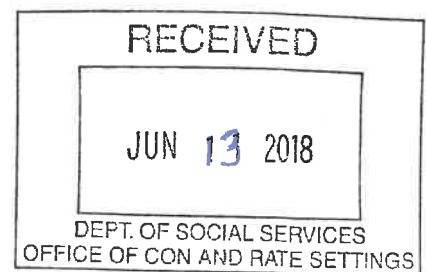


Community Health Services Inc.

**State of Connecticut
Annual Report
Federally Qualified Health Center (FQHC)**

December 31, 2017



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 Services
Street Address	500 Albany Avenue
City, State, ZIP	Hartford, CT 06120
Telephone Number	860-249-9625
Contact Person	Dianna Kulmacz
Title	Chief Financial Officer

2. FQHC Medicaid Provider Number:	3. Reporting Period:												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Medical</td> <td style="border-bottom: 1px solid black;">004235570</td> </tr> <tr> <td>Dental</td> <td style="border-bottom: 1px solid black;">004236099</td> </tr> <tr> <td>Mental Health</td> <td style="border-bottom: 1px solid black;">004235588</td> </tr> <tr> <td>Other (Specify)</td> <td style="border-bottom: 1px solid black;">008050894</td> </tr> <tr> <td> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Medical	004235570	Dental	004236099	Mental Health	004235588	Other (Specify)	008050894					From <u>1/1/2017</u> To <u>12/31/2017</u>
Medical	004235570												
Dental	004236099												
Mental Health	004235588												
Other (Specify)	008050894												

4. Type of Control (Check One Only)

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 Services 004235570
(FQHC Name)

For the Reporting Period Beginning 1/1/2017 and Ending 12/31/2017 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
	Dianna Kulmacz
Title	Date
CFO	6/4/18

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

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.
Community Health Services, Inc.	500 Albany Ave, Hartford, CT 06120	Yes	004235570
Community Health Services	503 Windsor Ave, Windsor, CT 06905	Yes	004235570

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

Select One:
SELECT ONE OF THE FOLLOWING OPTIONS:

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

Reporting Period: From 1/1/2017 To 12/31/2017

FQHC Name: Community Health Services

Form A-1 (Direct Health Care Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
DIRECT HEALTH CARE COST							
COST CENTER							
A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & OI/OT)							
1. Staff Cost:							
a. Physician	1,495,297	648,411	2,143,708	(91,704)	2,052,004		2,052,004
b. Physician Assistant	205,110	66,432	272,542		272,542		272,542
c. Nurse (APRN, Midwife, RN)	1,977,663	644,247	2,621,910		2,621,930		2,621,930
d. Other - Specify Clinical (MA, LPN, Medical Case Mgr, Health Educator, R.D.)	1,123,465	362,080	1,485,495		1,485,495		1,485,495
e. Subtotal Direct Health Care Cost	4,802,495	1,724,160	6,526,655	(91,704)	6,434,951	0	6,434,951
2. Other Direct Health Care Cost:							
a. Medical Supplies		461,637	461,637		461,637		461,637
b. Transportation	43,032	13,870	56,902		56,902		56,902
c. Depreciation - Medical Equipment							
d. Professional Liability Insurance							
e. Laboratory							
f. Radiology	21,207	6,835	28,042		28,042		28,042
g. Physician-Administered Drugs		957,561	957,561		957,561	(716,893)	240,668
h. Other - Specify Medical Assistant Receptionist & Clinical Coordinator	156,338	51,035	209,373		209,373		209,373
i. Subtotal Other Direct Health Care Cost	222,677	1,490,938	1,713,615	0	1,713,615	(716,893)	996,722
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)							
	5,025,172	3,215,118	8,240,290	(91,704)	8,148,586	(716,893)	7,431,693

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

Reporting Period: From 1/1/2017 To 12/31/2017

FQHC Name: Community Health Services

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	593,253	191,214	784,467		784,467		784,467
b. Social Worker							
c. Other - Specify Staff Psychiatrist	307,509	99,115	406,624		406,624		406,624
d. Subtotal Direct Mental Health Care Cost	900,762	290,329	1,191,091	0	1,191,091	0	1,191,091
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			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)							
	900,762	290,329	1,191,091	0	1,191,091	0	1,191,091
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	6,855,472	3,951,768	10,807,240	(91,704)	10,745,536	(716,893)	10,028,643

