

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

**ANNUAL REPORT**  
**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

RECEIVED  
 JAN 2 2018  
 DEPT OF SOCIAL SERVICES  
 OFFICE OF QUALITY IMPROVEMENT

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

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical                            004236172	From    7/1/2016            To    6/30/2017
Dental                             008066587	
Mental Health                 008066726	
Other (Specify) _____	
_____	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE                             DISTRICT                             OTHER

COUNTY                         CITY

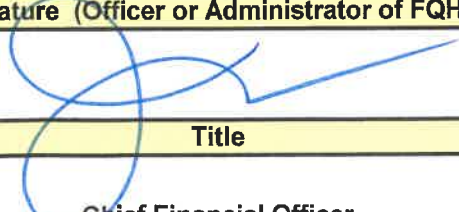
5. FQHC Owned By:

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By  
 \_\_\_\_\_  
 Norwalk Community Health Center, Inc. 004236172  
 (FQHC Name)

For the Reporting Period Beginning 7/1/2016 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
	John J. Gettings III
Title	Date
Chief Financial Officer	12-26-17

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:	Norwalk Community Health Center, Inc.	

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

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
Norwalk Community Health Center	120 Connecticut Avenue, Norwalk, CT 06854 (Including Mobile Unit)	Yes	004236172
Norwalk Community Health Center	4 Merritt Street, Norwalk, CT 06854	Yes	004236172

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

<b>Select One:</b>	
C. Not applicable. The FQHC does not have any related party individuals or organizations.	

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

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

FQHC Name: Norwalk Community Health Center, Inc.

Form A-1 (Direct Health Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>A. DIRECT HEALTH CARE COST</b>							
<b>(Excluding Dental, Mental Health &amp; Other)</b>							
<b>1. Staff Cost</b>							
a. Physician	972,381	845,794	1,818,175	229,029	2,045,204		2,045,204
b. Physician Assistant			0	0	0		0
c. Nurse (APRN, Midwife, RN)	908,453		908,453	213,972	1,122,425		1,122,425
d. Other - Specify			946,190	222,857	1,169,037		1,169,037
LPNs, Medical Assistants, Case Mgmt			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
<b>c. Subtotal Direct Health Care Cost</b>	<b>2,827,014</b>	<b>845,794</b>	<b>3,672,808</b>	<b>695,858</b>	<b>4,338,666</b>	<b>0</b>	<b>4,338,666</b>
<b>2. Other Direct Health Care Cost</b>							
a. Medical Supplies		845,927	845,927		643,927	(175,932)	167,985
b. Transportation		24,270	24,270		24,270		24,270
c. Depreciation - Medical Equipment		14,370	14,370		14,370		14,370
d. Professional Liability Insurance		19,055	19,055		19,055		19,055
e. Laboratory		0	0		0		0
f. Radiology		0	0		0		0
g. Physician-Administered Drugs		0	0		0		0
h. Other - Specify		184	184		184		184
Provider Credentialing		17,339	17,339		17,339		17,339
Provider Licensing		166,261	166,261		166,261		166,261
GE/Visualizations Provider Licensing		18,399	18,399		18,399		18,399
Provider/Clinical CME Training		81,609	81,609		81,609		81,609
Interpretation Services		10,685	10,685		10,685		10,685
Patient Services		2,639	2,639		2,639		2,639
Office Supplies		3,307	3,307		3,307		3,307
Minor Office		3,591	3,591		3,591		3,591
Subscriptions		4,095	4,095		4,095		4,095
Printing		5,125	5,125		5,125		5,125
Minor Clinical		7,763	7,763		7,763		7,763
Medical Equip. Repairs & Maintenance		10,683	10,683		10,683		10,683
Answering Service		13,999	13,999		13,999		13,999
Telephone		38,793	38,793		38,793		38,793
Recruitment		210,464	210,464		210,464	(210,464)	0
Bad Debt Expense		8,839	8,839		8,839		8,839
Mobile Medical Unit Insurance		0	0		0		0
		0	0		0		0
<b>l. Subtotal Other Direct Health Care Cost</b>	<b>0</b>	<b>1,285,418</b>	<b>1,285,418</b>	<b>0</b>	<b>1,285,418</b>	<b>(886,416)</b>	<b>599,002</b>
<b>3. TOTAL DIRECT HEALTH CARE COST (1c &amp; 2l)</b>	<b>2,827,014</b>	<b>2,129,212</b>	<b>4,956,226</b>	<b>695,858</b>	<b>5,622,084</b>	<b>(886,416)</b>	<b>4,935,668</b>

