,211		129,211
		=-	0 0		0 (0 (
k. Subtotal Overhead - Administrative Cost	680,577	647,701	1,328,278	0	1,328,278	0	1,328,278
I. TOTAL OVERHEAD COST (Gi+Hk)	680,577	765,031	1,445,608		1,445,608		1,445,608
					1100		
			では、100mmので	では、いっているのでは、			3 148 340

FOHC Name: Family Centers Inc.	Reporting Period:
	From 7/1/2019
	To 6/30/2020

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

	ن	4.	ω	'n	-	B		10.	9.	œ	7.	ტ.	<u>ن</u>	4.	ω	5		A				Ę	
Total Physician Assistant Encounters, Hours and FTEs					PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	Total Physician Encounters, Staff Hours and FTEs												Provide itemized de-identified list (e.g., Physician 1)		& FTEs (Excluding Dental, Mental Health, and Other)	HEALTH CARE COMPENSATION ENCOUNTERS HOURS	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER
					General														General Practitioner		Specialty		TION, ENCOUNTER
36,753					36,753		0												125,000		Compensation		S, HOURS, AND I
269					269		0												1,500	ш	Encounters		FTES BY PRA
693					693		0												1,040	IV	Total Hours	Fmployee	CTITIONER
0.33	0.00	0.00	0.00	0.00	0.33		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.50	<	(2080 hrs = 1 FTE)	Fmployee Hours and FIES	

FQHC Name: Fan	Reporting Period:
Family Centers Inc.	
	From
	7/1/2019
	_o __
	6/30/2020

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

	ω	ю	<u>.</u> -	ΪIJ		ည	4.	ω	ь		D.	16		'n	4.	ω	Ь	-	ဂ	發展		一品		
Total Other Health Care Practitioner				OTHER HEALTH CARE PRACTITIONER	Total Physician Services Under Contract						PHYSICIAN SERVICES UNDER CONTRACT		Total Nurse Practioner				APRN 2	APRN 1	NURSE (APRN, MIDWIFE, RN)	Provide itemized de-identified list (e.g., Physician 1)		& FTEs (Excluding Dental, Mental Health, and Other)		HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PR
																	General	General		General Practitioner		Specialty		TION, ENCOUNTER
0					0								112,915				39,845	73,070		125,000		Compensation		S, HOURS, AND
0					0							7.	783				214	569		1,500		Encounters		FTEs BY PRA
0					0								1,765				378	1,387		1,040	IV	Employee Total Hours	Total Employee Hours and FTEs	ACTITIONER
0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00			0.85	0.00	0.00	0.00	0.18	0.67		0.50	٧	FTES (2080 hrs = 1 FTE)	Hours and FTEs	

FQHC Name: Reporting Period: Family Centers Inc. From 7/1/2019 ٥. 6/30/2020

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

	Ċυ	4.	μ	'n	1.	C.		ن	4.	ω	2	1.	В.		Ċι	4.	ω	ю	1. [A				
Total Other Dental Practitioner Encounters, Hours and FTEs						OTHER DENTAL PRACTITIONER	Total Dental Hygienist Encounters, Hours and FTEs				2. DENTAL HYGIENIST 2	1. DENTAL HYGIENIST 1	DENTAL HYGIENIST	Total Dentist Encounters, Staff Hours and FTEs			2		DENTIST	DENTIST	Provide itemized de-identified list (e.g., Dentist 1)		DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTES	DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER
0							33,038				4,538	28,500		119,914					119,914		125,000		Compensation	UNTERS, HOUR
0							480				39	441		881					881		1,500		Encounters	S, AND FTEs BY
0							827				77	750		1,199					1,199		1,040	NI NI	Employee Total Hours	PRACTITIONER
0.00	0.00	0.00	0.00	0.00	0.00		0.40	0.00	0.00	0.00	0.04	0.36		0.58	0.00	0.00	0.00	0.00	0.58		0.50		Employee FTEs Total Hours (2080 hrs = 1 FTE)	

