Community Health and Wellness Center of Greater Torrington, Inc.
469 Migeon Avenue
Torrington, CT 06790

February 28, 2024

Department of Social Services
Attn: Office of Reimbursement and CON
55 Farmington Avenue
Hartford, CT 06105

Subject: Medicaid Cost Report for the Year Ended September 30, 2023

Dear Sir or Madam,

Enclosed please find the following related to our Medicaid cost report for the year ended September 30, 2023:

1. Two (2) hard copies of the FQHC cost report (Connecticut DSS version) signed by the facility administrator or appropriate personnel.
2. Excel version of the cost report on a CD

Sincerely,

Joanne Borduas

Joanne Borduas, CEO

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: Community Health and Wellness Center of Greater Torrington, Inc.
   Street Address: 469 Migeon Avenue
   City, State, ZIP: Torrington, CT 06790
   Telephone Number: 860-387-0436
   Contact Person: Joanne Borduas
   Title: CEO

2. FQHC Medicaid Provider Number:
   Medical: 9247872
   Dental: 8024018
   Mental Health: 8033022
   Other (Specify): _____

3. Reporting Period: From 10/1/2022 To 9/30/2023

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 and Wellness Center of Greater Torrington, Inc. 9247872
(FQHC Name)
For the Reporting Period Beginning 10/1/2022 and Ending 9/30/2023 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
Joanne Borduas	Joanne Borduas
Title	**Date**
CEO	02/28/2024

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

Reporting Period: From 10/1/2022 To 9/30/2023

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

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/*No*	Clinic/Provider No.
ealth and Wellness Center of Greater T	469 Migeon Ave, Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	10 Center St, Winsted, CT	Yes	1356318091
ealth and Wellness Center of Greater T	88 East Albert St, Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	332 South Main St, Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	75 Oliver St., Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	340 Litchfield St., Torrington	Yes	1356318091
ealth and Wellness Center of Greater T	68 Church St., Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	800 Charles St., Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	50 Major Besse Dr., Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	200 Middle School Dr., Torrington, CT	Yes	1356318091
ealth and Wellness Center of Greater T	500 Migeon Ave., Torrington, CT	Yes	1356318091

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

Select One:	
A. Copy of Medicare Cost Report (CMS 222-92) Worksheet A-2-1, Statement of Costs of Services from Related Organizations.	

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

Reporting Period: From 10/1/2022 To 9/30/2023

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

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel	Other Costs	Total	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	441,549	70,177	511,726		511,726		511,726
b.	Physician Assistant	8,477	1,347	9,824		9,824		9,824
c.	Nurse (APRN, Midwife, RN)	895,810	148,342	1,044,152		1,044,152		1,044,152
d.	Other - Specify							
	LPN, Medical Assistant, Case Manager	775,831	123,307	899,138		899,138		899,138
	Dietician	75,356	11,977	87,333		87,333		87,333
	Opthamologist	0	0	0		0		0
	Chiropractor	140,121	22,270	162,391		162,391		162,391
	Podiatrist	47,858	7,606	55,464		55,464		55,464
	Podiatry Assistant	2,892	460	3,352		3,352		3,352
		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	2,387,894	385,486	2,773,380	0	2,773,380	0	2,773,380
2.	Other Direct Health Care Cost							
a.	Medical Supplies	0	166,259	166,259		166,259	(23,152)	143,107
b.	Transportation	0	122	122		122		122
c.	Depreciation - Medical Equipment	0	0	0		0		0
d.	Professional Liability Insurance	0	38,801	38,801	(5,098)	33,703		33,703
e.	Laboratory	0	0	0		0		0
f.	Radiology	0	0	0		0		0
g.	Physician-Administered Drugs	0	0	0		0		0
h.	Other - Specify							
	Interpreting Services	0	15,283	15,283	(501)	14,782		14,782
		0	0	0		0		0
		0	0	0		0		0
		0	0	0		0		0
		0	0	0		0		0
i.	Subtotal Other Direct Health Care Cost	0	220,465	220,465	(5,599)	214,866	(23,152)	191,714
3.	TOTAL DIRECT HEALTH CARE COST (1e & 2i)	2,387,894	605,951	2,993,845	(5,599)	2,988,246	(23,152)	2,965,094

