

December 14, 2018

Christopher LaVigne
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. Lavigne,

Enclosed please find the cost report filing due December 31, 2018 for the fiscal year ended June 30, 2018. As noted in our discussions at the CHCACT CFO meetings previously, the report that you are using for the submission does not, in our opinion, accurately reflect the "reasonable" cost of providing Medicaid covered services - the standard for setting and adjusting the Medicaid PPS rate. Accordingly, we do not agree or acquiesce to the concept that these reports will result in an accurate measure of the reasonable cost of providing Medicaid covered services by our member FQHCs.

As such, our submission should not be construed as and does not represent an agreement to the concept that the State's cost report accurately measures the reasonable cost of providing Medicaid covered services by an FQHC in Connecticut.

We look forward to working with you and your office in the future, please do not hesitate to call if you have any questions.

Sincerely,

John J. Gettings III
Chief Financial Officer



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	Norwalk Community Health Center, Inc.
Street Address	120 Connecticut Avenue
City, State, ZIP	Norwalk, Connecticut, 06854
Telephone Number	203.899.1770
Contact Person	John J. Gettings III
Title	CFO

2. FQHC Medicaid Provider Number:	3. Reporting Period:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Medical</td> <td style="border-bottom: 1px solid black;">004236172</td> </tr> <tr> <td>Dental</td> <td style="border-bottom: 1px solid black;">008066587</td> </tr> <tr> <td>Mental Health</td> <td style="border-bottom: 1px solid black;">008066726</td> </tr> <tr> <td>Other (Specify)</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Medical	004236172	Dental	008066587	Mental Health	008066726	Other (Specify)				From <u>7/1/2017</u> To <u>6/30/2018</u>
Medical	004236172										
Dental	008066587										
Mental Health	008066726										
Other (Specify)											

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT

COUNTY CITY OTHER

5. FQHC Owned By:

Norwalk Community Health Center, Inc. (501c(3))

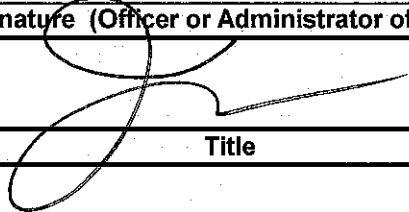
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

Norwalk Community Health Center, Inc. 004236172

(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
	John J. Gettings III
Title	Date
Chief Financial Officer	12/14/18

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:	Norwalk Community Health Center, 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 reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
Norwalk Community Health Center	120 Connecticut Avenue, Norwalk, CT 06854 (Including Mobile Unit)	Yes	004236172

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.	
---	--

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: Norwalk Community Health Center, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	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)
-------------	-------------------------	-------------------	--------------	-------------------------	---	---------------------------------------	---------------------------------

A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)

1. Staff Cost	774,057	1,081,514	1,855,581	182,329	2,047,910		2,047,910
a. Physician							
b. Physician Assistant	932,712		932,712	231,746	1,164,458		1,164,458
c. Nurse (APRN, Midwife, RN)							
d. Other - Specify LPNs, Medical Assistants, Case Mgmt	883,484		883,484	236,810	1,120,294		1,120,294
e. Subtotal Direct Health Care Cost	2,660,274	1,081,514	3,741,788	660,984	4,402,772		4,402,772

2. Other Direct Health Care Cost

a. Medical Supplies		542,036	542,036		542,036	(865,622)	172,413
b. Transportation		26,947	26,947		26,947		26,947
c. Depreciation - Medical Equipment		17,526	17,526		17,526		17,526
d. Professional Liability Insurance		17,143	17,143		17,143		17,143
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify							
Provider Credentialing		184	184		184		184
Provider Licensing		10,946	10,946		10,946		10,946
GEN/Visualizations Provider Licensing		170,495	170,495		170,495		170,495
Provider/Clinical CME Training		12,854	12,854		12,854		12,854
Interpreting Services		137,427	137,427		137,427		137,427
Paprail Services		8,257	8,257		8,257		8,257
Office Supplies		304	304		304		304
Minor Office							
Subscriptions		2,960	2,960		2,960		2,960
Printing		3,105	3,105		3,105		3,105
Minor Clinical		704	704		704		704
Medical Equip. Repairs & Maintenance		6,660	6,660		6,660		6,660
Accounting Service		12,831	12,831		12,831		12,831
Telephone		13,368	13,368		13,368		13,368
Recruitment		33,749	33,749		33,749		33,749
Bad Debt Expense		241,196	241,196		241,196	(241,196)	0
Mobile Medical Unit Insurance		5,908	5,908		5,908		5,908
		0	0		0		0
i. Subtotal Other Direct Health Care Cost	0	1,264,601	1,264,601	0	1,264,601	(610,822)	653,779