FQHC Name:	Reporting Period:
Family Centers Inc.	
	From 7/1/2019
	То 6/30/2020

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

0.35	732	775	83,777	Total Other Mental Health Practitioner Encounters, Hours and FTEs
0.00				5,
0.00				4.
0.00				3.
0.06	131	150	17,618	2. PSYCHIATRIST 2
0.29	601	625	66,159	1. PSYCHIATRIST 1
				C. OTHER MENTAL HEALTH PRACTITIONER
7.52	15,644	7,614	451,529	Total Social Worker Encounters, Hours and FTEs
0.00				5.
0.00				4.
0.00				3.
0.00				2.
7.52	15,644	7,614	451,529	1. SEE ATTACHED
		The second of th		B. SOCIAL WORKER
0.00	0	0	0	Total Psychologist Encounters, Staff Hours and FTEs
0.00				5.
0.00				4.
0.00				.ω
0.00				2.
0.00				
				A. PSYCHOLOGIST
0.50	1,040	1,500	125,000	Provide itemized de-identified list (e.g., Psychologist 1)
FTEs (2080 hrs = 1 FTE)	Employee Total Hours	Encounters	Compensation	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs
Hours and FTEs	Total Employee Hours and FTEs			
VER	BY PRACTITION	OURS. AND FTES	NCOUNTERS. H	MENTAL HEALTH SERVICES COMPENSATION. ENCOUNTERS. HOURS. AND FTES BY PRACTITIONER

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

From_

7/1/2019

5

FQHC Name:

Family Centers Inc.

Reporting Period:

맛	15,644	7,614	451,529	
48		48	0	24. SOCIAL WORKER 24
310		310	0	23. SOCIAL WORKER 23
104		85	5,200	22. SOCIAL WORKER 22
973		871	48,650	21. SOCIAL WORKER 21
308		313	15,365	20. SOCIAL WORKER 20
390		369	19,500	19. SOCIAL WORKER 19
.0		98	4,700	18. SOCIAL WORKER 18
25		21	1,250	17. SOCIAL WORKER 17
411		394	20,550	16. SOCIAL WORKER 16
75		67	3,750	15. SOCIAL WORKER 15
139		42	4,558	14. SOCIAL WORKER 14
953		344	25,208	13. SOCIAL WORKER 13
3		554	2,140	12. SOCIAL WORKER 12
358			11,800	11. SOCIAL WORKER 11
1,387			38,103	10. SOCIAL WORKER 10
260		15	6,079	
867		232	10,333	8. SOCIAL WORKER 8
953		125	11,458	
1,913		597	56,280	
693		258	18,808	
347		92	5,947	
2,080		863	57,000	3. SOCIAL WORKER 3
2,080		900	60,000	
792		285	24,848	1. SOCIAL WORKER 1
				B. SOCIAL WORKER
1,040		1,500	125,000	Provide itemized de-identified list (e.g., Psychologist 1)
	IV			
urs	Total Hours	Encounters	Compensation	& FTEs
ee	Employee			MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS,
ploye	Total Employee Hours and FTEs			
CTITIC	FTES BY PRACTITIONER		NCOUNTERS, H	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND
FTES	ters, Hours,	Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)	Form B-3 (Co	
1	:		1	

DSS-16 10-24-2016

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

10III 1/1/2019	epoining relica.
7/1/2010	profine Deriod:

To 6/30/2020

FQHC Name: Family Centers Inc.

