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: InterCommunity, Inc.
   Street Address: 800 Connecticut Blvd 4th floor
   City, State, ZIP: East Hartford, CT 06108
   Telephone Number: 860-569-5900
   Contact Person: Gregory Pike
   Title: Controller

2. FQHC Medicaid Provider Number:
   Medical: 07-1911
   Dental:
   Mental Health: 07-1911
   Other (Specify):

3. Reporting Period: From 7/1/2022 To 6/30/2023

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 InterCommunity, Inc. 07-1911
(FQHC Name)
For the Reporting Period Beginning 7/1/2022 and Ending 6/30/2023 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
[signature]	Jeffrey Hughes
Title	**Date**
CFO	12/22/23

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

Reporting Period:	From 7/1/2022	To	6/30/2023
FQHC Name:	InterCommunity, 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.
InterCommunity Inc	16 Coventry St, Hartford, CT 06112	Yes	07-1911
InterCommunity Inc	828 Sullivan Avenue, South Windsor, CT 06074	Yes	07-1911
InterCommunity Inc	281 Main St, East Hartford, CT 06118	Yes	07-1911
InterCommunity Inc - SBHC	15 Mercer Ave, East Hartford, CT 06108	Yes	07-1911
InterCommunity Inc - SBHC	191 Main St, East Hartford, CT 06118	Yes	07-1911
InterCommunity Inc - SBHC	101 Great Hill, East Hartford, CT	Yes	07-1911
InterCommunity Inc - SBHC	61 Alps Dr, East Hartford, CT	Yes	07-1911
InterCommunity Inc - SBHC	777 Burnside Ave, East Hartford, CT	Yes	07-1911
InterCommunity Inc - SBHC	869 Forbes St, East Hartford, CT	Yes	07-1911
InterCommunity Inc - SBHC	40 Butternut, East Hartford, CT	Yes	07-1911
InterCommunity Inc - SBHC	110 Lomg Hill, East Hartford, CT	Yes	07-1911
InterCommunity Inc - SBHC	450 Forbes St, East Hartford, CT	Yes	07-1911

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 7/1/2022 To 6/30/2023

FQHC Name: InterCommunity, 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	354,930	126,688	481,618		481,618		481,618
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	1,368,056	488,311	1,856,367		1,856,367		1,856,367
d. Other - Specify							
LPN	171,696	61,285	232,980		232,980		232,980
Medical Assistant	687,578	245,423	933,001		933,001		933,001
Care Coordinators	318,992	113,861	432,852		432,852		432,852
			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	2,901,252	1,035,568	3,936,820	0	3,936,820	0	3,936,820
2. Other Direct Health Care Cost							
a. Medical Supplies		108,720	108,720		108,720		108,720
b. Transportation		995	995		995		995
c. Depreciation - Medical Equipment		1,053	1,053		1,053		1,053
d. Professional Liability Insurance		64,965	64,965		64,965		64,965
e. Laboratory		8,155	8,155		8,155		8,155
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Operations-Maintenance		24,668	24,668		24,668		24,668
Janitorial Expense		16,326	16,326		16,326		16,326
Depreciation Building		73,293	73,293		73,293		73,293
EMR/Computer Expense		99,862	99,862		99,862		99,862
Misc Expenses		52,526	52,526		52,526		52,526
i. Subtotal Other Direct Health Care Cost	0	450,563	450,563	0	450,563	0	450,563
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	2,901,252	1,486,130	4,387,382	0	4,387,382	0	4,387,382

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: InterCommunity, 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			0		0		0
b. Dental Hygienst			0		0		0
c. 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
_____			0		0		0
_____			0		0		0
_____			0		0		0
d. Subtotal Direct Dental Care Cost	0	0	0	0	0	0	0
2 Other Direct Dental Care Cost							
a. Dental Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			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 Dental Care Cost	0	0	0	0	0	0	0
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	0	0	0	0	0	0	0

