

**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>     | <b>Community Health and Wellness Center of Greater Torrington, Inc.</b> |
| <b>Street Address</b>   | <b>489 Migeon Avenue</b>  |
| <b>City, State, ZIP</b> | <b>Torrington, CT 06790</b>   |
| <b>Telephone Number</b> | <b>860-387-0477</b>   |
| <b>Contact Person</b>   | <b>Mark Wagstaff</b>  |
| <b>Title</b>            | <b>Chief Financial Officer</b>  |

|  |                             |                |      |                  |                  |                  |                  |        |                |  |  |  |  |  |               |                |  |  |  |  |  |                 |       |  |  |  |  |  |  |       |  |  |  |  |  |  |
|--|-----------------------------|----------------|------|------------------|------------------|------------------|------------------|--------|----------------|--|--|--|--|--|---------------|----------------|--|--|--|--|--|-----------------|-------|--|--|--|--|--|--|-------|--|--|--|--|--|--|
| <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: 35%;"><u>9247872</u></td> <td style="width: 10%;"></td> <td style="width: 10%;">From</td> <td style="width: 15%;"><u>10/1/2017</u></td> <td style="width: 15%;">To</td> <td><u>9/30/2018</u></td> </tr> <tr> <td>Dental</td> <td><u>8024018</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mental Health</td> <td><u>8033022</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other (Specify)</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Medical                     | <u>9247872</u> |      | From             | <u>10/1/2017</u> | To               | <u>9/30/2018</u> | Dental | <u>8024018</u> |  |  |  |  |  | Mental Health | <u>8033022</u> |  |  |  |  |  | Other (Specify) | _____ |  |  |  |  |  |  | _____ |  |  |  |  |  |  |
| Medical  | <u>9247872</u>              |                | From | <u>10/1/2017</u> | To               | <u>9/30/2018</u> |                  |        |                |  |  |  |  |  |               |                |  |  |  |  |  |                 |       |  |  |  |  |  |  |       |  |  |  |  |  |  |
| Dental   | <u>8024018</u>              |                |      |                  |                  |                  |                  |        |                |  |  |  |  |  |               |                |  |  |  |  |  |                 |       |  |  |  |  |  |  |       |  |  |  |  |  |  |
| Mental Health  | <u>8033022</u>              |                |      |                  |                  |                  |                  |        |                |  |  |  |  |  |               |                |  |  |  |  |  |                 |       |  |  |  |  |  |  |       |  |  |  |  |  |  |
| Other (Specify)  | _____                       |                |      |                  |                  |                  |                  |        |                |  |  |  |  |  |               |                |  |  |  |  |  |                 |       |  |  |  |  |  |  |       |  |  |  |  |  |  |
|  | _____                       |                |      |                  |                  |                  |                  |        |                |  |  |  |  |  |               |                |  |  |  |  |  |                 |       |  |  |  |  |  |  |       |  |  |  |  |  |  |

**4. Type of Control (Check One Only)**

**NONPROFIT ORGANIZATION**

**GOVERNMENT**

**STATE**                       **DISTRICT**                       **OTHER**

**COUNTY**                       **CITY**

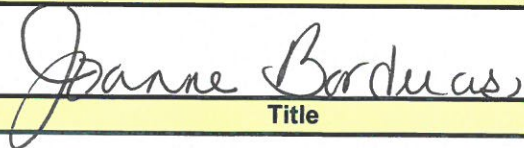
**5. FQHC Owned By:**

**Community Health and Wellness Center of Greater Torrington, Inc.**

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By  
**Community Health and Wellness Center of Greater Torrington, Inc. 9247872**  
*(FQHC Name)*

For the Reporting Period Beginning 10/1/2017 and Ending 9/30/2018 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> |
|  | Joanne Bardwas      |
| <b>Title</b>  | <b>Date</b>         |
| CEO   | 03/28/2019          |

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

Reporting Period: From 10/1/2017 To 9/30/2018

FQHC Name: Community Health and Wellness Center of Greater Torrington, 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<br>Yes/ No | Clinic/Provider No. |
|--------------------------------------|--------------------------------------|---------------------------|---------------------|
| ss Center of Greater Torrington, Inc | 469 Migeon Ave. Torrington, CT       | Yes                       | 07-1834             |
| ss Center of Greater Torrington, Inc | 115 Spencer Street, Winsted, CT      | Yes                       | 07-1877             |
| ss Center of Greater Torrington, Inc | 88 East Albert Street, Torrington,CT | Yes                       | 07-1876             |
| ss Center of Greater Torrington, Inc | 332 South Main Street, Torrington,CT | Yes                       | 07-1904             |
|                                      |                                      |                           |                     |
|                                      |                                      |                           |                     |
|                                      |                                      |                           |                     |
|                                      |                                      |                           |                     |
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|                                      |                                      |                           |                     |
|                                      |                                      |                           |                     |
|                                      |                                      |                           |                     |
|                                      |                                      |                           |                     |

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

**Select One:**

SELECT ONE OF THE FOLLOWING OPTIONS:

