

**ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

1. FQHC Name	Family Centers Inc.
Street Address	40 Arch Street
City, State, ZIP	Greenwich CT 06830
Telephone Number	203 869-4848
Contact Person	Marion Beale
Title	Vice President of Finance

4.	Type of Control (Check One Only)		
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION		
	<input type="checkbox"/> GOVERNMENT		
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY	

For the Reporting Period Beginning 7/1/2023 and Ending 6/30/2024 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:

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

Reporting Period: From 7/1/2023 To 6/30/2024
FQHC Name: Family Centers 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.
Family Centers Health Care (M/D)	111 Wilbur Peck Court Greenwich, CT 06830	Yes	008066994
Family Centers Health Care (OBH)	20 Bridge Street Greenwich CT 06830	Yes	004172912
Family Centers Health Care (OBH)	60 Palmer's Hill Road Stamford, CT 06902	Yes	004172920
Greenwich High School (OBH)	10 Hillside Road Greenwich CT 06830	Yes	008106603
Stamford High School (MED)	55 Strawberry Hill Avenue Stamford, CT 06902	Yes	008116632
Stamford High School (OBH)	55 Strawberry Hill Avenue Stamford, CT 06902	Yes	008116627
Westhill High School (MED)	125 Roxbury Road Stamford, CT 06902	Yes	008116631
Westhill High School (OBH)	125 Roxbury Road Stamford, CT 06902	Yes	008116626
Westhill High School (DENTAL)	125 Roxbury Road Stamford, CT 06902	Yes	008116770
Dolan Middle School (MED)	51 Toms Road Stamford, CT 06906	Yes	008116629
Dolan Middle School (OBH)	51 Toms Road Stamford, CT 06906	Yes	008116613
Rippowam Middle School/AITE (MED)	381 High Ridge Road Stamford, CT 06905	Yes	008116630
Rippowam Middle School/AITE (OBH)	381 High Ridge Road Stamford, CT 06905	Yes	008116625
Cloonan Middle School (MED)	11 West North Street Stamford, CT 06902	Yes	008116628
Cloonan Middle School (OBH)	11 West North Street Stamford, CT 06902	Yes	008116612
Turn of River Middle School (OBH)	117 Vine Road Stamford, CT 06905	Yes	008116474
Stillmeadow Elementary School (OBH)	800 Stillwater Road Stamford, CT 06902	Yes	008116475

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.

Reporting Period:	From	7/1/2023	To	6/30/2024
FQHC Name: Family Centers Inc.				

COST CENTER		Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)		I	II	III	IV	V	VI	VII
1. Staff Cost								
a. Physician	117,390	22,891	140,281			140,281		140,281
b. Physician Assistant	147,682	28,798	176,480			176,480		176,480
c. Nurse (APRN, Midwife, RN)	577,051	112,525	689,576			689,576		689,576
d. Other - Specify								
Director SBHC	123,820	24,145	147,965			147,965		147,965
Medical Assistants	120,892	23,574	144,466			144,466		144,466
LPN	79,000	15,405	94,405			94,405		94,405
Community Health Workers/Outreach	291,269	56,798	348,067			348,067		348,067
Patient Support	186,982	36,462	223,444			223,444		223,444
Patient Support - temp agency		23,200	23,200			23,200		23,200
APRN - temp agency		33,888	33,888			33,888		33,888
			0			0		0
			0			0		0
			0			0		0
			0			0		0
			0			0		0
e. Subtotal Direct Health Care Cost	1,644,087	377,685	2,021,772	0		2,021,772	0	2,021,772
2. Other Direct Health Care Cost								
a. Medical Supplies		45,936	45,936			45,936		45,936
b. Transportation		10,446	10,446			10,446		10,446
c. Depreciation - Medical Equipment			0			0		0
d. Professional Liability Insurance		10,800	10,800			10,800		10,800
e. Laboratory			0			0		0
f. Radiology			0			0		0
g. Physician-Administered Drugs			0			0		0
h. Other - Specify								
Equipment rental & maintenance		15,510	15,510			15,510		15,510
EHR Software		102,303	102,303			102,303		102,303
Professional Development		8,367	8,367			8,367		8,367
Licenses		4,186	4,186			4,186		4,186
Recruiting		6,756	6,756			6,756		6,756
i. Subtotal Other Direct Health Care Cost	0	204,304	204,304	0		204,304	0	204,304
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)		1,644,087	581,989	2,226,076	0	2,226,076	0	2,226,076

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

To **6/30/2024**

FQHC Name: Family Centers Inc.

