STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ **Date Received:** _____

1. **FQHC Name** CIFC Inc./ Greater Danbury Community Health Center
   Street Address 120 Main Street 4th Floor
   City, State, ZIP Danbury, CT 06810
   Telephone Number 203-743-9760 x 3419
   Contact Person Elizabeth Martucci
   Title Chief Financial Officer

2. **FQHC Medicaid Provider Number:**
   - Medical 8004668
   - Dental 8058757
   - Mental Health 8050622
   - Other (Specify)

3. **Reporting Period:** From 1/1/2023 To 12/31/2023

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

5. **FQHC Owned By:**
   Connecticut Institute for Communities, Inc.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

CIFC Inc./ Greater Danbury Community Health Center 8004668

(FQHC Name)

For the Reporting Period Beginning 1/1/2023 and Ending 12/31/2023 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
President + CEO	Katie Curran
Title	**Date**
Chief Executive Officer	7/9/2025

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

Reporting Period:	**From** 1/1/2023	**To**	12/31/2023
FQHC Name:	**CIFC Inc./ Greater Danbury Community Health Center**		

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.
Greater Danbury Community Health Cente	57 North Street Danbury, CT 06810	YES	8004668
Danbury High School	43 Calpboard Ridge Road, Danbury, CT 06810	Yes (*)	8004668
GDCHC HATS Satellite Site	21 Hayestown Ave. Danbury, CT 06810	Yes (*)	8004668
Broadview Middle School	72 Hospital Ave, Danbury, CT 06810	Yes(*)	8004668
Rogers Park Middle School	21 Memorial Drive, Danbury, CT 06810	Yes(*)	8004668
Newtown Middle School	11 Queen Street, Newtown, CT 06471	Yes(*)	8004668
GDCHC Main Street Satellite Central Suite	70 Main Street, Danbury, CT 06810	YES	8004668
Greater Danbury Community Health Cente	120 Main Street, Danbury, CT 06810	YES	8004668
Ellsworth Avenue Elementary School Dent	53 Ellsworth Ave, Danbury, CT 06810	YES (*)	8004668
GDCHC West Street Satellite Central Suite	152 West Street, Suite SE-1 Danbury, CT 06810	YES	8004668
GDCHC	132 Main St, Danbury, CT 06810	YES	8004668
New Milford High School SBHC	388 Danbury Rd # RT7, New Milford, CT 06776-4317 NMHS	YES (*)	8050622
Schaghticoke Middle School	23 Hipp Rd, New Milford, CT 06776-2223 SMS	YES (*)	8050622
Sarah Noble Intermediate School	25 Sunny Valley Rd, New Milford, CT 06776	YES (*)	8050622
Hill and Plain Elementary School	60 Old Town Park Rd, New Milford, CT 06776	YES (*)	8050622
Northville Elementary Schooll	22 Hipp Road New Milford, CT 06776	YES (*)	8050622
Brookfield High School,	45 Lond Meadow Hill Road, Brookfield / BH	YES (*)	8004668
Westside Middle School	1 School Ridge Road, Danbury, CT 06811	YES (*)	8004668
(*) Seasonal Site			

