

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

1. FQHC Name	Fair Haven Community Health Clinic, Inc.
Street Address	374 Grand Avenue
City, State, ZIP	New Haven, CT 06513
Telephone Number	203-752-5127
Contact Person	Patricia Moro
Title	Chief Financial Officer

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical 004235736	From <u>7/1/2017</u> To <u>6/30/2018</u>
Dental 008050183	
Mental Health 008050025	
Other (Hospital) 008054526	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

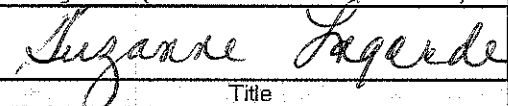
COUNTY CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
Fair Haven Community Health Clinic, Inc. 004235736
(FQHC Name)

For the Reporting Period Beginning 7/1/2017 and Ending 6/30/2018 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
	Suzanne Lagarde, MD
Title	Date
Chief Executive Officer	1/11/2019

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

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Fair Haven Community Health Clinic, Inc.	

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

Provider Name	Location	FQHC Certified Yes/No	Clinic/Provider No.
Fair Haven Community Health Clinic, Inc.	374 Grand Avenue, New Haven, CT 06513	Yes	
Fair Haven Middle School	164 Grand Avenue, New Haven, CT 06513	Yes	
Wilbur Cross High School	181 Mitchell Drive, New Haven, CT 06511	Yes	
J. Martinez School	100 James Street, New Haven, CT 06513	Yes	
Bella Vista Clinic	339 Eastern Street, New Haven, CT 06513	Yes	
Clinton Avenue School	293 Clinton Avenue, New Haven, CT 06513	Yes	
Multicultural Ambulatory Addictions Services	426 East Street, New Haven, CT 06511	Yes	
East Haven Health & Wellness	626 Main Street, East Haven, CT 06512	Yes	
"Smiles 2 Go" Dental Van	374 Grand Avenue, New Haven, CT 06513	Yes	
Fair Haven Community Health Center @ East Haven	370 Hemmingway Avenue, East Haven, CT 06512	Yes	
Fair Haven Community Health Center @ 50 Grand	50 Grand Avenue, New Haven, CT 06513	Yes	
BH Cares	14 Sycamore Way, Branford, CT 06405	Yes	
East Haven High School	35 Wheelbarrow Lane, East Haven, CT 06513	Yes	
Joseph Milillo Middle School	67 Hudson Street, East Haven, CT 06512	Yes	

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

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

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

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Fair Haven Community Health Clinic, Inc.

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

COST CENTER	I	II	III	IV	V	VI	VII
	Salaried Personnel	Other Costs	Total	Reclassifications	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>							
1. Staff Cost							
a. Physician	1,853,952	466,163	2,320,115		2,320,115	(105,000)	2,215,115
b. Physician Assistant	4,350	847	5,197		5,197		5,197
c. Nurse (APRN, Midwife, RN)	1,862,460	362,821	2,225,281		2,225,281		2,225,281
d. Other - Specify							
Patient support services	335,941	65,424	401,265		401,265		401,265
Clinical Assistants	895,565	172,514	1,058,079		1,058,079		1,058,079
Nutritionist	161,896	31,538	193,434		193,434		193,434
Lab staff	74,373	141,784	216,157		216,157	(127,296)	88,861
Nurse - non-billable	1,521,980	296,492	1,818,472		1,818,472		1,818,472
Enabling	163,107	31,774	194,881		194,881		194,881
Educator	7,534	1,468	9,002		9,002		9,002
e. Subtotal Direct Health Care Cost	6,871,058	1,570,825	8,441,883	0	8,441,883	(232,296)	8,209,587
2. Other Direct Health Care Cost							
a. Medical Supplies		906,408	906,408		906,408	(636,638)	269,770
b. Transportation		31,276	31,276		31,276		31,276
c. Depreciation - Medical Equipment		317,537	317,537		317,537		317,537
d. Professional Liability Insurance							
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify							
Occupancy and Office		548,928	548,928		548,928		548,928
Prescription Drug Benefit Program		760,173	760,173		760,173		760,173
Other expenses		130,226	130,226		130,226		130,226
i. Subtotal Other Direct Health Care Cost	0	2,694,548	2,694,548	0	2,694,548	(636,638)	2,057,910
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	6,871,058	4,265,373	11,136,431	0	11,136,431	(868,934)	10,267,497

