

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	CIFC Inc./ Greater Danbury Community Health Center		
	Street Address	120 Main street		
	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	1/1/2017 To 12/31/2017
	Dental	8058757		
	Mental Health	8050622		
	Other (Specify)	_____		

4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	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.			
	CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC			
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By			
	CIFC Inc./ Greater Danbury Community Health Center 8004668			
	<i>(FQHC Name)</i>			
	For the Reporting Period Beginning 1/1/2017 and Ending 12/31/2017 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:			
6.	Signature (Officer or Administrator of FQHC)		Printed Name	
			James H. Maloney	
			Date	
	President/CEO		6/22/2018	

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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>1/1/2017</u>	To <u>12/31/2017</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	3,643,061		3,643,061	546,459	4,189,520		4,189,520
b. Physician Assistant	105,209		105,209	15,781	120,990		120,990
c. Nurse (APRN, Midwife, RN)	1,008,732		1,008,732	151,310	1,160,042		1,160,042
d. Other - Specify				0			
LPN/Nurse	166,878		166,878	25,032	191,910		191,910
Medical Assistants	965,513		965,513	144,827	1,110,340		1,110,340
PHYSICIAN SERVICES UNDER CONTRACT	683,059		683,059		683,059		683,059
Genetic Counselor	2,595		2,595		2,595		2,595
LMFT	37,647		37,647		37,647		37,647
			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	6,612,694	0	6,612,694	883,409	7,496,102	0	7,496,102
2. Other Direct Health Care Cost							
a. Medical Supplies		878,481	878,481		878,481		878,481
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		31,568	31,568		31,568		31,568
After hours Answering service		43,622	43,622		43,622		43,622
Dues/subscriptions/fees		76,151	76,151		76,151		76,151
Professional Services		272,761	272,761		272,761		272,761
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	1,302,583	1,302,583	0	1,302,583	0	1,302,583
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	6,612,694	1,302,583	7,915,277	883,409	8,798,686	0	8,798,686

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name: CIFC 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	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	57,588		57,588	8,638	66,226		66,226
b. Dental Hygienst	82,592		82,592	12,389	94,981		94,981
c. Other - Specify							
Dental assistant	12,898		12,898	1,935	14,832		14,832
			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
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	153,078	0	153,078	22,962	176,039	0	176,039
2 Other Direct Dental Care Cost							
a. Dental Supplies		12,738	12,738		12,738		12,738
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Professional services		922	922		922		922
Other fees		6,471	6,471		6,471		6,471
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	20,131	20,131	0	20,131	0	20,131
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	153,078	20,131	173,209	22,962	196,170	0	196,170

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name: 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	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
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	132,602		132,602	19,890	152,493		152,493
b. Social Worker	255,901		255,901	38,385	294,286		294,286
c. Other - Specify			0		0		0
Behavioral Health APRN	138,344		138,344	20,752	159,095		159,095
Psych BH RN	29,274		29,274		29,274		29,274
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	556,121	0	556,121	79,027	635,148	0	635,148
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		111	111		111		111
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		3,291	3,291		3,291		3,291
Staff trainings		3,000	3,000		3,000		3,000
other fees		7,651	7,651		7,651		7,651
After hours answering service			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	14,053	14,053	0	14,053	0	14,053
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	556,121	14,053	570,174	79,027	649,201	0	649,201
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	7,321,892	1,336,767	8,658,659	985,398	9,644,057	-	6,935,080

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name: 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)	7,321,892	1,336,767	8,658,659	985,398	9,644,057	-	6,935,080

