STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

RECEIVED JAN 2023

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: DEPT. OF SOCIAL SERVICES OFFICE OF CONTRACTS

1. FQHC Name: Norwalk Community Health Center, Inc.
   Street Address: 120 Connecticut Avenue
   City, State, ZIP: Norwalk, Connecticut, 06854
   Telephone Number: 203.899.1770
   Contact Person: John J. Gettings III
   Title: CFO

2. FQHC Medicaid Provider Number:

Medical	004236172
Dental	008066587
Mental Health	008066726
Other (Specify)	

3. Reporting Period: From 7/1/2021 To 6/30/2022

4. Type of Control (Check One Only)

x NONPROFIT ORGANIZATION

GOVERNMENT

_ STATE _ DISTRICT _ OTHER
_ COUNTY _ CITY

5. FQHC Owned By:

Norwalk Community Health Center, Inc. (501c(3))

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

Norwalk Community Health Center, Inc. 004236172

(FQHC Name)

For the Reporting Period Beginning 7/1/2021 and Ending 6/30/2022 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
	John J. Gettings III
Title	**Date**
Chief Financial Officer	12/28/2022

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, 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.
Norwalk Community Health Center	120 Connecticut Avenue, Norwalk, CT 06854 (Including Mobile Unit)	Yes	004236172
Norwalk Community Health Center	55 Chestnut Street, Norwalk, CT 06854	Yes	004236172

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 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST	I	II	III	IV	V	VI	VII
(Excluding Dental, Mental Health & Other)							
1. Staff Cost							
a. Physician	914,606	789,216	1,703,822	166,601	1,870,423		1,870,423
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	1,794,423		1,794,423	326,864	2,121,287		2,121,287
d. Other - Specify							
LPNs, Medical Assistants, Case Mgmt	1,272,957		1,272,957	231,876	1,504,833		1,504,833
			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
e. Subtotal Direct Health Care Cost	3,981,985	789,216	4,771,201	725,342	5,496,543	0	5,496,543
2. Other Direct Health Care Cost							
a. Medical Supplies		805,406	805,406		805,406	(537,996)	267,409
b. Transportation		11,410	11,410		11,410		11,410
c. Depreciation - Medical Equipment		27,964	27,964		27,964		27,964
d. Professional Liability Insurance		17,332	17,332		17,332		17,332
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Provider Credentialing		1,506	1,506		1,506		1,506
Provider Licensing		11,218	11,218		11,218		11,218
GE/Visualutions/ECW Provider Licensing		299,117	299,117		299,117	0	299,117
Provider/Clinical CME Training		30,350	30,350		30,350		30,350
Interpreting Services		158,866	158,866		158,866		158,866
Payroll Services		12,866	12,866		12,866		12,866
Office Supplies		0	0		0		0
Minor Office		0	0		0		0
Subscriptions		1,417	1,417		1,417		1,417
Printing		0	0		0		0
Minor Clinical		49,595	49,595		49,595		49,595
Medical Equip. Repairs & Maintenance		16,243	16,243		16,243		16,243
Answering Service		12,679	12,679		12,679		12,679
Telephone		28,151	28,151		28,151		28,151
Recruitment		14,368	14,368		14,368		14,368
Bad Debt Expense		346,278	346,278		346,278	(346,278)	0
Mobile Medical Unit Insurance		6,559	6,559		6,559		6,559
		0	0		0		0
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	1,851,324	1,851,324	0	1,851,324	(884,275)	967,050
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	3,981,985	2,640,540	6,622,525	725,342	7,347,867	(884,275)	6,463,592

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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	170,581	0	170,581	31,072	201,654		201,654
b. Dental Hygienst	70,878		70,878	12,911	83,789		83,789
c. Other - Specify							
Dental Assistant	56,710		56,710	10,330	67,040		67,040
			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	**298,169**	**0**	**298,169**	**54,313**	**352,483**	**0**	**352,483**
2 Other Direct Dental Care Cost							
a. Dental Supplies		22,592	22,592		22,592		22,592
b. Transportation			0		0		0
c. Depreciation - Dental Equipment		25,202	25,202		25,202		25,202
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Payroll Services		963	963		963		963
Dental Equip. Repair & Maintenance		4,709	4,709		4,709		4,709
Telephone		1,356	1,356		1,356		1,356
Dentrix/Software Provider Licensing		14,832	14,832		14,832		14,832
Office Supplies		0	0		0		0
Minor Office		0	0		0		0
Minor Dental Equipment		0	0		0		0
Printing		0	0		0		0
Provider/Clinical CME Training		118	118		118		118
Provider Licensing		575	575		575		575
			0		0		0
f. Subtotal Other Direct Dental Care Cost	**0**	**70,348**	**70,348**	**0**	**70,348**	**0**	**70,348**
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	**298,169**	**70,348**	**368,517**	**54,313**	**422,830**	**0**	**422,830**

