

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

Myers and Stauffer LLC

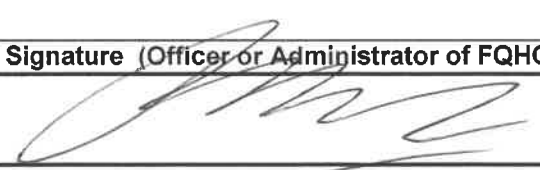
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

JUL 2 2019

Date Submitted: _____

Date Received: _____

Received

1.	FQHC Name	CIFC Inc./ Greater Danbury Community Health Center		
	Street Address	120 Main Street 4th Floor		
	City, State, ZIP	Danbury, CT 06810		
	Telephone Number	203-743-0100 X305		
	Contact Person	Natasha Smith		
	Title	Accounting Manager		
2.	FQHC Medicaid Provider Number:	3. Reporting Period:		
	Medical	8004668	From	1/1/2018 To 12/31/2018
	Dental	8058757		
	Mental Health	8050622		
	Other (Specify)			
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:			
	Connecticut Institute for Communities, Inc.			
	<u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u>			
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By			
	CIFC Inc./ Greater Danbury Community Health Center 8004668			
	(FQHC Name)			
	For the Reporting Period Beginning 1/1/2018 and Ending 12/31/2018 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		
		James H. Maloney		
		Date		
	President/CEO	6/25/2019		

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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.
Greater Danbury Community Health C	57 North Street	YES	8004668
Danbury High School	43 Calpboard Ridge Road, Danbury, CT 06810	Yes (*)	8004668
Henry Abbott Tech High School	21 Hayestown Ave. Danbury, CT 06810	Yes (*)	8004668
Broadview Middle School	72 Hospital Ave, Danbury, CT 06810	Yes(*)	8004668
Rogers Park Middle School	21 Memorial Drive, Danbury, CT 06810	Yes(*)	8004668
Women Infants and Children's	80 Main Street, Danbury, CT 06810	No	N/A
Mobile Health Van	120 Main Street, Danbury, CT 06810	Yes(*)	8004668
Newtown Middle School	11 Queen Street, Newtown, CT 06471	Yes(*)	8004668
70 Main Street	70 Main Street, Danbury, CT 06810	YES	8004668
Greater Danbury Community Health C	120 Main Street, Danbury, CT 06810	YES	8004668
Ellsworth Avenue Elementary School	53 Ellsworth Ave, Danbury, CT 06810	YES (*)	8004668
GDCHC West Street Satelite Central	152 West Street, Suite SE-1 Danbury, CT 06810	YES	8004668
Danbury Headstart Center	37 Foster Street, Danbury, CT 06810	YES	8004668
(*) Seasonal Site			

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 <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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>(Excluding Dental, Mental Health & Other)</i>	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Physician	3,551,846		3,551,846	449,664	4,001,510		4,001,510
b. Physician Assistant	0		0	0	0		0
c. Nurse (APRN, Midwife, RN)	1,066,211		1,066,211	134,982	1,201,193		1,201,193
d. Other - Specify				0			
LPN/Nurse	107,558		107,558	13,617	121,175		121,175
Medical Assistants	1,026,661		1,026,661	129,975	1,156,636		1,156,636
PHYSICIAN SERVICES UNDER CONTRACT	993,113		993,113		993,113		993,113
Genetic Counselor	0		0	0	0		0
LMFT	68,088		68,088	8,620	76,708		76,708
			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	6,813,477	0	6,813,477	736,858	7,550,335	0	7,550,335
2. Other Direct Health Care Cost							
a. Medical Supplies		962,700	962,700		962,700		962,700
b. Transportation			0		0		0
c. Depreciation - Medical Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Staff training and Development		47,022	47,022		47,022		47,022
After hours Answering service		41,193	41,193		41,193		41,193
Dues/subscriptions/fees		36,270	36,270		36,270		36,270
Professional Services		144,146	144,146		144,146		144,146
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	1,231,332	1,231,332	0	1,231,332	0	1,231,332
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	6,813,477	1,231,332	8,044,809	736,858	8,781,667	0	8,781,667

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: CIFIC Inc./ Greater Danbury Community Health Center		

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	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	107,654		107,654	13,629	121,282		121,282
b. Dental Hygienst	115,426		115,426	14,613	130,039		130,039
c. Other - Specify				0			
Dental assistant	24,407		24,407	3,090	27,497		27,497
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	247,486	0	247,486	31,332	278,818	0	278,818
2 Other Direct Dental Care Cost							
a. Dental Supplies		19,398	19,398		19,398		19,398
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Professional services		3,148	3,148		3,148		3,148
Other fees		9,486	9,486		9,486		9,486
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	32,032	32,032	0	32,032	0	32,032
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	247,486	32,032	279,518	31,332	310,850	0	310,850

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DEPARTMENT OF SOCIAL SERVICES
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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center		

Form A-3 (Direct Mental Health Care 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
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	256,224		256,224	32,438	288,662		288,662
b. Social Worker	474,130		474,130	60,025	534,155		534,155
c. Other - Specify					0		0
Behavioral Health APRN	456,331		456,331	57,772	514,103		514,103
Psych BH RN	100,367		100,367	12,706	113,074		113,074
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	1,287,053	0	1,287,053	162,941	1,449,994	0	1,449,994
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		20,240	20,240		20,240		20,240
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify			-				-
Professional services		8,888	8,888		8,888		8,888
Staff trainings		4,838	4,838		4,838		4,838
other fees		5,241	5,241		5,241		5,241
After hours answering service		1,707	1,707		1,707		1,707
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	40,914	40,914	0	40,914	0	40,914
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,287,053	40,914	1,327,967	162,941	1,490,908	0	1,490,908
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	8,348,016	1,304,279	9,652,295	931,131	10,583,425	-	7,776,787