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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		572,724	572,724		572,724		572,724
b. Insurance			0		0		0
c. Interest on Mortgage or Loans			0		0		0
d. Utilities		80,591	80,591		80,591		80,591
e. Depreciation - Building			0		0		0
f. Depreciation - Equipment			0		0		0
g. Housekeeping & Maintenance		47,100	47,100		47,100		47,100
h. Other (Specify)			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
i. Subtotal Overhead - Facility Cost	0	700,415	700,415	0	700,415	0	700,415
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	2,929,001		2,929,001		2,929,001		2,929,001
b. Depreciation - Office Equipment		183,017	183,017		183,017		183,017
c. Office Supplies		112,622	112,622		112,622		112,622
d. Legal		9,130	9,130		9,130		9,130
e. Accounting		22,327	22,327		22,327		22,327
f. Insurance		170,512	170,512		170,512		170,512
g. Telephone		121,128	121,128		121,128		121,128
h. Advertising-Help Wanted			0		0		0
i. Interest - Capital Loans		224,441	224,441		224,441		224,441
j. Other (Specify)							
Fringe benefits and taxes		1,442,555	1,442,555	(1,440,600)	1,955		1,955
Staff Development and Travel		59,208	59,208		59,208		59,208
Payroll and Data / EMR Processing		573,318	573,318		573,318		573,318
Dues and Subscriptions/Advertising		74,454	74,454		74,454		74,454
Bad Debt		46,000	46,000		46,000		46,000
k. Subtotal Overhead - Administrative Cost	2,929,001	3,038,713	5,967,714	(1,440,600)	4,527,113	0	4,527,113
l. TOTAL OVERHEAD COST (Gi+Hk)	2,929,001	3,739,128	6,668,129	(1,440,600)	5,227,529	-	5,227,529
J. GRAND TOTAL COSTS² (F+I)	10,250,893	5,075,895	15,326,788	(455,203)	15,781,991	-	15,781,991

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>42,736.00</u>	To <u>12/31/2017</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>	<i>\$ 125,000.00</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A.	PHYSICIAN			Year 2017		
1	Physician #1	Pediatrician	\$ 9,175.66	55	103	0.05
1	Physician #2	Pediatrician	\$ 40,387.50	1,101	2,399	1.15
1	Physician #3	Pediatrician	\$ 180,000.00	3,479	2,500	1.20
1	Physician #4	Pediatrician	\$ 5,202.08		52	0.03
1	Physician #5	Pediatrician	\$ 16,626.03	330	427	0.21
1	Physician #6	Internal Medicine	\$ 151,303.95	1,996	1,645	0.79
1	Physician #7	Internal Medicine	\$ 158,975.16	2,367	2,265	1.09
1	Physician #8	Internal Medicine	\$ 74,213.67	1,285	1,042	0.50
1	Physician #9	Internal Medicine	\$ 156,425.16	2,586	2,380	1.14
1	Physician #10	Internal Medicine	\$ 169,999.92	1,746	2,103	1.01
1	Physician #11	Internal Medicine	\$ 220,000.00	308	2,243	1.08
1	Physician #12	Internal Medicine	\$ 180,000.00	1,776	1,995	0.96
1	Physician #13	Internal Medicine	\$ 198,315.00	1,812	2,114	1.02
1	Physician #14	TB Internist	\$ 9,044.00	347	72	0.03
1	Physician #15	Chief of Medicine	\$ 220,000.00		2,297	1.10
1	Physician #16	Chief of OBGYN	\$ 36,450.00	1,511	405	0.19
1	Physician #17	Chief of CM	\$ 13.00	0	0	0.00
1	Physician #18	STD Specialty	\$ 3,680.00		64	0.03
1	Primary Care Resident Physician #1	IM Resident	\$ 33,370.08		1,166	0.56
1	Primary Care Resident Physician #2	IM Resident	\$ 33,370.08		1,061	0.51
1	Primary Care Resident Physician #3	IM Resident	\$ 63,979.08		2,427	1.17
1	Primary Care Resident Physician #4	IM Resident	\$ 62,180.04		2,814	1.35
1	Primary Care Resident Physician #5	IM Resident	\$ 62,180.04		2,522	1.21
1	Primary Care Resident Physician #6	IM Resident	\$ 33,782.58		1,253	0.60