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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	346,936		346,936	63,196	410,132		410,132
c.	Other - Specify							
	Psychiatrist	14,400		14,400	2,623	17,023		17,023
				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**	**361,336**	**0**	**361,336**	**65,819**	**427,156**	**0**	**427,156**
2.	**Other Direct Mental Health Care Cost**							
a.	Medical Supplies			0		0		0
b.	Transportation			0		0		0
c.	Depreciation - Mental Health Equipment			0		0		0
d.	Professional Liability Insurance			0		0		0
e.	Other - Specify							
	Provider CME Training		533	533		533		533
	Payroll Services		1,167	1,167		1,167		1,167
	Interpreting Services		17,652	17,652		17,652		17,652
	Telephone		2,191	2,191		2,191		2,191
	Recruitment Fees		0	0		0		0
	Provider Licensing		0	0		0		0
	GE/Visualutions/ECW Provider Licensing		21,130	21,130		21,130		21,130
	Answering Service		667	667		667		667
f.	**Subtotal Other Direct Mental Health Care Cost**	**0**	**43,341**	**43,341**	**0**	**43,341**	**0**	**43,341**
3.	**TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)**	361,336	43,341	404,677	65,819	470,496	0	470,496
D.	**TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES**	**4,641,491**	**2,754,228**	**7,395,719**	**845,474**	**8,241,193**	**(884,275)**	**7,356,919**

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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							
			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
i. Total Non-Allowable Direct Other Service Cost	0	0	0	0	0	0	0
F. TOTAL DIRECT COST (D+E1i)	4,641,491	2,754,228	7,395,719	845,474	8,241,193	(884,275)	7,356,919

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

Form A-5 (Overhead 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
G.	**OVERHEAD - FACILITY COST**							
a.	Rent		835,865	835,865		835,865	(105,389)	730,476
b.	Insurance		74,520	74,520		74,520		74,520
c.	Interest on Mortgage or Loans		2,190	2,190		2,190		2,190
d.	Utilities		98,026	98,026		98,026		98,026
e.	Depreciation - Building		163,096	163,096		163,096		163,096
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance	149,472	160,797	310,269	27,227	337,496		337,496
h.	Other (Specify)							
	Payroll Services		483	483		483		483
	Real Estate Taxes		146,984	146,984		146,984		146,984
				0		0		0
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	**149,472**	**1,481,960**	**1,631,432**	**27,227**	**1,658,660**	**(105,389)**	**1,553,270**
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	2,460,330		2,460,330	448,163	2,908,493		2,908,493
b.	Depreciation - Office Equipment		3,377	3,377		3,377		3,377
c.	Office Supplies		133,414	133,414		133,414		133,414
d.	Legal		39,467	39,467		39,467		39,467
e.	Accounting		33,000	33,000		33,000		33,000
f.	Insurance			0		0		0
g.	Telephone		31,698	31,698		31,698		31,698
h.	Fringe Benefits & Taxes		1,320,865	1,320,865	(1,320,865)	0		0
i.	Interest - Capital Loans			0		0		0
j.	Other (Specify)							
	Professional Fees		33,523	33,523		33,523		33,523
	Marketing		1,606	1,606		1,606	(1,606)	0
	Development		49,492	49,492		49,492	(49,492)	
	MIS		91,766	91,766		91,766		91,766
	IT/EMR Consultants		90,936	90,936		90,936		90,936
	Training/Conference/Meeting		9,827	9,827		9,827		9,827
	Grant Contracted Services		32,970	32,970		32,970		32,970
	Payroll Services		7,949	7,949		7,949		7,949
	Postage		14,728	14,728		14,728		14,728
	Printing		10,837	10,837		10,837		10,837
	Professional Dues		14,921	14,921		14,921		14,921
	Travel		0	0		0		0
	Bank Fees		11,030	11,030		11,030		11,030
	Temporary Services		15,123	15,123		15,123		15,123
	Americorps Member		0	0		0		0
	Miscellaneous		93,971	93,971		93,971		93,971
	Recruitment		41,603	41,603		41,603		41,603
k.	**Subtotal Overhead - Administrative Cost**	**2,460,330**	**2,082,101**	**4,542,431**	**(872,702)**	**3,669,729**	**(51,097)**	**3,618,632**
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	**2,609,802**	**3,564,061**	**6,173,863**	**(845,474)**	**5,328,389**	**(156,487)**	**5,171,902**
J.	**GRAND TOTAL COSTS[2] (F+I)**	**7,251,293**	**6,318,290**	**13,569,582**	**(0)**	**13,569,582**	**(1,040,761)**	**12,528,821**

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

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	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*
A.	**PHYSICIAN**					
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
	Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00
B.	**PHYSICIAN ASSISTANT**					
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	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*
C.	**NURSE (APRN, MIDWIFE, RN)**					
1.	Please See Form B4					0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Nurse Practioner		0	0	0	0.00
D.	**PHYSICIAN SERVICES UNDER CONTRACT**					
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Services Under Contract		0	0	0	0.00
E.	**OTHER HEALTH CARE PRACTITIONER**					
1.						0.00
2.						0.00
3.						0.00
	Total Other Health Care Practitioner		0	0	0	0.00