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center		

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		962,639	962,639		962,639		962,639
b. Insurance			0		0		0
c. Interest on Mortgage or Loans			0		0		0
d. Utilities		101,525	101,525		101,525		101,525
e. Depreciation - Building			0		0		0
f. Depreciation - Equipment			0		0		0
g. Housekeeping & Maintenance		185,823	185,823		185,823		185,823
h. Other (Specify)			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	0	1,249,987	1,249,987	0	1,249,987	0	1,249,987
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,104,977		3,104,977		3,104,977		3,104,977
b. Depreciation - Office Equipment		209,516	209,516		209,516	0	209,516
c. Office Supplies		128,805	128,805		128,805		128,805
d. Legal		14,999	14,999		14,999		14,999
e. Accounting		25,632	25,632		25,632		25,632
f. Insurance		179,401	179,401		179,401		179,401
g. Telephone		188,276	188,276		188,276		188,276
h. Advertising-Help Wanted			0		0		0
i. Interest - Capital Loans		282,470	282,470		282,470		282,470
j. Other (Specify)							
Fringe benefits and taxes		1,324,688	1,324,688	(1,324,688)	0		0
Staff Development and Travel		69,591	69,591		69,591		69,591
Payroll and Data / EMR Processing		1,043,458	1,043,458		1,043,458		1,043,458
Dues and Subscriptions/Advertising		103,970	103,970		103,970		103,970
Bad Debt		105,746	105,746		105,746		105,746
k. Subtotal Overhead - Administrative Cost	3,104,977	3,676,551	6,781,528	(1,324,688)	5,456,840	0	5,456,840
l. TOTAL OVERHEAD COST (Gi+Hk)	3,104,977	4,926,538	8,031,515	(1,324,688)	6,706,827	-	6,706,827
J. GRAND TOTAL COSTS² (F+I)							
	11,452,993	6,230,817	17,683,810	(393,557)	18,077,367	-	18,077,367

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>43,101.00</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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
<i>Provide itemized de-identified list (e.g., Physician 1)</i>		<i>General Practitioner</i>	\$ 125,000.00	1,500	1,040	0.50
A.	PHYSICIAN			Year 2018		
1	Physician #1	Pediatrician	\$ 170,000.16	2,176	1,803	0.87
1	Physician #2	Pediatrician	\$ 49,837.50	1,307	1,329	0.64
1	Physician #3	Pediatrician	\$ 180,000.00	2,907	2,290	1.10
1	Physician #4	Pediatrician	\$ 85,000.08	273	2,112	1.02
1	Physician #5	Internist	\$ 8,250.00		41	0.02
1	Physician #6	Internist	\$ 111,600.00	1,145	1,216	0.58
1	Physician #7	Internist	\$ 159,125.16	2,112	945	0.45
1	Physician #8	Internist	\$ 75,118.16	1,231	945	0.45
1	Physician #9	Internist	\$ 155,412.66	2,376	2,173	1.04
1	Physician #10	Internist	\$ 180,000.00	1,766	2,044	0.98
1	Physician #11	Internist	\$ 220,000.08	434	1,990	0.96
1	Physician #12	Internist	\$ 180,000.00	1,868	1,986	0.95
1	Physician #13	Internist	\$ 195,000.00	1,833	1,923	0.92
1	Physician #14	Internist	\$ 17,072.64		41	0.02
1	Physician #15	Chief of Medicine	\$ 167,707.74	1	1,576	0.76
1	Physician #16	Chief of OBGYN	\$ 36,810.00	570	409	0.20
1			\$ -			0.00
1			\$ -			0.00
1	Primary Care Resident Physician #1	IM Resident	\$ 31,997.40		1,434	0.69
1	Primary Care Resident Physician #2	IM Resident	\$ 63,218.64		2,357	1.13
1	Primary Care Resident Physician #3	IM Resident	\$ 63,218.64		2,490	1.20
1	Primary Care Resident Physician #4	IM Resident	\$ 64,522.80		2,436	1.17
1	Primary Care Resident Physician #5	IM Resident	\$ 63,218.64		2,272	1.09
1	Primary Care Resident Physician #6	IM Resident	\$ 42,663.20		1,653	0.79

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Reporting Period:	From \$ <u>43,101.00</u>	To <u>12/31/2018</u>
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center		

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)
1	Primary Care Resident Physician #7	IM Resident	\$ 64,197.80			2,344	1.13
1	Primary Care Resident Physician #8	IM Resident	\$ 37,191.48			1,330	0.64
1	Primary Care Resident Physician #9	IM Resident	\$ 37,191.48			1,454	0.70
1	Primary Care Resident Physician #10	IM Resident	\$ 64,197.80			2,721	1.31
1	Primary Care Resident Physician #11	IM Resident	\$ 31,997.40			1,086	0.52
1	Primary Care Resident Physician #12	IM Resident	\$ 39,996.75			1,475	0.71
1	Primary Care Resident Physician #13	IM Resident	\$ 64,197.80			2,674	1.29
1	Primary Care Resident Physician #14	IM Resident	\$ 31,997.40			1,067	0.51
1	Primary Care Resident Physician #15	IM Resident	\$ 63,218.64			3,027	1.46
1	Primary Care Resident Physician #16	IM Resident	\$ 62,533.28			2,891	1.39
1	Primary Care Resident Physician #17	IM Resident	\$ 31,997.40			1,120	0.54
1	Primary Care Resident Physician #18	IM Resident	\$ 13,332.25			460	0.22
1	Primary Care Resident Physician #19	IM Resident	\$ 64,197.80			2,220	1.07
1	Primary Care Resident Physician #20	IM Resident	\$ 37,191.48			1,231	0.59
1	Primary Care Resident Physician #21	IM Resident	\$ 31,997.40			1,078	0.52
1	Primary Care Resident Physician #22	IM Resident	\$ 31,997.40			1,020	0.49
1	Primary Care Resident Physician #23	IM Resident	\$ 37,191.48			1,322	0.64
1	Primary Care Resident Physician #24	IM Resident	\$ 63,218.64			2,388	1.15
1	Primary Care Resident Physician #25	IM Resident	\$ 37,191.48			2,580	1.24
1	Primary Care Resident Physician #26	IM Resident	\$ 63,218.64			2,580	1.24
1	Primary Care Resident Physician #27	IM Resident	\$ 63,218.64			2,568	1.23
1	Primary Care Resident Physician #28	IM Resident	\$ 31,997.40			1,135	0.55
1	Primary Care Resident Physician #29	IM Resident	\$ 31,997.40			1,076	0.52
1	Primary Care Resident Physician #30	IM Resident	\$ 37,191.48			1,385	0.67
1	Primary Care Resident Physician #31	IM Resident	\$ 31,997.40			2,411	1.16
1	Primary Care Resident Physician #32	IM Resident	\$ 64,197.80			2,411	1.16