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: Norwalk Community Health Center, 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
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>B. DIRECT DENTAL CARE COST</b>							
<b>1. Staff Cost</b>							
a. Dentist	39,808	51,235	91,043	9,376	100,419		100,419
b. Dental Hygienist	9,161		9,161	2,158	11,318		11,318
c. Other - Specify	7,357		7,357	1,733	9,090		9,090
Dental Assistant							
<b>d. Subtotal Direct Dental Care Cost</b>	<b>56,325</b>	<b>51,235</b>	<b>107,560</b>	<b>13,267</b>	<b>120,827</b>	<b>0</b>	<b>120,827</b>
<b>2 Other Direct Dental Care Cost</b>							
a. Dental Supplies		25,856	25,856		25,856		25,856
b. Transportation							
c. Depreciation - Dental Equipment		7,139	7,139		7,139		7,139
d. Professional Liability Insurance							
e. Other - Specify							
Payroll Services		213	213		213		213
Dental Equip. Repair & Maintenance		2,009	2,009		2,009		2,009
Telephone		106	106		106		106
Dentrix Provider Licensing		4,792	4,792		4,792		4,792
Office Supplies		807	807		807		807
Minor Office		4,741	4,741		4,741		4,741
Minor Dental Equipment		91,659	91,659		91,659		91,659
Printing		2,070	2,070		2,070		2,070
<b>f. Subtotal Other Direct Dental Care Cost</b>	<b>0</b>	<b>139,391</b>	<b>139,391</b>	<b>0</b>	<b>139,391</b>	<b>0</b>	<b>139,391</b>
<b>3 TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>	<b>56,325</b>	<b>190,626</b>	<b>246,952</b>	<b>13,267</b>	<b>260,218</b>	<b>0</b>	<b>260,218</b>

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: Norwalk Community Health Center, Inc.

Form A-3 (Direct Mental Health Care 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>C. DIRECT MENTAL HEALTH CARE COST</b>							
<b>1. Staff Cost</b>							
a. Psychologist	149,394		149,394	35,187	184,581		184,581
b. Social Worker							
c. Other - Specify							
<b>d. Subtotal Direct Mental Health Care Cost</b>	<b>149,394</b>	<b>0</b>	<b>149,394</b>	<b>35,187</b>	<b>184,581</b>	<b>0</b>	<b>184,581</b>
<b>2. Other Direct Mental Health Care Cost</b>							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
Provider CME Training		1,360	1,360		1,360		1,360
Payroll Services		565	565		565		565
Telephone		368	368		368		368
Minor Office		0	0		0		0
Provider Licensing		515	515		515		515
Printing		100	100		100		100
<b>f. Subtotal Other Direct Mental Health Care Cost</b>	<b>0</b>	<b>2,908</b>	<b>2,908</b>	<b>0</b>	<b>2,908</b>	<b>0</b>	<b>2,908</b>
<b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	<b>149,394</b>	<b>2,908</b>	<b>152,302</b>	<b>35,187</b>	<b>187,489</b>	<b>0</b>	<b>187,489</b>
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>3,032,733</b>	<b>2,322,746</b>	<b>5,355,479</b>	<b>714,312</b>	<b>6,069,791</b>	<b>(686,416)</b>	<b>5,383,375</b>

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: Norwalk Community Health Center, 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 Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
<b>E. NON-ALLOWABLE DIRECT OTHER SERVICE COST</b>							
<b>1. Service</b>							
a. Clinical Diagnostic Lab	0		0		0		0
b. Radiology	0		0		0		0
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							
<b>i. Total Non-Allowable Direct Other Service Cost</b>	0	0	0	0	0	0	0
<b>F. TOTAL DIRECT COST (D+E1)</b>	3,032,733	2,322,746	5,355,479	714,312	6,069,791	(686,416)	5,383,375