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	Reclassification- 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	227,462	44,355	271,817	271,817		271,817
b. Dental Hygienist	104,812	20,438	125,250	125,250		125,250
c. Other - Specify						
			0	0		0
			0	0		0
Dental Assistant	79,870	15,575	95,444	95,444		95,444
			0	0		0
Patient Support	76,908	14,997	91,905	91,905		91,905
Patient Support - temp agency		23,200	23,200	23,200		23,200
			0	0		0
			0	0		0
			0	0		0
			0	0		0
			0	0		0
			0	0		0
d. Subtotal Direct Dental Care Cost	489,051	118,565	607,616	607,616	0	607,616
2 Other Direct Dental Care Cost						
a. Dental Supplies		61,560	61,560	61,560		61,560
b. Transportation		8,486	8,486	8,486		8,486
c. Depreciation - Dental Equipment		3,600	3,600	3,600		3,600
d. Professional Liability Insurance						
e. Other - Specify						
		9,297	9,297	9,297		9,297
Equipment rental & maintenance		4,908	4,908	4,908		4,908
Professional Development		14,896	14,896	14,896		14,896
EHR Software		1,793	1,793	1,793		1,793
Licenses		4,323	4,323	4,323		4,323
Reculting						
f. Subtotal Other Direct Dental Care Cost	0	108,863	108,863	108,863	0	108,863
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	489,051	227,428	716,479	0	716,479	0

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

Reporting Period:
FQHC Name: Family Centers Inc.

From 7/1/2023

To 6/30/2024

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
Form A-3 (Direct Mental Health Care Cost)

COST CENTER		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
DIRECT MENTAL HEALTH CARE COST		I	II	III	IV	V	VI	VII
1. Staff Cost								
a. Psychologist		1,394,378	271,904	0		1,666,282	0	1,666,282
b. Social Worker								
c. Other - Specify								
	Psychiatrist	237,276	46,269	0		283,545	0	283,545
	Psychiatric APFN	96,904	18,896	115,800		115,800		115,800
	Patient Support	252,132	49,166	301,298		301,298		301,298
	Director Mental Health	109,957	21,442	131,399		131,399		131,399
	Psychiatric APFN (contract)		17,450	17,450		17,450		17,450
	Social Workers (contract)		403,930	403,930		403,930		403,930
d. Subtotal Direct Mental Health Care Cost		2,090,648	829,056	2,919,704	0	2,919,704	0	2,919,704
2. Other Direct Mental Health Care Cost								
a. Medical Supplies			956	0		956	0	956
b. Transportation				0		0		0
c. Depreciation - Mental Health Equipment			33,600	33,600		33,600		33,600
d. Professional Liability Insurance				0		0		0
e. Other - Specify								
	Professional Development		11,544	11,544		11,544		11,544
	EHR Software		24,304	24,304		24,304		24,304
	Licenses		4,359	4,359		4,359		4,359
	Recruiting		10,351	10,351		10,351		10,351
f. Subtotal Other Direct Mental Health Care Cost		0	85,114	85,114	0	85,114	0	85,114
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)		2,090,648	914,170	3,004,818	0	3,004,818	0	3,004,818
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES		4,223,786	1,723,587	5,947,373	-	5,947,373	-	5,947,373

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:

From 7/1/2023

To 6/30/2024

FQHC Name: Family Centers Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

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

COST CENTER		Salaried Personnel I	Other Costs II	Total III	Reclassifications 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				0		0		0
b. Radiology				0		0		0
c. Prescription Drugs/Pharmacy			39,567	39,567		39,567		39,567
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								
Quality Improvement		161,595	31,511	193,106		193,106		193,106
Professional memberships			29,351	29,351		29,351		29,351
Outreach			15,554	15,554		15,554		15,554
Translation			30,063	30,063		30,063		30,063
Pharmacy Management			9,289	9,289		9,289		9,289
				0		0		0
				0		0		0
				0		0		0
i. Total Non-Allowable Direct Other Service Cost		161,595	155,335	316,929	0	316,929	0	316,929
F. TOTAL DIRECT COST (D+E1i)		4,385,381	1,878,922	6,264,303	-	6,264,303	-	6,264,303