3. TOTAL DIRECT HEALTH CARE COST (1b & 2)

	2,660,274	2,346,115	5,006,389	660,984	5,667,373	(610,822)	5,056,552
--	-----------	-----------	-----------	---------	-----------	-----------	-----------

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: Norwalk Community Health Center, 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	Adjustments Increase (Decrease)	Net Expenses
	I	II	III	IV	V	VI	(Col 5 & 6) VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	150,108	1,720	151,828	37,297	189,125		189,125
b. Dental Hygienist	70,108		70,108	17,419	87,528		87,528
c. Other - Specify	62,055		62,055	15,419	77,474		77,474
Dental Assistant							
d. Subtotal Direct Dental Care Cost	282,272	1,720	283,992	70,135	354,125	0	354,125
2. Other Direct Dental Care Cost							
a. Dental Supplies		34,129	34,129		34,129		34,129
b. Transportation		27,846	27,846		27,846		27,846
c. Depreciation - Dental Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Payroll Services		876	876		876		876
Dental Equip. Repair & Maintenance		1,690	1,690		1,690		1,690
Telephone		934	934		934		934
Dentrix Provider Licensing		2,546	2,546		2,546		2,546
Office Supplies		0	0		0		0
Minor Office		0	0		0		0
Minor Dental Equipment		772	772		772		772
Printing		1,180	1,180		1,180		1,180
Provider/Clinical CME Training		1,650	1,650		1,650		1,650
Provider Licensing		731	731		731		731
f. Subtotal Other Direct Dental Care Cost	0	72,353	72,353	0	72,353	0	72,353
3. TOTAL DIRECT DENTAL CARE COST (1d & 2f)	282,272	74,073	356,344	70,135	426,479	0	426,479

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: Norwalk Community Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
C. DIRECT MENTAL HEALTH CARE COST							
COST CENTER	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. Staff Cost							
a. Psychologist	246,574		246,574	61,265	307,839	0	307,839
b. Social Worker	11,077		11,077	2,752	13,829	0	13,829
c. Other - Specify	29,358		29,358	7,295	36,653	0	36,653
Psychiatrist							
APRN - Psych							
d. Subtotal Direct Mental Health Care Cost	287,009	0	287,009	71,312	358,321	0	358,321
2. Other Direct Mental Health Care Cost							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Provider CME Training		1,363	1,363		1,363		1,363
Payroll Services		891	891		891		891
Telephone		311	311		311		311
Recruitment Fees		20,900	20,900		20,900		20,900
Provider Licensing		0	0		0		0
GE/Visualizations Provider Licensing		1,440	1,440		1,440		1,440
Printing		50	50		50		50
f. Subtotal Other Direct Mental Health Care Cost	0	24,955	24,955	0	24,955	0	24,955
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	287,009	24,955	311,965	71,312	383,276	0	383,276
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	3,229,555	2,445,143	5,674,698	802,430	6,477,128	(610,822)	5,866,307

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: Norwalk Community Health Center, Inc.

Form A-4 (Non-Allowable Direct Other Service Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	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
i. Total Non-Allowable Direct Other Service Cost	0	2,445,143	5,674,698	802,430	6,477,128	(610,822)	5,866,307
F. TOTAL DIRECT COST (D+E1)							

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: Norwalk Community Health Center, Inc.