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

7.87	16,376	8,389	0	7			535,306	26	Total Mental Health	
2.37	4,930	2,206	0	3			123,573	8	5. OTHER MENTAL HEALTH PRACTITIONERS	ت
0.00									4. PSYCHIATRIC APRN	4.
4.15	8,634	4,508	0	3			267,955	15	3. LICENSED CLINICAL SOCIAL WORKER	ω
1.00	2,080	900	0	_			60,000	_	2. PSYCHOLOGIST	2
0.35	732	775	0	0		79)	83,777	2	1. PSYCHIATRIST	-
									C. MENTAL HEALTH PRACTITIONERS	C.
0.98	2,026	1,361	1	0		* :	152,952	3	Total Dental	
0.00									3. OTHER DENTAL PRACTITIONERS	ω
0.40	827	480	_	0	0		33,038	2	2. DENTAL HYGIENIST	5
0.58	1,199	881	0	0	0		119,914	1	1. DENTIST	_
									B. DENTAL PRACTITIONERS	B.
1.18	2,458	1,052	2	2			149,668	з	Total Health Care	
0.00									7. OTHER HEALTH CARE PRACTITIONERS	7.
0.00									6. OTHER ALLIED HEALTH PROFESSIONALS	6.
0.00									5. OTHER HEALTH PROFESSIONALS	ب
0.00									4. PHYSICIAN SERVICES UNDER CONTRACT	4
0.85	1,765	783	2	1	0	0	112,915	2	3. NURSE (APRN, MIDWIFE, RN)	ω
0.33	693	269	0	1			36,753	_	2. PHYSICIAN ASSISTANT	5
0.00									1. PHYSICIAN	_
									A. HEALTH CARE PRACTITIONERS	A.
4.00	8,320	10,000		2	100,000	150,000	500,000	4		
FTEs (2,080 hrs = 1 FTE)	Employee Total Hours	Encounters	rtures	Hires	Low	High	Total Compensation	Number of Practitioners	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE	H S
irs and FTEs	Employee Hours and FTEs		Turnover	Tu	tion Range	Compensation Range				
		VER TYPE	RACTITIONER TYPE	вү Р	i, and ft	RS, HOURS	ENCOUNTER	ENSATION,	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES	
Hours, FIES)	(Summary Compensation, Encounters, Hours, Fies)	ompensation		Form B-4						1

Reporting Period:

From

7/1/2019

To

6/30/2020

FQHC Name:

Family Centers Inc.

Form C (Cost Adjustment & Allocation)

Α.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	1,447,914
В.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	254,820
C.	Total Direct Costs (A+B)	1,702,734
D.	Portion of Title XIX Services (A/C)	85.03%
Ε.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	1,445,608
F.	Overhead Cost Applicable to Title XIX Services (DxE)	1,229,200
G.	Total Title XIX Services Cost (A+F)	2,677,114
Н.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	803,134
L	Cost Adjustment (Lower of H-F or Zero)	(426,066)
 J.	Allowable Title XIX Overhead Cost (F+I)	803,134
		000,104
K.	Direct Costs	444.005
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	411,805
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	312,625
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	723,484
	4. Total Direct Costs (K1 thru K3)	1,447,914
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	28.44%
	2. Dental Services (K2/K4)	21.59%
	3. Mental Health Services (K3/K4)	49.97%
М.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	228,411
	2. Dental Services (JxL2)	173,397
	3. Mental Health Services (JxL3)	401,326
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	803,134

Reporting Period:	From 7/1/2019	To 6/30/2020
FQHC Name:	Family Centers Inc.	
		Form D (Allowable Cost per Encounter)

		ALLOWABLE COST PER ENCOUNTER	
ı.	Hea	th Care Cost (Excluding Dental and Mental Health)	
	A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	411,805
	В.	Allowable Overhead Cost (P13 - Form C, Line M1)	228,411
	C.	Total Allowable Health Care Cost (A+B)	640,216
	D.	Encounters (P12 - Form B-4, Health Care Total)	1,052
	E.	Allowable Health Care Cost Per Encounter (C/D)	608.57
II.	Den	tal	
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	312,625
	В.	Allowable Overhead Cost (P13 - Form C, Line M2)	173,397
	C.	Total Allowable Dental Cost (A+B)	486,022
	D.	Encounters (P12 - Form B-4, Dental Total)	1,361
	E.	Allowable Dental Cost Per Encounter (C/D)	357.11
III.	Men	tal Health	
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	723,484
	В.	Allowable Overhead Cost (P13 - Form C, Line M3)	401,326
	C.	Total Allowable Mental Health Cost (A+B)	1,124,810
	D.	Encounters (P12 - Form B-4, Mental Health Total)	8,389
	E.	Allowable Mental Health Cost Per Encounter (C/D)	134.08