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FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs <i>(Excluding Dental, Mental Health, and Other)</i>	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
1 Primary Care Resident Physician #33	IM Resident	\$ 63,218.64		2,593	1.25
1					0.00
1					0.00
Total Physician Encounters, Staff Hours and FTEs		\$ 3,551,846.06	19,999	85,107	40.9
B. PHYSICIAN ASSISTANT					
1. PA #1	Family Practice	\$ -			0.00
2 PA #2	Family Practice				0.00
Total Physician Assistant Encounters, Hours and FTEs		\$ -	0	0	0.00

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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
<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. APRN #1	APRN	774		947	0.46
2. APRN #2	APRN	104,758	1,931	1,891	0.91
3. APRN #3	APRN	66,151		1,246	0.60
4. APRN #4	APRN	73,696	2,186	1,504	0.72
5. APRN #5	APRN	46,650	0	947	0.46
6. APRN #6	APRN	68,257		1,562	0.75
7. APRN #7	APRN	39,135		905	0.44
8. APRN #8					0.00
9. RN#1	RN	52,545		2,007	0.96
	RN#2	95,921		1,862	0.90
	RN#3	94,640		1,776	0.85
	RN#4	101,242		1,781	0.86
	RN#5	40,681		1,654	0.80
	RN#6	50,910		1,157	0.56
	RN#7	125,171		1,873	0.90
	RN#8	38,091		813	0.39
	RN#9	67,590		1,490	0.72
	RN#10				0.00
Total Nurse Practitioner		1,066,211	4,117	23,415	11.28
D. PHYSICIAN SERVICES UNDER CONTRACT					
1.					0.00
2.					0.00

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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)
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. MA #1		63,525		2,036	0.98
2. MA #2		40,090		1,992	0.96
MA #3		39,099		2,018	0.97
MA #4		40,884		2,012	0.97
MA #5		22,030		5	0.00
MA #6		86		5	0.00
MA #7		7,966		498	0.24
MA #8		43,110		2,121	1.02
MA #9		9,067		526	0.25
MA #10		33,644		2,024	0.97
MA #11		8,099		450	0.22
MA #12		4,873		222	0.11
MA #13		4,760		264	0.13
MA #14		29,661		1,597	0.77
MA #15		31,568		1,973	0.95
MA #16		40,367		2,005	0.96
MA #17		25,987		1,438	0.69
MA #18		24,082		1,505	0.72
MA #19		32,675		1,968	0.95
MA #20		37,332		2,016	0.97

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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)
MA #21		259		15	0.01
MA #22		5,867		367	0.18
MA #23		27,233		1,466	0.70
MA #24		29,389		1,394	0.67
MA #25		36,067		1,690	0.81
MA #26		43,225		2,099	1.01
MA #27		8,482		530	0.25
MA #28		27,465		2,029	0.98
MA #29		32,344		1,948	0.94
MA #30		25,042		1,391	0.67
MA #31		5,998		343	0.16
MA #32		38,364		2,005	0.96
MA #33		12,439		592	0.28
MA #34		38,032		1,988	0.96
MA #35		40,440		1,978	0.95
MA #36		28,228		1,496	0.72
MA #37		31,570		1,716	0.83
MA #38		28,360		1,503	0.72
MA #39		11,084		2,029	0.98
MA #40		17,135		884	0.43
MA #41		735		37	0.02
LPN#1		51,634		1,992	0.96
LPN#2		55,924		1,992	0.96
					0.00
					0.00
LMFT #1		68,088	440	1,875	0.90

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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 <i>(Excluding Dental, Mental Health, and Other)</i>	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
					0.00
Total Other Health Care Practitioner		1,202,307	440	60,032	28.88

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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	67,716	308	770	0.37
2. Dentist #2	39,938	122	428	0.21
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	107,654	430	1,198	0.58
B. DENTAL HYGIENIST				
1. Dental Hygienist # 1	31,723	2	738	0.35
2. Dental Hygienist # 2	83,703	711	2,009	0.97
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	115,426	713	2,747	1.32
C. OTHER DENTAL PRACTITIONER				
1. Dental Assistant #1	11,784		693	0.33
2. Dental Assistant #2	12,623		570	0.27
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	24,407	0	1,263	0.60

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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. PSYCHOLOGIST					
1.	LCP#1	46,224		1,503	0.72
2.	Psychiatrist #1	210,000	593	1,847	0.89
3.					0.00
4.					0.00
5.					0.00
Total Psychologist Encounters, Staff Hours and FTEs		256,224	593	3,350	1.61
B. SOCIAL WORKER					
1.	LCSW #1	87,750	1,819	1,762	0.85
2.	LCSW #2	75,000		1,738	0.84
3.	LCSW #3	68,491	518	1,631	0.78
4.	LCSW #4	18,069		1,668	0.80
5.	LCSW #5	29,744	240	655	0.32
6.	LCSW #6	28,110		937	0.45
7.	LCSW #7	18,524		516	0.25
8.	LCSW #8	46,438		1,510	0.73
9.	LCSW #9	38,331		1,668	0.80
10.	LCSW #10	37,548		817	0.39
11.	LCSW #11	26,125		597	0.29
Total Social Worker Encounters, Hours and FTEs		474,130	2,577	13,498	6.50
C. OTHER MENTAL HEALTH PRACTITIONER					
1.	BH APRN #1	120,000	1,562	1,751	0.84
2.	BH APRN #2	57,050	705	844	0.41
3.	BH APRN #3	126,750		1,971	0.95
4.	BH APRN #4	135,000		1,796	0.86
5.	PSY BH RN#1	17,531		319	0.15
	PSY BH RN#2	100,367		1,693	0.81
					0.00
					0.00
					0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		556,698	2,267	8,374	4.02

