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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: RECEIVED

JUL 10 2022

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

1. FQHC Name: Community Health Services
   Street Address: 500 Albany Avenue
   City, State, ZIP: Hartford, CT 06120
   Telephone Number: 860-808-8765
   Contact Person: Dianna Kulmacz
   Title: Chief Financial Officer

2. FQHC Medicaid Provider Number:

Medical	004235570
Dental	004236099
Mental Health	004235588
Other (Specify)	008050894

3. Reporting Period: From 1/1/2021 To 12/31/2021

4. Type of Control (Check One Only)
   X NONPROFIT ORGANIZATION
   GOVERNMENT
   _ STATE _ DISTRICT _ OTHER
   _ COUNTY _ CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

Community Health Services 004235570

(FQHC Name)

For the Reporting Period Beginning 1/1/2021 and Ending 12/31/2021 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6.

Signature (Officer or Administrator of FQHC)	Printed Name
	Dianna Kulmacz
Title	**Date**
CFO	6/27/2022

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

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

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.
Community Health Services, Inc.	500 Albany Ave, Hartford, CT 06120	Yes	004235570
Community Health Services	503 Windsor Ave, Windsor, CT 06905	Yes	004235570

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

Select One:

C. Not applicable. The FQHC does not have any related party individuals or organizations.	

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

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST *(Excluding Dental, Mental Health & Other)*	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Physician	1,228,983	404,054	1,633,037		1,633,037		1,633,037
b. Physician Assistant	146,356	48,118	194,473		194,473		194,473
c. Nurse (APRN, Midwife, RN)	2,411,621	792,872	3,204,493		3,204,493		3,204,493
d. Other - Specify							
Registered Dietician	48,782	16,038	64,821		64,821		64,821
Other clinical (Medical Assistant, Medical Case Manag	983,341	323,294	1,306,635		1,306,635		1,306,635
			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
e. Subtotal Direct Health Care Cost	4,819,082	1,584,376	6,403,459	0	6,403,459	0	6,403,459
2. Other Direct Health Care Cost							
a. Medical Supplies		232,288	232,288		232,288		232,288
b. Transportation		18,218	18,218		18,218		18,218
c. Depreciation - Medical Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs		711,892	711,892		711,892	(564,701)	147,191
h. Other - Specify							
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	962,398	962,398	0	962,398	(564,701)	397,697
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	4,819,082	2,546,774	7,365,856	0	7,365,856	(564,701)	6,801,155

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	359,780	118,285	478,065		478,065		478,065
b. Dental Hygienst	180,151	59,228	239,379		239,379		239,379
c. Other - Specify							
Dental Assistant	291,405	95,806	387,211		387,211		387,211
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. **Subtotal Direct Dental Care Cost**	**831,335**	**273,319**	**1,104,654**	**0**	**1,104,654**	**0**	**1,104,654**
2 Other Direct Dental Care Cost							
a. Dental Supplies		163,480	163,480		163,480		163,480
b. Transportation			0		0		0
c. Depreciation - Dental Equipment		23,622	23,622		23,622		23,622
d. Professional Liability Insurance		12,539	12,539		12,539		12,539
e. Other - Specify							
(Ind Contractors, Licenses, RX Other, Other Clinical Exp, Office and General Supplies, Food/Beverage, Laundry, IT, Training, Maintenance, etc..)		148,845	148,845		148,845	(77)	148,767
			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. **Subtotal Other Direct Dental Care Cost**	**0**	**348,485**	**348,485**	**0**	**348,485**	**(77)**	**348,408**
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	**831,335**	**621,805**	**1,453,140**	**0**	**1,453,140**	**(77)**	**1,453,062**

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist			0		0		0
b. Social Worker	455,255	149,675	604,930		604,930		604,930
c. Other - Specify							
Staff Psychiatrist	48,446	15,928	64,373		64,373		64,373
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	503,701	165,602	669,303	0	669,303	0	669,303
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		3,564	3,564		3,564		3,564
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance		15,839	15,839		15,839		15,839
e. Other - Specify							
(Other clinical exp, office and gen supplies, recruitment, training, maintenance, interpretation, ind contractors, IT expenses, etc.)		123,118	123,118		123,118	(2)	123,116
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	142,520	142,520	0	142,520	(2)	142,518
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	503,701	308,123	811,824	0	811,824	(2)	811,822
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	6,154,118	3,476,702	9,630,820	-	9,630,820	(564,780)	9,066,039