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

Reporting Period: From 10/1/2022 To 9/30/2023

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

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	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	275,183	45,071	320,254		320,254		320,254
b. Dental Hygienst	95,312	15,148	110,460		110,460		110,460
c. Other - Specify							
Dental Assistant	118,570	18,845	137,415		137,415		137,415
			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	489,065	79,064	568,129	0	568,129	0	568,129
2 Other Direct Dental Care Cost							
a. Dental Supplies	0	55,551	55,551		55,551		55,551
b. Transportation	0	0	0		0		0
c. Depreciation - Dental Equipment	0	14,138	14,138		14,138		14,138
d. Professional Liability Insurance	0	0	0	5,098	5,098		5,098
e. Other - Specify							
Dental equipment			0	3,238	3,238		3,238
Interpreting Services			0	501	501		501
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	69,689	69,689	8,837	78,526	0	78,526
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	489,065	148,753	637,818	8,837	646,655	0	646,655

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

Reporting Period: From 10/1/2022 To 9/30/2023

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

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	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		0		0
b.	Social Worker	449,902	71,505	521,407		521,407		521,407
c.	Other - Specify							
	Contracted Staff	0	0	0		0		0
	Psychiatrist	284,950	45,288	330,238		330,238		330,238
	Nurse (APRN, Midwife, RN)	109,808	17,452	127,260		127,260		127,260
	Other Licensed Staff	155,584	24,728	180,312		180,312		180,312
	LPN	55,207	8,774	63,981		63,981		63,981
				0		0		0
				0		0		0
				0		0		0
d.	Subtotal Direct Mental Health Care Cost	1,055,451	167,747	1,223,198	0	1,223,198	0	1,223,198
2.	Other Direct Mental Health Care Cost							
a.	Medical Supplies	0	0	0		0		0
b.	Transportation	0	0	0		0		0
c.	Depreciation - Mental Health Equipment	0	0	0		0		0
d.	Professional Liability Insurance	0	0	0		0		0
e.	Other - Specify							
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
f.	Subtotal Other Direct Mental Health Care Cost	0	0	0	0	0	0	0
3.	TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,055,451	167,747	1,223,198	0	1,223,198	0	1,223,198
D.	TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	3,932,410	922,451	4,854,861	3,238	4,858,099	(23,152)	4,834,947

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

Reporting Period: From 10/1/2022 To 9/30/2023

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

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	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		0		0
b.	Radiology	0	0	0		0		0
c.	Prescription Drugs/Pharmacy	0	317,954	317,954		317,954	(317,954)	0
d.	Battered Women	0	0	0		0		0
e.	Homeless	0	0	0		0		0
f.	WIC	0	0	0		0		0
g.	Non-FQHC Sites	0	0	0		0		0
h.	Other - Specify							
	LPN Chronic Care Management	0	0	0		0		0
	Patient Assistance and Travel	0	128	128		128		128
	340B Contract Admin Expense and Fees	0	109,137	109,137		109,137	(109,137)	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	427,219	427,219	0	427,219	(427,091)	128
F.	TOTAL DIRECT COST (D+E1i)	3,932,410	1,349,670	5,282,080	3,238	5,285,318	(450,243)	4,835,075