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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)
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	288,023	46,369	284,392		284,392		284,392
b. Dental Hygienist	149,012	29,029	178,041		178,041		178,041
c. Other - Specify							
Dental Support Staff	75,647	14,737	90,384		90,384		90,384
Dental Assistant	80,285	15,640	95,925		95,925		95,925
Patient Support Svcs	45,947	8,951	54,898		54,898		54,898
d. Subtotal Direct Dental Care Cost	588,914	114,726	703,640	0	703,640	0	703,640
2. Other Direct Dental Care Cost							
a. Dental Supplies		56,907	56,907		56,907		56,907
b. Transportation		2,681	2,681		2,681		2,681
c. Depreciation - Dental Equipment		0	0		0		0
d. Professional Liability Insurance		0	0		0		0
e. Other - Specify		47,048	47,048		47,048		47,048
Occupancy and Office Other Expenses							
f. Subtotal Other Direct Dental Care Cost	0	106,636	106,636	0	106,636	0	106,636
3. TOTAL DIRECT DENTAL CARE COST (1d & 2f)							
	588,914	221,362	810,276	0	810,276	0	810,276

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

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER		I	II	III	IV	V	VI	VII
		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments Increase (Decrease)	Net Expenses
		(Col 1)	(Col 2)	(Col 3 & 4)	(Col 5 & 6)	(Col 7 & 8)	(Col 9 & 10)	(Col 11 & 12)
1. Staff Cost								
a.	Psychologist	93,222	18,160	111,382		111,382		111,382
b.	Social Worker	480,400	93,585	573,985		573,985		573,985
c.	Other - Specify							
	Enabling	73,759	14,869	88,128		88,128		88,128
	Educator	0	0	0		0		0
	Patient Support Services	188,404	26,962	165,366		165,366		165,366
d.	Subtotal Direct Mental Health Care Cost	785,785	153,076	938,861	0	938,861	0	938,861
2. Other Direct Mental Health Care Cost								
a.	Medical Supplies			0		0		0
b.	Transportation		3,577	3,577		3,577		3,577
c.	Depreciation - Mental Health Equipment		36,314	36,314		36,314		36,314
d.	Professional Liability Insurance		0	0		0		0
e.	Other - Specify							
	Occupancy and Office		62,776	62,776		62,776		62,776
	Consulting		0	0		0		0
			0	0		0		0
			0	0		0		0
f.	Subtotal Other Direct Mental Health Care Cost	0	102,667	102,667	0	102,667	0	102,667
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)		785,785	255,743	1,041,528	0	1,041,528	0	1,041,528
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES		8,246,757	4,742,478	12,989,235		12,989,235	(868,934)	12,119,301

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 FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	E. NON-ALLOWABLE DIRECT OTHER SERVICE COST						
	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
1. Services							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology		335,000	335,000		335,000		335,000
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 WIC & NFN	737,882	1,628,443	2,366,325		2,366,325		2,366,325
			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	737,882	1,663,443	2,701,325	0	2,701,325	0	2,701,325
F. TOTAL DIRECT COST (D+E1)	8,983,639	6,705,921	15,689,560		15,689,560	(868,934)	14,820,626

