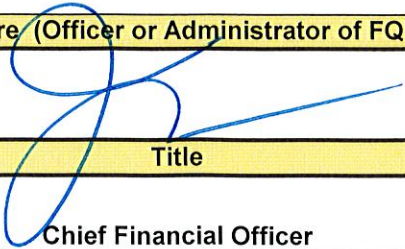


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

1.	FQHC Name	Norwalk Community Health Center, Inc.		
	Street Address	120 Connecticut Avenue		
	City, State, ZIP	Norwalk, Connecticut, 06854		
	Telephone Number	203.899.1770		
	Contact Person	John J. Gettings III		
	Title	CFO		
2.	FQHC Medicaid Provider Number:	3. Reporting Period:		
	Medical	004236172	From	7/1/2019 To 6/30/2020
	Dental	008066587		
	Mental Health	008066726		
	Other (Specify)			
4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	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:			
	Norwalk Community Health Center, Inc. (501c(3))			
	CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC			
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By			
	Norwalk Community Health Center, Inc. 004236172			
	(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	
			John J. Gettings III	
			Date	
	Title		Date	
	Chief Financial Officer		12/28/2020	

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:	Norwalk Community 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.
Norwalk Community Health Center	120 Connecticut Avenue, Norwalk, CT 06854 (Including Mobile Unit)	Yes	004236172

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 7/1/2019 To 6/30/2020
 FQHC Name: Norwalk Community Health Center, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
Form A-1 (Direct Health Care Cost)							
COST CENTER							
	I	II	III	IV	V	VI	VII
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)							
1. Staff Cost							
a. Physician	378,302	1,163,017	1,541,319	79,000	1,620,319		1,620,319
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	1,005,010		1,005,010	211,469	1,216,479		1,216,479
d. Other - Specify LPHs, Medical Assistants, Case Mgmt	1,035,734		1,035,734	217,933	1,253,667		1,253,667
e. Subtotal Direct Health Care Cost	2,419,047	1,163,017	3,582,064	509,002	4,091,065	0	4,091,065
2. Other Direct Health Care Cost							
a. Medical Supplies		625,568	625,568		625,568	(450,894)	174,674
b. Transportation		13,334	13,334		13,334		13,334
c. Depreciation - Medical Equipment		17,206	17,206		17,206		17,206
d. Professional Liability Insurance		17,175	17,175		17,175		17,175
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify Provider Credentialing		38	38		38		38
		7,576	7,576		7,576		7,576
		198,885	198,885		198,885		198,885
		7,311	7,311		7,311		7,311
		167,283	167,283		167,283		167,283
		6,877	6,877		6,877		6,877
		0	0		0		0
		0	0		0		0
		1,439	1,439		1,439		1,439
		782	782		782		782
		489	489		489		489
		10,594	10,594		10,594		10,594
		13,214	13,214		13,214		13,214
		12,437	12,437		12,437		12,437
		24,000	24,000		24,000		24,000
		273,004	273,004		273,004	(273,004)	0
		6,417	6,417		6,417		6,417
		0	0		0		0
		0	0		0		0
l. Subtotal Other Direct Health Care Cost	0	1,406,629	1,406,629	0	1,406,629	(723,988)	682,641
3. TOTAL DIRECT HEALTH CARE COST (1e & 2)	2,419,047	2,569,645	4,988,692	509,002	5,497,694	(723,988)	4,773,706

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: Nonwalk Community 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. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	147,102	0	147,102	30,952	178,054		178,054
b. Dental Hygienist	82,554		82,554	17,371	99,925		99,925
c. Other - Specify	48,523		48,523	10,210	58,733		58,733
Dental Assistant			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	278,179	0	278,179	58,533	336,712	0	336,712
2. Other Direct Dental Care Cost							
a. Dental Supplies		28,857	28,857		28,857		28,857
b. Transportation			0		0		0
c. Depreciation - Dental Equipment		27,934	27,934		27,934		27,934
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Payroll Services		1,021	1,021		1,021		1,021
Dental Equip. Repair & Maintenance		1,140	1,140		1,140		1,140
Telephone		708	708		708		708
Dentrix/Software Provider Licensing		9,659	9,659		9,659		9,659
Office Supplies		0	0		0		0
Minor Office		0	0		0		0
Minor Dental Equipment		0	0		0		0
Printing		1,230	1,230		1,230		1,230
Provider/Clinical CME Training		719	719		719		719
Provider Licensing		920	920		920		920
f. Subtotal Other Direct Dental Care Cost	0	72,188	72,188	0	72,188	0	72,188
3. TOTAL DIRECT DENTAL CARE COST (1d & 2f)	278,179	72,188	350,367	58,533	408,900	0	408,900