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

Reporting Period: From 1/1/2017 To 12/31/2017
FQHC Name: Community Health Services

Form A-5 (Overhead Cost)

COST CENTER		I	II	III	IV	V	VI	VII
		Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col. 2 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col. 5 & 9)
G. OVERHEAD - FACILITY COST								
a.	Rent		83,559	83,559		83,559	(14,309)	69,250
b.	Insurance			0		0		0
c.	Interest on Mortgage or Loans		26,261	26,261		26,261		26,261
d.	Utilities		216,335	216,335		216,335		216,335
e.	Depreciation - Building		1,209,375	1,209,375		1,209,375		1,209,375
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance	137,924	432,147	570,071		570,071		570,071
h.	Other (Specify) Equipment	277,509	122,014	399,523		399,523		399,523
				0		0		0
				0		0		0
				0		0		0
				0		0		0
i.	Subtotal Overhead - Facility Cost	415,433	2,089,691	2,505,124	0	2,505,124	(14,309)	2,490,824
H. OVERHEAD - ADMINISTRATIVE COST								
a.	Office Salaries	3,499,396	1,130,773	4,630,169	91,704	4,721,873		4,721,873
b.	Depreciation - Office Equipment			0		0		0
c.	Office Supplies		65,798	65,798		65,798		65,798
d.	Legal		242,417	242,417		242,417		242,417
e.	Accounting	300,060	195,337	495,397		495,397		495,397
f.	Insurance		97,099	97,099		97,099		97,099
g.	Telephones		33,086	33,086		33,086		33,086
h.	Advertising-Help Wanted		5,475	5,475		5,475	(5,475)	0
i.	Interest - Capital Loans			0		0		0
j.	Other (Specify) Misc. Expenses, Contracted service expenses and Meeting and Conferences		1,862,775	1,862,775		1,862,775	(73,544)	1,789,231
				0		0		0
				0		0		0
				0		0		0
k.	Subtotal Overhead - Administrative Cost	3,800,476	3,608,760	7,409,236	91,704	7,500,940	(73,544)	7,427,396
l.	TOTAL OVERHEAD COST (G+H)	4,303,909	5,728,441	10,032,350	91,704	10,124,054	(83,319)	10,040,735
j.	GRAND TOTAL COSTS ² (F+I)	11,292,622	9,749,891	21,042,513		21,042,513	(810,412)	20,232,101

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

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	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50	
A.	PHYSICIAN					
1. Adolescent Medicine	Adolescent Med Physician	262,595	2,139	2,080	1.00	
2. Adult Medicine	Staff Physicians	568,066	6,639	6,224	2.99	
3. Pediatrics	Pediatrician	215,194	4,445	2,824	1.36	
4. Podiatry	Podiatrist	248,907	5,053	4,160	2.00	
5. Women's Health	OB/GYN	200,535	2,102	2,080	1.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Total Physician Encounters, Staff Hours and FTEs		1,495,297	20,378	17,368	8.35	
B.	PHYSICIAN ASSISTANT					
1. Physician Assistant	Physician Assistant	206,110	4,970	3,800	1.83	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Assistant Encounters, Hours and FTEs		206,110	4,970	3,800	1.83	

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

Reporting Period: From 1/1/2017 To 12/31/2017

FQHC Name: Community Health Services

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 identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. APRN	APRN	1,176,018	31,541	24,373	11.72
2. Nurse Practitioner	NP	82,080	2,443	1,848	0.89
3. Registered Nurse	RN	719,585		19,120	9.19
4.					0.00
5.					0.00
Total Nurse Practitioner		1,977,683	33,984	45,341	21.80
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Contracted Physician	Family Medicine	69,944	331	446	0.21
2. OB/GYN- Contractor	OB/GYN	30,562	244	245	0.12
3. Optometry- Contractor	Optometrist	65,948	1,246	1,246	0.60
4. APRN- Contractor	APRN	6,810	2	166	0.08
5.					0.00
Total Physician Services Under Contract		173,264	1,823	2,103	1.01
E. OTHER HEALTH CARE PRACTITIONER					
1. Medical Assistant	MA	750,722		46,091	22.16
2. Other Health Care	Health Educator, LPN,	293,978	79	11,607	5.58
3. Registered Dietician	RD	78,705	1,355	2,080	1.00
Total Other Health Care Practitioner		1,123,405	1,434	59,778	28.74