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

Reporting Period: From 10/1/2017 To 9/30/2018  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, 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                       |
| <b>DIRECT HEALTH CARE COST</b>                                 |                    |                |                  |                   |   |                                 |                           |
| <i>(Excluding Dental, Mental Health &amp; Other)</i>           |                    |                |                  |                   |   |                                 |                           |
| <b>1. Staff Cost</b>   |                    |                |                  |                   |   |                                 |                           |
| a. Physician   | 557,646            | 95,686         | 653,332          | 0                 | 653,332                                 | 0                               | 653,332                   |
| b. Physician Assistant   | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| c. Nurse (APRN, Midwife, RN)                                   | 737,923            | 111,213        | 849,136          | 0                 | 849,136                                 | 0                               | 849,136                   |
| d. Other - Specify   | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| LPN's  | 195,611            | 37,339         | 232,950          | 0                 | 232,950                                 | 0                               | 232,950                   |
| Medical Assistants   | 322,118            | 48,547         | 370,665          | 0                 | 370,665                                 | 0                               | 370,665                   |
| Dietician  | 39,189             | 5,906          | 45,095           | 0                 | 45,095                                  | 0                               | 45,095                    |
| Ophthalmologist  | 19,835             | 2,989          | 22,824           | 0                 | 22,824                                  | 0                               | 22,824                    |
| Chiropractor   | 25,440             | 3,834          | 29,274           | 0                 | 29,274                                  | 0                               | 29,274                    |
| Pediatrician   | 17,018             | 0              | 17,018           | 0                 | 17,018                                  | 0                               | 17,018                    |
|  | 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                         |
| <b>e. Subtotal Direct Health Care Cost</b>                     | <b>1,914,780</b>   | <b>305,514</b> | <b>2,220,294</b> | <b>0</b>          | <b>2,220,294</b>                        | <b>0</b>                        | <b>2,220,294</b>          |
| <b>2. Other Direct Health Care Cost</b>                        |                    |                |                  |                   |   |                                 |                           |
| a. Medical Supplies  | 0                  | 61,184         | 61,184           | 0                 | 61,184                                  | 0                               | 61,184                    |
| b. Transportation  | 0                  | 10,704         | 10,704           | 0                 | 10,704                                  | 0                               | 10,704                    |
| c. Depreciation - Medical Equipment                            | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| d. Professional Liability Insurance                            | 0                  | 17,466         | 17,466           | 0                 | 17,466                                  | 0                               | 17,466                    |
| e. Laboratory  | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| f. Radiology   | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| g. Physician-Administered Drugs                                | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| h. Other - Specify   | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| bad debt allowance   | 0                  | (9,293)        | (9,293)          | 0                 | (9,293)                                 | 9,293                           | 0                         |
| Interpreting Services  | 0                  | 5,378          | 5,378            | 0                 | 5,378                                   | 0                               | 5,378                     |
| Amenacorp  | 14,000             | 0              | 14,000           | (14,000)          | 0                                       | 0                               | 0                         |
|  | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
|  | 0                  | 0              | 0                | 0                 | 0                                       | 0                               | 0                         |
| <b>i. Subtotal Other Direct Health Care Cost</b>               | <b>14,000</b>      | <b>85,439</b>  | <b>99,439</b>    | <b>(14,000)</b>   | <b>85,439</b>                           | <b>9,293</b>                    | <b>94,732</b>             |
| <b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>          | <b>1,928,780</b>   | <b>390,953</b> | <b>2,319,733</b> | <b>(14,000)</b>   | <b>2,305,733</b>                        | <b>9,293</b>                    | <b>2,315,026</b>          |

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

Reporting Period: From 10/1/2017 To 9/30/2018

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| COST CENTER  | Salaried Personnel<br>I | Other Costs<br>II | Total<br>III     | Reclassifications<br>IV | Reclassified Trial Balance<br>(Col 3 & 4)<br>V | Adjustments Increase<br>(Decrease)<br>VI | Net Expenses<br>(Col 5 & 6)<br>VII |
|--|-------------------------|-------------------|------------------|-------------------------|--|--|------------------------------------|
| <b>B. DIRECT DENTAL CARE COST</b>                    |                         |                   |                  |                         |  |  |                                    |
| <b>1. Staff Cost</b>                                 |                         |                   |                  |                         |  |  |                                    |
| a. Dentist   | 451,792                 | 67,691            | 519,483          | (19,040)                | 500,443  |  | 500,443                            |
| b. Dental Hygienist                                  | 125,519                 | 18,917            | 144,436          |                         | 144,436  |  | 144,436                            |
| c. Other - Specify                                   |                         |                   |                  |                         |  |  |                                    |
| Dental Assistant                                     | 136,791                 | 20,616            | 157,407          |                         | 157,407  |  | 157,407                            |
| Dentist-Contracted thru Uconn Dental                 | 0                       | 128,292           | 128,292          |                         | 128,292  |  | 128,292                            |
|  |                         |                   |                  |                         | 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>714,102</b>          | <b>235,516</b>    | <b>949,618</b>   | <b>(19,040)</b>         | <b>930,578</b>                                 | <b>0</b>                                 | <b>930,578</b>                     |
| <b>2 Other Direct Dental Care Cost</b>               |                         |                   |                  |                         |  |  |                                    |
| a. Dental Supplies                                   |                         | 108,877           | 108,877          |                         | 108,877  |  | 108,877                            |
| b. Transportation                                    |                         |                   | 0                |                         | 0  |  | 0                                  |
| c. Depreciation - Dental Equipment                   |                         | 21,974            | 21,974           |                         | 21,974   |  | 21,974                             |
| d. Professional Liability Insurance                  |                         | 2,382             | 2,382            |                         | 2,382  |  | 2,382                              |
| e. Other - Specify                                   |                         |                   |                  |                         |  |  |                                    |
| bad debt allowance                                   |                         | 0                 | 0                |                         | 0  | 0  | 0                                  |
| Ameritcorp   | 1,550                   | 0                 | 1,550            | (1,550)                 | 0  |  | 0                                  |
|  |                         |                   |                  |                         | 0  |  | 0                                  |
|  |                         |                   |                  |                         | 0  |  | 0                                  |
| <b>f. Subtotal Other Direct Dental Care Cost</b>     | <b>1,550</b>            | <b>133,233</b>    | <b>134,783</b>   | <b>(1,550)</b>          | <b>133,233</b>                                 | <b>0</b>                                 | <b>133,233</b>                     |
| <b>3 TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b> |                         |                   |                  |                         |  |  |                                    |
|  | <b>715,652</b>          | <b>368,749</b>    | <b>1,084,401</b> | <b>(20,590)</b>         | <b>1,063,811</b>                               | <b>0</b>                                 | <b>1,063,811</b>                   |