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

Reporting Period:	From \$ <u>42,736.00</u>	To <u>12/31/2017</u>
FQHC Name: CIFIC 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	\$ 62,180.04		2,542	1.22	
1	Primary Care Resident Physician #8	\$ 64,079.44		2,327	1.12	
1	Primary Care Resident Physician #9	\$ 33,370.08		918	0.44	
1	Primary Care Resident Physician #10	\$ 36,107.37		1,311	0.63	
1	Primary Care Resident Physician #11	\$ 33,370.08		1,148	0.55	
1	Primary Care Resident Physician #12	\$ 36,107.37		1,564	0.75	
1	Primary Care Resident Physician #13	\$ 63,979.08		2,193	1.05	
1	Primary Care Resident Physician #14	\$ 64,079.44		2,554	1.23	
1	Primary Care Resident Physician #15	\$ 36,107.37		1,506	0.72	
1	Primary Care Resident Physician #16	\$ 33,370.08		1,077	0.52	
1	Primary Care Resident Physician #17	\$ 63,979.08		2,399	1.15	
1	Primary Care Resident Physician #18	\$ 62,180.04		3,281	1.58	
1	Primary Care Resident Physician #19	\$ 59,560.97		2,990	1.44	
1	Primary Care Resident Physician #20	\$ 63,979.08		2,412	1.16	
1	Primary Care Resident Physician #21	\$ 63,154.90		2,459	1.18	
1	Primary Care Resident Physician #22	\$ 36,107.37		1,323	0.64	
1	Primary Care Resident Physician #23	\$ 63,979.08		2,729	1.31	
1	Primary Care Resident Physician #24	\$ 63,979.08		2,586	1.24	
1	Primary Care Resident Physician #25	\$ 62,180.04		2,451	1.18	
1	Primary Care Resident Physician #26	\$ 41,212.59		1,019	0.49	
1	Primary Care Resident Physician #27	\$ 33,370.08		992	0.48	
1	Primary Care Resident Physician #28	\$ 33,370.08		2,435	1.17	
1	Primary Care Resident Physician #29	\$ 62,180.04		2,435	1.17	
1	Primary Care Resident Physician #30	\$ 62,180.04		2,403	1.16	
1	Primary Care Resident Physician #31	\$ 63,979.08		2,183	1.05	
1	Primary Care Resident Physician #32	\$ 63,979.08		2,180	1.05	

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

Reporting Period:	From \$ <u>42,736.00</u>	To <u>12/31/2017</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 #33	IM Resident	\$ 63,979.08		2,202	1.06	
1 Primary Care Resident Physician #34	IM Resident	\$ 36,107.37		1,366	0.66	
1 Primary Care Resident Physician #35	IM Resident	\$ 62,180.04		2,595	1.25	
Total Physician Encounters, Staff Hours and FTEs		\$ 3,643,060.50	20,699	94,915	45.6	
B. PHYSICIAN ASSISTANT						
1. PA #1	Family Practice	\$ 33,730.23		671	0.32	
2 PA #2	Family Practice	\$ 71,479.24	15	1,466	0.70	
Total Physician Assistant Encounters, Hours and FTEs		\$ 105,209.47	15	2,137	1.02	

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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	104,435	2,162	1,466	0.70
2.	APRN #2	APRN	74,956	2,383	2,268	1.09
3.	APRN #3	APRN	72,580		1,670	0.80
4.	APRN #4	APRN	66,544		1,449	0.70
5.	APRN #5	APRN	64,067		1,521	0.73
6.	APRN #6	APRN	4,263	17	1,482	0.71
7.	APRN #7	APRN	367		1,466	0.70
8.	APRN #8	APRN	4,945		86	0.04
9.	RN#1	RN	32,261		924	0.44
	RN#2	RN	50,181		1,929	0.93
	RN#3	RN	61,780		1,260	0.61
	RN#4	RN	95,921		2,160	1.04
	RN#5	RN	93,740		1,947	0.94
	RN#6	RN	100,484		2,206	1.06
	RN#7	RN	393		15	0.01
	RN#8	RN	20,987		859	0.41
	RN#9	RN	125,171		2,082	1.00
	RN#10	RN	35,657		761	0.37
Total Nurse Practitioner			1,008,731	4,562	25,553	12.28
D.	PHYSICIAN SERVICES UNDER CONTRACT					
1.						0.00
2.						0.00

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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)				Total Employee Hours and FTEs		
		Specialty	Compensation	Encounters	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		26,027		1,373	0.66
2.	MA #2		35,607		1,780	0.86
	MA #3		37,608		1,979	0.95
	MA #4		40,836		2,018	0.97
	MA #5		39,846		1,991	0.96
	MA #6		32,214		1,952	0.94
	MA #7		40,099		1,989	0.96
	MA #8		30,554		400	0.19
	MA #9		13,938		871	0.42
	MA #10		3,818		225	0.11
	MA #11		34,684		1,927	0.93
	MA #12		17,772		988	0.47
	MA #13		32,682		1,981	0.95
	MA #14		32,150		2,007	0.97
	MA #15		22,862		1,429	0.69
	MA #16		36,122		1,953	0.94
	MA #17		41,359		1,969	0.95
	MA #18		35,337		2,016	0.97
	MA #19		41,055		2,030	0.98
	MA #20		2,620		131	0.06