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 1/1/2023 To 12/31/2023

FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

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	5,164,002		5,164,002	745,935	5,909,937		5,909,937
b.	Physician Assistant							
c.	Nurse (APRN, Midwife, RN)	1,253,641		1,253,641	181,087	1,434,728		1,434,728
d.	Other - Specify							
	LPN	332,548		332,548	48,036	380,584		380,584
	Medical Assistants	1,386,868		1,386,868	200,332	1,587,199		1,587,199
	PHYSICIAN SERVICES UNDER CONTRACT	937,188		937,188		937,188		937,188
	Dietician	72,420		72,420	10,461	82,881		82,881
e.	Subtotal Direct Health Care Cost	9,146,665	0	9,146,665	1,185,851	10,332,517	0	10,332,517
2.	Other Direct Health Care Cost							
a.	Medical Supplies		1,249,430	1,249,430		1,249,430	(755,648)	493,782
b.	Transportation							
c.	Depreciation - Medical Equipment							
d.	Professional Liability Insurance							
e.	Laboratory							
f.	Radiology							
g.	Physician-Administered Drugs							
h.	Other - Specify							
	Translation		281,378	281,378		281,378		281,378
	Telephone		87,983	87,983		87,983		87,983
	Credential		66,752	66,752		66,752		66,752
i.	Subtotal Other Direct Health Care Cost	0	1,685,543	1,685,543	0	1,685,543	(755,648)	929,896
3.	TOTAL DIRECT HEALTH CARE COST (1e & 2i)	9,146,665	1,685,543	10,832,209	1,185,851	12,018,060	(755,648)	11,262,412

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

Reporting Period: From 1/1/2023 To 12/31/2023

FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclass-ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	425,996		425,996	61,535	487,531		487,531
b. Dental Hygienst	248,359		248,359	35,875	284,234		284,234
c. Other - Specify							
Dental assistant	184,604		184,604	26,666	211,269		211,269
d. Subtotal Direct Dental Care Cost	**858,959**	**0**	**858,959**	**124,076**	**983,034**	**0**	**983,034**
2 Other Direct Dental Care Cost							
a. Dental Supplies		66,312	66,312		66,312		66,312
b. Transportation							
c. Depreciation - Dental Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Translation		6,555	6,555		6,555		6,555
Telephone		5,418	5,418		5,418		5,418
Credential		8,133	8,133		8,133		8,133
f. Subtotal Other Direct Dental Care Cost	**0**	**86,417**	**86,417**	**0**	**86,417**	**0**	**86,417**
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	**858,959**	**86,417**	**945,376**	**124,076**	**1,069,452**	**0**	**1,069,452**

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

Reporting Period: From 1/1/2023 To 12/31/2023

FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

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	369,225		369,225	53,334	422,559		422,559
b.	Social Worker	1,109,894		1,109,894	160,323	1,270,217		1,270,217
c.	Other - Specify							
	Behavioral Health APRN	194,372		194,372	28,077	222,449		222,449
	Psych BH RN	222,850		222,850	32,190	255,040		255,040
	LMFT							
	Psychiatric Nurse Practitioner							
	PHYSICIAN SERVICES UNDER CONTRACT	309,664		309,664		309,664		309,664
d.	**Subtotal Direct Mental Health Care Cost**	2,206,005	0	2,206,005	273,925	2,479,929	0	2,479,929
2.	**Other Direct Mental Health Care Cost**							
a.	Medical Supplies		1,407	1,407		1,407		1,407
b.	Transportation							
c.	Depreciation - Mental Health Equipment							
d.	Professional Liability Insurance							
e.	Other - Specify							
	Translation		17,467	17,467		17,467		17,467
	Telephone		47,046	47,046		47,046		47,046
	Credential		18,693	18,693		18,693		18,693
	Recruitment		12,000	12,000		12,000		12,000
f.	**Subtotal Other Direct Mental Health Care Cost**	**0**	**96,613**	**96,613**	**0**	**96,613**	**0**	**96,613**
3.	**TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)**	2,206,005	96,613	2,302,618	273,925	2,576,543	0	2,576,543
D.	**TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES**	**12,211,629**	**1,868,574**	**14,080,203**	**1,583,852**	**15,664,055**	**(755,648)**	**14,908,407**

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

Reporting Period: From 1/1/2023 To 12/31/2023

FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclass-ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab							
b. Radiology							
c. Prescription Drugs/Pharmacy - 340B		1,787,368	1,787,368		1,787,368	(1,787,368)	
d. Battered Women							
e. Homeless							
f. WIC	294,355	2,649,640	2,943,995		2,943,995	(2,581,836)	362,158
g. Non-FQHC Sites							
h. Other - Specify							
i. Total Non-Allowable Direct Other Service Cost	**294,355**	**4,437,008**	**4,731,362**	**0**	**4,731,362**	**(4,369,204)**	**362,158**
F. TOTAL DIRECT COST (D+E1i)	**12,505,983**	**6,305,582**	**18,811,565**	**1,583,852**	**20,395,417**	**(5,124,852)**	**15,270,565**

