


**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	Generations Family Health Center, Inc.		
	Street Address	40 Mansfield Avenue		
	City, State, ZIP	Willimantic, CT 06226		
	Telephone Number	860-450-7471		
	Contact Person	Debra Daviau Savoie		
	Title	Chief Financial Officer		
2.	FQHC Medicaid Provider Number:	3. Reporting Period:		
	Medical	4235695	From	7/1/2017 To 6/30/2018
	Dental	4235687		
	Mental Health	8003942		
	Other (Specify)			
4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	GOVERNMENT			
	STATE			
	COUNTY			
	DISTRICT			
	CITY			
	OTHER			
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			
	Generations Family Health Center, Inc. 4235695			
	(FQHC Name)			
	For the Reporting Period Beginning 7/1/2017 and Ending 6/30/2018 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:			
6.	Signature (Officer or Administrator of FQHC)		Printed Name	
			Arvind Shaw	
	Title		Date	
	CEO		12/26/2018	

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

<b>Reporting Period:</b>	From <u>7/1/2017</u>	To <u>6/30/2018</u>
<b>FQHC Name:</b>	Generations Family Health Center, Inc.	

**7. Service Sites:** List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
GFHC, Inc.	40 Mansfield Avenue, Willimantic, CT 06226-2018	Yes	See Page 1
GFHC, Inc.	42 Reynolds Street, Danielson, CT 06239-2917	Yes	See Page 1
GFHC, Inc.	330 Washington Street, STE 510, Norwich, CT 06360-2733	Yes	See Page 1
GFHC, Inc.	202 Pomfret Street, Putnam, CT 06260-1833	Yes	See Page 1
GFHC, Inc., Across the Smiles Mobile Dental	Mobile Dental Van Site, Danielson, CT 06239-3005	Yes	See Page 1
GFHC, Inc., School Based Health Center at Putnam Public Schools	35 Wicker Street, Putnam, CT 06260- 1443	Yes	See Page 1
GFHC, Inc., Backus Mobile Van	330 Washington Street, Norwich, CT 06360-2700	Yes	See Page 1

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

**Select One:**

A. Not applicable. The FQHC does not have any related party individuals or organizations.

B. Not applicable. The FQHC does not have any related party organizations.

C. Not applicable. The FQHC does not have any related party individuals or organizations.

Generations Holdings, Inc. is a related organization that is a supporting company for GFHC, Inc. that was structured to accommodate New Market Tax Credits for the building of GFHC's new facility in Willimantic. The only transaction between the two companies is rent payable to Generations Holdings from GFHC. On the advice of our auditors we did not include this transaction on the Medicare report because it cancels out on the Consolidated Audited Financial Statements.

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

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

FQHC Name: Generations Family Health Center, Inc.

**Form A-1 (Direct Health Care Cost)**

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		I	II	III	IV	V	VI	VII
<b>A. DIRECT HEALTH CARE COST</b>								
<i>(Excluding Dental, Mental Health &amp; Other)</i>								
<b>1. Staff Cost</b>								
a. Physician		1,533,943	0	1,533,943	419,566	1,953,509		1,953,509
b. Physician Assistant				0		0		0
c. Nurse (APRN, Midwife, RN)		1,353,538		1,353,538	370,221	1,723,759		1,723,759
d. Other - Specify								
	LPN	376,897		376,897	103,089	479,987		479,987
	Medical Assistant	927,454		927,454	253,678	1,181,132		1,181,132
	Care Facilitator/ Home Visitor	776,265		776,265	212,325	988,590		988,590
	Other Direct Staff Contracted		5,923	5,923		5,923		5,923
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
<b>e. Subtotal Direct Health Care Cost</b>		<b>4,968,098</b>	<b>5,923</b>	<b>4,974,021</b>	<b>1,358,880</b>	<b>6,332,901</b>	<b>0</b>	<b>6,332,901</b>
<b>2. Other Direct Health Care Cost</b>								
a. Medical Supplies			528,614	528,614		528,614	(246,076)	282,538
b. Transportation			49,745	49,745		49,745		49,745
c. Depreciation - Medical Equipment			3,685	3,685		3,685		3,685
d. Professional Liability Insurance			24,920	24,920		24,920		24,920
e. Laboratory				0		0		0
f. Radiology				0		0		0
g. Physician-Administered Drugs				0		0		0
h. Other - Specify			682,403	682,403		682,403		682,403
	See detail Crosswalk tab Column S			0		0		0
				0		0		0
				0		0		0
				0		0		0
<b>i. Subtotal Other Direct Health Care Cost</b>		<b>0</b>	<b>1,289,367</b>	<b>1,289,367</b>	<b>0</b>	<b>1,289,367</b>	<b>(246,076)</b>	<b>1,043,291</b>
<b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>		<b>4,968,098</b>	<b>1,295,290</b>	<b>6,263,388</b>	<b>1,358,880</b>	<b>7,622,268</b>	<b>(246,076)</b>	<b>7,376,192</b>