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

Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: Norwalk Community Health Center, 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
<b>G. OVERHEAD - FACILITY COST</b>							
a. Rent		783,419	783,419		783,419	(199,999)	583,420
b. Insurance		40,744	40,744		40,744		40,744
c. Interest on Mortgage or Loans		31,110	31,110		31,110		31,110
d. Utilities		109,416	109,416		109,416		109,416
e. Depreciation - Building		157,707	157,707		157,707		157,707
f. Depreciation - Equipment							
g. Housekeeping & Maintenance	108,713	120,666	229,379	25,606	254,985		254,985
h. Other (Specify)							
Payroll Services		411	411		411		411
Real Estate Taxes		99,332	99,332		99,332		99,332
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>I. Subtotal Overhead - Facility Cost</b>	<b>108,713</b>	<b>1,342,805</b>	<b>1,451,518</b>	<b>25,606</b>	<b>1,477,124</b>	<b>(199,999)</b>	<b>1,277,125</b>
<b>H. OVERHEAD - ADMINISTRATIVE COST</b>							
a. Office Salaries	2,186,019	55,261	2,186,019	614,882	2,700,901		2,700,901
b. Depreciation - Office Equipment		70,678	70,678		70,678		70,678
c. Office Supplies		45,007	45,007		45,007		45,007
d. Legal		28,992	28,992		28,992		28,992
e. Accounting							
f. Insurance		14,474	14,474		14,474		14,474
g. Telephone		1,254,799	1,254,799	(1,254,799)	0		0
h. Fringe Benefits & Taxes							
i. Interest - Capital Loans							
j. Other (Specify)							
Marketing		25,304	25,304		25,304	(25,304)	0
Development		41,390	41,390		41,390	(41,390)	0
MIS		62,208	62,208		62,208		62,208
IT/EMR Consultants		141,786	141,786		141,786		141,786
Training/Conferences/Meeting		47,880	47,880		47,880		47,880
Grant Contracted Services		8,085	8,085		8,085		8,085
Payroll Services		8,263	8,263		8,263		8,263
Postage		13,135	13,135		13,135		13,135
Printing		8,312	8,312		8,312		8,312
Professional Dues		15,107	15,107		15,107		15,107
Travel		2,614	2,614		2,614		2,614
Bank Fees		18,689	18,689		18,689		18,689
Temporary Services		56,197	56,197		56,197		56,197
Americorp Member		0	0		0		0
Miscellaneous		75,432	75,432		75,432		75,432
Professional Fees		37,923	37,923		37,923		37,923
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>2,186,019</b>	<b>2,031,936</b>	<b>4,217,955</b>	<b>(739,917)</b>	<b>3,478,038</b>	<b>(66,694)</b>	<b>3,411,344</b>
<b>l. TOTAL OVERHEAD COST (G+H+K)</b>	<b>2,294,732</b>	<b>3,374,741</b>	<b>5,669,473</b>	<b>(714,312)</b>	<b>4,955,162</b>	<b>(266,692)</b>	<b>4,688,469</b>
<b>J. GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>	<b>5,327,485</b>	<b>5,697,487</b>	<b>11,024,972</b>	<b>0</b>	<b>11,024,972</b>	<b>(953,109)</b>	<b>10,071,864</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 7/1/2016 To 6/30/2017

FQHC Name: Norwalk Community Health Center, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized 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. Please See Form B4					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
<b>Total Physician Encounters, Staff Hours and FTEs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>B.</b>					
<b>PHYSICIAN ASSISTANT</b>					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>



STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: Norwalk Community Health Center, Inc.

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

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

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: Norwalk Community Health Center, Inc.

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

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

STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	Norwalk Community Health Center, Inc.	

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER			
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i> <i>0.50</i>
<b>A. PSYCHOLOGIST</b>			
1. Please See Form B4			0.00
2.			0.00
3.			0.00
4.			0.00
5.			0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>	<b>0</b>	<b>0</b>	<b>0</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>	<b>0</b>	<b>0</b>	<b>0</b>
<b>C. 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>	<b>0</b>	<b>0</b>	<b>0</b>

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

Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: Norwalk Community Health Center, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE									
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Employee 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	972,381	220,000	140,000	3	5	14,504	9,564	4.60
2. PHYSICIAN ASSISTANT									0.00
3. NURSE (APRN, MIDWIFE, RN)	15	908,453	100,000	70,000	4	5	17,661	19,880	9.56
4. PHYSICIAN SERVICES UNDER CONTRACT	7	843,794	208,000	187,500			14,287	7,360	3.54
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>33</b>	<b>2,724,628</b>			<b>7</b>	<b>10</b>	<b>46,452</b>	<b>36,803</b>	<b>17.70</b>
<b>B. DENTAL PRACTITIONERS</b>									
1. DENTIST	2	91,043	150,000	150,000	1	1	316	655	0.31
2. DENTAL HYGIENIST	3	9,161	72,800	72,800	2	2	56	245	0.12
3. OTHER DENTAL PRACTITIONERS									0.00
<b>Total Dental</b>	<b>5</b>	<b>100,203</b>			<b>3</b>	<b>3</b>	<b>372</b>	<b>900</b>	<b>0.43</b>
<b>C. MENTAL HEALTH PRACTITIONERS</b>									
1. PSYCHIATRIST									0.00
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	6	149,394	69,000	63,000	2	3	1,288	4,572	2.20
4. PSYCHIATRIC APRN									0.00
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00
<b>Total Mental Health</b>	<b>6</b>	<b>149,394</b>			<b>2</b>	<b>3</b>	<b>1,288</b>	<b>4,572</b>	<b>2.20</b>