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2023 To 6/30/2024
FQHC Name: Family Centers Inc.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER		Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST								
a. Rent			29,990	0		29,990	0	0
b. Insurance				0		0	0	0
c. Interest on Mortgage or Loans				0		0	0	0
d. Utilities				0		0	0	0
e. Depreciation - Building				0		0	0	0
f. Depreciation - Equipment				0		0	0	0
g. Housekeeping & Maintenance				0		0	0	0
h. Other (Specify)				0		0	0	0
Facility costs			56,697	56,697		56,697		56,697
In Kind Office Space			179,436	179,436		179,436		179,436
			0	0		0		0
			0	0		0		0
			0	0		0		0
i. Subtotal Overhead - Facility Cost		0	266,123	266,123	0	266,123	0	266,123
H. OVERHEAD - ADMINISTRATIVE COST								
a. Office Salaries		626,496	122,167	748,663		748,663		748,663
b. Depreciation - Office Equipment				0		0		0
c. Office Supplies			23,719	23,719		23,719		23,719
d. Legal				0		0		0
e. Accounting				0		0		0
f. Insurance				0		0		0
g. Telephone			87,529	87,529		87,529		87,529
h. Advertising-Help Wanted				0		0		0
i. Interest - Capital Loans				0		0		0
j. Other (Specify)				0		0		0
Professional Fees			22,164	22,164		22,164		22,164
Agency Overhead allocation			1,089,236	1,089,236		1,089,236		1,089,236
Bad debt			116,212	116,212		116,212		116,212
Miscellaneous			33,831	33,831		33,831		33,831
			0	0		0		0
k. Subtotal Overhead - Administrative Cost		626,496	1,494,858	2,121,355	0	2,121,355	0	2,121,355
l. TOTAL OVERHEAD COST (G+H+K)		626,496	1,760,981	2,387,477	-	2,387,477	-	2,387,477
J. GRAND TOTAL COSTS² (F+I)		5,011,877	3,639,903	8,651,780	-	8,651,780	-	8,651,780

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 <u>7/1/2023</u>	To <u>6/30/2024</u>
FQHC Name:	Family Centers 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 I	Compensation II	Encounters III	Total Employee Hours and FTEs	
					Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
Provide itemized de-identified list (e.g., Physician 1)						
A. PHYSICIAN						
1.	PHYSICIAN 1	General	117,000	248	832	0.40
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			117,000	248	832	0.40
B. PHYSICIAN ASSISTANT						
1.	PHYSICIAN ASSISTANT 1	General	108,257	777	2,080	1.00
2.	PHYSICIAN ASSISTANT 2	General	39,425	456	526	0.25
3.						0.00
4.						0.00
5.						0.00
Total Physician Assistant Encounters, Hours and FTEs			147,682	1,233	2,606	1.25

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Reporting Period:

From 7/1/2023

To 6/30/2024

FQHC Name: Family Centers 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 I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
<i>Provide Itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
C. NURSE (APRN, MIDWIFE, RN)						
1. SEE ATTACHED	General	610,939	4,809	10,621	5.11	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Nurse Practitioner		610,939	4,809	10,621	5.11	
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. LPN	General	79,000	191	2,080	1.00	
2. Medical Assistant 1	General	64,200		2,080	1.00	
3. Medical Assistant 2	General	56,692		2,080	1.00	
Total Other Health Care Practitioner		199,892	191	6,240	3.00	

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From 7/1/2023	To 6/30/2024
FQHC Name:	Family Centers Inc.	

