

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
Contact Person	Marion Beale
Title	Director of Finance

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical 008066994	From 7/1/2019 To 6/30/2020
Dental 008068285	
Mental Health 004172912	
Other (Specify) _____	

4. Type of Control (Check One Only)	RECEIVED
<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION	
<input type="checkbox"/> GOVERNMENT	
<input type="checkbox"/> STATE	
<input type="checkbox"/> COUNTY	MAR 19 2021
<input type="checkbox"/> DISTRICT	
<input type="checkbox"/> CITY	

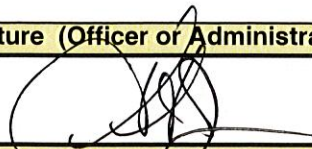
5. FQHC Owned By:	DEPT. OF SOCIAL SERVICES OFFICE OF CON AND RATE SETTINGS
Family Centers Inc.	

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
Family Centers Inc. 008066994

 (FQHC Name)

For the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 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
	Stephanie Johnson
Title	Date
Chief Financial Officer	March 11, 2021

RECEIVED

MAY 19 2021

DEPT. OF SOCIAL SERVICES
OFFICE OF GON AND FATE SETTING

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

Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: Family Centers Inc.

Form A-3 (Direct Mental 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	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	332,564	70,570	403,134	0	403,134	0	403,134
b. Social Worker							
c. Other - Specify							
Social Workers (contract)		118,965	118,965		118,965		118,965
Psychiatrist	66,159	14,039	80,198		80,198		80,198
Psychiatrist (contractor)		17,618	17,618		17,618		17,618
Director	77,520	16,450	93,970		93,970		93,970
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	476,243	237,642	713,884	0	713,884	0	713,884
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance		9,600	9,600		9,600		9,600
e. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	9,600	9,600	0	9,600	0	9,600
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	476,243	247,242	723,484	0	723,484	0	723,484
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	895,859	552,055	1,447,914	-	1,447,914	-	1,447,914

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

Reporting Period:

From 7/1/2019

To 6/30/2020

FQHC Name: Family Centers Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Form A-4 (Non-Allowable Direct Other Service Cost)

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	V	VI	VIII
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
Quality Improvement	94,400	20,032	114,432		114,432		114,432
Enabling/Outreach	100,371	21,299	121,669		121,669		121,669
Outreach Intern		7,752	7,752		7,752		7,752
Outreach Supplies		6,053	6,053		6,053		6,053
Translation		2,941	2,941		2,941		2,941
Pharmacy Management		1,973	1,973		1,973		1,973
			0		0		0
			0		0		0
i. Total Non-Allowable Direct Other Service Cost	194,771	60,049	254,820	0	254,820	0	254,820
F. TOTAL DIRECT COST (D+E1)	1,090,629	612,104	1,702,734	-	1,702,734	-	1,702,734

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

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

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments	Net Expenses
	I	II	III	IV	(Col 3 & 4) V	Increase (Decrease) VI	(Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent							0
b. Insurance		14,368	14,368	0	14,368	0	14,368
c. Interest on Mortgage or Loans			0	0	0	0	0
d. Utilities			0	0	0	0	0
e. Depreciation - Building			0	0	0	0	0
f. Depreciation - Equipment			0	0	0	0	0
g. Housekeeping & Maintenance			0	0	0	0	0
h. Other (Specify)			0	0	0	0	0
Facility costs		56,487	56,487	0	56,487	0	56,487
In Kind Office Space		46,475	46,475	0	46,475	0	46,475
			0	0	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. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	680,577	144,418	824,995	0	824,995	0	824,995
b. Depreciation - Office Equipment			0	0	0	0	0
c. Office Supplies			0	0	0	0	0
d. Legal			0	0	0	0	0
e. Accounting			0	0	0	0	0
f. Insurance		49,609	49,609	0	49,609	0	49,609
g. Telephone			0	0	0	0	0
h. Advertising-Help Wanted			0	0	0	0	0
i. Interest - Capital Loans			0	0	0	0	0
j. Other (Specify)			0	0	0	0	0
Professional Fees		19,695	19,695	0	19,695	0	19,695
Agency Overhead allocation		304,768	304,768	0	304,768	0	304,768
various		129,211	129,211	0	129,211	0	129,211
			0	0	0	0	0
			0	0	0	0	0
k. Subtotal Overhead - Administrative Cost	680,577	647,701	1,328,278	0	1,328,278	0	1,328,278
l. TOTAL OVERHEAD COST (G+H+K)	680,577	765,031	1,445,608	-	1,445,608	-	1,445,608
J. GRAND TOTAL COSTS² (F+I)							
	1,771,206	1,377,136	3,148,342	-	3,148,342	-	3,148,342

