

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

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

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

<b>1. FQHC Name</b>	Generations Family Health Center, Inc.		
<b>Street Address</b>	40 Mansfield Avenue		
<b>City, State, ZIP</b>	Willimantic, CT 06226		
<b>Telephone Number</b>	860-450-7471		
<b>Contact Person</b>	Debra Daviau Savoie		
<b>Title</b>	Chief Financial Officer		

<b>2. FQHC Medicaid Provider Number:</b>	<b>3. Reporting Period:</b>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Medical</td> <td style="width: 15%; text-align: center;">_____</td> <td style="width: 20%; text-align: center;">4235695</td> </tr> <tr> <td>Dental</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">4235687</td> </tr> <tr> <td>Mental Health</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">8003942</td> </tr> <tr> <td>Other (Specify)</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td></td> </tr> </table>	Medical	_____	4235695	Dental	_____	4235687	Mental Health	_____	8003942	Other (Specify)	_____			_____		From <u>7/1/2019</u> To <u>6/30/2020</u>
Medical	_____	4235695														
Dental	_____	4235687														
Mental Health	_____	8003942														
Other (Specify)	_____															
	_____															

**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

\_\_\_\_\_

Generations Family Health Center, Inc. 4235695

(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:

<b>6. Signature (Officer or Administrator of FQHC)</b>	<b>Printed Name</b>
	
Title	Date
CEO	12/30/20

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

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Generations Family Health Center, Inc.	

**7. Service Sites:** List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
GFHC, Inc.	40 Mansfield Avenue, Willimantic, CT 06226-2018	Yes	See Page 1
GFHC, Inc.	42 Reynolds Street, Danielson, CT 06239-2917	Yes	See Page 1
GFHC, Inc.	330 Washington Street, STE 510, Norwich, CT 06360-2733	Yes	See Page 1
GFHC, Inc.	202 Pomfret Street, Putnam, CT 06260-1833	Yes	See Page 1
GFHC, Inc., Across the Smiles Mobile Dental	Mobile Dental Van Site, Danielson, CT 06239-3005	Yes	See Page 1
GFHC, Inc., School Based Health Center at Putnam Public Schools	35 Wicker Street, Putnam, CT 06260- 1443	Yes	See Page 1
GFHC, Inc., School Based Health Center at Putnam Public Schools	152 Woodstock Avenue, Putnam, CT 06260-1432	Yes	See Page 1
GFHC, Inc., Backus Mobile Van	330 Washington Street, Norwich, CT 06360-2700	Yes	See Page 1

<b>8. Related Parties:</b> Related party information is reported on the following, which accompanies this cost report submission:	
<b>Select One:</b>	
C. Not applicable. The FQHC does not have any related party individuals or organizations.	

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

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

FQHC Name: Generations Family Health Center, Inc.

**Form A-1 (Direct Health 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>A. DIRECT HEALTH CARE COST</b>							
<i>(Excluding Dental, Mental Health &amp; Other)</i>							
<b>1. Staff Cost</b>							
a. Physician	1,941,255	2,519	1,943,775	550,776	2,494,551	(39)	2,494,512
b. Physician Assistant	1,860,203		1,860,203	527,780	2,387,983		2,387,983
c. Nurse (APRN, Midwife, RN)	403,215		403,215	114,401	517,616		517,616
d. Other - Specify	1,028,843		1,028,843	291,905	1,320,748		1,320,748
LPN	596,974		596,974	169,374	766,348		766,348
Medical Assistant	302,074		302,074	85,705	387,779		387,779
Care Facilitator/ Home Visitor		106,390	106,390		106,390		106,390
Care Coordinators							
Other Direct Contracted							
<b>e. Subtotal Direct Health Care Cost</b>	<b>6,132,564</b>	<b>108,910</b>	<b>6,241,474</b>	<b>1,739,942</b>	<b>7,981,416</b>	<b>(39)</b>	<b>7,981,377</b>
<b>2. Other Direct Health Care Cost</b>							
a. Medical Supplies		645,575	645,575		645,575	(258,364)	387,211
b. Transportation		23,286	23,286		23,286		23,286
c. Depreciation - Medical Equipment		3,754	3,754		3,754		3,754
d. Professional Liability Insurance		23,507	23,507		23,507		23,507
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify		866,433	866,433		866,433		866,433
See detail Crosswalk tab Column S							
<b>i. Subtotal Other Direct Health Care Cost</b>	<b>0</b>	<b>1,562,554</b>	<b>1,562,554</b>	<b>0</b>	<b>1,562,554</b>	<b>(258,364)</b>	<b>1,304,190</b>
<b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>	<b>6,132,564</b>	<b>1,671,464</b>	<b>7,804,028</b>	<b>1,739,942</b>	<b>9,543,970</b>	<b>(258,403)</b>	<b>9,285,567</b>