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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	16	1,990,934	220,000	155,000	1	3	19,999	22,823	10.97
2. PRIMARY CARE RESIDENT PHYSICIANS	33	1,560,912	59,963	55,398	6	12		62,284	29.94
3. PHYSICIANS ASSISTANT	0	0						0	0.00
4. NURSE (APRN, MIDWIFE, RN)	17	1,066,211	125,171	94,010	3	1		23,415	11.26
5. PHYSICIAN SERVICES UNDER CONTRACT		993,113							0.00
6. OTHER HEALTH PROFESSIONALS									0.00
7. OTHER ALLIED HEALTH PROFESSIONALS	44	1,202,307			13	11		60,032	28.86
OTHER HEALTH CARE PRACTITIONERS									
Total Health Care	110	6,813,477			23	27	19,999	168,554	81.03
B. DENTAL PRACTITIONERS									
1. DENTIST	2	107,654	67,716	39,938	1		430	1,198	0.58
2. DENTAL HYGIENIST	2	115,426	83,703	31,723	1		713	738	0.35
3. OTHER DENTAL PRACTITIONERS	2	24,407	12,623	11,784			0	693	0.33
Total Dental	6	247,486			2	0	1,143	2,629	1.26
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	1	210,000					593	1,847	0.89
2. PSYCHOLOGIST (LCP)	1	46,224					0	1,503	0.72
3. LICENSED CLINICAL SOCIAL WORKER	11	474,130	75,000	57,818	3	2	2,577	13,498	6.49
4. PSYCHIATRIC APRN	4	456,331	33,610			1	2,267	2,595	1.25
5. OTHER MENTAL HEALTH PRACTITIONERS	2	100,367			1		0	3,767	1.81
Total Mental Health	19	1,287,053			4	3	5,437	23,211	11.16

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

Reporting Period:	From	1/1/2018	To	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	7,776,787
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	7,776,787
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,706,827
F.	Overhead Cost Applicable to Title XIX Services (DxE)	6,706,827
G.	Total Title XIX Services Cost (A+F)	14,483,614
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,345,084
I.	Cost Adjustment (Lower of H-F or Zero)	(2,361,743)
J.	Allowable Title XIX Overhead Cost (F+I)	4,345,084
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	8,781,667
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	310,850
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,490,908
	4. Total Direct Costs (K1 thru K3)	10,583,425
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	82.98%
	2. Dental Services (K2/K4)	2.94%
	3. Mental Health Services (K3/K4)	14.09%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,605,551
	2. Dental Services (JxL2)	127,745
	3. Mental Health Services (JxL3)	612,222
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,345,518

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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)	8,781,667
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,605,551
C. Total Allowable Health Care Cost (A+B)	12,387,218
D. Encounters (P12 - Form B-4, Health Care Total)	19,999
E. Allowable Health Care Cost Per Encounter (C/D)	619.39
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	310,850
B. Allowable Overhead Cost (P13 - Form C, Line M2)	127,745
C. Total Allowable Dental Cost (A+B)	438,595
D. Encounters (P12 - Form B-4, Dental Total)	1,143
E. Allowable Dental Cost Per Encounter (C/D)	383.72
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,490,908
B. Allowable Overhead Cost (P13 - Form C, Line M3)	612,222
C. Total Allowable Mental Health Cost (A+B)	2,103,130
D. Encounters (P12 - Form B-4, Mental Health Total)	5,437
E. Allowable Mental Health Cost Per Encounter (C/D)	386.82

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	4,830,006	17,689	903,152		5,750,847
2.	Private	762,413	0	(58,725)		703,688
3.	Medicare	725,398	0	374,598		1,099,996
4.	Patient Cash/Self Pay	663,145	26,843	47,389		737,377
5.	Other - Specify _____					0
6.	Total (1 thru 5)	6,980,961	44,533	1,266,414	0	8,291,908
B. Other Revenue						
1.	Contributions	2,194,816				2,194,816
2.	Grants	5,406,767				5,406,767
3.	Interest	1,942				1,942
4.	Donations	200,775				200,775
5.	Other - Specify <u>340B Pharmacy</u>	338,557				338,557
6.	Other - Specify <u>State DPH/CHC</u>	177,763				177,763
7.	Other - Specify <u>State (Danbury SBHC)</u>	652,198				652,198
8.	Other - Specify <u>CHCACT Pass Throughs</u>	23,981				23,981
9.	Other - Specify _____					0
10.	Other - Specify _____					0
11.	Total (1 thru 10)	8,996,799	0	0	0	8,996,799
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)	15,977,760	44,533	1,266,414	0	17,288,707

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 1/1/2018 To 12/31/2018
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center

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 <u>Teaching Health Center Private Support</u>	140,775
	Other - Specify <u>Teaching Health CenterUniv Support</u>	60,000
	Other - Specify <u>Private Donors</u>	2,194,816
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,395,591
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,681,987
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>Federal Teaching Health Center</u>	3,613,678
	Other - Specify <u>Expanded services</u>	111,103
	Other - Specify <u>State DPH/CHC</u>	177,763
	Other - Specify <u>State (Danbury SBHC)</u>	652,198
	Other - Specify <u>CHCACT Pass Throughs</u>	23,981
	Other - Specify <u>WIC</u>	318,449
	5. Total (1 thru 4)	6,579,158

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	1/1/2018	To	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	105,746	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel		
	6. Contingent reserves		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
	8. Fundraising		
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care		
	14. Interest	282,470	
	15. Pass through expenses		
	16. Total (1 thru 15)		388,216
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income		
	3. In-Kind Medical Supplies	584,908	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Rent	9,000	
	7. Total (1 thru 6)		593,908
C.	Total Cost Disallowance and Offset (A16+B7)		982,124

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

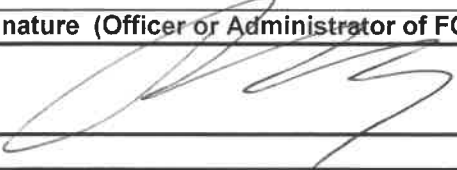
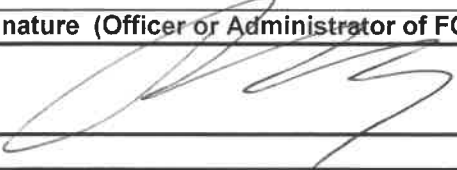
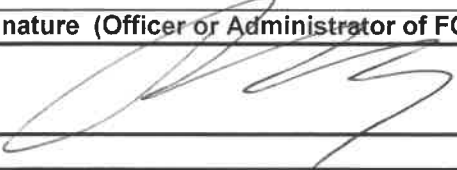
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Myers and Stauffer **LLC**