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: InterCommunity, 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	1,214,133	433,371	1,647,504		1,647,504		1,647,504
c.	Other - Specify							
	APRN	136,129	48,589	184,718		184,718		184,718
	Care Coordinator	224,638	80,182	304,819		304,819		304,819
	Psychiatrist	129,441	46,202	175,643		175,643		175,643
	RN	90,939	32,459	123,398		123,398		123,398
	Community Support Specialist	18,766	6,698	25,465		25,465		25,465
				0		0		0
				0		0		0
				0		0		0
d.	**Subtotal Direct Mental Health Care Cost**	**1,814,045**	**647,502**	**2,461,547**	**0**	**2,461,547**	**0**	**2,461,547**
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							
	Temporary Help-APRN		480,741	480,741		480,741		480,741
	EMR/Computer Expense		105,069	105,069		105,069		105,069
				0		0		0
				0		0		0
				0		0		0
f.	**Subtotal Other Direct Mental Health Care Cost**	**0**	**585,809**	**585,809**	**0**	**585,809**	**0**	**585,809**
3.	**TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)**	1,814,045	1,233,311	3,047,356	0	3,047,356	0	3,047,356
D.	TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	**4,715,297**	**2,719,442**	**7,434,738**	**-**	**7,434,738**	**-**	**7,434,738**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: InterCommunity, 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)	4,715,297	2,719,442	7,434,738	-	7,434,738	-	7,434,738

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

Reporting Period:	From 7/1/2022	To 6/30/2023
FQHC Name:	InterCommunity, 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		61,670	61,670		61,670		61,670
b.	Insurance		17,274	17,274		17,274		17,274
c.	Interest on Mortgage or Loans		1,168	1,168		1,168		1,168
d.	Utilities		45,035	45,035		45,035		45,035
e.	Depreciation - Building			0		0		0
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance			0		0		0
h.	Other (Specify)							
	Depreciation-Automobiles		1,625	1,625		1,625		1,625
	Depreciation-Leasehold Omprovements		89	89		89		89
				0		0		0
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	**0**	**126,861**	**126,861**	**0**	**126,861**	**0**	**126,861**
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	881,567	314,665	1,196,232		1,196,232		1,196,232
b.	Depreciation - Office Equipment			0		0		0
c.	Office Supplies		47,343	47,343		47,343		47,343
d.	Legal			0		0		0
e.	Accounting			0		0		0
f.	Insurance			0		0		0
g.	Telephone		49,828	49,828		49,828		49,828
h.	Advertising-Help Wanted			0		0		0
i.	Interest - Capital Loans			0		0		0
j.	Other (Specify)							
	Staff Travel		9,295	9,295		9,295		9,295
	Education & Training		26,400	26,400		26,400		26,400
	Clinical Allocations		441,868	441,868		441,868		441,868
	Admin Allocations		1,916,611	1,916,611		1,916,611		1,916,611
				0		0		0
k.	**Subtotal Overhead - Administrative Cost**	**881,567**	**2,806,011**	**3,687,578**	**0**	**3,687,578**	**0**	**3,687,578**
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	**881,567**	**2,932,872**	**3,814,439**	**-**	**3,814,439**	**-**	**3,814,439**
J.	**GRAND TOTAL COSTS[2] (F+I)**	**5,596,864**	**5,652,313**	**11,249,177**	**-**	**11,249,177**	**-**	**11,249,177**

[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 7/1/2022	To 6/30/2023	
FQHC Name:	InterCommunity, 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.	Physician - BB		25,240	655	541	0.26
2.	Physician - CM		128,526	1,293	1,061	0.51
3.	Physician - DP		37,954	1,302	354	0.17
4.	Physician - ZS		137,946	2,060	1,373	0.66
5.	Physician - JW		25,264	508	541	0.26
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
	Total Physician Encounters, Staff Hours and FTEs		354,930	5,818	3,870	1.86
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 7/1/2022 To 6/30/2023

FQHC Name: InterCommunity, 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.	NURSE - AB	APRN	81,205	716	1,699	0.82
2.	NURSE - KD	APRN	65,207	385	1,507	0.72
3.	NURSE - SH	APRN	113,594	1,790	1,748	0.84
4.	NURSE - SM	APRN	136,429	747	2,080	1.00
5	NURSE - DP	APRN	50,320	499	834	0.40
6	NURSE - CP	APRN	116,860	2,113	2,080	1.00
7	NURSE - VR	APRN	135,650	2,274	2,080	1.00
8	NURSE - SR	APRN	109,255	561	2,080	1.00
9	NURSE - VS	APRN	22,075	230	471	0.23
10	NURSE - SS	APRN	84,439	277	1,865	0.90
11	NURSE - AV	APRN	125,578	2,321	2,080	1.00
12	NURSE - HC	APRN	0	541	2,080	1.00
13	NURSE - MC	RN	77,826	0	2,080	1.00
14	NURSE - TD	RN	33,299	0	1,010	0.49
15	NURSE - RF	RN	41,444	0	2,080	1.00
16	NURSE - SH	RN	62,543	0	1,963	0.94
17	NURSE - YK	RN	13,104	0	359	0.17
18	NURSE - YL	RN	25,626	0	813	0.39
19	NURSE - MP	RN	11,209	0	825	0.40
20	NURSE - FS	RN	904	0	29	0.01
21	NURSE - KS	RN	41,331	0	1,113	0.54
22						0.00
	Total Nurse Practioner		1,347,899	12,454	30,876	14.85