DSS-16 10-24-2016 Page 14

FQHC Name:	Reporting Period:
Family Centers Inc.	
nc.	5
	From_
	7/1/2019
	о
	6/30/2020

Form E (Revenues)

D. Total	Total (1 thru 7)	6. Other - Specify	Other - Specify	Other - Specify		Other - Specify	0	C. revenue general	(14)	11. Total (1 thru 10)	10. Other - Specify		8. Other - Specify			Other - Specify			2. Grants	 Contributions 	B.	6. Total (1 thru 5)	Other - Specify		3. Medicare		Medicaid	Α			
Total Revenue (A6+B11+C7)								revenue generated by non-approved FQHC sites)	(Include					In Kind Donations	Fundraising	Sales of Service					Other Revenue		Pharmacy	эау			A COLOR OF STREET STREET STREET	Operating Revenue		REVENUES	
822,687	0		•							704,204		1		46,307		1,800			656,097			118,483	8,014	11,984	909	5,051	92,525	Mental Health &	Services Excluding Dental,		
407,903	0									251,800						1,800			250,000	8		156,103		74,820	0	6,302	74,981	Dental		=	
1,246,467	0									316,602						11,135			305,467			929,865		48,091	36,286	93,989	751,499	Mental Health		=	
671,285	0									671,285				46,4/5	624,810		31					0						Other		IV	
3,148,342	0	0	0	0	0	0	0			1,943,891	С	0	0				0	0	1,211,564	0		1,204,451	8,014	134,895	37,195	105,342	919,005	(Col. I thru IV)	Total	<	

FQHC Name: Reporting Period: Family Centers Inc. From 7/1/2019 7 6/30/2020 Form F (Grants and Contributions)

5. Total (1 thru 4)	Other - Specify	Other - Specify	Other - Specify	Other - Specify	4. Other - Specify	3. Mental Health	2. Dental	 Services (Excludir 	Grants (Excluding PHS)		5. Total (1 thru 4)	Other - Specify	Other - Specify	Other - Specify	Other - Specify	4. Other - Specify	3. Mental Health	2. Dental	1. Services (Excludir	Contributions
					CHCACT various			1. Services (Excluding Dental, Mental Health and Other)	PHS)			Donated office space	Donated vaccines	Special Events	Sales of Service	Contributions			1. Services (Excluding Dental, Mental Health and Other)	
108,907					58,907	50,000				1	778,634	46,475	46,307	624,810	14,735	0				ACTUAL

Re	porti	na P	erio	d:
	P			

From

7/1/2019

To

6/30/2020

FQHC Name:

Family Centers Inc.

Form G (Cost Disallowance and Offset)

Page 17

Cost	Disallowance		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	8,016	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel		
6. 7.	Contingent reserves Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
8.	Fundraising	65,915	
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care	1	
14.	Interest		
15.	Pass through expenses		
16.	Total (1 thru 15)		7
Cost	Offset (Expense Recovery)		
1.	Refunds - Medicaid Outreach		
2.	Rent Income		
3.	In-Kind Medical Supplies	46,307	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		4

DSS-16 10-24-2016

Family Centers Inc.

For the Fiscal Year Ended June 30, 2020 Crosswalk from Trial Balance to Medicaid Cost Report