JUL 2 2019

Date Submitted: _____

Date Received: _____

Received													
1.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">FQHC Name</td> <td>CIFC Inc./ Greater Danbury Community Health Center</td> </tr> <tr> <td>Street Address</td> <td>120 Main Street 4th Floor</td> </tr> <tr> <td>City, State, ZIP</td> <td>Danbury, CT 06810</td> </tr> <tr> <td>Telephone Number</td> <td>203-743-0100 X305</td> </tr> <tr> <td>Contact Person</td> <td>Natasha Smith</td> </tr> <tr> <td>Title</td> <td>Accounting Manager</td> </tr> </table>	FQHC Name	CIFC Inc./ Greater Danbury Community Health Center	Street Address	120 Main Street 4th Floor	City, State, ZIP	Danbury, CT 06810	Telephone Number	203-743-0100 X305	Contact Person	Natasha Smith	Title	Accounting Manager
FQHC Name	CIFC Inc./ Greater Danbury Community Health Center												
Street Address	120 Main Street 4th Floor												
City, State, ZIP	Danbury, CT 06810												
Telephone Number	203-743-0100 X305												
Contact Person	Natasha Smith												
Title	Accounting Manager												
2.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FQHC Medicaid Provider Number:</td> <td style="width: 50%;">3. Reporting Period:</td> </tr> <tr> <td>Medical</td> <td>8004668</td> </tr> <tr> <td>Dental</td> <td>8058757</td> </tr> <tr> <td>Mental Health</td> <td>8050622</td> </tr> <tr> <td>Other (Specify)</td> <td></td> </tr> <tr> <td></td> <td>From 1/1/2018 To 12/31/2018</td> </tr> </table>	FQHC Medicaid Provider Number:	3. Reporting Period:	Medical	8004668	Dental	8058757	Mental Health	8050622	Other (Specify)			From 1/1/2018 To 12/31/2018
FQHC Medicaid Provider Number:	3. Reporting Period:												
Medical	8004668												
Dental	8058757												
Mental Health	8050622												
Other (Specify)													
	From 1/1/2018 To 12/31/2018												
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: Connecticut Institute for Communities, Inc. <u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u> I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By <u>CIFC Inc./ Greater Danbury Community Health Center 8004668</u> (FQHC Name) For the Reporting Period Beginning 1/1/2018 and Ending 12/31/2018 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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature (Officer or Administrator of FQHC)</td> <td style="width: 50%;">Printed Name</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;">James H. Maloney</td> </tr> <tr> <td></td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">President/CEO</td> <td style="text-align: center;">6/25/2019</td> </tr> </table>	Signature (Officer or Administrator of FQHC)	Printed Name		James H. Maloney		Date	President/CEO	6/25/2019				
Signature (Officer or Administrator of FQHC)	Printed Name												
	James H. Maloney												
	Date												
President/CEO	6/25/2019												

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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.
Greater Danbury Community Health C	57 North Street	YES	8004668
Danbury High School	43 Calpboard Ridge Road, Danbury, CT 06810	Yes (*)	8004668
Henry Abbott Tech High School	21 Hayestown Ave. Danbury, CT 06810	Yes (*)	8004668
Broadview Middle School	72 Hospital Ave, Danbury, CT 06810	Yes(*)	8004668
Rogers Park Middle School	21 Memorial Drive, Danbury, CT 06810	Yes(*)	8004668
Women Infants and Children's	80 Main Street, Danbury, CT 06810	No	N/A
Mobile Health Van	120 Main Street, Danbury, CT 06810	Yes(*)	8004668
Newtown Middle School	11 Queen Street, Newtown, CT 06471	Yes(*)	8004668
70 Main Street	70 Main Street, Danbury, CT 06810	YES	8004668
Greater Danbury Community Health C	120 Main Street, Danbury, CT 06810	YES	8004668
Ellsworth Avenue Elementary School	53 Ellsworth Ave, Danbury, CT 06810	YES (*)	8004668
GDCHC West Street Satelite Central	152 West Street, Suite SE-1 Danbury, CT 06810	YES	8004668
Danbury Headstart Center	37 Foster Street, Danbury, CT 06810	YES	8004668
(*) Seasonal Site			

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 <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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>(Excluding Dental, Mental Health & Other)</i>	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Physician	3,551,846		3,551,846	449,664	4,001,510		4,001,510
b. Physician Assistant	0		0		0		0
c. Nurse (APRN, Midwife, RN)	1,066,211		1,066,211	134,982	1,201,193		1,201,193
d. Other - Specify				0			
LPN/Nurse	107,558		107,558	13,617	121,175		121,175
Medical Assistants	1,026,661		1,026,661	129,975	1,156,636		1,156,636
PHYSICIAN SERVICES UNDER CONTRACT	993,113		993,113		993,113		993,113
Genetic Counselor	0		0	0	0		0
LMFT	68,088		68,088	8,620	76,708		76,708
			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	6,813,477	0	6,813,477	736,858	7,550,335	0	7,550,335
2. Other Direct Health Care Cost							
a. Medical Supplies		962,700	962,700		962,700		962,700
b. Transportation			0		0		0
c. Depreciation - Medical Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Staff training and Development		47,022	47,022		47,022		47,022
After hours Answering service		41,193	41,193		41,193		41,193
Dues/subscriptions/fees		36,270	36,270		36,270		36,270
Professional Services		144,146	144,146		144,146		144,146
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	1,231,332	1,231,332	0	1,231,332	0	1,231,332
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	6,813,477	1,231,332	8,044,809	736,858	8,781,667	0	8,781,667

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: CIFIC Inc./ Greater Danbury Community Health Center		

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	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	107,654		107,654	13,629	121,282		121,282
b. Dental Hygienst	115,426		115,426	14,613	130,039		130,039
c. Other - Specify				0			
Dental assistant	24,407		24,407	3,090	27,497		27,497
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	247,486	0	247,486	31,332	278,818	0	278,818
2 Other Direct Dental Care Cost							
a. Dental Supplies		19,398	19,398		19,398		19,398
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Professional services		3,148	3,148		3,148		3,148
Other fees		9,486	9,486		9,486		9,486
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	32,032	32,032	0	32,032	0	32,032
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	247,486	32,032	279,518	31,332	310,850	0	310,850

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: <u>CIFC Inc./ Greater Danbury Community Health Center</u>		