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

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

FQHC Name: Generations Family Health Center, Inc.

Form A-2 (Direct Dental Care Cost)  
**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
<b>B. DIRECT DENTAL CARE COST</b>							
<b>1. Staff Cost</b>							
a. Dentist	568,393		568,393	155,467	723,860		723,860
b. Dental Hygienist	403,415		403,415	110,343	513,758		513,758
c. Other - Specify	238,818	9,785	248,602	65,322	313,924		313,924
					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
<b>d. Subtotal Direct Dental Care Cost</b>	<b>1,210,626</b>	<b>9,785</b>	<b>1,220,410</b>	<b>331,132</b>	<b>1,551,542</b>	<b>0</b>	<b>1,551,542</b>
<b>2. Other Direct Dental Care Cost</b>							
a. Dental Supplies		246,615	246,615		246,615		246,615
b. Transportation		8,125	8,125		8,125		8,125
c. Depreciation - Dental Equipment		21,832	21,832		21,832		21,832
d. Professional Liability Insurance		6,896	6,896		6,896		6,896
e. Other - Specify		322,549	322,549		322,549		322,549
					0		0
					0		0
					0		0
					0		0
<b>f. Subtotal Other Direct Dental Care Cost</b>	<b>0</b>	<b>606,017</b>	<b>606,017</b>	<b>0</b>	<b>606,017</b>	<b>0</b>	<b>606,017</b>
<b>3 TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>	<b>1,210,626</b>	<b>615,801</b>	<b>1,826,427</b>	<b>331,132</b>	<b>2,157,559</b>	<b>0</b>	<b>2,157,559</b>

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

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

FQHC Name: Generations Family Health Center, 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
C. DIRECT MENTAL HEALTH CARE COST		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
1. Staff Cost								
a.	Psychologist	302,965		302,965	82,867	385,832		385,832
b.	Social Worker	218,648	139,948	358,596	59,805	418,401		418,401
c.	Other - Specify	170,409	91,016	261,425	46,610	308,035		308,035
	Psychiatrist	0		0	0	0		0
	Psychiatric APRN	254,526		254,526	69,618	324,144		324,144
	BH Clinician MSW	85,316		85,316	23,336	108,652		108,652
	BH LPN	94,502		94,502	25,848	120,350		120,350
	BH Care Coordinator	0		0	0	0		0
		0		0	0	0		0
<b>d.</b>	<b>Subtotal Direct Mental Health Care Cost</b>	<b>1,126,365</b>	<b>230,964</b>	<b>1,357,330</b>	<b>308,085</b>	<b>1,665,414</b>	<b>0</b>	<b>1,665,414</b>
<b>2. Other Direct Mental Health Care Cost</b>								
a.	Medical Supplies		0	0		0		0
b.	Transportation		5,124	5,124		5,124		5,124
c.	Depreciation - Mental Health Equipment		0	0		0		0
d.	Professional Liability Insurance		5,606	5,606		5,606		5,606
e.	Other - Specify		213,942	213,942		213,942		213,942
	See detail Crosswalk tab Column AE			0		0		0
				0		0		0
				0		0		0
<b>f.</b>	<b>Subtotal Other Direct Mental Health Care Cost</b>	<b>0</b>	<b>224,672</b>	<b>224,672</b>	<b>0</b>	<b>224,672</b>	<b>0</b>	<b>224,672</b>
<b>3.</b>	<b>TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	<b>1,126,365</b>	<b>455,637</b>	<b>1,582,002</b>	<b>308,085</b>	<b>1,890,087</b>	<b>0</b>	<b>1,890,087</b>
<b>D.</b>	<b>TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>7,305,089</b>	<b>2,366,728</b>	<b>9,671,817</b>	<b>1,998,096</b>	<b>11,669,914</b>	<b>(246,076)</b>	<b>11,423,837</b>

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

Reporting Period:

From 7/1/2017

To 6/30/2018

FQHC Name: Generations Family Health Center, Inc.