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

Reporting Period: From 10/1/2022 To 9/30/2023

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

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	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	0	84,648	84,648		84,648	(15,022)	69,626
b.	Insurance	0	55,958	55,958		55,958		55,958
c.	Interest on Mortgage or Loans	0	89,662	89,662		89,662	(14,447)	75,215
d.	Utilities	0	109,074	109,074		109,074		109,074
e.	Depreciation - Building	0	8,672	8,672		8,672		8,672
f.	Depreciation - Equipment	0	13,507	13,507		13,507		13,507
g.	Housekeeping & Maintenance	0	135,402	135,402		135,402		135,402
h.	Other (Specify)							
	Related Party Rent	0	0	0		0	428,108	428,108
	Property Tax	0	9,773	9,773		9,773		9,773
				0		0		0
				0		0		0
				0		0		0
i.	Subtotal Overhead - Facility Cost	0	506,696	506,696	0	506,696	398,639	905,335
H.	OVERHEAD - ADMINISTRATIVE COST							
a.	Office Salaries	2,635,065	418,799	3,053,864		3,053,864		3,053,864
b.	Depreciation - Office Equipment	0	28,106	28,106		28,106		28,106
c.	Office Supplies	0	142,572	142,572	(3,238)	139,334		139,334
d.	Legal	0	137,953	137,953		137,953		137,953
e.	Accounting	0	45,915	45,915		45,915		45,915
f.	Insurance	0	7,666	7,666		7,666		7,666
g.	Telephone	0	63,468	63,468		63,468		63,468
h.	Advertising-Help Wanted	0	(433)	(433)		(433)		(433)
i.	Interest - Capital Loans	0	0	0		0		0
j.	Other (Specify)							
	See Crosswalk	0	716,168	716,168		716,168	(17,985)	698,183
	Advertising	0	93,332	93,332		93,332	(93,332)	0
	Donations and Sponsorships	0	4,050	4,050		4,050	(4,050)	0
	Fundraising	0	15,623	15,623		15,623	(15,623)	0
				0		0		0
k.	Subtotal Overhead - Administrative Cost	2,635,065	1,673,219	4,308,284	(3,238)	4,305,046	(130,990)	4,174,056
l.	TOTAL OVERHEAD COST (Gi+Hk)	2,635,065	2,179,915	4,814,980	(3,238)	4,811,742	267,649	5,079,391
J.	GRAND TOTAL COSTS[2] (F+I)	6,567,475	3,529,585	10,097,060	-	10,097,060	(182,594)	9,914,466

[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 10/1/2022	To 9/30/2023
FQHC Name:	Community Health and Wellness Center of Greater Torrington, Inc.		

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	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.	See Form B-4					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 10/1/2022 To 9/30/2023

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

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	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.	See Form B-4					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 10/1/2022 To 9/30/2023

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

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

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

	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	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.	See Form B-4				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 10/1/2022 To 9/30/2023

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

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

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

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	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.	See Form B-4				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 10/1/2022 To 9/30/2023

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

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

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

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		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	2	441,549	246,462	212,160	0	0	4,027		0.00
2.	PHYSICIAN ASSISTANT	1	8,477	8,477	8,477	1	0	43		0.00
3.	NURSE (APRN, MIDWIFE, RN)	8	895,810	128,960	33,946	0	0	9,388		0.00
4.	PHYSICIAN SERVICES UNDER CONTRACT		0			1	1	0		0.00
5.	OTHER HEALTH PROFESSIONALS	2	187,979	147,901	49,773	0	4	2,170		0.00
6.	OTHER ALLIED HEALTH PROFESSIONALS	4	75,356	71,175	40,310	2	0	326		0.00
7.	OTHER HEALTH CARE PRACTITIONERS	15	775,831	67,891	41,600	0	0	0		0.00
	Total Health Care	32	2,385,002			4	5	15,954	0	0.00
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST	3	275,183	225,000	66,000	3	1	3,468		0.00
2.	DENTAL HYGIENIST	1	95,312	97,594	97,594	0	0	867		0.00
3.	OTHER DENTAL PRACTITIONERS	3	118,570	67,891	52,000	0	1	0		0.00
	Total Dental	7	489,065			3	2	4,335	0	0.00
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	2	284,950	407,206	240,727	0	0	1,318		0.00
2.	PSYCHOLOGIST					0	0	0	0	0.00
3.	LICENSED CLINICAL SOCIAL WORKER	11	449,902	75,000	52,000	4	3	5,946		0.00
4.	PSYCHIATRIC APRN	1	109,808	137,709	137,709	1	0	1,253		0.00
5.	OTHER MENTAL HEALTH PRACTITIONERS					0	1			0.00
	Total Mental Health	14	844,660			5	4	8,517	0	0.00

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Reporting Period:	From	10/1/2022	To	9/30/2023
FQHC Name:	Community Health and Wellness Center of Greater Torrington, Inc.			

