

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>United Community and Family Services, Inc.</u>
Street Address	<u>34 East Town Street</u>
City, State, ZIP	<u>Norwich, CT, 06360</u>
Telephone Number	<u>(860) 822-4153</u>
Contact Person	<u>William Rush</u>
Title	<u>CFO</u>

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical <u>004235934</u>	From <u>7/1/2016</u> To <u>6/30/2017</u>
Dental <u>004236106</u>	
Mental Health <u>004235942</u>	
Other (Specify) <u>004264066</u>	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER


COUNTY CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
United Community and Family Services, Inc. 004235934
(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
	<u>William Rush</u>
Title	Date
<u>CFO</u>	<u>12/26/17</u>

Chelsea Couzi

CHELSEA COUZI
NOTARY PUBLIC
STATE OF CONNECTICUT
 MY COMMISSION EXPIRES SEPT. 30, 2019

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:	United Community and Family Services, 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.
United Community and Family Services, Inc.	47 Town Street, Norwich, CT 06360	Yes	071872
United Community and Family Services, Inc.	212 Upton Road, Colchester, CT 06514	Yes	071875
United Community and Family Services, Inc.	351 North Frontage Road, Suite 24, New London, CT 06320	Yes	071874
United Community and Family Services, Inc.	70 Main Street, Jewett City, CT 06351	Yes	071873
United Community and Family Services, Inc.	78 Huntsbrook Road, Quaker Hill, CT 06375	Yes	071871
United Community and Family Services, Inc.	120-122 Plainfield Road, Moosup, CT 06354	Yes	071894
United Community and Family Services, Inc.	250 Brandegee Avenue, Groton, CT 06340	Yes	071870

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

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

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

Reporting Period: From 7/1/2016 To 6/30/2017
FQHC Name: United Community and Family Services, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
Form A-5 (Overhead Cost)

COST CENTER	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments Increase (Decrease)	Net Expenses
	I	II	III	IV	V	VI	VII
G. OVERHEAD - FACILITY COST							
a. Rent		291,777	291,777		291,777		291,777
b. Insurance		0	0		0		0
c. Interest on Mortgage or Loans		126,136	126,136		126,136		126,136
d. Utilities		195,796	195,796		195,796		195,796
e. Depreciation - Building		0	0		0		0
f. Depreciation - Equipment		677,746	677,746		677,746		677,746
g. Housekeeping & Maintenance		346,263	346,263		346,263		346,263
h. Other (Specify)							
Property Taxes		32,581	32,581		32,581		32,581
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	0	1,670,289	1,670,289	0	1,670,289	0	1,670,289
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,566,295	0	3,566,295		3,566,295		3,566,295
b. Depreciation - Office Equipment		130,282	130,282		130,282		130,282
c. Office Supplies		234,626	234,626		234,626		234,626
d. Legal		66,455	66,455		66,455		66,455
e. Accounting		313,391	313,391		313,391		313,391
f. Insurance		159,707	159,707		159,707		159,707
g. Telephone		107,589	107,589		107,589		107,589
h. Advertising-Help Wanted		20,655	20,655		20,655		20,655
i. Interest - Capital Loans							
j. Other (Specify)							
Marketing		166,983	166,983		166,983		166,983
GA Allocation		(1,300,889)	(1,300,889)		(1,300,889)		(1,300,889)
Education, Training, Conferences, Meetings		104,142	104,142		104,142		104,142
Contract Services, Program Expenses		498,409	498,409		498,409		498,409
Dues, Memberships, Licenses		47,906	47,906		47,906		47,906
Prior Period Expense		(17,082)	(17,082)		(17,082)		(17,082)
Employee Benefits		992,478	992,478		992,478		992,478
Transportation		35,017	35,017		35,017		35,017
		0	0		0		0
		0	0		0		0
k. Subtotal Overhead - Administrative Cost	3,566,295	1,563,878	5,130,174	0	5,130,174	0	5,130,174
l. TOTAL OVERHEAD COST (G+H+K)	3,566,295	3,234,178	6,800,473	0	6,800,473	0	6,800,473
J. GRAND TOTAL COSTS² (F+I)	15,319,652	8,511,466	23,831,118	23,828,138	23,828,138	0	23,828,138

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

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: United Community and Family Services, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs (Excluding Dental, Mental Health, and Other)					
I Provide itemized de-identified list (e.g., Physician 1)	II Specialty	III Compensation	IV Encounters	V Employee Total Hours (2080 hrs = 1 FTE)	VI Total Employee Hours and FTEs
A.	PHYSICIAN	General Practitioner	1,500	1,040	0.50
1.	Please see attached				
2.	See attached	1,074,684	17,219	11,625	5.59
3.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		1,074,684	17,219	11,625	0.00
B.					
PHYSICIAN ASSISTANT					
1.					
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