Form A-5 (Overhead Cost)

COST CENTER	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 3 & 6)
	II	III	IV	V	VI	VII	VIII
G. OVERHEAD - FACILITY COST							
a. Rent	781,607	781,607			781,607	(183,488)	598,109
b. Insurance	43,339	43,339			43,339		43,339
c. Interest on Mortgage or Loans	28,947	28,947			28,947		28,947
d. Utilities	162,146	162,146			162,146		162,146
e. Depreciation - Building	187,469	187,469			187,469		187,469
f. Depreciation - Equipment	0	0			0		0
g. Housekeeping & Maintenance	237,780	237,780	28,238		266,017		266,017
h. Other (Specify)	113,649						
		353			353		353
		104,393			104,393		104,393
		0			0		0
		0			0		0
		0			0		0
		0			0		0
		0			0		0
I. Subtotal Overhead - Facility Cost	1,432,395	1,546,034	28,238	(830,668)	1,574,271	(183,488)	1,390,773
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	1,942,446				1,942,446		1,942,446
b. Depreciation - Office Equipment	39,987	39,987			39,987		39,987
c. Office Supplies	53,516	53,516			53,516		53,516
d. Legal	47,254	47,254			47,254		47,254
e. Accounting	31,198	31,198			31,198		31,198
f. Insurance	0	0			0		0
g. Telephone	14,613	14,613			14,613		14,613
h. Fringe Benefits & Taxes	1,313,297	1,313,297	(1,313,297)		0		0
i. Interest - Capital Loans	0	0			0		0
j. Other (Specify)							
		16,378			16,378	(16,378)	0
		23,255			23,255	(23,255)	0
		62,071			62,071		62,071
		168,572			168,572		168,572
		39,061			39,061		39,061
		3,121			3,121		3,121
		6,029			6,029		6,029
		12,113			12,113		12,113
		4,320			4,320		4,320
		17,302			17,302		17,302
		3,748			3,748		3,748
		22,488			22,488		22,488
		48,238			48,238		48,238
		31,000			31,000		31,000
		60,660			60,660		60,660
		9,744			9,744		9,744
		2,026,976			2,026,976	(830,668)	1,196,308
K. Subtotal Overhead - Administrative Cost	1,942,446	2,026,976	(830,668)	(802,430)	3,140,754	(83,633)	3,057,121
L. TOTAL OVERHEAD COST (G+H+K)	2,059,094	3,461,361	5,817,455	(802,430)	4,715,026	(223,131)	4,491,894
J. GRAND TOTAL COSTS* (F+H)	5,285,649	11,182,153	(0)	(833,952)	11,182,153	(833,952)	10,348,201

* 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: Norwalk Community Health Center, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized or identified list (e.g. Physician I)</i>					
A. PHYSICIAN					
1. Please See Form B4				1,040	0.50
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.					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

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: Norwalk Community Health Center, 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 I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provider/tenured/de-tenured/ist (e.g. Physician)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>2,040</i>	<i>0.98</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. Please See Form B4					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.					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.					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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: Norwalk Community Health Center, 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	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide remuneration identifiers (e.g., Dentist)</i>				
A. DENTIST				
1. Please See Form B4				0.00
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.				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.				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

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:	Norwalk Community Health Center, Inc.	

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized list (e.g., Psychologist)</i>				
A. PSYCHOLOGIST				
1. Please See Form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. SOCIAL WORKER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER MENTAL HEALTH PRACTITIONER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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: Norwalk Community Health Center, 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	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Employee Total Hours	Employee FTEs (2,080 hrs = 1 FTE)		
			High	Low	Hires	Departures				
A. HEALTH CARE PRACTITIONERS										
1. PHYSICIAN	7	774,067	220,000	160,000	1	4	11,733	7,499	3.61	
2. PHYSICIAN ASSISTANT									0.00	
3. NURSE (APRN, MIDWIFE, RN)	17	932,712	100,000	70,000	6	5	15,652	20,529	9.87	
4. PHYSICIAN SERVICES UNDER CONTRACT	12	1,081,514	343,200	187,500	5	1	16,159	9,145	4.40	
5. OTHER HEALTH PROFESSIONALS									0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00	
7. OTHER HEALTH CARE PRACTITIONERS									0.00	
Total Health Care	36	2,788,293			12	10	43,544	37,173	17.88	
B. DENTAL PRACTITIONERS										
1. DENTIST	1	151,828	150,000	150,000			1,718	2,080	1.00	
2. DENTAL HYGIENIST	1	70,108	75,000	75,000	1	1	1,476	2,000	0.96	
3. OTHER DENTAL PRACTITIONERS									0.00	
Total Dental	2	221,937			1	1	3,194	4,080	1.96	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	11,077	220,000	220,000	1	0	0	141	0.07	
2. PSYCHOLOGIST									0.00	
3. LICENSED CLINICAL SOCIAL WORKER	5	246,574	69,000	63,000	1	3	1,039	5,143	2.47	
4. PSYCHIATRIC APRN	1	29,358	135,000	120,000	2	1	25	464	0.22	
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00	
Total Mental Health	7	287,009			4	4	1,064	5,748	2.76	