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

Reporting Period: From 1/1/2023 To 12/31/2023

FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

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		1,176,830	1,176,830		1,176,830		1,176,830
b.	Insurance			0		0		0
c.	Interest on Mortgage or Loans			0		0		0
d.	Utilities		208,385	208,385		208,385		208,385
e.	Depreciation - Building			0		0		0
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance		382,538	382,538		382,538		382,538
h.	Other (Specify)							
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
I.	**Subtotal Overhead - Facility Cost**	0	1,767,754	1,767,754	0	1,767,754	0	1,767,754
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	4,182,909		4,182,909	604,217	4,787,127		4,787,127
b.	Depreciation - Office Equipment - INCLUDES LOSS ON DISPOSAL acct 6900		276,689	276,689		276,689		276,689
c.	Office Supplies		157,848	157,848		157,848		157,848
d.	Legal		52,098	52,098		52,098		52,098
e.	Accounting		39,962	39,962		39,962		39,962
f.	Insurance		266,739	266,739		266,739		266,739
g.	Telephone		31,898	31,898		31,898		31,898
h.	Advertising-Help Wanted			0		0		0
i.	Interest - Capital Loans		380,445	380,445		380,445		380,445
j.	Other (Specify)							
	Fringe benefits and taxes		2,188,070	2,188,070	(2,188,070)	0		0
	Staff Development and Travel		374,612	374,612		374,612		374,612
	Payroll and Data / EMR Processing / Professional services		1,604,271	1,604,271		1,604,271		1,604,271
	Dues and Subscriptions/Advertising		280,173	280,173		280,173		280,173
	Bad Debt		60,000	60,000		60,000		60,000
k.	**Subtotal Overhead - Administrative Cost**	4,182,909	5,712,805	9,895,715	(1,583,853)	8,311,862	0	8,311,862
l.	**TOTAL OVERHEAD COST (Gl+Hk)**	4,182,909	7,480,559	11,663,468	(1,583,853)	10,079,616	-	10,079,616
J.	**GRAND TOTAL COSTS[2] (F+I)**	16,668,893	13,786,141	30,475,034	0	30,475,033	(5,124,852)	25,350,181