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-5 (Overhead Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I	II	III	IV	V	VI	VII
OVERHEAD - FACILITY COST	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
a. Rent		68,280	68,280		68,280		68,280
b. Insurance		31,440	31,440		31,440		31,440
c. Interest on Mortgage or Loans		30,232	30,232		30,232		30,232
d. Utilities		37,850	37,850		37,850		37,850
e. Depreciation - Building		157,813	157,813		157,813		157,813
f. Depreciation - Equipment		0	0		0		0
g. Housekeeping & Maintenance		53,585	53,585		53,585		53,585
h. Other (Specify)		37,571	37,571		37,571		37,571
			0		0		0
			0		0		0
			0		0		0
			0		0		0
J. Subtotal Overhead - Facility Cost	0	416,771	416,771	0	416,771	0	416,771
OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,794,281	789,152	4,583,433		4,583,433		4,583,433
b. Depreciation - Office Equipment		17,535	17,535		17,535		17,535
c. Office Supplies		139,455	139,455		139,455		139,455
d. Legal		71,408	71,408		71,408		71,408
e. Accounting		66,911	66,911		66,911		66,911
f. Insurance		31,439	31,439		31,439		31,439
g. Telephone		28,242	28,242		28,242		28,242
h. Fringe Benefits & Taxes		0	0		0		0
i. Interest - Capital Loans		0	0		0		0
j. Other (Specify)							
Payroll and other professional services		314,358	314,358		314,358		314,358
Credentiaing, licensing, dues and subscriptions		21,882	21,882		21,882		21,882
Office Equipment		28,670	28,670		28,670		28,670
Bad Debts		734,480	734,480		734,480	(734,480)	0
Postage and Printing		9,527	9,527		9,527		9,527
Miscellaneous Expenses		135,858	135,858		135,858		135,858
Subtotal Overhead - Administrative Cost	3,794,281	2,335,918	6,134,199	0	6,134,199	(734,480)	5,399,719
I. TOTAL OVERHEAD COST (G+H+I)	3,794,281	2,756,689	6,550,970	0	6,550,970	(734,480)	5,816,490
J. GRAND TOTAL COSTS² (E+I)	12,777,950	9,462,610	22,240,560	0	22,240,560	(1,603,414)	20,637,146

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

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

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Compensation II	Encounters III	Employee Total Hours IV	Total Employee Hours and FTEs FTEs (2080 hrs = 1 FTE) V
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I				
<i>Provide Itemized Identification (e.g., Physician, General)</i>					
A. PHYSICIAN					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00
B. PHYSICIAN ASSISTANT					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	I	II	III	IV	V
<i>Provide itemized and identified listing, Physician</i>	<i>General</i>	<i>122,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Employee Total Hours IV	Total Employee Hours and FTEs FTEs (2080 hrs = 1 FTE) V
Provider(s) Identified (e.g., Dentist)				
A. DENTIST				
1. Please see form B-4 Summary Personnel			1,040	0.50
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Compensation II	Encounters III	Total Employee Hours and FTEs	
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
A. PSYCHOLOGIST					
1. Please see form B-4 Summary Personnel					
2.					
3.					
4.					
5.					
Total Psychologist Encounters, Staff Hours and FTEs				0	0
B. SOCIAL WORKER					
1. Please see form B-4 Summary Personnel					
2.					
3.					
4.					
5.					
Total Social Worker Encounters, Hours and FTEs				0	0
C. OTHER MENTAL HEALTH PRACTITIONER					
1. Please see form B-4 Summary Personnel					
2.					
3.					
4.					
5.					
Total Other Mental Health Practitioner Encounters, Hours and FTE				0	0

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE										
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	I Number of Practitioners	II Total Compensation	III Compensation Range		IV Turnover			V Employee Hours and FTEs		
			High	Low	Hires	Departures	Encounters	Total Hours	FTEs (2,080 hrs = 1 FTE)	
A. HEALTH CARE PRACTITIONERS										
1. PHYSICIAN	26	1,891,089	233,293	158,122	5	6	23,461	22,110	10,63	10.63
2. PHYSICIAN ASSISTANT	2	69,129	156,000	156,000		1	915	478	0.23	0.23
3. NURSE (APRN, MIDWIFE, RN)	20	1,754,631	132,059	85,155	2	1	34,528	34,070	16.38	16.38
4. PHYSICIAN SERVICES UNDER CONTRAC									0.00	0.00
5. OTHER HEALTH PROFESSIONALS									0.00	0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00	0.00
7. OTHER HEALTH CARE PRACTITIONERS	3	32,400	234,000	104,000		1	718	83	0.04	0.04
Total Health Care	51	3,746,949			7	9	59,622	56,742	27.28	27.28
B. DENTAL PRACTITIONERS										
1. DENTIST	2	238,023	174,990	131,290	1		3,016	3,099	1.49	1.49
2. DENTAL HYGIENIST	4	149,012	86,694	72,800	2	1	3,535	3,910	1.88	1.88
3. OTHER DENTAL PRACTITIONERS									0.00	0.00
Total Dental	6	387,035			3	1	6,553	7,010	3.37	3.37
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	40,921	163,197	163,197		1	224	416	0.20	0.20
2. PSYCHOLOGIST	3	204,456	109,990	90,002	1		2,319	4,389	2.11	2.11
3. LICENSED CLINICAL SOCIAL WORKER	4	120,296	68,640	63,003	2	1	1,712	3,494	1.68	1.68
4. PSYCHIATRIC APRN	2	157,739	109,990	60,590			2,580	4,160	2.00	2.00
5. OTHER MENTAL HEALTH PRACTITIONER	4	148,093	95,306	48,963	1	2	1,768	3,827	1.84	1.84
Total Mental Health	14	671,505			4	4	8,610	16,286	7.83	7.83