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

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
<b>E. NON-ALLOWABLE DIRECT OTHER SERVICE COST</b>							
<b>1. Service</b>							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy		577,993	577,993		577,993	(577,993)	0
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites			0		0		0
h. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
<b>i. Total Non-Allowable Direct Other Service Cost</b>	<b>0</b>	<b>577,993</b>	<b>577,993</b>	<b>0</b>	<b>577,993</b>	<b>(577,993)</b>	<b>0</b>
<b>F. TOTAL DIRECT COST (D+E1i)</b>	<b>7,305,089</b>	<b>2,944,721</b>	<b>10,249,810</b>	<b>1,998,096</b>	<b>12,247,906</b>	<b>(824,069)</b>	<b>11,423,837</b>

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

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

FQHC Name: Generations Family Health Center, Inc.

**Form A-5 (Overhead Cost)**

<b>RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES</b>							
<b>COST CENTER</b>	I	II	III	IV	V	VI	VII
<b>OVERHEAD - FACILITY COST</b>	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>G.</b>							
a. Rent		53,278	53,278		53,278		53,278
b. Insurance		24,794	24,794		24,794		24,794
c. Interest on Mortgage or Loans		242,145	242,145		242,145		242,145
d. Utilities		74,867	74,867		74,867		74,867
e. Depreciation - Building		461,020	461,020		461,020		461,020
f. Depreciation - Equipment		1,555	1,555		1,555		1,555
g. Housekeeping & Maintenance		181,731	181,731		181,731		181,731
h. Other (Specify)							
See detail Crosswalk tab Column AN		2,147	2,147		2,147		2,147
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>i. Subtotal Overhead - Facility Cost</b>	<b>0</b>	<b>1,041,538</b>	<b>1,041,538</b>	<b>0</b>	<b>1,041,538</b>	<b>0</b>	<b>1,041,538</b>
<b>H.</b>							
<b>OVERHEAD - ADMINISTRATIVE COST</b>							
a. Office Salaries	5,126,550		5,126,550	1,398,634	6,525,184		6,525,184
b. Depreciation - Office Equipment		77,487	77,487		77,487		77,487
c. Office Supplies		57,831	57,831		57,831		57,831
d. Legal		36,742	36,742		36,742		36,742
e. Accounting		67,760	67,760		67,760		67,760
f. Insurance		49,996	49,996		49,996		49,996
g. Telephone		13,345	13,345		13,345		13,345
h. Fringe Benefits & Taxes		3,396,730	3,396,730	(3,396,730)	0		0
i. Interest - Capital Loans		0	0		0		0
j. Other (Specify)							
See detail Crosswalk tab Column AX		260,343	260,343		260,343	(118,389)	141,955
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>5,126,550</b>	<b>3,960,234</b>	<b>9,086,784</b>	<b>(1,998,096)</b>	<b>7,088,687</b>	<b>(118,389)</b>	<b>6,970,299</b>
<b>l. TOTAL OVERHEAD COST (Gi+Hk)</b>	<b>5,126,550</b>	<b>5,001,772</b>	<b>10,128,322</b>	<b>(1,998,096)</b>	<b>8,130,225</b>	<b>(118,389)</b>	<b>8,011,837</b>
<b>J.</b>							
<b>GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>	<b>12,431,639</b>	<b>7,946,493</b>	<b>20,378,132</b>	<b>-</b>	<b>20,378,132</b>	<b>(942,458)</b>	<b>19,435,674</b>

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

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

Reporting Period: From 7/1/2017 To 6/30/2018  
 FQHC Name: Generations Family Health Center, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
<b>A.</b>						
1.	PHYSICIAN				0.00	
2.					0.00	
3.	<b>Please see Form B4</b>				0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
<b>Total Physician Encounters, Staff Hours and FTEs</b>		0	0	0	0.00	
<b>B.</b>						
1.	PHYSICIAN ASSISTANT				0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		0	0	0	0.00	



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

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

FQHC Name: Generations Family Health Center, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1.					0.00
2. <b>Please see Form B4</b>					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER					
1.					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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

Reporting Period: From 7/1/2017 To 6/30/2018  
 FQHC Name: Generations Family Health Center, Inc.

