

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 11/15/2019 Date Received: _____

1. FQHC Name	<u>InterCommunity, Inc.</u>
Street Address	<u>111 Founders Plaza (Suite 1802)</u>
City, State, ZIP	<u>East Hartford, CT 06108</u>
Telephone Number	<u>860-569-5900</u>
Contact Person	<u>Lovel Cassells</u>
Title	<u>Finance Manager</u>

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical <u>07-1911</u>	From <u>7/1/2018</u> To <u>6/30/2019</u>
Dental _____	
Mental Health <u>07-1911</u>	
Other (Specify) _____	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

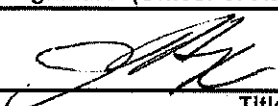
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

InterCommunity, Inc. 07-1911

(FQHC Name)

For the Reporting Period Beginning 7/1/2018 and Ending 6/30/2019 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
	Jeffrey Hughes
Title	Date
Chief Financial Officer	<u>11/14/19</u>

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	InterCommunity, 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.
Danilo Pangilinan	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
John Wenceslao	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Bechara Barrak	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Thomas McLarney	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Nneka Mathew	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Christina Morrissey	281 Main Street East Hartford, CT 06118	Yes	07-1911
Julia Frankel	281 Main Street East Hartford, CT 06118	Yes	07-1911
Rebecca Fennessy	281 Main Street East Hartford, CT 06118	Yes	07-1911
Jill Jacomini-Duboff	281 Main Street East Hartford, CT 06118	Yes	07-1911
Michael Charry	281 Main Street East Hartford, CT 06118	Yes	07-1911
Diadette Hernandez	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lauren Haines	281 Main Street East Hartford, CT 06118	Yes	07-1911
Tracy Kunkel	281 Main Street East Hartford, CT 06118	Yes	07-1911
Vivian Allen-Carr	281 Main Street East Hartford, CT 06118	Yes	07-1911
Erika Cruz	281 Main Street East Hartford, CT 06118	Yes	07-1911
Melissa Elek	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kathryn McLarney	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lindsay Potterton	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Alexandra Solomon	281 Main Street East Hartford, CT 06118	Yes	07-1911
Jennifer Doutre	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Rebecca Rickert	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lauren Millierd	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kathleen Pariseau	281 Main Street East Hartford, CT 06118	Yes	07-1911
Alyse Schwartz	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Andrea Bayley	16 Coventry Street Hartford, CT 06112	Yes	07-1911

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Reporting Period: From <u>7/1/2018</u>		To <u>6/30/2019</u>	
FQHC Name: <u>InterCommunity, Inc.</u>			
Corey Johnston	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Andrew Halpern	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Sara Messier-Smith	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Richard Amaral	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kathryn Calvin	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kaitlin Schmidt	281 Main Street East Hartford, CT 06118	Yes	07-1911
Zoey Walker	281 Main Street East Hartford, CT 06118	Yes	07-1911
Cassandra Shepard	281 Main Street East Hartford, CT 06118	Yes	07-1911
Tahir Thomas	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Sonya Harris	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Vallerie Hibbert	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Ann Price	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Usman Ramzan	281 Main Street East Hartford, CT 06118	Yes	07-1911
Salome Tsursumia	281 Main Street East Hartford, CT 06118	Yes	07-1911
Raymond Morris	281 Main Street East Hartford, CT 06118	Yes	07-1911
Crystalynn De La Cruz	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kerri Miller	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kimberly Mishriky	281 Main Street East Hartford, CT 06118	Yes	07-1911
Syrma Middlebrook	281 Main Street East Hartford, CT 06118	Yes	07-1911
Michael Paglione	281 Main Street East Hartford, CT 06118	Yes	07-1911
Jessica Perkins	281 Main Street East Hartford, CT 06118	Yes	07-1911
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.			