[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 1/1/2023 To 12/31/2023

FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

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	Physician #1	Pediatrician	153,248	2,232	1,392.25	0.67
2	Physician #2	Pediatrician	238,146	2,864	2,171.75	1.04
3	Physician #3	Pediatrician	28,828	310	302.25	0.15
4	Physician #4	Doctor	59,119	232	903.90	0.43
5	Physician #5	Doctor /internist	350,885	435	2,515.25	1.21
6	Physician #6	Doctor	16,267	173	177.15	0.09
7	Physician #7	Doctor	215,334	2,002	1,806.00	0.87
8	Physician #8	Internist	287,861	1,368	1,998.50	0.96
9	Physician #9	Doctor	60,738	363	586.50	0.29
10	Physician #10	Internist	52,780	173	360.50	0.17
11	Physician #11	MD	200,456	1,651	1,902.75	0.91
12	Physician #12	MD	91,273	1,018	1,052.50	0.51
13	Physician #13	MD	181,447	1,968	1,908.75	0.92
14	Physician #14	Doctor	215,791	1,933	1,951.00	0.94
15	Physician #15	Chief of OB/GYN	43,866	576	447.50	0.22
17	Physician #16	Physician	232,289	1,572	2,120.75	1.02
18	Physician #17	OB/GYN	150,215	1,416	1,112.25	0.53
19	Physician #18	Physician	16,500	33	117.90	0.06
20	Physician #19	Physician	59,299		1,397.05	0.67
21	Physician #20	Physician	197,820	2,830	1,755.00	0.84
22	Physician #21	Physician	14,864	34	184.50	0.09
23	Physician #22	Physician	62,500	436	478.00	0.23
24	Physician #23	Physician	57,255		967.50	0.47
26	Primary Care Resident Physician #1	Resident	73,578.00		2,269.00	1.09
27	Primary Care Resident Physician #2	Resident	36,618.48		383.31	0.18
28	Primary Care Resident Physician #3	Resident	41,106.41		1,284.25	0.61
29	Primary Care Resident Physician #4	Resident	73,578.00		770.19	0.37
30	Primary Care Resident Physician #5	Resident	73,578.00		2,372.00	1.14
31	Primary Care Resident Physician #6	Resident	73,578.00		2,223.00	1.07
33	Primary Care Resident Physician #7	Resident	36,618.48		920.50	0.44
35	Primary Care Resident Physician #8	Resident	36,618.48		1,045.50	0.50
36	Primary Care Resident Physician #9	Resident	73,578.00		2,189.25	1.04
37	Primary Care Resident Physician #10	Resident	72,612.00		2,340.00	1.13
38	Primary Care Resident Physician #11	Resident	73,578.00		2,304.00	1.11
39	Primary Care Resident Physician #12	Resident	1,833.34		13.00	0.01
40	Primary Care Resident Physician #13	Resident	36,618.48		862.70	0.41
41	Primary Care Resident Physician #14	Resident	73,578.00		2,353.50	1.13
42	Primary Care Resident Physician #15	Resident	36,618.48		1,061.50	0.51
43	Primary Care Resident Physician #16	Resident	36,618.48		957.50	0.46
44	Primary Care Resident Physician #17	Resident	36,618.48		1,099.50	0.53
45	Primary Care Resident Physician #18	Resident	73,578.00		2,321.00	1.12
46	Primary Care Resident Physician #19	Resident	73,578.00		2,260.00	1.09
47	Primary Care Resident Physician #20	Resident	73,578.00		2,339.50	1.12
48	Primary Care Resident Physician #21	Resident	36,618.48		1,226.50	0.59
49	Primary Care Resident Physician #22	Resident	36,618.48		984.50	0.47
50	Primary Care Resident Physician #23	Resident	72,612.00		2,324.00	1.12
51	Primary Care Resident Physician #24	Resident	72,612.00		2,306.00	1.11
52	Primary Care Resident Physician #25	Resident	72,612.00		2,184.50	1.05
53	Primary Care Resident Physician #26	Resident	72,612.00		2,204.25	1.06
54	Primary Care Resident Physician #27	Resident	72,612.00		2,449.00	1.18
55	Primary Care Resident Physician #28	Resident	72,612.00		2,364.25	1.14
56	Primary Care Resident Physician #29	Resident	72,612.00		2,144.00	1.03
57	Primary Care Resident Physician #30	Resident	72,612.00		2,287.50	1.10
58	Primary Care Resident Physician #31	Resident	42,209.60		1,170.33	0.56
59	Primary Care Resident Physician #32	Resident	42,209.60		1,182.00	0.57
60	Primary Care Resident Physician #33	Resident	42,244.87		1,396.00	0.67
61	Primary Care Resident Physician #34	Resident	39,855.52		1,284.67	0.62
62	Primary Care Resident Physician #35	Resident	42,209.60		1,209.75	0.58
63	Primary Care Resident Physician #36	Resident	42,209.60		1,042.75	0.50
64	Primary Care Resident Physician #37	Resident	40,068.36		1,091.00	0.52
66	Primary Care Resident Physician #38	Resident	42,209.60		1,422.00	0.68
68	Primary Care Resident Physician #39	Resident	42,156.70		1,161.50	0.56
68	Primary Care Resident Physician #40	Resident	42,209.60		1,305.35	0.63
69						
70						
	Total Physician Encounters, Staff Hours and FTEs		**5,184,002**	**23,621**	**91,667**	**44.08**
B.	**PHYSICIAN ASSISTANT**					
1.						0.00
2.						0.00
3.						
4.						
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 1/1/2023	To 12/31/2023	
FQHC Name:	CHC Inc./ Greater Danbury Community Health Center		

