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:
1.	FQHC Name	CIFC Inc./ Greater Danbury Co	mmunity 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 Prov Medical Dental Mental Healt Other (Spec	8004668 8058757 th 8050622	3. Reporting Period: From <u>1/1/2018</u> To <u>12/31/2018</u>
4.	Type of Control (Choose Figure 1) x NONPROF GOVERNM STATE COUNTY	TT ORGANIZATION	_OTHER
5.	FQHC Owned By:		
		e for Communities, Inc.	
			OR ADMINISTRATOR OF CLINIC
	i Hereby C	•	Accompanying Worksheets Prepared By Community Health Center 8004668
	<u>~</u>		QHC Name)
	Knowledge and Belie	ef it is a True, Correct and Com	ding 12/31/2018 and That to the Best of My blete Statement Prepared From the Books and a Instructions, Except as Noted:
		7	
6.	Signature (Office	or Administrator of FQHC)	Printed Name James H. Maloney
			James n. Maioney
			Date
	Pr	resident/CEO	6/25/2019

Reporting Period:	From	1/1/2018 reater Danbury Community	To	12/31/2018	
7 Service Sites: List al	l service sites o	of the FOHC including all I	OHC-certified sites and	any other non-FQHC service	eitee

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. **FQHC Certified** Provider Name Clinic/Provider No. Location Yes/No Greater Danbury Community Health YES 57 North Street 8004668 43 Calpboard Ridge Road, Danbury, Danbury High School CT 06810 Yes (*) 8004668 21 Hayestown Ave. Danbury, CT Henry Abbott Tech High School 06810 Yes (*) 8004668 Broadview Middle School 72 Hospital Ave, Danbury, CT 06810 Yes(*) 8004668 21 Memorial Drive, Danbury, CT Rogers Park Middle School 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 11 Queen Street, Newtown, CT 06471 Newtown Middle School Yes(*) 8004668 70 Main Street, Danbury, CT 06810 YES 70 Main Street 8004668 Greater Danbury Community Health (120 Main Street, Danbury, CT 06810 YES 8004668 Ellsworth Avenue Elementary School 53 Ellsworth Ave, Danbury, CT 06810 YES (*) 8004668 152 West Street, Suite SE-1 Danbury, CT 06810 GDCHC West Street Satelite Central YES 8004668 YES Danbury Headstart Center 37 Foster Street, Danbury, CT 06810 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:

Reporting Peri	iod:	From	1/1/2018	То_	12/31/2018	
FQHC Name:	CIFC Inc./ Greater Danbury Community Health	Center				

Form A-1 (Direct Health Care Cost)

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
Α. Ι	DIRECT HEALTH CARE COST		u	ш	IV	v	VI	VII
(Exclu	ding Dental, Mental Health & Other)				-			
1. Staff Cost								
a. Physician		3,551,846		3,551,846	449,664	4,001,510		4,001,51
b. Physician Assistan	t	0		0	0	0		
c. Nurse (APRN, Mid	wife, RN)	1,066,211		1,066,211	134,982	1,201,193		1,201,19
d. Other - Specify					0			
	LPN/Nurse	107,558		107,558	13,617	121,175		121,17
	Medical Assistants	1,026,661		1,026,661	129,975	1,156,636		1,156,63
	PHYSICIAN SERVICES UNDER CONTRACT	993,113		993,113		993,113		993,11
	Genetic Counselor	0		0	0	0		
	LMFT	68,088		68,088	8,620	76,708		76,70
				0		0		
				0		0		
				0		0		
		1	- 1	0		0		
		7	- 1	0		0		
			1	0		0		
				0		0		
e. Subtotal Direct H	ealth Care Cost	6,813,477	0	6,813,477	736,858	7,550,335	0	7,550,33
2. Other Direct Heal	th Care Cost							
a. Medical Supplies			962,700	962,700		962,700		962,70
b. Transportation		1	1	0		0		
c. Depreciation - Med	lical Equipment		- 1	0		0		
d. Professional Liabili	ity Insurance			0		0		
e. Laboratory				0		0		
f. Radiology				0		0		
g. Physician-Adminis	tered Drugs	1		0		0		
h. Other - Specify								
	Staff training and Development		47,022	47,022		47,022		47,02
	After hours Answering service		41,193	41,193		41,193		41,19
	Dues/subscriptions/fees		36,270	36,270		36,270		36,27
	Professional Services		144,146	144,146		144,146		144,14
				0		0		
i. Subtotal Other Di	rect Health Care Cost	0	1,231,332	1,231,332	0	1,231,332	0	1,231,33

DSS-15 05-05-2015

Reporting Peri	iod:	From	1/1/2018	То	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Co	enter			

Form A-2 (Direct Dental Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total III	Reclass- ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
B. DIRECT DENTAL CARE COST	**						
1. Staff Cost							
a. Dentist	107,654		107,654	13,629	121,282		121,2
b. Dental Hygienst	115,426		115,426	14,613	130,039		130,0
c. Other - Specify				0			
Dental assistant	24,407		24,407	3,090	27,497		27,
			0	- 1	0		
			0	1	0		
-			0		0		
			0	- 1	0		
			0	- 1	0		
			0	- 1	0		
			0	- 1	0		
· · · · · · · · · · · · · · · · · · ·			0	- 1	0		
			0	- 1	0		
*			٥	- 1	0		
-			ا	- 1	0		
-			0		0		
d. Subtotal Direct Dental Care Cost	247,486	0	247,486	31,332	278,818	0	278,
2 Other Direct Dental Care Cost	-			***			
a. Dental Supplies		19,398	19,398		19,398		19,
b. Transportation	1 1		0	- 1	О		
c. Depreciation - Dental Equipment			0	- 1	0		
d. Professional Liability Insurance			0	- 1	0		
e. Other - Specify				- 1			
Professional services		3,148	3,148	- 1	3,148		3,
Other fees		9,486	9,486	- 1	9,486		9,
***************************************			0	- 1	0		-,
			0	- 1	0		
·			0		0		
f. Subtotal Other Direct Dental Care Cost	0	32,032	32,032	0	32,032	0	32,
					,		
TOTAL DIRECT DENTAL CARE COST (1d & 2f)	247,486	32,032	279,518	31,332	310,850	0	310,

Reporting Period:	From1/1/2018	To_	12/31/2018
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center			