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

Reporting Period:		From 7/1/2022	To 6/30/2023
FQHC Name:	InterCommunity, 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)
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.	OTHER HEALTH CARE - MA	LPN	36,824	0	1,246	0.60
2.	OTHER HEALTH CARE - AA	LPN	2,366	0	85	0.04
3	OTHER HEALTH CARE - SA	LPN	11,760	0	360	0.17
4	OTHER HEALTH CARE - CF	LPN	70,501	0	2,080	1.00
5	OTHER HEALTH CARE - WH	LPN	4,401	0	134	0.06
6	OTHER HEALTH CARE - AJ	LPN	10,099	0	348	0.17
7	OTHER HEALTH CARE - LL	LPN	5,480	0	188	0.09
8	OTHER HEALTH CARE - KN	LPN	6,369	0	187	0.09
9	OTHER HEALTH CARE - CNR	LPN	7,511	0	268	0.13
10	OTHER HEALTH CARE - MR	LPN	278	0	8	0.00
11	OTHER HEALTH CARE - RW	LPN	16,106	0	500	0.24
	Total Other Health Care Practitioner		171,696	0	5,404	2.59

E.	OTHER HEALTH CARE PRACTITIONER				Compensation	Encounters
1.	Medical Assistant			MA	45,729	
2.	Medical Assistant			MA	49,263	
3.	Medical Assistant			MA	38,460	
4	Medical Assistant			MA	35,379	
5	Medical Assistant			MA	45,874	
6	Medical Assistant			MA	50,565	
7	Medical Assistant			MA	43,534	
8	Medical Assistant			MA	44,779	
9	Medical Assistant			MA	23,260	
10	Medical Assistant			MA	7,827	
11	Medical Assistant			MA	46,425	
12	Medical Assistant			MA	43,468	
13	Medical Assistant			MA	48,604	
14	Medical Assistant			MA	7,856	
15	Medical Assistant			MA	11,492	
16	Medical Assistant			MA	12,780	
17	Medical Assistant			MA	18,008	
18	Medical Assistant			MA	45,460	
19	Medical Assistant			MA	33,938	
20	Medical Assistant			MA	34,877	
	Total Other Health Care Practitioner				687,578	0

E.	OTHER HEALTH CARE PRACTITIONER			Compensation	Encounters
1.	CARE COORDINATOR		CC	$ 1,913	
2.	CARE COORDINATOR		CC	$ 35,416	
3.	CARE COORDINATOR		CC	$ 41,603	
4	CARE COORDINATOR		CC	$ 16,501	
5	CARE COORDINATOR		CC	$ 2,986	
6	CARE COORDINATOR		CC	$ 1,549	
7	CARE COORDINATOR		CC	$ 4,432	
8	CARE COORDINATOR		CC	$ 45,036	
9	CARE COORDINATOR		CC	$ 5,347	
10	CARE COORDINATOR		CC	$ 32,921	
11	CARE COORDINATOR		CC	$ 40,735	
12	CARE COORDINATOR		CC	$ 24,052	
13	CARE COORDINATOR		CC	$ 43,199	
14	CARE COORDINATOR		CC	$ 21,699	
15	CARE COORDINATOR		CC	$ 1,605	
16					
	Total Other Health Care Practitioner			318,992	0

2,080	1.00
2,080	1.00
1,976	0.95
1,934	0.93
2,080	1.00
2,080	1.00
2,080	1.00
2,080	1.00
1,186	0.57
395	0.19
2,080	1.00
2,080	1.00
2,080	1.00
416	0.20
541	0.26
645	0.31
874	0.42
2,080	1.00
1,810	0.87
1,622	0.78
32,199	15.48

104	0.05
1,664	0.80
2,080	1.00
790	0.38
208	0.10
83	0.04
250	0.12
2,080	1.00
291	0.14
1,789	0.86
2,080	1.00
1,206	0.58
2,080	1.00
1,123	0.54
83	0.04
15,911	7.65

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

Reporting Period:	From 7/1/2022	To 6/30/2023
FQHC Name:	InterCommunity, 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.					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

