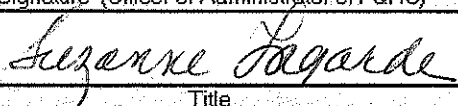


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

1.	FQHC Name	Fair Haven Community Health Clinic, Inc.		
	Street Address	374 Grand Avenue		
	City, State, ZIP	New Haven, CT 06513		
	Telephone Number	203-752-5127		
	Contact Person	Patricia Moro		
	Title	Chief Financial Officer		
2.	FQHC Medicaid Provider Number:	3. Reporting Period:		
	Medical	004235736	From	7/1/2016 To 6/30/2017
	Dental	008050183		
	Mental Health	008050025		
	Other (Hospital)	008054526		
4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	GOVERNMENT			
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY		
5.	FQHC Owned By:			
	<u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u>			
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By			
	Fair Haven Community Health Clinic, Inc. 004235736			
	(FQHC Name)			
	For the Reporting Period Beginning 7/1/2016 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		
		Suzanne Lagarde, MD		
	Title	Date		
	Chief Executive Officer	12/28/17		

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:	Fair Haven Community Health Clinic, Inc.	

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

Provider Name	Location	FQHC Certified Yes/No	Clinic/Provider No.
Fair Haven Community Health Clinic, Inc.	374 Grand Avenue, New Haven, CT 06513	Yes	
Fair Haven Middle School	164 Grand Avenue, New Haven, CT 06513	Yes	
Wilbur Cross High School	181 Mitchell Drive, New Haven, CT 06511	Yes	
J. Martinez School	100 James Street, New Haven, CT 06513	Yes	
Bella Vista Clinic	339 Eastern Street, New Haven, CT 06513	Yes	
Clinton Avenue School	293 Clinton Avenue, New Haven, CT 06513	Yes	
Riverside Academy	560 Ella Grasso Blvd., New Haven, CT 06519	Yes	
Multicultural Ambulatory Addictions Services	426 East Street, New Haven, CT 06511	Yes	
East Haven Health & Wellness	626 Main Street, East Haven, CT 06512	Yes	
"Smiles 2 Go" Dental Van	374 Grand Avenue, New Haven, CT 06513	Yes	
Fair Haven Community Health Center @ East Haven	370 Hemmingway Avenue, East Haven, CT 06512	Yes	
Fair Haven Community Health Center @ 50 Grand	50 Grand Avenue, New Haven, CT 06513	Yes	

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

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

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

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: Fair Haven Community Health Clinic, Inc.

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

COST CENTER	DIRECT HEALTH CARE COST <i>(Excluding Dental, Mental Health & Other)</i>						
	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. Physician	1,706,331	403,403	2,109,734		2,109,734	(96,180)	2,013,554
b. Physician Assistant	4,100	738	4,838		4,838		4,838
c. Nurse (APRN, Midwife, RN)	1,791,955	322,639	2,114,594		2,114,594		2,114,594
d. Other - Specify			0		0		0
Patient support services	302,179	54,407	356,586		356,586		356,586
Clinical Assistants	839,872	151,218	991,090		991,090		991,090
Nutritionist	138,624	24,959	163,583		163,583		163,583
Lab staff	72,682	13,083	85,765		85,745		85,745
Nurse - non-billable	1,432,031	257,836	1,689,867		1,689,867		1,689,867
Enabling	215,598	38,318	254,416		254,416		254,416
Educator	6,724	1,211	7,935		7,935		7,935
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. Subtotal Direct Health Care Cost	6,510,076	1,268,312	7,778,388	0	7,778,388	(96,180)	7,682,208
2. Other Direct Health Care Cost							
a. Medical Supplies		881,607	881,607		881,607	(639,374)	242,233
b. Transportation		21,269	21,269		21,269		21,269
c. Depreciation - Medical Equipment		255,369	255,369		255,369		255,369
d. Professional Liability Insurance			0		0		0
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify			0		0		0
Occupancy and Office		509,203	509,203		509,203		509,203
Prescription Drug Benefit Program		751,466	751,466		751,466		751,466
Other expenses		113,254	113,254		113,254		113,254
			0		0		0
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	2,532,168	2,532,168	0	2,532,168	(639,374)	1,892,794
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	6,510,076	3,800,480	10,310,556	0	10,310,556	(735,554)	9,575,002