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Compensation II	Encounters III	Total Employee Hours and FTEs		FTEs (2080 hrs = 1 FTE) V
			Employee Total Hours IV		
Provide itemized de-identified list (e.g., Psychologist 1)	125,000	1,500	1,040		0.50
B. SOCIAL WORKER					
1. APRN 1	95,801	777	1,726		0.83
2. APRN 2	102,000	844	1,726		0.83
3. APRN 3	116,455	1,041	1,760		0.85
4. APRN 4	103,250	592	1,726		0.83
5. APRN 5	60,545	425	1,726		0.83
6. APRN 6	99,000	964	1,726		0.83
7. APRN 7	33,888	166	229		0.11
8.					
9.					
10.					
11.					
12.					
13.					
Total APRN Encounters, Hours and FTEs	610,939	4,809	10,621		5.11

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From 7/1/2023	To 6/30/2024
FQHC Name:	Family Centers 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 II	Encounters III	Total Employee Hours and FTEs Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>		125,000	1,500	1,040	0.50
A. DENTIST					
1.	DENTIST 1	160,124	1,537	1,334	0.64
2.	DENTIST 2	67,338	532	629	0.30
3.					0.00
4.					0.00
5.					0.00
Total Dentist Encounters, Staff Hours and FTEs		227,462	2,069	1,964	0.94
B. DENTAL HYGIENIST					
1.	DENTAL HYGIENIST 1	104,812	1,204	1,906	0.92
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Dental Hygienist Encounters, Hours and FTEs		104,812	1,204	1,906	0.92
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 7/1/2023 To 6/30/2024
FQHC Name: Family Centers 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		
Provide itemized de-identified list (e.g., Psychologist 1)				Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
A. PSYCHOLOGIST		125,000	1,500	1,040	0.50	
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.	SEE ATTACHED	1,743,308	15,181	41,501		19.95
2.	includes various credentials delivering equivalent service					0.00
3.						0.00
4.						0.00
5.						0.00
Total Social Worker Encounters, Hours and FTEs		1,743,308	15,181	41,501		19.95
C. OTHER MENTAL HEALTH PRACTITIONER						
1.	PSYCHIATRIST 1	237,276	784	1,783		0.86
2.						0.00
3.	PSYCHIATRIC APRN	96,904	542	1,310		0.63
4.	PSYCHIATRIC APRN (CONTRACT)	17,450	98	175		0.08
5.						0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		351,630	1,424	3,268		1.57

2-4-2016

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: _____ From 7/1/2023 To 6/30/2024
FQHC Name: Family Centers 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)		II 125,000	III 1,500	IV 1,040	V 0.50
B. SOCIAL WORKER					
1.	SOCIAL WORKER 1	6,250	12	173	0.08
2.	SOCIAL WORKER 2	80,931	513	2,080	1.00
3.	SOCIAL WORKER 3	70,840	679	2,080	1.00
4.	SOCIAL WORKER 4	72,000	794	2,080	1.00
5.	SOCIAL WORKER 5	80,089	433	2,080	1.00
6.	SOCIAL WORKER 6	1,732	3	173	0.08
7.	SOCIAL WORKER 7	5,840	0	520	0.25
8.	SOCIAL WORKER 8	14,800	197	416	0.20
9.	SOCIAL WORKER 9	8,533	59	260	0.13
10.	SOCIAL WORKER 10	72,450	540	1,726	0.83
11.	SOCIAL WORKER 11	107,000	805	2,080	1.00
12.	SOCIAL WORKER 12	69,000	813	2,080	1.00
13.	SOCIAL WORKER 13	69,917	133	2,080	1.00
14.	SOCIAL WORKER 14	40,727	474	1,248	0.60
15.	SOCIAL WORKER 15	71,000	868	2,080	1.00
16.	SOCIAL WORKER 16	63,000	489	1,726	0.83
17.	SOCIAL WORKER 17	61,000	575	1,726	0.83
18.	SOCIAL WORKER 18	64,938	424	1,914	0.92
19.	SOCIAL WORKER 19	22,268	197	624	0.30
20.	SOCIAL WORKER 20	28,549	260	790	0.38
21.	SOCIAL WORKER 21	70,269	716	1,726	0.83
22.	SOCIAL WORKER 22	64,894	504	1,726	0.83
23.	SOCIAL WORKER 23	58,000	531	1,726	0.83
24.	SOCIAL WORKER 24	62,350	394	1,726	0.83
25.	SOCIAL WORKER 25	73,000	744	2,080	1.00
26.	SOCIAL WORKER 26	39,420	303	438	0.21
27.	SOCIAL WORKER 27	70,700	686	786	0.38
28.	SOCIAL WORKER 28	23,220	233	258	0.12
29.	SOCIAL WORKER 29	41,380	478	460	0.22
30.	SOCIAL WORKER 30	45,120	477	564	0.27
31.	SOCIAL WORKER 31	1,725	0	8	0.00
32.	SOCIAL WORKER 32	7,520	70	84	0.04
33.	SOCIAL WORKER 33	27,830	279	348	0.17
34.	SOCIAL WORKER 34	8,860	68	98	0.05
35.	SOCIAL WORKER 35	27,010	279	300	0.14
36.	SOCIAL WORKER 36	855	8	10	0.00
37.	SOCIAL WORKER 37	69,970	705	777	0.37
38.	SOCIAL WORKER 38	40,320	438	448	0.22
Total Social Worker Encounters, Hours and FTEs		1,743,308	15,181	41,501	19.94