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50
<b>A.</b>				
1. DENTIST				
2. Please see Form B4				
3.				
4.				
5.				
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
<b>B.</b>				
1. DENTAL HYGIENIST				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
<b>C.</b>				
1. OTHER DENTAL PRACTITIONER				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Generations Family Health Center, Inc.	

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation	Encounters	Total Employee Hours and FTEs	
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<b>A.</b>	<b>PSYCHOLOGIST</b>	125,000	1,500	1,040	0.50
1.					0.00
2.	<b>Please see Form B4</b>				0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>		0	0	0	0.00
<b>B.</b>	<b>SOCIAL WORKER</b>				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Social Worker Encounters, Hours and FTEs</b>		0	0	0	0.00
<b>C.</b>	<b>OTHER MENTAL HEALTH PRACTITIONER</b>				
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>		0	0	0	0.00

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

Reporting Period: From 7/1/2017 To 6/30/2018  
 FQHC Name: Generations Family Health Center, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE												
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range			Turnover			Employee Hours and FTEs			
			High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)			
<b>A. HEALTH CARE PRACTITIONERS</b>	<b>4</b>	<b>500,000</b>	<b>150,000</b>	<b>100,000</b>	<b>2</b>	<b>1</b>	<b>10,000</b>	<b>8,320</b>	<b>4.00</b>			
1. PHYSICIAN	11	1,872,816	335,504	147,194	0	0	25,327	17,439	8.38			
2. PHYSICIAN ASSISTANT									0.00			
3. NURSE (APRN, MIDWIFE, RN)	20	1,482,813	128,960	90,000	5	6	31,147	29,145	14.01			
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									0.00			
<b>Total Health Care</b>	<b>31</b>	<b>3,355,629</b>			<b>5</b>	<b>6</b>	<b>56,474</b>	<b>46,584</b>	<b>22.39</b>			
<b>B. DENTAL PRACTITIONERS</b>												
1. DENTIST	8	664,736	183,280	126,223	1	3	9,319	9,073	4.36			
2. DENTAL HYGIENIST	5	405,259	86,882	69,139	0	0	7,303	8,476	4.07			
3. OTHER DENTAL PRACTITIONERS									0.00			
<b>Total Dental</b>	<b>13</b>	<b>1,069,995</b>			<b>1</b>	<b>3</b>	<b>16,622</b>	<b>17,549</b>	<b>8.43</b>			
<b>C. MENTAL HEALTH PRACTITIONERS</b>												
1. PSYCHIATRIST	2	215,646	389,730	180,012	1	0	2,399	1,462	0.70			
2. PSYCHIATRIST SERVICES UNDER CONTRACT	1	135,450					804		0.00			
3. LICENSED CLINICAL SOCIAL WORKER	8	375,140	63,500	55,500	3	3	4,550	11,093	5.33			
4. PSYCHIATRIC APRN (includes locum)	4	273,068	150,000	135,000	1	0	3,227	2,390	1.15			
5. OTHER MENTAL HEALTH PRACTITIONERS	6	273,542	64,599	47,250	0	1	4,903	10,463	5.03			
<b>Total Mental Health</b>	<b>21</b>	<b>1,272,847</b>			<b>5</b>	<b>4</b>	<b>15,883</b>	<b>25,408</b>	<b>12.21</b>			

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

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	Generations Family Health Center, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	11,423,837
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	11,423,837
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	8,011,837
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,011,837
G.	Total Title XIX Services Cost (A+F)	19,435,674
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,830,702
I.	Cost Adjustment (Lower of H-F or Zero)	(2,181,135)
J.	Allowable Title XIX Overhead Cost (F+I)	5,830,702
K.	<b>Direct Costs</b>	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,376,192
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,157,559
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,890,087
	4. Total Direct Costs (K1 thru K3)	11,423,837
L.	<b>Direct Costs as a % of Total</b>	
	1. Health Care Services (K1/K4)	64.57%
	2. Dental Services (K2/K4)	18.89%
	3. Mental Health Services (K3/K4)	16.55%
M.	<b>Allocated Allowable Overhead Cost</b>	
	1. Health Care Services (JxL1)	3,764,884
	2. Dental Services (JxL2)	1,101,420
	3. Mental Health Services (JxL3)	964,981
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,831,285

