

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 United Community and Family Services, Inc.
 Street Address 34 East Town Street
 City, State, ZIP Norwich, CT, 06360
 Telephone Number (860) 822-4153
 Contact Person William Rush
 Title CFO

2. FQHC Medicaid Provider Number: Medical <u>004235934</u> Dental <u>004236106</u> Mental Health <u>004235942</u> Other (Specify) <u>004264066</u>	3. Reporting Period: From <u>7/1/2019</u> To <u>6/30/2020</u>
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4. Type of Control (Check One Only)
 NONPROFIT ORGANIZATION
 GOVERNMENT
 STATE DISTRICT OTHER
 COUNTY CITY

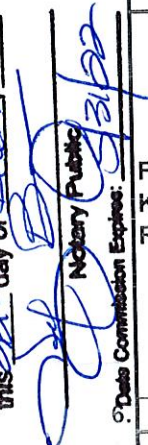
5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
United Community and Family Services, Inc. 004235934
 (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:

Signature (Officer or Administrator of FQHC)	Printed Name
	William Rush
Title	Date
CFO	<u>12/22/2020</u>

Subscribed and sworn to before me
 this 22 day of December 2020

 Notary Public
 My Commission Expires: _____

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	United Community and Family Services, 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.
United Community and Family Services, Inc.	47 Town Street, Norwich, CT 06360	Yes	071872
United Community and Family Services, Inc.	212 Upton Road, Colchester, CT 06514	Yes	071875
United Community and Family Services, Inc.	351 North Frontage Road, Suite 24, New London, CT 06320	Yes	071874
United Community and Family Services, Inc.	70 Main Street, Jewett City, CT 06351; Moved to 226 Main Street, Griswold, CT Summer 2018	Yes	071873
United Community and Family Services, Inc.	120-122 Plainfield Road, Moosup, CT 06354	Yes	071894
United Community and Family Services, Inc.	165 McKinley Ave, Norwich, CT 06360	Yes	071942

8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

<p>Select One:</p> <p>C. Not applicable. The FQHC does not have any related party individuals or organizations.</p>	
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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: United Community and Family Services, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
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 <i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	1,002,733	264,892	1,267,625		1,267,625	0	1,267,625
b. Physician Assistant	0	0	0		0	0	0
c. Nurse (APRN, Midwife, RN)	1,951,341	565,771	2,517,112		2,517,112	0	2,517,112
d. Other - Specify Directors, Assistants, Coordinators	2,098,420	595,194	2,694,614		2,694,614	0	2,694,614
e. Subtotal Direct Health Care Cost	5,092,494	1,446,857	6,539,351	0	6,539,351	0	6,539,351
2. Other Direct Health Care Cost							
a. Medical Supplies		687,934	687,934		687,934		687,934
b. Transportation		1,500	1,500		1,500		1,500
c. Depreciation - Medical Equipment		15,800	15,800		15,800		15,800
d. Professional Liability Insurance		226	226		226		226
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs		6,929	6,929		6,929		6,929
h. Other - Specify Program Supplies Contracted Services		62,381	62,381		62,381		62,381
i. Subtotal Other Direct Health Care Cost	0	774,770	774,770	0	774,770	0	774,770
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	5,092,494	2,221,627	7,314,121	0	7,314,121	0	7,314,121

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: United Community and Family Services, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

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)	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	625,355	177,673	803,028		803,028	803,028	803,028
b. Social Worker	1,221,409	347,021	1,568,430		1,568,430	1,568,430	1,568,430
c. Other - Specify							
Psych APRN	492,461	139,916	632,377		632,377	632,377	632,377
Directors, Assistants, Nurses, Clinicians	4,442,838	1,262,280	5,705,118		5,705,118	5,705,118	5,705,118
d. Subtotal Direct Mental Health Care Cost	6,782,063	1,926,890	8,708,953		8,708,953	8,708,953	8,708,953
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		19,346	19,346		19,346	19,346	19,346
b. Transportation		11,461	11,461		11,461	11,461	11,461
c. Depreciation - Mental Health Equipment		0	0		0	0	0
d. Professional Liability Insurance		3,169	3,169		3,169	3,169	3,169
e. Other - Specify							
Program Supplies		13,292	13,292		13,292	13,292	13,292
Contract Services		50,194	50,194		50,194	50,194	50,194
f. Subtotal Other Direct Mental Health Care Cost	0	97,462	97,462		97,462	97,462	97,462
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1a & 2f)							
	6,782,063	2,024,352	8,806,415		8,806,415	8,806,415	8,806,415
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	13,438,599	5,147,164	18,585,763		18,585,763	18,585,763	18,585,763