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

Reporting Period:	From <u>7/1/2023</u>	To <u>6/30/2024</u>
FQHC Name: <u>Family Centers Inc.</u>		

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		Employee Hours and FTEs		
						High	Low		Hires	Departures	Encounters	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				1	117,000				0	0	248	832	0.40
2. PHYSICIAN ASSISTANT				2	147,682				0	0	1,233	2,606	1.25
3. NURSE (APRN, MIDWIFE, RN)				6	610,939				1	0	4,809	10,621	5.11
4. PHYSICIAN SERVICES UNDER CONTRACT													0.00
5. OTHER HEALTH PROFESSIONALS				3	199,892				0	0	191	6,240	3.00
6. OTHER ALLIED HEALTH PROFESSIONALS													0.00
7. OTHER HEALTH CARE PRACTITIONERS													0.00
Total Health Care				12	1,075,513				1	0	6,481	20,299	9.76
B. DENTAL PRACTITIONERS													
1. DENTIST				2	227,462				0	0	2,069	1,964	0.94
2. DENTAL HYGIENIST				1	104,812				0	0	1,204	1,906	0.92
3. OTHER DENTAL PRACTITIONERS													0.00
Total Dental				3	332,274				0	0	3,273	3,869	1.86
C. MENTAL HEALTH PRACTITIONERS													
1. PSYCHIATRIST				1	237,276				0	0	784	1,783	0.86
2. PSYCHOLOGIST													0.00
3. LICENSED CLINICAL SOCIAL WORKER				38	1,743,308				4	3	15,181	41,501	19.95
4. PSYCHIATRIC APRN				2	96,904				2	1	640	1,310	0.63
5. OTHER MENTAL HEALTH PRACTITIONERS													0.00
Total Mental Health				41	2,077,488				6	4	16,605	44,595	21.44

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

Reporting Period:	From	7/1/2023	To	6/30/2024
FQHC Name:	Family Centers Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	5,947,373
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	316,929
C.	Total Direct Costs (A+B)	6,264,303
D.	Portion of Title XIX Services (A/C)	94.94%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	2,387,477
F.	Overhead Cost Applicable to Title XIX Services (DxE)	2,266,671
G.	Total Title XIX Services Cost (A+F)	8,214,044
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	2,464,213
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	2,266,671
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	2,226,076
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	716,479
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	3,004,818
	4. Total Direct Costs (K1 thru K3)	5,947,373
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	37.43%
	2. Dental Services (K2/K4)	12.05%
	3. Mental Health Services (K3/K4)	50.52%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	848,415
	2. Dental Services (JxL2)	273,134
	3. Mental Health Services (JxL3)	1,145,122
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	2,266,671

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

Reporting Period: From 7/1/2023 To 6/30/2024
FQHC Name: Family Centers 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)	2,226,076
B. Allowable Overhead Cost (P13 - Form C, Line M1)	848,415
C. Total Allowable Health Care Cost (A+B)	3,074,491
D. Encounters (P12 - Form B-4, Health Care Total)	6,481
E. Allowable Health Care Cost Per Encounter (C/D)	474.39