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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		37,188		2,003	0.96
MA #22		32,292		1,957	0.94
MA #23		30,000		1,720	0.83
MA #24		36,606		2,002	0.96
MA #25		41,867		1,991	0.96
MA #26		37,560		1,977	0.95
MA #27		37,248		1,832	0.88
MA #28		26,635		1,419	0.68
MA #29		29,610		1,578	0.76
MA #30		27,577		1,476	0.71
MA #31		31,741		1,683	0.81
LPN#1		51,283		1,972	0.95
LPN#2		39,178		1,399	0.67
LPN#3		62,266		2,008	0.97
LPN#4		14,151		534	0.26
LMFT #1		37,647		1,035	0.50
Genetic Counselor#1		2,595		1,713	0.82
Total Other Health Care Practitioner		1,172,634	0	59,307	28.54

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	II	III	IV	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	2,681	1	33	0.02
2. Dentist #2	54,907	335	307	0.15
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	57,588	336	339	0.17
B. DENTAL HYGIENIST				
1. Dental Hygienist # 1	82,592	690	1,993	0.96
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	82,592	690	1,993	0.96
C. OTHER DENTAL PRACTITIONER				
1. Dental Assistant	12,898		586	0.28
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	12,898	0	586	0.28

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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			Total Employee Hours and FTEs		
		Compensation	Encounters	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	44,294		1,448	0.70
2.	Psychiatrist #1	88,308	217	875	0.42
3.					0.00
4.					0.00
5.					0.00
	Total Psychologist Encounters, Staff Hours and FTEs	132,602	217	2,323	1.12
B.	SOCIAL WORKER				
1.	LCSW #1	75,000	725	1,958	0.94
2.	LCSW #2	43,440		1,448	0.70
3.	LCSW #3	44,294		1,448	0.70
4.	LCSW #4	45,698		1,541	0.74
5.	LCSW #5	25,594	473	584	0.28
6.	LCSW #6	21,875	272	564	0.27
	Total Social Worker Encounters, Hours and FTEs	255,901	1,470	7,543	3.63
C.	OTHER MENTAL HEALTH PRACTITIONER				
1.	BH APRN #1	36,969	326	646	0.31
2.	BH APRN #2	39,375		565	0.27
3.	BH APRN #3	1,520	12	19	0.01
4.	BH APRN #4	35,000	297	587	0.28
5.	BH APRN #5	25,480	196	398	0.19
	PSY BH RN#1	29,274		572	0.28
					0.00
					0.00
					0.00
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	167,617	831	2,787	1.34

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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	17	1,829,811	220,000	155,000	2	0	20,699	24,037	11.56	
2. PRIMARY CARE RESIDENT PHYSICIANS	35	1,813,249	59,963	55,398	6	12		70,814	34.05	
3. PHYSICIANS ASSISTANT	2	105,209	98,085		0	1	0	2,137	1.03	
4. NURSE (APRN, MIDWIFE, RN)	6	1,008,731	125,171	94,010	2	2	4,562	25,553	12.28	
5. PHYSICIAN SERVICES UNDER CONTRACT		683,059							0.00	
6. OTHER HEALTH PROFESSIONALS									0.00	
7. OTHER ALLIED HEALTH PROFESSIONALS		1,132,391							0.00	
OTHER HEALTH CARE PRACTITIONERS										
Total Health Care	60	6,572,451			10	15	25,261	122,540	58.92	
B. DENTAL PRACTITIONERS										
1. DENTIST	2	57,588	54,907	2,681	0	0	336	339	0.16	
2. DENTAL HYGIENIST	1	82,592	82,592		1	0	690	1,993	0.96	
3. OTHER DENTAL PRACTITIONERS	1	12,898	12,898		0	0		586	0.28	
Total Dental	4	153,078			1	0	1,026	2,918	1.40	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	88,308			1	0	217	875	0.42	
2. PSYCHOLOGIST	1	44,294			0	0		1,448	0.70	
3. LICENSED CLINICAL SOCIAL WORKER	6	255,901	75,000	57,818	3	1	1,470	7,543	3.63	
4. PSYCHIATRIC APRN	5	138,344	33,610		4	0	831	2,215	1.06	
5. OTHER MENTAL HEALTH PRACTITIONERS		29,274						572	0.28	
Total Mental Health	13	556,121			8	1	2,518	12,653	6.09	