Form A-3 (Direct Mental Health Care 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
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	256,224		256,224	32,438	288,662		288,662
b. Social Worker	474,130		474,130	60,025	534,155		534,155
c. Other - Specify					0		0
Behavioral Health APRN	456,331		456,331	57,772	514,103		514,103
Psych BH RN	100,367		100,367	12,706	113,074		113,074
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	1,287,053	0	1,287,053	162,941	1,449,994	0	1,449,994
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		20,240	20,240		20,240		20,240
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Professional services		8,888	8,888		8,888		8,888
Staff trainings		4,838	4,838		4,838		4,838
other fees		5,241	5,241		5,241		5,241
After hours answering service		1,707	1,707		1,707		1,707
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	40,914	40,914	0	40,914	0	40,914
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,287,053	40,914	1,327,967	162,941	1,490,908	0	1,490,908
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	8,348,016	1,304,279	9,652,295	931,131	10,583,425	-	7,776,787

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center		

Form A-4 (Non-Allowable Direct Other Service 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
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
			0		0		0
i. Total Non-Allowable Direct Other Service Cost	0	0	0	0	0	0	0
F. TOTAL DIRECT COST (D+E1i)	8,348,016	1,304,279	9,652,295	931,131	10,583,425	-	7,776,787

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center		

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
G. OVERHEAD - FACILITY COST							
a. Rent		962,639	962,639		962,639		962,639
b. Insurance			0		0		0
c. Interest on Mortgage or Loans			0		0		0
d. Utilities		101,525	101,525		101,525		101,525
e. Depreciation - Building			0		0		0
f. Depreciation - Equipment			0		0		0
g. Housekeeping & Maintenance		185,823	185,823		185,823		185,823
h. Other (Specify)			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	0	1,249,987	1,249,987	0	1,249,987	0	1,249,987
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,104,977		3,104,977		3,104,977		3,104,977
b. Depreciation - Office Equipment		209,516	209,516		209,516	0	209,516
c. Office Supplies		128,805	128,805		128,805		128,805
d. Legal		14,999	14,999		14,999		14,999
e. Accounting		25,632	25,632		25,632		25,632
f. Insurance		179,401	179,401		179,401		179,401
g. Telephone		188,276	188,276		188,276		188,276
h. Advertising-Help Wanted			0		0		0
i. Interest - Capital Loans		282,470	282,470		282,470		282,470
j. Other (Specify)							
Fringe benefits and taxes		1,324,688	1,324,688	(1,324,688)	0		0
Staff Development and Travel		69,591	69,591		69,591		69,591
Payroll and Data / EMR Processing		1,043,458	1,043,458		1,043,458		1,043,458
Dues and Subscriptions/Advertising		103,970	103,970		103,970		103,970
Bad Debt		105,746	105,746		105,746		105,746
k. Subtotal Overhead - Administrative Cost	3,104,977	3,676,551	6,781,528	(1,324,688)	5,456,840	0	5,456,840
l. TOTAL OVERHEAD COST (Gi+Hk)	3,104,977	4,926,538	8,031,518	(1,324,688)	6,706,827	-	6,706,827
J. GRAND TOTAL COSTS² (F+I)	11,452,993	6,230,817	17,683,810	(393,557)	18,077,367	-	18,077,367

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>43,101.00</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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
<i>Provide itemized de-identified list (e.g., Physician 1)</i>		<i>General Practitioner</i>	\$ 125,000.00	1,500	1,040	0.50
A.	PHYSICIAN			Year 2018		
1	Physician #1	Pediatrician	\$ 170,000.16	2,176	1,803	0.87
1	Physician #2	Pediatrician	\$ 49,837.50	1,307	1,329	0.64
1	Physician #3	Pediatrician	\$ 180,000.00	2,907	2,290	1.10
1	Physician #4	Pediatrician	\$ 85,000.08	273	2,112	1.02
1	Physician #5	Internist	\$ 8,250.00		41	0.02
1	Physician #6	Internist	\$ 111,600.00	1,145	1,216	0.58
1	Physician #7	Internist	\$ 159,125.16	2,112	945	0.45
1	Physician #8	Internist	\$ 75,118.16	1,231	945	0.45
1	Physician #9	Internist	\$ 155,412.66	2,376	2,173	1.04
1	Physician #10	Internist	\$ 180,000.00	1,766	2,044	0.98
1	Physician #11	Internist	\$ 220,000.08	434	1,990	0.96
1	Physician #12	Internist	\$ 180,000.00	1,868	1,986	0.95
1	Physician #13	Internist	\$ 195,000.00	1,833	1,923	0.92
1	Physician #14	Internist	\$ 17,072.64		41	0.02
1	Physician #15	Chief of Medicine	\$ 167,707.74	1	1,576	0.76
1	Physician #16	Chief of OBGYN	\$ 36,810.00	570	409	0.20
1			\$ -			0.00
1			\$ -			0.00
1	Primary Care Resident Physician #1	IM Resident	\$ 31,997.40		1,434	0.69
1	Primary Care Resident Physician #2	IM Resident	\$ 63,218.64		2,357	1.13
1	Primary Care Resident Physician #3	IM Resident	\$ 63,218.64		2,490	1.20
1	Primary Care Resident Physician #4	IM Resident	\$ 64,522.80		2,436	1.17
1	Primary Care Resident Physician #5	IM Resident	\$ 63,218.64		2,272	1.09
1	Primary Care Resident Physician #6	IM Resident	\$ 42,663.20		1,653	0.79

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From \$ <u>43,101.00</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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)
1	Primary Care Resident Physician #7	\$ 64,197.80		2,344	1.13
1	Primary Care Resident Physician #8	\$ 37,191.48		1,330	0.64
1	Primary Care Resident Physician #9	\$ 37,191.48		1,454	0.70
1	Primary Care Resident Physician #10	\$ 64,197.80		2,721	1.31
1	Primary Care Resident Physician #11	\$ 31,997.40		1,086	0.52
1	Primary Care Resident Physician #12	\$ 39,996.75		1,475	0.71
1	Primary Care Resident Physician #13	\$ 64,197.80		2,674	1.29
1	Primary Care Resident Physician #14	\$ 31,997.40		1,067	0.51
1	Primary Care Resident Physician #15	\$ 63,218.64		3,027	1.46
1	Primary Care Resident Physician #16	\$ 62,533.28		2,891	1.39
1	Primary Care Resident Physician #17	\$ 31,997.40		1,120	0.54
1	Primary Care Resident Physician #18	\$ 13,332.25		460	0.22
1	Primary Care Resident Physician #19	\$ 64,197.80		2,220	1.07
1	Primary Care Resident Physician #20	\$ 37,191.48		1,231	0.59
1	Primary Care Resident Physician #21	\$ 31,997.40		1,078	0.52
1	Primary Care Resident Physician #22	\$ 31,997.40		1,020	0.49
1	Primary Care Resident Physician #23	\$ 37,191.48		1,322	0.64
1	Primary Care Resident Physician #24	\$ 63,218.64		2,388	1.15
1	Primary Care Resident Physician #25	\$ 37,191.48		2,580	1.24
1	Primary Care Resident Physician #26	\$ 63,218.64		2,580	1.24
1	Primary Care Resident Physician #27	\$ 63,218.64		2,568	1.23
1	Primary Care Resident Physician #28	\$ 31,997.40		1,135	0.55
1	Primary Care Resident Physician #29	\$ 31,997.40		1,076	0.52
1	Primary Care Resident Physician #30	\$ 37,191.48		1,385	0.67
1	Primary Care Resident Physician #31	\$ 31,997.40		2,411	1.16
1	Primary Care Resident Physician #32	\$ 64,197.80		2,411	1.16

