NORWALK Community HEALTH CENTER

December 24, 2024

Nicole Godburn
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Nicole Godburn,

Enclosed please find the cost report filing due December 31, 2024 for the fiscal year ended June 30, 2024. As noted in our discussions at the CHCACT CFO meetings in years past with Christopher LaVigne, the report that you are using for the submission does not, in our opinion, accurately reflect the "reasonable" cost of providing Medicaid covered services - the standard for setting and adjusting the Medicaid PPS rate. Accordingly, we do not agree or acquiesce to the concept that these reports will result in an accurate measure of the reasonable cost of providing Medicaid covered services by our member FQHCs.

As such, our submission should not be construed as and does not represent an agreement to the concept that the State's cost report accurately measures the reasonable cost of providing Medicaid covered services by an FQHC in Connecticut.

We look forward to working with you and your office in the future, please do not hesitate to call if you have any questions.

Sincerely,

John J. Gettings III
Chief Financial Officer

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

RECEIVED
JAN 7 2025

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ **Date Received:** DEPT. OF SOCIAL SERVICES OFFICE OF COST AND RATE SETTINGS

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

2. **FQHC Medicaid Provider Number:**

Medical	004236172
Dental	008066587
Mental Health	008066726
Other (Specify)	

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

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

5. **FQHC Owned By:**
   Norwalk Community Health Center, Inc. (501c(3))

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By Norwalk Community Health Center, Inc. 004236172 *(FQHC Name)* For the Reporting Period Beginning 7/1/2023 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:

6.

Signature (Officer or Administrator of FQHC)	Printed Name
	John J. Gettings III
Title	**Date**
Chief Financial Officer	12/24/2024

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: Norwalk Community Health Center, Inc.

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

Provider Name	Location	FQHC Certified Yes/ *No*	Clinic/Provider No.
Norwalk Community Health Center	120 Connecticut Avenue, Norwalk, CT 06854 (Including Mobile Unit)	Yes	004236172
Norwalk Community Health Center	55 Chestnut Street, Norwalk, CT 06854	Yes	004236172
Norwalk Community Health Center	21 Hunters Lane, Norwalk, CT 06850	Yes	004236172
Norwalk Community Health Center	300 Highland Avenue, Norwalk, CT 06854	Yes	004236172

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

Select One:	
C. Not applicable. The FQHC does not have any related party individuals or organizations.	

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

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

FQHC Name: Norwalk Community Health Center, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A.	**DIRECT HEALTH CARE COST**	I	II	III	IV	V	VI	VII
	(Excluding Dental, Mental Health & Other)							
1.	**Staff Cost**							
a.	Physician	1,063,058	823,581	1,886,639	206,406	2,093,045		2,093,045
b.	Physician Assistant			0		0		0
c.	Nurse (APRN, Midwife, RN)	2,170,444		2,170,444	421,419	2,591,863		2,591,863
d.	Other - Specify							
	LPNs, Medical Assistants, Case Mgmt	1,368,278		1,368,278	265,669	1,633,947		1,633,947
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
e.	**Subtotal Direct Health Care Cost**	**4,601,781**	**823,581**	**5,425,362**	**893,494**	**6,318,855**	**0**	**6,318,855**
2.	**Other Direct Health Care Cost**							
a.	Medical Supplies		886,915	886,915		886,915	(644,286)	242,629
b.	Transportation		5,432	5,432		5,432		5,432
c.	Depreciation - Medical Equipment		35,840	35,840		35,840		35,840
d.	Professional Liability Insurance		24,724	24,724		24,724		24,724
e.	Laboratory			0		0		0
f.	Radiology			0		0		0
g.	Physician-Administered Drugs			0		0		0
h.	Other - Specify							
	Provider Credentialing		155	155		155		155
	Provider Licensing		12,226	12,226		12,226		12,226
	GE/Visualutions/ECW Provider Licensing		303,519	303,519		303,519		303,519
	Provider/Clinical CME Training		20,420	20,420		20,420		20,420
	Interpreting Services		131,163	131,163		131,163		131,163
	Payroll Services		16,049	16,049		16,049		16,049
	Office Supplies		0	0		0		0
	Minor Office		0	0		0		0
	Subscriptions		1,170	1,170		1,170		1,170
	Printing		0	0		0		0
	Minor Clinical		2,978	2,978		2,978		2,978
	Medical Equip. Repairs & Maintenance		14,631	14,631		14,631		14,631
	Answering Service		13,582	13,582		13,582		13,582
	Telephone		49,434	49,434		49,434		49,434
	Recruitment		0	0		0		0
	Bad Debt Expense		317,919	317,919		317,919	(317,919)	0
	Mobile Medical Unit Insurance		5,882	5,882		5,882		5,882
			0	0		0		0
				0		0		0
i.	**Subtotal Other Direct Health Care Cost**	**0**	**1,842,037**	**1,842,037**	**0**	**1,842,037**	**(962,204)**	**879,833**
3.	**TOTAL DIRECT HEALTH CARE COST (1e & 2i)**	**4,601,781**	**2,665,618**	**7,267,399**	**893,494**	**8,160,892**	**(962,204)**	**7,198,688**