Form A-3 (Direct Mental Health Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
C. DIRECT MENTAL HEALTH CARE COST		11 1	(1)	IV	V	VI	VII
1. Staff Cost							
a. Psychologist	256,224		256,224	32,438	288,662		288,66
b. Social Worker	474,130	1	474,130	60,025	534,155		534,15
c. Other - Specify							
					0		
Behavioral Health APRN	456,331		456,331	57,772	514,103		514,10
Psych BH RN	100,367		100,367	12,706	113,074		113,07
			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	1,449,9
2. Other Direct Mental Health Care Cost	1, 1,20,1000		1,201,000		.,,		.,,.
a. Medical Supplies		20,240	20,240		20,240		20,2
b. Transportation			0		0		
c. Depreciation - Mental Health Equipment			0		0		
d. Professional Liability Insurance			0		0		
e. Other - Specify			•	1			
Professional services		8,888	8,888		8,888		8,8
Staff trainings		4,838	4,838		4,838		4,8
other fees		5,241	5,241	1	5,241		5,2
After hours answering service		1,707	1,707		1,707		1,7
f. Subtotal Other Direct Mental Health Care Cost	0	40,914	40,914	0	0 40,914	0	40,9
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,287,053	40,914	1,327,967	162,941	1,490,908	0	1,490,9

Reporting Period:	From1/1/2018	То	12/31/2018
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center			

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

RECLASSIFICATION	S AND ADJUSTME	NTS OF TRI	AL BALANG	CE OF EXPE	ENSES		
COST CENTER	Salaried Personnel	Other Costs	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	
1. Service							
a. Clinical Diagnostic Lab			0		0		
b. Radiology			0		0		
c. Prescription Drugs/Pharmacy			0		0		
d. Battered Women			0		0		
e. Homeless			0		0		
f. WIC			0		0		
g. Non-FQHC Sites			0		0		
h. Other - Specify			o		ا ا		
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i. Total Non-Allowable Direct Other Service Cost	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

Reporting Period:		From	1/1/2018	To_	12/31/2018
FQHC Name: CIFC In	c./ Greater Danbury Community Health Center				

Form A-5 (Overhead Cost) RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Reclassified Adjustments Net Trial Balance Salaried Other Reclass-Increase Expenses **COST CENTER** Personnel Costs Total ifications (Col 3 & 4) (Decrease) (Col 5 & 6) Ш IV v VI VII **OVERHEAD - FACILITY COST** G. a. Rent 962,639 962,639 962,639 962,639 b. Insurance c. Interest on Mortgage or Loans 0 d. Utilities 101,525 101,525 101,525 101,525 e. Depreciation - Building f. Depreciation - Equipment 0 g. Housekeeping & Maintenance 185,823 185,823 185,823 185,823 h. Other (Specify) 0 0 0 0 D 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 OVERHEAD - ADMINISTRATIVE COST Н. 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 25,632 179,401 f. Insurance 179,401 179,401 179,401 g. Telephone 188,276 188,276 188,276 188,276 h. Advertising-Help Wanted 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 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 ١. TOTAL OVERHEAD COST (Gi+Hk) 3,104,977 4,926,538 8,031,515 (1,324,688) 6,706,827 6,706,827 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

Reporting Period:	From \$ 43.101.00	To 12/31/2018

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

					Total Employee I		
	ALTH CARE COMPENSATION, ENCOUNTERS, HOURS,	0.000.000.000		military and the m		Employee Total Hours	FTEs
_	& FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Co	mpensation	Encounters III	I otal Hours	(2080 hrs = 1 FT V
	Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	\$	125,000.00	1,500	1,040	0.5
A.	PHYSICIAN				Year 2018		
1	Physician #1	Pediatrician	\$	170,000.16	2,176	1,803	0.0
1	Physician #2	Pediatrician	\$	49,837.50	1,307	1,329	0.0
1	Physician #3	Pediatrician	\$	180,000.00	2,907	2,290	1.1
1	Physician #4	Pediatrician	\$	85,000.08	273	2,112	1.0
1	Physician #5	Internist	\$	8,250.00		41	0.0
1	Physician #6	Internist	\$	111,600.00	1,145	1,216	0.9
1	Physician #7	Internist	\$	159,125.16	2,112	945	0.
1	Physician #8	Internist	\$	75,118.16	1,231	945	0.
1	Physician #9	Internist	\$	155,412.66	2,376	2,173	1.
1	Physician #10	Internist	\$	180,000.00	1,766	2,044	0.
1	Physician #11	Internist	\$	220,000.08	434	1,990	0.
1	Physician #12	Internist	\$	180,000.00	1,868	1,986	0.
1	Physician #13	Internist	\$	195,000.00	1,833	1,923	0.
1	Physician #14	Internist	\$	17,072.64		41	0.
1	Physician #15	Chief of Medicine	\$	167,707.74	1	1,576	0.
1	Physician #16	Chief of OBGYN	\$	36,810.00	570	409	0.
1			\$	-			0.
1			\$	-			0.
1	Primary Care Resident Physician #1	IM Resident	\$	31,997.40		1,434	0.
1	Primary Care Resident Physician #2	IM Resident	\$	63,218.64		2,357	1
1	Primary Care Resident Physician #3	IM Resident	\$	63,218.64		2,490	1
1	Primary Care Resident Physician #4	IM Resident	\$	64,522.80		2,436	1
1	Primary Care Resident Physician #5	IM Resident	\$	63,218.64		2,272	1
)5±	পুশুলার্যু Care Resident Physician #6	IM Resident	\$	42,663.20		1,653	0

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

	FION, ENCOUNTE			Total Employee	
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS,		Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 F
& FTEs (Excluding Dental, Mental Health, and Other) 1 Primary Care Resident Physician #7	Specialty IM Resident	\$ 64,197.80		2,344	1.
1 Primary Care Resident Physician #8	IM Resident	\$ 37,191.48		1,330	0.
	IM Resident				0.
1 Primary Care Resident Physician #9		\$ 37,191.48		1,454	
1 Primary Care Resident Physician #10	IM Resident	\$ 64,197.80		2,721	1
1 Primary Care Resident Physician #11	IM Resident	\$ 31,997.40		1,086	0
1 Primary Care Resident Physician #12	IM Resident	\$ 39,996.75		1,475	0
1 Primary Care Resident Physician #13	IM Resident	\$ 64,197.80		2,674	1
1 Primary Care Resident Physician #14	IM Resident	\$ 31,997.40		1,067	0
1 Primary Care Resident Physician #15	IM Resident	\$ 63,218.64		3,027	1
1 Primary Care Resident Physician #16	IM Resident	\$ 62,533.28		2,891	1
1 Primary Care Resident Physician #17	IM Resident	\$ 31,997.40		1,120	C
1 Primary Care Resident Physician #18	IM Resident	\$ 13,332.25		460	(
1 Primary Care Resident Physician #19	IM Resident	\$ 64,197.80		2,220	1
1 Primary Care Resident Physician #20	IM Resident	\$ 37,191.48		1,231	(
1 Primary Care Resident Physician #21	IM Resident	\$ 31,997.40		1,078	
1 Primary Care Resident Physician #22	IM Resident	\$ 31,997.40		1,020	C
1 Primary Care Resident Physician #23	IM Resident	\$ 37,191.48		1,322	C
1 Primary Care Resident Physician #24	IM Resident	\$ 63,218.64		2,388	1
1 Primary Care Resident Physician #25	IM Resident	\$ 37,191.48		2,580	1
1 Primary Care Resident Physician #26	IM Resident	\$ 63,218.64		2,580	1
1 Primary Care Resident Physician #27	IM Resident	\$ 63,218.64		2,568	1
1 Primary Care Resident Physician #28	IM Resident	\$ 31,997.40		1,135	
1 Primary Care Resident Physician #29	IM Resident	\$ 31,997.40		1,076	(
1 Primary Care Resident Physician #30	IM Resident	\$ 37,191.48		1,385	
1 Primary Care Resident Physician #31	IM Resident	\$ 31,997.40		2,411	
2512 Primary Care Resident Physician #32	IM Resident	\$ 64,197.80		2,411	