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: Generations Family Health Center, 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	Reclassifications 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	370,547	132,259	502,806	105,132	607,938		607,938
b. Dental Hygienist	312,518		312,518	88,668	401,186		401,186
c. Other - Specify							
Dental Assistant	203,172	5,280	208,452	57,644	266,096	(925)	265,171
			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
<b>d. Subtotal Direct Dental Care Cost</b>	<b>886,236</b>	<b>137,539</b>	<b>1,023,775</b>	<b>251,444</b>	<b>1,275,219</b>	<b>(925)</b>	<b>1,274,294</b>
<b>2 Other Direct Dental Care Cost</b>							
a. Dental Supplies		114,027	114,027		114,027		114,027
b. Transportation		4,960	4,960		4,960		4,960
c. Depreciation - Dental Equipment		14,903	14,903		14,903		14,903
d. Professional Liability Insurance		4,973	4,973		4,973		4,973
e. Other - Specify							
See detail Crosswalk tab Column Y		357,591	357,591		357,591		357,591
		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>496,454</b>	<b>496,454</b>	<b>0</b>	<b>496,454</b>	<b>0</b>	<b>496,454</b>
<b>3 TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>	<b>886,236</b>	<b>633,993</b>	<b>1,520,229</b>	<b>251,444</b>	<b>1,771,674</b>	<b>(925)</b>	<b>1,770,749</b>

STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: Generations Family Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

	I	II	III	IV	V	VI	VII
<b>COST CENTER</b>	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>C. DIRECT MENTAL HEALTH CARE COST</b>							
<b>1. Staff Cost</b>							
a. Psychologist	560,123		560,123	158,919	719,042		719,042
b. Social Worker	147,269	263,717	410,986	41,783	452,769	(8,637)	444,133
c. Other - Specify	347,393	0	347,393	98,563	445,955		445,955
Psychiatrist	22,890		22,890	6,494	29,384		29,384
Psychiatric APRN	0		0	0	0		0
BH Medical Assistant	351,992		351,992	99,868	451,860		451,860
BH Clinician MSW	81,593		81,593	23,150	104,743		104,743
BH Clinician Other Licensed	0		0	0	0		0
BH LPN	0		0	0	0		0
BH Care Coordinator	0		0	0	0		0
<b>d. Subtotal Direct Mental Health Care Cost</b>	<b>1,511,259</b>	<b>263,717</b>	<b>1,774,976</b>	<b>428,777</b>	<b>2,203,753</b>	<b>(8,637)</b>	<b>2,195,116</b>
<b>2. Other Direct Mental Health Care Cost</b>							
a. Medical Supplies		5,795	5,795		5,795		5,795
b. Transportation		17,266	17,266		17,266		17,266
c. Depreciation - Mental Health Equipment		0	0		0		0
d. Professional Liability Insurance		6,658	6,658		6,658		6,658
e. Other - Specify		343,238	343,238		343,238		343,238
See detail Crosswalk tab Column AE			0		0		0
			0		0		0
			0		0		0
<b>f. Subtotal Other Direct Mental Health Care Cost</b>	<b>0</b>	<b>372,957</b>	<b>372,957</b>	<b>0</b>	<b>372,957</b>	<b>0</b>	<b>372,957</b>
<b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	<b>1,511,259</b>	<b>636,674</b>	<b>2,147,933</b>	<b>428,777</b>	<b>2,576,710</b>	<b>(8,637)</b>	<b>2,568,074</b>
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>8,530,059</b>	<b>2,942,132</b>	<b>11,472,191</b>	<b>2,420,163</b>	<b>13,504,575</b>	<b>(267,965)</b>	<b>13,236,610</b>

STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: Generations Family Health Center, Inc.

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

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
<b>1. Service</b>							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy		1,103,815	1,103,815		1,103,815	(1,103,815)	0
d. Battered Women		0	0		0		0
e. Homeless		0	0		0		0
f. WIC		0	0		0		0
g. Non-FQHC Sites		0	0		0		0
h. Other - Specify							
<b>i. Total Non-Allowable Direct Other Service Cost</b>	<b>0</b>	<b>1,103,815</b>	<b>1,103,815</b>	<b>0</b>	<b>1,103,815</b>	<b>(1,103,815)</b>	<b>0</b>
<b>F. TOTAL DIRECT COST (D+E1)</b>	<b>8,530,059</b>	<b>4,045,947</b>	<b>12,576,006</b>	<b>2,420,163</b>	<b>14,608,390</b>	<b>(1,371,781)</b>	<b>13,236,610</b>

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: Generations Family Health Center, Inc.

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)
<b>G. OVERHEAD - FACILITY COST</b>							
a. Rent		74,753	74,753		74,753		74,753
b. Insurance		23,205	23,205		23,205		23,205
c. Interest on Mortgage or Loans		244,941	244,941		244,941		244,941
d. Utilities		90,979	90,979		90,979		90,979
e. Depreciation - Building		340,236	340,236		340,236		340,236
f. Depreciation - Equipment		2,911	2,911		2,911		2,911
g. Housekeeping & Maintenance		242,431	242,431		242,431		242,431
h. Other (Specify) See detail Crosswalk tab Column AN		2,207	2,207		2,207		2,207
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>i. Subtotal Overhead - Facility Cost</b>	<b>0</b>	<b>1,021,661</b>	<b>1,021,661</b>	<b>0</b>	<b>1,021,661</b>	<b>0</b>	<b>1,021,661</b>
<b>H. OVERHEAD - ADMINISTRATIVE COST</b>							
a. Office Salaries	5,688,803		5,688,803	1,614,037	7,302,840		7,302,840
b. Depreciation - Office Equipment		87,177	87,177		87,177		87,177
c. Office Supplies		256,331	256,331		256,331		256,331
d. Legal		38,466	38,466		38,466		38,466
e. Accounting		50,697	50,697		50,697		50,697
f. Insurance		46,963	46,963		46,963		46,963
g. Telephone		2,162	2,162		2,162		2,162
h. Fringe Benefits & Taxes		4,034,200	4,034,200	(4,034,200)	0		0
i. Interest - Capital Loans		0	0		0		0
j. Other (Specify) See detail Crosswalk tab Column AX		515,621	515,621		515,621	(128,660)	386,962
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>5,688,803</b>	<b>5,031,617</b>	<b>10,720,420</b>	<b>(2,420,163)</b>	<b>8,300,257</b>	<b>(128,660)</b>	<b>8,171,597</b>
<b>I. TOTAL OVERHEAD COST (GI+HK)</b>	<b>5,688,803</b>	<b>6,053,278</b>	<b>11,742,081</b>	<b>(2,420,163)</b>	<b>9,321,918</b>	<b>(128,660)</b>	<b>9,193,258</b>
<b>J. GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>	<b>14,218,862</b>	<b>10,099,235</b>	<b>24,318,087</b>	<b>-</b>	<b>23,930,308</b>	<b>(1,500,440)</b>	<b>22,429,868</b>