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: Norwalk Community Health Center, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	194,137	0	194,137	37,694	231,832		231,832
b. Dental Hygienst	79,107		79,107	15,360	94,467		94,467
c. Other - Specify							
Dental Assistant	100,825		100,825	19,576	120,401		120,401
			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	**374,070**	**0**	**374,070**	**72,630**	**446,700**	**0**	**446,700**
2 Other Direct Dental Care Cost							
a. Dental Supplies		41,865	41,865		41,865		41,865
b. Transportation			0		0		0
c. Depreciation - Dental Equipment		13,037	13,037		13,037		13,037
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Payroll Services		1,305	1,305		1,305		1,305
Dental Equip. Repair & Maintenance		0	0		0		0
Telephone		3,306	3,306		3,306		3,306
Dentrix/ECW Software Provider Licensing		20,726	20,726		20,726		20,726
Office Supplies		0	0		0		0
Minor Office		0	0		0		0
Minor Dental Equipment		0	0		0		0
Printing		0	0		0		0
Provider/Clinical CME Training		424	424		424		424
Provider Licensing		1,568	1,568		1,568		1,568
			0		0		0
f. Subtotal Other Direct Dental Care Cost	**0**	**82,231**	**82,231**	**0**	**82,231**	**0**	**82,231**
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	**374,070**	**82,231**	**456,301**	**72,630**	**528,931**	**0**	**528,931**

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: Norwalk Community Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		I	II	III	IV	V	VI	VII
C.	**DIRECT MENTAL HEALTH CARE COST**							
1.	**Staff Cost**							
a.	Psychologist			0		0		0
b.	Social Worker	474,173		474,173	92,067	566,239		566,239
c.	Other - Specify							
	Psychiatrist	123,765		123,765	24,031	147,796		147,796
	APRN Psych		110,783	110,783		110,783		110,783
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
d.	**Subtotal Direct Mental Health Care Cost**	**597,938**	**110,783**	**708,720**	**116,097**	**824,817**	**0**	**824,817**
2.	**Other Direct Mental Health Care Cost**							
a.	Medical Supplies			0		0		0
b.	Transportation			0		0		0
c.	Depreciation - Mental Health Equipment			0		0		0
d.	Professional Liability Insurance			0		0		0
e.	Other - Specify							
	Provider CME Training		5,080	5,080		5,080		5,080
	Payroll Services		2,085	2,085		2,085		2,085
	Interpreting Services		14,574	14,574		14,574		14,574
	Telephone		6,302	6,302		6,302		6,302
	Recruitment Fees		0	0		0		0
	Provider Licensing		1,220	1,220		1,220		1,220
	GE/Visualutions/ECW Provider Licensing		35,226	35,226		35,226		35,226
	Answering Service		715	715		715		715
f.	**Subtotal Other Direct Mental Health Care Cost**	**0**	**65,202**	**65,202**	**0**	**65,202**	**0**	**65,202**
3.	**TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)**	597,938	175,984	773,922	116,097	890,019	0	890,019
D.	**TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES**	**5,573,788**	**2,923,833**	**8,497,621**	**1,082,221**	**9,579,842**	**(962,204)**	**8,617,638**

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: Norwalk Community Health Center, Inc.

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy			0		0		0
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites			0		0		0
h. Other - Specify							
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
i. Total Non-Allowable Direct Other Service Cost	**0**	**0**	**0**	**0**	**0**	**0**	**0**
F. TOTAL DIRECT COST (D+E1i)	**5,573,788**	**2,923,833**	**8,497,621**	**1,082,221**	**9,579,842**	**(962,204)**	**8,617,638**

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: Norwalk Community Health Center, Inc.

