

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

Reporting Period: From 7/1/2020 To 6/30/2021

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	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A.	I	II	III	IV	V	VI	VII
1. DIRECT HEALTH CARE COST							
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	2,024,413	0	2,024,413	533,891	2,558,304		2,558,304
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	2,086,611		2,086,611	550,295	2,636,906		2,636,906
d. Other - Specify							
LPN	386,038		386,038	101,808	487,846		487,846
Medical Assistant	1,084,563		1,084,563	286,028	1,370,591		1,370,591
Care Facilitator/ Home Visitor	382,979		382,979	101,002	483,981		483,981
Care Coordinators	264,451		264,451	69,743	334,194		334,194
Other Direct Contracted		172,163	172,163		172,163		172,163
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. Subtotal Direct Health Care Cost	6,229,055	172,163	6,401,218	1,642,767	7,709,792	0	7,709,792
2. Other Direct Health Care Cost							
a. Medical Supplies		719,594	719,594		719,594	(217,024)	502,570
b. Transportation		11,667	11,667		11,667		11,667
c. Depreciation - Medical Equipment		18,747	18,747		18,747		18,747
d. Professional Liability Insurance		23,351	23,351		23,351		23,351
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify		1,049,607	1,049,607		1,049,607		1,049,607
See detail Crosswalk tab Column S			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	1,822,966	1,822,966	0	1,822,966	(217,024)	1,605,942
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)							
	6,229,055	1,995,129	8,224,184	1,642,767	9,532,758	(217,024)	9,315,734

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FQHC Name: Generations Family Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER							
DIRECT MENTAL HEALTH CARE COST							
	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)
1. Staff Cost							
a. Psychologist	605,392		605,392	159,658	765,050		765,050
b. Social Worker	152,743	0	152,743	40,282	193,025		193,025
c. Other - Specify	488,832	0	488,832	128,918	617,750		617,750
	32,710		32,710	8,626	41,336		41,336
	425,412		425,412	112,192	537,604		537,604
	73,569		73,569	19,402	92,971		92,971
	128,139		128,139	33,794	161,932		161,932
	60,693		60,693	16,006	76,699		76,699
			0		0		0
d. Subtotal Direct Mental Health Care Cost	1,967,488	0	1,967,488	518,879	2,486,367	0	2,486,367
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		10,273	10,273		10,273		10,273
b. Transportation		7,180	7,180		7,180		7,180
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance		6,670	6,670		6,670		6,670
e. Other - Specify		414,453	414,453		414,453		414,453
			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	438,577	438,577	0	438,577	0	438,577
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,967,488	438,577	2,406,065	518,879	2,924,943	0	2,924,943
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	8,992,400	2,988,036	11,980,436	2,371,535	14,017,777	(217,244)	13,800,534

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Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</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>					
A. PHYSICIAN	General Practitioner	125,000	1,500	1,040	0.50
1.					0.00
2.					0.00
3. Please see Form B4					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

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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 I)</i>						
C. NURSE (APRN, MIDWIFE, RN)	General Practitioner	125,000	1,500	1,040	0.50	
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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 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.)</i>				
A. DENTIST				
1.				0.00
2. Please see Form B4				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	1,040	0.50
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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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?)</i>	125,000	1,500	1,040	0.50
A. PSYCHOLOGIST				
1.				0.00
2. Please see Form B4				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs		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	0.00
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	0.00