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: Fair Haven Community Health Clinic, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER							
	I	II	III	IV	V	VI	VII
	Salaries Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	233,876	42,109	275,987		275,987		275,987
b. Dental Hygienist	116,676	21,007	137,683		137,683		137,683
c. Other - Specify							
Dental Support Staff	98,137	16,769	109,906		109,906		109,906
Dental Assistant	68,884	12,402	81,286		81,286		81,286
Patient Support Svcs	13,989	2,519	16,508		16,508		16,508
d. Subtotal Direct Dental Care Cost	526,564	94,806	621,370	0	621,370	0	621,370
2. Other Direct Dental Care Cost							
a. Dental Supplies		54,064	54,064		54,064		54,064
b. Transportation		1,720	1,720		1,720		1,720
c. Depreciation - Dental Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Occupancy and Office		41,187	41,187		41,187		41,187
Other Expenses		7,200	7,200		7,200		7,200
f. Subtotal Other Direct Dental Care Cost	0	104,171	104,171	0	104,171	0	104,171
3. TOTAL DIRECT DENTAL CARE COST (1d & 2f)							
	526,564	198,977	725,541	0	725,541	0	725,541

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: Fair Haven Community Health Clinic, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER							
	I	II	III	IV	V	VI	VII
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Psychologist	213,476	32,752	246,228		246,228		246,228
b. Social Worker	438,548	84,644	523,193		523,193		523,193
c. Other - Specify							
Enabling	51,993	9,361	61,354		61,354		61,354
Educator	0	0	0		0		0
Patient Support Services	31,189	5,616	36,805		36,805		36,805

d. Subtotal Direct Mental Health Care Cost	735,207	132,373	867,580	0	867,580	0	867,580
2. Other Direct Mental Health Care Cost							
a. Medical Supplies							
b. Transportation		2,402	2,402		2,402		2,402
c. Depreciation - Mental Health Equipment		28,840	28,840		28,840		28,840
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
Occupancy and Office		57,506	57,506		57,506		57,506
Consulting		86,761	86,761		86,761		86,761

f. Subtotal Other Direct Mental Health Care Cost	0	175,509	175,509	0	175,509	0	175,509
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)							
	735,207	307,882	1,043,089	0	1,043,089	0	1,043,089
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	7,771,847	4,307,339	12,079,186		12,079,186	(735,554)	11,343,632

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: Fair Haven Community Health Clinic, Inc.

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	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)
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology		467,400	467,400		467,400		467,400
c. Prescription Drugs/Pharmacy		0	0		0		0
d. Battered Women		0	0		0		0
e. Homeless		0	0		0		0
f. WIC		0	0		0		0
g. Non-FQHC Sites		0	0		0		0
h. Other - Specify		0	0		0		0
WIC & NFN	836,118	1,597,350	2,433,468		2,433,468		2,433,468
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Total Non-Allowable Direct Other Service Cost	836,118	2,064,750	2,900,868	0	2,900,868	0	2,900,868
F. TOTAL DIRECT COST (D+E1)	8,607,965	6,372,089	14,980,054		14,980,054	(735,554)	14,244,500