Area - FTEs		Dept.	Title	Compensation	Hours	FTEs	Encounters
Physician 1	(1/1/17-6/30/17)	Medical	PHYSICIAN	35,245	371	0.18	606
Physician 2	(7/1/16-12/31/16)	Medical	DIRECTOR OF ADULT ME	100,422	1,120	0.54	3875
Physician 2	(1/1/17-6/30/17)	Medical	DIRECTOR OF ADULT ME	96,500	1,004	0.48	
Physician 3	(7/1/16-12-31/16)	Medical	PHYSICIAN	89,842	1,120	0.54	4103
Physician 3	(1/1/17-6/30/17)	Medical	PHYSICIAN	84,150	1,040	0.50	
Physician 4	(7/1/16-12/31/16)	Medical	PHYSICIAN	9,075	121	0.06	251
Physician 4	(1/1/17-6/30/17)	Medical	PHYSICIAN	8,100	108	0.05	
Physician 5	(7/1/16-12/31/16)	Medical	PHYSICIAN	99,615	1,408	0.68	3191
Physician 5	(1/1/17-6/30/17)	Medical	PHYSICIAN	81,192	1,013	0.49	
Physician 6	(7/1/16-12/31/16)	Medical	PEDIATRICIAN	107,591	1,120	0.54	3355
Physician 6	(1/1/17-6/30/17)	Medical	PEDIATRICIAN	99,998	1,040	0.50	
Physician 7	(7/1/16-12/31/16)	Medical	CHIEF MEDICAL OFFICE	136,403	1,120	0.54	1838
Physician 7	(1/1/17-6/30/17)	Medical	CHIEF MEDICAL OFFICE	126,551	1,040	0.50	
Totals				1,074,684	11,625	5.59	17,219

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Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: United Community and Family Services, 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>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. Please see attached.	See attached	1,394,237	23,784	35,783	17.20
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		1,394,237	23,784	35,783	17.20
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Please see attached (Open Item)	See attached	50,000	527	260	0.13
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		50,000	527	260	0.13
E. OTHER HEALTH CARE PRACTITIONER					
1.					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
APRN (7/1/16-12/31-16)	Medical	APRN	62,083	1,120	0.54	3,488
APRN (1/1/17-6/30/17)	Medical	APRN	62,573	1,040	0.50	
APRN (7/1/16-12/31-16)	Medical	APRN	5,688	160	0.08	1,390
APRN (1/1/17-6/30/17)	Medical	APRN	43,500	1,040	0.50	
APRN (7/1/16-12/31-16)	Medical	APRN	28,100	640	0.31	3,037
APRN (1/1/17-6/30/17)	Medical	APRN	46,349	1,040	0.50	
APRN (7/1/16-12/31-16)	Medical	APRN	47,654	1,120	0.54	2,504
APRN (1/1/17-6/30/17)	Medical	APRN	45,725	1,040	0.50	
APRN (7/1/16-12/31-16)	Medical	APRN	17,019	1,120	0.54	1,982
APRN (1/1/17-6/30/17)	Medical	APRN	44,250	1,040	0.50	
APRN (7/1/16-12/31-16)	Medical	APRN	51,770	1,120	0.54	2,661
APRN (1/1/17-6/30/17)	Medical	APRN	45,978	1,040	0.50	
APRN (7/1/16-12/31-16)	Medical	APRN	33,693	312	0.15	283
APRN (1/1/17-6/30/17)	Medical	APRN	12,840	240	0.12	340
APRN (7/1/16-12/31-16)	Medical	APRN	57,485	1,040	0.50	2,833
APRN (1/1/17-6/30/17)	Medical	APRN	52,630	1,120	0.54	
APRN (7/1/16-12/31-16)	Medical	APRN	16,428	-	-	-
APRN (7/1/16-12/31-16)	Medical	APRN	42,877	918	0.44	1,413
APRN (1/1/17-6/30/17)	Medical	APRN	23,058	211	0.10	302
APRN (7/1/16-12/31-16)	Medical	APRN	53,638	1,120	0.54	1,729
APRN (1/1/17-6/30/17)	Medical	APRN	12,788	320	0.15	257
LPN (7/1/16-12/31-16)	Medical	LEAD NURSE	30,929	1,120	0.54	237
LPN (1/1/17-6/30/17)	Medical	LEAD NURSE	29,400	1,040	0.50	
LPN (7/1/16-12/31-16)	Medical	LPN	31,534	1,174	0.56	302
LPN (1/1/17-6/30/17)	Medical	LPN	27,854	1,030	0.50	
LPN (7/1/16-12/31-16)	Medical	LPN	28,062	1,188	0.57	308
LPN (1/1/17-6/30/17)	Medical	LPN	29,328	1,040	0.50	67
LPN (7/1/16-12/31-16)	Medical	LPN	31,857	1,120	0.54	
LPN (1/1/17-6/30/17)	Medical	LEAD NURSE	25,769	1,053	0.51	
LPN (7/1/16-12/31-16)	Medical	LPN	26,582	1,151	0.55	195
LPN (1/1/17-6/30/17)	Medical	LPN	25,411	1,066	0.51	