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	InterCommunity, 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 3 & 6)
A.	I	II	III	IV	V	VI	VII
DIRECT HEALTH CARE COST							
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	324,255	100,878	424,833		424,833		424,833
b. Physician Assistant			0		0		0
c. Nurse (APRN, MidWn, RN)	1,036,497	322,123	1,360,620		1,360,620		1,360,620
d. Other - Specify							
Medical Assistant	301,750	93,597	395,348		395,348		395,348
Care Coordinator	48,140	15,242	64,383		64,383		64,383
LPN	13,357	4,143	17,500		17,500		17,500
			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
e. Subtotal Direct Health Care Cost	1,727,000	635,833	2,292,683	0	2,292,683	0	2,292,683
2. Other Direct Health Care Cost							
a. Medical Supplies		70,570	70,570		70,570		70,570
b. Transportation		360	360		360		360
c. Depreciation - Medical Equipment		28,653	28,653	(28,653)	0		0
d. Professional Liability Insurance		29,771	29,771	(29,771)	0		0
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Operations, Maintenance		31,272	31,272		31,272		31,272
Janitorial Expense		743	743		743		743
Depreciation- Buildings		69,683	69,683	(69,683)	0		0
E.H.R/Computer Expense		197,607	197,607	(197,607)	0		0
Misc. Expenses		69,167	69,167	(69,167)	0		0
i. Subtotal Other Direct Health Care Cost	0	487,828	487,828	(384,801)	102,948	0	102,948
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	1,727,000	1,033,616	2,760,616	(384,801)	2,385,828	0	2,385,829

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Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2016</u>
FQHC Name: <u>InterCommunity, Inc.</u>		

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	Reclass- ifications 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			0		0		0
b. Dental Hygienist			0		0		0
c. Other - Specify			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
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	0	0	0	0	0	0	0
2. Other Direct Dental Care Cost							
a. Dental Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	0	0	0	0	0	0
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	0	0	0	0	0	0	0

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FQHC Name: <u>InterCommunity, Inc.</u>		

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaries 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
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist			0		0		0
b. Social Worker	301,750	93,597	395,347		395,347		395,347
c. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	301,750	93,597	395,347	0	395,347	0	395,347
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			0		0		0
e. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	0	0	0	0
3. TOTAL DIRECT MENTAL HEALTH CARE COST (fd & 2f)	301,750	93,597	395,347	0	395,347	0	395,347
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	2,028,760	1,127,107	3,155,867	(394,881)	2,760,986	-	2,760,986

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name: <u>InterCommunity, Inc.</u>		

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclas- sifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
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
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Total Non-Allowable Direct Other Service Cost	0	0	0		0		0
F. TOTAL DIRECT COST (D+E1)	2,028,760	1,127,107	3,155,867	(394,881)	2,760,986		2,760,976

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name: <u>InterCommunity, Inc.</u>		

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Selected Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustment(s) Increase (Decrease)	Net Expenses (Col 8 & 9)
G.	I	II	III	IV	V	VI	VII
OVERHEAD - FACILITY COST							
a. Rent			0		0		0
b. Insurance			0	50,214	50,214		50,214
c. Interest on Mortgage or Loans			0		0		0
d. Utilities		15,639	15,639		15,639		15,639
e. Depreciation - Building			0	69,653	69,653		69,653
f. Depreciation - Equipment			0	28,653	28,653		28,653
g. Housekeeping & Maintenance			0		0		0
h. Other (Specify)			0		0		0
E.H.R./ Computer		0	0	197,607	197,607		197,607
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	0	16,639	16,639	346,167	361,766	0	361,766
OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	474,306	77,125	551,431		551,431		551,431
b. Depreciation - Office Equipment			0		0		0
c. Office Supplies			0	971	971		971
d. Legal			0		0		0
e. Accounting			0		0		0
f. Insurance		12,730	12,730		12,730		12,730
g. Telephone			0		0		0
h. Advertising-Help Wanted			0		0		0
i. Interest - Capital Loans			0		0		0
j. Other (Specify)			0		0		0
Staff Travel			0	4,402	4,402		4,402
Recruitment			0	0	0		0
Education and Training			0	28,553	28,553		28,553
Miscellaneous			0	10,357	10,357		10,357
Admin Allocation		907,097	907,097		907,097		907,097
k. Subtotal Overhead - Administrative Cost	474,306	989,951	1,471,256	42,283	1,613,641	0	1,613,641
l. TOTAL OVERHEAD COST (G+HK)	474,306	1,012,691	1,486,897	388,449	1,876,337	0	1,876,337
J. GRAND TOTAL COSTS² (F+I)	2,603,056	2,139,897	4,842,764	(6,441)	4,836,313	-	4,836,313