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	135,889	1,899	1,849	0.89
C.	NURSE (APRN, MIDWIFE, RN)					
1	APRN #1	APRN	88,943	1,049	1,172	0.56
2	APRN #2	APRN	63,905	1,599	1,499	0.72
3	APRN #3	APRN	55,254	843	1,071	0.51
4	APRN #4	APRN	73,422	507	1,437	0.69
5	APRN #5	APRN	46,756		568.98	0.27
6	APRN #6	APRN	60,384	1,222	917.75	0.44
7	APRN #7	APRN	4,617	3	81.00	0.04
8	APRN #8	APRN	38,015	299	648	0.31
9	RN#1	RN	83,203		1,595	0.77
10	RN#2	RN	39,180		876	0.42
11	RN#3	RN	105,332		1,892	0.91
12	RN#4	RN	87,094		1,729	0.83
13	RN#5	RN	65,908		1,269	0.61
14	RN#6	RN	117,348		2,069	0.99
15	RN#7	RN	90,348		1,797	0.86
16	RN#8	RN	15,833		317	0.15
21	RN#9	RN	12,002		297	0.14
22	RN#10	RN	11,702		293	0.14
23	RN#11	RN	14,214		318	0.15
24	RN#12	RN	94,848		1,799	0.86
25	RN#13	RN	6,139		123	0.06
26	RN#14	RN	4,001		99	0.05
27	RN#15	RN	19,558		521	0.25
28	RN#16	RN	48,536		1,261	0.61
	Total Nurse Practioner		1,253,841	5,222	23,914	11.34
D.	PHYSICIAN SERVICES UNDER CONTRACT					
1.	Per Contract		937,186	16,862		0.00
	Total Physician Services Under Contract		937,186	16,862	0	0.00
E.	OTHER HEALTH CARE PRACTITIONER					
1	MA #1		60,436		1,813	0.87
2	MA #2		37,339		2,052	0.99
3	MA #3		51,704		2,034	0.98
4	MA #4		40,176		1,764	0.85
5	MA #5		17,190		1,050	0.50
6	MA #6		19,401		1,087	0.53
7	MA #7		45,940		2,049	0.98
8	MA #8		24,803		1,469	0.70
9	MA #9		3,422		147	0.07
10	MA #10		3,541		208.31	0.10
11	MA #11		53,092		2,075	1.00
12	MA #12		12,847		772	0.37
13	MA #13		45,809		1,919	0.92
14	MA #14		40,888		1,955	0.94
15	MA #15		38,463		1,980	0.96
16	MA #16		45,833		2,089	1.00
17	MA #17		28,421		1,488	0.71
18	MA #18		37,414		1,960	0.94
19	MA #19		40,026		1,972	0.95
20	MA #20		35,477		1,789	0.86
21	MA #21		45,474		2,006	0.96
22	MA #22		27,752		1,113	0.53
23	MA #23		41,420		1,991	0.96
24	MA #24		32,054		1,552	0.75
25	MA #25		37,092		1,785	0.86
26	MA #26		42,204		1,977	0.95
27	MA #27		30,784		1,609	0.80
28	MA #28		36,526		1,781	0.86
29	MA #29		32,585		1,498	0.72
30	MA #30		38,220		1,965	0.95
31	MA #31		40,467		1,854	0.89
32	MA #32		38,413		1,952	0.94
33	MA #33		43,897		1,951	0.94
34	MA #34		7,843		419	0.20
35	MA #35		33,059		1,772	0.85
36	MA #36		23,358		1,112	0.53
37	MA #37		1,026		47	0.02
38	MA #38		4,054		193	0.09
39	MA #39		17,123		978	0.47
40	MA #40		35,706		1,852	0.89
41	MA #41		3,480		193	0.09
42	MA #42		16,910		789	0.37
43	MA #43		7,127		386	0.19
44	MA #44		20,278		1,057	0.51
45	MA #45		1,135		57	0.03
46	MA #46		6,958		348	0.17
47	MA #47		3,486		174	0.08
48	MA #48		22,886		1,205	0.58
49	MA #49		24,127		1,087	0.53
50	LPN#1		64,137		2,038	0.98
51	LPN#2		74,479		2,008	0.97
52	LPN#3		5,233		240	0.12
53	LPN#4		58,478		2,001	0.96
54	LPN#5		47,913		1,745	0.84
55	LPN#6		61,172		2,125	1.02
56	LPN#7		20,137		639	0.31
57	Dietician #1		72,420	600	1,824	0.88
	Total Other Health Care Practitioner		1,791,836	600	79,118	38.03