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

Reporting Period: From 11/2017 To 12/31/2017
 FQHC Name: Community Health Services

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	
			Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized as-identified list (e.g., Dentist 1)</i>	125,000	1,600	1,040	0.50
A. DENTIST				
1. Staff Dentist	464,984	7,789	6,041	2.90
2. Contracted Dentist	179,685	3,061	1,186	0.57
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	644,669	10,850	7,227	3.47
B. DENTAL HYGIENIST				
1. Dental Hygienist	233,567	5,019	6,152	2.96
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	233,567	5,019	6,152	2.96
C. OTHER DENTAL PRACTITIONER				
1. Dental Assistant	231,087	0	12,645	6.08
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	231,087	0	12,645	6.08

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

Reporting Period: From 1/1/2017 To 12/31/2017

FQHC Name: Community Health Services

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)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	0.50
A.				
1. PSYCHOLOGIST				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. Licensed Marriage Family Therapist	26,553	369	902	0.43
2. Licensed Clinical Social Worker	566,700	9,930	16,628	7.99
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs	593,253	10,299	17,530	8.42
C.				
OTHER MENTAL HEALTH PRACTITIONER				
1. Staff Psychiatrist	307,509	2,883	2,474	1.19
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	307,509	2,883	2,474	1.19

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

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)
A. HEALTH CARE PRACTITIONERS	4	500,000	750,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	11	1,495,297	266,031	124,915	2	3	20,378	17,368	8.35
2. PHYSICIAN ASSISTANT	2	206,110	130,250	94,989	1		4,970	3,800	1.83
3. NURSE (APRN, MIDWIFE, RN)	31	1,977,683	126,037	62,907	9	6	33,984	45,341	21.80
4. PHYSICIAN SERVICES UNDER CONTRACT	5	173,264	333,064	85,125	1	2	1,823	2,102	1.01
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS	35	1,123,405	79,735	26,567	7	5	1,434	59,778	28.74
Total Health Care	84	4,975,759			20	16	62,589	128,390	61.73
B. DENTAL PRACTITIONERS									
1. DENTIST	6	644,669	319,439	143,401	2	3	10,850	7,227	3.47
2. DENTAL HYGIENIST	3	233,567	83,926	76,126			5,019	6,152	2.96
3. OTHER DENTAL PRACTITIONERS	6	231,087	43,011	35,503		1	0	12,645	6.08
Total Dental	15	1,109,323			2	4	15,869	26,024	12.51
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	3	307,509	624,000	197,119	1	0	2,883	2,474	1.19
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	10	566,700	129,609	52,597	3	3	9,930	16,628	7.99
4. PSYCHIATRIC APRN									0.00
5. OTHER MENTAL HEALTH PRACTITIONERS	1	26,553	62,003	62,003			369	902	0.43
Total Mental Health	14	900,762			4	3	13,182	20,004	9.61

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	10,028,643
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	162,963
C.	Total Direct Costs (A+B)	10,191,606
D.	Portion of Title XIX Services (A/C)	98.40%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,030,735
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,870,243
G.	Total Title XIX Services Cost (A+F)	19,898,886
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,969,666
I.	Cost Adjustment (Lower of H-F or Zero)	(3,900,577)
J.	Allowable Title XIX Overhead Cost (F+I)	5,969,666
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,428,593
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,408,959
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,191,091
	4. Total Direct Costs (K1 thru K3)	10,028,643
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	74.07%
	2. Dental Services (K2/K4)	14.05%
	3. Mental Health Services (K3/K4)	11.88%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,421,732
	2. Dental Services (JxL2)	838,738
	3. Mental Health Services (JxL3)	709,196
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,969,666