RN (7/1/16-12/31-16)	Medical	REGISTERED NURSE	2,708	83	0.04	-
RN (7/1/16-12/31-16)	Medical	REGISTERED NURSE	21,606	667	0.32	67
RN (1/1/17-6/30/17)	Medical	RN NURSE EDUCATOR	35,131	1,067	0.51	
RN (7/1/16-12/31-16)	Medical	RN NURSE EDUCATOR	41,099	1,135	0.55	117
RN (1/1/17-6/30/17)	Medical	RN NURSE EDUCATOR	39,005	1,045	0.50	
RN (7/1/16-12/31-16)	Medical	REGISTERED NURSE	21,003	652	0.31	176
RN (1/1/17-6/30/17)	Medical	REGISTERED NURSE	34,704	1,067	0.51	
RN (1/1/17-6/30/17)	Medical	REGISTERED NURSE	4,602	125	0.06	11
RN (7/1/16-12/31-16)	Medical	NURSE MANAGER	52,407	1,120	0.54	85
RN (1/1/17-6/30/17)	Medical	NURSE MANAGER	49,118	1,040	0.50	
Total			1,394,237	35,783	17.20	23,784

<u>Area - FTEs</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
Physician Under Agreement 1	Medical	PHYSICIAN	3,985	21	0.01	42
Physician Under Agreement 2	Medical	PHYSICIAN	5,028	26	0.01	53
Physician Under Agreement 3	Medical	PHYSICIAN	25,427	132	0.06	268
Physician Under Agreement 4	Medical	PHYSICIAN	4,744	25	0.01	50
Physician Under Agreement 5	Medical	PHYSICIAN	5,028	26	0.01	53
Physician Under Agreement 6	Medical	PHYSICIAN	5,787	30	0.01	61
Totals			50,000	260	0.13	527

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: United Community and Family Services, Inc.

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

DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2000 hrs = 1 FTE) V
A. <i>Provide itemized de-identified list (e.g., Dentist f):</i>					
DENTIST		125,000	1,500	1,040	0.50
1. See attached		728,152	13,780	11,787	5.87
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
Total Dentist Encounters, Staff Hours and FTEs		728,152	13,780	11,787	5.87
B. <i>Provide itemized de-identified list (e.g., Hygienist f):</i>					
DENTAL HYGIENIST		395,328	7,893	8,990	4.32
1. See attached					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Dental Hygienist Encounters, Hours and FTEs		395,328	7,893	8,990	4.32
C. <i>Provide itemized de-identified list (e.g., Other Dental Practitioner f):</i>					
OTHER DENTAL PRACTITIONER		252,089	0	15,045	7.23
1. See attached					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Other Dental Practitioner Encounters, Hours and FTEs		252,089	0	15,045	7.23

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
Dentist (7/1/16-12/31/16)	Dental	DENTIST	27,646	434	0.21	1,032
Dentist (1/1/17-6/30/17)	Dental	DENTIST	27,176	434	0.21	
Dentist (7/1/16-12/31/16)	Dental	DENTIST	63,360	1,001	0.48	2,279
Dentist (1/1/17-6/30/17)	Dental	DENTIST	53,338	1,120	0.54	
Dentist (7/1/16-12/31/16)	Dental	DENTIST	7,302	119	0.06	121
Dentist (1/1/17-6/30/17)	Dental	DENTIST	585	10	0.00	
Dentist (7/1/16-12/31/16)	Dental	DENTIST	13,158	212	0.10	450
Dentist (1/1/17-6/30/17)	Dental	DENTIST	13,160	207	0.10	
Dentist (7/1/16-12/31/16)	Dental	DENTIST	60,120	1,120	0.54	2,602
Dentist (1/1/17-6/30/17)	Dental	DENTIST	56,092	1,040	0.50	
Dentist (7/1/16-12/31/16)	Dental	DENTIST	54,462	1,000	0.48	2,296
Dentist (1/1/17-6/30/17)	Dental	DENTIST	59,000	1,040	0.50	
Dentist (7/1/16-12/31/16)	Dental	DENTIST	65,387	1,120	0.54	2,725
Dentist (1/1/17-6/30/17)	Dental	DENTIST	61,322	1,040	0.50	
Total			562,108	9,897	4.76	11,505

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
Dental Director (7/1/16-12/31/16)	Dental	DENTAL DIRECTOR	84,958	980	0.47	2,285
Dental Director (1/1/17-6/30/17)	Dental	DENTAL DIRECTOR	81,087	910	0.44	
Total			166,044	1,890	0.91	2,285