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: Norwalk Community Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
C. DIRECT MENTAL HEALTH CARE COST							
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)
1. Staff Cost							
a. Psychologist	170,847		170,847	35,949	206,796	0	206,796
b. Social Worker	20,308		20,308	4,273	24,581		24,581
c. Other - Specify	18,822		18,822	3,960	22,783		22,783
Psychiatrist							
APRN - Psych							
d. Subtotal Direct Mental Health Care Cost	209,977	0	209,977	44,182	254,159	0	254,159
2. Other Direct Mental Health Care Cost							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Provider CME Training		731	731		731		731
Payroll Services		771	771		771		771
Telephone		411	411		411		411
Recruitment Fees		41,240	41,240		41,240		41,240
Provider Licensing		515	515		515		515
GE/Visualutions Provider Licensing		4,445	4,445		4,445		4,445
Maintenance		0	0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	48,112	48,112	0	48,112	0	48,112
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	209,977	48,112	258,089	44,182	302,271	0	302,271
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	2,907,203	2,689,945	5,597,148	611,171	6,208,865	(723,968)	5,484,897

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: Norwalk Community Health Center, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
Form A-5 (Overhead 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
G. OVERHEAD - FACILITY COST							
a. Rent		833,297	833,297		833,297	(145,570)	687,727
b. Insurance		53,076	53,076		53,076		53,076
c. Interest on Mortgage or Loans		23,949	23,949		23,949		23,949
d. Utilities		101,760	101,760		101,760		101,760
e. Depreciation - Building		169,344	169,344		169,344		169,344
f. Depreciation - Equipment		0	0		0		0
g. Housekeeping & Maintenance	116,621	104,779	221,400	24,539	245,938		245,938
h. Other (Specify)		428	428		428		428
Payroll Services		428	428		428		428
Real Estate Taxes		142,521	142,521		142,521		142,521
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	116,621	1,429,153	1,545,774	24,539	1,570,313	(145,570)	1,424,743
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	1,964,499		1,964,499	413,359	2,377,858		2,377,858
b. Depreciation - Office Equipment		26,986	26,986		26,986		26,986
c. Office Supplies		57,930	57,930		57,930		57,930
d. Legal		31,324	31,324		31,324		31,324
e. Accounting		33,567	33,567		33,567		33,567
f. Insurance		0	0		0		0
g. Telephone		13,556	13,556		13,556		13,556
h. Fringe Benefits & Taxes		1,049,614	1,049,614	(1,049,614)	0		0
i. Interest - Capital Loans		0	0		0		0
j. Other (Specify)		1,621	1,621		1,621	(1,621)	0
Marketing		1,621	1,621		1,621	(1,621)	0
Development		12,835	12,835		12,835	(12,835)	0
MIS		56,307	56,307		56,307		56,307
ITEMR Consultants		65,825	65,825		65,825		65,825
Training/Conference/Meeting		2,018	2,018		2,018		2,018
Grant Contracted Services		3,300	3,300		3,300		3,300
Payroll Services		7,209	7,209		7,209		7,209
Postage		10,079	10,079		10,079		10,079
Printing		3,634	3,634		3,634		3,634
Professional Dues		16,088	16,088		16,088		16,088
Travel		321	321		321		321
Bank Fees		17,183	17,183		17,183		17,183
Temporary Services		16,238	16,238		16,238		16,238
Americorp Member		7,750	7,750		7,750		7,750
Miscellaneous		65,314	65,314		65,314		65,314
Recruitment		56,843	56,843		56,843		56,843
k. Subtotal Overhead - Administrative Cost	1,964,499	1,555,541	3,520,040	(636,259)	2,883,784	(14,456)	2,869,328
I. TOTAL OVERHEAD COST (G+H+k)	2,081,120	2,984,694	5,065,814	(611,717)	4,454,097	(160,026)	4,294,072
J. GRAND TOTAL COSTS² (F+I)							
	4,988,323	5,674,940	10,663,263	-	10,662,963	(883,994)	9,778,969

¹ Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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

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

FQHC Name: Norwalk Community 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>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A.					
1. Please See Form B4					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.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Norwalk Community 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. Please See Form B4					0.00
2.					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

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:	Norwalk Community 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>	125,000	1,500	1,040	0.50
A.				
DENTIST				
1. Please See Form B4				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

