



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

<b>Reporting Period:</b>	From <u>7/1/2020</u>	To <u>6/30/2021</u>
<b>FQHC Name:</b>	Wheeler Clinic 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.
Wheeler Clinic, Inc	10 North Main Street Bristol, CT 06010-8122	Yes	1548760119
Wheeler Clinic, Inc	43 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	49 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	75 North Mountain Road New Britain CT 06053	Yes	1285203612
Wheeler Clinic, Inc	36 Race Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	225 North Main Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	500 Clark Avenue Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	718 Pine Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	21 Tuttle Road Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	551 Peacedale Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	480 Wolcott Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	632 King Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	9 Moody Road, Suite #3 Enfield, CT 06082	No	1396750840
Wheeler Clinic, Inc	999 Asylum Avenue Hartford, CT 06105	No	1396750840
Wheeler Clinic, Inc	200 W Center Street Manchester, CT 06040	No	1396750840
Wheeler Clinic, Inc	130 Research Parkway Meriden, CT 06450	No	1396750840
Wheeler Clinic, Inc	20 Tuttle Place Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	Russell Hall, 2 Vance Drive Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	36 Russell Street New Britain, CT 06052	No	1396750840
Wheeler Clinic, Inc	19 Franklin Square New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	458 Grand Avenue New Haven, CT 06513	No	1396750840
Wheeler Clinic, Inc	142 East Street Norwalk, CT 06851	No	1396750840
Wheeler Clinic, Inc	91 Northwest Drive Plainville, CT 06062	Yes - partial year	1396750840
Wheeler Clinic, Inc	74 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	88 East Street Plainville, CT 06062	No	1396750840

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<b>FQHC Name:</b>		<b>Wheeler Clinic Inc</b>	
Wheeler Clinic, Inc	334 Farmington Avenue Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	345 Mix Street Bristol CT 06010	Yes	1396750840
Wheeler Clinic, Inc	90 West Washington Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	530 Stevens Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	212 Louisiana Ave Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	326 Highland Avenue Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	50 Brookside Road Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	1 Farm Hill Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	37 Parkside Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	655 Jerome Ave Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	81 Edward Street Newington, CT	No	1396750840
Wheeler Clinic, Inc	855 Lakewood Road Waterbury, CT 06706	Yes	1144650144
Wheeler Clinic, Inc	40 Hart Street Britain, CT 06053	New	Yes- partial year 1285203612
<b>8. Related Parties:</b> Related party information is reported on the following, which accompanies this cost report submission:			
<b>Select One:</b>			
SELECT ONE OF THE FOLLOWING OPTIONS:			





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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: Wheeler Clinic Inc

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
C. DIRECT MENTAL HEALTH CARE COST							
	I	II	III	IV	V	VI	VII
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>1. Staff Cost</b>							
a. Psychologist	1,600,986	355,019	1,956,005	0	1,956,005		1,956,005
b. Social Worker	400,185	88,741	488,926		488,926		488,926
c. Other - Specify	350,337	77,687	428,024		428,024		428,024
	1,823,788	404,420	2,228,188		2,228,188		2,228,188
Licensed Professional Counselor	224,471	49,776	274,247	206,470	480,717		480,717
Licensed Marriage and Family Therapist	1,049,572	232,742	1,282,314		1,282,314		1,282,314
Licensed Alcohol & Drug Counselor	194,294	43,085	237,379		237,379		237,379
Other Mental Health Practitioners							
Psychiatrist							
Psychiatric APRN							
Medical Assistant							
<b>d. Subtotal Direct Mental Health Care Cost</b>	<b>5,643,613</b>	<b>1,251,470</b>	<b>6,895,083</b>	<b>206,470</b>	<b>7,101,553</b>	<b>0</b>	<b>7,101,553</b>
<b>2. Other Direct Mental Health Care Cost</b>							
a. Medical Supplies				7,732	7,732		7,732
b. Transportation					0		0
c. Depreciation - Mental Health Equipment					0		0
d. Professional Liability Insurance					33,452		33,452
e. Other - Specify					4,665		4,665
Continuing Medical Education					3,575		3,575
Laboratory					28,705		28,705
Advertising-Help Wanted					51,630		51,630
Interpreter Services					258		258
Bio-Medical Waste Management					0		0
<b>f. Subtotal Other Direct Mental Health Care Cost</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>130,017</b>	<b>130,017</b>	<b>0</b>	<b>130,017</b>
<b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	<b>5,643,613</b>	<b>1,251,470</b>	<b>6,895,083</b>	<b>336,487</b>	<b>7,231,570</b>	<b>0</b>	<b>7,231,570</b>
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>9,256,123</b>	<b>2,369,754</b>	<b>11,625,877</b>	<b>575,726</b>	<b>12,201,603</b>	<b>(9,886)</b>	<b>12,191,717</b>

STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: Wheeler Clinic Inc

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

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
<b>1. Service</b>							
a. Clinical Diagnostic Lab			0	16,327	16,327		16,327
b. Radiology			0	0	0		0
c. Prescription Drugs/Pharmacy			0	274,200	274,200		274,200
d. Battered Women			0	0	0		0
e. Homeless			0	0	0		0
f. WIC			0	0	0		0
g. Non-FQHC Sites		2,785,685	2,785,685	35,175,750	37,961,435		37,961,435
h. Other - Specify			0	104,674	104,674		104,674
Fundraising			0	0	0		0
Outreach			0	5,075	5,075		5,075
Laboratory (Non-FQHC Sites)			0	29,891	29,891		29,891
Medical Supplies (Non-FQHC Sites)			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>0</b>	<b>2,785,685</b>	<b>2,785,685</b>	<b>35,605,917</b>	<b>38,391,602</b>	<b>0</b>	<b>38,391,602</b>
<b>F. TOTAL DIRECT COST (D+E1i)</b>	<b>9,256,123</b>	<b>5,155,439</b>	<b>14,411,562</b>	<b>36,181,643</b>	<b>50,593,205</b>	<b>(9,886)</b>	<b>50,583,319</b>

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

FQHC Name: Wheeler Clinic Inc

Form A-5 (Overhead Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I	II	III	IV	V	VI	
	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
G.	OVERHEAD - FACILITY COST						
a. Rent		1,305,618	1,305,618		1,305,618	(198,318)	1,107,300
b. Insurance		271,312	271,312		271,312		271,312
c. Interest on Mortgages or Loans		35,199	35,199		35,199	(35,199)	0
d. Utilities		756,474	756,474	(4,857)	751,617		751,617
e. Depreciation - Building		1,736,173	1,736,173	(425,750)	1,310,423		1,310,423
f. Depreciation - Equipment		0	0	398,783	398,783		398,783
g. Housekeeping & Maintenance		1,894,958	1,894,958	(1,733)	1,893,225		1,893,225
h. Other (Specify)							
		114,018	114,018		114,018		114,018
		334,911	334,911		334,911		334,911
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>L. Subtotal Overhead - Facility Cost</b>	<b>0</b>	<b>6,448,663</b>	<b>6,448,663</b>	<b>(33,557)</b>	<b>6,415,106</b>	<b>(233,517)</b>	<b>6,181,589</b>
H.	OVERHEAD - ADMINISTRATIVE COST						
a. Office Salaries	38,988,725		38,988,725	(28,572,151)	10,416,574	(19,800)	10,396,774
b. Depreciation - Office Equipment		760,227	760,227	(183,574)	576,653	(142)	576,511
c. Office Supplies		71,706	71,706		71,706		71,706
d. Legal		100,007	100,007	(150,807)	100,007		100,007
e. Accounting		210,489	210,489		50,592		50,592
f. Insurance		1,002,816	1,002,816	(20,363)	1,002,616	(1,147,549)	1,002,616
g. Telephone		1,253,084	1,253,084		1,232,731		85,182
h. Advertising-Help Wanted		0	0		0		0
i. Interest - Capital Loans		235,435	235,435	(9,210)	226,225		226,225
j. Other (Specify)		1,215,282	1,215,282	(1,307)	1,213,975	(14,378)	1,199,597
Travel & Seminar		1,886,725	1,886,725	(541,048)	1,345,677		1,345,677
Miscellaneous		8,645,739	8,645,739	(6,625,036)	2,020,703		2,020,703
Contracted Services		876,837	876,837	(35,500)	841,337		841,337
Fringe Benefits & Payroll Taxes		0	0		0		0
Recruiting, Dues Licenses		16,258,157	16,258,157	(36,148,088)	19,098,796	(1,181,869)	17,916,927
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>38,988,725</b>	<b>22,706,820</b>	<b>61,695,545</b>	<b>(36,181,643)</b>	<b>25,513,902</b>	<b>(1,415,386)</b>	<b>24,098,516</b>
<b>L. TOTAL OVERHEAD COST (G+H+K)</b>	<b>38,988,725</b>	<b>22,706,820</b>	<b>61,695,545</b>	<b>(36,181,643)</b>	<b>25,513,902</b>	<b>(1,415,386)</b>	<b>24,098,516</b>
<b>J. GRAND TOTAL COSTS* (F+I)</b>	<b>48,244,848</b>	<b>27,862,259</b>	<b>76,107,107</b>	<b>-</b>	<b>76,107,107</b>	<b>(1,425,272)</b>	<b>74,681,835</b>