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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.	Dentist #1	3,441	20	30	0.01
2.	Dentist #2	97,547	677	971	0.47
3.	Dentist #3	11,743	86	126	0.06
4.	Dentist #4	195,200	1,035	1,800	0.87
5.	Dentist #5	118,066	776	1,047	0.50
	Total Dentist Encounters, Staff Hours and FTEs	**425,996**	**2,594**	**3,973**	**1.91**
B.	DENTAL HYGIENIST				
1.	Dental Hygenist #1	70,435	330	1,499	0.72
2.	Dental Hygenist #2	89,830	842	1,930	0.93
3.	Dental Hygenist #3	88,093	1,172	1,958	0.94
	Total Dental Hygienist Encounters, Hours and FTEs	**248,359**	**2,344**	**5,387**	**2.59**
C.	OTHER DENTAL PRACTITIONER				
					0.00
1	Dental Assistant #1	62,321		2,027	0.97
2	Dental Assistant #2	46,328		1,987	0.96
3	Dental Assistant #3	40,475		1,997	0.96
5	Dental Assistant #4	35,480		1,774	0.85
	Total Other Dental Practitioner Encounters, Hours and FTEs	**184,604**	**0**	**7,785**	**3.74**

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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)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PSYCHOLOGIST**				
1	LCP#1	80,565	1,208	1,775	0.85
2	Psychiatrist #1	81,683	525	467	0.22
3	Psychiatrist #2	101,782	69	576	0.28
4	Psychiatrist #3	1,088	1	9	0.00
5	PHYSICIAN SERVICES UNDER CONTRACT	309,664	1,877	1,616	0.78
6	Psychiatrist Resident #1	39,697		1,238	0.60
7	Psychiatrist Resident #2	32,505		979	0.47
8	Psychiatrist Resident #3	15,953		477	0.23
9	Psychiatrist Resident #4	15,953		508	0.24
	Total Psychologist Encounters, Staff Hours and FTEs	**678,889**	**3,680**	**7,643**	**3.67**
B.	**SOCIAL WORKER**				
1	LCSW #1	38,644	510	775	0.37
2	LCSW #2	78,256	998	2,005	0.96
3	LCSW #3	57,721	521	1,538	0.74
4	LCSW #4	87,622	1,216	1,775	0.85
5	LCSW #5	99,030	1,575	1,740	0.84
6	LCSW #6	85,882	1,554	1,767	0.85
7	LCSW #7	10,930	165	240	0.12
8	LCSW #8	81,733	1,237	1,798	0.86
9	LCSW #9	63,388	1,297	1,772	0.85
10	LCSW #10	8,436	97	260	0.13
11	LCSW #11	76,000	764	1,814	0.87
12	LCSW #12	73,230	1,207	1,815	0.87
13	LCSW #13	76,125	728	1,794	0.86
14	LCSW # 14	120,800		1,758	0.85
15	LCSW # 15	34,543	355	788	0.38
16	LCSW # 16	1,046		24	0.01
17	LCSW # 17	10,062	38	255	0.12
18	LCSW # 18	78,404	1,317	1,751	0.84
19	LCSW # 19	23,319	173	531	0.26
20	LCSW # 20	3,125		75	0.04
21	LCSW # 21	3,600	3	80	0.04
	Total Social Worker Encounters, Hours and FTEs	**1,109,894.30**	**13,755**	**24,352.67**	**11.71**
C.	**OTHER MENTAL HEALTH PRACTITIONER**				
1	BH APRN #1	92,705	2,021	1,128	0.54
2	BH APRN #2	76,013	944	884	0.43
3	BH APRN #3	25,654	12	353	0.17
5	PSY BH RN#1	112,550		1,755	0.84
6	PSY BH RN#2	99,904		2,048	0.98
7	PSY BH RN#3	10,396	16	114	0.05
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	**417,221**	**2,993**	**6,282**	**3.01**