Form C (Cost Adjustment & Allocation)

	COST ADJUSTMENT AND ALLOCATION	
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	4,834,947
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	128
C.	Total Direct Costs (A+B)	4,835,075
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	5,079,391
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,079,391
G.	Total Title XIX Services Cost (A+F)	9,914,338
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	2,974,301
I.	Cost Adjustment (Lower of H-F or Zero)	(2,105,090)
J.	Allowable Title XIX Overhead Cost (F+I)	2,974,301
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	2,965,094
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	646,655
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,223,198
	4. Total Direct Costs (K1 thru K3)	4,834,947
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	61.33%
	2. Dental Services (K2/K4)	13.37%
	3. Mental Health Services (K3/K4)	25.30%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,824,139
	2. Dental Services (JxL2)	397,664
	3. Mental Health Services (JxL3)	752,498
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	2,974,301

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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)	2,965,094
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	1,824,139
	C.	Total Allowable Health Care Cost (A+B)	4,789,233
	D.	Encounters (P12 - Form B-4, Health Care Total)	15,954
	E.	Allowable Health Care Cost Per Encounter (C/D)	300.19
II.	Dental		
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	646,655
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	397,664
	C.	Total Allowable Dental Cost (A+B)	1,044,319
	D.	Encounters (P12 - Form B-4, Dental Total)	4,335
	E.	Allowable Dental Cost Per Encounter (C/D)	240.90
III.	Mental Health		
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,223,198
	B.	Allowable Overhead Cost (P13 - Form C, Line M3)	752,498
	C.	Total Allowable Mental Health Cost (A+B)	1,975,696
	D.	Encounters (P12 - Form B-4, Mental Health Total)	8,517
	E.	Allowable Mental Health Cost Per Encounter (C/D)	231.97

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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	1,342,236	231,800	1,194,350		2,768,386
2.	Private	775,086	57,211	341,742		1,174,039
3.	Medicare	313,125	0	96,981		410,106
4.	Patient Cash/Self Pay	(35,555)	58,998	5,795		29,238
5.	Other - Specify					0
6.	Total (1 thru 5)	2,394,892	348,009	1,638,868	0	4,381,769
B.	Other Revenue					
1.	Contributions				1,894,605	1,894,605
2.	Grants				6,427,458	6,427,458
3.	Interest				14,447	14,447
4.	Donations				23,164	23,164
5.	Other - Specify Other				134,551	134,551
6.	Other - Specify Contract 340B Pharmacy				749,098	749,098
7.	Other - Specify					0
8.	Other - Specify					0
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	0	0	0	9,243,323	9,243,323
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)	2,394,892	348,009	1,638,868	9,243,323	13,625,092

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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)*	
2.	Dental	
3.	Mental Health	
4.	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
5.	Total (1 thru 4)	0

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	**Cost Disallowance**			
	1. Entertainment	0		
	2. Fines and penalties	3,928		
	3. Bad debt	10,041		
	4. Cost of actions to collect receivables	0		
	5. Advertising, except for recruitment of personnel	93,332		
	6. Contingent reserves	0		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	0		
	8. Fundraising	19,673		
	9. Amortization of goodwill	0		
	10. Directors fees	0		
	11. Contributions	0		
	12. Membership dues for public relations	0		
	13. Cost not related to patient care	431,107		
	14. Interest	14,447		
	15. Pass through expenses	0		
	16. Total (1 thru 15)			572,528
B.	**Cost Offset *(Expense Recovery)***			
	1. Refunds - Medicaid Outreach	0		
	2. Rent Income	15,022		
	3. In-Kind Medical Supplies	23,152		
	4. In-Kind Dental Supplies	0		
	5. In-Kind Computer Supplies	0		
	6. In-Kind Advertising	0		
	7. Total (1 thru 6)			38,174
C.	Total Cost Disallowance and Offset (A16+B7)			610,702