

**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	<u>StayWell Health Care Inc. dba StayWell Health Center</u>
Street Address	<u>80 Phoenix Ave., Suite 201</u>
City, State, ZIP	<u>Waterbury, CT 06702</u>
Telephone Number	<u>203.756.8021 x 3016</u>
Contact Person	<u>Lule Tracey</u>
Title	<u>CFO</u>

2. FQHC Medicaid Provider Number: <table style="width: 100%;"> <tr> <td style="width: 30%;">Medical</td> <td><u>004235976</u></td> </tr> <tr> <td>Dental</td> <td><u>004235988</u></td> </tr> <tr> <td>Mental Health</td> <td><u>004235984</u></td> </tr> <tr> <td>Other (Specify)</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>	Medical	<u>004235976</u>	Dental	<u>004235988</u>	Mental Health	<u>004235984</u>	Other (Specify)	_____		_____	3. Reporting Period: From <u>7/1/2016</u> To <u>6/30/2017</u>
Medical	<u>004235976</u>										
Dental	<u>004235988</u>										
Mental Health	<u>004235984</u>										
Other (Specify)	_____										

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT

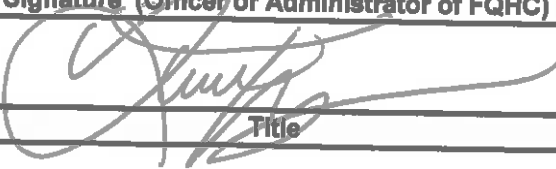
COUNTY CITY OTHER

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
StayWell Health Care Inc. dba StayWell Health Center 004235976
(FQHC Name)

For the Reporting Period Beginning 7/1/2016 and Ending 6/30/2017 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
	Lule Tracey
Title	Date
Chief Financial Officer	12/26/2017

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	<u>StayWell Health Care Inc. dba StayWell Health Center</u>	

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.
StayWell Health Center	80 Phoenix Ave	Yes	07-1826
StayWell Southend Health Center	1302 South Main St	Yes	07-1827
StayWell Southend Health Center II	1309 South Main St	Yes	07-1888
StayWell Driggs SBHC	78 Wood Lawn Terrace	Yes	NA
StayWell St. Vincent DePaul	114 Benedict St	Yes	07-1835
StayWell GW Mental Health Auth	95 Thomaston Ave	Yes	07-1836
StayWell Wallace - Crosby SBHC	345 East Main St	Yes	NA
StayWell Health Center at Wellmore	402 East Main Street	Yes	07-1908
StayWell Health Center - Pediatrics	95 Scovill Street, 3rd FL	Yes	NA
StayWell Health Center in Naugatuck	30 Church St., Naugatuck, CT	Yes	07-1930

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:

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

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

Form A-1 (Direct Health Care Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I	II	III	IV	V	VI	VII
A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)							
1. Staff Cost							
a. Physician	2,411,758		2,411,758	757,566	3,169,323		3,169,323
b. Physician Assistant	105,240		105,240	33,057	138,297		138,297
c. Nurse (APRN, Midwife, RN)	1,988,432		1,988,432	617,883	2,584,115		2,584,115
d. Other - Specify Medical Asst & Case Managers Subcontract Clinical staff Dietician/Nutritionist	484,967 271,633 28,000		484,967 271,633 28,000	152,335 0 8,167	637,301 271,633 34,167		637,301 271,633 34,167
e. Subtotal Direct Health Care Cost	5,266,030	0	5,266,030	1,568,907	6,834,937	0	6,834,937
2. Other Direct Health Care Cost							
a. Medical Supplies							
b. Transportation & Training		1,674,322	1,674,322		1,674,322	(867,326)	806,996
c. Depreciation - Medical Equipment		34,753	34,753		34,753		34,753
d. Professional Liability Insurance		2,588	2,588		2,588		2,588
e. Laboratory		0	0		0		0
f. Radiology		0	0		0		0
g. Physician-Administered Drugs		0	0		0		0
h. Other - Specify License/Dues/Membership/Subscription/books Crmnl Laundry, Medical Waste, Answering Service		13,615 211,643	13,615 211,643		13,615 211,643		13,615 211,643
I. Subtotal Other Direct Health Care Cost	0	1,936,921	1,936,921	0	1,936,921	(867,326)	1,069,595
3. TOTAL DIRECT HEALTH CARE COST (1e & 2f)	5,266,030	1,936,921	7,202,950	1,568,907	8,771,757	(867,326)	7,904,432

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

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

Form A-2 (Direct Dental Care Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VI
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	866,880		866,880	272,299	1,139,179		1,139,179
b. Dental Hygienist	498,242		498,242	156,505	654,747		654,747
c. Other - Specify							
Dental Assistant	225,151		225,151	70,723	295,874		295,874
Pediatric Dentist subcontracted through LUCOM HC	44,382		44,382	0	44,382		44,382
d. Subtotal Direct Dental Care Cost	1,634,655	0	1,634,655	499,528	2,134,182	0	2,134,182
2 Other Direct Dental Care Cost							
a. Dental Supplies		360,912	360,912		360,912		360,912
b. Transportation / Training		10,112	10,112		10,112		10,112
c. Depreciation - Dental Equipment		27,889	27,889		27,889		27,889
d. Professional Liability Insurance		0	0		0		0
e. Other - Specify							
License / Dues / Membership		8,425	8,425		8,425		8,425
Crml Laundry/Waste Removal/Answ Sev		31,823	31,823		31,823		31,823
Dental Equipment Repairs & Maint		19,041	19,041		19,041		19,041
Laboratory		114,733	114,733		114,733		114,733
f. Subtotal Other Direct Dental Care Cost	0	572,935	572,935	0	572,935	0	572,935
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	1,634,655	572,935	2,207,590	499,528	2,707,116	0	2,707,116

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

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
	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
C.	DIRECT MENTAL HEALTH CARE COST						
1. Staff Cost							
a. Psychologist	763,362		763,362	0	1,003,145	0	1,003,145
b. Social Worker	172,737		172,737	54,259	228,996		228,996
c. Other - Specify	604,402		604,402		604,402		604,402
	12,157		12,157		12,157		12,157
	0		0		0		0
	0		0		0		0
	0		0		0		0
	0		0		0		0
d. Subtotal Direct Mental Health Care Cost	1,552,658	0	1,552,658	294,041	1,846,700	0	1,846,700
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		14,388	14,388		14,388		14,388
b. Transportation / Training		8,514	8,514		8,514		8,514
c. Depreciation - Mental Health Equipment		0	0		0		0
d. Professional Liability Insurance		0	0		0		0
e. Other - Specify		9,576	9,576		9,576		9,576
		0	0		0		0
		0	0		0		0
		0	0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	32,478	32,478	0	32,478	0	32,478
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,552,658	32,478	1,585,134	294,041	1,879,176	0	1,879,176
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	8,453,343	2,542,331	10,995,676	2,362,376	13,358,049	(867,326)	12,490,724

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

**Form A-4 (Non-Allowable Direct Other Service Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclass- ifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
1. Service							
a. Clinical Diagnostic Lab							
b. Radiology							
c. Prescription Drugs/Pharmacy							
d. Brittered Women							
a. Homeless							
f. WIC							
g. Non-FQHC Sites							
h. Other - Specify							
I. Total Non-Allowable Direct Other Service Cost	9,463,343	2,542,331	10,995,676	2,362,376	13,358,049	(867,326)	12,490,724
F. TOTAL DIRECT COST (D+E1)							

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

G. COST CENTER	I	II	III	IV	V	VI	VII
OVERHEAD - FACILITY COST							
a. Rent		185,034	185,034		185,034		185,034
b. Insurance		38,170	38,170		38,170		38,170
c. Interest on Mortgage or Loans		0	0		0		0
d. Utilities		128,413	128,413		128,413		128,413
e. Depreciation - Building		264,519	264,519		264,519		264,519
f. Depreciation - Equipment		5,193	5,193		5,193		5,193
g. Housekeeping & Maintenance		313,469	313,469		313,469		313,469
h. Other (Specify)							
Real Estate Tax		32,700	32,700		32,700		32,700
Equipment & Vehicle Lease		89	89		89		89
I. Subtotal Overhead - Facility Cost	0	968,596	968,596	0	968,596	0	968,596
OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,575,365		4,575,365		4,575,365		4,575,365
b. Depreciation - Office Equipment		26,773	26,773	1,437,184	6,012,548		6,012,548
c. Office Supplies		168,728	168,728		26,773		26,773
d. Legal		26,413	26,413		168,728		168,728
e. Accounting		51,950	51,950		26,413		26,413
f. Insurance		37,181	37,181		51,950		51,950
g. Telephone		105,577	105,577		37,181		37,181
h. Fringe Benefits & Taxes		3,799,558	3,799,558	(3,799,558)	105,577		105,577
i. Interest - Capital Loans					0		0
j. Other (Specify)							
Consultants (Non-Patient Care)		228,182	228,182		228,182		228,182
Dues, Subscriptions, Memberships		47,590	47,590		47,590		47,590
Misc. Printing/Copying/Postage/Storage		131,932	131,932		131,932		131,932
Employee Recruitment		12,000	12,000		12,000		12,000
Travel / Training		35,984	35,984		35,984		35,984
Advertising / Marketing		23,906	23,906		23,906		23,906
Fundraising		52,317	52,317		52,317		52,317
Bank Charge / Late Fees		1,448	1,448		1,448		1,448
k. Subtotal Overhead - Administrative Cost	4,803,546	4,521,357	9,324,904	(2,282,375)	6,962,829	(77,671)	6,984,858
l. TOTAL OVERHEAD COST (GH+K)	4,803,546	5,487,944	10,291,490	(2,282,375)	7,928,115	(77,671)	7,981,444
J. GRAND TOTAL COSTS* (F+I)	13,266,800	8,030,275	21,297,075	-	21,297,075	(944,997)	20,342,078