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
DENTAL HYGIENIST (7/1/16-12/31/16)	Dental	DENTAL HYGIENIST	20,941	287	0.14	789
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	27,148	748	0.36	
DENTAL HYGIENIST (7/1/16-12/31/16)	Dental	DENTAL HYGIENIST	1,968	62	0.03	59
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	208	7	0.00	
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	2,320	62	0.03	14
DENTAL HYGIENIST (7/1/16-12/31/16)	Dental	DENTAL HYGIENIST	37,313	980	0.47	1,667
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	34,726	910	0.44	
DENTAL HYGIENIST (7/1/16-12/31/16)	Dental	DENTAL HYGIENIST	44,547	1,120	0.54	1,813
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	41,930	1,040	0.50	
DENTAL HYGIENIST (7/1/16-12/31/16)	Dental	DENTAL HYGIENIST	33,231	832	0.40	1,441
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	30,968	829	0.40	
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	18,349	70	0.03	447
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENIST	20,624	154	0.07	411
DENTAL HYGIENIST (7/1/16-12/31/16)	Dental	DENTAL HYGIENE COORD	41,840	980	0.47	1,252
DENTAL HYGIENIST (1/1/17-6/30/17)	Dental	DENTAL HYGIENE COORD	39,213	910	0.44	
Total			395,328	8,990	4.32	7,893

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	17,165	1,088	0.52	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	15,970	998	0.48	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	12,921	888	0.43	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	15,528	1,047	0.50	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	12,899	813	0.39	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	14,456	942	0.45	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	17,066	877	0.42	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	16,511	834	0.40	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	17,051	1,062	0.51	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	16,143	978	0.47	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	17,004	1,057	0.51	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	16,230	987	0.47	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	20,031	1,051	0.51	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	18,930	972	0.47	-
DENTAL ASSISTANT (7/1/16-12/31/16)	Dental	DENTAL ASSISTANT	8,408	509	0.24	-
DENTAL ASSISTANT (1/1/17-6/30/17)	Dental	DENTAL ASSISTANT	15,787	942	0.45	-
Total			252,099	15,045	7.23	-

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: United Community and Family Services, 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 1)</i>	125,000	1,500	1,040	0.50
A.				
1. <i>Please see attached.</i>	1,120,374	13,134	11,511	5.53
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	1,120,374	13,134	11,511	5.53
B. SOCIAL WORKER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER MENTAL HEALTH PRACTITIONER				
1. <i>Please see attached.</i>	4,099,869	67,683	160,379	77.11
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	4,099,869	67,683	160,379	77.11

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
PSYCHIATRIC APRN (7/1/16-12/31/16)	Psych	PSYCHIATRIC APRN	49,869	1,016	0.49	2,110
PSYCHIATRIC APRN (1/1/17-6/30/17)	Psych	PSYCHIATRIC APRN	54,873	936	0.45	
PSYCHIATRIST (7/1/16-12/31/16)	Psych	PSYCHIATRIST	41,858	270	0.13	469
PSYCHIATRIST (1/1/17-6/30/17)	Psych	PSYCHIATRIST	35,657	230	0.11	
PSYCHIATRIC MEDICAL (7/1/16 - 12/31/16)	Psych	PSYCHIATRIC MEDICAL	146,988	936	0.45	1,968
PSYCHIATRIC MEDICAL (1/1/17 - 6/30/17)	Psych	PSYCHIATRIC MEDICAL	134,594	936	0.45	
PSYCHIATRIST (7/1/16-12/31/16)	Psych	PSYCHIATRIST	122,817	1,120	0.54	1,088
PSYCHIATRIST (1/1/17-6/30/17)	Psych	PSYCHIATRIST	114,067	1,040	0.50	
PSYCHIATRIST (1/1/17-6/30/17)	Psych	PSYCHIATRIST	34,500	360	0.17	158
PSYCHIATRIST (7/1/16-12/31/16)	Psych	PSYCHIATRIST	86,077	640	0.31	1,542
PSYCHIATRIST (1/1/17-6/30/17)	Psych	PSYCHIATRIST	87,158	640	0.31	
PSYCHIATRIC APRN (7/1/16-12/31/16)	Psych	PSYCHIATRIC APRN	57,436	1,040	0.50	2,643
PSYCHIATRIC APRN (7/1/16-12/31/16)	Psych	PSYCHIATRIC APRN	57,361	1,120	0.54	2,720
PSYCHIATRIC APRN (1/1/17-6/30/17)	Psych	PSYCHIATRIC APRN	54,245	1,040	0.50	
PSYCHIATRIC APRN (7/1/16-12/31/16)	Psych	PSYCHIATRIC APRN	42,874	188	0.09	436
Total			1,120,374	11,511	5.53	13,134