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

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	InterCommunity, 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	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, PA)</i>	<i>General Practitioner</i>	126,000	1,500	1,040	0.50
A. PHYSICIAN					
1. Danilo Pangilinan	MD	49,215	1,586	2,000	1.00
2. John Wenceslao	MD	49,425	112	390	0.19
3. Bechara Barrak	MD	48,987	680	390	0.19
4. Thomas McLarney	MD	7,575	0	52	0.03
5. Raymond Morris	MD	57,982	54	1,820	0.88
6. Ann Price	MD	111,070	87	1,248	0.60
7.					0.00
8.					0.00
9.					0.00
Total Physician Encounters, Staff Hours and FTEs		324,255	3,573	5,980	2.89
B. PHYSICIAN ASSISTANT					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
6.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	InterCommunity, 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 IIs (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50
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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FQHC Name:	InterCommunity, 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	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide Itemized, de-identified list (e.g., Physician)</i>	I	II	III	IV	V
<i>Provide Itemized, de-identified list (e.g., Physician)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. Nneka Mathew	APRN	58,574	2,003	1,040	0.50
2. Maria Banevicius	APRN	129,315	7,979	2,080	1.00
3. Christina Morrissey	APRN	118,373	5,419	2,080	1.00
4. Kaitlin Schmidt	APRN	61,078	113	1,040	0.50
5. Julia Frankel	APRN	73,469	1,226	2,080	1.00
6. Zoey Walker	APRN	47,805	18	1,040	0.50
7. Cassandra Shepard	APRN	27,114	188	936	0.45
8. Jill Jacomini-Ouboff	APRN	37,368	329	416	0.20
9. Michael Charry	APRN	28,652	437	625	0.30
10. Diadette Hernandez	APRN	0	0	0	0.00
11. Lauren Haines	APRN	110,000	1,170	2,080	1.00
12. Tracy Kunkel	APRN	75,800	515	1,664	0.80
13. Tahir Thomas	APRN	35,010	574	1,040	0.50
14. Sona Harris	APRN	38,167	715	910	0.44
15. Vallerie Hibbert	APRN	42,333	753	910	0.44
16. Salome Tsursumia	APRN	2,770	2	120	0.06
17. Syrma Middlebrook	APRN	115,000	1,082	2,080	1.00
18. Sharon Fong	RN	42,260	588	1,560	0.75
19. Karley Wesner	RN	1,591	21	80	0.04
20. Erik Carlson	RN	12,005	4	400	0.19
21. Nina Gibson	RN	24,497	148	820	0.39
22. Heather Cosby	RN	33,815	169	1,040	0.50
23. Tamesha Drew	RN	62,400	10	624	0.30
24. Tashunda Smith	RN	15,554	49	620	0.25
25. Ana Perez	RN	28,800	325	894	0.43

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Reporting Period:	From <u>7/1/2010</u>	To <u>8/30/2010</u>
FQHC Name:	InterCommunity, 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	Compensation	Encounters	Total Employee Employee Total Hours	Hours and FTEs FTEs (2080 hrs = 1 FTE)	
26 Maylie Ponce	RN	33,602	17	1,123	0.54	
Total Nurse Practitioner		1,036,497	23,433	23,001	13.08	
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. Timothy Prevo	LPN	13,357	163	478	0.23	
2.					0.00	
Total Other Health Care Practitioner		13,357	163	478	0.23	

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	InterCommunity, 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
<i>Provide Itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	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. Andrea Bayley	72,361	673	1,168	0.56
2. Jennifer Doutre	83,846	16	1	0.00
3. Cory Johnston	71,564	573	1,195	0.57
4. Maria Lawrence	78,259	817	1,579	0.27
5. Sara Messier-Smith	71,462	33	2,080	1.00
6. Lindsay Potterton	75,808	65	2,000	0.96
7. Michael Marrero	23,552	10	469	0.23
8. Kathryn Calvin	68,163	757	1,920	0.92
9. Brian Cardona	92,786	1,172	1,934	0.93
10. Vivian Allen Carr	79,508	1,043	1,460	0.70
11. Erlka Cruz	27,204	260	686	0.33
12. Crystalynn De La Cruz	46,605	405	1,592	0.77
13. Melissa Elek	30,215	430	759	0.36
14. Jahaira Jimenez	54,073	363	1,171	0.56
15. Margaret Kirkpatrick	94,000	307	2,080	1.00
16. Joan Lingard	19,864	200	462	0.22
17. Ryan Macdonough	101,000	36	2,080	1.00
18. Kathryn McLarney	54,438	312	893	0.43
19. Kerri Miller	63,188	430	2,032	0.98
20. Lauren Millard	61,355	183	2,088	1.00
21. Kim Mishriky	58,000	403	1,544	0.74
22. Michael Paglione	53,480	307	2,080	1.00
23. Kathleen Pariseau	60,000	101	2,080	1.00
24. Jessica Perkins	51,960	429	1,412	0.68
25. Rebecca Rickert	65,000	112	2,080	1.00
26. Mary Salustri	67,041	139	1,200	0.58
27. Marah Savic	54,353	116	1,128	0.54
28. Alexandra Solomon	75,102	644	1,306	0.63
29. Jennifer Valva	92,000	5	2,080	1.00
30. Zaida Buehler	17,015	1	632	0.30