* Reconciliation schedule is required if Line J, Column B 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 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell 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 I	Compensation II	Encounters III	Total Employee Hours and FTEs	
					Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
A. Provide itemized de-identified list (e.g., Physician 1)						
PHYSICIAN						
1	Physician 1	General Practitioner	\$ 123,000	1,500	1,040	0.50
2	Physician 2	Chief Medical Officer	\$ 166,779.63	827	1,456.00	0.70
3	Physician 3	Family Practitioner	\$ 179,362.94	2,794	2,080.00	1.00
4	Physician 4	Family Practitioner	\$ 98,285.26	1,546	1,066.25	0.51
5	Physician 5	Family Practitioner	\$ 23,954.85	155	184.00	0.09
6	Physician 6	Internist	\$ 117,044.84	1,424	1,120.00	0.54
7	Physician 7	Internist	\$ 173,997.86	3,274	2,080.00	1.00
8	Physician 8	Internist	\$ 1,502.38	0	12.50	0.01
9	Physician 9	Internist	\$ 118,459.42	2,756	1,469.25	0.71
10	Physician 10	Internist	\$ 154,292.02	2,332	1,798.75	0.86
11	Physician 11	Internist	\$ 17,844.48	0	136.00	0.07
12	Physician 12	Internist	\$ 14,760.32	273	168.50	0.08
13	Physician 13	Internist	\$ 102,189.92	1,727	1,248.00	0.60
14	Physician 14	Internist	\$ 100,220.92	1,834	1,260.00	0.61
15	Physician 15	Internist	\$ 194,335.84	2,858	2,080.00	1.00
16	Physician 16	Internist	\$ 19,100.00	189	185.00	0.09
17	Physician 17	OB/GYN Physicians	\$ 81,956.77	1,118	797.75	0.38
18	Physician 18	Pediatrician	\$ 166,438.54	2,860	2,080.00	1.00
19	Physician 19	Pediatrician	\$ 117,786.46	1,749	1,573.00	0.76
20	Physician 20	Pediatrician	\$ 45,592.00	961	536.50	0.26
21	Physician 21	Pediatrician	\$ 152,713.13	2,370	2,080.00	1.00
22	Physician 22	Pediatrician	\$ 128,226.93	2,493	1,560.00	0.75
23	Physician 23	Pediatrician	\$ 178,556.02	2,620	2,080.00	1.00
24	Physician 24	Pediatrician	\$ 15,444.99	291	209.53	0.10
25	Physician 25	Psychiatrist-MD	\$ 42,912.33	152	287.00	0.14
Total Physician Encounters, Staff Hours and FTEs			\$ 26,000.12	395	435.00	0.21
			\$ 2,437,768	36,998	27,963	13.47
B. PHYSICIAN ASSISTANT						
1.	Physician Assistant 1	Physician Assistant	\$ 105,240.12	3,002	2,080	1.00
2.						
Total Physician Asestant Encounters, Hours and FTEs			\$ 105,240	3,002	2,080	1.00

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell 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>Provides itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE)					
1 APRN 1	APRN	\$ 41,294.16	1,145	869	0.42
2 APRN 2	APRN	\$ 28,275.50	267	512	0.25
3 APRN 3	APRN	\$ 69,148.00	1,758	1,581	0.76
4 APRN 4	APRN	\$ 57,863.50	971	1,065	0.51
5 APRN 5	APRN	\$ 11,769.29	85	272	0.13
6 APRN 6	APRN	\$ 44,726.06	1,097	944	0.45
7 APRN 7	APRN	\$ 38,278.05	977	975	0.47
8 APRN 8	APRN	\$ 26,862.30	788	756	0.36
9 APRN 9	APRN	\$ 94,186.62	2,294	2,080	1.00
10 APRN 10	APRN	\$ 3,544.54	88	144	0.07
11 Midwife 1	CNM	\$ 100,198.56	2,183	1,656	0.80
12 Midwife 2	CNM	\$ 85,680.00	2,422	2,080	1.00
Total Nurse Practitioner		601,927	14,075	12,934	6.22
D. PHYSICIAN SERVICES UNDER CONTRACT					
1 Dr. Ackley	Podiatrist	23,850	641	500	0.24
2 Dr. Young	Psychiatrist	85,000	319	365	0.18
3					
Total Physician Services Under Contract		108,850	960	865	0.42
E. OTHER HEALTH CARE PRACTITIONER					
1.					
2.					
Total Other Health Care Practitioner		0	0	0	0.00
					0.00

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell 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	FTEs
		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	Dental Director	\$ 212,364.90	3,080	1,814	0.87
2	Dentist 1	\$ 135,742.80	3,019	1,761	0.85
3	Dentist 2	\$ 27,502.32	735	407	0.20
4	Dentist 3	\$ 10,286.89	150	145	0.07
5	Dentist 4	\$ 18,779.28	398	265	0.13
6	Dentist 5	\$ 12,761.38	214	179	0.09
7	Dentist 6	\$ 83,256.73	1,290	860	0.41
8	Dentist 7	\$ 47,025.76	717	674	0.32
9	Dentist 8	\$ 22,277.50	415	291	0.14
10	Dentist 9	\$ 156,153.26	3,992	1,917	0.92
11	Dentist 10	\$ 160,309.45	5,239	2,080	1.00
Total Dentist Encounters, Staff Hours and FTEs		866,460	19,249	10,393	5.00
B. DENTAL HYGIENIST					
1	Dental Hygienist 1	\$ 61,748.93	416	1,776	0.85
2	Dental Hygienist 2	\$ 3,563.00	36	79	0.04
3	Dental Hygienist 3	\$ 69,678.58	416	1,859	0.89
4	Dental Hygienist 4	\$ 63,007.93	888	1,562	0.75
5	Dental Hygienist 5	\$ 1,509.00	8	70	0.03
6	Dental Hygienist 6	\$ 68,443.33	1,050	1,826	0.88
7	Dental Hygienist 7	\$ 6,979.00	31	215	0.10
8	Dental Hygienist 8	\$ 66,895.84	1,012	1,988	0.96
9	Dental Hygienist 9	\$ 77,342.35	545	1,929	0.93
10	Dental Hygienist 10	\$ 79,074.12	2,261	2,084	1.00
Total Dental Hygienist Encounters, Hours and FTEs		498,242	6,666	13,386	6.43
C. OTHER DENTAL PRACTITIONER					
1.	Dr. Rabel, Jorge DMD - UJA with UConn Health Center	\$ 42,207.00	547	520	0.25
2.					
Total Other Dental Practitioner Encounters, Hours and FTEs		42,207	547	520	0.25

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation II	Encounters III	Total Employee Hours and FTEs	
FTEs				Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>					
A. PSYCHOLOGIST		125,000	1,500	1,040	0.50
1.					
2.					
Total Psychologist Encounters, Staff Hours and FTEs		0	0	0	0.00
B. SOCIAL WORKER					
1	Clinician - LCSW 1	\$ 99,819.55	365	2,240	1.08
2	Clinician - LCSW 2	\$ 38,358.19	0	160	0.08
3	Clinician - LCSW 3	\$ 75,928.35	221	1,520	0.73
4	Clinician - LCSW 4	\$ 67,141.34	614	1,520	0.73
5	Clinician - LCSW 5	\$ 60,349.83	1,169	2,080	1.00
6	Clinician - LCSW 6	\$ 52,715.39	345	1,769	0.85
7	Clinician - LCSW 7	\$ 51,508.31	650	1,560	0.75
8	Clinician - LCSW 8	\$ 55,405.15	496	1,664	0.80
9	Clinician - LCSW 9	\$ 71,611.35	661	2,080	1.00
10	Clinician - MSW 1	\$ 65,457.85	928	2,080	1.00
11	Clinician - MSW 2	\$ 61,921.06	655	2,080	1.00
12	Clinician - MSW 3	\$ 63,146.04	952	2,080	1.00
13					
Total Social Worker Encounters, Hours and FTEs		763,362	7,066	20,833	9.02
C. OTHER MENTAL HEALTH PRACTITIONER					
1	APRN - Psych 1	\$ 91,753.02	898	1,816	0.87
2	APRN - Psych 2	\$ 80,983.72	951	1,789	0.86
3	Wellmore for LCSW, Oasis program- UJA	\$ 412,555.50	3,641	6,650	3.20
4	Ourlette, Eileabeth, LCSW - UJA with Wellmore for SBHC	\$ 42,462.50	513	750	0.36
Total Other Mental Health Practitioner Encounters, Hours and FTEs		627,765	6,003	11,005	5.29