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)

					Total Employee Hours and FTEs		
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	C	ompensation	Encounters	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		s	_	0	0	0.00	

DSS-15 05-05-2015

Reporting Period:	1	From1/1/2018	<u>3</u> To	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	г		

						Hours and FTEs	
	ALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FT	
	I=	1	11	III	IV	V	
	Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	125,000	1,500	1,040	0.50	
C.	NURSE (APRN, MIDWIFE, RN)						
1.	APRN #1	APRN	774		947	0.4	
2.	APRN #2	APRN	104,758	1,931	1,891	0.9	
3.	APRN #3	APRN	66,151		1,246	0.6	
4.	APRN #4	APRN	73,696	2,186	1,504	0.7	
5.	APRN #5	APRN	46,650	0	947	0.4	
6.	APRN #6	APRN	68,257		1,562	0.7	
7.	APRN #7	APRN	39,135		905	0.4	
8.	APRN #8					0.0	
9	RN#1	RN	52,545		2,007	0.9	
	RN#2	RN	95,921		1,862	0.9	
	RN#3	RN	94,640		1,776	0.8	
	RN#4	RN	101,242		1,781	0.8	
	RN#5	RN	40,681		1,654	0.8	
	RN#6	RN	50,910		1,157	0.5	
	RN#7	RN	125,171		1,873	0.9	
	RN#8	RN	38,091		813	0.3	
	RN#9	RN	67,590		1,490	0.7	
	RN#10	RN				0.0	
	Total Nurse Practioner		1,066,211	4,117	23,415	11.2	
D.	PHYSICIAN SERVICES UNDER CONTRACT						
1.						0.0	

Reporting Period	l:	From	1/1/2018	To_	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Ce	nter			

				Total Employee	Hours and FTEs
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 F1
3.					0.0
4.					0.
5.					0.
Total Physician Services Under Contract		0	0	0	0
E. OTHER HEALTH CARE PRACTITIONER					
1. MA #1		63,525		2,036	0
2. MA #2		40,090		1,992	0
MA #3		39,099		2,018	0
MA #4		40,884		2,012	0
MA #5		22,030		5	C
MA #6		86		5	С
MA #7		7,966		498	С
MA #8		43,110		2,121	1
MA #9		9,067		526	
MA #10		33,644		2,024	(
MA #11		8,099		450	C
MA #12		4,873		222	(
MA #13		4,760		264	(
MA #14		29,661		1,597	(
MA #15		31,568		1,973	
MA #16		40,367		2,005	
MA #17		25,987		1,438	c
MA #18		24,082		1,505	c
MA #19		32,675		1,968	c
5-2 0//5 #20		37,332		2,016	c

Reporting Period:	From1/1/2018	То_	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center		

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

HEALTH CARE COMPENSATIO				Total Employee	Hours and FTEs
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 f
MA #21		259		15	(
MA #22		5,867		367	(
MA #23		27,233		1,466	
MA #24		29,389		1,394	
MA #25		36,067		1,690	
MA #26		43,225		2,099	
MA #27		8,482		530	
MA #28		27,465		2,029	
MA #29		32,344		1,948	
MA #30		25,042		1,391	
MA #31		5,998		343	
MA #32		38,364		2,005	
MA #33		12,439		592	
MA #34		38,032		1,988	
MA #35		40,440		1,978	
MA #36		28,228		1,496	
MA #37		31,570		1,716	
MA #38		28,360		1,503	
MA #39		11,084		2,029	
MA #40		17,135		884	
MA #41		735		37	
LPN#1		51,634		1,992	
LPN#2		55,924		1,992	
05-26-MFT #1		68,088	440	1,875	

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Reporting Period		From1/1/2018	То	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Cer	nter		

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER									
НЕ	EALTH CARE COMPENSATION, ENCOUNTERS, HOURS,				Total Employee Hours and FTEs Employee FTEs					
	& FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters		(2080 hrs = 1 FTE)				
1						0.00				
	Total Other Health Care Practitioner		1,202,307	440	60,032	28.88				

Reporting Period	From1/1/2018	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, ENCO			Total Employee	Hours and FTEs
				Employee	FTEs
_	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTES	Compensation	Encounters	Total Hours	(2080 hrs = 1 FTE
	Provide itemized de-identified list (e.g., Dentist 1)	125,000	1,500	IV 1,040	V 0.50
_		720,000	1,000	1,040	0.00
A.		 			
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
В.	DENTAL HYGIENIST				
		0.4 700		700	
	Dental Hygenist # 1	31,723	2	738	0.35
2.	Dental Hygenist # 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	Г			
	Dental Assistant #1	11,784		693	0.33
	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

Reporting Period	From1/1/2018	To:	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center		

IE A.			The state of the s	rotal Employee	Hours and FTEs
A.	NTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE
A.	Provide itemized de-identified list (e.g., Psychologist 1)	125,000	1,500	1,040	0.50
	PSYCHOLOGIST				
1.	LCP#1	46,224		1,503	0.72
2.	Psychiatrist #1	210,000	593	1,847	0.8
3.					0.0
4.					0.0
5.					0.00
	Total Psychologist Encounters, Staff Hours and FTEs	256,224	593	3,350	1.6
В.	OCCUM MODINED				
	SOCIAL WORKER LCSW#1	87,750	1,819	1,762	0.85
2.	LCSW#2	75,000		1,738	0.8
3.	LCSW#3	68,491	518	1,631	0.7
4.	LCSW#4	18,069		1,668	0.8
5.	LCSW #5	29,744	240	655	0.3
6	LCSW#6	28,110		937	0.4
7	LCSW #7	18,524		516	0.2
8	LCSW#8	46,438		1,510	0.7
9	LCSW#9	38,331		1,668	0.8
10	LCSW #10	37,548		817	0.3
11	LCSW #11	26,125		597	0.2
	Total Social Worker Encounters, Hours and FTEs	474,130	2,577	13,498	6.5
C.	OTHER MENTAL HEALTH PRACTITIONER				
	BH APRN #1	120,000	1,562	1,751	0.8
	BH APRN #2	57,050	705	844	0.4
			703		
	BH APRN #3	126,750		1,971	0.9
	BH APRN#4	135,000		1,796	0.8
IJ,	PSY BH RN#1 PSY BH RN#2	17,531 100,367		1,693	0.1
	F31 DT KINH2	100,367		1,093	0.0
					0.0
		-			4.03