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

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Generations Family Health Center, Inc.	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>					
<b>A.</b>					
1.	PHYSICIAN				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>		125,000	1,500	1,040	0.50
<b>B.</b>					
<b>PHYSICIAN ASSISTANT</b>					
1.					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



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 FQHC Name: Generations Family Health Center, 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 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1.					0.00
2. Please see Form B4					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
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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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020  
 FQHC Name: Generations Family Health Center, 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.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
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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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Generations Family Health Center, 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	Encounters	Total Employee Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist )</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
<b>A.</b>				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>				
	0	0	0	0.00
<b>B.</b>				
<b>SOCIAL WORKER</b>				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Social Worker Encounters, Hours and FTEs</b>				
	0	0	0	0.00
<b>C.</b>				
<b>OTHER MENTAL HEALTH PRACTITIONER</b>				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>				
	0	0	0	0.00

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ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020  
 FQHC Name: Generations Family Health Center, 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			Employee Hours and FTEs		
			High	Low	100,000	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
<b>A. HEALTH CARE PRACTITIONERS</b>	<b>4</b>	<b>500,000</b>	<b>150,000</b>	<b>100,000</b>	<b>10,000</b>	<b>2</b>	<b>1</b>	<b>10,000</b>	<b>8,320</b>	<b>4.00</b>	
1. PHYSICIAN	14	1,941,255	345,571	176,800		2	0	26,554	19,447	9.35	
2. PHYSICIAN ASSISTANT										0.00	
3. NURSE (APRN, MIDWIFE, RN)	20	1,860,203	169,000	72,000		1	3	36,730	32,876	15.81	
4. PHYSICIAN SERVICES UNDER CONTRACT	1	2,519						6		0.00	
5. OTHER HEALTH PROFESSIONALS										0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS										0.00	
7. OTHER HEALTH CARE PRACTITIONERS										0.00	
<b>Total Health Care</b>	<b>35</b>	<b>3,803,978</b>				<b>3</b>	<b>3</b>	<b>63,290</b>	<b>52,323</b>	<b>25.16</b>	
<b>B. DENTAL PRACTITIONERS</b>											
1. DENTIST	6	370,547	208,000	150,800		1	2	3,814	5,424	2.61	
2. DENTIST UNDER CONTRACT	2	132,259						631			
3. DENTAL HYGIENIST	4	312,518	94,931	78,811		0	0	4,381	7,686	3.70	
4. OTHER DENTAL PRACTITIONERS										0.00	
<b>Total Dental</b>	<b>12</b>	<b>815,323</b>				<b>1</b>	<b>2</b>	<b>8,826</b>	<b>13,110</b>	<b>6.31</b>	
<b>C. MENTAL HEALTH PRACTITIONERS</b>											
1. PSYCHIATRIST	1	147,269	413,462	413,462		0	0	1,756	2,156	1.04	
2. PSYCHIATRIST SERVICES UNDER CONTRACT	2	263,717						549		0.00	
3. LICENSED CLINICAL SOCIAL WORKER	10	560,123	137,800	60,840		2	1	7,451	16,919	8.13	
4. PSYCHIATRIC APRN	2	347,393	176,349	139,256		1	2	4,941	4,969	2.39	
5. OTHER MENTAL HEALTH PRACTITIONERS	7	351,992	76,384	53,040		1	0	5,675	12,395	5.96	
<b>Total Mental Health</b>	<b>22</b>	<b>1,670,493</b>				<b>4</b>	<b>3</b>	<b>20,372</b>	<b>36,438</b>	<b>17.52</b>	