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

Reporting Period: From 1/1/2017 To 12/31/2017
FQHC Name: Community Health Services

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)	7,428,593
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,421,732
C. Total Allowable Health Care Cost (A+B)	11,850,325
D. Encounters (P12 - Form B-4, Health Care Total)	62,589
E. Allowable Health Care Cost Per Encounter (C/D)	189.34
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,408,959
B. Allowable Overhead Cost (P13 - Form C, Line M2)	838,738
C. Total Allowable Dental Cost (A+B)	2,247,697
D. Encounters (P12 - Form B-4, Dental Total)	15,869
E. Allowable Dental Cost Per Encounter (C/D)	141.64
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,191,091
B. Allowable Overhead Cost (P13 - Form C, Line M3)	709,196
C. Total Allowable Mental Health Cost (A+B)	1,900,287
D. Encounters (P12 - Form B-4, Mental Health Total)	13,182
E. Allowable Mental Health Cost Per Encounter (C/D)	144.16

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Mental Health	Dental	Mental Health	Other	Total (Col. I thru IV)
A. Operating Revenue						
1. Medicaid		6,137,325	1,374,022	1,709,631		9,220,978
2. Private		788,019	176,421	219,513		1,183,953
3. Medicare		836,172	187,202	232,927		1,256,301
4. Patient Cash/Self Pay		795,063	177,999	221,475		1,194,537
5. Other - Specify Bad Debt		(775,947)	(644,746)	(299,079)		(1,719,772)
6. Total (1 thru 5)		7,780,632	1,270,898	2,084,467	0	11,135,997
B. Other Revenue						
1. Contributions					17,911	17,911
2. Grants		5,813,491	21,992	292,567		6,128,050
3. Interest						0
4. Donations						0
5. Other - Specify Pharmacy					1,376,382	1,376,382
6. Other - Specify Local & Other Grants						0
7. Other - Specify Rental Income				8,500		0
8. Other - Specify Other Revenue			3		1,007,218	1,015,721
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		5,813,491	21,995	301,067	2,401,511	8,538,064
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)		13,594,123	1,292,893	2,385,534	2,401,511	19,674,061

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

A.	Contributions	ACTUAL
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	17,911
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	17,911
B.	Grants (Excluding PHS)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,376,975
	2. Dental	21,992
	3. Mental Health	292,567
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,691,534

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	1,719,772	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	5,475	
	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)		1,725,247
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income	14,300	
	3. In-Kind Medical Supplies	716,893	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		731,193
C.	Total Cost Disallowance and Offset (A16+B7)		2,456,440

Community Health Services Inc.

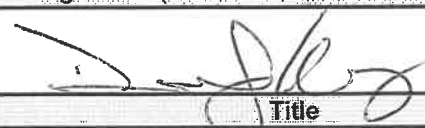
**State of Connecticut
Annual Report
Federally Qualified Health Center (FQHC)**

December 31, 2017

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 <u>Community Health Services</u>											
Street Address <u>500 Albany Avenue</u>											
City, State, ZIP <u>Hartford, CT 06120</u>											
Telephone Number <u>860-249-9625</u>											
Contact Person <u>Dianna Kulmacz</u>											
Title <u>Chief Financial Officer</u>											
2. FQHC Medicaid Provider Number:	3. Reporting Period:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Medical</td> <td style="padding: 2px; border-bottom: 1px solid black;">004235570</td> </tr> <tr> <td style="padding: 2px;">Dental</td> <td style="padding: 2px; border-bottom: 1px solid black;">004236099</td> </tr> <tr> <td style="padding: 2px;">Mental Health</td> <td style="padding: 2px; border-bottom: 1px solid black;">004235588</td> </tr> <tr> <td style="padding: 2px;">Other (Specify)</td> <td style="padding: 2px; border-bottom: 1px solid black;">008050894</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px; border-bottom: 1px solid black;"> </td> </tr> </table>	Medical	004235570	Dental	004236099	Mental Health	004235588	Other (Specify)	008050894			From <u>1/1/2017</u> To <u>12/31/2017</u>
Medical	004235570										
Dental	004236099										
Mental Health	004235588										
Other (Specify)	008050894										
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											
5. FQHC Owned By:											
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By <u>Community Health Services 004235570</u> (FQHC Name) For the Reporting Period Beginning 1/1/2017 and Ending 12/31/2017 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										
 _____ Title	<u>Dianna Kulmacz</u> _____ Date										
<u>CFO</u>	<u>6/4/18</u>										