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2016 To 6/30/2017
FQHC Name: StayWell Health Care Inc. dba StayWell 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			Employee Hours and FTEs		
			High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00	
1. PHYSICIAN	24	\$ 2,394,846	280,000	130,000			36,988	27,983	13.45	
2. PHYSICIAN ASSISTANT	1	105,240	110,000	95,000			3,002	2,080	1.00	
3. NURSE (APRN, MIDWIFE)	12	601,627	110,000	85,000			14,075	12,934	6.22	
4. PHYSICIAN SERVICES UNDER CONTRACT	2	108,850	100,000	18,000			960	865	0.42	
5. OTHER HEALTH PROFESSIONALS									0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00	
7. OTHER HEALTH CARE PRACTITIONERS									0.00	
Total Health Care	39	3,210,562			0	0	55,035	43,862	21.09	
B. DENTAL PRACTITIONERS										
1. DENTIST	11	866,460	220,000	130,000			19,249	10,393	5.00	
2. DENTAL HYGIENIST	10	498,242	90,000	72,000			6,665	13,386	6.44	
3. OTHER DENTAL PRACTITIONERS - UA	1	42,207	90,000	35,000			547	520	0.25	
Total Dental	22	1,406,909			0	0	26,461	24,299	11.69	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	1	42,912	320,000	275,000			152	287	0.14	
2. PSYCHOLOGIST	0								0.00	
3. LICENSED CLINICAL SOCIAL WORKER	12	763,362	100,000	50,000			7,056	20,833	10.02	
4. PSYCHIATRIC APRN	2	172,737	100,000	85,000			1,849	3,605	1.73	
5. OTHER MENTAL HEALTH PRACTITIONERS	2	455,018	320,000	50,000			4,154	7,400	3.56	
Total Mental Health	17	1,434,029			0	0	13,211	32,125	15.45	

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2016 To 6/30/2017
FQHC Name: StayWell Health Care Inc. dba StayWell 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)	12,490,724
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	12,490,724
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	7,851,444
F.	Overhead Cost Applicable to Title XIX Services (DxE)	7,851,444
G.	Total Title XIX Services Cost (A+F)	20,342,168
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,102,650
I.	Cost Adjustment (Lower of H-F or Zero)	(1,748,794)
J.	Allowable Title XIX Overhead Cost (F+I)	6,102,650
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,904,432
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,707,116
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,879,176
	4. Total Direct Costs (K1 thru K3)	12,490,724
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	63.28%
	2. Dental Services (K2/K4)	21.67%
	3. Mental Health Services (K3/K4)	15.04%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,861,757
	2. Dental Services (JxL2)	1,322,444
	3. Mental Health Services (JxL3)	917,839
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,102,040

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Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	StayWell Health Care Inc. dba StayWell 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)	7,904,432
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,861,757
C. Total Allowable Health Care Cost (A+B)	11,766,189
D. Encounters (P12 - Form B-4, Health Care Total)	55,035
E. Allowable Health Care Cost Per Encounter (C/D)	213.79

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,707,116
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,322,444
C. Total Allowable Dental Cost (A+B)	4,029,560
D. Encounters (P12 - Form B-4, Dental Total)	26,461
E. Allowable Dental Cost Per Encounter (C/D)	152.28

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,879,176
B. Allowable Overhead Cost (P13 - Form C, Line M3)	917,839
C. Total Allowable Mental Health Cost (A+B)	2,797,015
D. Encounters (P12 - Form B-4, Mental Health Total)	13,211
E. Allowable Mental Health Cost Per Encounter (C/D)	211.72

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Reporting Period: From 7/1/2016 To 6/30/2017
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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	6,586,537	3,455,233	755,832		10,797,602
2.	Private	395,375	8,324	12,486		416,184
3.	Medicare	660,269	0	81,606	0	741,876
4.	Patient Cash/Self Pay	225,872	846,482	322,674		1,075,580
5.	Other - Specify					
6.	Total (1 thru 5)	7,868,053	4,310,038	1,172,598	0	13,031,242
B.	Other Revenue					
1.	Contributions					
2.	Grants				1,849	1,849
3.	Interest	3,616,064	440,628	459,990	2,037,270	6,553,952
4.	Donations				1,034	1,034
5.	Other - Specify				843,539	843,539
6.	Other - Specify				124,456	124,456
7.	Other - Specify	1,595,560			0	1,595,560
8.	Other - Specify				14,272	14,272
9.	Other - Specify	33,922	42,500			76,422
10.	Other - Specify	9,500			20,699	30,199
11.	Total (1 thru 10)	5,255,046	483,128	459,990	3,043,119	9,241,283
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify					
2.	Other - Specify					
3.	Other - Specify					
4.	Other - Specify					
5.	Other - Specify					
6.	Other - Specify					
7.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	13,123,099	4,793,166	1,632,588	3,043,119	22,272,525

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Reporting Period:	From	7/1/2016	To	6/30/2017
FQHC Name:	StayWell Health Care Inc. dba StayWell 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 _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	1,194,986
	2. Dental	90,628
	3. Mental Health	153,420
	4. Other - Specify <u>Healthystart, MEP, CTF, CHN, CHCACT, CCF...</u>	973,186
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,412,220

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Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
1.	Entertainment	
2.	Fines and penalties	(1,448)
3.	Bad debt	
4.	Cost of actions to collect receivables	
5.	Advertising, except for recruitment of personnel	(23,906)
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	(52,317)
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.	Pass through expenses	
16.	Total (1 thru 15)	(77,671)
B.	Cost Offset (Expense Recovery)	
1.	Refunds	
2.	Rent Income	
3.	In-Kind Medical Supplies: DPV VFC Vaccines, Clinical equipment	(867,326)
4.	In-Kind Dental Supplies	
5.	In-Kind Computer Supplies	
6.	In-Kind Advertising	
7.	Total (1 thru 6)	(867,326)
C.	Total Cost Disallowance and Offset (A16+B7)	(944,997)

StayWell Health care Inc dba StayWell Health Center Trial Balance FYE 2017

02 - Medical

Account Code	Account Title	Debit Balance		Column line #
Wages & Salaries		4,968,398.49		
Fringe Benefits		1,560,640.11	6,529,038.60	
6110	Contractual & Consultant Services - clinical patient care	271,633.10	\$ 271,633.10	I 1d
6210	Laboratory Contract Services	0.00	\$ -	II 2e
6310	Medical Supplies	129,939.33		
6315	Family Planning Supplies	8,685.14		
6320	Pharmaceutical Supplies (340B)	612,444.81		
6360	Office Supplies	6,218.89		
6365	Program Supplies & Activities	3,798.11		
6370	Computer & Software Supplies	4,171.45		
7700	Donation - InKind	843,538.96	VFC Vaccine - adjust off	
6410	Clinical Equipment	46,296.47		
6420	Office Equipment- Furnishings	6,292.72		
6430	Computer - Printer- Copier- Fax Equipment	9,550.00		
6440	Telephone- Cell- Beeper Equipment	3,386.10	\$ 1,674,321.98	II 2a
7310	Travel - meeting & conference	14,242.11		
7340	Transportation Services	1,800.00		
7410	Staff Training & Development - clinical	18,711.35	\$ 34,753.46	II 2b
7000	Printing & Publications	1,623.29		
7210	Books & Subscriptions	50.00		
7220	License & Fees	11,941.67	\$ 13,614.96	II 2h
6510	Clinical Equipment Repair & Maintenance	4,206.00		
6540	Computer/Software Repair & Maintenance	129.99		
6570	Equipment Rental - Lease	1,015.52		
6900	Postage	90.61		
6140	Contractual Services - software & hardware maintenance	69,916.42		
6170	Professional Services - Other	14,246.88		
7110	Personnel Recruitment	25,357.79		
7230	Organizational Dues & Membership	3,880.00		
7510	Answering Service	8,108.17		
7520	Commercial Laundry Service	7,675.50		
7530	Medical Waste Service	4,397.00		
7640	Background Check Charges	515.22		
7690	Miscellaneous	72,103.47		
			\$ 211,642.57	II 2h
9980	Depreciation Exp: Medical Equipment	1,718.85		
9995	Depreciation: In-Kind	868.80	\$ 2,587.65	II 2c

03 - Dental

Account Code	Account Title	Debit Balance		B column line # #s
Wages & Salaries		1,590,273.21		
Fringe Benefits		499,526.19	2,089,799.39	
6110	Contractual & Consultant Services - clinical patient care	44,382.22	\$ 44,382.22	B- 1c Pediatric Dentrist (
6340	Dental Supplies	222,031.41		
6360	Office Supplies	3,323.32		
6365	Program Supplies & Activities	79.73		
6370	Computer & Software Supplies	1,042.85		
6420	Office Equipment- Furnishings	932.99		
6410	Clinical Equipment	131,312.71		
6430	Computer - Printer- Copier- Fax Equipment	2,189.00		
			\$ 360,912.01	II 2a
7310	Travel - meeting & conference	3,633.29		
7410	Staff Training & Development - clinical	6,479.00		
			\$ 10,112.29	II 2b
9990	Depreciation Exp: Dental Equipment	25,888.64		
9995	Depreciation: In-Kind	2,000.04	\$ 27,888.68	II 2c
6210	Laboratory Contract Services	114,732.78	\$ 114,732.78	II 2e
6510	Clinical Equipment Repair & Maintenance	19,041.03	\$ 19,041.03	II 2e
7220	License & Fees	7,392.00		
7230	Organizational Dues & Membership	1,033.36	\$ 8,425.36	II 2e
6540	Computer/Software Repair & Maintenance	921.05		
6120	Contractual & Consultant Services - non patient care	332.50		
6140	Contractual Services - software & hardware maintenance	17,433.43		