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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		Employee Hours and FTEs (2,080 hrs = 1 FTE)	
			High	Low	Hires	Departures	Encounters	Total Hours		
A. HEALTH CARE PRACTITIONERS										
1. PHYSICIAN	13	2,024,413	361,183	180,960	0	2	29,955	19,166	9.21	0.00
2. PHYSICIAN ASSISTANT										0.00
3. NURSE (APRN, MIDWIFE, RN)	29	2,086,611	179,000	50,066	9	8	41,763	38,463	18.49	0.00
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	42	4,111,024			9	10	71,718	57,629	27.70	
B. DENTAL PRACTITIONERS										
1. DENTIST	4	455,093	218,000	150,800	0	1	3,939	6,162	2.96	
2. DENTIST UNDER CONTRACT	1	97,986					293			
3. DENTAL HYGIENIST	4	146,573	94,931	78,811	0	2	1,634	3,462	1.66	
4. OTHER DENTAL PRACTITIONERS										0.00
Total Dental	9	699,642			0	3	5,866	9,623	4.62	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	152,743	413,920	413,920	0	0	1,625	770	0.37	
2. PSYCHIATRIST SERVICES UNDER CONTRACT										0.00
3. LICENSED CLINICAL SOCIAL WORKER	12	605,392	147,800	62,500	2	2	11,633	21,613	10.39	
4. PSYCHIATRIC APRN	5	488,832	183,403	139,256	3	1	6,937	7,277	3.50	
5. OTHER MENTAL HEALTH PRACTITIONERS	8	425,412	79,440	53,000	2	0	4,416	12,640	6.08	
Total Mental Health	26	1,672,378			7	3	24,611	42,300	20.34	

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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)	13,800,534
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	13,800,534
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	9,515,944
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,515,944
G.	Total Title XIX Services Cost (A+F)	23,316,478
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,994,943
I.	Cost Adjustment (Lower of H-F or Zero)	(2,521,001)
J.	Allowable Title XIX Overhead Cost (F+I)	6,994,943
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	9,315,734
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,559,856
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,924,943
	4. Total Direct Costs (K1 thru K3)	13,800,534
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	67.50%
	2. Dental Services (K2/K4)	11.30%
	3. Mental Health Services (K3/K4)	21.19%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,721,587
	2. Dental Services (JxL2)	790,429
	3. Mental Health Services (JxL3)	1,482,228
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,994,244

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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)	9,315,734
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,721,587
C. Total Allowable Health Care Cost (A+B)	14,037,321
D. Encounters (P12 - Form B-4, Health Care Total)	71,718
E. Allowable Health Care Cost Per Encounter (C/D)	195.73
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,559,856
B. Allowable Overhead Cost (P13 - Form C, Line M2)	790,429
C. Total Allowable Dental Cost (A+B)	2,350,285
D. Encounters (P12 - Form B-4, Dental Total)	5,866
E. Allowable Dental Cost Per Encounter (C/D)	400.66
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	2,924,943
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,482,228
C. Total Allowable Mental Health Cost (A+B)	4,407,171
D. Encounters (P12 - Form B-4, Mental Health Total)	24,611
E. Allowable Mental Health Cost Per Encounter (C/D)	179.07

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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)
A.	Operating Revenue					
1.	Medicaid	7,502,339	620,319	3,016,719		11,139,378
2.	Private	973,412	(24,240)	436,904		1,386,076
3.	Medicare	1,218,549		353,724		1,572,273
4.	Patient Cash/Self Pay	529,722	116,117	79,132		724,971
5.	Other - Specify Allowance for Doubtful Accounts	(299,994)	(66,665)	(49,999)		(416,658)
6.	Total (1 thru 5)	9,924,028	645,532	3,836,480	0	14,406,040
B.	Other Revenue					
1.	Contributions	218,160				218,160
2.	Grants	3,840,187	1,112,449	1,524,853		6,477,489
3.	Interest				2,220	2,220
4.	Donations				40,133	40,133
5.	Other - Specify Bonding Grant				527,445	527,445
6.	Other - Specify Pharmacy Revenue				3,965,587	3,965,587
7.	Other - Specify Fees Collected - Records				17,339	17,339
8.	Other - Specify Miscellaneous Revenue				2,588,641	2,588,641
9.	Other - Specify PPP Loan				3,025,900	3,025,900
10.	Other - Specify					
11.	Total (1 thru 10)	4,058,348	1,112,449	1,524,853	10,167,264	16,862,914
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)	13,982,376	1,757,981	5,361,333	10,167,264	31,268,954

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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>)	218,160
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	218,160
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	242,379
	2. Dental	8,647
	3. Mental Health	403,815
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	654,841

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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	175,516	
	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	14,201	
	14. Interest	2,912	
	15. Pass through expenses		
	16. Total (1 thru 15)		
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income		
	3. In-Kind Medical Supplies	218,024	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		
C.	Total Cost Disallowance and Offset (A16+B7)		
			410,653

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