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

Reporting Period: From 10/1/2017 To 9/30/2018

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form A-3 (Direct Mental Health Care Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                         |                   |                |                         |   |                                       |                                 |
|--|-------------------------|-------------------|----------------|-------------------------|---|---------------------------------------|---------------------------------|
| COST CENTER  | I<br>Salaried Personnel | II<br>Other Costs | III<br>Total   | IV<br>Reclassifications | V<br>Reclassified Trial Balance (Col 3 & 4) | VI<br>Adjustments Increase (Decrease) | VII<br>Net Expenses (Col 5 & 6) |
|  |                         |                   |                |                         |   |                                       |                                 |
| <b>1. Staff Cost</b>   |                         |                   |                |                         |   |                                       |                                 |
| a. Psychologist  | 78,899                  | 11,891            | 90,790         |                         | 0   |                                       | 0                               |
| b. Social Worker   |                         |                   |                |                         | 90,790                                      |                                       | 90,790                          |
| c. Other - Specify   |                         |                   |                |                         |   |                                       |                                 |
| Contracted Staff through CHH                                   | 0                       | 367,047           | 367,047        |                         | 367,047                                     |                                       | 367,047                         |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
| <b>d. Subtotal Direct Mental Health Care Cost</b>              | <b>78,899</b>           | <b>378,938</b>    | <b>457,837</b> | <b>0</b>                | <b>457,837</b>                              | <b>0</b>                              | <b>457,837</b>                  |
| <b>2. Other Direct Mental Health Care Cost</b>                 |                         |                   |                |                         |   |                                       |                                 |
| a. Medical Supplies  |                         | 654               | 654            |                         | 0   |                                       | 0                               |
| b. Transportation  |                         |                   |                |                         | 654   |                                       | 654                             |
| c. Depreciation - Mental Health Equipment                      |                         |                   |                |                         |   |                                       | 0                               |
| d. Professional Liability Insurance                            |                         |                   |                |                         |   |                                       | 0                               |
| e. Other - Specify   |                         |                   |                |                         |   |                                       | 0                               |
| bad debt allowance   |                         |                   |                |                         |   | 0                                     | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
|  |                         |                   |                |                         |   |                                       | 0                               |
| <b>f. Subtotal Other Direct Mental Health Care Cost</b>        | <b>0</b>                | <b>654</b>        | <b>654</b>     | <b>0</b>                | <b>654</b>                                  | <b>0</b>                              | <b>654</b>                      |
| <b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>   |                         |                   |                |                         |   |                                       |                                 |
|  | 78,899                  | 379,592           | 458,491        | 0                       | 458,491                                     | 0                                     | 458,491                         |
| <b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>      |                         |                   |                |                         |   |                                       |                                 |
|  | 2,723,331               | 1,139,294         | 3,862,625      | (34,590)                | 3,828,035                                   | 9,293                                 | 3,837,328                       |

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

Reporting Period: From 10/1/2017 To 9/30/2018

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form A-4 (Non-Allowable Direct Other Service Cost)  
**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