6170	Professional Services - Other	750.00		
6570	Equipment Rental - Lease	3,788.88		
7000	Printing & Publications	1,119.20		
7210	Books & Subscriptions	587.17		
7510	Answering Service	3,918.93		
7520	Commercial Laundry Service	2,287.70		
7530	Medical Waste Service	546.00		
7640	Background Check Charges	137.81		
			\$ 31,822.67	II 2e

12 - Mental Health

Account Code	Account Title	Debit Balance		C column line #e
Wages & Salaries		938,089.15		
Fringe Benefits				
6110	Contractual & Consultant Services - clinical patient care	294,041.32	1,230,140.48	
6120	Contractual & Consultant Services - non patient care	612,077.83		
6140	Contractual Services - software & hardware maintenance	3,262.50		
6360	Office Supplies	1,218.84	\$ 616,559.17	C-1 c
6370	Computer & Software Supplies	5,991.75		
6410	Clinical Equipment	136.24		
6420	Office Equipment- Furnishings	392.40		
6430	Computer - Printer- Copier- Fax Equipment	1,612.48		
		6,253.13		
			\$ 14,386.00	II a
7310	Travel - meeting & conference	1,907.79		
7410	Staff Training & Development - clinical	6,605.93	\$ 8,513.72	II b
6570	Equipment Rental - Lease	2,783.80		
7110	Personnel Recruitment	713.95		
7210	Books & Subscriptions	19.99		
7220	License & Fees	3,816.00		
7230	Organizational Dues & Membership	535.00		
7510	Answering Service	1,486.49		
7640	Background Check Charges	85.91		
7690	Miscellaneous	135.00		
			\$ 9,576.14	II e

44 - Administration

Account Code	Account Title	Debit Balance		
Wages & Salaries		4,575,364.67		
Fringe Benefits				
6120	Contractual & Consultant Services - non patient care	1,437,183.53	6,012,548.20	
6140	Contractual Services - software & hardware maintenance	36,166.94		
6170	Professional Services - Other	174,979.47		
		17,035.09		
6150	Professional Services - Audit		\$ 228,181.50	H col II j other accounting
6160	Professional Services - Legal	51,950.00	\$ 51,950.00	H col II e
6360	Office Supplies	26,413.44	\$ 26,413.44	H col II d legal
6365	Program Supplies & Activities	14,394.75		
6370	Computer & Software Supplies	34,837.49		
6420	Office Equipment- Furnishings	45,971.99		
6430	Computer - Printer- Copier- Fax Equipment	23,851.03		
6440	Telephone- Cell- Beeper Equipment	47,323.05		
		2,350.00		
			\$ 168,728.31	H col II c office supplies
6610	GAP Insurance	28,070.52		
6630	Directors & Officers Insurance	6,340.00		
6640	Vehicles Insurance	2,521.54		
6670	Bonding Insurance	249.00	\$ 37,181.06	H col II f Insurance
6800	Telephone	105,577.41	\$ 105,577.41	H col II g telephone
7110	Personnel Recruitment	12,000.00		
			\$ 12,000.00	H col II j other
7130	Advertising & Marketing - public info	23,905.88	\$ 23,905.88	H col II j other
7210	Books & Subscriptions	985.91		
7220	License & Fees	3,074.56		
7230	Organizational Dues & Membership	43,529.25	\$ 47,589.72	H col II j other
7310	Travel - meeting & conference	4,920.80		

7320	Travel - outreach & case management	9,860.96				
7340	Transportation Services	9,259.00				
7420	Staff Training & Development - administrative	11,942.84	\$	35,983.60	H col II J	other
7610	Bank Charges	1,119.56				
6750	IRS & State Tax Due	253.89				
7620	Finance & Late Fee Charges	75.00				
			\$	1,448.45	H col II J	other
6530	Vehicle Repair & Maintenance	1,467.11				
6540	Computer/Software Repair & Maintenance	2,484.00				
6560	Telephone Repair & Maintenance	875.00				
6570	Equipment Rental - Lease	23,921.60				
6900	Postage	21,314.41				
7000	Printing & Publications	3,876.35				
7630	Storage Charges	17,132.00				
7635	Shredding Charges	5,148.00				
7640	Background Check Charges	4,985.75				
7650	Payroll Processing Charges	31,158.45				
7670	Merchant Charges	4,694.59				
7690	Miscellaneous	14,874.71				
			\$	131,931.97	H col II J	other
7680	Fundraising/Contributions	52,316.89	\$	52,316.89	H col II J	other
9960	Depreciation Exp: Software/ Hardware IT Equipment	26,772.61	\$	26,772.61	H col II b	Depr-eqpmnt

45 - Facility

Account Code	Account Title	Debit Balance				
6120	Contractual & Consultant Services - non patient care	1,139.50				
6130	Contractual Services - facility & grounds maintenance	201,192.63				
6170	Professional Services - Other	3,412.50				
6370	Computer & Software Supplies	525.00				
6380	Janitorial - Housekeeping Supplies	32,372.38				
6385	Building - Maintenance Supplies	2,828.61				
6420	Office Equipment- Furnishings	2,419.08				
6450	Building - Facility Equipment	3,150.00				
6550	Water Cooler Repair & Maintenance	3,834.49				
6580	Vehicle Rental - Lease	6,734.35				
6730	Repairs & Maintenance	40,000.75				
7540	Dumpster Services	15,859.38				
			\$	313,468.67	G col II g	Housekeeping & A
6620	General Liability - Property Insurance	39,170.22	\$	39,170.22	G col II b	Insurance
6710	Rent	185,033.95	\$	185,033.95	G col II a	rent
6720	Utilities - gas, electricity, water	126,412.95	\$	126,412.95	G col II d	utilities
9920	Depreciation Exp: Building/ Leasehold Improvements	261,297.71				
9950	Depreciation Exp: Furniture & Fixtures	3,221.44	\$	264,519.15	G col II e	depr- bldg
9970	Depreciation Exp: Telephone Equipment	5,192.70	\$	5,192.70	G col II f	depr- eqpmnt
6740	Real Estate - Property Tax	32,699.72	\$	32,699.72	G col II h	other
7310	Travel - meeting & conference	88.95	\$	88.95	G col II h	other

Dr Smith

\$ 26,000.12 \$ 26,000.12 Wage
 \$ 8,166.99 \$ 8,166.99 FB

\$ 21,287,164.72 \$ 21,287,164.72
 \$ 22,065,356.25

988,586.31

Wages \$ 12,096,133.65
 Fringe Benefits \$ 3,799,558.13

\$ 3,799,558.13 H col II h FB & Taxes

9710	Medicaid Bad Debt Expense	58,958.25				
9720	Medicare - Bad Debt Expense	3,269.21				
9730	Self Pay - Bad Debt Expense	705,344.50				
9740	Commercial - Bad Debt Expense	10,619.57	\$	778,191.53		