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: Fair Haven Community Health Clinic, Inc.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent		54,864	54,864		54,864		54,864
b. Insurance		23,543	23,543		23,543		23,543
c. Interest on Mortgage or Loans		31,200	31,200		31,200		31,200
d. Utilities		32,652	32,652		32,652		32,652
e. Depreciation - Building		72,491	72,491		72,491		72,491
f. Depreciation - Equipment		48,881	48,881		48,881		48,881
g. Housekeeping & Maintenance		50,582	50,582		50,582		50,582
h. Other (Specify)		27,614	27,614		27,614		27,614
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
k. Subtotal Overhead - Facility Cost	0	341,827	341,827	0	341,827	0	341,827
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,437,891	618,989	4,056,880		4,056,880		4,056,880
b. Depreciation - Office Equipment		13,486	13,486		13,486		13,486
c. Office Supplies		116,017	116,017		116,017		116,017
d. Legal		10,570	10,570		10,570		10,570
e. Accounting		66,286	66,286		66,286		66,286
f. Insurance		23,543	23,543		23,543		23,543
g. Telephone		24,797	24,797		24,797		24,797
h. Fringe Benefits & Taxes		0	0		0		0
i. Interest - Capital Loans		0	0		0		0
j. Other (Specify)		256,758	256,758		256,758		256,758
		33,222	33,222		33,222		33,222
		30,583	30,583		30,583		30,583
		888,162	888,162		888,162		888,162
		8,517	8,517		8,517		8,517
		164,211	164,211		164,211		164,211
Payroll and other professional services		256,758	256,758		256,758		256,758
Credentialing, licensing, dues and subscriptions		33,222	33,222		33,222		33,222
Office Equipment		30,583	30,583		30,583		30,583
Bad Debts		888,162	888,162		888,162		888,162
Postage and Printing		8,517	8,517		8,517		8,517
Miscellaneous Expenses		164,211	164,211		164,211		164,211
k. Subtotal Overhead - Administrative Cost	3,437,891	2,265,141	5,693,032	0	5,693,032	(888,162)	4,804,870
l. TOTAL OVERHEAD COST (G+H+K)	3,437,891	2,596,969	6,034,859		6,034,859	(888,162)	5,146,697
J. GRAND TOTAL COSTS² (F+J)							
	12,045,856	8,989,057	21,014,913		21,014,913	(1,623,716)	19,391,197

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

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

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

FQHC Name: Fair Haven Community Health Clinic, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
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/Identified/Identified list (e.g., Physician General)</i>	General	125,000	1,500	1,040	0.50
A. PHYSICIAN					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00
B. PHYSICIAN ASSISTANT					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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: Fair Haven Community Health Clinic, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provides templated de-identified list (e.g., Physician</i>	<i>General</i>	<i>275,000</i>	<i>1,500</i>	<i>7,740</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER					
1. Please see form B-4 Summary Personnel					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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: Fair Haven Community Health Clinic, Inc.

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provides, limited as identified list (e.g., Dentist)</i>				
A. DENTIST	125,000	1,500	1,040	0.50
1. Please see form B-4 Summary Personnel				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. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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: Fair Haven Community Health Clinic, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
MENTAL HEALTH SERVICES 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 itemized list (e.g., Psychologist J)</i>	125,000	1,300	1,040	0.50
A. PSYCHOLOGIST				
1. Please see form B-4 Summary Personnel				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. Please see form B-4 Summary Personnel				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. Please see form B-4 Summary Personnel				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTE	0	0	0	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: Fair Haven Community Health Clinic, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE												
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	I Number of Practitioners	II Total Compensation	Compensation Range			Turnover			Employee Hours and FTEs			
			III High	IV Low	V Hires	VI Departures	VII Encounters	VIII Employee Total Hours	IX FTEs (2,080 hrs = 1 FTE)			
A. HEALTH CARE PRACTITIONERS												
1. PHYSICIAN	40	1,697,744	246,520	150,465	6	2	18,199	18,470			8.88	
2. PHYSICIAN ASSISTANT	3	56,591	156,000	156,000	1		1,142	62			0.03	
3. NURSE (APRN, MIDWIFE, RN)	24	1,724,385	127,774	87,402	6	6	27,855	29,411			14.14	
4. PHYSICIAN SERVICES UNDER CONTRACT											0.00	
5. OTHER HEALTH PROFESSIONALS											0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS											0.00	
7. OTHER HEALTH CARE PRACTITIONERS	3	66,150	112,500	112,500	1	1	1,091	2,912			1.40	
Total Health Care	70	3,544,870			14	9	48,287	50,856			24.45	
B. DENTAL PRACTITIONERS												
1. DENTIST	2	233,878	145,725	130,000	1		3,522	3,494			1.68	
2. DENTAL HYGIENIST	2	116,676	85,842	79,997	1		3,465	2,912			1.40	
3. OTHER DENTAL PRACTITIONERS											0.00	
Total Dental	4	350,554			2	0	6,987	6,406			3.08	
C. MENTAL HEALTH PRACTITIONERS												
1. PSYCHIATRIST											0.00	
2. PSYCHOLOGIST	4	354,595	163,218	95,306		1	3,780	3,619			1.74	
3. LICENSED CLINICAL SOCIAL WORKER	2	104,935	84,510	75,754		1	866	2,205			1.06	
4. PSYCHIATRIC APRN	1	85,750	94,984	94,984	1		845	1,810			0.87	
5. OTHER MENTAL HEALTH PRACTITIONER	4	224,063	58,365	48,485	1		3,267	12,938			6.22	
Total Mental Health	11	769,343			2	2	8,758	20,571			9.89	