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

Reporting Period: From 1/1/2017 To 12/31/2017

FQHC Name: Community Health Services

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col. 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col. 5 & 6)
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	593,253	191,214	784,467		784,467	0	784,467
b. Social Worker							
c. Other - Specify	307,509	99,115	406,624		406,624	0	406,624
Staff Psychiatrist							
d. Subtotal Direct Mental Health Care Cost	900,762	290,329	1,191,091	0	1,191,091	0	1,191,091
2. Other Direct Mental Health Care Cost							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	0	0	0	0
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	900,762	290,329	1,191,091	0	1,191,091	0	1,191,091
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	9,855,472	3,981,788	10,837,240	(91,704)	10,745,536	(716,893)	10,028,643

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
Form A-5 (Overhead Cost)							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col. 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col. 5 & 6)
G. OVERHEAD - FACILITY COST							
a. Rent		83,559	83,559		83,559	(14,300)	69,259
b. Insurance		0	0		0		0
c. Interest on Mortgage or Loans		26,281	26,281		26,281		26,281
d. Utilities		210,335	210,335		210,335		210,335
e. Depreciation - Building		1,209,375	1,209,375		1,209,375		1,209,375
f. Depreciation - Equipment		0	0		0		0
g. Housekeeping & Maintenance	137,924	432,147	570,071		570,071		570,071
h. Other (Specify)		122,014	399,523		399,523		399,523
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	415,433	2,085,691	2,505,124	0	2,505,124	(14,300)	2,490,824
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,496,396	1,136,773	4,635,169	91,704	4,726,873		4,726,873
b. Depreciation - Office Equipment		65,798	65,798		65,798		65,798
c. Office Supplies		242,417	242,417		242,417		242,417
d. Legal		195,337	595,417		595,417		595,417
e. Accounting	360,080	97,089	97,089		97,089		97,089
f. Insurance		33,086	33,086		33,086		33,086
g. Telephone		5,475	5,475		5,475	(5,475)	0
h. Advertising-Help Wanted							
i. Interest - Capital Loans							
j. Other (Specify)							
Misc. Expenses, Contracted service expenses and Meeting and Conferences		1,862,775	1,862,775		1,862,775	(73,544)	1,789,231
			0		0		0
			0		0		0
			0		0		0
			0		0		0
k. Subtotal Overhead - Administrative Cost	3,899,476	3,639,760	7,527,226	91,704	7,618,930	(79,019)	7,539,911
l. TOTAL OVERHEAD COST (GHHK)	4,393,809	6,725,441	10,032,550	91,704	10,124,064	(93,319)	10,030,735
j. GRAND TOTAL COSTS (F+I)	41,282,629	9,749,991	21,032,653		21,032,653	(810,812)	20,221,841

* Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

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
<i>Provide itemized de-identified list (e.g., Physician f)</i>	General Practitioner	125,000	1,500	1,040	0.50
A. PHYSICIAN					
1. Adolescent Medicine	Adolescent Med Physician	262,595	2,139	2,080	1.00
2. Adult Medicine	Staff Physicians	568,066	6,839	6,224	2.99
3. Pediatrics	Pediatrician	215,194	4,445	2,824	1.36
4. Podiatry	Podiatrist	248,907	5,053	4,160	2.00
5. Women's Health	OB/GYN	200,535	2,102	2,080	1.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		1,495,297	20,378	17,368	8.35
B. PHYSICIAN ASSISTANT					
1. Physician Assistant	Physician Assistant	206,110	4,970	3,800	1.83
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		206,110	4,970	3,800	1.83