EQUIPMENT MAINT & RENTAL PUBLIC AWARENESS PROF'L. FEES - ADMIN. PROF'L. FEES - ADMIN - Other SOFTWARE FEES	TRAVEL & AUTO EXPENSES CLIENT ASSISTANCE TELECOMMUNICATIONS CELL PHONE POSTAGE/DELIVERY SERVICE OCCUPANCY	PAYROLL TAXES CONTRACTED CLIENT SVS SUPPLIES: Office SUPPLIES: Building SUPPLIES: Printing SUPPLIES: Computer SUPPLIES: Computer SUPPLIES: Outreach PROF'L. DEV. PROF'L. DEV Travel/Meals PROF'L. DEV Prof'l. Pubs CLIENT ACTIVITY	Crosswalk from Trial Balance to Medical Cost Report FCHC FCHC FCHC Medical Dental
2,615 4,843 3,810 1,904 21,282	1,780 21 16,199 1,851 323 8,342	43,830 58,949 922 3,033 516 4,570 12,273 2,386 2,313 1,199 332	FCHC Medical 110,470 8,014 656,097 1,800 776,381 549,674 74,083
3,293 3,565 3,856 (500) 2,331	1,096 13,705 601 97 7,958	31,690 39,896 871 2,035 4,603 30,424 2,441 4,840 1,050 463	FCHC Dental 156,103 250,000 1,800 407,903 390,747 52,274
7,985 4,014 7,684 0 8,554	1,638 462 14,902 2,351 10 40,187	65,184 140,627 117 43 363 1,470 0 1,226 4,117 815	FCHC Mental Health 929,865 305,467 11,135 1,246,467 830,785 108,833
13,893 12,422 15,350 1,404 32,167	4,514 483 44,806 4,803 430 56,487	140,704 239,472 1,910 5,111 1,274 10,643 42,697 6,053 11,270 3,064 943	Total 1,196,438 8,014 1,211,564 14,735 0 0 2,430,751 1,771,206 235,190
			Phar
2,941		4,007	Pharmacy 6,948
2,941	46,475	4,007 46,307	In Kind Donation 92,782 92,782
2,941	46,475		D =
13,893 12,422 18,291 1,404 32,167	_		In Kind Other Fund Addition Raising 1.

Family Centers Inc.

For the Fiscal Year Ended June 30, 2020 Crosswalk from Trial Balance to Medicaid Cost Report

comment

crosswalk from Trial Balance to Medicald Cost Report	Medicald Cost	rkeport						
	FCHC Medical	FCHC Dental	FCHC Mental Health	Total	Pharmacy In Kind Donation		Other Fund Raising	Adjusted Total
RECRUITMENT	23,000	0		23,000				23,000
MEMBERSHIP DUES	7,951	7,706	7,929	23,586				23,586
INSURANCE	9,146	5,600	11,622	26,368				26,368
LICENSES & FEES	1,368	3,922	1,188	6,478				6,478
BAD DEBTS	2,004	2,004	4,008	8,016				8,016
Total EXPENSES		616,963	1,266,262 2,743,844	2,743,844	6,948	92,782	0	2,843,574
G & A DISTRIBUTION	81,727	54,135	168,906	304,768				304,768
TOTAL EXPENSES	942,346	671,098	1,435,168	3,048,612	6,948	92,782	0	0 3,148,342
EXCESS OF REVENUES OVER EXPENSES	(165,965)	(263,195)	(165,965) (263,195) (188,701)	(617,861)	0	0	617,861	0

Family Centers Inc.

For the Fiscal Year Ended June 30, 2020

Reconciliation of DSS FQHC Cost Report to Audited Financial Statements

Expense

Expenses per Form A-5 Line J, Column III	\$ 3,148,342
Add: Non-FQHC Services	\$ 13,964,724
Expenses Per Audited Financial Statements	\$ 17,113,066
Revenue	
Revenues Per Form E Line D, Column V	\$ 3,148,342
Add: Non-FQHC Service Revenue	\$ 14,003,493
Revenue per Audited Financial Statements	\$ 17,151,835
Income (Loss) from Operations	\$ 38,769
Reconciliation of DSS FQHC Cost Report to Medicare Cost Reports	
Form E - Revenues Line D Column V	\$ 3,148,342
Form A-5 - Expenses Line J, Column VII	\$ 3,148,342
Net (Income) Loss Medicaid Report	\$
CCN #071924 07/01/2019 - 06/30/2020	\$ -
Net (Income) Loss Medicare report	\$