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: 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.	Please See Form B4				0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B.	**DENTAL HYGIENIST**				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C.	**OTHER DENTAL PRACTITIONER**				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, 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	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	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.	Please See Form B4				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.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C.	OTHER MENTAL HEALTH PRACTITIONER				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

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

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

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		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	7	914,606	260,000	165,000	4	2	11,707	8,767	4.22
2.	PHYSICIAN ASSISTANT									0.00
3.	NURSE (APRN, MIDWIFE, RN)	20	1,794,423	162,000	73,000	6	2	19,389	31,321	15.06
4.	PHYSICIAN SERVICES UNDER CONTRACT	6	789,216	260,000	187,500	0	0	12,702	7,147	3.44
5.	OTHER HEALTH PROFESSIONALS									0.00
6.	OTHER ALLIED HEALTH PROFESSIONALS									0.00
7.	OTHER HEALTH CARE PRACTITIONERS									0.00
	Total Health Care	33	3,498,245			10	4	43,798	47,236	22.72
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST	1	170,581	174,500	170,000			1,107	2,080	1.00
2.	DENTAL HYGIENIST	1	70,878	87,000	75,000			1,112	1,880	0.90
3.	OTHER DENTAL PRACTITIONERS									0.00
	Total Dental	2	241,459			0	0	2,219	3,960	1.90
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	1	14,400	220,000	220,000	0	0	0	220	0.11
2.	PSYCHOLOGIST									0.00
3.	LICENSED CLINICAL SOCIAL WORKER	6	346,936	120,000	50,000	2	0	3,585	9,055	4.35
4.	PSYCHIATRIC APRN	0	0	0	0	0	0	0	0	0.00
5.	OTHER MENTAL HEALTH PRACTITIONERS									0.00
	Total Mental Health	7	361,336			2	0	3,585	9,275	4.46

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	**From**	**7/1/2021**	**To**	**6/30/2022**
FQHC Name:	**Norwalk Community Health Center, Inc.**			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	7,356,919
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	7,356,919
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	5,171,902
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,171,902
G.	Total Title XIX Services Cost (A+F)	12,528,821
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,758,646
I.	Cost Adjustment (Lower of H-F or Zero)	(1,413,256)
J.	Allowable Title XIX Overhead Cost (F+I)	3,758,646
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	6,463,592
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	422,830
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	470,496
	4. Total Direct Costs (K1 thru K3)	7,356,919
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	87.86%
	2. Dental Services (K2/K4)	5.75%
	3. Mental Health Services (K3/K4)	6.40%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,302,346
	2. Dental Services (JxL2)	216,122
	3. Mental Health Services (JxL3)	240,553
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,759,021

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Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, 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)	6,463,592
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	3,302,346
	C.	Total Allowable Health Care Cost (A+B)	9,765,938
	D.	Encounters (P12 - Form B-4, Health Care Total)	43,798
	E.	Allowable Health Care Cost Per Encounter (C/D)	222.98
II.	Dental		
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	422,830
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	216,122
	C.	Total Allowable Dental Cost (A+B)	638,952
	D.	Encounters (P12 - Form B-4, Dental Total)	2,219
	E.	Allowable Dental Cost Per Encounter (C/D)	287.95
III.	Mental Health		
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	470,496
	B.	Allowable Overhead Cost (P13 - Form C, Line M3)	240,553
	C.	Total Allowable Mental Health Cost (A+B)	711,049
	D.	Encounters (P12 - Form B-4, Mental Health Total)	3,585
	E.	Allowable Mental Health Cost Per Encounter (C/D)	198.34

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Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Norwalk Community Health Center, Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	4,455,643				4,455,643
2.	Private	406,547				406,547
3.	Medicare	1,042,441				1,042,441
4.	Patient Cash/Self Pay	982,433				982,433
5.	Other - Specify					0
6.	Total (1 thru 5)	6,887,064	0	0	0	6,887,064
B.	Other Revenue					
1.	Contributions	13,930				13,930
2.	Grants	6,555,387				6,555,387
3.	Interest	2,629				2,629
4.	Donations					0
5.	Other - Specify	0				0
6.	Other - Specify In-Kind Donated Vaccines/Services	519,563				519,563
7.	Other - Specify Rental Income	76,077				76,077
8.	Other - Specify 340B	84,510				84,510
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	7,252,095	0	0	0	7,252,095
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)	14,139,159	0	0	0	14,139,159

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FQHC Name:	**Norwalk Community Health Center, Inc.**			

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)*	13,930
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	**13,930**

B.	Grants *(Excluding PHS)*	
	1. Services *(Excluding Dental, Mental Health and Other)*	1,545,716
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	**1,545,716**

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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	346,278	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	51,097	
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.	340B	18,434	
15.	Straight Line Lease Accounting Method	29,313	
16.	Total (1 thru 15)		445,122
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	76,077	
3.	In-Kind Medical Supplies	519,563	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		595,639
C.	**Total Cost Disallowance and Offset (A16+B7)**		1,040,761