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

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

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	
				High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
		I	II	III	IV	V	VI	VII	VIII	IX
		4	*500,000*	*150,000*	*100,000*	*2*	*1*	*10,000*	*8,320*	*4.00*
A.	**HEALTH CARE PRACTITIONERS**									
1.	PHYSICIAN	23	2,984,602	310,200	114,510	6	4	23,621	27,597	13.27
2.	PRIMARY CARE RESIDENT PHYSICIANS	40	2,179,399	73,237	68,772	10	8		64,069	30.80
3.	PHYSICIAN ASSISTANT									0.00
4.	NURSE (APRN, MIDWIFE, RN)	24	1,253,641	125,000	71,867	6	6	5,222	23,614	11.35
5.	PHYSICIAN SERVICES UNDER CONTRACT		937,188					16,662	0	0.00
6.	OTHER HEALTH PROFESSIONALS									0.00
7.	OTHER ALLIED HEALTH PROFESSIONALS	57	1,791,835	74,742	31,415	13	8	600	79,115	38.04
8.	OTHER HEALTH CARE PRACTITIONERS									0.00
	Total Health Care	**144**	**9,146,665**			**35**	**26**	**46,105**	**194,396**	**93.46**
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST	5	425,996	234,138	182,461	1	1	2,594	3,973	1.91
2.	DENTAL HYGIENIST	3	248,359	91,631	87,731	0	0	2,344	5,387	2.59
3.	OTHER DENTAL PRACTITIONERS	4	184,604	60,177	37,752	1	0	0	7,785	3.74
	Total Dental	**12**	**858,959**			**2**	**1**	**4,938**	**17,145**	**8.24**
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	3	184,553	340,000	249,600	3	0	594	1,052	0.51
2.	PSYCHOLOGIST (LCP)	1	80,565	90,667	77,875	2	2	1,208	1,775	0.85
3.	PHYSICIAN SERVICES UNDER CONTRACT		309,664					1,877		
4.	MENTAL HEATH RESIDENT PSYCHIATRIST	4	104,106	73,237	68,772	4		0	3,200	1.54
5.	LICENSED CLINICAL SOCIAL WORKER	21	1,109,894	98,275	75,000	5	4	13,755	24,353	11.71
6.	PSYCHIATRIC APRN	3	194,372	181,334	138,750	2	2	2,977	2,365	1.14
7.	OTHER MENTAL HEALTH PRACTITIONERS	3	222,850	120,800	63,388	0	0	16	3,917	1.88
	Total Mental Health	**35**	**2,206,005**			**16**	**8**	**20,427**	**36,661**	**17.63**