StayWell Health Care Inc dbd Staywell Health Center FYE 6-30-16

Employee	Position Title	Dept	Final Trial Balance Wage Amt FYE 6-30-16	Category	Wage	Prings Reclassification	Total
Estrella, Alexis L	Admin Asst	EB	30,399.24				
Korus, Kenneth W	HR Director	EB	10,465.00				
Thpp, Lynn M	Executive Asst	EB	4,018.64				
Rodeman, Jessica A	HR Intern	EB	777.94				
Lewis, Jane	Office Manager	Administration	62,444.29				
Livone-Charlegh, Janet	Site Manager - Neugantuk	Administration	25,005.34				
Mundy, Karen A	Office Manager	Administration	87,370.94				
Thompson, Michael V.	Coach	Administration	16,252.64				
Thompson, Donald	CEO	Administration	283,232.88				
Henry, Luis	CFO	Administration	187,790.88				
Herrick, Alex M	Medical	Medical	97,102.53				
Booms, Stephanie P	Collection Specialist	Billing	3,946.06				
Castillo, Brandon	Insurance Specialist, CPC	Billing	31,325.28				
Dobrowski, Catherine V	Insurance Specialist, CPC	Billing	46,848.98				
Francis, Poljuna R	Insurance Specialist, CPC	Billing	46,848.98				
Gradzewicz, Maureen	Insurance Specialist, CPC	Billing	39,271.65				
Karamyha, Dana	Insurance Specialist, CPC	Billing	3,946.06				
McCracken, Amy	Insurance Specialist, CPC	Billing	42,497.77				
Miles, Valerie M	Insurance Specialist, CPC	Billing	42,497.77				
Rathbone, Jean E	Insurance Specialist, CPC	Billing	40,005.09				
Rodriguez, Mikael	Insurance Specialist, CPC	Billing	40,005.09				
Santiago, Yvonne	Collection Specialist	Billing	46,848.98				
Sogana, Ines M	Collection Specialist	Billing	46,848.98				
Venafio, Abby	Billing Manager	Billing	94,700.33				
Alvarez, Glorisa M	Receptionist-Interpreter	Clerical	76,565.16				
Andino, Frances T	Receptionist-Interpreter	Clerical	38,282.58				
Carsons, Wilyaida Y	Receptionist-Interpreter	Clerical	38,282.58				
Deve, Naitan N	Receptionist	Clerical	31,085.23				
DeCleb, Rocemaria	Receptionist	Clerical	36,870.48				
Denoncourt, Samantha M	Intern	Clerical	84,132.98				
Diaz, Ian M	Receptionist-Interpreter	Clerical	377.28				
Echeverria, Nancy E	Receptionist-Interpreter	Clerical	33,465.48				
Estrada, Mydella	Receptionist-Interpreter	Clerical	10,161.48				
Figueroa, Kassandra	Receptionist - Med	Clerical	20,164.76				
Foster, Shelby	Receptionist - Dental	Clerical	15,977.23				
Garcia, Evelyn	Receptionist	Clerical	65,162.29				
Gonzalez, Linda	Dental Receptionist Team End	Clerical	42,497.77				
Huerfias, Luz E	Receptionist-Interpreter	Clerical	3,946.06				
Huain, Kalyayna	Receptionist	Clerical	4,282.85				
Lizarr, Crystal T	Dental Receptionist Team End	Clerical	4,282.85				
Lopez, Ivette	Receptionist-Interpreter	Clerical	11,197.28				
Lopez, Miriam Y	Receptionist-Interpreter	Clerical	34,177.32				
Marinez, Normarie	Office Manager	Administration	25,276.78				
Medina, Lidio	SBC Site Coordinator-NA	Clerical	20,865.19				
Medina, Rosemary	Office Manager	Clerical	21,271.52				
Melo, Yovanna	Receptionist	Clerical	24,282.28				
Mendez, Brenda	Receptionist-Interpreter	Clerical	14,282.28				
Murales, Isela E	Receptionist	Clerical	15,977.23				
Naves, Eba	Dental Receptionist	Clerical	34,177.32				
Ortiz, Sandra M	Receptionist-Interpreter	Clerical	14,282.28				
Perez, Zaira	Receptionist	Clerical	25,276.78				
Priano-Sanchez, Lidia Z	Receptionist	Clerical	25,276.78				
Rivera, Alejandra S	Receptionist-Interpreter	Clerical	14,282.28				
Rodriguez, Miriamela	Dental Receptionist	Clerical	14,282.28				
Robles, Eli A	Receptionist-Interpreter	Clerical	10,161.48				
Santiago, Bely J	Receptionist	Clerical	31,085.23				
Santiago, Elizabeth	Telephone Operator	Clerical	31,085.23				
Santiago, Eba	Receptionist	Clerical	31,085.23				
Tomas, Angeli	Dental Receptionist	Clerical	31,085.23				
Tomas, Soris	Receptionist	Clerical	31,085.23				
Valerillo, Vanessa	Receptionist-Interpreter	Clerical	31,085.23				
Vargas, Kelmis	Receptionist	Clerical	31,085.23				
Vera, Mirta D	Receptionist-Interpreter	Clerical	31,085.23				
Arac, Gladis	Nurturing Families Home Visitor	Community Programs	3,124.89				
Anguina, Jewel L	SBC Site Coordinator	Community Programs	41,005.27				
Bianchi, Karina F	Nurturing Families Home Visitor	Community Programs	31,085.23				
Bianchi, Christina	Client Development Officer	Community Programs	49,276.58				
Bonilla, Katharina	Neugantuk Outreach Coord	Community Programs	37,276.58				

StayWell Health Care Inc dbd Staywell Health Center FYE 6-30-16

Employee	Position Title	Dept	Final Total Balance Wage Amt FYE 6-30-16	Category Wage	%	Cost Report ref ref - Form A Col 1	Fringe Reclassification	Total
Coccolone, Marlene R	El Serv. Outreach Worker	Community Programs	74,786.44					
Costello, Agatha	ETW/IV Coordinator	Community Programs	42,607.81					
Cole, Amy C	Associates Grants Manager	Community Programs	83,852.94					
Colman, Deborah L	Admin Receptionist	Community Programs	52,562.56					
Dubin, Barbara A	Case Manager	Community Programs	51,453.94					
Forster, Holly A	SSH-C Office Manager	Community Programs	50,765.82					
French, Amy C	Health Start Coordinator	Community Programs	50,765.82					
Gonzalez, Joel E	IMCM & CTR Outreach Coord	Community Programs	50,765.82					
Hayes, Rachael L	Nutr Fm Coord Clinic Sup	Community Programs	50,765.82					
Lynn, Alanna	RW Program Manager	Community Programs	50,765.82					
Lewis, Kyvin A	ETI / HW Coord	Community Programs	91,377.26					
Mills, Elizabeth	Making Families Home Visitor	Community Programs	17,785.25					
Murphy, Diane C	Health Start Coordinator	Community Programs	50,765.82					
Parlier, Dennis	Outreach-Enrollment Manager	Community Programs	50,765.82					
Potawick, John J	SNAP Outreach Worker	Community Programs	42,607.81					
Pruck, Marissa	Intern	Community Programs	277.59					
Randall, Kerry Ann	Youth & Community Int Intern	Community Programs	2,465.09					
Renta, Alison	Medical Outreach Worker	Community Programs	4,526.83					
Rokano, Breanna	RW Case Manager	Community Programs	50,765.82					
Rodriguez, Gabriela	NFM Home Visitor / Connections Coord	Community Programs	50,765.82					
Sanchez, Merit A	EIS & COM Coordinator	Community Programs	36,486.28					
Schoofians, Jill G	Youth & Comm Strategy Dir	Community Programs	44,326.91					
Vedura, Mairindy	Ryan Hill Med Case Mgr	Community Programs	69,576.91					
Wilson, Laura J	Marketing/Patient Home Visitor	Community Programs	33,704.29					
Almeida, Daniela	Purchasing Inventory	Finance / MIS	32,398.74					
Cohn, Ekira F	Accounting Manager	Finance / MIS	35,221.52					
Hayes, Wesa J	Tech Supp. Specialist	Finance / MIS	52,705.92					
Saifer, Shazada	AP-Payroll	Finance / MIS	48,081.54					
Stares, Darryl A	Tech Supp. Specialist	Finance / MIS	55,273.39					
Vargas, Debra	Cash Mgr	Finance / MIS	34,155.95					
Yakamochi, Naga	IT Director	Finance / MIS	107,882.28					
Meick, Richard	Building Supervisor	Administration	86,725.11					
De Castro, Teresa S	Medical Records /Integrator	Med Records	34,244.66					
De Jesus, Janna Y	Medical Records /Integrator	Med Records	37,072.28					
Edison, Keyfiah M	Medical Records /Integrator	Med Records	34,244.66					
Enon, Isamy Y	Medical Records /Integrator	Med Records	34,244.66					
Fulciano, Sonia	Medical Records /Integrator	Med Records	34,244.66					
Ponessa, Helena	Medical Records /Integrator	Med Records	34,244.66					
Guzman, Janeth V	Medical Records /Integrator	Med Records	34,244.66					
Lynn, Katherine	Medical Records /Integrator	Med Records	34,244.66					
Newbeth, Dorothy V	Medical Records /Integrator	Med Records	34,244.66					
Sangster, Maria C	Medical Records /Integrator	Med Records	34,244.66					
Smith, Katherine	Medical Records /Integrator	Med Records	34,244.66					
Velezco, Navita	Medical Records /Integrator	Med Records	34,244.66					
Welby, Nancy L	Medical Records /Integrator	Med Records	34,244.66					
Williams, Nadene	Medical Records /Integrator	Med Records	34,244.66					
Dwy, David K	Dental Assistant	Dental	34,244.66					
Hernandez, Liliana	Dental Assistant	Dental	34,244.66					
Jordan, Susanna	Dental Assistant	Dental	34,244.66					
Mendez, Alicia D	Dental Assistant	Dental	34,244.66					
Miller, Theblair M	Dental Assistant	Dental	34,244.66					
Santana, Torres	Dental Assistant	Dental	34,244.66					
Silva, Ediluz P	Dental Assistant	Dental	34,244.66					
Velez, Damaris	Dental Assistant	Dental	34,244.66					
Wilson, Rashawn Q	Dental Assistant	Dental	34,244.66					
Cochro, Paula	Dental Hygienist	Dental	43,000.00					
Diez, Jacqueline	Dental Hygienist	Dental	43,000.00					
Fernandez, Gina M	Dental Hygienist	Dental	43,000.00					
LePine, Angel M	Dental Hygienist	Dental	43,000.00					
Melero, Arlene P	Dental Hygienist	Dental	43,000.00					
Miller, Elizabeth	Dental Hygienist	Dental	43,000.00					
Micher, April T.	Dental Hygienist	Dental	43,000.00					
Alcock, Scott	Dental Hygienist	Dental	43,000.00					
Aznar-Figueroa, Ezequiel	Dental Hygienist	Dental	43,000.00					
Caro, Maria L	Dental Hygienist	Dental	43,000.00					