Reporting Period	d: From <u>1/1/2018</u>	To <u>12/31/2018</u>
FQHC Name: 0	CIFC Inc./ Greater Danbury Community Health Center	

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

	SUMMARY COM			Compensat			rnover		Employee Ho	
	UMMARY COMPENSATION, ENCOUNTERS, IOURS, AND FTES BY PRACTITIONER TYPE	Number of Practitioners		High	Low	Hires	Departures	Encounters		FTEs (2,080 hrs = 1 FTE)
	TO SEE THE ATTENDED TO SEE THE	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
	DENTIST DENTAL HYGIENIST	2	107,654 115,426	67,716 83,703	39,938 31,723	1		430 713	1,198 738	
2.										0.58 0.35 0.33
2.	DENTAL HYGIENIST	2	115,426	83,703	31,723		0	713	738	0.35 0.33
3.	DENTAL HYGIENIST OTHER DENTAL PRACTITIONERS Total Dental	2	115,426 24,407	83,703	31,723	1	0	713 0	738 693	0.35 0.33
2. 3.	DENTAL HYGIENIST OTHER DENTAL PRACTITIONERS Total Dental MENTAL HEALTH PRACTITIONERS	2 2 6	115,426 24,407 247,486	83,703	31,723	1	0	713 0 1,143	738 693 2,629	0.35 0.33 1.26
2. 3. C.	DENTAL HYGIENIST OTHER DENTAL PRACTITIONERS Total Dental MENTAL HEALTH PRACTITIONERS PSYCHIATRIST	2 2 6	115,426 24,407 247,486 210,000	83,703	31,723	1	0	713 0 1,143	738 693 2,629	0.35 0.33 1.26
2. 3. 1. 2.	DENTAL HYGIENIST OTHER DENTAL PRACTITIONERS Total Dental MENTAL HEALTH PRACTITIONERS PSYCHIATRIST PSYCHOLOGIST (LCP)	2 2 6	24,407 247,486 210,000 46,224	83,703 12,623	31,723 11,784	2		713 0 1,143 593 0	738 693 2,629 1,847 1,503	0.35 0.33 1.26 0.89 0.72
2. 3. 1. 2. 3.	DENTAL HYGIENIST OTHER DENTAL PRACTITIONERS Total Dental MENTAL HEALTH PRACTITIONERS PSYCHIATRIST PSYCHOLOGIST (LCP) LICENSED CLINICAL SOCIAL WORKER	2 2 6	24,407 247,486 210,000 46,224 474,130	83,703 12,623 75,000	31,723	1	2	713 0 1,143 593 0 2,577	738 693 2,629 1,847 1,503 13,498	0.35 0.33 1.26 0.89 0.72 6.49
2. 3. 1. 2. 3. 4.	DENTAL HYGIENIST OTHER DENTAL PRACTITIONERS Total Dental MENTAL HEALTH PRACTITIONERS PSYCHIATRIST PSYCHOLOGIST (LCP)	2 2 6	24,407 247,486 210,000 46,224	83,703 12,623	31,723 11,784	2	2	713 0 1,143 593 0	738 693 2,629 1,847 1,503	0.35

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
В.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
c .	Total Direct Costs (A+B)	7,776,787
ο.	Portion of Title XIX Services (A/C)	100.00%
Ε.	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
н.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,345,084
	Cost Adjustment (Lower of H-F or Zero)	(2,361,743
J.	Allowable Title XIX Overhead Cost (F+I)	4,345,084
у. К.	Direct Costs	1,010,001
r.	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
	Direct Costs as a % of Total	10,000,120
-	1. Health Care Services (K1/K4)	82.98%
	2. Dental Services (K2/K4)	2.94%
	3. Mental Health Services (K3/K4)	14.09%
м.	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

Reporting Period:	From1/1/2018	To12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

Form D (Allowable Cost per Encounter)

		ALLOWABLE COST PER ENCOUNTER	
I.	Heal	th Care Cost (Excluding Dental and Mental Health)	
	A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	8,781,66
	В.	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.	Den	tal	
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	310,850
	В.	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.	Men	tal Health	
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,490,908
	В.	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

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

				F	orm E (Revenues)
REVENUES	1 1	II T	[II	IV	V
NEVEROLO .	Excluding Dental, Mental Health &			.,	Total
A. Operating Revenue	Other	Dental	Mental Health	Other	(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 340B Pharmacy	338,557				338,557
6. Other - Specify State DPH/CHC	177,763				177,763
7. Other - Specify State (Danbury SBHC)	652,198				652,198
8. Other - Specify CHCACT Pass Throughs	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
]				
Other Revenue (Include					
C. revenue generated by non-approved FQHC sites)	-				
1. Other - Specify	-				0
2. Other - Specify	-				0
3. Other - Specify					0
4. Other - Specify 5. Other - Specify	- I				0
6. Other - Specify	- I				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
Total Revenue (A0TD11TC7)	10,877,700	44,000	1,200,414	U	11,200,101

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To

1/1/2018

From

FQHC Name:

Reporting Period:

CIFC Inc./ Greater Danbury Community Health Center

Form F (Grants and Contributions)

12/31/2018

	GRANTS A	ND CONTRIBUTIONS (EXCLUDING THE PUBLIC	HEALTH SERVICES GRANTS)	
Α.	Contributions		ACTUAL	
	1. Services (Excludir	ng Dental, Mental Health and Other)		
	2. Dental			
	3. Mental Health			
	4. Other - Specify	Teaching Health Center Private Support	140,775	
	Other - Specify	Teaching Health CenterUniv Support	60,000	
	Other - Specify	Private Donors	2,194,816	
	Other - Specify			
	Other - Specify			
	5. Total (1 thru 4)		2,395,591	
			•	
B.	Grants (Excluding	PHS)		
	1. Services (Excludir	ng Dental, Mental Health and Other)	1,681,987	
	2. Dental			
	3. Mental Health		0.040.070	
	4. Other - Specify	Federal Teaching Health Center	3,613,678	
	Other - Specify	Expanded services	111,103	
	Other Specific	State DPH/CHC	177,763	
	Other - Specify Other - Specify	State (Danbury SBHC) CHCACT Pass Throughs	652,198	
	Other - Specify	WIC	23,981 318,449	
	Other - Opeony	4410	310,770	
	5. Total (1 thru 4)		6,579,158	

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

Form G (Cost Disallowance and Offset)