² Reconciliation schedule is required if Line u, 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 7/1/2019 To 6/30/2020
 FQHC Name: Family Centers 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
A. Provide Itemized de-identified list (e.g., Physician 1)						
PHYSICIAN		General Practitioner	125,000	1,500	1,040	0.50
1.						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
Total Physician Encounters, Staff Hours and FTEs			0	0	0	0.00
B. PHYSICIAN ASSISTANT						
1.	PHYSICIAN ASSISTANT	General	36,753	269	693	0.33
2.						0.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Assistant Encounters, Hours and FTEs			36,753	269	693	0.33

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

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)					
<i>Provide Itemized de-identified list (e.g., Physician 1)</i>					
C. NURSE (APRN, MIDWIFE, RN)					
1. APRN 1	General	73,070	569	1,387	0.67
2. APRN 2	General	39,845	214	378	0.18
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		112,915	783	1,765	0.85

D. PHYSICIAN SERVICES UNDER CONTRACT					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00

E. OTHER HEALTH CARE PRACTITIONER					
1.					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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

Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: Family Centers 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>					
A.	DENTIST				
1.	DENTIST	119,914	881	1,199	0.58
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Dentist Encounters, Staff Hours and FTEs		119,914	881	1,199	0.58
B.	DENTAL HYGIENIST				
1.	DENTAL HYGIENIST 1	28,500	441	750	0.36
2.	DENTAL HYGIENIST 2	4,538	39	77	0.04
3.					0.00
4.					0.00
5.					0.00
Total Dental Hygienist Encounters, Hours and FTEs		33,038	480	827	0.40
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

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

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

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

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

Reporting Period:

From 7/1/2019

To 6/30/2020

FQHC Name: Family Centers Inc.

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
Provide itemized de-identified list (e.g., Psychologist 1)					
		125,000	1,500	1,040	0.50
B.	SOCIAL WORKER				
1.	SOCIAL WORKER 1	24,848	285	792	0.38
2.	SOCIAL WORKER 2	60,000	900	2,080	1.00
3.	SOCIAL WORKER 3	57,000	863	2,080	1.00
4.	SOCIAL WORKER 4	5,947	92	347	0.17
5.	SOCIAL WORKER 5	18,808	258	693	0.33
6.	SOCIAL WORKER 6	56,280	597	1,913	0.92
7.	SOCIAL WORKER 7	11,458	125	953	0.46
8.	SOCIAL WORKER 8	10,333	232	867	0.42
9.	SOCIAL WORKER 9	6,079	15	260	0.13
10.	SOCIAL WORKER 10	38,103	501	1,387	0.67
11.	SOCIAL WORKER 11	11,800	230	358	0.17
12.	SOCIAL WORKER 12	2,140	554	81	0.04
13.	SOCIAL WORKER 13	25,208	344	953	0.46
14.	SOCIAL WORKER 14	4,558	42	139	0.07
15.	SOCIAL WORKER 15	3,750	67	75	0.04
16.	SOCIAL WORKER 16	20,550	394	411	0.20
17.	SOCIAL WORKER 17	1,250	21	25	0.01
18.	SOCIAL WORKER 18	4,700	98	94	0.05
19.	SOCIAL WORKER 19	19,500	369	390	0.19
20.	SOCIAL WORKER 20	15,365	313	308	0.15
21.	SOCIAL WORKER 21	48,650	871	973	0.47
22.	SOCIAL WORKER 22	5,200	85	104	0.05
23.	SOCIAL WORKER 23	0	310	310	0.15
24.	SOCIAL WORKER 24	0	48	48	0.02
Total Social Worker Encounters, Hours and FTEs		451,529	7,614	15,644	7.55