| COST CENTER   | I<br>Salaried Personnel | II<br>Other Costs | III<br>Total     | IV<br>Reclassifications | V<br>Reclassified Trial Balance (Col 3 & 4) | VI<br>Adjustments Increase (Decrease) | VII<br>Net Expenses (Col 5 & 6) |
|---|-------------------------|-------------------|------------------|-------------------------|---|---------------------------------------|---------------------------------|
|   |                         |                   |                  |                         |   |                                       |                                 |
| <b>1. Service</b>                                       |                         |                   |                  |                         |   |                                       |                                 |
| a. Clinical Diagnostic Lab                              |                         | 61,065            | 61,065           |                         | 61,065                                      |                                       | 61,065                          |
| b. Radiology  |                         |                   | 0                |                         | 0   |                                       | 0                               |
| c. Prescription Drugs/Pharmacy                          |                         | 209,260           | 209,260          |                         | 209,260                                     |                                       | 209,260                         |
| 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                               |
| Patient related assistance & travel                     |                         | 116,132           | 116,132          |                         | 116,132                                     |                                       | 116,132                         |
| Pharmacy Admin related to 340B                          |                         | 10,368            | 10,368           |                         | 10,368                                      |                                       | 10,368                          |
| LPN Chronic Care Management                             | 52,140                  | 0                 | 52,140           |                         | 52,140                                      |                                       | 52,140                          |
| Americorp   |                         |                   | 0                | 15,550                  | 15,550                                      |                                       | 15,550                          |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
|   |                         |                   | 0                |                         | 0   |                                       | 0                               |
| <b>i. Total Non-Allowable Direct Other Service Cost</b> | <b>52,140</b>           | <b>396,825</b>    | <b>448,965</b>   | <b>15,550</b>           | <b>464,515</b>                              | <b>0</b>                              | <b>464,515</b>                  |
| <b>F. TOTAL DIRECT COST (D+E1)</b>                      | <b>2,775,471</b>        | <b>1,536,119</b>  | <b>4,311,590</b> | <b>(19,040)</b>         | <b>4,292,550</b>                            | <b>9,293</b>                          | <b>4,301,843</b>                |

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

Reporting Period: From 10/1/2017 To 9/30/2018  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

| Form A-5 (Overhead Cost)                                       |                    |                  |                  |                   |  |                                 |                          |
|--|--------------------|------------------|------------------|-------------------|--|---------------------------------|--------------------------|
| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                    |                  |                  |                   |  |                                 |                          |
| COST CENTER  | Salaries Personnel | Other Costs      | Total            | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|  | I                  | II               | III              | IV                | V                                      | VI                              | VII                      |
| <b>G. OVERHEAD - FACILITY COST</b>                             |                    |                  |                  |                   |  |                                 |                          |
| a. Rent  |                    | 160,823          | 160,823          |                   | 160,823                                |                                 | 160,823                  |
| b. Insurance   |                    | 39,088           | 39,088           |                   | 39,088                                 |                                 | 39,088                   |
| c. Interest on Mortgage or Loans                               |                    | 50,133           | 50,133           |                   | 50,133                                 |                                 | 50,133                   |
| d. Utilities   |                    | 80,538           | 80,538           |                   | 80,538                                 |                                 | 80,538                   |
| e. Depreciation - Building                                     |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
| f. Depreciation - Equipment                                    |                    | 81,914           | 81,914           |                   | 81,914                                 |                                 | 81,914                   |
| g. Housekeeping & Maintenance                                  |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
| h. Other (Specify)   |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
|  |                    | 9,519            | 9,519            |                   | 9,519                                  |                                 | 9,519                    |
|  |                    | 9,913            | 9,913            |                   | 9,913                                  |                                 | 9,913                    |
|  |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
|  |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
| <b>I. Subtotal Overhead - Facility Cost</b>                    | <b>0</b>           | <b>431,928</b>   | <b>431,928</b>   | <b>0</b>          | <b>431,928</b>                         | <b>0</b>                        | <b>431,928</b>           |
| <b>H. OVERHEAD - ADMINISTRATIVE COST</b>                       |                    |                  |                  |                   |  |                                 |                          |
| a. Office Salaries   | 1,805,462          | 257,774          | 2,063,236        | 19,040            | 2,082,276                              |                                 | 2,082,276                |
| b. Depreciation - Office Equipment                             |                    | 3,109            | 3,109            |                   | 3,109                                  |                                 | 3,109                    |
| c. Office Supplies   |                    | 76,555           | 76,555           |                   | 76,555                                 |                                 | 76,555                   |
| d. Legal   |                    | 78,573           | 78,573           |                   | 78,573                                 |                                 | 78,573                   |
| e. Accounting  |                    | 36,639           | 36,639           |                   | 36,639                                 |                                 | 36,639                   |
| f. Insurance   |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
| g. Telephone   |                    | 29,663           | 29,663           |                   | 29,663                                 |                                 | 29,663                   |
| h. Advertising-Help Wanted                                     |                    | 39,569           | 39,569           |                   | 39,569                                 |                                 | 39,569                   |
| i. Interest - Capital Loans                                    |                    | 0                | 0                |                   | 0                                      |                                 | 0                        |
| j. Other (Specify)   |                    | 252,011          | 252,011          |                   | 252,011                                |                                 | 252,011                  |
|  |                    | 2,117            | 2,117            |                   | 2,117                                  |                                 | 2,117                    |
|  |                    | 49,434           | 49,434           |                   | 49,434                                 |                                 | 49,434                   |
|  |                    | 30,399           | 30,399           |                   | 30,399                                 |                                 | 30,399                   |
|  |                    | 188,081          | 188,081          |                   | 188,081                                |                                 | 188,081                  |
|  |                    | 1,043,924        | 2,849,387        | 19,040            | 2,868,427                              | (30,399)                        | 2,838,028                |
| <b>k. Subtotal Overhead - Administrative Cost</b>              | <b>1,805,462</b>   | <b>1,043,924</b> | <b>2,849,387</b> | <b>19,040</b>     | <b>2,868,427</b>                       | <b>(30,399)</b>                 | <b>2,838,028</b>         |
| <b>l. TOTAL OVERHEAD COST (Gi+Hk)</b>                          | <b>1,805,462</b>   | <b>1,475,852</b> | <b>3,281,315</b> | <b>19,040</b>     | <b>3,300,355</b>                       | <b>(30,399)</b>                 | <b>3,269,956</b>         |
| <b>J. GRAND TOTAL COSTS<sup>2</sup> (F+i)</b>                  | <b>4,560,934</b>   | <b>3,011,971</b> | <b>7,592,905</b> | <b>-</b>          | <b>7,592,905</b>                       | <b>(21,106)</b>                 | <b>7,571,799</b>         |

