

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 12/30/2020 Date Received: _____

1.	FQHC Name	<u>Wheeler Clinic Inc</u>
	Street Address	<u>91 Northwest Drive</u>
	City, State, ZIP	<u>Plainville CT 06062</u>
	Telephone Number	<u>860.793.4235</u>
	Contact Person	<u>Athena (Dellas) Szczesniak</u>
	Title	<u>Chief Financial Officer</u>

2.	FQHC Medicaid Provider Number:	3. Reporting Period:
	Medical <u>008065431</u>	From <u>7/1/2019</u> To <u>6/30/2020</u>
	Dental <u>008064502</u>	
	Mental Health <u>008043074</u>	
	Other (Medical) <u>008050220</u>	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE **DISTRICT** **OTHER**

COUNTY **CITY**

5. FQHC Owned By:

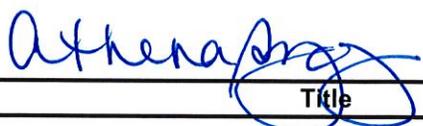
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

Wheeler Clinic Inc 008065431

(FQHC Name)

For the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 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
		Athena Szczesniak
	Title	Date
	Chief Financial Officer	<u>12/29/2020</u>

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Wheeler Clinic Inc	

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

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
Wheeler Clinic, Inc	10 North Main Street Bristol, CT 06010-8122	Yes	1548760119
Wheeler Clinic, Inc	43 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	49 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	75 North Mountain Road New Britain CT 06053	Yes	1215437991
Wheeler Clinic, Inc	36 Race Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	225 North Main Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	500 Clark Avenue Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	718 Pine Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	21 Tuttle Road Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	551 Peacedale Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	480 Wolcott Street Bristol, CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	632 King Street Bristol, CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	9 Moody Road, Suite #3 Enfield, CT 06082	No	1396750840
Wheeler Clinic, Inc	999 Asylum Avenue Hartford, CT 06105	No	1396750840
Wheeler Clinic, Inc	200 W Center Street Manchester, CT 06040	No	1396750840
Wheeler Clinic, Inc	130 Research Parkway Meriden, CT 06450	No	1396750840
Wheeler Clinic, Inc	20 Tuttle Place Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	Russell Hall, 2 Vance Drive Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	36 Russell Street New Britain, CT 06052	No	1396750840
Wheeler Clinic, Inc	19 Franklin Square New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	458 Grand Avenue New Haven, CT 06513	No	1396750840
Wheeler Clinic, Inc	142 East Street Norwalk, CT 06851	No	1396750840
Wheeler Clinic, Inc	91 Northwest Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	74 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	88 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	334 Farmington Avenue Plainville, CT 06062	No	1396750840

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Reporting Period:		From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:		Wheeler Clinic Inc	
Wheeler Clinic, Inc	345 Mix Street Bristol CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	90 West Washington Bristol, CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	530 Stevens Street Bristol, CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	212 Louisiana Ave Bristol, CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	326 Highland Avenue Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	50 Brookside Road Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	1 Farm Hill Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	37 Parkside Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	655 Jerome Ave Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	81 Edward Street Newington, CT	No	1396750840
Wheeler Clinic, Inc	Visitation Plaza, 100 Jefferson Square	Yes - partial year	1144650144
Wheeler Clinic, Inc	855 Lakewood Road Waterbury, CT 06706	Yes - partial year	1144650144
8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:			
Select One:			
SELECT ONE OF THE FOLLOWING OPTIONS:			