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

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

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE									
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	FTEs (2,080 hrs = 1 FTE)
			High	Low	Hires	Departures			
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN									0.00
2. PHYSICIAN ASSISTANT	1	36,753			1	0	269	693	0.33
3. NURSE (APRN, MIDWIFE, RN)	2	112,915	0	0	1	2	783	1,765	0.85
4. PHYSICIAN SERVICES UNDER CONTRACT									0.00
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS									0.00
Total Health Care	3	149,668			2	2	1,052	2,458	1.18

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		Encounters	Employee Hours and FTEs	FTEs (2,080 hrs = 1 FTE)
			High	Low	Hires	Departures			
B. DENTAL PRACTITIONERS									
1. DENTIST	1	119,914		0	0	0	881	1,199	0.58
2. DENTAL HYGIENIST	2	33,038		0	0	1	480	827	0.40
3. OTHER DENTAL PRACTITIONERS									0.00
Total Dental	3	152,952			0	1	1,361	2,026	0.98

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		Encounters	Employee Hours and FTEs	FTEs (2,080 hrs = 1 FTE)
			High	Low	Hires	Departures			
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	2	83,777			0	0	775	732	0.35
2. PSYCHOLOGIST	1	60,000			1	0	900	2,080	1.00
3. LICENSED CLINICAL SOCIAL WORKER	15	267,955			3	0	4,508	8,634	4.15
4. PSYCHIATRIC APRN									0.00
5. OTHER MENTAL HEALTH PRACTITIONERS	8	123,573			3	0	2,206	4,930	2.37
Total Mental Health	26	535,306			7	0	8,389	16,376	7.87

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
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Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	Family Centers Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	1,447,914
B.	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%
E.	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
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	803,134
I.	Cost Adjustment (Lower of H-F or Zero)	(426,066)
J.	Allowable Title XIX Overhead Cost (F+I)	803,134
K.	Direct Costs	
	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%
M.	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

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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Family Centers 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)	411,805
B. 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. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	312,625
B. 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. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	723,484
B. 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

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

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
A. Operating Revenue						
1. Medicaid		92,525	74,981	751,499		919,005
2. Private		5,051	6,302	93,989		105,342
3. Medicare		909	0	36,286		37,195
4. Patient Cash/Self Pay		11,984	74,820	48,091		134,895
5. Other - Specify Pharmacy		8,014				8,014
6. Total (1 thru 5)		118,483	156,103	929,865	0	1,204,451
B. Other Revenue						
1. Contributions						0
2. Grants		656,097	250,000	305,467		1,211,564
3. Interest						0
4. Donations						0
5. Other - Specify Sales of Service		1,800	1,800	11,135	624,810	14,735
6. Other - Specify Fundraising					46,475	624,810
7. Other - Specify In Kind Donations		46,307				92,782
8. Other - Specify						0
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		704,204	251,800	316,602	671,285	1,943,891
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)		822,687	407,903	1,246,467	671,285	3,148,342

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

Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: Family Centers Inc.

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		ACTUAL
A.	Contributions	
	1. Services (Excluding Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify	0
	Other - Specify	14,735
	amocanun or Agency trer Annual Appeal,	
	Special Events	624,810
	Other - Specify	46,307
	Donated vaccines	
	Other - Specify	46,475
	Donated office space	
	5. Total (1 thru 4)	778,634
	B. Grants (Excluding PHS)	
	1. Services (Excluding Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	50,000
	4. Other - Specify	58,907
	Other - Specify	
	CHCACT various	
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
	5. Total (1 thru 4)	108,907

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

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

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

COST DISALLOWANCE AND OFFSET		
A.	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. 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	65,915
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	73,931
B.	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)	46,307
C.	Total Cost Disallowance and Offset (A16+B7)	120,238

Family Centers Inc.