		COST DISALLOWANCE AND OF	FSET	
A.	Cos	t 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. 7.	Contingent reserves 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)		388,2
В.	Cos	t 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)		593,9
c.		Total Cost Disallowance and Offset (A16+B7)		982,1

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

Page 1

				30F & 5013
	Date Submitted:		Date Received:	
1.	FQHC Name	CIFC Inc./ Greater Danbury Co	mmunity Health Center	Received
	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 Prov Medical Dental Mental Healt Other (Spec	8004668 8058757 th 8050622	3. Reporting Period: From 1/1/2018	To_12/31/2018
4.	Type of Control (Choose Figure 1) ** NONPROF GOVERNM STATE COUNTY	TT ORGANIZATION	_OTHER	
5.	FQHC Owned By:			
		Certify That I Have Examined the	OR ADMINISTRATOR OF CLINIC Accompanying Worksheets Prepared y Community Health Center 8004668	Ву
	Knowledge and Belie	<i>(F</i> eriod Beginning 1/1/2018 and Er ef It Is a True, Correct and Com	FQHC Name) Inding 12/31/2018 and That to the Best of plete Statement Prepared From the Booke Instructions, Except as Noted:	
6.	Signature (Office	er or Administrator of FQHC)	Printed Name	
٠.			James H. Maloney	
			Date	
	D.	resident/CEO	6/25/2019	

Reporting Period:	From	1/1/2018	То	12/31/2018	
FQHC Name:	CIFC Inc./ Gr	eater 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. **FQHC Certified Provider Name** Location Yes/No Clinic/Provider No. Greater Danbury Community Health 57 North Street YES 8004668 43 Calpboard Ridge Road, Danbury, Danbury High School CT 06810 Yes (*) 8004668 21 Hayestown Ave. Danbury, CT Henry Abbott Tech High School 06810 Yes (*) 8004668 Broadview Middle School 72 Hospital Ave, Danbury, CT 06810 Yes(*) 8004668 21 Memorial Drive, Danbury, CT Rogers Park Middle School 06810 Yes(*) 8004668 80 Main Street, Danbury, CT 06810 Women Infants and Children's No N/A Mobile Health Van 120 Main Street, Danbury, CT 06810 Yes(*) 8004668 11 Queen Street, Newtown, CT Newtown Middle School 06471 Yes(*) 8004668 70 Main Street 70 Main Street, Danbury, CT 06810 YES 8004668 Greater Danbury Community Health 120 Main Street, Danbury, CT 06810 YES 8004668 Ellsworth Avenue Elementary School 53 Ellsworth Ave, Danbury, CT 06810 YES (*) 8004668 152 West Street, Suite SE-1 Danbury, **GDCHC West Street Satelite Central** 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:

Reporting Perio	od: From	1/1/2018	То	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center			

Form A-1 (Direct Health Care Cost)

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments increase (Decrease)	Net Expenses (Col 5 & 6)
A. I	DIRECT HEALTH CARE COST	1	П	111	IV	v	VI	VII
(Exclude	ding Dental, Mental Health & Other)							
1. Staff Cost								
a. Physician		3,551,846		3,551,846	449,664	4,001,510		4,001,51
b. Physician Assistant		0		0	0	0	1	
c. Nurse (APRN, Mid	wife, RN)	1,066,211		1,066,211	134,982	1,201,193		1,201,19
d. Other - Specify			2		0		1	
	LPN/Nurse	107,558		107,558	13,617	121,175		121,17
	Medical Assistants	1,026,661		1,026,661	129,975	1,156,636		1,156,63
	PHYSICIAN SERVICES UNDER CONTRACT	993,113		993,113		993,113		993,11
	Genetic Counselor	0		0	0	0	1	
	LMFT	68,088		68,088	8,620	76,708		76,70
]		0		0		
				0		0		
		1		0		0		
		J		0		0		
		7		0	- 1	٥		
		7 1		0		0		
				0		0		
e, Subtotal Direct He	ealth Care Cost	6,813,477	0	6,813,477	736,858	7,550,335	0	7,550,33
2. Other Direct Healt	h Care Cost							
 a. Medical Supplies 			962,700	962,700		962,700		962,70
b. Transportation				0		0		
c. Depreciation - Med	ical Equipment			0		0		
d. Professional Liabilit	ly Insurance			٥		0		
e. Laboratory				0		0		
f. Radiology		1		0		0		
g. Physician-Administ	ered Drugs		1	o	- 1	o		
h. Other - Specify								
	Staff training and Development	4	47,022	47,022		47,022	1	47,02
	After hours Answering service		41,193	41,193		41,193		41,19
	Dues/subscriptions/fees		36,270	36,270		36,270		36,27
al .	Professional Services	7	144,146	144,146		144,146		144,14
				0		0		
i. Subtotal Other Dir	ect Health Care Cost	0	1,231,332	1,231,332	0	1,231,332	0	1,231,33

Reporting Period:	From	1/1/2018	To12/31/2018
FQHC Name: CIFC Inc./ Greater Danbury Community	Health Center		

Form A-2 (Direct Dental Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total III	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6) VII
B. DIRECT DENTAL CARE COST		-					
I. Staff Cost				2			
a. Dentist	107,654		107,654	13,629	121,282		121,2
b. Dental Hygienst	115,426		115,426	14,613	130,039		130,0
c. Other - Specify				0			
Dental assistant	24,407		24,407	3,090	27,497		27,4
			0		0		
			0		o		
			0		0		
			١٥		0		
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			0		0		
I. Subtotal Direct Dental Care Cost	247,486	0	247,486	31,332	278,818	0	278,
2 Other Direct Dental Care Cost							
a. Dental Supplies		19,398	19,398		19,398		19,
b. Transportation			0		0		
c. Depreciation - Dental Equipment	1 1		0		0		
d. Professional Liability Insurance			0		0		
e. Other - Specify	1 1		1				
Professional services		3,148	3,148		3,148		3,
Other fees		9,486	9,486		9,486		9,
		, -	0		0		-,
2			0		o l		
N=======			0		0		
f. Subtotal Other Direct Dental Care Cost	0	32,032	32,032	0	32,032	0	32,
		-					
TOTAL DIRECT DENTAL CARE COST (1d & 2f)	247,486	32,032	279,518	31,332	310,850	0	310,

Reporting Period:	From1/1/2018	To12/31/2018
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center		