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

Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: Wheeler Clinic 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
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	922,307	192,373	1,114,680	372,231	1,486,911	0	1,486,911
b. Social Worker	297,120	61,973	359,093	55,554	414,647	0	414,647
c. Other - Specify	189,355	39,495	228,850	36,520	265,370	0	265,370
Licensed Professional Counselor							
Licensed Marriage and Family Therapist							
Licensed Alcohol & Drug Counselor							
Other Mental Health Practitioners	1,003,011	209,206	1,212,217	33,477	1,245,694	0	1,245,694
Psychiatrist	275,610	57,486	333,096	33,477	366,573	0	366,573
Psychiatric APRN	863,477	180,102	1,043,579	0	1,043,579	0	1,043,579
Medical Assistant	156,063	32,551	188,614	0	188,614	0	188,614
d. Subtotal Direct Mental Health Care Cost	3,706,943	773,186	4,480,129	497,762	4,977,911	0	4,977,911
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0	31,184	31,184	0	31,184
b. Transportation			0	0	0	0	0
c. Depreciation - Mental Health Equipment			0	0	0	0	0
d. Professional Liability Insurance			0	20,016	20,016	0	20,016
e. Other - Specify			0	12,532	12,532	0	12,532
Continuing Medical Education			0	22,990	22,990	0	22,990
Laboratory			0	9,028	9,028	0	9,028
Advertising - Help Wanted			0	50,660	50,660	0	50,660
Interpreter Services			0	712	712	0	712
Bio-Medical Waste Management			0	0	0	0	0
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	147,122	147,122	0	147,122
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	3,706,943	773,186	4,480,129	644,904	5,125,033	0	5,125,033
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	6,640,933	2,051,512	8,692,444	467,110	9,159,554	(166,038)	8,993,516

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Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: Wheeler Clinic Inc

Form A-4 (Non-Allowable Direct Other Service 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
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab			0	32,000	32,000		32,000
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy			0	317,009	317,009		317,009
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites		2,584,086	2,584,086	30,490,624	33,074,710		33,074,710
h. Other - Specify			0	100,992	100,992		100,992
Fundraising Outreach			0		0		0
Laboratory (Non-FQHC Sites)			0	11,839	11,839		11,839
Medical Supplies (Non-FQHC Sites)			0	243,740	243,740		243,740
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Total Non-Allowable Direct Other Service Cost	0	2,584,086	2,584,086	31,196,204	33,780,290	0	33,780,290
F. TOTAL DIRECT COST (D+E1i)	6,640,933	4,635,598	11,276,530	31,663,314	42,939,844	(166,038)	42,773,806

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 FQHC Name: Wheeler Clinic Inc

Form A-5 (Overhead 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)
G. OVERHEAD - FACILITY COST							
a. Rent		1,391,743	1,391,743		1,391,743	(205,451)	1,186,292
b. Insurance		237,931	237,931		237,931		237,931
c. Interest on Mortgage or Loans		25,105	25,105		25,105	(25,105)	0
d. Utilities		749,692	749,692		749,692		749,692
e. Depreciation - Building		1,661,618	1,661,618	(628,025)	1,033,593		1,033,593
f. Depreciation - Equipment		0	0	598,631	598,631		598,631
g. Housekeeping & Maintenance		1,716,092	1,716,092	(471)	1,715,621		1,715,621
h. Other (Specify)		74,679	74,679		74,679		74,679
		516,352	516,352		516,352		516,352
		0	0		0		0
		0	0		0		0
		0	0		0		0
i. Subtotal Overhead - Facility Cost	0	6,373,212	6,373,212	(29,865)	6,343,347	(230,556)	6,112,791
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	40,857,047		40,857,047	(24,987,214)	15,869,833	(19,900)	15,849,933
b. Depreciation - Office Equipment		962,458	962,458		731,920		714,109
c. Office Supplies		66,168	66,168	(230,538)	66,168	(17,811)	66,168
d. Legal		95,370	95,370		95,370		95,370
e. Accounting		200,267	200,267	(150,087)	50,170		50,170
f. Insurance		870,194	870,194		870,194		870,194
g. Telephone		1,160,089	1,160,089	(20,579)	1,139,510	(1,063,926)	75,584
h. Advertising-Help Wanted		0	0		0		0
i. Interest - Capital Loans		588,115	588,115	(30,386)	557,729		557,729
j. Other (Specify)		1,030,894	1,030,894	(296)	1,030,598	(27,759)	1,002,859
		1,966,061	1,966,061	(270,396)	1,695,665		1,695,665
		8,589,575	8,589,575	(5,883,743)	2,705,832		2,705,832
		597,067	597,067	(60,200)	536,867		536,867
k. Subtotal Overhead - Administrative Cost	40,857,047	16,126,258	56,983,305	(31,633,449)	25,349,856	(1,129,376)	24,220,480
l. TOTAL OVERHEAD COST (G+Hk)	40,857,047	22,499,470	63,356,517	(31,663,314)	31,693,203	(1,359,932)	30,333,271
J. GRAND TOTAL COSTS² (F+I)							
	47,497,980	27,135,088	74,633,047	-	74,633,047	(1,525,970)	73,107,077