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: Norwalk Community 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 and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	0.50
A. PSYCHOLOGIST				
1. Please See Form B4				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.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs				
	0	0	0	0.00
C. OTHER MENTAL HEALTH PRACTITIONER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs				
	0	0	0	0.00

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: Norwalk Community 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	Hires	Departures	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	6	378,302	220,000	160,000	3	2	6,794	4,270	2.05
2. PHYSICIAN ASSISTANT									0.00
3. NURSE (APRN, MIDWIFE, RN)	15	1,005,010	115,000	70,000	2	2	14,544	20,766	9.98
4. PHYSICIAN SERVICES UNDER CONTRACT	13	1,163,017	343,200	187,500	5	5	17,964	9,978	4.80
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS									0.00
Total Health Care	34	2,546,330			10	9	39,302	35,013	16.83
B. DENTAL PRACTITIONERS									
1. DENTIST	1	147,102	154,500	154,500			1,035	1,927	0.93
2. DENTAL HYGIENIST	2	82,554	85,000	75,000			1,321	2,204	1.06
3. OTHER DENTAL PRACTITIONERS									0.00
Total Dental	3	229,656			0	0	2,356	4,131	1.99
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	1	20,308	220,000	220,000	0	0	0	220	0.11
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	3	170,847	69,000	63,000	1	0	1,322	4,512	2.17
4. PSYCHIATRIC APRN	1	18,822	135,000	120,000	1	1	44	255	0.12
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00
Total Mental Health	5	209,977			2	1	1,366	4,987	2.40

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:	Norwalk Community Health Center, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	5,484,897
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	5,484,897
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	4,294,072
F.	Overhead Cost Applicable to Title XIX Services (DxE)	4,294,072
G.	Total Title XIX Services Cost (A+F)	9,778,969
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	2,933,691
I.	Cost Adjustment (Lower of H-F or Zero)	(1,360,381)
J.	Allowable Title XIX Overhead Cost (F+I)	2,933,691
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	4,773,726
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	408,900
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	302,271
	4. Total Direct Costs (K1 thru K3)	5,484,897
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	87.03%
	2. Dental Services (K2/K4)	7.46%
	3. Mental Health Services (K3/K4)	5.51%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,553,191
	2. Dental Services (JxL2)	218,853
	3. Mental Health Services (JxL3)	161,646
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	2,933,690

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:	Norwalk Community Health Center, 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)	4,773,726
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,553,191
C. Total Allowable Health Care Cost (A+B)	7,326,917
D. Encounters (P12 - Form B-4, Health Care Total)	39,302
E. Allowable Health Care Cost Per Encounter (C/D)	186.43
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	408,900
B. Allowable Overhead Cost (P13 - Form C, Line M2)	218,853
C. Total Allowable Dental Cost (A+B)	627,753
D. Encounters (P12 - Form B-4, Dental Total)	2,356
E. Allowable Dental Cost Per Encounter (C/D)	266.45
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	302,271
B. Allowable Overhead Cost (P13 - Form C, Line M3)	161,646
C. Total Allowable Mental Health Cost (A+B)	463,917
D. Encounters (P12 - Form B-4, Mental Health Total)	1,366
E. Allowable Mental Health Cost Per Encounter (C/D)	339.62

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: Norwalk Community Health Center, Inc.

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
	1. Medicaid	3,450,313				3,450,313
	2. Private	306,958				306,958
	3. Medicare	677,524				677,524
	4. Patient Cash/Self Pay	784,593				784,593
	5. Other - Specify					0
	6. Total (1 thru 5)	5,219,387	0	0	0	5,219,387
B.	Other Revenue					
	1. Contributions	61,621				61,621
	2. Grants	4,364,854				4,364,854
	3. Interest	2,345				2,345
	4. Donations					0
	5. Other - Specify	25,000				25,000
	6. Other - Specify	450,964				450,964
	7. Other - Specify	73,378				73,378
	8. Other - Specify	0				0
	9. Other - Specify					0
	10. Other - Specify					0
	11. Total (1 thru 10)	4,978,161	0	0	0	4,978,161
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)	10,197,548	0	0	0	10,197,548

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:	Norwalk Community Health Center, Inc.			

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>)	61,621
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	61,621

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,803,873
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,803,873

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:	Norwalk Community Health Center, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	Cost Disallowance		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	273,004	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	14,456	
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		
15.	Straight Line Lease Accounting Method	72,192	
16.	Total (1 thru 15)		359,652
B.	Cost Offset (<i>Expense Recovery</i>)		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	73,378	
3.	In-Kind Medical Supplies	450,964	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		524,342
C.	Total Cost Disallowance and Offset (A16+B7)		883,994