Form A-5 (Overhead 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
G.	**OVERHEAD - FACILITY COST**							
a.	Rent		837,071	837,071		837,071	(62,124)	774,947
b.	Insurance		63,138	63,138		63,138		63,138
c.	Interest on Mortgage or Loans		218	218		218		218
d.	Utilities		111,363	111,363		111,363		111,363
e.	Depreciation - Building		142,874	142,874		142,874		142,874
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance	211,563	177,348	388,911	41,078	429,989		429,989
h.	Other (Specify)							
	Payroll Services		738	738		738		738
	Real Estate Taxes		153,487	153,487		153,487		153,487
				0		0		0
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	**211,563**	**1,486,236**	**1,697,800**	**41,078**	**1,738,877**	**(62,124)**	**1,676,753**
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	2,436,496		2,436,496	473,076	2,909,572		2,909,572
b.	Depreciation - Office Equipment		69,473	69,473		69,473		69,473
c.	Office Supplies		98,499	98,499		98,499		98,499
d.	Legal		29,866	29,866		29,866		29,866
e.	Accounting		53,831	53,831		53,831		53,831
f.	Insurance			0		0		0
g.	Telephone		59,042	59,042		59,042		59,042
h.	Fringe Benefits & Taxes		1,596,375	1,596,375	(1,596,375)	0		0
i.	Interest - Capital Loans			0		0		0
j.	Other (Specify)							
	Professional Fees		46,576	46,576		46,576		46,576
	Marketing		2,439	2,439		2,439	(2,439)	0
	Development		71,061	71,061		71,061	(71,061)	
	MIS		79,123	79,123		79,123		79,123
	IT/EMR Consultants		126,912	126,912		126,912		126,912
	Training/Conference/Meeting		28,319	28,319		28,319		28,319
	Grant Contracted Services		39,765	39,765		39,765		39,765
	Payroll Services		8,497	8,497		8,497		8,497
	Postage		11,816	11,816		11,816		11,816
	Printing		22,141	22,141		22,141		22,141
	Professional Dues		19,763	19,763		19,763		19,763
	Travel		220	220		220		220
	Bank Fees		10,723	10,723		10,723		10,723
	Temporary Services		79,823	79,823		79,823		79,823
	Americorps Member		0	0		0		0
	Miscellaneous		123,360	123,360		123,360		123,360
	Recruitment		19,205	19,205		19,205		19,205
k.	**Subtotal Overhead - Administrative Cost**	**2,436,496**	**2,596,829**	**5,033,325**	**(1,123,299)**	**3,910,027**	**(73,500)**	**3,836,527**
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	**2,648,059**	**4,083,066**	**6,731,125**	**(1,082,221)**	**5,648,904**	**(135,624)**	**5,513,280**
J.	**GRAND TOTAL COSTS[2] (F+I)**	**8,221,847**	**7,006,899**	**15,228,746**	**-**	**15,228,746**	**(1,097,828)**	**14,130,918**

[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 7/1/2023	To 6/30/2024	
FQHC Name:	Norwalk Community Health Center, Inc.		

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	***General Practitioner***	***125,000***	***1,500***	***1,040***	***0.50***
A.	**PHYSICIAN**					
1.	Please See Form B4					0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
	Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00
B.	**PHYSICIAN ASSISTANT**					
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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

Reporting Period:	From 7/1/2023	To 6/30/2024	
FQHC Name:	Norwalk Community Health Center, Inc.		

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	***General Practitioner***	***125,000***	***1,500***	***1,040***	***0.50***
C.	**NURSE (APRN, MIDWIFE, RN)**					
1.	Please See Form B4					0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Nurse Practioner		0	0	0	0.00
D.	**PHYSICIAN SERVICES UNDER CONTRACT**					
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Services Under Contract		0	0	0	0.00
E.	**OTHER HEALTH CARE PRACTITIONER**					
1.						0.00
2.						0.00
3.						0.00
	Total Other Health Care Practitioner		0	0	0	0.00

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

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

FQHC Name: Norwalk Community Health Center, Inc.

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

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

	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Dentist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	DENTIST				
1.	Please See Form B4				0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B.	DENTAL HYGIENIST				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C.	OTHER DENTAL PRACTITIONER				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

Reporting Period:	**From** 7/1/2023	**To**	6/30/2024
FQHC Name:	Norwalk Community Health Center, Inc.		

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

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

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PSYCHOLOGIST**				
1.	Please See Form B4				0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B.	**SOCIAL WORKER**				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C.	**OTHER MENTAL HEALTH PRACTITIONER**				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

FQHC Name: Norwalk Community Health Center, Inc.