StayWell Health Care Inc dbd Staywell Health Center FYE 6-30-16

Employee	Position Title	Dept	Final Total Balance Wage Amt FYE 6-30-16	Category Wage	Cost Report Infr ref - Form A Col 1	Fringe Reclassification	Total
Paid, Avel	Dentist Director	Dentist	273,364.00	3,000,000.00	4.2%	\$ 116,864.53	\$864,768.51
Borason, Anthony O	Dentist	Dentist	44,545.00				
Gill, Ramon	Dentist	Dentist	37,788.00				
Graham, Barbara A	Dentist	Dentist	25,110.00				
LaRosa, Robert F	Dentist	Dentist	35,278.00				
Meredith, James B	Dentist	Dentist	32,781.00				
Rappoport, Gary	Dentist	Dentist	43,556.00				
River, David P	Dentist	Dentist	47,025.00				
Shiveredy, Shyam P	Dentist	Dentist	22,777.00				
Toon, Chaire C	Dentist	Dentist	49,343.00				
Wang, Xiang	Dentist	Dentist	49,343.00				
Young, Michael	Dentist	Dentist	49,343.00				
Subtotal							
D'Onofrio, Sarah	CMO	Medical	166,778.00	2,000,000.00	7.17%	\$ 772,288.24	\$1,038,176.01
Lombard, Tessa K	CMO	Medical	1,000.00				
Leach, Kristin A	Family Practitioner	Medical	100,000.00				
Tinial, Anna	Family Practitioner	Medical	300,000.00				
Tob, Vicky B	Family Practitioner	Medical	25,000.00				
Kross, Zita	Internist	Medical	25,000.00				
Leon, Luis D	Internist	Medical	117,344.00				
Maharajah, Rex L	Internist	Medical	175,000.00				
Melnyk, Nicole P	Internist	Medical	310,000.00				
Mohammed, Shamsaz S	Internist	Medical	432,300.00				
Rakal, Sina	Internist	Medical	17,200.00				
Rosner, Stephen D	Internist	Medical	44,700.00				
Sharma, Gurjen	Internist	Medical	452,100.00				
Spicer, Stephen	Internist	Medical	162,200.00				
Thygesen, Stuebeep	Internist	Medical	794,000.00				
Achong, Meis Nohas	OB/GYN Physicians	Medical	76,100.00				
Agarwal, Radhika	Podiatrist	Medical	81,000.00				
Bavetta, Vincent	Podiatrist	Medical	48,000.00				
Chaykovich, Debbie L	Podiatrist	Medical	112,700.00				
Jayanti, Sath R	Podiatrist	Medical	45,000.00				
Keenan, Stuart	Podiatrist	Medical	402,743.33				
Kubajrap, Nita I	Podiatrist	Medical	101,200.00				
Sharma, Anshu M	Podiatrist	Medical	178,000.00				
Sharma, Anshu M	Podiatrist	Medical	15,000.00				
Sharma, Anshu M	Podiatrist	Medical	15,000.00				
Sharma, Anshu M	Podiatrist	Medical	24,000.00				
Subtotal							
Barron, Angain M	Physician Assistant	Medical	505,044.00	2,000,000.00	16.8%	\$ 757,688.55	\$1,038,226.30
Baldino, Maryellen	APRN	Medical	43,000.00				
Podley, Catherine N	APRN	Medical	26,275.00				
Hawth, Lon	APRN	Medical	46,143.00				
Lopez, Ruth	APRN	Medical	27,200.00				
Lugo-Mendez, Awilda A	APRN	Medical	112,700.00				
Mary, Linkey E	APRN	Medical	44,275.00				
Monty-Carbonari, Penny A	APRN	Medical	34,275.00				
Nguyen, Lam N	APRN	Medical	28,000.00				
Saga, Elise M	APRN	Medical	24,100.00				
Tomas, Dawnen	APRN	Medical	3,244.54				
Alford, Susan	Certified Nurse Midwife	Medical	100,000.00				
Steele, Pamela Kay	Certified Nurse Midwife	Medical	20,000.00				
Subtotal							
Agar, Emily C	Licensed Practical Nurse	Medical	4,000.00				
Blackwell, Androsia J	Licensed Practical Nurse	Medical	17,000.00				
Cardinal, Kelly M	Licensed Practical Nurse	Medical	27,000.00				
Danon, Cealida	Licensed Practical Nurse	Medical	25,000.00				
DeOca, Yvelle	Licensed Practical Nurse	Medical	23,000.00				
Diaz, Glisya A	Licensed Practical Nurse	Medical	20,000.00				
Dwyer, Michael J	Licensed Practical Nurse	Medical	20,000.00				
Enry, Rickardo	Licensed Practical Nurse	Medical	20,000.00				
Epino, Christine B	Licensed Practical Nurse	Medical	24,511.00				
Figueredo, Veronica L	Licensed Practical Nurse	Medical	24,511.00				
Phiberty, Lorraine M	Licensed Practical Nurse	Medical	22,000.00				
Gulierrez-Ho, Amanda	Licensed Practical Nurse	Medical	22,000.00				
Lathan, Anapaula D	Licensed Practical Nurse	Medical	22,000.00				
LoRusso, Jessica M	Licensed Practical Nurse	Medical	22,000.00				
Maryann, Tammy Lee	Licensed Practical Nurse	Medical	22,000.00				
Subtotal							
							\$132,287.45

Staywell Health Care Inc dbd Staywell Health Center FYE 6-30-16

Employee	Position Title	Dept	Final Total Balance	Category Wage	Cost Report Inf ref - Form A Col 1	Prngs Reconciliation	Total
Margaux-Dalshaw, Jennifer	Licensed Practical Nurse	Medical	48,292.94	14.25%			62,204,154.05
Montano, Shilvan M	Licensed Practical Nurse	Medical	48,292.94				
Rappold, Ashley M	Licensed Practical Nurse	Medical	48,292.94				
Rogers, Danielle	Licensed Practical Nurse	Medical	48,292.94				
Taylor, Marsha R	Licensed Practical Nurse	Medical	48,292.94				
Christiano, Min	Registered Nurse	Medical	74,423.44				
Crawe, Gail C	Registered Nurse	Medical	58,542.88				
Parodemi, Dawn L	Registered Nurse	Medical	58,542.88				
Postol, Margarita	Registered Nurse	Medical	58,542.88				
Pokras, Beverly	Registered Nurse	Medical	58,542.88				
Ralph-Beasley, Renee Van	Registered Nurse	Medical	58,542.88				
Rungas, Jacqueline A.	Registered Nurse-Court	Medical	58,542.88				
Seabury, Joan	Registered Nurse-Court	Medical	58,542.88				
Tamovics, Theresa R	Registered Nurse	Medical	58,542.88				
Williams, Yolanda B	Registered Nurse	Medical	74,423.44				
Alvoh, Cheryl	Medical Assistant- Referral	Medical	34,779.42	4.87%			67,802.79
Bath, Evelyn L	Medical Assistant	Medical	34,779.42				
Cedeno, Cynthia	Medical Assistant	Medical	34,779.42				
Cohn, Amy M	Medical Assistant	Medical	34,779.42				
Coverly, Melissa	Medical Assistant	Medical	34,779.42				
Ead, Elynn	Medical Assistant	Medical	34,779.42				
Fleming, Phyllis M	SBIIRT Leader	Medical	34,779.42				
Hurray, Evangelina	Medical Assistant	Medical	34,779.42				
Jarvis-Gomez, Mercedes	Medical Assistant- Referral	Medical	34,779.42				
Johnson, Melissa Y	SBIIRT Leader	Medical	34,779.42				
Johnson, Theresa A	Medical Assistant	Medical	34,779.42				
Kulama, Erid	Medical Assistant	Medical	34,779.42				
Miller, Zaira I	Recovery Coach	Medical	34,779.42				
Miya, Anzhela	Tobacco Counselor	Medical	34,779.42				
Paradis, Tiffany S	Medical Assistant	Medical	34,779.42				
Robinson, Elizabeth M	SBIIRT Leader	Medical	34,779.42				
Selzer, Jennifer R	Medical Assistant	Medical	34,779.42				
Truitt, Meana	Medical Assistant	Medical	34,779.42				
Cabral, Victoria C	APRN Psych	Mental Health	49,273.42	4.87%			142,334.52
Nicolai, Alyson M	APRN Psych	Mental Health	49,273.42				
Brandels, Magdalena M	Clinician - LCSW	Mental Health	58,308.18	1.45%			822,864.67
Davis, Joclyn A	Clinician - LCSW	Mental Health	75,928.28				
Fayrol, Lisa M	Clinician - LCSW	Mental Health	47,214.54				
Figueras, Mikrod	Clinician - MSW	Mental Health	48,355.83				
Figueras, Ramsey	Clinician - LCSW	Mental Health	48,355.83				
Gogas, George C	Clinician - LCSW	Mental Health	47,214.54				
Kibby, Charles F	Clinician - MSW	Mental Health	58,308.18				
Linsley, Rachael M	Clinician - MSW	Mental Health	47,214.54				
Lyons, Beverly A	MR Director	Mental Health	47,214.54				
Murray, Susan G	Clinician - LCSW	Mental Health	47,214.54				
Nurpooor, Melissa A	Clinician - LCSW	Mental Health	47,214.54				
Peterson, Janet A	Clinician - LCSW	Mental Health	47,214.54				
Total			822,864.67	4.87%	\$ 2,218	\$ 142,334.52	\$ 937,291.19

Employee	Position Title	Dept	Final Total Balance	Category Wage	Cost Report Inf ref - Form A Col 1	Prngs Reconciliation	Total
Smith, Samuel	MR, Medication Administration	Medical	26,000.32	0.21%			6,144.89
Total			26,000.32	0.21%	\$ 36	\$ 6,144.89	\$ 32,145.21

GL Wage \$ 12,006,133.65
 GL PB \$ 3,780,658.13
 Fringe rate 21.4%

total fringe \$ 6,144.89
 total wages & fringe \$ 32,145.21

Worksheet B & S-3 Pt III

Staywell FYE 2016 Medicaid Cost Report Visits & FTE Procedure Calculation

Billable Visits
(excludes in-patient
visits)