<u>Area</u>	<u>Dept.</u>	<u>Title</u>	<u>Compensation</u>	<u>Hours</u>	<u>FTEs</u>	<u>Encounters</u>
BHS SUPPORT SPECIALI (7/1/16 - 12/31/16)	LPN	BHS SUPPORT SPECIALI	25,066	1,120	0.54	-
BHS SUPPORT SPECIALI (1/1/17 - 6/30/17)	Clinician	BHS SUPPORT SPECIALI	23,191	1,040	0.50	-
BHS PRACTICE MANAGER (7/1/16 - 12/31/16)	Clinician	BHS PRACTICE MANAGER	37,320	980	0.47	-
BHS PRACTICE MANAGER (1/1/17 - 6/30/17)	Clinician	BHS PRACTICE MANAGER	35,160	910	0.44	-
BHS SUPERVISOR AUTIS (7/1/16 - 12/31/16)	Clinician	BHS SUPERVISOR AUTIS	26,263	1,024	0.49	412
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	28,486	1,120	0.54	-
BETTOR CHOICE SUPERV (7/1/16 - 12/31/16)	Clinician	BETTOR CHOICE SUPERV	33,743	980	0.47	215
BETTOR CHOICE SUPERV (1/1/17 - 6/30/17)	Clinician	BETTOR CHOICE SUPERV	31,552	910	0.44	-
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	30,262	980	0.47	376
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	30,267	910	0.44	-
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	31,714	980	0.47	299
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	31,820	910	0.44	-
SUPERVISOR OF OUTPAT (7/1/16 - 12/31/16)	Clinician	SUPERVISOR OF OUTPAT	13,326	528	0.25	465
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	14,226	520	0.25	-
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	5,785	157	0.08	127
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	3,212	91	0.04	82
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	1,467	95	0.05	-
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	26,455	1,120	0.54	1,042
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,739	1,024	0.49	-
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	28,170	1,120	0.54	722
SENIOR CLINICIAN (1/1/17 - 6/30/17)	Clinician	SENIOR CLINICIAN	26,243	1,040	0.50	-
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	27,522	1,120	0.54	832
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	20,534	1,040	0.50	-
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	20,585	1,000	0.48	790
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,300	1,120	0.54	-
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,477	1,120	0.54	938
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	21,847	1,040	0.50	-
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	25,082	1,029	0.49	1,115
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	24,949	275	0.13	-
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,722	1,120	0.54	899
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	22,975	1,040	0.50	-
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	27,098	1,120	0.54	1,122
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	25,219	1,040	0.50	-
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	28,295	1,120	0.54	1,019
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	27,332	1,040	0.50	-

CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	28,236	1,120	0.54	996
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	26,233	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	7,741	214	0.10	327
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	7,032	196	0.09	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	3,034	86	0.04	267
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	3,120	91	0.04	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	30,347	980	0.47	757
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	28,414	910	0.44	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	24,180	1,120	0.54	438
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,426	1,040	0.50	
CLINICIAN FCC (7/1/16 - 12/31/16)	Clinician	CLINICIAN FCC	12,610	575	0.28	129
CLINICIAN FCC (1/1/17 - 6/30/17)	Clinician	CLINICIAN FCC	12,915	577	0.28	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	14,018	445	0.21	430
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	14,958	133	0.06	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	25,108	1,120	0.54	945
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,467	1,040	0.50	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,487	1,120	0.54	774
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	21,800	1,040	0.50	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,477	1,120	0.54	765
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	21,800	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	30,835	1,120	0.54	928
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	28,381	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	27,992	1,120	0.54	947
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	25,916	1,040	0.50	
SENIOR CLINICIAN (7/1/16 - 12/31/16)	Clinician	SENIOR CLINICIAN	25,478	1,040	0.50	919
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	25,648	1,120	0.54	
SENIOR CLINICIAN (7/1/16 - 12/31/16)	Clinician	SENIOR CLINICIAN	28,753	229	0.11	260
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	18,888	700	0.34	582
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	22,785	1,044	0.50	
School Based BHS Supervisor (7/1/16 - 12/31/16)	Clinician	School Based BHS Supervisor	25,691	700	0.34	455
School Based BHS Supervisor (1/1/17 - 6/30/17)	Clinician	School Based BHS Supervisor	25,200	910	0.44	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	561	26	0.01	332
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	16,736	420	0.20	
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	31,925	980	0.47	182
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	30,112	910	0.44	
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	32,170	1,120	0.54	287
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	31,963	1,034	0.50	

OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	31,535	1,040	0.50	222
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	33,154	1,120	0.54	
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	28,750	1,120	0.54	401
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	32,717	999	0.48	
SUPERVISING CLINICIA (7/1/16 - 12/31/17)	Clinician	SUPERVISING CLINICIA	29,727	1,120	0.54	762
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	27,503	520	0.25	
SUPERVISING CLINICIA (7/1/16 - 12/31/17)	Clinician	SUPERVISING CLINICIA	30,593	1,120	0.54	691
SUPERVISING CLINICIA (1/1/17 - 6/30/17)	Clinician	SUPERVISING CLINICIA	28,422	1,040	0.50	
SUPERVISING CLINICIA (7/1/16 - 12/31/17)	Clinician	SUPERVISING CLINICIA	27,237	1,040	0.50	786
SUPERVISING CLINICIA (1/1/17 - 6/30/17)	Clinician	SUPERVISING CLINICIA	28,134	1,120	0.54	
SUPERVISING CLINICIA (7/1/16 - 12/31/17)	Clinician	SUPERVISING CLINICIA	24,253	1,040	0.50	1,061
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	22,255	1,120	0.54	
LEAD CLINICIAN (7/1/16 - 12/31/16)	Clinician	LEAD CLINICIAN	26,428	1,120	0.54	525
LEAD CLINICIAN (1/1/17 - 6/30/17)	Clinician	LEAD CLINICIAN	23,880	1,040	0.50	
LEAD CLINICIAN (7/1/16 - 12/31/16)	Clinician	LEAD CLINICIAN	26,627	1,040	0.50	638
LEAD CLINICIAN (1/1/17 - 6/30/17)	Clinician	LEAD CLINICIAN	28,260	1,120	0.54	
LEAD CLINICIAN (7/1/16 - 12/31/16)	Clinician	LEAD CLINICIAN	26,108	1,040	0.50	682
LEAD CLINICIAN (1/1/17 - 6/30/17)	Clinician	LEAD CLINICIAN	27,043	1,120	0.54	
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	750	25	0.01	17
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	2,095	72	0.03	156
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	3,030	102	0.05	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	10,220	341	0.16	549
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	7,760	246	0.12	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	1,315	44	0.02	121
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	3,350	112	0.05	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	2,119	65	0.03	45
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	25,467	1,025	0.49	1,050
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	27,023	1,120	0.54	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	15,092	720	0.35	641
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	21,800	1,024	0.49	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	13,415	600	0.29	764
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	20,794	978	0.47	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,477	1,120	0.54	1,010
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,147	1,040	0.50	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	17,215	1,120	0.54	522
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	16,713	725	0.35	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	24,785	1,120	0.54	871

CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	15,269	693	0.33	800
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,589	1,120	0.54	800
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	17,077	790	0.38	399
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	1,488	80	0.04	842
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	24,409	1,120	0.54	1,033
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,033	1,040	0.50	1,127
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,699	1,120	0.54	1,058
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,303	1,040	0.50	1,077
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	24,482	1,120	0.54	1
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	23,759	1,040	0.50	1,036
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,692	1,120	0.54	1,223
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,462	1,040	0.50	1,073
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	33,518	1,120	0.54	905
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	33,900	1,040	0.50	183
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	2,769	8	0.00	1,033
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	26,691	1,120	0.54	55
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	25,672	1,040	0.50	763
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,852	1,120	0.54	981
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	22,717	1,038	0.50	1,090
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	23,585	1,120	0.54	950
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	21,791	1,040	0.50	950
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	16,769	1,120	0.54	726
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	21,800	1,040	0.50	8969
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	13,413	600	0.29	22,000
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	25,720	1,120	0.54	1,040
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	24,075	1,040	0.50	200
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	4,231	200	0.10	55
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	14,532	1,120	0.54	763
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,000	1,040	0.50	981
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	28,928	1,120	0.54	1,090
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	27,474	1,040	0.50	950
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	26,385	1,120	0.54	950
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,921	1,040	0.50	726
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	30,025	1,120	0.54	8969
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	28,294	1,040	0.50	22,000
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	8,969	1,120	0.54	1,040
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,000	1,040	0.50	1,040

CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	33,092	1,120	0.54	1,811
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	29,676	1,040	0.50	
SUPERVISING CLINICIA (7/1/16 - 12/31/17)	Clinician	SUPERVISING CLINICIA	28,217	1,120	0.54	639
SUPERVISING CLINICIA (1/1/17 - 6/30/17)	Clinician	SUPERVISING CLINICIA	26,979	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	19,222	624	0.30	632
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	11,448	506	0.24	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	22,205	780	0.38	850
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	21,130	816	0.39	
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	34,731	1,120	0.54	128
OUTPATIENT BHS SUPER (1/1/17 - 6/30/17)	Clinician	OUTPATIENT BHS SUPER	34,500	1,040	0.50	
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	18,306	821	0.39	281
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	7,307	212	0.10	
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	17,589	748	0.36	20
CLINICIAN I (7/1/16 - 12/31/16)	Clinician	CLINICIAN I	24,616	1,120	0.54	459
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	22,384	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	26,561	1,120	0.54	1,001
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,713	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	24,457	1,120	0.54	1,108
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	24,182	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	28,192	1,120	0.54	1,078
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	26,476	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	28,223	1,120	0.54	997
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	26,013	1,040	0.50	
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	17,606	440	0.21	273
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	1,443	52	0.03	13
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	3,529	98	0.05	80
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	1,505	42	0.02	64
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	1,444	38	0.02	
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	1,922	54	0.03	53
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	760	21	0.01	
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	30,917	980	0.47	1,086
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	29,552	910	0.44	
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	28,330	1,120	0.54	1,194
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	SENIOR CLINICIAN	26,069	1,040	0.50	
SENIOR CLINICIAN (1/1/17 - 6/30/17)	Clinician	SENIOR CLINICIAN	26,186	1,120	0.54	1,202
CLINICIAN II (7/1/16 - 12/31/16)	Clinician	CLINICIAN II	24,683	1,040	0.50	
CLINICIAN II (1/1/17 - 6/30/17)	Clinician	CLINICIAN II	5,112	240	0.12	443
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I				