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	716,479
B. Allowable Overhead Cost (P13 - Form C, Line M2)	273,134
C. Total Allowable Dental Cost (A+B)	989,613
D. Encounters (P12 - Form B-4, Dental Total)	3,273
E. Allowable Dental Cost Per Encounter (C/D)	302.36

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	3,004,818
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,145,122
C. Total Allowable Mental Health Cost (A+B)	4,149,940
D. Encounters (P12 - Form B-4, Mental Health Total)	16,605
E. Allowable Mental Health Cost Per Encounter (C/D)	249.92

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

Reporting Period: From 7/1/2023 To 6/30/2024
FQHC Name: Family Centers Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
A. Operating Revenue		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
1. Medicaid		397,063	97,205	1,245,971		1,740,239
2. Private		48,610	17,174	486,752		552,536
3. Medicare		8,650	6,255	94,812		109,717
4. Patient Cash/Self Pay		25,857	37,456	13,313		76,626
5. Other - Specify						0
6. Total (1 thru 5)		480,180	158,090	1,840,848		2,479,118
B. Other Revenue						
1. Contributions (Foundations)		142,000	0	646,892		788,892
2. Grants (Government)		1,087,354	389,689	1,076,228		2,553,271
3. Interest						0
4. Donations		4,548	0	100,000		104,548
5. Other - Specify	Sales of Service	69,645	0	0		69,645
6. Other - Specify	Fundraising				2,398,570	2,398,570
7. Other - Specify	In Kind Donations	89,718	89,718			179,436
8. Other - Specify	Miscellaneous	1,688				1,688
9. Other - Specify	Pharmacy	76,612				76,612
10. Other - Specify						0
11. Total (1 thru 10)		1,471,565	479,407	1,823,120	2,398,570	6,172,661
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)		1,951,745	637,497	3,663,968	2,398,570	8,651,779

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

Reporting Period:	From	7/1/2023	To	6/30/2024
FQHC Name:	Family Centers 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)	4,548
2. Dental	0
3. Mental Health	100,000
4. Other - Specify	788,892
Other - Specify	
Other - Specify	
Other - Specify	
Other - Specify	
Other - Specify	
Other - Specify	
5. Total (1 thru 4)	3,561,164
B.	GRANTS (EXCLUDING PHS)
1. Services (Excluding Dental, Mental Health and Other)	1,087,354
2. Dental	389,689
3. Mental Health	1,076,228
4. Other - Specify	
Other - Specify	
Other - Specify	
Other - Specify	
Other - Specify	
5. Total (1 thru 4)	2,553,271

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

Reporting Period: From 7/1/2023 To 6/30/2024

FQHC Name: Family Centers Inc.

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	116,212
	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	228,457
	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)	344,669
B.	Cost Offset (<i>Expense Recovery</i>)	
	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)	344,669

Family Centers Inc.