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

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

Reporting Period: From 10/1/2017 To 9/30/2018

FQHC Name: Community Health and Wellness Center of Greater Torrington, 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<br>I              | Compensation<br>II | Encounters<br>III | Total Employee Hours and FTEs |                                 |
|  |              |                             |                    |                   | Employee<br>Total Hours<br>IV | FTEs<br>(2080 hrs = 1 FTE)<br>V |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i>                                   |              | <b>General Practitioner</b> | <b>125,000</b>     | <b>1,500</b>      | <b>1,040</b>                  | <b>0.50</b>                     |
| <b>A. PHYSICIAN</b>  |              |                             |                    |                   |                               |                                 |
| 1.   | See Form B-4 |                             |                    |                   | 0                             | 0.00                            |
| 2.   |              |                             |                    |                   | 0                             | 0.00                            |
| 3.   |              |                             |                    |                   | 0                             | 0.00                            |
| 4.   |              |                             |                    |                   | 0                             | 0.00                            |
| 5.   |              |                             |                    |                   | 0                             | 0.00                            |
| 6.   |              |                             |                    |                   | 0                             | 0.00                            |
| 7.   |              |                             |                    |                   | 0                             | 0.00                            |
| 8.   |              |                             |                    |                   | 0                             | 0.00                            |
| 9.   |              |                             |                    |                   | 0                             | 0.00                            |
| 10.  |              |                             |                    |                   | 0                             | 0.00                            |
| <b>Total Physician Encounters, Staff Hours and FTEs</b>  |              |                             | <b>0</b>           | <b>0</b>          | <b>0</b>                      | <b>0.00</b>                     |
| <b>B. PHYSICIAN ASSISTANT</b>  |              |                             |                    |                   |                               |                                 |
| 1.   | See Form B-4 |                             |                    |                   | 0                             | 0.00                            |
| 2.   |              |                             |                    |                   |                               | 0.00                            |
| 3.   |              |                             |                    |                   |                               | 0.00                            |
| 4.   |              |                             |                    |                   |                               | 0.00                            |
| 5.   |              |                             |                    |                   |                               | 0.00                            |
| <b>Total Physician Assistant Encounters, Hours and FTEs</b>                                      |              |                             | <b>0</b>           | <b>0</b>          | <b>0</b>                      | <b>0.00</b>                     |



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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2017 To 9/30/2018  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, 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<br>I              | Compensation<br>II | Encounters<br>III | Total Employee Hours and FTEs |                              |  |
|  |                             |                    |                   | Employee Total Hours<br>IV    | FTEs (2080 hrs = 1 FTE)<br>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>                  |  |
| C. NURSE (APRN, MIDWIFE, RN)   |                             |                    |                   |                               |                              |  |
| 1. See Form B-4  |                             |                    |                   | 0                             | 0.00                         |  |
| 2.   |                             |                    |                   | 0                             | 0.00                         |  |
| 3.   |                             |                    |                   | 0                             | 0.00                         |  |
| 4.   |                             |                    |                   | 0                             | 0.00                         |  |
| 5.   |                             |                    |                   | 0                             | 0.00                         |  |
| Total Nurse Practitioner   |                             | 0                  | 0                 | 0                             | 0.00                         |  |
|  |                             |                    |                   |                               |                              |  |
| D. PHYSICIAN SERVICES UNDER CONTRACT   |                             |                    |                   |                               |                              |  |
| 1.   |                             |                    |                   | 0                             | 0.00                         |  |
| 2.   |                             |                    | 0                 | 0                             | 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. See Form B-4  |                             |                    |                   | 0                             | 0.00                         |  |
| 2.   |                             |                    |                   | 0                             | 0.00                         |  |
| 3.   |                             |                    |                   |                               | 0.00                         |  |
| Total Other Health Care Practitioner   |                             | 0                  | 0                 | 0                             | 0.00                         |  |