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Reporting Period:	From 7/1/2022	To	6/30/2023
FQHC Name:	InterCommunity, 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	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.	CLINICAL SOCIAL WORKER - NK	54,493	103	2,080	1.00
2.	CLINICAL SOCIAL WORKER - VM	12,519	742	295	0.14
3.	CLINICAL SOCIAL WORKER - MO	3,115	562	104	0.05
4.	CLINICAL SOCIAL WORKER - MA	36,975	1,083	1,109	0.53
5	CLINICAL SOCIAL WORKER - AB	59,624	950	1,368	0.66
6	CLINICAL SOCIAL WORKER - KC	2,675	1,045	70	0.03
7	CLINICAL SOCIAL WORKER - BC	27,770	2,026	579	0.28
8	CLINICAL SOCIAL WORKER - MC	32,428	459	1,488	0.72
9	CLINICAL SOCIAL WORKER - VCA	1,956	537	60	0.03
10	CLINICAL SOCIAL WORKER - ND	58,096	1,192	2,080	1.00
11	CLINICAL SOCIAL WORKER - ZD	4,711	660	135	0.07
12	CLINICAL SOCIAL WORKER - ME	1,054	431	74	0.04
13	CLINICAL SOCIAL WORKER - SE	29,655	261	855	0.41
14	CLINICAL SOCIAL WORKER - AG	11,100	498	1,007	0.48
15	CLINICAL SOCIAL WORKER - RC	66,301	1,208	2,080	1.00
16	CLINICAL SOCIAL WORKER - JJ	73,082	1,319	1,990	0.96
17	CLINICAL SOCIAL WORKER - WK	55,491	1,596	1,117	0.54
18	CLINICAL SOCIAL WORKER - MK	185	0	29	0.01
19	CLINICAL SOCIAL WORKER - ML	109,914	1,414	2,080	1.00
20	CLINICAL SOCIAL WORKER - KMc	19,973	667	675	0.32
21	CLINICAL SOCIAL WORKER - KM	81,079	50	2,080	1.00
22	CLINICAL SOCIAL WORKER - SQ	115	126	4	0.00
23	CLINICAL SOCIAL WORKER - JO	9,985	1,242	328	0.16
24	CLINICAL SOCIAL WORKER - AP	79,494	768	1,080	0.52
25	CLINICAL SOCIAL WORKER - RR	86,681	2,475	2,080	1.00
26	CLINICAL SOCIAL WORKER - LR	75,192	1,437	2,080	1.00
27	CLINICAL SOCIAL WORKER - NS	92,127	1,209	2,080	1.00
28	CLINICAL SOCIAL WORKER - PS	44,704	1,315	1,025	0.49
29	CLINICAL SOCIAL WORKER - MS	41,175	985	1,521	0.73
30	CLINICAL SOCIAL WORKER - MS	374	478	13	0.01
31	CLINICAL SOCIAL WORKER - JS	42,122	829	1,239	0.60
32	CLINICAL SOCIAL WORKER - JB	0	1,108	2,080	1.00
33	CLINICAL SOCIAL WORKER - MM	0	1,182	2,080	1.00
34	CLINICAL SOCIAL WORKER - CE	0	745	2,080	1.00
35	CLINICAL SOCIAL WORKER - NM	0	931	2,080	1.00
36	CLINICAL SOCIAL WORKER - AB	0	366	1,040	0.50
37	CLINICAL SOCIAL WORKER - JV	0	161	329	0.15
38	CLINICAL SOCIAL WORKER - CP	0	304	480	0.23
39	CLINICAL SOCIAL WORKER - TB	0	47	47	0.02
40	CLINICAL SOCIAL WORKER - AJ	0	227	230	0.11
41	CLINICAL SOCIAL WORKER - HM	0	108	110	0.05
42	CLINICAL SOCIAL WORKER - NW	0	404	400	0.19
43	CLINICAL SOCIAL WORKER - TS	0	8	10	0.00
44	CLINICAL SOCIAL WORKER - MWM	0	39	40	0.02
45	CLINICAL SOCIAL WORKER - HC	0	141	145	0.07
46	CLINICAL SOCIAL WORKER - RF	0	453	500	0.24
47	CLINICAL SOCIAL WORKER -JV	0	236	250	0.12
48	CLINICAL SOCIAL WORKER -SC	0	265	270	0.13
	Total Social Worker Encounters, Hours and FTEs	1,214,133	34,162	44,968	21.61
C.	OTHER MENTAL HEALTH PRACTITIONER				
1	PSYCHIATRIST - LG	115,381	852	1,011	0.49
2	PSYCHIATRIST - RM	7,022	1,659	52	0.03
3	APRN - JDJ	34,638	393	1,832	0.88
4	APRN - AL	47,111	1,410	819	0.39
5	APRN - TL	10,719	572	191	0.09
6	APRN - AP	43,661	224	1,325	0.64
7	APRN - BAA	169,130	876	1,301	0.63
8	APRN - GH	115,690	749	913	0.44
9	APRN - JO	192,982	240	995	0.48
10	APRN - AO	20,157	201	404	0.19
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	756,490	7,176	8,843	4.26