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

Reporting Period:	From \$ <u>43,101.00</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs <i>(Excluding Dental, Mental Health, and Other)</i>	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
1 Primary Care Resident Physician #33	IM Resident	\$ 63,218.64		2,593	1.25
1					0.00
1					0.00
Total Physician Encounters, Staff Hours and FTEs		\$ 3,551,846.06	19,999	85,107	40.9
B. PHYSICIAN ASSISTANT					
1. PA #1	Family Practice	\$ -			0.00
2 PA #2	Family Practice				0.00
Total Physician Assistant Encounters, Hours and FTEs		\$ -	0	0	0.00

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. APRN #1	APRN	774		947	0.46
2. APRN #2	APRN	104,758	1,931	1,891	0.91
3. APRN #3	APRN	66,151		1,246	0.60
4. APRN #4	APRN	73,696	2,186	1,504	0.72
5. APRN #5	APRN	46,650	0	947	0.46
6. APRN #6	APRN	68,257		1,562	0.75
7. APRN #7	APRN	39,135		905	0.44
8. APRN #8					0.00
9. RN#1	RN	52,545		2,007	0.96
RN#2	RN	95,921		1,862	0.90
RN#3	RN	94,640		1,776	0.85
RN#4	RN	101,242		1,781	0.86
RN#5	RN	40,681		1,654	0.80
RN#6	RN	50,910		1,157	0.56
RN#7	RN	125,171		1,873	0.90
RN#8	RN	38,091		813	0.39
RN#9	RN	67,590		1,490	0.72
RN#10	RN				0.00
Total Nurse Practitioner		1,066,211	4,117	23,415	11.28
D. PHYSICIAN SERVICES UNDER CONTRACT					
1.					0.00
2.					0.00

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

Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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)
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.	MA #1	63,525		2,036	0.98
2.	MA #2	40,090		1,992	0.96
	MA #3	39,099		2,018	0.97
	MA #4	40,884		2,012	0.97
	MA #5	22,030		5	0.00
	MA #6	86		5	0.00
	MA #7	7,966		498	0.24
	MA #8	43,110		2,121	1.02
	MA #9	9,067		526	0.25
	MA #10	33,644		2,024	0.97
	MA #11	8,099		450	0.22
	MA #12	4,873		222	0.11
	MA #13	4,760		264	0.13
	MA #14	29,661		1,597	0.77
	MA #15	31,568		1,973	0.95
	MA #16	40,367		2,005	0.96
	MA #17	25,987		1,438	0.69
	MA #18	24,082		1,505	0.72
	MA #19	32,675		1,968	0.95
	MA #20	37,332		2,016	0.97

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Reporting Period:	From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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 (<i>Excluding Dental, Mental Health, and Other</i>)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
					0.00
Total Other Health Care Practitioner		1,202,307	440	60,032	28.88

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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	67,716	308	770	0.37
2. Dentist #2	39,938	122	428	0.21
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	107,654	430	1,198	0.58
B. DENTAL HYGIENIST				
1. Dental Hygienist # 1	31,723	2	738	0.35
2. Dental Hygienist # 2	83,703	711	2,009	0.97
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	115,426	713	2,747	1.32
C. OTHER DENTAL PRACTITIONER				
1. Dental Assistant #1	11,784		693	0.33
2. Dental Assistant #2	12,623		570	0.27
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	24,407	0	1,263	0.60

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FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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. PSYCHOLOGIST					
1.	LCP#1	46,224		1,503	0.72
2.	Psychiatrist #1	210,000	593	1,847	0.89
3.					0.00
4.					0.00
5.					0.00
Total Psychologist Encounters, Staff Hours and FTEs		256,224	593	3,350	1.61
B. SOCIAL WORKER					
1.	LCSW #1	87,750	1,819	1,762	0.85
2.	LCSW #2	75,000		1,738	0.84
3.	LCSW #3	68,491	518	1,631	0.78
4.	LCSW #4	18,069		1,668	0.80
5.	LCSW #5	29,744	240	655	0.32
6.	LCSW #6	28,110		937	0.45
7.	LCSW #7	18,524		516	0.25
8.	LCSW #8	46,438		1,510	0.73
9.	LCSW #9	38,331		1,668	0.80
10.	LCSW #10	37,548		817	0.39
11.	LCSW #11	26,125		597	0.29
Total Social Worker Encounters, Hours and FTEs		474,130	2,577	13,498	6.50
C. OTHER MENTAL HEALTH PRACTITIONER					
1.	BH APRN #1	120,000	1,562	1,751	0.84
2.	BH APRN #2	57,050	705	844	0.41
3.	BH APRN #3	126,750		1,971	0.95
4.	BH APRN #4	135,000		1,796	0.86
5.	PSY BH RN#1	17,531		319	0.15
	PSY BH RN#2	100,367		1,693	0.81
					0.00
					0.00
					0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		556,698	2,267	8,374	4.02