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	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)	6,935,080
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	6,935,080
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	5,227,529
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,227,529
G.	Total Title XIX Services Cost (A+F)	12,162,609
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,648,783
I.	Cost Adjustment (Lower of H-F or Zero)	(1,578,746)
J.	Allowable Title XIX Overhead Cost (F+I)	3,648,783
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	8,798,686
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	196,170
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	649,201
	4. Total Direct Costs (K1 thru K3)	9,644,057
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	91.23%
	2. Dental Services (K2/K4)	2.03%
	3. Mental Health Services (K3/K4)	6.73%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,328,785
	2. Dental Services (JxL2)	74,070
	3. Mental Health Services (JxL3)	245,563
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,648,418

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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)	8,798,686
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,328,785
C. Total Allowable Health Care Cost (A+B)	12,127,471
D. Encounters (P12 - Form B-4, Health Care Total)	25,261
E. Allowable Health Care Cost Per Encounter (C/D)	480.09
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	196,170
B. Allowable Overhead Cost (P13 - Form C, Line M2)	74,070
C. Total Allowable Dental Cost (A+B)	270,240
D. Encounters (P12 - Form B-4, Dental Total)	1,026
E. Allowable Dental Cost Per Encounter (C/D)	263.39
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	649,201
B. Allowable Overhead Cost (P13 - Form C, Line M3)	245,563
C. Total Allowable Mental Health Cost (A+B)	894,764
D. Encounters (P12 - Form B-4, Mental Health Total)	2,518
E. Allowable Mental Health Cost Per Encounter (C/D)	355.35

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

Reporting Period:	From <u>1/1/2017</u>	To <u>12/31/2017</u>
FQHC Name:	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	4,127,592	42,867	282,846		4,453,305
2.	Private	577,491	0	35,347		612,838
3.	Medicare	327,820		237,426		565,246
4.	Patient Cash/Self Pay	840,523	31,521	33,501		905,545
5.	Other - Specify _____					0
6.	Total (1 thru 5)	5,873,426	74,388	589,120	0	6,536,934
B.	Other Revenue					
1.	Contributions	1,654,158				1,654,158
2.	Grants	6,294,444				6,294,444
3.	Interest	427				427
4.	Donations	23,616				23,616
5.	Other - Specify <u>340B Pharmacy</u>	167,974				167,974
6.	Other - Specify _____					0
7.	Other - Specify _____					0
8.	Other - Specify _____					0
9.	Other - Specify _____					0
10.	Other - Specify _____					0
11.	Total (1 thru 10)	8,140,618	0	0	0	8,140,618
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)	14,014,044	74,388	589,120	0	14,677,552

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	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>	125,000
	Other - Specify <u>Teaching Health Center Univ Support</u>	60,000
	Other - Specify <u>Private Donors</u>	1,469,158
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,654,158

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,475,127
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>Federal Teaching Health Center</u>	3,607,769
	Other - Specify <u>WIC</u>	351,503
	Other - Specify <u>State DPH/CHC</u>	215,852
	Other - Specify <u>State (Danbury SBHC)</u>	604,231
	Other - Specify <u>CHCACT Pass Throughs</u>	39,962
	Other - Specify _____	
	5. Total (1 thru 4)	6,294,444

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

Reporting Period:	From	1/1/2017	To	12/31/2017
FQHC Name:	CIFC Inc./ Greater Danbury Community Health Center			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	46,000
	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	224,441
	15. Pass through expenses	
	16. Total (1 thru 15)	270,441
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	
	3. In-Kind Medical Supplies	504,324
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Rent	9,000
	7. Total (1 thru 6)	513,324
C.	Total Cost Disallowance and Offset (A16+B7)	783,764