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:

From 7/1/2019

To 6/30/2020

FQHC Name: United Community and Family Services, Inc.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	I Salaries 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 & 9)
G. OVERHEAD - FACILITY COST							
a. Rent		250,267	250,267		250,267		250,267
b. Insurance		0	0		0		0
c. Interest on Mortgage or Loans		103,545	103,545		103,545		103,545
d. Utilities		224,732	224,732		224,732		224,732
e. Depreciation - Building		0	0		0		0
f. Depreciation - Equipment		868,098	868,098		868,098		868,098
g. Housekeeping & Maintenance		413,710	413,710		413,710		413,710
h. Other (Specify) Property Taxes		40,215	40,215		40,215		40,215
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
i. Subtotal Overhead - Facility Cost	0	1,900,567	1,900,567	0	1,900,567	0	1,900,567
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,583,674	0	3,583,674		3,583,674		3,583,674
b. Depreciation - Office Equipment		1,003,709	1,003,709		1,003,709		1,003,709
c. Office Supplies		40,265	40,265		40,265		40,265
d. Legal		69,552	69,552		69,552		69,552
e. Accounting		328,882	328,882		328,882		328,882
f. Insurance		253,220	253,220		253,220		253,220
g. Telephone		23,401	23,401		23,401		23,401
h. Advertising-Help Wanted		41,707	41,707		41,707		41,707
i. Interest - Capital Loans		117,961	117,961		117,961		117,961
j. Other (Specify) Marketing GA Allocation Education, Training, Conferences, Meetings Contract Services, Program Expenses Dues, Memberships, Licenses Prior Period Expense Employee Benefits Transportation		(1,004,861) 83,982 853,955 (2,670) 1,018,177 36,929 0 0	(1,004,861) 83,982 853,955 (2,670) 1,018,177 36,929 0 0		(1,004,861) 83,982 853,955 (2,670) 1,018,177 36,929 0 0		(1,004,861) 83,982 853,955 (2,670) 1,018,177 36,929 0 0
k. Subtotal Overhead - Administrative Cost	3,583,674	2,915,928	6,499,602	0	6,499,602	0	6,499,602
l. TOTAL OVERHEAD COST (GI+HK)	3,583,674	4,816,495	8,400,169	0	8,400,169	0	8,400,169
J. GRAND TOTAL COSTS² (F+I)	17,258,255	10,229,084	27,487,339	0	27,487,339	0	27,487,339

² 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 7/1/2019 To 6/30/2020

FQHC Name: United Community and Family Services, 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. PHYSICIAN						
1. Please see attached	See attached	1,160,585	14,166	10,593	5.09	
2.					0.00	
3.					0.00	
10.					0.00	
Total Physician Encounters, Staff Hours and FTEs		1,160,585	14,166	10,593	5.09	
B. PHYSICIAN ASSISTANT						
1.					0.00	
5.					0.00	
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00	

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FQHC Name: United Community and Family Services, 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	Employee 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)						
1. Please see attached.	See attached	2,420,377	27,893	60,059	28.87	0.00
2.					0.00	0.00
3.					0.00	0.00
4.					0.00	0.00
5.					0.00	0.00
Total Nurse Practitioner				60,059	28.87	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Please see attached	See attached	19,765	67	168	0.08	0.00
2.					0.00	0.00
3.					0.00	0.00
4.					0.00	0.00
5.					0.00	0.00
Total Physician Services Under Contract				168	0.08	
E. OTHER HEALTH CARE PRACTITIONER						
1.					0.00	0.00
2.					0.00	0.00
3.					0.00	0.00
Total Other Health Care Practitioner				0	0	0.00