Form A-3 (Direct Mental Health Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		ıı j	ııı]	IV	V	VI	VII
DIRECT MENTAL HEALTH CARE COST Staff Cost							
a. Psychologist	256,224	1	256,224	32,438	288,662	1	288,6
o. Social Worker	474,130		474,130	60,025	534,155	1	534,1
c. Other - Specify	414,100		474,100	50,020	554,100		004,1
					0		
Behavioral Health APRN	456,331		456,331	57,772	514,103		514,1
Psych BH RN	100,367		100,367	12,706	113,074	- 1	113,0
			0		0		
			. 0		0		
			0		0		
		1	0		0	1	
I. Subtotal Direct Mental Health Care Cost	1,287,053	0	1,287,053	162,941	1,449,994	0	1,449,
. Other Direct Mental Health Care Cost							
a. Medical Supplies		20,240	20,240		20,240		20,
p. Transportation		1	0		0		
c. Depreciation - Mental Health Equipment			0		0	- 1	
d. Professional Liability Insurance			0		0		
e. Other - Specify			1			1	
Professional services		8,888	8,888		8,888		8,
Staff trainings		4,838	4,838		4,838		4,
other fees		5,241	5,241		5,241		5,
After hours answering service		1,707	1,707		1,707		1,
f. Subtotal Other Direct Mental Health Care Cost	0	40,914	0 40,914	0	0 40,914	0	40,
. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	4 207 050	40.014	1 227 067	160.044	4 400 000	٦١	1.400
FIGURE DIRECT MENTAL REALTH CARE COST (10 & 21)	1,287,053	40,914	1,327,967	162,941	1,490,908	0	1,490
TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICE	S 8,348,016	1,304,279	9,652,295	931,131	10,583,425		7,776

Reporting Period:	From1/1/2018	То	12/31/2018
FQHC Name: CIFC Inc./ Greater Danbury Community Health Center			

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

COST CENTER	Salaried Personnel	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 COS	ST						
1. Service			0				
a. Clinical Diagnostic Lab			0		0		
b. Radiology c. Prescription Drugs/Pharmacy			0		0		
d. Battered Women			0	- 1	0		
e. Homeless			ő	- 1	0		
f. WIC			0		0		
, Non-FQHC Sites			0		0		
Other - Specify			1				
			0		0		
			0	- 1	0		
			0	1	0		
			0		0		
			0		0		
			0	- 1	0		
:			0	- 1	0		
			0	- 1	0		
Tatal Name Allanomble Diseate Other Coming Cont			0		0		
i. Total Non-Allowable Direct Other Service Cost	0	0	0	0	0	0	
TOTAL DIRECT COST (D+E1i)	8,348,016	1,304,279	9,652,295	931,131	10,583,425		7,776

DSS-15 05-05-2015

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

Form A-5 (Overhead Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A				IV	V	VI	VII
G. OVERHEAD - FACILITY COST		222 222	202 202		505.000		
a. Rent		962,639	962,639		962,639		962,63
b. Insurance			0		0		
c. Interest on Mortgage or Loans d. Utilities		101,525	101,525		101,525		101,5
e. Depreciation - Building		101,525	101,525		101,525		101,5
f. Depreciation - Equipment			٥		o o		
g. Housekeeping & Maintenance		185,823	185,823		185.823		185,8
h. Other (Specify)		100,020	100,020		100,020		100,0
The same (opens),			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	1,249,9
a. Office Salaries b. Depreciation - Office Equipment c. Office Supplies d. Legal Accounting Insurance g. Telephone h. Advertising-Help Wanted	3,104,977	209,516 128,805 14,999 25,632 179,401 188,276	3,104,977 209,516 128,805 14,999 25,632 179,401 188,276		3,104,977 209,516 128,805 14,999 25,632 179,401 188,276	0	3,104,5 209,5 128,6 14,9 25,6 179,4 188,2
i. Interest - Capital Loans		282,470	282,470		282,470		282,4
j. Other (Specify)		202,470	202,770		202,470		202,4
Fringe benefits and taxes		1,324,688	1,324,688	(1,324,688)	0		
Staff Development and Travel		69,591	69,591	(1,021,000)	69,591		69,5
Payroll and Data / EMR Processing		1,043,458	1,043,458		1,043,458		1,043,4
Dues and Subscriptions/Advertising		103,970	103,970		103,970		103,9
Bad Debt		105,746	105,746		105,746		105,7
k. Subtotal Overhead - Administrative Cost	3,104,977	3,676,551	6,781,528	(1,324,688)	5,456,840	0	5,456,8
I. TOTAL OVERHEAD COST (Gi+Hk)	3,104,977	4,926,538	8,031,515	(1,324,688)	6,706,827	.	6,706,8
					, ,		,,-
J. GRAND TOTAL COSTS ² (F+I)	11,452,993	6,230,817	17,683,810	(393,557)	18,077,367		18,077,3

Reporting Period:	From \$ 43.101.00	To 12/31/2018
reporting remeat	110111 V 101100	10 12/31/2010

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

		TION, ENCOUNTERS				Total Employee	
	ALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation		Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE
	Desired the first of the Manual Control of t	1		11	III	IV 1010	V
- 1	Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	\$	125,000.00	1,500	1,040	0.56
Α.	PHYSICIAN				Year 2018		
1	Physician #1	Pediatrician	\$	170,000.16	2,176	1,803	0.8
1	Physician #2	Pediatrician	\$	49,837.50	1,307	1,329	0.6
1	Physician #3	Pediatrician	\$	180,000.00	2,907	2,290	1.1
1	Physician #4	Pediatrician	\$	85,000.08	273	2,112	1.0
1	Physician #5	Internist	\$	8,250.00		41	0.0
1	Physician #6	Internist	\$	111,600.00	1,145	1,216	0.5
1	Physician #7	Internist	\$	159,125.16	2,112	945	0.4
1	Physician #8	Internist	\$	75,118.16	1,231	945	0.4
1	Physician #9	Internist	\$	155,412.66	2,376	2,173	1.0
1	Physician #10	Internist	\$	180,000.00	1,766	2,044	0.9
1	Physician #11	Internist	\$	220,000.08	434	1,990	0.9
1	Physician #12	Internist	\$	180,000.00	1,868	1,986	0.0
1	Physician #13	Internist	\$	195,000.00	1,833	1,923	0.0
1	Physician #14	Internist	\$	17,072.64		41	0.0
1	Physician #15	Chief of Medicine	\$	167,707.74	1	1,576	0.7
1	Physician #16	Chief of OBGYN	\$	36,810.00	570	409	0.2
1			\$	_			0.0
1			\$				0.0
1	Primary Care Resident Physician #1	IM Resident	\$	31,997.40		1,434	0.6
1	Primary Care Resident Physician #2	IM Resident	\$	63,218.64		2,357	1.1
1	Primary Care Resident Physician #3	IM Resident	\$	63,218.64		2,490	1.2
1	Primary Care Resident Physician #4	IM Resident	\$	64,522.80		2,436	1.1
1	Primary Care Resident Physician #5	IM Resident	\$	63,218.64		2,272	1.0
)5‡2	Prisnary Care Resident Physician #6	IM Resident	\$	42,663.20		1,653	0.7