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		I	II	III	IV	V	VI	VII
E.	NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1.	Service							
a.	Clinical Diagnostic Lab			0		0		0
b.	Radiology			0		0		0
c.	Prescription Drugs/Pharmacy			0		0		0
d.	Battered Women			0		0		0
e.	Homeless			0		0		0
f.	WIC			0		0		0
g.	Non-FQHC Sites			0		0		0
h.	Other - Specify							
	HIV-EIS Program Manager & Healthy Start Coordinator	150,659	49,532	200,192		200,192		200,192
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
i.	Total Non-Allowable Direct Other Service Cost	150,659	49,532	200,192	0	200,192	0	200,192
F.	TOTAL DIRECT COST (D+E1i)	6,304,777	3,526,234	9,831,011	-	9,831,011	(564,780)	9,266,231

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Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclass-ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G.	**OVERHEAD - FACILITY COST**							
a.	Rent		91,215	91,215		91,215	(24,428)	66,787
b.	Insurance			0		0		0
c.	Interest on Mortgage or Loans		15,567	15,567		15,567	(15,567)	(0)
d.	Utilities		221,361	221,361		221,361		221,361
e.	Depreciation - Building		739,341	739,341		739,341		739,341
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance	276,601	657,082	933,683		933,683		933,683
h.	Other (Specify)							
	Facility Supplies		42,969	42,969		42,969		42,969
				0		0		0
				0		0		0
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	**276,601**	**1,767,535**	**2,044,135**	**0**	**2,044,135**	**(39,995)**	**2,004,140**
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	4,375,388	1,438,503	5,813,891		5,813,891		5,813,891
b.	Depreciation - Office Equipment			0		0		0
c.	Office Supplies		69,334	69,334		69,334		69,334
d.	Legal		7,166	7,166		7,166		7,166
e.	Accounting	415,500	194,611	610,111		610,111		610,111
f.	Insurance		104,756	104,756		104,756		104,756
g.	Telephone		148,763	148,763		148,763		148,763
h.	Advertising-Help Wanted		121	121		121	(121)	0
i.	Interest - Capital Loans			0		0		0
j.	Other (Specify)							
	Misc. Expenses, Contracted service expenses and Meeting and Conferences, non capitalized furniture & equip, IT, licenses etc.,)		1,267,516	1,267,516		1,267,516		1,267,516
				0		0		0
				0		0		0
				0		0		0
				0		0		0
k.	**Subtotal Overhead - Administrative Cost**	**4,790,888**	**3,230,770**	**8,021,658**	**0**	**8,021,658**	**(121)**	**8,021,537**
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	**5,067,489**	**4,998,304**	**10,065,793**	**-**	**10,065,793**	**(40,116)**	**10,025,677**
J.	**GRAND TOTAL COSTS[2] (F+I)**	**11,372,267**	**8,524,538**	**19,896,805**	**-**	**19,896,805**	**(604,897)**	**19,291,908**

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

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	*General Practitioner*	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PHYSICIAN**					
1.	Adolescent Medicine/Pediatrics	Adolescent Medicine/Pediatrics	500,046	6,633	4,992	2.40
2.	Adult Medicine	Staff Physicians	228,728	2,933	2,142	1.03
3.	Podiatry	Podiatrist	253,577	4,191	3,640	1.75
4.	Womens Health	OB / GYN	221,394	2,468	2,080	1.00
5.						0.00
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
	Total Physician Encounters, Staff Hours and FTEs		1,203,745	16,225	12,854	6.18
B.	**PHYSICIAN ASSISTANT**					
1.	Adult Medicine	PHYSICIAN ASSISTANT	34,251	800	520	0.25
2.	Pediatrics	PHYSICIAN ASSISTANT	112,104	2,830	2,080	1.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Assistant Encounters, Hours and FTEs		146,355	3,630	2,600	1.25