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

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	Employee Total Hours (2080 hrs = 1 FTE) V	FTEs
<i>Provide itemized de-identified list (e.g., Physician I)</i>	General Practitioner	125,000	1,500	1,040	0.50	
C. NURSE (APRN, MIDWIFE, RN)						
1. APRN	APRN	1,176,018	31,541	24,373	11.72	
2. Nurse Practitioner	NP	82,080	2,443	1,848	0.89	
3. Registered Nurse	RN	719,585		19,120	9.19	
4.					0.00	
5.					0.00	
Total Nurse Practitioner		1,977,683	33,984	45,341	21.80	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Contracted Physician	Family Medicine	69,944	331	446	0.21	
2. OB/GYN- Contractor	OB/GYN	30,562	244	245	0.12	
3. Optometry- Contractor	Optometrist	65,948	1,246	1,246	0.60	
4. APRN- Contractor	APRN	6,810	2	166	0.08	
5.					0.00	
Total Physician Services Under Contract		173,264	1,823	2,103	1.01	
E. OTHER HEALTH CARE PRACTITIONER						
1. Medical Assistant	MA	750,722		46,091	22.16	
2. Other Health Care	Health Educator, LPN, I	293,978	79	11,607	5.58	
3. Registered Dietician	RD	78,705	1,355	2,080	1.00	
Total Other Health Care Practitioner		1,123,405	1,434	59,778	28.74	

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
(Provide Itemized de-identified list (e.g., Dentist, I)		III	IV	V
II				
A. DENTIST				
1.	Staff Dentist	125,000	1,040	0.50
2.	Contracted Dentist	464,984	6,041	2.90
3.		179,685	1,186	0.57
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs		644,669	7,227	3.47
B. DENTAL HYGIENIST				
1.	Dental Hygienist	233,567	5,019	2.36
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs		233,567	5,019	2.36
C. OTHER DENTAL PRACTITIONER				
1.	Dental Assistant	231,087	0	6.08
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs		231,087	0	6.08

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

Reporting Period: From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

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			Total Employee Hours and FTEs		
Provide itemized de-identified list (e.g., Psychologist 1)	Compensation	Encounters	Employee Total Hours	FTE's (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. Licensed Marriage Family Therapist	26,553	369	902	0.43	
2. Licensed Clinical Social Worker	566,700	9,930	16,628	7.99	
3.				0.00	
4.				0.00	
5.				0.00	
Total Social Worker Encounters, Hours and FTEs	593,253	10,299	17,530	8.42	
C. OTHER MENTAL HEALTH PRACTITIONER					
1. Staff Psychiatrist	307,509	2,883	2,474	1.19	
2.				0.00	
3.				0.00	
4.				0.00	
5.				0.00	
Total Other Mental Health Practitioner Encounters, Hours and FTEs	307,509	2,883	2,474	1.19	

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

Reporting Period: From 1/1/2017 To 12/31/2017

FQHC Name: Community Health Services

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 Total Hours	Employee FTEs (2,080 hrs = 1 FTE)		
			High	Low	Hires	Departures	Encounters				
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00		
1. PHYSICIAN	11	1,495,297	266,031	124,915	2	3	20,378	17,368	8.35		
2. PHYSICIAN ASSISTANT	2	206,110	130,260	94,999	1		4,970	3,800	1.83		
3. NURSE (APRN, MIDWIFE, RN)	31	1,977,683	126,037	62,907	9	6	33,984	45,341	21.80		
4. PHYSICIAN SERVICES UNDER CONTRACT	5	173,264	333,064	85,125	1	2	1,823	2,102	1.01		
5. OTHER HEALTH PROFESSIONALS									0.00		
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00		
7. OTHER HEALTH CARE PRACTITIONERS	35	1,123,405	79,735	26,567	7	5	1,434	59,778	28.74		
Total Health Care	84	4,975,759			20	16	62,589	128,390	61.73		
B. DENTAL PRACTITIONERS											
1. DENTIST	6	644,669	319,439	143,401	2	3	10,850	7,227	3.47		
2. DENTAL HYGIENIST	3	233,567	83,926	76,126			5,019	6,152	2.96		
3. OTHER DENTAL PRACTITIONERS	6	231,087	43,011	35,503		1	0	12,645	6.08		
Total Dental	15	1,109,323			2	4	15,869	26,024	12.51		
C. MENTAL HEALTH PRACTITIONERS											
1. PSYCHIATRIST	3	307,509	624,000	197,119	1	0	2,883	2,474	1.19		
2. PSYCHOLOGIST									0.00		
3. LICENSED CLINICAL SOCIAL WORKER	10	566,700	129,609	52,597	3	3	9,930	16,628	7.99		
4. PSYCHIATRIC APRN									0.00		
5. OTHER MENTAL HEALTH PRACTITIONERS	1	26,553	62,003	62,003			369	902	0.43		
Total Mental Health	14	900,762			4	3	13,182	20,004	9.61		