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: United Community and Family Services, 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. See attached	727,294	9,555	10,969	5.27
2.				0.00
3.				0.00
4.				0.00
5.				0.00
6.				0.00
Total Dentist Encounters, Staff Hours and FTEs	727,294	9,555	10,969	5.27
B. DENTAL HYGIENIST				
1. See attached	401,475	5,965	9,639	4.63
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	401,475	5,965	9,639	4.63
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 7/1/2019 To 6/30/2020
 FQHC Name: United Community and Family Services, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Total Employee Hours and FTEs	
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		IV	V
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>		1,500	0.50
ii Compensation		125,000	
iii Encounters		1,040	
iv Total Hours		13,263	6.38
v FTEs			0.00
Total Psychologist Encounters, Staff Hours and FTEs		13,092	6.38
A. PSYCHOLOGIST			
1. Please see attached.			
2.			
3.			
4.			
5.			
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	0.00
C. OTHER MENTAL HEALTH PRACTITIONER			
1. Please see attached.		72,035	86.88
2.			0.00
3.			0.00
4.			0.00
5.			0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		180,700	86.88

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners I	Compensation Range			Turnover			Employee Hours and FTEs													
		High III	Low IV	Total II	Hires V	Departures VI	Encounters VII	Employee VIII	Total Hours IX	FTEs (2,080 Hrs = 1 FTE)											
		150,000	100,000	500,000	2	1	10,000	6,320	4.00												
A. HEALTH CARE PRACTITIONERS																					
1. PHYSICIAN	8			1,180,585	165,494	312,000		1	2	14,166		10,593		5.09							
2. PHYSICIAN ASSISTANT														0.00							
3. NURSE (APRN, MIDWIFE, RN)	37			2,420,377	52,114	172,500		4	7	27,883		60,059		28.87							
4. PHYSICIAN SERVICES UNDER CONTRACT	5			19,765	241,831	241,831		0	0	67		168		0.08							
5. OTHER HEALTH PROFESSIONALS														0.00							
6. OTHER ALLIED HEALTH PROFESSIONALS														0.00							
7. OTHER HEALTH CARE PRACTITIONERS														0.00							
Total Health Care	50			3,600,727					5	9	42,126	70,820		34.04							
B. DENTAL PRACTITIONERS																					
1. DENTIST	7			727,294	115,943	184,621		0	2	9,555		10,968		5.27							
2. DENTAL HYGIENIST	6			401,475	73,889	98,070		0	1	5,966		9,639		4.63							
3. OTHER DENTAL PRACTITIONERS														0.00							
Total Dental	13			1,128,769					0	3	15,520	20,608		9.90							
C. MENTAL HEALTH PRACTITIONERS																					
1. PSYCHIATRIST	9			1,155,450	351,494	96,917		0	3	13,092		13,263		6.38							
2. PSYCHOLOGIST														0.00							
3. LICENSED CLINICAL SOCIAL WORKER														0.00							
4. PSYCHIATRIC APRN														0.00							
5. OTHER MENTAL HEALTH PRACTITIONERS	115			5,019,523	102,949	39,096		22	21	72,035		180,700		86.88							
Total Mental Health	124			6,174,973					22	24	85,127	193,963		93.26							

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Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	United Community and Family Services, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	18,585,763
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	502,407
C.	Total Direct Costs (A+B)	19,088,170
D.	Portion of Title XIX Services (A/C)	97.37%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	8,400,169
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,179,245
G.	Total Title XIX Services Cost (A+F)	26,765,008
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	8,029,502
I.	Cost Adjustment (Lower of H-F or Zero)	(149,743)
J.	Allowable Title XIX Overhead Cost (F+I)	8,029,502
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,314,121
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,465,227
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	8,806,415
	4. Total Direct Costs (K1 thru K3)	18,585,763
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	39.35%
	2. Dental Services (K2/K4)	13.26%
	3. Mental Health Services (K3/K4)	47.38%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,159,609
	2. Dental Services (JxL2)	1,064,712
	3. Mental Health Services (JxL3)	3,804,378
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	8,028,699