STATE OF CONNECTICUT  
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Reporting Period: From 10/1/2017 To 9/30/2018  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, 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<br>II | Encounters<br>III | Total Employee Hours and FTEs |                                 |
|   |                    |                   | Employee<br>Total Hours<br>IV | FTEs<br>(2080 hrs = 1 FTE)<br>V |
| <i>Provide itemized de-identified list (e.g., Dentist 1)</i>              | 125,000            | 1,500             | 1,040                         | 0.50                            |
| <b>A. DENTIST</b>   |                    |                   |                               |                                 |
| 1. See Form B-4   | 0                  | 0                 | 0                             | 0.00                            |
| 2.  | 0                  | 0                 | 0                             | 0.00                            |
| 3.  | 0                  | 0                 | 0                             | 0.00                            |
| 4.  | 0                  | 0                 | 0                             | 0.00                            |
| 5.  | 0                  | 0                 | 0                             | 0.00                            |
| <b>Total Dentist Encounters, Staff Hours and FTEs</b>                     | 0                  | 0                 | 0                             | 0.00                            |
| <b>B. DENTAL HYGIENIST</b>  |                    |                   |                               |                                 |
| 1. See Form B-4   | 0                  | 0                 | 0                             | 0.00                            |
| 2.  | 0                  | 0                 | 0                             | 0.00                            |
| 3.  | 0                  | 0                 | 0                             | 0.00                            |
| 4.  | 0                  | 0                 | 0                             | 0.00                            |
| 5.  | 0                  | 0                 | 0                             | 0.00                            |
| <b>Total Dental Hygienist Encounters, Hours and FTEs</b>                  | 0                  | 0                 | 0                             | 0.00                            |
| <b>C. OTHER DENTAL PRACTITIONER</b>                                       |                    |                   |                               |                                 |
| 1. See Form B-4   | 0                  | 0                 | 0                             | 0.00                            |
| 2.  | 0                  | 0                 | 0                             | 0.00                            |
| 3.  | 0                  | 0                 | 0                             | 0.00                            |
| 4.  | 0                  | 0                 | 0                             | 0.00                            |
| 5.  | 0                  | 0                 | 0                             | 0.00                            |
| <b>Total Other Dental Practitioner Encounters, Hours and FTEs</b>         | 0                  | 0                 | 0                             | 0.00                            |

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|                   |  |           |    |           |
|-------------------|--|-----------|----|-----------|
| Reporting Period: | From   | 10/1/2017 | To | 9/30/2018 |
| FQHC Name:        | Community Health and Wellness Center of Greater Torrington, 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<br><i>Provide itemized de-identified list (e.g., Psychologist 1)</i> | Compensation | Encounters | Total Employee Hours and FTEs |                         |
|  |   |              |            | Employee Total Hours          | FTEs (2080 hrs = 1 FTE) |
| <b>A.</b>  | <b>PSYCHOLOGIST</b>   | 125,000      | 1,500      | 1,040                         | 0.50                    |
| 1.   | See Form B-4  | 0            | 0          |                               | 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.   | See Form B-4  |              |            | 0                             | 0.00                    |
| 2.   |   |              |            | 0                             | 0.00                    |
| 3.   |   |              |            | 0                             | 0.00                    |
| 4.   |   |              |            | 0                             | 0.00                    |
| 5.   |   |              |            | 0                             | 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            | 0          |                               | 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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Reporting Period: From 10/1/2017 To 9/30/2018  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, 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 | 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>2</b>  | <b>1</b>   | <b>10,000</b> | <b>8,320</b>            | <b>4.00</b>              |  |
| 1. PHYSICIAN   | 5                       | 747,867            | 198,777            | 17,018         | 2         | 0          | 6,636         | 4,558                   | 2.19                     |  |
| 2. PHYSICIAN ASSISTANT   | 0                       | 0                  | 0                  | 0              | 0         | 0          | 0             | 0                       | 0.00                     |  |
| 3. NURSE (APRN, MIDWIFE, RN)   | 6                       | 849,447            | 109,813            | 15,415         | 5         | 3          | 9,602         | 14,515                  | 6.98                     |  |
| 4. PHYSICIAN SERVICES UNDER CONTRACT                                   | 0                       | 0                  | 0                  | 0              | 0         | 0          | 0             | 0                       | 0.00                     |  |
| 5. OTHER HEALTH PROFESSIONALS  | 1                       | 45,112             | 45,112             | 45,112         | 0         | 0          | 588           | 956                     | 0.46                     |  |
| 6. OTHER ALLIED HEALTH PROFESSIONALS                                   | 19                      | 655,995            | 117,000            | 28,080         | 9         | 4          | 0             | 30,913                  | 14.86                    |  |
| 7. OTHER HEALTH CARE PRACTITIONERS                                     | 2                       | 51,807             | 28,974             | 22,833         | 1         | 0          | 546           | 1,304                   | 0.63                     |  |
| <b>Total Health Care</b>   | <b>33</b>               | <b>2,350,228</b>   |                    |                | <b>17</b> | <b>7</b>   | <b>17,372</b> | <b>52,246</b>           | <b>25.12</b>             |  |
| <b>B. DENTAL PRACTITIONERS</b>   |                         |                    |                    |                |           |            |               |                         |                          |  |
| 1. DENTIST   | 5                       | 647,965            | 187,125            | 20,769         | 1         | 0          | 5,920         | 7,490                   | 3.60                     |  |
| 2. DENTAL HYGIENIST  | 2                       | 144,489            | 74,984             | 58,112         | 1         | 1          | 1,918         | 2,820                   | 1.36                     |  |
| 3. OTHER DENTAL PRACTITIONERS  | 4                       | 157,464            | 40,477             | 32,074         | 0         | 0          | 0             | 6,856                   | 3.30                     |  |
| <b>Total Dental</b>  | <b>11</b>               | <b>949,918</b>     |                    |                | <b>2</b>  | <b>1</b>   | <b>7,838</b>  | <b>17,166</b>           | <b>8.26</b>              |  |
| <b>C. MENTAL HEALTH PRACTITIONERS</b>                                  |                         |                    |                    |                |           |            |               |                         |                          |  |
| 1. PSYCHIATRIST  | 1                       | 9,450              | 0                  | 0              | 0         | 0          | 0             | 0                       | 0.00                     |  |
| 2. PSYCHOLOGIST  |                         |                    |                    |                |           |            |               |                         | 0.00                     |  |
| 3. LICENSED CLINICAL SOCIAL WORKER                                     | 5                       | 448,420            | 0                  | 0              | 1         | 1          | 4,130         | 8,144                   | 3.92                     |  |
| 4. PSYCHIATRIC APRN  |                         |                    |                    |                |           |            |               |                         | 0.00                     |  |
| 5. OTHER MENTAL HEALTH PRACTITIONERS                                   |                         | 0                  |                    |                |           |            |               |                         | 0.00                     |  |
| <b>Total Mental Health</b>   | <b>6</b>                | <b>457,870</b>     |                    |                | <b>1</b>  | <b>1</b>   | <b>4,130</b>  | <b>8,144</b>            | <b>3.92</b>              |  |

STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

|                   |  |           |    |           |
|-------------------|--|-----------|----|-----------|
| Reporting Period: | From   | 10/1/2017 | To | 9/30/2018 |
| FQHC Name:        | Community Health and Wellness Center of Greater Torrington, Inc. |           |    |           |

Form C (Cost Adjustment & Allocation)

**COST ADJUSTMENT AND ALLOCATION**

|    |  |           |
|----|--|-----------|
| A. | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 3,837,328 |
| B. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | 464,515   |
| C. | Total Direct Costs (A+B)   | 4,301,843 |
| D. | Portion of Title XIX Services (A/C)                              | 89.20%    |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)            | 3,269,956 |
| F. | Overhead Cost Applicable to Title XIX Services (DxE)             | 2,916,800 |
| G. | Total Title XIX Services Cost (A+F)                              | 6,754,128 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)         | 2,026,238 |
| I. | Cost Adjustment (Lower of H-F or Zero)                           | (890,562) |
| J. | Allowable Title XIX Overhead Cost (F+I)                          | 2,026,238 |
| K. | <b>Direct Costs</b>  |           |
|    | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)       | 2,315,026 |
|    | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII)            | 1,063,811 |
|    | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)     | 458,491   |
|    | 4. Total Direct Costs (K1 thru K3)                               | 3,837,328 |
| L. | <b>Direct Costs as a % of Total</b>                              |           |
|    | 1. Health Care Services (K1/K4)                                  | 60.33%    |
|    | 2. Dental Services (K2/K4)                                       | 27.72%    |
|    | 3. Mental Health Services (K3/K4)                                | 11.95%    |
| M. | <b>Allocated Allowable Overhead Cost</b>                         |           |
|    | 1. Health Care Services (JxL1)                                   | 1,222,429 |
|    | 2. Dental Services (JxL2)  | 561,673   |
|    | 3. Mental Health Services (JxL3)                                 | 242,135   |
|    | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3)          | 2,026,237 |

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|                   |  |                     |
|-------------------|--|---------------------|
| Reporting Period: | From <u>10/1/2017</u>  | To <u>9/30/2018</u> |
| FQHC Name:        | Community Health and Wellness Center of Greater Torrington, 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) | 2,315,026 |
| B. Allowable Overhead Cost (P13 - Form C, Line M1)            | 1,222,429 |
| C. Total Allowable Health Care Cost (A+B)                     | 3,537,455 |
| D. Encounters (P12 - Form B-4, Health Care Total)             | 17,372    |
| E. Allowable Health Care Cost Per Encounter (C/D)             | 203.63    |

**II. Dental**

|   |           |
|---|-----------|
| A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 1,063,811 |
| B. Allowable Overhead Cost (P13 - Form C, Line M2)            | 561,673   |
| C. Total Allowable Dental Cost (A+B)                          | 1,625,484 |
| D. Encounters (P12 - Form B-4, Dental Total)                  | 7,838     |
| E. Allowable Dental Cost Per Encounter (C/D)                  | 207.39    |

**III. Mental Health**

|  |         |
|--|---------|
| A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 458,491 |
| B. Allowable Overhead Cost (P13 - Form C, Line M3)                   | 242,135 |
| C. Total Allowable Mental Health Cost (A+B)                          | 700,626 |
| D. Encounters (P12 - Form B-4, Mental Health Total)                  | 4,130   |
| E. Allowable Mental Health Cost Per Encounter (C/D)                  | 169.64  |

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

Reporting Period: \_\_\_\_\_ From 10/1/2017 To 9/30/2018  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