SENIOR CLINICIAN (7/1/16 - 12/31/16)	Clinician	SENIOR CLINICIAN	28,972	1,120	0.54	790
SENIOR CLINICIAN (7/1/16 - 12/31/16)	Clinician	SENIOR CLINICIAN	28,791	1,120	0.54	838
SENIOR CLINICIAN (1/1/17 - 6/30/17)	Clinician	SENIOR CLINICIAN	26,809	1,040	0.50	26
CLINICIAN I (1/1/17 - 6/30/17)	Clinician	CLINICIAN I	3,654	160	0.08	291
OUTPATIENT BHS SUPER (7/1/16 - 12/31/16)	Clinician	OUTPATIENT BHS SUPER	5,042	251	0.12	7
Intern	Clinician	Intern	-	-	-	155
Intern	Clinician	Intern	-	-	-	90
Intern	Clinician	Intern	-	-	-	122
Intern	Clinician	Intern	-	-	-	273
Intern	Clinician	Intern	-	-	-	43
Intern	Clinician	Intern	-	-	-	76
Intern	Clinician	Intern	-	-	-	301
Intern	Clinician	Intern	-	-	-	2
Intern	Clinician	Intern	-	-	-	116
Training	Clinician	Training	-	-	-	88
Intern	Clinician	Intern	-	-	-	262
Training	Clinician	Training	-	-	-	349
Intern	Clinician	Intern	-	-	-	36
Intern	Clinician	Intern	-	-	-	136
Intern	Clinician	Intern	-	-	-	127
Intern	Clinician	Intern	-	-	-	15
Intern	Clinician	Intern	-	-	-	409
Intern	Clinician	Intern	-	-	-	282
Intern	Clinician	Intern	-	-	-	393
Total			4,069,869	160,379	77.11	67,683

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: United Community and Family Services, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range			Turnover			Employee Hours and FTEs		
			High	Low	IV	V	VI	Encounters	VII	VIII	IX
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00		
1. PHYSICIAN	7	1,074,684	254,660	147,654	1	0	17,219	11,625	5.59		
2. PHYSICIAN ASSISTANT									0.00		
3. NURSE (APRN, MIDWIFE, RN)	26	1,394,237	226,964	31,607	7	5	23,784	35,763	17.20		
4. PHYSICIAN SERVICES UNDER CONTRACT	6	50,000	400,000	400,000	0	0	527	260	0.13		
5. OTHER HEALTH PROFESSIONALS									0.00		
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00		
7. OTHER HEALTH CARE PRACTITIONERS									0.00		
Total Health Care	39	2,518,921			8	5	41,530	47,668	22.32		
B. DENTAL PRACTITIONERS											
1. DENTIST	6	728,152	185,341	99,057	1	1	13,790	11,767	5.67		
2. DENTAL HYGIENIST	9	365,328	278,555	66,560	1	1	7,893	8,960	4.32		
3. OTHER DENTAL PRACTITIONERS	8	252,099	41,186	30,279	2	0	0	15,045	7.23		
Total Dental	25	1,375,579			4	2	21,683	35,822	17.22		
C. MENTAL HEALTH PRACTITIONERS											
1. PSYCHIATRIST	9	1,120,374	475,669	102,104	2	1	13,134	11,511	5.53		
2. PSYCHOLOGIST									0.00		
3. LICENSED CLINICAL SOCIAL WORKER									0.00		
4. PSYCHIATRIC APRN									0.00		
5. OTHER MENTAL HEALTH PRACTITIONERS	121	4,069,868	233,975	16,657	15	14	67,663	160,379	77.11		
Total Mental Health	130	5,190,243			18	15	80,817	171,890	82.64		

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:	United Community and Family Services, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	15,882,771
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	1,144,894
C.	Total Direct Costs (A+B)	17,027,665
D.	Portion of Title XIX Services (A/C)	93.28%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,800,473
F.	Overhead Cost Applicable to Title XIX Services (DxE)	6,343,481
G.	Total Title XIX Services Cost (A+F)	22,226,252
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,667,876
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	6,343,481
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,206,448
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,653,710
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	8,022,613
	4. Total Direct Costs (K1 thru K3)	15,882,771
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	32.78%
	2. Dental Services (K2/K4)	16.71%
	3. Mental Health Services (K3/K4)	50.51%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,079,393
	2. Dental Services (JxL2)	1,059,996
	3. Mental Health Services (JxL3)	3,204,092
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,343,481

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:	United Community and Family Services, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	5,206,448
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,079,393
C. Total Allowable Health Care Cost (A+B)	7,285,841
D. Encounters (P12 - Form B-4, Health Care Total)	41,530
E. Allowable Health Care Cost Per Encounter (C/D)	175.44
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,653,710
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,059,996
C. Total Allowable Dental Cost (A+B)	3,713,706
D. Encounters (P12 - Form B-4, Dental Total)	21,683
E. Allowable Dental Cost Per Encounter (C/D)	171.27
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	8,022,613
B. Allowable Overhead Cost (P13 - Form C, Line M3)	3,204,092
C. Total Allowable Mental Health Cost (A+B)	11,226,705
D. Encounters (P12 - Form B-4, Mental Health Total)	80,817
E. Allowable Mental Health Cost Per Encounter (C/D)	138.92