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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	16	1,990,934	220,000	155,000	1	3	19,999	22,823	10.97	
2. PRIMARY CARE RESIDENT PHYSICIANS	33	1,560,912	59,963	55,398	6	12		62,284	29.94	
3. PHYSICIANS ASSISTANT	0	0						0	0.00	
4. NURSE (APRN, MIDWIFE, RN)	17	1,066,211	125,171	94,010	3	1		23,415	11.26	
5. PHYSICIAN SERVICES UNDER CONTRACT		993,113							0.00	
6. OTHER HEALTH PROFESSIONALS									0.00	
7. OTHER ALLIED HEALTH PROFESSIONALS	44	1,202,307			13	11		60,032	28.86	
OTHER HEALTH CARE PRACTITIONERS										
Total Health Care	110	6,813,477			23	27	19,999	168,554	81.03	
B. DENTAL PRACTITIONERS										
1. DENTIST	2	107,654	67,716	39,938	1		430	1,198	0.58	
2. DENTAL HYGIENIST	2	115,426	83,703	31,723	1		713	738	0.35	
3. OTHER DENTAL PRACTITIONERS	2	24,407	12,623	11,784			0	693	0.33	
Total Dental	6	247,486			2	0	1,143	2,629	1.26	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	210,000					593	1,847	0.89	
2. PSYCHOLOGIST (LCP)	1	46,224					0	1,503	0.72	
3. LICENSED CLINICAL SOCIAL WORKER	11	474,130	75,000	57,818	3	2	2,577	13,498	6.49	
4. PSYCHIATRIC APRN	4	456,331	33,610			1	2,267	2,595	1.25	
5. OTHER MENTAL HEALTH PRACTITIONERS	2	100,367			1		0	3,767	1.81	
Total Mental Health	19	1,287,053			4	3	5,437	23,211	11.16	

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FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	7,776,787
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	7,776,787
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,706,827
F.	Overhead Cost Applicable to Title XIX Services (DxE)	6,706,827
G.	Total Title XIX Services Cost (A+F)	14,483,614
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,345,084
I.	Cost Adjustment (Lower of H-F or Zero)	(2,361,743)
J.	Allowable Title XIX Overhead Cost (F+I)	4,345,084
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	8,781,667
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	310,850
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,490,908
	4. Total Direct Costs (K1 thru K3)	10,583,425
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	82.98%
	2. Dental Services (K2/K4)	2.94%
	3. Mental Health Services (K3/K4)	14.09%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,605,551
	2. Dental Services (JxL2)	127,745
	3. Mental Health Services (JxL3)	612,222
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,345,518

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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)	8,781,667
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,605,551
C. Total Allowable Health Care Cost (A+B)	12,387,218
D. Encounters (P12 - Form B-4, Health Care Total)	19,999
E. Allowable Health Care Cost Per Encounter (C/D)	619.39
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	310,850
B. Allowable Overhead Cost (P13 - Form C, Line M2)	127,745
C. Total Allowable Dental Cost (A+B)	438,595
D. Encounters (P12 - Form B-4, Dental Total)	1,143
E. Allowable Dental Cost Per Encounter (C/D)	383.72
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,490,908
B. Allowable Overhead Cost (P13 - Form C, Line M3)	612,222
C. Total Allowable Mental Health Cost (A+B)	2,103,130
D. Encounters (P12 - Form B-4, Mental Health Total)	5,437
E. Allowable Mental Health Cost Per Encounter (C/D)	386.82

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Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	4,830,006	17,689	903,152		5,750,847
2.	Private	762,413	0	(58,725)		703,688
3.	Medicare	725,398	0	374,598		1,099,996
4.	Patient Cash/Self Pay	663,145	26,843	47,389		737,377
5.	Other - Specify _____					0
6.	Total (1 thru 5)	6,980,961	44,533	1,266,414	0	8,291,908
B.	Other Revenue					
1.	Contributions	2,194,816				2,194,816
2.	Grants	5,406,767				5,406,767
3.	Interest	1,942				1,942
4.	Donations	200,775				200,775
5.	Other - Specify <u>340B Pharmacy</u>	338,557				338,557
6.	Other - Specify <u>State DPH/CHC</u>	177,763				177,763
7.	Other - Specify <u>State (Danbury SBHC)</u>	652,198				652,198
8.	Other - Specify <u>CHCACT Pass Throughs</u>	23,981				23,981
9.	Other - Specify _____					0
10.	Other - Specify _____					0
11.	Total (1 thru 10)	8,996,799	0	0	0	8,996,799
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)	15,977,760	44,533	1,266,414	0	17,288,707

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Reporting Period: From 1/1/2018 To 12/31/2018

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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 <u>Teaching Health Center Private Support</u>	140,775
	Other - Specify <u>Teaching Health CenterUniv Support</u>	60,000
	Other - Specify <u>Private Donors</u>	2,194,816
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,395,591
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,681,987
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>Federal Teaching Health Center</u>	3,613,678
	Other - Specify <u>Expanded services</u>	111,103
	Other - Specify <u>State DPH/CHC</u>	177,763
	Other - Specify <u>State (Danbury SBHC)</u>	652,198
	Other - Specify <u>CHCACT Pass Throughs</u>	23,981
	Other - Specify <u>WIC</u>	318,449
	5. Total (1 thru 4)	6,579,158

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	105,746	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel		
	6. Contingent reserves		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
	8. Fundraising		
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care		
	14. Interest	282,470	
	15. Pass through expenses		
	16. Total (1 thru 15)		388,216
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income		
	3. In-Kind Medical Supplies	584,908	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Rent	9,000	
	7. Total (1 thru 6)		593,908
C.	Total Cost Disallowance and Offset (A16+B7)		982,124



June 28, 2019

Myers & Stauffer LLC
7 Waterside Crossing
Suite 202
Windsor, CT 06095

Myers and Stauffer LLC

JUL 1 2019

Received

To Whom it May Concern:

Enclosed please find the completed Medicaid Cost Report and supporting documentation for Community Health Services, Inc.

The documents enclosed consist of the following:

- FQHC Annual Report
- Working Trial Balance
- Medicaid Cost Report Crosswalk
- Explanation of Adjustments
- 2018 Audited Financial Statements
- 2018 Single Audit Report
- 2018 Medicare Cost Report
- Medicare Cost Report Crosswalk
- Explanation of Reclasses – Medicare Cost Report
- Explanation of Adjustments – Medicare Cost Report
- Schedule of Bad Debt – Medicare Cost Report
- Community Health Services, Inc. Form 5B

If you have any questions or need additional information, please feel free to contact me at 860-808-8706 or at Maggie.Andrew@CHSHartford.org.

Best Regards,

Maggie Andrew, Finance Manager

Community Health Services, Inc.
500 Albany Avenue
Hartford, CT 06120
Tel: (860) 249-9625
Fax: (860) 808-1540

Accredited by the
Joint Commission