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

Reporting Period: From 7/1/2017 To 6/30/2018  
FQHC Name: **Generations Family Health Center, Inc.**

Form D (Allowable Cost per Encounter)

**ALLOWABLE COST PER ENCOUNTER**

**I. Health Care Cost (Excluding Dental and Mental Health)**

A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	7,376,192
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,764,884
C. Total Allowable Health Care Cost (A+B)	11,141,076
D. Encounters (P12 - Form B-4, Health Care Total)	56,474
E. Allowable Health Care Cost Per Encounter (C/D)	197.28

**II. Dental**

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,157,559
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,101,420
C. Total Allowable Dental Cost (A+B)	3,258,979
D. Encounters (P12 - Form B-4, Dental Total)	16,622
E. Allowable Dental Cost Per Encounter (C/D)	196.06

**III. Mental Health**

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,890,087
B. Allowable Overhead Cost (P13 - Form C, Line M3)	964,981
C. Total Allowable Mental Health Cost (A+B)	2,855,068
D. Encounters (P12 - Form B-4, Mental Health Total)	15,883
E. Allowable Mental Health Cost Per Encounter (C/D)	179.76

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

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

FQHC Name: Generations Family Health Center, Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
Operating Revenue		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	1. Medicaid	5,337,964	1,792,366	1,809,711		8,940,041
	2. Private	1,049,687	157,567	241,490		1,448,745
	3. Medicare	1,336,957		284,040		1,620,997
	4. Patient Cash/Self Pay	767,946	199,428	128,224		1,095,598
	5. Other - Specify Allowance for Doubtful Accounts	(359,566)	(69,783)	(54,823)		(484,171)
	6. Total (1 thru 5)	8,132,989	2,079,579	2,408,642	0	12,621,210
B.	<b>Other Revenue</b>					
	1. Contributions	246,076				246,076
	2. Grants	3,774,749	1,051,565	481,474		5,307,788
	3. Interest				47,298	47,298
	4. Donations				6,733	6,733
	5. Other - Specify DPH Bonding Grant				383,876	383,876
	6. Other - Specify Medicaid Meaningful Use				599,250	599,250
	7. Other - Specify Fees Collected - Records				22,498	22,498
	8. Other - Specify Miscellaneous Revenue				163,457	163,457
	9. Other - Specify Pharmacy Revenue				2,168,922	2,168,922
	10. Other - Specify Fundraising Event				52,737	52,737
	11. Total (1 thru 10)	4,020,825	1,051,565	481,474	3,444,772	8,998,636
C.	<b>Other Revenue (Include revenue generated by non-approved FQHC sites)</b>					
	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.	<b>Total Revenue (A6+B11+C7)</b>	12,153,814	3,131,144	2,890,115	3,444,772	21,619,845

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

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	Generations Family Health Center, Inc.			

Form F (Grants and Contributions)

**GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)**

A.	Contributions	ACTUAL	
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	246,076	
	2. Dental		
	3. Mental Health		
	4. Other - Specify _____		
	Other - Specify _____		
	Other - Specify _____		
	Other - Specify _____		
	Other - Specify _____		
	5. Total (1 thru 4)	246,076	
<b>B.</b>	<b>Grants (<i>Excluding PHS</i>)</b>		
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	984,271	
	2. Dental	51,626	
	3. Mental Health	196,001	
	4. Other - Specify _____		
	Other - Specify _____		
	Other - Specify _____		
	Other - Specify _____		
	Other - Specify _____		
	5. Total (1 thru 4)	1,231,898	



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

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FQHC Name:	Generations Family Health Center, Inc.			

Form G (Cost Disallowance and Offset)

**COST DISALLOWANCE AND OFFSET**

A.	Cost Disallowance		
1.	Entertainment		*See Note Below*
2.	Fines and penalties		
3.	Bad debt		
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	74,458	
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	52,737	
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care	12,223	
14.	Interest	43,930	
15.	Pass through expenses		
16.	<b>Total (1 thru 15)</b>		
<b>B.</b>	<b>Cost Offset (Expense Recovery)</b>		
1.	Refunds - Medicaid Outreach		*See Note Below*
2.	Rent Income		
3.	In-Kind Medical Supplies	246,076	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	<b>Total (1 thru 6)</b>		
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>		<b>429,425</b>

*Note:* Bad debt is no longer recorded as an expense, it is now an offset to revenue per FASB regulation ASU 2011-07. See Form E.