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

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

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	
				High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
		4	*500,000*	*150,000*	*100,000*	*2*	*1*	*10,000*	*8,320*	*4.00*
A.	**HEALTH CARE PRACTITIONERS**									
1.	PHYSICIAN	8	1,063,058	235,000	190,000	2	0	13,113	9,234	4.44
2.	PHYSICIAN ASSISTANT									0.00
3.	NURSE (APRN, MIDWIFE, RN)	20	2,170,444	198,000	80,000	2	2	17,775	30,424	14.63
4.	PHYSICIAN SERVICES UNDER CONTRACT	8	823,581	260,000	187,500	2	0	13,147	7,403	3.56
5.	OTHER HEALTH PROFESSIONALS									0.00
6.	OTHER ALLIED HEALTH PROFESSIONALS									0.00
7.	OTHER HEALTH CARE PRACTITIONERS									0.00
	Total Health Care	36	4,057,083			6	2	44,035	47,061	22.63
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST	1	194,137	195,000	160,000			1,659	2,080	1.00
2.	DENTAL HYGIENIST	1	79,107	90,000	75,000			1,441	1,680	0.81
3.	OTHER DENTAL PRACTITIONERS									0.00
	Total Dental	2	273,245			0	0	3,100	3,760	1.81
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	2	123,765	375,000	220,000	0	0	368	694	0.33
2.	PSYCHOLOGIST									0.00
3.	LICENSED CLINICAL SOCIAL WORKER	8	474,173	80,000	65,000	2	0	4,774	12,028	5.78
4.	PSYCHIATRIC APRN	1	110,783	200,000	145,000	0	0	767	793	0.38
5.	OTHER MENTAL HEALTH PRACTITIONERS									0.00
	Total Mental Health	11	708,720			2	0	5,909	13,515	6.49

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FQHC Name:	Norwalk Community Health Center, Inc.				

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	8,617,638
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	8,617,638
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	5,513,280
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,513,280
G.	Total Title XIX Services Cost (A+F)	14,130,918
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,239,275
I.	Cost Adjustment (Lower of H-F or Zero)	(1,274,005)
J.	Allowable Title XIX Overhead Cost (F+I)	4,239,275
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,198,688
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	528,931
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	890,019
	4. Total Direct Costs (K1 thru K3)	8,617,638
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	83.53%
	2. Dental Services (K2/K4)	6.14%
	3. Mental Health Services (K3/K4)	10.33%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,541,066
	2. Dental Services (JxL2)	260,291
	3. Mental Health Services (JxL3)	437,917
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,239,274

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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)	7,198,688
B.	Allowable Overhead Cost (P13 - Form C, Line M1)	3,541,066
C.	Total Allowable Health Care Cost (A+B)	10,739,754
D.	Encounters (P12 - Form B-4, Health Care Total)	44,035
E.	Allowable Health Care Cost Per Encounter (C/D)	243.89
II.	Dental	
A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	528,931
B.	Allowable Overhead Cost (P13 - Form C, Line M2)	260,291
C.	Total Allowable Dental Cost (A+B)	789,222
D.	Encounters (P12 - Form B-4, Dental Total)	3,100
E.	Allowable Dental Cost Per Encounter (C/D)	254.59
III.	Mental Health	
A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	890,019
B.	Allowable Overhead Cost (P13 - Form C, Line M3)	437,917
C.	Total Allowable Mental Health Cost (A+B)	1,327,936
D.	Encounters (P12 - Form B-4, Mental Health Total)	5,909
E.	Allowable Mental Health Cost Per Encounter (C/D)	224.73

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FQHC Name: Norwalk Community Health Center, 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	4,751,101				4,751,101
2.	Private	454,209				454,209
3.	Medicare	1,172,431				1,172,431
4.	Patient Cash/Self Pay	969,236				969,236
5.	Other - Specify	0				0
6.	Total (1 thru 5)	7,346,977	0	0	0	7,346,977
B.	Other Revenue					
1.	Contributions	68,052				68,052
2.	Grants	5,381,925				5,381,925
3.	Interest	4,089				4,089
4.	Donations					0
5.	Other - Specify	0				0
6.	Other - Specify In-Kind Donated Vaccines/Services	612,683				612,683
7.	Other - Specify Rental Income	78,970				78,970
8.	Other - Specify FQHC Supplemental Funding	1,882,353				1,882,353
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	8,028,073	0	0	0	8,028,073
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)	15,375,050	0	0	0	15,375,050

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FQHC Name:	Norwalk Community Health Center, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS *(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)*

A.	Contributions	ACTUAL
1.	Services *(Excluding Dental, Mental Health and Other)*	68,052
2.	Dental	
3.	Mental Health	
4.	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
5.	Total (1 thru 4)	**68,052**

B.	Grants *(Excluding PHS)*	
1.	Services *(Excluding Dental, Mental Health and Other)*	1,846,383
2.	Dental	
3.	Mental Health	
4.	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
5.	Total (1 thru 4)	**1,846,383**

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FQHC Name:	Norwalk Community Health Center, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	**Cost Disallowance**		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	317,919	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	73,500	
6.	Contingent reserves		
7.	Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
8.	Fundraising		
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care		
14.	340B	31,603	
15.	Straight Line Lease Accounting Method	(16,846)	
16.	Total (1 thru 15)		406,176
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	78,970	
3.	In-Kind Medical Supplies	612,683	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		691,653
C.	Total Cost Disallowance and Offset (A16+B7)		1,097,828