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Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	*General Practitioner*	*125,000*	*1,500*	*1,040*	*0.50*
C.	NURSE (APRN, MIDWIFE, RN)					
1.	APRN	APRN	1,625,735	37,937	28,746	13.82
2.	Registered Nurse	RN	476,574		12,314	5.92
3.						0.00
4.						0.00
5.						0.00
	Total Nurse Practioner		2,102,309	37,937	41,059	19.74
D.	PHYSICIAN SERVICES UNDER CONTRACT					
1.	Optometry Contractor	Optometrist	62,040	1,125	832	0.40
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Services Under Contract		62,040	1,125	832	0.40
E.	OTHER HEALTH CARE PRACTITIONER					
1.	Medical Assistant	MA	793,856		46,509	22.36
2.	Other Health Care	LPN, Med Case Mgr, S	277,353		10,816	5.20
3.	Registered Dietician	RD	48,782	550	1,352	0.65
	Total Other Health Care Practitioner		1,119,991	550	58,677	28.21

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

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	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Dentist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**DENTIST**				
1.	Staff Dentist	359,780	7,210	4,576	2.20
2.	Contracted Dentist	87,707	1,195	1,248	0.60
3.					0.00
4.					0.00
5.					0.00
	Total Dentist Encounters, Staff Hours and FTEs	447,487	8,405	5,824	2.80
B.	**DENTAL HYGIENIST**				
1.	Dental Hygienist	180,151	4,458	4,264	2.05
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dental Hygienist Encounters, Hours and FTEs	180,151	4,458	4,264	2.05
C.	**OTHER DENTAL PRACTITIONER**				
1.	Dental Assistant	291,405	0	14,560	7.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Dental Practitioner Encounters, Hours and FTEs	291,405	0	14,560	7.00

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Reporting Period:	From 1/1/2021	To 12/31/2021
FQHC Name:	Community Health Services	

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PSYCHOLOGIST**				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B.	**SOCIAL WORKER**				
1.	Licensed Clinical Social Worker	455,255	8,594	16,224	7.80
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Social Worker Encounters, Hours and FTEs	455,255	8,594	16,224	7.80
C.	**OTHER MENTAL HEALTH PRACTITIONER**				
1.	Staff Psychiatrist	48,446	254	208	0.10
2.	Psychiatric APRN	296,555	3,825	2,704	1.30
3.					0.00
4.					0.00
5.					0.00
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	345,000	4,079	2,912	1.40

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Reporting Period: From 1/1/2021 To 12/31/2021

FQHC Name: Community Health Services

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
	4	*500,000*	*150,000*	*100,000*	*2*	*1*	*10,000*	*8,320*	*4.00*
A. HEALTH CARE PRACTITIONERS									
1. PHYSICIAN	10	1,203,745	274,197	98,895	2	1	16,225	12,875	6.19
2. PHYSICIAN ASSISTANT	3	146,355	110,000	100,000	1	1	3,630	2,600	1.25
3. NURSE (APRN, MIDWIFE, RN)	38	2,102,309	136,000	82,400	16	13	37,937	43,763	21.04
4. PHYSICIAN SERVICES UNDER CONTRACT	1	62,040	62,040	62,040	0	0	1,125	832	0.40
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS	41	1,119,991	68,500	33,280	25	19	550	54,912	26.40
Total Health Care	93	4,634,441			44	34	59,467	114,982	55.28
B. DENTAL PRACTITIONERS									
1. DENTIST	5	447,487	167,000	158,519	0	0	8,405	6,240	3.00
2. DENTAL HYGIENIST	3	180,151	89,578	86,041	1	0	4,458	4,638	2.23
3. OTHER DENTAL PRACTITIONERS	6	291,405	49,304	39,563	0	0	0	12,480	6.00
Total Dental	14	919,042			1	0	12,863	23,358	11.23
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	1	48,446	124,800	124,800	0	0	254	416	0.20
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	8	455,255	61,400	55,000	3	3	8,594	14,144	6.80
4. PSYCHIATRIC APRN	4	296,555	134,000	89,250		2	3,825	5,408	2.60
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00
Total Mental Health	13	800,255			3	5	12,673	19,968	9.60