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	10,028,643
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	162,963
C.	Total Direct Costs (A+B)	10,191,606
D.	Portion of Title XIX Services (A/C)	98.40%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,030,735
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,870,243
G.	Total Title XIX Services Cost (A+F)	19,898,886
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,969,666
I.	Cost Adjustment (Lower of H-F or Zero)	(3,900,577)
J.	Allowable Title XIX Overhead Cost (F+I)	5,969,666
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,428,593
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,408,959
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,191,091
	4. Total Direct Costs (K1 thru K3)	10,028,643
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	74.07%
	2. Dental Services (K2/K4)	14.05%
	3. Mental Health Services (K3/K4)	11.88%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,421,732
	2. Dental Services (JxL2)	838,738
	3. Mental Health Services (JxL3)	709,196
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,969,666

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	Community Health Services	

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)	7,428,593
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,421,732
C. Total Allowable Health Care Cost (A+B)	11,850,325
D. Encounters (P12 - Form B-4, Health Care Total)	62,589
E. Allowable Health Care Cost Per Encounter (C/D)	189.34
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,408,959
B. Allowable Overhead Cost (P13 - Form C, Line M2)	838,738
C. Total Allowable Dental Cost (A+B)	2,247,697
D. Encounters (P12 - Form B-4, Dental Total)	15,869
E. Allowable Dental Cost Per Encounter (C/D)	141.64
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,191,091
B. Allowable Overhead Cost (P13 - Form C, Line M3)	709,196
C. Total Allowable Mental Health Cost (A+B)	1,900,287
D. Encounters (P12 - Form B-4, Mental Health Total)	13,182
E. Allowable Mental Health Cost Per Encounter (C/D)	144.16

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

Reporting Period: _____ From 1/1/2017 To 12/31/2017
 FQHC Name: Community Health Services

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Dental	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	6,137,325	1,374,022	1,709,631		9,220,978
2.	Private	788,019	176,421	219,513		1,183,953
3.	Medicare	836,172	187,202	232,927		1,256,301
4.	Patient Cash/Self Pay	795,063	177,999	221,475		1,194,537
5.	Other - Specify	(775,947)	(644,746)	(299,079)		(1,719,772)
6.	Bad Debt				0	
	Total (1 thru 5)	7,780,632	1,270,898	2,084,467	0	11,135,997
B.	Other Revenue					
1.	Contributions				17,911	17,911
2.	Grants	5,813,491	21,992	292,567		6,128,050
3.	Interest					0
4.	Donations					0
5.	Other - Specify				1,376,382	1,376,382
6.	Pharmacy					0
7.	Local & Other Grants					0
8.	Rental Income			8,500		8,500
9.	Other Revenue				1,007,218	1,007,218
10.	Other - Specify					0
11.	Other - Specify					0
	Total (1 thru 10)	5,813,491	21,995	301,067	2,401,511	8,538,064
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.	Other - Specify					0
	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	13,594,123	1,292,893	2,385,534	2,401,511	19,674,061

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		
A.	Contributions	ACTUAL
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	17,911
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	17,911
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,376,975
	2. Dental	21,992
	3. Mental Health	292,567
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,691,534

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Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	Community Health Services			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	1,719,772	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	5,475	
	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)		1,725,247
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income	14,300	
	3. In-Kind Medical Supplies	716,893	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		731,193
C.	Total Cost Disallowance and Offset (A16+B7)		2,456,440