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FQHC Name:	United Community and Family Services, 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)	7,314,121
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,159,609
C. Total Allowable Health Care Cost (A+B)	10,473,730
D. Encounters (P12 - Form B-4, Health Care Total)	42,126
E. Allowable Health Care Cost Per Encounter (C/D)	248.63
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,465,227
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,064,712
C. Total Allowable Dental Cost (A+B)	3,529,939
D. Encounters (P12 - Form B-4, Dental Total)	15,520
E. Allowable Dental Cost Per Encounter (C/D)	227.44
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	8,806,415
B. Allowable Overhead Cost (P13 - Form C, Line M3)	3,804,378
C. Total Allowable Mental Health Cost (A+B)	12,610,793
D. Encounters (P12 - Form B-4, Mental Health Total)	85,127
E. Allowable Mental Health Cost Per Encounter (C/D)	148.14

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

FQHC Name: United Community and Family Services, Inc.

Form E (Revenues)

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	(3,606,369)	(1,426,269)	(8,502,755)	0	(13,535,393)
2.	Private	0	0	0	0	0
3.	Medicare	(904,407)	0	(1,085,804)	0	(1,990,211)
4.	Patient Cash/Self Pay	(39,838)	(13,289)	(225,964)	0	(279,091)
5.	Other - Specify Commercial Insurance	(959,859)	(371,748)	(1,859,396)	(172,616)	(3,363,619)
6.	Total (1 thru 5)	(5,510,473)	(1,811,306)	(11,673,919)	(172,616)	(19,168,314)
B.	Other Revenue					
1.	Contributions	(175,392)	(250)	(67,498)	(393,732)	(636,872)
2.	Grants	(794,798)	(392,123)	(1,259,321)	(1,483,013)	(3,929,255)
3.	Interest	0	0	0	(266,452)	(266,452)
4.	Donations	0	0	0	0	0
5.	Other - Specify Foundation Revenue	(65,312)	(344)	(2,250)	(34,990)	(102,896)
6.	Other - Specify Contracts	(65,964)	(100)	(33,234)	(27,713)	(127,011)
7.	Other - Specify United Way	(113,184)	(168,347)	(32,765)	(3,877)	(318,173)
8.	Other - Specify	0	0	0	0	0
9.	Other - Specify					
10.	Other - Specify					
11.	Total (1 thru 10)	(1,214,650)	(561,164)	(1,395,068)	(2,209,777)	(5,380,659)
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify Gain/Loss	(182,455)	(19,149)	528,234	(1,437,924)	(1,111,294)
2.	Other - Specify Special Events	0	0	0	(5,005)	(5,005)
3.	Other - Specify Recovered Bad Debts	(1,731)	(1,521)	(2,272)	(20)	(5,544)
4.	Other - Specify Bonding Revenue	0	0	0	0	0
5.	Other - Specify Other Income	(223,365)	(97,387)	(393,019)	(50,240)	(764,011)
6.	Other - Specify Prior Period Revenue	0	0	269	(26,399)	(26,130)
7.	Total (1 thru 7)	(407,551)	(118,057)	133,212	(1,519,588)	(1,911,984)
D.	Total Revenue (A6+B11+C7)	(7,132,674)	(2,490,527)	(12,935,775)	(3,901,981)	(26,460,957)

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:	United Community and Family Services, 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>)	(175,392)
	2. Dental	(250)
	3. Mental Health	(67,498)
	4. Other - Specify <u>Unrestricted & Fundraising Contributions</u>	(393,732)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(636,872)
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	(794,798)
	2. Dental	(392,123)
	3. Mental Health	(1,259,321)
	4. Other - Specify <u>Various Other Program Grants</u>	(1,483,013)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(3,929,255)

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties	18,725	
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	78,141	
	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	20,918	
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care		
	14. Interest	123,830	
	15. Pass through expenses	48,134	
	16. Total (1 thru 15)		289,748
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income		
	3. In-Kind Medical Supplies	347,495	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		347,495
C.	Total Cost Disallowance and Offset (A16+B7)		637,243