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2017	To	8/30/2018
FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	12,119,301
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	2,701,325
C.	Total Direct Costs (A+B)	14,820,626
D.	Portion of Title XIX Services (A/C)	81.77%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	5,816,490
F.	Overhead Cost Applicable to Title XIX Services (DxE)	4,756,144
G.	Total Title XIX Services Cost (A+F)	16,875,445
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,062,634
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	4,756,144
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	10,267,497
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	810,276
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,041,528
	4. Total Direct Costs (K1 thru K3)	12,119,301
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	84.72%
	2. Dental Services (K2/K4)	6.69%
	3. Mental Health Services (K3/K4)	8.59%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	4,029,405
	2. Dental Services (JxL2)	318,186
	3. Mental Health Services (JxL3)	408,553
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,756,144

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Fair Haven Community Health Clinic, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	10,267,497
B. Allowable Overhead Cost (P13 - Form C, Line M1)	4,029,405
C. Total Allowable Health Care Cost (A+B)	14,296,902
D. Encounters (P12 - Form B-4, Health Care Total)	59,622
E. Allowable Health Care Cost Per Encounter (C/D)	239.79
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	810,276
B. Allowable Overhead Cost (P13 - Form C, Line M2)	318,186
C. Total Allowable Dental Cost (A+B)	1,128,462
D. Encounters (P12 - Form B-4, Dental Total)	6,553
E. Allowable Dental Cost Per Encounter (C/D)	172.21
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3; Line C3, Col. VII)	1,041,528
B. Allowable Overhead Cost (P13 - Form C, Line M3)	408,553
C. Total Allowable Mental Health Cost (A+B)	1,450,081
D. Encounters (P12 - Form B-4, Mental Health Total)	8,610
E. Allowable Mental Health Cost Per Encounter (C/D)	168.42

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REVENUES						Form E (Revenues)	
		I	II	III	IV	V	
		Services Excluding Dental, Mental	Dental	Mental Health	Other	Total (Col. I thru IV)	
A. Operating Revenue							
1.	Medicaid	6,215,986	412,796	767,480		7,396,262	
2.	Private	888,598	46,597	180,078		1,115,273	
3.	Medicare	447,466		169,129		616,595	
4.	Patient Cash/Self Pay	669,055	76,450	11,411		756,916	
5.	Other - Specify Breast and Cervical	57,094				57,094	
6.	Total (1 thru 5)	8,278,199	535,843	1,128,098	0	9,942,140	
B. Other Revenue							
1.	Contributions						
2.	Grants	6,777,752	110,014	153,164	120,169	7,040,930	
3.	Interest				5,644	5,644	
4.	Donations				1,375,656	1,375,656	
5.	Other - Specify In Kind						
6.	Other - Specify Prescription Drug Program 340B						
7.	Other - Specify Meaningful Use and PCMH +						
8.	Other - Specify Other Miscellaneous				423,905	423,905	
9.	Other - Specify Preceptor				202,084	202,084	
10.	Other - Specify						
11.	Total (1 thru 10)	10,366,456	110,014	153,164	2,127,458	12,757,092	
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)		18,644,655	645,857	1,281,262	2,127,458	22,699,232	

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Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS: <i>(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)</i>		
A.	Contributions	ACTUAL
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	120,169
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	120,169
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	2,341,026
	2. Dental	110,014
	3. Mental Health	153,164
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,604,204

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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	734,480
	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 - social services	990,669
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	1,725,149
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Refunds - Medicaid Outreach	
	2. Rent Expense - Donated Space	28,850
	3. In-Kind Medical Supplies	636,638
	4. In-Kind Donated Salaries	232,296
	5. In-Kind Expenses - WIC	1,375,656
	6. In-Kind Expenses - Radiology	335,000
	7. Total (1 thru 6)	2,608,440
C.	Total Cost Disallowance and Offset (A16+B7)	4,333,589