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	1/1/2021	To	12/31/2021
FQHC Name:	Community Health Services			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	9,066,039
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	200,192
C.	Total Direct Costs (A+B)	9,266,231
D.	Portion of Title XIX Services (A/C)	97.84%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,025,677
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,809,123
G.	Total Title XIX Services Cost (A+F)	18,875,162
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,662,549
I.	Cost Adjustment (Lower of H-F or Zero)	(4,146,574)
J.	Allowable Title XIX Overhead Cost (F+I)	5,662,549
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	6,801,155
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,453,062
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	811,822
	4. Total Direct Costs (K1 thru K3)	9,066,039
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	75.02%
	2. Dental Services (K2/K4)	16.03%
	3. Mental Health Services (K3/K4)	8.95%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,248,044
	2. Dental Services (JxL2)	907,707
	3. Mental Health Services (JxL3)	506,798
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,662,549

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Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER

I.	Health Care Cost (Excluding Dental and Mental Health)	
A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	6,801,155
B.	Allowable Overhead Cost (P13 - Form C, Line M1)	4,248,044
C.	Total Allowable Health Care Cost (A+B)	11,049,199
D.	Encounters (P12 - Form B-4, Health Care Total)	59,467
E.	Allowable Health Care Cost Per Encounter (C/D)	185.80
II.	Dental	
A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,453,062
B.	Allowable Overhead Cost (P13 - Form C, Line M2)	907,707
C.	Total Allowable Dental Cost (A+B)	2,360,769
D.	Encounters (P12 - Form B-4, Dental Total)	12,863
E.	Allowable Dental Cost Per Encounter (C/D)	183.53
III.	Mental Health	
A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	811,822
B.	Allowable Overhead Cost (P13 - Form C, Line M3)	506,798
C.	Total Allowable Mental Health Cost (A+B)	1,318,620
D.	Encounters (P12 - Form B-4, Mental Health Total)	12,673
E.	Allowable Mental Health Cost Per Encounter (C/D)	104.05

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Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	5,491,674	897,292	1,807,270		8,196,236
2.	Private	221,422	443,865	73,595		738,882
3.	Medicare	1,450,173		447,212		1,897,385
4.	Patient Cash/Self Pay	622,662	(121,249)	(287,073)		214,339
5.	Other - Specify					0
6.	Total (1 thru 5)	7,785,931	1,219,908	2,041,004	0	11,046,842
B.	Other Revenue					
1.	Contributions					0
2.	Grants	1,476,260	16,500	234,110	6,584,248	8,311,118
3.	Interest				559	559
4.	Donations				1,266,475	1,266,475
5.	Other - Specify Pharmacy				1,458,431	1,458,431
6.	Other - Specify Other				116,951	116,951
7.	Other - Specify Rental				24,428	24,428
8.	Other - Specify Restricted Contributions				48,127	48,127
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	1,476,260	16,500	234,110	9,499,219	11,226,089
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify					0
2.	Other - Specify					0
3.	Other - Specify					0
4.	Other - Specify					0
5.	Other - Specify					0
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	9,262,191	1,236,408	2,275,114	9,499,219	22,272,931

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Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS *(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)*

A.	Contributions	ACTUAL
1.	Services *(Excluding Dental, Mental Health and Other)*	
2.	Dental	
3.	Mental Health	
4.	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
5.	Total (1 thru 4)	0

B.	Grants *(Excluding PHS)*	
1.	Services *(Excluding Dental, Mental Health and Other)*	1,476,260
2.	Dental	16,500
3.	Mental Health	234,110
4.	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
5.	Total (1 thru 4)	1,726,870

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	**Cost Disallowance**		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	11,519	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	198	
6.	Contingent reserves		
7.	Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
8.	Fundraising		
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care		
14.	Interest	15,567	
15.	Pass through expenses		
16.	Total (1 thru 15)		27,284
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	24,428	
3.	In-Kind Medical Supplies	564,701	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		589,129
C.	Total Cost Disallowance and Offset (A16+B7)		616,413