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FQHC Name: <u>InterCommunity, Inc.</u>		

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)
31 Amy Jensen	34,616	4	1,200	0.58
Total Social Worker Encounters, Hours and FTEs	1,897,817	10,346	44,388	21

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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)
C. OTHER MENTAL HEALTH PRACTITIONER				
1. Anthony Joshua	17,000	25	560	0.27
2. Jonathan Cuebas	25,117	4	961	0.46
3. Cassidy Lund	10,863	10	385	0.18
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	52,979	39	1,906	0.91

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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	
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
	I	II	III	IV	V	VI	VII	VIII	IX
A. HEALTH CARE PRACTITIONERS	4	600,000	150,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	7	324,255	0	6	1	1	3,573	5,980	2.88
2. PHYSICIAN ASSISTANT									0.00
3. NURSE (APRN, MIDWIFE, RN)	26	1,038,497	0	28	8	7	23,433	23,001	11.08
4. PHYSICIAN SERVICES UNDER CONTRACT									0.00
5. OTHER HEALTH PROFESSIONALS	1	13,357	0	1	0	0	163	478	0.23
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS									0.00
Total Health Care	34	1,376,110			9	8	27,169	29,459	14.17
B. DENTAL PRACTITIONERS									
1. DENTIST									0.00
2. DENTAL HYGIENIST									0.00
3. OTHER DENTAL PRACTITIONERS									0.00
Total Dental	0	0			0	0	0	0	0.00

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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		
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST										0.00
2. PSYCHOLOGIST										0.00
3. LICENSED CLINICAL SOCIAL WORKER	31	278,513	0	31	0	5	10,346	44,388		21.34
4. PSYCHIATRIC APRN										0.00
5. OTHER MENTAL HEALTH PRACTITIONERS	3	52,979	0	3	0	1	39	1,906		0.92
Total Mental Health	34	331,492			0	6	10,385	46,294		22.26

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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)	2,760,976
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	2,760,976
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	1,875,337
F.	Overhead Cost Applicable to Title XIX Services (DxE)	1,875,337
G.	Total Title XIX Services Cost (A+F)	4,636,313
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	1,390,894
I.	Cost Adjustment (Lower of H-F or Zero)	(484,443)
J.	Allowable Title XIX Overhead Cost (F+I)	1,390,894
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	2,365,629
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	-
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	395,347
	4. Total Direct Costs (K1 thru K3)	2,760,976
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	85.68%
	2. Dental Services (K2/K4)	0.00%
	3. Mental Health Services (K3/K4)	14.32%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,191,718
	2. Dental Services (JxL2)	-
	3. Mental Health Services (JxL3)	199,176
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,390,894

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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)	2,365,629
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,191,718
C. Total Allowable Health Care Cost (A+B)	3,557,347
D. Encounters (P12 - Form B-4, Health Care Total)	27,169
E. Allowable Health Care Cost Per Encounter (C/D)	130.93
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	-
B. Allowable Overhead Cost (P13 - Form C, Line M2)	-
C. Total Allowable Dental Cost (A+B)	-
D. Encounters (P12 - Form B-4, Dental Total)	-
E. Allowable Dental Cost Per Encounter (C/D)	#DIV/0!
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	395,347
B. Allowable Overhead Cost (P13 - Form C, Line M3)	199,176
C. Total Allowable Mental Health Cost (A+B)	594,523
D. Encounters (P12 - Form B-4, Mental Health Total)	10,385
E. Allowable Mental Health Cost Per Encounter (C/D)	57.25

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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>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Connecticut	634,117
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	634,117

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	
	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	
	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)	0
B.	Cost Offset (Expense Recovery)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	
	3. In-Kind Medical Supplies	
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	0
C.	Total Cost Disallowance and Offset (A16+B7)	0