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:	Norwalk Community Health Center, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	5,866,307
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	5,866,307
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	4,491,894
F.	Overhead Cost Applicable to Title XIX Services (DxE)	4,491,894
G.	Total Title XIX Services Cost (A+F)	10,358,201
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,107,460
I.	Cost Adjustment (Lower of H-F or Zero)	(1,384,434)
J.	Allowable Title XIX Overhead Cost (F+I)	3,107,460
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,056,552
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	426,479
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	383,276
	4. Total Direct Costs (K1 thru K3)	5,866,307
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	86.20%
	2. Dental Services (K2/K4)	7.27%
	3. Mental Health Services (K3/K4)	6.53%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,678,631
	2. Dental Services (JxL2)	225,912
	3. Mental Health Services (JxL3)	202,917
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,107,460

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:	Norwalk Community Health Center, 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)	5,056,552
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,678,631
C. Total Allowable Health Care Cost (A+B)	7,735,183
D. Encounters (P12 - Form B-4, Health Care Total)	43,544
E. Allowable Health Care Cost Per Encounter (C/D)	177.64
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	426,479
B. Allowable Overhead Cost (P13 - Form C, Line M2)	225,912
C. Total Allowable Dental Cost (A+B)	652,391
D. Encounters (P12 - Form B-4, Dental Total)	3,194
E. Allowable Dental Cost Per Encounter (C/D)	204.26
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	383,276
B. Allowable Overhead Cost (P13 - Form C, Line M3)	202,917
C. Total Allowable Mental Health Cost (A+B)	586,193
D. Encounters (P12 - Form B-4, Mental Health Total)	1,064
E. Allowable Mental Health Cost Per Encounter (C/D)	550.93

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: Norwalk Community Health Center, Inc.

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	3,758,571				3,758,571
2.	Private	423,996				423,996
3.	Medicare	553,642				553,642
4.	Patient Cash/Self Pay	873,087				873,087
5.	Other - Specify					0
6.	Total (1 thru 5)	5,609,296	0	0	0	5,609,296
B.	Other Revenue					
1.	Contributions	65,244				65,244
2.	Grants	4,419,865				4,419,865
3.	Interest	5,476				5,476
4.	Donations					0
5.	Other - Specify	100,000				100,000
6.	State of CT Bond Amortization	369,622				369,622
7.	In-Kind Donated Vaccines	70,582				70,582
8.	Rental Income	114,750				114,750
9.	Meaningful Use					0
10.	Other - Specify					0
11.	Total (1 thru 10)	5,145,540	0	0	0	5,145,540
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)	10,754,836	0	0	0	10,754,836

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:	Norwalk Community Health Center, Inc.			

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>)	65,244
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	65,244
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,568,566
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,568,566

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:	Norwalk Community Health Center, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	241,199	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	39,633	
	6. Contingent reserves		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
	8. Fundraising		
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care		
	14. Interest		
	15. Straight Line Lease Accounting Method	112,915	
	16. Total (1 thru 15)		393,748
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income	70,582	
	3. In-Kind Medical Supplies	369,622	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		440,205
C.	Total Cost Disallowance and Offset (A16+B7)		833,952