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Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	14,908,407
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	362,158
C.	Total Direct Costs (A+B)	15,270,565
D.	Portion of Title XIX Services (A/C)	97.63%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,079,616
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,840,729
G.	Total Title XIX Services Cost (A+F)	24,749,136
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	7,424,741
I.	Cost Adjustment (Lower of H-F or Zero)	(2,415,988)
J.	Allowable Title XIX Overhead Cost (F+I)	7,424,741
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	11,262,412
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,069,452
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,576,543
	4. Total Direct Costs (K1 thru K3)	14,908,407
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	75.54%
	2. Dental Services (K2/K4)	7.17%
	3. Mental Health Services (K3/K4)	17.28%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	5,608,949
	2. Dental Services (JxL2)	532,612
	3. Mental Health Services (JxL3)	1,283,179
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	7,424,740

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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)		11,262,412
B. Allowable Overhead Cost (P13 - Form C, Line M1)		5,608,949
C. Total Allowable Health Care Cost (A+B)		16,871,361
D. Encounters (P12 - Form B-4, Health Care Total)		46,105
E. Allowable Health Care Cost Per Encounter (C/D)		365.93
II. Dental		
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)		1,069,452
B. Allowable Overhead Cost (P13 - Form C, Line M2)		532,612
C. Total Allowable Dental Cost (A+B)		1,602,064
D. Encounters (P12 - Form B-4, Dental Total)		4,938
E. Allowable Dental Cost Per Encounter (C/D)		324.44
III. Mental Health		
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)		2,576,543
B. Allowable Overhead Cost (P13 - Form C, Line M3)		1,283,179
C. Total Allowable Mental Health Cost (A+B)		3,859,722
D. Encounters (P12 - Form B-4, Mental Health Total)		20,427
E. Allowable Mental Health Cost Per Encounter (C/D)		188.95

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Form E (Revenues)

	REVENUES		I	II	III	IV	V
A.	Operating Revenue		Services Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid		6,316,324	468,111	1,620,937		8,405,372
2.	Private		1,014,935	109,808	204,543		1,329,286
3.	Medicare		440,590	0	229,027		669,616
4.	Patient Cash/Self Pay		177,301	364,238	33,535		575,074
5.	Other - Specify						0
6.	Total (1 thru 5)		7,949,150	942,157	2,088,041	0	10,979,348
B.	Other Revenue						
1.	Contributions		1,728,025				1,728,025
2.	Grants		8,113,588				8,113,588
3.	Interest		3,218				3,218
4.	Donations		1,982,453				1,982,453
5.	Other - Specify	340B Pharmacy				3,086,417	3,086,417
6.	Other - Specify	In-kind - vaccines				755,648	755,648
7.	Other - Specify	State (Danbury SBHC)	713,613				713,613
8.	Other - Specify	CHCACT Pass Throughs	20,000				20,000
9.	Other - Specify	Other Revenue	104,282				104,282
10.	Other - Specify	WIC / WIC Food Donation				2,981,558	2,981,558
	Total (1 thru 10)		12,665,179	0	0	6,823,623	19,488,802
C.	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)		20,614,329	942,157	2,088,041	6,823,623	30,468,150

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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	Private Donors	60,926
	Other - Specify		
	Other - Specify		
5.	Total (1 thru 4)		60,926

B.	Grants *(Excluding PHS)*		
1.	Services *(Excluding Dental, Mental Health and Other)*		
2.	Dental		
3.	Mental Health		
4.	Other - Specify	Federal Teaching Health Center	5,026,969
	Other - Specify	HRSA Covid grants	1,004,647
	Other - Specify	State (Danbury SBHC)	713,613
	Other - Specify	CHCACT Pass Throughs	20,000
	Other - Specify	WIC	399,722
5.	Total (1 thru 4)		7,164,951

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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	60,000	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel		
6.	Contingent reserves		
7.	Legal, Accounting and professional services incurred in		
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	380,445	
15.	Pass through expenses		
16.	Total (1 thru 15)		440,445
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach	20,000	
2.	Rent Income	20,497	
3.	In-Kind Medical Supplies		
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		40,497
C.	**Total Cost Disallowance and Offset (A16+B7)**		480,942