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

				FTEs BY PRA	Total Employee Hours and FTEs		
### HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Со	mpensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTI	
1 Primary Care Resident Physician #7	IM Resident	\$	64,197.80		2,344	1.1:	
1 Primary Care Resident Physician #8	IM Resident	\$	37,191.48		1,330	0.6	
1 Primary Care Resident Physician #9	IM Resident	\$	37,191.48		1,454	0.7	
1 Primary Care Resident Physician #10	IM Resident	\$	64,197.80		2,721	1.3	
1 Primary Care Resident Physician #11	IM Resident	\$	31,997.40		1,086	0.5	
1 Primary Care Resident Physician #12	IM Resident	\$	39,996.75		1,475	0.7	
1 Primary Care Resident Physician #13	IM Resident	\$	64,197.80		2,674	1.2	
1 Primary Care Resident Physician #14	IM Resident	\$	31,997.40		1,067	0,5	
1 Primary Care Resident Physician #15	IM Resident	\$	63,218.64		3,027	1.4	
1 Primary Care Resident Physician #16	IM Resident	\$	62,533.28		2,891	1.3	
1 Primary Care Resident Physician #17	IM Resident	\$	31,997.40		1,120	0.5	
1 Primary Care Resident Physician #18	IM Resident	\$	13,332.25		460	0.:	
1 Primary Care Resident Physician #19	IM Resident	\$	64,197.80		2,220	1.0	
1 Primary Care Resident Physician #20	IM Resident	\$	37,191.48		1,231	0.6	
1 Primary Care Resident Physician #21	IM Resident	\$	31,997.40		1,078	0.9	
1 Primary Care Resident Physician #22	IM Resident	\$	31,997.40		1,020	0.4	
1 Primary Care Resident Physician #23	IM Resident	\$	37,191.48		1,322	0.0	
1 Primary Care Resident Physician #24	IM Resident	\$	63,218.64		2,388	1.	
1 Primary Care Resident Physician #25	IM Resident	\$	37,191.48		2,580	1.3	
1 Primary Care Resident Physician #26	IM Resident	\$	63,218.64		2,580	1.3	
1 Primary Care Resident Physician #27	IM Resident	\$	63,218.64		2,568	1.:	
1 Primary Care Resident Physician #28	IM Resident	\$	31,997.40		1,135	0.	
1 Primary Care Resident Physician #29	IM Resident	\$	31,997.40		1,076	0.0	
1 Primary Care Resident Physician #30	IM Resident	\$	37,191.48		1,385	0.0	
1 Primary Care Resident Physician #31	IM Resident	\$	31,997.40		2,411	1.1	
512 Primary Care Resident Physician #32	IM Resident	\$	64,197.80		2,411	1.	

Reporting Period: From \$ 43,101.00 To 12/31/2018

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

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

HEALTH CARE COMPENSAT	ION, ENCOUNTE	=K5, H	OURS, AND	FIES BY PRA	Total Employee	Hours and ETEs
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS,				-	Employee	FTEs
& FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Co	mpensation	Encounters	Total Hours	(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

Reporting Period:	From1/1/2018	To_	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center		

LIEN TH OADS COMPSHOATION SHOOMITS TO THE					Total Employee Hours and FTEs		
	ALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 F1	
		1	, II	111	IV	V	
ŽĮ.	Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	125,000	1,500	1,040	0.5	
C.	NURSE (APRN, MIDWIFE, RN)						
1.	APRN #1	APRN	774		947	0.4	
2.	APRN #2	APRN	104,758	1,931	1,891	0.9	
3.	APRN #3	APRN	66,151		1,246	0.6	
4.	APRN #4	APRN	73,696	2,186	1,504	0.7	
5.	APRN #5	APRN	46,650	0	947	0.4	
6.	APRN #6	APRN	68,257		1,562	0.7	
7.	APRN #7	APRN	39,135		905	0.4	
8.	APRN #8					0.0	
9	RN#1	RN	52,545		2,007	0.9	
	RN#2	RN	95,921		1,862	0.9	
	RN#3	RN	94,640		1,776	0.8	
	RN#4	RN	101,242		1,781	0.8	
	RN#5	RN	40,681		1,654	0.8	
	RN#6	RN	50,910		1,157	0.5	
	RN#7	RN	125,171		1,873	0.9	
	RN#8	RN	38,091		813	0.3	
	RN#9	RN	67,590		1,490	0.7	
	RN#10	RN			,	0.0	
	Total Nurse Practioner		1,066,211	4,117	23,415	11.2	
Į.			1,000,211	1,117	20,110	11,2	
D.	PHYSICIAN SERVICES UNDER CONTRACT						
1.						0.0	
2.	015					0.0	

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

HEALTH CARE COMPENSATION				Total Employee Hours and FTEs		
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FT	
3.					0.0	
4.					0.0	
5.					0.0	
Total Physician Services Under Contract		0	0	0	0.0	
E. OTHER HEALTH CARE PRACTITIONER						
1. MA #1		63,525		2,036	0.9	
2. MA #2		40,090		1,992	0.9	
MA #3		39,099		2,018	0.9	
MA #4		40,884		2,012	0.	
MA #5		22,030		5	0.	
MA #6		86		5	0.	
MA #7		7,966		498	0.	
MA #8		43,110		2,121	1.	
MA #9		9,067		526	0.	
MA #10		33,644		2,024	0.	
MA #11		8,099		450	0.	
MA #12		4,873		222	0.	
MA #13		4,760		264	0.	
MA #14		29,661		1,597	0.	
MA #15		31,568		1,973	0.	
MA #16		40,367		2,005	0.	
MA #17		25,987		1,438	0.	
MA #18		24,082		1,505	0.	
MA #19		32,675		1,968	0.	
5-2 M #20		37,332	i i	2,016	0.	

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

				Total Employee Hours and FTEs		
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FT	
MA #21		259		15	0.0	
MA #22		5,867		367	0.1	
MA #23		27,233		1,466	0.7	
MA #24		29,389		1,394	0.6	
MA #25		36,067		1,690	0.8	
MA #26		43,225		2,099	1.0	
MA #27		8,482		530	0.:	
MA #28		27,465		2,029	0.	
MA #29		32,344		1,948	0.	
MA #30		25,042		1,391	0.	
MA #31		5,998		343	0.	
MA #32		38,364		2,005	0.	
MA #33		12,439		592	0.	
MA #34		38,032		1,988	0.	
MA #35		40,440		1,978	0.	
MA #36		28,228		1,496	0.	
MA #37		31,570		1,716	0.	
MA #38		28,360		1,503	0.	
MA #39		11,084		2,029	0.	
MA #40		17,135		884	0.	
MA #41		735		37	0.	
LPN#1		51,634		1,992	0.	
LPN#2		55,924		1,992	0.	
					0.	
					0.	
5-26 MFT #1		68,088	440	1,875	0.	