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:	Fair Haven Community Health Clinic, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	11,343,632
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	2,900,868
C.	Total Direct Costs (A+B)	14,244,500
D.	Portion of Title XIX Services (A/C)	79.64%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	5,146,697
F.	Overhead Cost Applicable to Title XIX Services (DxE)	4,098,829
G.	Total Title XIX Services Cost (A+F)	15,442,461
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,632,738
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	4,098,829
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	9,575,002
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	725,541
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,043,089
	4. Total Direct Costs (K1 thru K3)	11,343,632
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	84.41%
	2. Dental Services (K2/K4)	6.40%
	3. Mental Health Services (K3/K4)	9.20%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,459,822
	2. Dental Services (JxL2)	262,325
	3. Mental Health Services (JxL3)	377,092
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,099,239

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FQHC Name:	Fair Haven Community Health Clinic, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	9,575,002
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,459,822
C. Total Allowable Health Care Cost (A+B)	13,034,824
D. Encounters (P12 - Form B-4, Health Care Total)	48,287
E. Allowable Health Care Cost Per Encounter (C/D)	269.94
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	725,541
B. Allowable Overhead Cost (P13 - Form C, Line M2)	262,325
C. Total Allowable Dental Cost (A+B)	987,866
D. Encounters (P12 - Form B-4, Dental Total)	6,987
E. Allowable Dental Cost Per Encounter (C/D)	141.39
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,043,089
B. Allowable Overhead Cost (P13 - Form C, Line M3)	377,092
C. Total Allowable Mental Health Cost (A+B)	1,420,181
D. Encounters (P12 - Form B-4, Mental Health Total)	8,758
E. Allowable Mental Health Cost Per Encounter (C/D)	162.16

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 FQHC Name: Fair Haven Community Health Clinic, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	4,477,744	1,326,054	801,207		6,605,005
2.	Private	758,041	8,491	211,819		978,351
3.	Medicare	583,102		110,870		693,972
4.	Patient Cash/Self Pay	714,743	41,560	8,169		764,472
5.	Other - Specify Breast and Cervical	38,162				38,162
6.	Total (1 thru 5)	6,571,792	1,376,105	1,132,065	0	9,079,962
B.	Other Revenue					
1.	Contributions				118,912	118,912
2.	Grants	6,542,083		186,209		6,827,464
3.	Interest		99,172		2,714	2,714
4.	Donations				1,334,975	1,334,975
5.	Other - Specify In Kind	1,229,354				1,229,354
6.	Other - Specify Prescription Drug Program 340B	1,924,245				1,924,245
7.	Other - Specify Meaningful Use and PCMH +				584,456	584,456
8.	Other - Specify Other Miscellaneous				49,756	49,756
9.	Other - Specify Preceptor					0
10.	Other - Specify					0
11.	Total (1 thru 10)	9,695,682	99,172	186,209	2,090,813	12,071,876
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)	16,267,474	1,475,277	1,318,274	2,090,813	21,151,838

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2016	To	6/30/2017
FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS <i>(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)</i>		
A.	Contributions	ACTUAL
	1. Services <i>(Excluding Dental, Mental Health and Other)</i>	118,912
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	118,912
B.	Grants <i>(Excluding PHS)</i>	
	1. Services <i>(Excluding Dental, Mental Health and Other)</i>	2,055,962
	2. Dental	99,172
	3. Mental Health	186,209
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,341,343

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	888,162
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	
	6. Contingent reserves	
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	
	8. Fundraising	
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care - social services	1,098,493
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	1,986,655
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Refunds - Medicaid Outreach	
	2. Rent Expense - Donated Space	26,400
	3. In-Kind Medical Supplies	639,374
	4. In-Kind Donated Salaries	96,180
	5. In-Kind Expenses - WIC	1,334,975
	6. In-Kind Expenses - Radiology	467,400
	7. Total (1 thru 6)	2,564,329
C.	Total Cost Disallowance and Offset (A16+B7)	4,550,984