\* 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>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Wheeler Clinic Inc	

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	FTEs
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50	
<b>A. PHYSICIAN</b>						
1. Please see form B4					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
<b>Total Physician Encounters, Staff Hours and FTEs</b>		0	0	0	0	0.00
<b>B. PHYSICIAN ASSISTANT</b>						
1. Please see form B4					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		0	0	0	0	0.00

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FQHC Name:	Wheeler Clinic Inc			

Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>					
<b>C. NURSE (APRN, MIDWIFE, RN)</b>	<b>General Practitioner</b>	<b>125,000</b>	<b>1,500</b>	<b>1,040</b>	<b>0.50</b>
1. Please see form B4					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Nurse Practitioner</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>D. PHYSICIAN SERVICES UNDER CONTRACT</b>					
1. Please see form B4					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Physician Services Under Contract</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>E. OTHER HEALTH CARE PRACTITIONER</b>					
1. Please see form B4					0.00
2.					0.00
3.					0.00
<b>Total Other Health Care Practitioner</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

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Reporting Period: From 7/1/2020 To 6/30/2021  
 FQHC Name: Wheeler Clinic Inc

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>				
<b>A. DENTIST</b>				
1. Please see form B4	125,000	1,500	1,040	0.50
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Dentist Encounters, Staff Hours and FTEs</b>	0	0	0	0.00
<b>B. DENTAL HYGIENIST</b>				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Dental Hygienist Encounters, Hours and FTEs</b>	0	0	0	0.00
<b>C. OTHER DENTAL PRACTITIONER</b>				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Other Dental Practitioner Encounters, Hours and FTEs</b>	0	0	0	0.00