For the Fiscal Year Ended June 30, 2020

Crosswalk from Trial Balance to Medicaid Cost Report

	FCHC Medical	FCHC Dental	FCHC Mental Health	Total	Pharmacy	In Kind Donation	Other Fund Raising	Adjusted Total	comment
REVENUES									
SERVICE FEES	110,470	156,103	929,865	1,196,438				1,196,438	
SERVICE FEES - PHARMACY	8,014			8,014	6,948			14,962	T/B reports net revenue
GRANTS - GOVERNMENT	656,097	250,000	305,467	1,211,564				1,211,564	
SALES OF SERVICES	1,800	1,800	11,135	14,735				14,735	
CONTRIBUTIONS				0			617,861	617,861	all costs covered by Other
MISC INCOME				0		92,782		92,782	T/B omits In Kind
Total REVENUES	776,381	407,903	1,246,467	2,430,751	6,948	92,782	617,861	3,148,342	
EXPENSES									
SALARIES	549,674	390,747	830,785	1,771,206				1,771,206	
EMPLOYEE BENEFITS	74,083	52,274	108,833	235,190				235,190	
PAYROLL TAXES	43,830	31,690	65,184	140,704				140,704	
CONTRACTED CLIENT SVS	58,949	39,896	140,627	239,472				239,472	
SUPPLIES : Office	922	871	117	1,910				1,910	
SUPPLIES : Building	3,033	2,035	43	5,111				5,111	
SUPPLIES : Printing	516	395	363	1,274				1,274	
SUPPLIES : Computer	4,570	4,603	1,470	10,643				10,643	
SUPPLIES : Dental & Medical	12,273	30,424	0	42,697	4,007	46,307		93,011	T/B omits Rx COGS, In Kind
SUPPLIES : Outreach	2,386	2,441	1,226	6,053				6,053	
PROFL. DEV.	2,313	4,840	4,117	11,270				11,270	
PROFL. DEV. - Travel/Meals	1,199	1,050	815	3,064				3,064	
PROFL. DEV. - Prof'l. Pubs	332	463	148	943				943	
CLIENT ACTIVITY	100	0		100				100	
TRAVEL & AUTO EXPENSES	1,780	1,096	1,638	4,514				4,514	
CLIENT ASSISTANCE	21		462	483				483	
TELECOMMUNICATIONS	16,199	13,705	14,902	44,806				44,806	
CELL PHONE	1,851	601	2,351	4,803				4,803	
POSTAGE/DELIVERY SERVICE	323	97	10	430				430	
OCCUPANCY	8,342	7,958	40,187	56,487		46,475		102,962	T/B omits In Kind
EQUIPMENT MAINT & RENTAL	2,615	3,293	7,985	13,893				13,893	
PUBLIC AWARENESS	4,843	3,565	4,014	12,422				12,422	
PROFL. FEES - ADMIN.	3,810	3,856	7,684	15,350	2,941			18,291	T/B omits Pharmacy management
PROFL. FEES - ADMIN - Other	1,904	(500)	0	1,404				1,404	
SOFTWARE FEES	21,282	2,331	8,554	32,167				32,167	

Family Centers Inc.

For the Fiscal Year Ended June 30, 2020

Crosswalk from Trial Balance to Medicaid Cost Report

	FCHC Medical	FCHC Dental	FCHC Mental Health	Total	Pharmacy	In Kind Donation	Other Fund Raising	Adjusted Total	comment
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	860,619	616,963	1,266,262	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	3,148,342	
EXCESS OF REVENUES OVER EXPENSES	(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
		<hr/>
Expenses Per Audited Financial Statements	\$	<u>17,113,066</u>

Revenue

Revenues Per Form E Line D, Column V	\$	3,148,342
Add: Non-FQHC Service Revenue	\$	14,003,493
		<hr/>
Revenue per Audited Financial Statements	\$	<u>17,151,835</u>
Income (Loss) from Operations	\$	<u><u>38,769</u></u>

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	\$	<u>3,148,342</u>
Net (Income) Loss Medicaid Report	\$	<u><u>-</u></u>
CCN #071924 07/01/2019 - 06/30/2020	\$	-
Net (Income) Loss Medicare report	\$	<u><u>-</u></u>