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Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	13,236,610
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	13,236,610
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	9,193,258
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,193,258
G.	Total Title XIX Services Cost (A+F)	22,429,868
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,728,960
I.	Cost Adjustment (Lower of H-F or Zero)	(2,464,298)
J.	Allowable Title XIX Overhead Cost (F+I)	6,728,960
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	8,897,787
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,770,749
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,568,074
	4. Total Direct Costs (K1 thru K3)	13,236,610
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	67.22%
	2. Dental Services (K2/K4)	13.38%
	3. Mental Health Services (K3/K4)	19.40%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,523,207
	2. Dental Services (JxL2)	900,335
	3. Mental Health Services (JxL3)	1,305,418
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,728,960

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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)	8,897,787
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,523,207
C. Total Allowable Health Care Cost (A+B)	13,420,994
D. Encounters (P12 - Form B-4, Health Care Total)	63,290
E. Allowable Health Care Cost Per Encounter (C/D)	212.06

**II. Dental**

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,770,749
B. Allowable Overhead Cost (P13 - Form C, Line M2)	900,335
C. Total Allowable Dental Cost (A+B)	2,671,084
D. Encounters (P12 - Form B-4, Dental Total)	8,826
E. Allowable Dental Cost Per Encounter (C/D)	302.64

**III. Mental Health**

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	2,568,074
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,305,418
C. Total Allowable Mental Health Cost (A+B)	3,873,492
D. Encounters (P12 - Form B-4, Mental Health Total)	20,372
E. Allowable Mental Health Cost Per Encounter (C/D)	190.14

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Form E (Revenues)

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A.</b>	<b>Operating Revenue</b>					
1.	Medicaid	5,810,544	906,385	2,390,749		9,107,678
2.	Private	1,077,359	(31,227)	266,030		1,312,162
3.	Medicare	1,289,067		360,850		1,649,917
4.	Patient Cash/Self Pay	787,406	204,678	117,812		1,109,896
5.	Other - Specify Allowance for Doubtful Accounts	(439,871)	(97,749)	(73,312)		(610,932)
6.	Total (1 thru 5)	8,524,505	982,087	3,062,129	0	12,568,721
<b>B.</b>	<b>Other Revenue</b>					
1.	Contributions	266,881				266,881
2.	Grants	3,424,703	740,322	1,129,546		5,294,571
3.	Interest				3,936	3,936
4.	Donations				21,498	21,498
5.	Other - Specify DPH Bonding Grant				527,445	527,445
6.	Other - Specify Pharmacy Revenue				4,305,955	4,305,955
7.	Other - Specify Fees Collected - Records				17,992	17,992
8.	Other - Specify Miscellaneous Revenue				150,332	150,332
9.	Other - Specify					0
10.	Other - Specify					
11.	Total (1 thru 10)	3,691,584	740,322	1,129,546	5,027,157	10,588,609
<b>C.</b>	<b>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.</b>	<b>Total Revenue (A6+B11+C7)</b>	12,216,088	1,722,410	4,191,675	5,027,157	23,157,330

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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> )	266,881
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	<b>266,881</b>
<b>B.</b>	<b>Grants (<i>Excluding PHS</i>)</b>	
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	251,633
	2. Dental	68,881
	3. Mental Health	509,601
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	<b>830,114</b>



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Form G (Cost Disallowance and Offset)

**COST DISALLOWANCE AND OFFSET**

A.	Cost Disallowance		
	1. Entertainment		*See Note Below*
	2. Fines and penalties		
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	110,112	
	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	15,681	
	14. Interest	2,866	
	15. Pass through expenses		
	16. Total (1 thru 15)		
<b>B.</b>	<b>Cost Offset (Expense Recovery)</b>		
	1. Refunds - Medicaid Outreach		*See Note Below*
	2. Rent Income		
	3. In-Kind Medical Supplies	266,881	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>		<b>395,540</b>

Note: Bad debt is no longer recorded as an expense, it is now an offset to revenue per FASB regulation ASU 2011-07. See Form E.