For the Fiscal Year Ended June 30, 2024

Crosswalk from Trial Balance to Medicaid Cost Report

	FOHC Medical	FOHC Dental	FOHC Mental Health	Total	Pharmacy	In Kind Donation	Other Fund Raising	Adjusted Total	comment
REVENUES									
SERVICE FEES	480,180	158,090	1,840,848	2,479,118				2,479,118	
SERVICE FEES - PHARMACY	27,756	0	0	27,756	48,856			76,612	T/B reports net revenue
GRANTS - GOVERNMENT	1,087,354	389,689	1,076,228	2,553,271				2,553,271	
GRANTS-FOUNDATION	142,000	0	646,892	788,892				788,892	
SALES OF SERVICES	69,645	0	0	69,645				69,645	
CONTRIBUTIONS	4,548	0	100,000	104,548				104,548	
MISC INCOME	1,688	0	0	1,688		179,436		181,124	T/B omits In Kind
Total REVENUES	1,813,171	547,779	3,663,968	6,024,918	48,856	179,436	0	6,253,209	
EXPENSES									
SALARIES	1,825,186	762,133	2,424,558	5,011,877				5,011,877	
EMPLOYEE BENEFITS	209,831	92,649	280,525	583,005				583,005	
PAYROLL TAXES	143,148	59,966	190,011	393,125				393,125	
CONTRACTED CLIENT SVS	100,514	10,764	422,506	533,784				533,784	
SUPPLIES : Office	2,590	1,326	323	4,239				4,239	
SUPPLIES : Building	6,290	2,601	717	9,608				9,608	
SUPPLIES : Education	541	0	520	1,061				1,061	
SUPPLIES : Computer	7,720	729	362	8,811				8,811	
SUPPLIES : Dental & Medical	45,936	61,560	0	107,496	39,567			147,063	T/B omits Rx COGS
SUPPLIES : Outreach	8,999	3,893	2,662	15,554				15,554	
PROF'L. DEV. - Conf./Sem	7,166	4,155	11,516	22,837				22,837	
PROF'L. DEV. - Travel/Meals	1,201	753	28	1,982				1,982	
STUDENT/FAMILY/CLIENT AC	754	0	1,010	1,764				1,764	
TRAVEL & AUTO EXPENSES	10,446	8,486	956	19,888				19,888	
CLIENT ASSISTANCE	582	127	540	1,249				1,249	
TELECOMMUNICATIONS	22,382	17,061	34,172	73,615				73,615	

Family Centers Inc.

For the Fiscal Year Ended June 30, 2024

Crosswalk from Trial Balance to Medicaid Cost Report

	FOHC Medical	FOHC Dental	FOHC Mental Health	Total	Pharmacy	In Kind Donation	Other Fund Raising	Adjusted Total	comment
CELL PHONE	9,239	0	4,675	13,914				13,914	
OCCUPANCY	14,756	10,210	31,731	56,697		179,436		236,133	T/B omits In Kind
EQUIP MAINT & RENTAL	15,510	9,297	3,496	28,303				28,303	
PUBLIC AWARENESS	10,040	2,879	8,417	21,336				21,336	
PROFL. FEES - ADMIN.	11,553	3,220	7,391	22,164	9,289			31,453	T/B omits Pharmacy mgmt
RECRUITMENT	6,756	4,323	10,351	21,430				21,430	
SOFTWARE FEES	102,303	14,896	24,304	141,503				141,503	
DATA PROCESSING	2,275	0	2,844	5,119				5,119	
MEMBERSHIP DUES	9,565	9,075	10,711	29,351				29,351	
INSURANCE	32,363	10,273	35,354	77,990				77,990	
MISCELLANEOUS EXPENSE	4,186	1,793	4,359	10,338				10,338	
BAD DEBTS	16,844	27,044	72,324	116,212				116,212	
Total EXPENSES	2,628,676	1,119,213	3,586,363	7,334,252	48,856	179,436	0	7,562,543	
G & A DISTRIBUTION	401,787	148,532	538,917	1,089,236				1,089,236	
TOTAL EXPENSES	3,030,463	1,267,745	4,125,280	8,423,488	48,856	179,436	0	8,651,779	8,651,780
EXCESS OF REVENUES OVER EXPENSES	(1,217,292)	(719,966)	(461,312)	(2,398,570)	0	0	0	(2,398,570)	

Family Centers Inc.

For the Fiscal Year Ended June 30, 2024

Reconciliation of DSS FQHC Cost Report to Audited Financial Statements**NOT YET AVAILABLE****Expense**

Expenses per Form A-5 Line J, Column III	\$	8,651,780
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Add: Non-FQHC Services		
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Expenses Per Audited Financial Statements	\$	8,651,780
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Revenue

Revenues Per Form E Line D, Column V	\$	8,651,779
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Add: Non-FQHC Service Revenue		
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Revenue per Audited Financial Statements	\$	8,651,779
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Income (Loss) from Operations	\$	(0)
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Reconciliation of DSS FQHC Cost Report to Medicare Cost Reports

Form E - Revenues Line D Column V	\$	8,651,779
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Form A-5 - Expenses Line J, Column VII	\$	8,651,780
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Net Income(Loss) Medicaid Report	\$	(1)
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CCN #071924 07/01/2022 - 06/30/2023	\$	-
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Net (Income) Loss Medicare report	\$	-
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