Worksheet B Visits

What S-3
PT III FTE

Employees from Payroll

Physician Ln 1	Physician Asst Ln 3	APRN line 4	Job Title	Wages	Total Hrs Paid	FTE (Paid Hrs / 2080)
827			D' Cunha, Sunil Chief Medical Officer	\$186,779.63	1,456.00	0.70
2,784			Leach, Kristin A Family Practitioner	\$179,362.94	2,080.00	1.00
1,546			Timell, Anna Family Practitioner	\$88,285.26	1,066.25	0.51
155			Tola, Vicky B Family Practitioner	\$23,954.85	184.00	0.09
1,424			Krosi, Zifre Internist	\$117,044.84	1,120.00	0.54
3,274			Leon, Luis D Internist	\$173,997.86	2,080.00	1.00
-			Lombard, Tess K Internist	\$1,502.38	12.50	0.01
2,756			Mahrensmitth, Rex L Internist	\$118,459.42	1,469.25	0.71
2,332			Maksymiw, Nicole P Internist	\$154,292.02	1,798.75	0.86
-			Mohammed, Shanaaz S Internist	\$17,844.48	136.00	0.07
273			Raisi, Sina Internist	\$14,760.32	168.50	0.08
1,727			Rosner, Stephen D Internist	\$102,169.92	1,248.00	0.60
1,834			Sharma, Gunjan Internist	\$100,220.92	1,260.00	0.61
2,858			Spear, Stephen Internist	\$194,335.84	2,080.00	1.00
189			Thyragura, Sandeep Internist	\$19,100.00	185.00	0.09
1,118			Achong, Maria Natalie OB/GYN Physicians	\$81,956.77	797.75	0.38
2,880			Agrawal, Radhika Pediatrician	\$168,438.54	2,080.00	1.00
1,749			Bansilal, Vaishali Pediatrician	\$117,786.48	1,573.00	0.76
961			Cayabyab, Debbie L Pediatrician	\$45,592.00	536.50	0.26
2,370			Jayanthi, Lara R Pediatrician	\$152,713.13	2,080.00	1.00
2,493			Keswani, Shalini Pediatrician	\$128,226.83	1,560.00	0.75
2,620			Kubeynje, Nike I Pediatrician	\$178,556.02	2,080.00	1.00
291			Sardagna, Kathleen M Pediatrician	\$15,444.89	209.53	0.10
152			Battista, John R Psychiatrist-MD	\$42,912.33	287.00	0.14
36,603						13.24
3,002			Barrows, Angela M Physician Assistant	\$105,240.12	2,080.00	1.00
1,145			Baldino, Maryellen APRN	\$41,294.16	888.50	0.42
698			Cabral, Victoria C APRN Psych	\$91,753.02	1,816.00	0.87
287			Foster, Celeste N APRN	\$28,275.50	512.00	0.25
1,758			Harka, Lea APRN	\$88,148.00	1,581.25	0.76
971			Lopez, Ruth APRN	\$57,663.50	1,065.25	0.51
85			Lugo-Mendez, Awilda A APRN	\$11,769.29	272.00	0.13
1,087			Marr, Lindsey E APRN	\$44,726.08	944.00	0.45
977			Monty-Carbonari, Penny APRN	\$38,278.05	875.00	0.47
788			Nguyen, Lan N APRN	\$28,962.30	756.25	0.36
951			Nicolosi, Alyson M APRN Psych	\$90,983.72	1,789.00	0.86
2,294			Sage, Elise M APRN	\$94,186.62	2,080.00	1.00
88			Torres, Doreen APRN	\$3,544.54	144.00	0.07
						8.16
			Christiano, Nina RN	\$50,542.06	2,084.75	0.99
			Crane, Gail C RN	\$83,043.88	1,255.75	0.60
			Perodeau, Dawn L RN	\$60,368.69	2,157.50	1.04
			Postal, Margarita RN	\$50,088.96	2,028.75	0.98
			Potusek, Deoddy RN	\$88,086.81	2,080.00	1.00
			Ralph-Beasley, Renee V RN	\$45,570.28	1,869.25	0.95
			Ruegg, Jacqueline A RN	\$47,183.35	2,061.886	0.99
				071826, 071827, 071835, 071836, 071838		

Seabury, Jean RN
 Tarnowicz, Theresa R RN
 Williams, Yolanda B RN

\$13,175.87	2,080.00	1.00	8.36
\$85,190.83	1,152.14	0.55	
\$74,323.44	2,085.25	1.01	
\$4,108.50	186.50	0.09	
\$17,832.32	625.25	0.30	
\$25,732.09	882.75	0.42	
\$58,749.47	1,875.50	0.90	
\$12,832.88	700.25	0.34	
\$56,642.82	2,222.00	1.07	
\$38,482.01	1,470.25	0.71	
\$56,813.08	2,087.00	1.01	
\$51,518.59	2,171.25	1.04	
\$6,519.00	335.25	0.16	
\$32,146.56	1,207.00	0.58	
\$52,991.98	2,124.25	1.02	
\$56,243.28	2,154.75	1.04	
\$10,896.86	518.50	0.25	
\$50,910.40	2,035.00	0.98	
\$6,322.08	175.75	0.08	
\$49,282.92	2,012.00	0.97	
\$50,088.98	2,049.50	0.99	
\$48,890.89	2,081.75	1.00	
\$30,675.34	1,139.00	0.55	
\$100,198.58	1,858.00	0.80	13.49
\$85,680.00	2,080.00	1.00	

Agui, Emily C LPN
 Blackwell, Ambrosia J LPN
 Cardinali, Kelly M LPN
 Denze, Claudia LPN
 DeOza, Yvetta LPN
 Diaz, Crisay A LPN
 Dwyer, Michael J LPN
 Ernh, Bridgetta LPN
 Espino, Christina B LPN
 Figueroa, Veronica L LPN
 Fisherty, Lourdes M LPN
 Gutierrez-Ho, Amanda LPN
 Leitao, Anapaula D LPN
 LoRuaso, Jessica M LPN
 Marques, Tammily Lee LPN
 Marques-DaSilva, Jenni LPN
 Moore, Shijuan M LPN
 Rappold, Ashley M LPN
 Rogers, Danielle LPN
 Taylor, Mariah R LPN

\$89,619.55	2,240.00	1.08	
\$38,358.19	180.00	0.08	
\$75,828.35	1,520.00	0.73	
\$67,141.34	1,520.00	0.73	
\$90,349.83	2,080.00	1.00	
\$52,715.39	1,768.50	0.85	
\$51,508.31	1,580.00	0.75	
\$55,405.15	1,664.00	0.80	
\$71,611.35	2,080.00	1.00	
\$85,457.85	2,080.00	1.00	
\$61,921.06	2,080.00	1.00	
\$63,146.04	2,080.00	1.00	

2,163 Alward, Susan Certified Nurse Midwife
 2,422 Steele, Pamela Kay Certified Nurse Midwife

\$89,619.55	2,240.00	1.08	
\$38,358.19	180.00	0.08	
\$75,828.35	1,520.00	0.73	
\$67,141.34	1,520.00	0.73	
\$90,349.83	2,080.00	1.00	
\$52,715.39	1,768.50	0.85	
\$51,508.31	1,580.00	0.75	
\$55,405.15	1,664.00	0.80	
\$71,611.35	2,080.00	1.00	
\$85,457.85	2,080.00	1.00	
\$61,921.06	2,080.00	1.00	
\$63,146.04	2,080.00	1.00	

View NoA

NoA Terms & Conditions Award Email

1. DATE ISSUED: (MM/DD/YYYY) 2. PROGRAM CFDA: 93.224
09/18/2017

3. SUPERSEDES AWARD NOTICE dated: 09/12/2017
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 8 H80CS00350-16-05
4b. GRANT NO.: H80CS00350
5. FORMER GRANT NO.: H27CS03311

6. PROJECT PERIOD:
FROM: 03/01/2002 THROUGH: 02/28/2018

7. BUDGET PERIOD:
FROM: 03/01/2017 THROUGH: 02/28/2018

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
STAYWELL HEALTH CARE, INC.
80 Phoenix Ave
Waterbury, CT 06702-1418
DUNS NUMBER:
162053801
BHCMIS # 012410

11. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only

Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$12,932,209.00
b. Fringe Benefits:	\$4,309,662.00
c. Total Personnel Costs:	\$17,241,771.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$242,841.00
f. Supplies:	\$996,519.00
g. Travel:	\$27,409.00
h. Construction/Alteration and Renovation:	\$250,000.00
i. Other:	\$2,405,465.00
j. Consortium/Contractual Costs:	\$1,972,119.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$23,135,144.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$23,135,144.00
i. Less Non-Federal Share:	\$19,600,104.00
ii. Federal Share:	\$3,535,040.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 76.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

Estimated Program Income: \$13,169,474.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 76 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.



NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title III, Section 330
Public Health Service Act, Section 330, 42 U.S.C. 254b
Affordable Care Act, Section 10503
Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330(e), 42 U.S.C. 254b
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Christine S Bianchi
STAYWELL HEALTH CARE, INC.
80 Phoenix Ave
Waterbury, CT 06702-1418

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$3,535,040.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(a) This Budget Period	\$3,635,040.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

14. APPROVED DIRECT ASSISTANCE BUDGET: (in lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(a) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

[D]

FORM 5B
Service Sites

Self Updates: Site details

H80CS00350: STAYWELL HEALTH CARE, INC., Waterbury, CT

Grant Number: H80CS00350

BHCMIS ID: 012410

Project Period: 03/01/2002 - 02/28/2018

Budget Period: 03/01/2017 - 02/28/2018

Site Id: BPS-H80-000481

Site Status: Active

Site Information			
Site Name	StayWell School Based Health Center at Driggs	Physical Site Address	77 Woodlawn Ter, Waterbury, CT 06710-1721
Site Type	Service Delivery Site	Site Phone Number	(203) 598-9503
Web URL	N/A		
Location Type	Seasonal	Site Setting	School
Date Site was Added to Scope	01/09/1999	Site Operational Date	08/01/1999
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number <small>(Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)</small>	
FQHC Site National Provider Identification (NPI) Number <small>(Optional field)</small>		Total Hours of Operation <small>(When Patients will be Served per Week)</small>	35
Saved Months of Operation	January, February, March, April, May, June, August, September, October, November, December		
Number of Contract Service Delivery Locations <small>(Required only for "Major Voucher Issuance" Site Type)</small>		Number of Intermittent Sites <small>(Required only for "Intermittent" Site Type)</small>	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization	Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	06710		

Site Id: BPS-H80-001847

Site Status: Active

Site Information			
Site Name	StayWell South End Health Center	Physical Site Address	1302 S Main St, Waterbury, CT 06706-1748
Site Type	Service Delivery Site	Site Phone Number	(203) 597-9044
Web URL	www.staywellhealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/09/2001	Site Operational Date	09/01/2001
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number <small>(Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)</small>	071827

FQHC Site National Provider Identification (NPI) Number (Optional field)	Medicare Billing Number (Status: None)	Total Hours of Operation (When Patients will be Served per Week)	65
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			

Service Area Zip Code (include only those from which the majority of the patient population will come)
 Saved Service Area Zip Code(s) 06721, 06401, 06403, 06488, 06410, 06483, 06418, 06484, 06782, 06723, 06710, 06720, 06708, 06708, 06702, 06704, 06770, 06716, 06779, 06788, 06795, 06712

Site Id: BPS-H80-006921 Site Status: Active

Site Information			
Site Name	StayWell Health Center at Western CT Mental Health Network	Physical Site Address	95 Thomaston Ave, Waterbury, CT 06702-1007
Site Type	Service Delivery Site	Site Phone Number	(203) 805-5300
Web URL	N/A		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/11/2005	Site Operational Date	11/14/2005
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in FQHC Site Medicare Billing Number Status field)	071838
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (When Patients will be Served per Week)	16
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)
 Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
 No Subrecipient or Contractor information to be displayed

Service Area Zip Code (include only those from which the majority of the patient population will come)
 Saved Service Area Zip Code(s) 06704, 06710, 06702, 06708, 06708, 06712

Site Id: BPS-H80-004736 **Site Status: Active**

Site Information

Site Name	STAYWELL HEALTH CARE, INC.	Physical Site Address	80 PHOENIX AVE, WATERBURY, CT 06702-1418
Site Type	Administrative/Service Delivery Site	Site Phone Number	(203) 756-8021 Ext. 3012
Web URL	www.staywellhealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/07/1972	Site Operational Date	07/01/1972
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number <small>(Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number" status field.)</small>	071826
FQHC Site National Provider Identification (NPI) Number <small>(Optional field)</small>		Total Hours of Operation <small>(when Patients will be Served per Week)</small>	53
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations <small>(Required only for "Medical Vendor Screening" Site Type)</small>		Number of Intermittent Sites <small>(Required only for "Intermittent" Site Type)</small>	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 06721, 06401, 06403, 06488, 06410, 06483, 06418, 06484, 06782, 06723, 06710, 06720, 06708, 06709, 06702, 06704, 06770, 06716, 06778, 06798, 06785, 06712

Site Id: BPS-H80-017092 **Site Status: Pending Verification**

Site Information

Site Name	Wilby School-Based Health Center	Physical Site Address	568 Bucks Hill Road, Waterbury, CT 06704-0870
Site Type	Service Delivery Site	Site Phone Number	(203) 756-8021 Ext. 3018
Web URL	www.staywellhealth.org		
Location Type	Seasonal	Site Setting	School
Date Site was Added to Scope	08/30/2015	Site Operational Date	09/01/2016
FQHC Site Medicare Billing Number Status		Medicare Billing Number <small>(Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number" status field.)</small>	
FQHC Site National Provider Identification (NPI) Number <small>(Optional field)</small>		Total Hours of Operation <small>(when Patients will be Served per Week)</small>	30

Saved Months of Operation January, February, March, April, May, June, August, September, October, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)
Number of Intermittent Sites (Required only for 'Intermittent' Site Type)
Site Operated by Health Center/Applicant
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)
Subrecipient/Contractor Organization Name **Subrecipient/Contractor Organization Physical Site Address** **Subrecipient/Contractor EIN**
 No Subrecipient or Contractor information to be displayed
Service Area Zip Code (Include only those from which the majority of the patient population will come)
 Saved Service Area Zip Code(s) 08704

Site Id: BPS-H80-018214 Site Status: Active

Site Information

Site Name	StayWell Naugatuck Health Center	Physical Site Address	30 Church Street, Naugatuck, CT 06770
Site Type	Service Delivery Site	Site Phone Number	(203) 758-8021
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	08/08/2016	Site Operational Date	08/18/2016
FQHC Site Medicare Billing Number Status		Medicare Billing Number	(Required if this site has a Medicare billing number. Is selected in 'FQHC Site Medicare Billing Number' field.)
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation	40 (with status will be saved per FQHC)
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites	(Required only for 'Intermittent Site Type')
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)
Subrecipient/Contractor Organization Name **Subrecipient/Contractor Organization Physical Site Address** **Subrecipient/Contractor EIN**
 No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)
 Saved Service Area Zip Code(s) 06524, 08401, 08706, 06478, 08525, 08484, 08418, 06403, 06483, 06770

Site Id: BPS-H80-014046 Site Status: Active

Site Information

Site Name	StayWell Children's Health Center	Physical Site Address	95 SCOVILL ST, WATERBURY, CT 06708-1113
Site Type	Service Delivery Site	Site Phone Number	(203) 758-8021
Web URL			

Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/15/2014	Site Operational Date	02/11/2015
FQHC Site Medicare Billing Number Status	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)		
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Operation (Enter Providers will be served per Week) 48		
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent Site Type')		
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor Information to be displayed			

Service Area Zip Code (include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 06708, 06706, 06702, 06705, 06704

Site Id: BPS-H80-013864 Site Status: Active

Site Information			
Site Name	Wallace School Based Health Center	Physical Site Address	3465 E Main St, Waterbury, CT 06705-3815
Site Type	Service Delivery Site	Site Phone Number	(203) 756-8021
Web URL	www.staywellhealth.org		
Location Type	Seasonal	Site Setting	School
Date Site was Added to Scope	08/24/2014	Site Operational Date	08/27/2014
FQHC Site Medicare Billing Number Status	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)		
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Operation (Enter Providers will be served per Week) 35		
Saved Months of Operation	January, February, March, April, May, June, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent Site Type')		
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
 No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 06705

Site Id: BPS-H80-013865

Site Status: Active

Site Information

Site Name	StayWell Health Center	Physical Site Address	402 E MAIN ST, WATERBURY, CT 06702-1701
Site Type	Service Delivery Site	Site Phone Number	(203) 755-1143
Web URL	staywellhealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	06/24/2014	Site Operational Date	07/22/2014

FQHC Site Medicare Billing Number Status

Medicare Billing Number
 (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)

FQHC Site National Provider Identification (NPI) Number (Optional field)

Total Hours of Operation
 (When Patients will be Served per Week) 15

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations
 (Required only for 'Migrant Voucher Screening' Site Type)

Number of Intermittent Sites
 (Required only for 'Intermittent' Site Type)

Site Operated by Contractor

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
 Wellmore Behavioral Health 141 East Main Street, Waterbury, CT 06702-2300 06-0669107

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 06705, 06702, 06704, 06708, 06708

Site Id: BPS-H80-006790

Site Status: Active

Site Information

Site Name	StayWell Health Center at St. V's	Physical Site Address	114 Benedict St, Waterbury, CT 06706-1007
Site Type	Service Delivery Site	Site Phone Number	(203) 754-0000
Web URL	N/A		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/10/2005	Site Operational Date	10/24/2005
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number	071835

(Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field)	
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Operation (when Patients will be Served per Week)
Saved Months of Operation	10 January, February, March, April, May, June, July, August, September, October, November, December
Number of Contract Service Delivery Locations (Required only for "Migrant Voucher Screening" Site Type)	Number of Intermittent Sites (Required only for "Intermittent Site Type")
Site Operated by	Health Center/Applicant

Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 06704, 06705, 06702, 06708, 06706, 06710

Site Id: BPS-H80-010487 Site Status: Active

Site Information

Site Name	SlayWell South End Health Center II	Physical Site Address	1308 S Main St, Waterbury, CT 06708-1758
Site Type	Service Delivery Site	Site Phone Number	(203) 597-9044
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	04/13/2011	Site Operational Date	11/04/2011
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare Billing Number" is selected in "FQHC Site Medicare Billing Number Status" field)	071888
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	45
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for "Migrant Voucher Screening" Site Type)		Number of Intermittent Sites (Required only for "Intermittent Site Type")	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)

06770, 06712, 06716, 06706, 06702, 06706, 06762, 06708, 06710, 06704, 06779

Close Window