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Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Wheeler Clinic 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
<b>A. PSYCHOLOGIST</b>				
1. Please see form B4				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. SOCIAL WORKER</b>				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Social Worker Encounters, Hours and FTEs</b>	0	0	0	0.00
<b>C. OTHER MENTAL HEALTH PRACTITIONER</b>				
1. Please see form B4				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 7/1/2020 To 6/30/2021  
 FQHC Name: Wheeler Clinic 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 I	Total Compensation II	Compensation Range			Turnover			Employee Hours and FTEs			
			High III	Low IV	Total V	Hires VI	Departures VII	Encounters VIII	Total Hours IX	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	3	249,132	294,447	206,809	1	1	2,099	4,536	2.18			
2. PHYSICIAN ASSISTANT									0.00			
3. NURSE (APRN, MIDWIFE, RN)	28	1,910,388	144,050	75,243	10	13	16,861	36,624	17.61			
4. PHYSICIAN SERVICES UNDER CONTRACT									0.00			
5. OTHER HEALTH PROFESSIONALS	1	78,381	156,000	156,000	0	0	1,586	1,044	0.50			
6. OTHER ALLIED HEALTH PROFESSIONALS	1	64,338	64,297	64,297	1	1	283	2,080	1.00			
7. OTHER HEALTH CARE PRACTITIONERS	2	102,315	90,484	86,776	0	0	241	2,362	1.14			
<b>Total Health Care</b>	<b>35</b>	<b>2,404,554</b>			<b>12</b>	<b>15</b>	<b>21,070</b>	<b>46,846</b>	<b>22.43</b>			
<b>B. DENTAL PRACTITIONERS</b>												
1. DENTIST	1	164,670	173,333	173,333	0	0	823	2,080	1.00			
2. DENTAL HYGIENIST	1	70,567	70,521	70,521	0	0	661	2,080	1.00			
<b>Total Dental</b>	<b>2</b>	<b>235,237</b>			<b>0</b>	<b>0</b>	<b>1,484</b>	<b>4,160</b>	<b>2.00</b>			
<b>C. MENTAL HEALTH PRACTITIONERS</b>												
1. PSYCHIATRIST	2	224,471	405,600	301,366	0	0	1,320	1,935	0.93			
2. PSYCHOLOGIST									0.00			
3. LICENSED CLINICAL SOCIAL WORKER	21	1,600,967	93,572	69,678	9	12	26,866	38,404	18.46			
4. PSYCHIATRIC APRN	12	1,049,572	149,634	118,912	2	1	11,342	16,483	7.92			
5. OTHER MENTAL HEALTH PRACTITIONERS	76	2,574,289	67,073	47,854	22	16	26,113	100,211	48.18			
<b>Total Mental Health</b>	<b>111</b>	<b>5,449,319</b>			<b>33</b>	<b>29</b>	<b>65,661</b>	<b>157,033</b>	<b>75.49</b>			

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Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Wheeler Clinic Inc			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	12,191,717
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	38,391,602
C.	Total Direct Costs (A+B)	50,583,319
D.	Portion of Title XIX Services (A/C)	24.10%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	24,098,516
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,807,742
G.	Total Title XIX Services Cost (A+F)	17,999,459
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,399,838
I.	Cost Adjustment (Lower of H-F or Zero)	(407,904)
J.	Allowable Title XIX Overhead Cost (F+I)	5,399,838
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	4,579,811
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	380,336
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	7,231,570
	4. Total Direct Costs (K1 thru K3)	12,191,717
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	37.56%
	2. Dental Services (K2/K4)	3.12%
	3. Mental Health Services (K3/K4)	59.32%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,028,179
	2. Dental Services (JxL2)	168,475
	3. Mental Health Services (JxL3)	3,203,184
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,399,838

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Wheeler Clinic Inc	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
<b>I. Health Care Cost (Excluding Dental and Mental Health)</b>	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	4,579,811
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,028,179
C. Total Allowable Health Care Cost (A+B)	6,607,990
D. Encounters (P12 - Form B-4, Health Care Total)	21,070
E. Allowable Health Care Cost Per Encounter (C/D)	313.62
<b>II. Dental</b>	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	380,336
B. Allowable Overhead Cost (P13 - Form C, Line M2)	168,475
C. Total Allowable Dental Cost (A+B)	548,811
D. Encounters (P12 - Form B-4, Dental Total)	1,484
E. Allowable Dental Cost Per Encounter (C/D)	369.82
<b>III. Mental Health</b>	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	7,231,570
B. Allowable Overhead Cost (P13 - Form C, Line M3)	3,203,184
C. Total Allowable Mental Health Cost (A+B)	10,434,754
D. Encounters (P12 - Form B-4, Mental Health Total)	65,661
E. Allowable Mental Health Cost Per Encounter (C/D)	158.92

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: Wheeler Clinic Inc From 7/1/2020 To 6/30/2021  
 FQHC Name: Wheeler Clinic Inc