Reporting Period	:	From1/1/2018	То	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Ce	nter		

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 I Employee Total Hours	Hours and FTEs FTEs (2080 hrs = 1 FTE)		
					0.00		
Total Other Health Care Practitioner		1,202,307	440	60,032	28.88		

Reporting Period:	From1/1/2018_	To 12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

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

	DENTAL SERVICES COMPENSATION, ENCO		1	Total Employee Hours and FTEs			
	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTES	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)		
		II		ĮV	V		
	Provide itemized de-identified list (e.g., Dentist 1)	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		
_		1					
B.	DENTAL HYGIENIST						
1.	Dental Hygenist # 1	31,723	2	738	0.35		
2.	Dental Hygenist # 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						
\neg	Dental Assistant #1	11,784		693	0.33		
r	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		

Reporting Period:	From1/1/2018	To 12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center	

	MENTAL HEALTH SERVICES COMPENSATION, EI			Total Employee Hours and FTE		
ИE	NTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTES	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE	
	Provide itemized de-identified list (e.g., Psychologist 1)	125,000	1,500	1,040	0.50	
A.			,			
	LCP#1	46,224		1,503	0.72	
	Psychiatrist #1	210,000	593	1,847	0.8	
3.					0.00	
4.					0.0	
5.			*		0.00	
	Total Psychologist Encounters, Staff Hours and FTEs	256,224	593	3,350	1.6	
В.	SOCIAL WORKER					
	LCSW#1	87,750	1,819	1,762	0.8	
	LCSW#2	75,000	1,010	1,738	0.8	
	LCSW #3	68,491	518	1,631	0.7	
	LCSW#4	18,069		1,668	0.8	
	LCSW #5	29,744	240	655	0.3	
	LCSW #6	28,110		937	0.45	
7	LCSW#7	18,524		516	0.2	
8	LCSW #8	46,438		1,510	0.7	
9	LCSW#9	38,331		1,668	0.8	
10	LCSW #10	37,548		817	0.3	
11	LCSW #11	26,125		597	0.2	
	Total Social Worker Encounters, Hours and FTEs	474,130	2,577	13,498	6.50	
C.	OTHER MENTAL HEALTH PRACTITIONER					
	BH APRN #1	120,000	1,562	1,751	0.8	
	BH APRN #2	57,050	705	844	0.4	
	BH APRN #3	126,750		1,971	0.99	
4.	BH APRN #4	135,000		1,796	0.8	
	PSY BH RN#1	17,531		319	0.1	
٠.	PSY BH RN#2	100,367		1,693	0.8	
		100,007		1,000	0.00	
					0.0	
					0.00	
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	556,698	2,267	8,374	4.0	

FEDERALL	GOALIFIED	HEALTH OL	MILIT (I CEITO)	,	

Reporting Perio	od: From	/1/2018	То	12/31/2018
FQHC Name:	CIFC Inc./ Greater Danbury Comm	nity Health Center		

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

			Compensat	ion Range	Tu	rnover			ours and FTEs
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
A. HEALTH CARE PRACTITIONERS									
1. PHYSICIAN	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
7000770000			-						
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			11_	2,267	2,595	1.25
5. OTHER MENTAL HEALTH PRACTITIONERS	2	100,367			1		0	3,767	1.8
Total Mental Health	19	1,287,053			4	3	5,437	23,211	11.16

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)	7,776,78
В.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	<u>-</u>
C.	Total Direct Costs (A+B)	7,776,787
O.	Portion of Title XIX Services (A/C)	100.009
≣.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,706,827
=.	Overhead Cost Applicable to Title XIX Services (DxE)	6,706,827
G.	Total Title XIX Services Cost (A+F)	14,483,614
1 .	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,345,084
	Cost Adjustment (Lower of H-F or Zero)	(2,361,743
I.	Allowable Title XIX Overhead Cost (F+I)	4,345,084
ζ.	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)	82.989
	2. Dental Services (K2/K4)	2.94%
	3. Mental Health Services (K3/K4)	14.09%
VI.	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

Reporting Period:	From	1/1/2018	То_	12/31/2018
FQHC Name:	CIFC Inc./ Greater Dan	bury Community Heal	Ith 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)	8,781,66		
	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.	Men	tal Health			
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,490,908		
	В.	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		

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES ANNUAL REPORT

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

Form E (Revenues)

						Form E (Revenues)
	REVENUES		11	III	IV	٧
A.	Operating Revenue	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
-	Medicaid	4,830,006	17,689	903,152	Galot	5,750,847
	Private	762,413	· ol	(58,725)		703,688
3. 1	Medicare	725,398	0	374,598		1,099,996
4.	Patient Cash/Self Pay	663,145	26,843	47,389		737,377
	Other - Specify		·			0
	Total (1 thru 5)	6,980,961	44,533	1,266,414	0	8,291,908
В.	Other Revenue					
	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 340B Pharmacy	338,557				338,557
6.	Other - Specify State DPH/CHC	177,763				177,763
7.	Other - Specify State (Danbury SBHC)	652,198				652,198
8.	Other - Specify CHCACT Pass Throughs	23,981				23,981
	Other - Specify					0
	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
	Other - Specify					0
	Other - Specify					0
	Other - Specify					0
	Other - Specify					0
	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

Reporting Period:

From

1/1/2018

To

12/31/2018

FQHC Name:

CIFC Inc./ Greater Danbury Community Health Center

Form F (Grants and Contributions)

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

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

Form G (Cost Disallowance and Offset)

٨.	Cost Disallowance	COST DISALLOWANCE AND OFFSET		
<u>. </u>				
	1. Entertainment			
	2. Fines and penalties			
	3. Bad debt	1	105,746	
	4. Cost of actions to col	lect receivables		
	5. Advertising, except for	or recruitment of personnel		
	connection with rehe	d professional services incurred in aring, arbitration, or judicial proceedings bursement approved by the		
	8. Fundraising			
	9. Amortization of good	will		
	10. Directors fees			
	11. Contributions			
	12. Membership dues for	public relations		
	13. Cost not related to pa	tient care		
	14. Interest		282,470	
	15. Pass through expens	es		
	16. Total (1 thru 15)			388,
3.	Cost Offset (Expense Reco	overy)		
	Refunds - Medicaid O			
	2. Rent Income			
	3. In-Kind Medical Supp	lies	584,908	
	4. In-Kind Dental Suppli	es		
	5. In-Kind Computer Su	pplies		
	6. In-Kind Rent		9,000	
	7. Total (1 thru 6)			593,
 >.		sallowance and Offset (A16+B7)		



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 $\underline{\text{Maggie.Andrew@CHSHartford.org}}$.

Best Regards,

Maggie Andrew, Finance Manager

Community Health Services, Inc. 500 Albany Avenue

Hartford, ČT 06120 Tel: (860) 249-9625 Fax: (860) 808-1540