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  | 1,583,008                               | 911,403  | 414,719       |         | 2,909,130              |
| 2.        | Private   | 109,819                                 | (30,570) | 155,308       |         | 234,557                |
| 3.        | Medicare  | 819,482                                 | 27,454   | 0             |         | 846,936                |
| 4.        | Patient Cash/Self Pay   | 450,359                                 | (58,394) | 36,692        |         | 428,657                |
| 5.        | Other - Specify   |   |          |               |         | 0                      |
| 6.        | Total (1 thru 5)  | 2,962,668                               | 849,893  | 606,719       | 0       | 4,419,280              |
| <b>B.</b> | <b>Other Revenue</b>  |   |          |               |         |                        |
| 1.        | Contributions   |   |          |               |         | 0                      |
| 2.        | Grants  | 2,389,188                               |          |               |         | 2,389,188              |
| 3.        | Interest  | 0                                       |          |               |         | 0                      |
| 4.        | Donations   |   |          |               |         |                        |
| 5.        | Other - Specify Interest Income   |   |          |               | 1,312   | 1,312                  |
| 6.        | Other - Specify PCMH  |   |          |               | 73,140  | 73,140                 |
| 7.        | Other - Specify Pharmacy  |   |          |               | 0       | 0                      |
| 8.        | Other - Specify CSMS-IPA  |   |          |               | 718,147 | 718,147                |
| 9.        | Other - Specify Other   |   |          |               | 7,661   | 7,661                  |
| 10.       | Other - Specify Fundraising   |   |          |               | 34,885  | 34,885                 |
| 11.       | Total (1 thru 10)   | 2,389,188                               | 0        | 0             | 851,040 | 3,240,228              |
| <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>  | 5,351,856                               | 849,893  | 606,719       | 851,040 | 7,659,508              |

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

|                   |  |           |    |           |
|-------------------|--|-----------|----|-----------|
| Reporting Period: | From   | 10/1/2017 | To | 9/30/2018 |
| FQHC Name:        | Community Health and Wellness Center of Greater Torrington, 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> ) |        |
|    | 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 _____   |   |
|    | Other - Specify _____  |   |
|    | Other - Specify _____  |   |
|    | Other - Specify _____  |   |
|    | Other - Specify _____  |   |
|    | 5. Total (1 thru 4)  | 0 |



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

Reporting Period: From 10/1/2017 To 9/30/2018

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form G (Cost Disallowance and Offset)

**COST DISALLOWANCE AND OFFSET**

| A.        | Cost Disallowance  |                 |
|-----------|--|-----------------|
| 1.        | Entertainment  |                 |
| 2.        | Fines and penalties  |                 |
| 3.        | Bad debt   | (9,293)         |
| 4.        | Cost of actions to collect receivables   |                 |
| 5.        | Advertising, except for recruitment of personnel   | (21,500)        |
| 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  | (9,221)         |
| 9.        | Amortization of goodwill   | 0               |
| 10.       | Directors fees   |                 |
| 11.       | Contributions  |                 |
| 12.       | Membership dues for public relations   |                 |
| 13.       | Cost not related to patient care   |                 |
| 14.       | Interest   | (37,751)        |
| 15.       | Pass through expenses  |                 |
| 16.       | <b>Total (1 thru 15)</b>   | <b>(77,765)</b> |
| <b>B.</b> | <b>Cost Offset (Expense Recovery)</b>  |                 |
| 1.        | Refunds - Medicaid Outreach  |                 |
| 2.        | Rent Income  | 17,234          |
| 3.        | In-Kind Medical Supplies   |                 |
| 4.        | In-Kind Dental Supplies  |                 |
| 5.        | In-Kind Computer Supplies  |                 |
| 6.        | In-Kind Advertising  |                 |
| 7.        | <b>Total (1 thru 6)</b>  | <b>17,234</b>   |
| <b>C.</b> | <b>Total Cost Disallowance and Offset (A16+B7)</b>   | <b>(60,531)</b> |

Form A-5 OH  
Administrative Cost  
Other:

|                                     |                   |
|-------------------------------------|-------------------|
| Advertisement/ Promotion            | 21,500.14         |
| Depreciation - Motor vehicle        | 9,102.59          |
| Consultants                         | 39,064.92         |
| Patient Confirmation Calls          | 936.00            |
| Dues & Subscriptions                | 61,553.03         |
| Meals                               | 8,370.38          |
| Bank Service Charges                | 4,263.03          |
| Sponsorships/Unrestricted Donations | 2,645.00          |
| Fundraising Related Expenses        | 9,220.25          |
| Employee Related Special Events     | 16,555.61         |
| Miscellaneous Employee Related      | 8,796.68          |
| Admin related travel                | -                 |
| New hire background check           | 5,230.15          |
| Credentialing                       | 842.72            |
|                                     | <u>188,080.50</u> |

Adjustments  
Other Income Offsets

|   |         |
|---|---------|
| 4500 · Contribution Income:4505 · Cocktails & Comedy FY2017 Rev | 15895   |
| 4510 · Other Revenue:4512 · Medical Records Copy Income         | 4900.75 |
| 4510 · Other Revenue:4514 · Miscellaneous Income                | 9613.32 |
| 4510 · Other Revenue:4513 · Interpreting Service                | 0       |

30409.07

Reconciliation Schedule to Line J

|               |                 |
|---------------|-----------------|
| Per Audit     | \$ 7,583,893.00 |
| Per Worksheet | \$ 7,571,799.00 |
| Difference    | \$ 12,094.00    |

Entry from the prior year was entered by the auditors (that we did not receive)

|                   | D            | C            |
|-------------------|--------------|--------------|
| Deferred Revenues | \$ 12,089.00 |              |
| Rental Income     |              | \$ 12,089.00 |