REVENUES							Form E (Revenues)	
	I Excluding Dental, Mental Health & Other	II Dental	III Mental Health	IV Other	V Total (Col. I thru IV)			
<b>A.</b>	<b>Operating Revenue</b>							
1.	Medicaid	3,426,013	10,729,135		14,372,248			
2.	Private	519,544	2,066,610		2,599,981			
3.	Medicare	194,772	840,671		1,035,532			
4.	Patient Cash/Self Pay	216,968	146,070		369,941			
5.	Other - Specify	(70,141)	37,415		(34,599)			
6.	Total (1 thru 5)	4,287,157	13,819,901	0	18,343,103			
	<b>Other Revenue</b>							
1.	Contributions	30,963	196,594	137,873	405,013			
2.	Grants	1,016,414	2,672,335	36,147,914	39,861,443			
3.	Interest				0			
4.	Donations				0			
5.	Other - Specify		1,257,525		1,257,525			
6.	Other - Specify	8,910		10,469,179	10,478,089			
7.	Other - Specify			216,186	216,186			
8.	Other - Specify				0			
9.	Other - Specify			215,544	215,544			
10.	Other - Specify			477,200	477,200			
11.	Total (1 thru 10)	1,056,287	4,126,454	47,663,896	52,910,999			
<b>C.</b>	<b>Other Revenue by non-approved FQHC sites</b>							
1.	Other - Specify							
2.	Other - Specify							
3.	Other - Specify							
4.	Other - Specify							
5.	Other - Specify							
6.	Other - Specify							
7.	Total (1 thru 7)	0	0	18,915,378	18,915,378			
<b>D.</b>	<b>Total Revenue (A6+B11+C7)</b>	5,343,444	17,946,355	66,579,274	90,169,480			



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FQHC Name:	Wheeler Clinic 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> )	24,963
2.	Dental	39,583
3.	Mental Health	196,594
4.	Other - Specify <u>Temp Restricted - Basic Needs Fund</u>	40,072
	Other - Specify <u>Temp Restricted - Other</u>	9,690
	Other - Specify <u>Temp Restricted - Corsini Kitchen</u>	25,100
	Other - Specify <u>Temp Restricted - H&amp;W Fitness</u>	25,935
	Other - Specify <u>Temp Restricted - Innovation Fund</u>	100,400
	Other - Specify <u>Unrestricted Contributions</u>	218,345
	Other - Specify _____	
5.	Total (1 thru 4)	<b>680,682</b>

B.	Grants ( <i>Excluding PHS</i> )	
1.	Services ( <i>Excluding Dental, Mental Health and Other</i> )	634,155
2.	Dental	51,832
3.	Mental Health	2,464,241
4.	Other - Specify <u>CSSD</u>	5,239,890
	Other - Specify <u>DCF</u>	25,408,860
	Other - Specify <u>DDS</u>	97,914
	Other - Specify <u>DMHAS</u>	3,664,583
	Other - Specify <u>DOC</u>	151,926
	Other - Specify <u>DPH</u>	37,164
	Other - Specify <u>OEC</u>	514,244
	Other - Specify <u>DHHS/OWH</u>	25,983
	Other - Specify <u>SAMHSA</u>	1,002,873
	Other - Specify <u>HRSA</u>	692,744
	Other - Specify <u>Other-Misc</u>	4,477
	Other - Specify _____	
5.	Total (1 thru 4)	<b>39,990,886</b>

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Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Wheeler Clinic Inc			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
<b>A.</b>	<b>Cost Disallowance</b>	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	(1,147,549)
	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	(14,378)
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	(35,199)
	15. Pass through expenses	
	16. Total (1 thru 15)	(1,197,126)
<b>B.</b>	<b>Cost Offset (Expense Recovery)</b>	
	1. Refunds - Medicaid Outreach	(19,800)
	2. Rent Income	(198,318)
	3. In-Kind Medical Supplies	(9,886)
	4. In-Kind Dental Supplies	(142)
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Miscellaneous	
	8. Total (1 thru 7)	(228,146)
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>	(1,425,272)