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<b>FQHC Name:</b>	<b>Norwalk Community Health Center, Inc.</b>			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	5,383,375
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	5,383,375
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	4,688,469
F.	Overhead Cost Applicable to Title XIX Services (DxE)	4,688,469
G.	Total Title XIX Services Cost (A+F)	10,071,844
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,021,553
I.	Cost Adjustment (Lower of H-F or Zero)	(1,666,916)
J.	Allowable Title XIX Overhead Cost (F+I)	3,021,553
K.	<b>Direct Costs</b>	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	4,935,668
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	260,218
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	187,489
	4. Total Direct Costs (K1 thru K3)	5,383,375
L.	<b>Direct Costs as a % of Total</b>	
	1. Health Care Services (K1/K4)	91.68%
	2. Dental Services (K2/K4)	4.83%
	3. Mental Health Services (K3/K4)	3.48%
M.	<b>Allocated Allowable Overhead Cost</b>	
	1. Health Care Services (JxL1)	2,770,160
	2. Dental Services (JxL2)	145,941
	3. Mental Health Services (JxL3)	105,150
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,021,251

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Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
<b>I. Health Care Cost (Excluding Dental and Mental Health)</b>	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	4,935,668
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,770,160
C. Total Allowable Health Care Cost (A+B)	7,705,828
D. Encounters (P12 - Form B-4, Health Care Total)	46,452
E. Allowable Health Care Cost Per Encounter (C/D)	165.89
<b>II. Dental</b>	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	260,218
B. Allowable Overhead Cost (P13 - Form C, Line M2)	145,941
C. Total Allowable Dental Cost (A+B)	406,159
D. Encounters (P12 - Form B-4, Dental Total)	372
E. Allowable Dental Cost Per Encounter (C/D)	1,091.83
<b>III. Mental Health</b>	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	187,489
B. Allowable Overhead Cost (P13 - Form C, Line M3)	105,150
C. Total Allowable Mental Health Cost (A+B)	292,639
D. Encounters (P12 - Form B-4, Mental Health Total)	1,288
E. Allowable Mental Health Cost Per Encounter (C/D)	227.20

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REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A.</b>	<b>Operating Revenue</b>					
1.	Medicaid	4,098,379				4,098,379
2.	Private	497,232				497,232
3.	Medicare	570,042				570,042
4.	Patient Cash/Self Pay	698,034				698,034
5.	Other - Specify					0
6.	Total (1 thru 5)	5,863,687	0	0	0	5,863,687
<b>B.</b>	<b>Other Revenue</b>					
1.	Contributions	47,768				47,768
2.	Grants	4,520,435				4,520,435
3.	Interest	5,477				5,477
4.	Donations					0
5.	Other - Specify	100,000				100,000
6.	Other - Specify	475,932				475,932
7.	Other - Specify	67,604				67,604
8.	Other - Specify	114,750				114,750
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	5,331,967	0	0	0	5,331,967
<b>C.</b>	<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
<b>D.</b>	<b>Total Revenue (A6+B11+C7)</b>	11,195,654	0	0	0	11,195,654

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Form F (Grants and Contributions)

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

A.	Contributions	ACTUAL
	1. Services ( <u>Excluding</u> Dental, Mental Health and Other)	47,768
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	47,768

B.	Grants ( <u>Excluding</u> PHS)	
	1. Services ( <u>Excluding</u> Dental, Mental Health and Other)	1,823,549
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	1,823,549



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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	210,484	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	66,694	
6.	Contingent reserves		
7.	Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
8.	Fundraising		
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care		
14.	Interest		
15.	Straight Line Lease Accounting Method	132,394	
16.	<b>Total (1 thru 15)</b>		<b>409,572</b>
<b>B.</b>	<b>Cost Offset (Expense Recovery)</b>		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	67,604	
3.	In-Kind Medical Supplies	475,932	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	<b>Total (1 thru 6)</b>		<b>543,536</b>
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>		<b>953,109</b>