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FQHC Name: InterCommunity, 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	5	354,930	137,946	25,240			5,818	3,870	1.86
2.	PHYSICIAN ASSISTANT									0.00
3.	NURSE (APRN, MIDWIFE, RN)	21	1,368,056	136,429	0	2	3	12,454	30,876	14.84
4.	PHYSICIAN SERVICES UNDER CONTRACT									0.00
5.	OTHER HEALTH PROFESSIONALS	46	1,178,266	70,501	278	26	12	0	5,404	2.60
6.	OTHER ALLIED HEALTH PROFESSIONALS									0.00
7.	OTHER HEALTH CARE PRACTITIONERS									0.00
	Total Health Care	72	2,901,252			28	15	18,272	40,150	19.30
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST									0.00
2.	DENTAL HYGIENIST									0.00
3.	OTHER DENTAL PRACTITIONERS									0.00
	Total Dental	0	0			0	0	0	0	0.00
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	2	122,403	115,381	7,022			2,511	1,063	0.51
2.	PSYCHOLOGIST									0.00
3.	LICENSED CLINICAL SOCIAL WORKER	48	1,214,133	109,914	0	16	10	34,162	42,966	20.66
4.	PSYCHIATRIC APRN	8	637,088	193,982	10,719	2	1	4,665	7,780	3.74
5.	OTHER MENTAL HEALTH PRACTITIONERS									0.00
	Total Mental Health	58	1,973,624			18	11	41,338	51,809	24.91

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FQHC Name:	InterCommunity, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	7,434,738
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	7,434,738
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	3,814,439
F.	Overhead Cost Applicable to Title XIX Services (DxE)	3,814,439
G.	Total Title XIX Services Cost (A+F)	11,249,177
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,374,753
I.	Cost Adjustment (Lower of H-F or Zero)	(439,686)
J.	Allowable Title XIX Overhead Cost (F+I)	3,374,753
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	4,387,382
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	-
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	3,047,356
	4. Total Direct Costs (K1 thru K3)	7,434,738
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	59.01%
	2. Dental Services (K2/K4)	0.00%
	3. Mental Health Services (K3/K4)	40.99%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,991,442
	2. Dental Services (JxL2)	-
	3. Mental Health Services (JxL3)	1,383,311
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,374,753

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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)	4,387,382
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	1,991,442
	C.	Total Allowable Health Care Cost (A+B)	6,378,824
	D.	Encounters (P12 - Form B-4, Health Care Total)	18,272
	E.	Allowable Health Care Cost Per Encounter (C/D)	349.10
II.	Dental		
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	-
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	-
	C.	Total Allowable Dental Cost (A+B)	-
	D.	Encounters (P12 - Form B-4, Dental Total)	-
	E.	Allowable Dental Cost Per Encounter (C/D)	#DIV/0!
III.	Mental Health		
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	3,047,356
	B.	Allowable Overhead Cost (P13 - Form C, Line M3)	1,383,311
	C.	Total Allowable Mental Health Cost (A+B)	4,430,667
	D.	Encounters (P12 - Form B-4, Mental Health Total)	41,338
	E.	Allowable Mental Health Cost Per Encounter (C/D)	107.18

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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	2,239,151		7,445,927		9,685,078
2.	Private	254,639		587,304		841,943
3.	Medicare	120,510		286,503		407,013
4.	Patient Cash/Self Pay	44,677		101,998		146,675
5.	Other - Specify					0
6.	Total (1 thru 5)	2,658,977	0	8,421,732	0	11,080,709
B.	Other Revenue					
1.	Contributions					0
2.	Grants				845,371	845,371
3.	Interest					0
4.	Donations					0
5.	Other - Specify State Bond Funds				4,239	4,239
6.	Other - Specify					0
7.	Other - Specify					0
8.	Other - Specify					0
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	0	0	0	849,610	849,610
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)	2,658,977	0	8,421,732	849,610	11,930,319

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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		
2.	Fines and penalties		
3.	Bad debt		
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 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.	Pass through expenses		
16.	Total (1 thru 15)		0
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach		
2.	Rent Income		
3.	In-Kind Medical Supplies		
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		0
C.	Total Cost Disallowance and Offset (A16+B7)		0