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: United Community and Family Services, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Dental	Dental	Mental Health	Other	Total (Col. I thru IV)
A. Operating Revenue						
1.	Medicaid	(3,676,213)	(2,033,038)	(8,560,842)	0	(14,270,093)
2.	Private	0	0	0	0	0
3.	Medicare	(849,091)	0	(828,992)	0	(1,678,083)
4.	Patient Cash/Self Pay	(96,040)	(163,645)	(38,497)	0	(298,182)
5.	Other - Specify Commerical Insurance	(828,135)	(331,012)	(1,691,290)	(88,253)	(2,938,690)
6.	Total (1 thru 5)	(5,449,479)	(2,527,695)	(11,119,621)	(88,253)	(19,185,048)
B. Other Revenue						
1.	Contributions	0	(390)	0	(106,931)	(107,321)
2.	Grants	(963,844)	(386,373)	(874,962)	(1,029,456)	(3,254,635)
3.	Interest	0	0	0	(252,488)	(252,488)
4.	Donations	0	0	0	0	0
5.	Other - Specify Foundation Revenue	(16,714)	(13,757)	(14,772)	(17,014)	(62,257)
6.	Other - Specify Contracts	(62,708)	0	(17,058)	(171,429)	(251,195)
7.	Other - Specify United Way	(125,861)	(187,206)	(36,435)	35,081	(314,421)
8.	Other - Specify Meaningful Use	(70,975)	(19,125)	(54,400)	(1,063)	(145,563)
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	(1,240,102)	(606,851)	(997,627)	(1,543,300)	(4,387,880)
C. Other Revenue (Include revenue generated by non-approved FQHC sites)						
1.	Other - Specify Gain/Loss	0	(0)	0	(276,245)	(276,245)
2.	Other - Specify Special Events	0	0	0	(10,992)	(10,992)
3.	Other - Specify Recovered Bad Debts	(5,475)	(4,701)	(126,030)	0	(136,206)
4.	Other - Specify Bonding Revenue	0	0	0	(584,285)	(584,285)
5.	Other - Specify Other Income	(2,999)	0	(172)	(336,690)	(339,862)
6.	Other - Specify Prior Period Revenue	(13,808)	0	(56,948)	(30,415)	(101,170)
7.	Total (1 thru 7)	(22,282)	(4,701)	(183,150)	(1,238,627)	(1,448,760)
D. Total Revenue (A6+B11+C7)		(6,711,863)	(3,139,247)	(12,300,398)	(2,870,180)	(25,021,688)

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:	United Community and Family Services, Inc.			

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)	0
	2. Dental	(390)
	3. Mental Health	0
	4. Other - Specify <u>Unrestricted & Fundraising Contributions</u>	(106,931)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(107,321)
B.	Grants (<u>Excluding</u> PHS)	
	1. Services (<u>Excluding</u> Dental, Mental Health and Other)	(963,844)
	2. Dental	(386,373)
	3. Mental Health	(874,962)
	4. Other - Specify <u>Various Other Program Grants</u>	(1,029,456)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(3,254,635)

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:	United Community and Family Services, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties	15,062	
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	91,734	
	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	47,482	
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care		
	14. Interest	125,041	
	15. Pass through expenses	23,187	
	16. Total (1 thru 15)		302,506
B.	Cost Offset (<i>Expense Recovery</i>)		
	1. Refunds - Medicaid Outreach		
	2. Rent Income		
	3. In-Kind Medical Supplies	365,326	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		365,326
C.	Total Cost Disallowance and Offset (A16+B7)		667,832

United Community & Family Services, Inc.
Reconciliation of DSS FQHC Cost Report to Audited Financial Statements
For the Fiscal Year Ended June 30, 2016

Expense Reconciliation

Expenses per Form A-5	Line J, Column III	23,828,138
Add: Non-FQHC Services		
	Eldercare/Volunteer Services	2,066,741
	Community Based BHS	7,135,142
Expenses Per Audited Financial Statements		<u>33,030,021</u>

Revenue Reconciliation

Revenues per Form E	Line D, Column V	(25,021,688)
Add: Non-FQHC Services Revenue		
	Eldercare/Volunteer Services	(1,909,516)
	Community Based BHS	(6,799,051)
Add: Net assets released from restrictions		
Revenue per Audited Financial Statements		<u>(33,730,255)</u>
Net (Income) Loss		<u><u>(700,234)</u></u>

Reconciliation to Medicare Cost Report

Net (Income) Loss Medicaid	(700,234)
Less: Audit AJE for donated vaccines	
Less: Rounding	
Net (income) Loss per Medicare report	<u><u>(700,234)</u></u>