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

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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Wheeler Clinic Inc	

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

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

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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. Please see form B4					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Nurse Practitioner		0	0	0	0.00	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Please see form B4					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Services Under Contract		0	0	0	0.00	
E. OTHER HEALTH CARE PRACTITIONER						
1. Please see form B4					0.00	
2.					0.00	
3.					0.00	
Total Other Health Care Practitioner		0	0	0	0.00	

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Reporting Period: From 7/1/2019 To 6/30/2020
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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>				
A. DENTIST				
1. Please see form B4				
2.				
3.				
4.				
5.				
Total Dentist Encounters, Staff Hours and FTEs	0	0	1,040	0.50
B. DENTAL HYGIENIST				
1. Please see form B4				
2.				
3.				
4.				
5.				
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. Please see form B4				
2.				
3.				
4.				
5.				
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: Wheeler Clinic Inc

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

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

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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 I	Total Compensation II	Compensation Range			Turnover			Employee Hours and FTEs		
			High III	Low IV	Low V	Hires VI	Departures VII	Encounters VIII	Total Hours IX	FTEs (2,080 hrs = 1 FTE) X	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	7	10,000	8,320	4.00		
1. PHYSICIAN	3	287,831	306,667	190,230	1	1	1,198	2,378	1.14		
2. PHYSICIAN ASSISTANT									0.00		
3. NURSE (APRN, MIDWIFE, RN)	20	1,420,661	265,000	72,000	11	7	13,219	27,502	13.22		
4. PHYSICIAN SERVICES UNDER CONTRACT	6	226,470	74,815	48,008	3	1	826	6,591	3.17		
5. OTHER HEALTH PROFESSIONALS	24	808,376	63,036	37,712	15	6	246	38,076	18.31		
6. OTHER ALLIED HEALTH PROFESSIONALS	1	88,931	88,239	88,239			432	2,080	1.00		
7. OTHER HEALTH CARE PRACTITIONERS	54	2,832,269			30	15	15,921	76,626	36.84		
Total Health Care											
B. DENTAL PRACTITIONERS											
1. DENTIST	1	170,699	169,011	169,011			985	2,080	1.00		
2. DENTAL HYGIENIST	1	69,681	69,138	69,138			545	2,080	1.00		
3. OTHER DENTAL PRACTITIONERS	2	60,176	37,927	35,380		1		3,394	1.63		
Total Dental	4	300,556			0	1	1,530	7,554	3.63		
C. MENTAL HEALTH PRACTITIONERS											
1. PSYCHIATRIST	2	375,188	364,000	297,244			1,063	1,914	0.92		
2. PSYCHOLOGIST	0	0						0	0.00		
3. LICENSED CLINICAL SOCIAL WORKER	16	1,230,292	83,655	71,542	11	6	15,198	33,647	16.18		
4. PSYCHIATRIC APRN	13	863,477	156,076	115,000	5	3	6,973	13,567	6.52		
5. OTHER MENTAL HEALTH PRACTITIONERS	59	1,735,120	73,227	39,793	31	11	22,534	63,022	30.30		
Total Mental Health	90	4,204,077			47	20	45,768	112,149	53.92		

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Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	Wheeler Clinic Inc			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	8,993,516
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	33,780,290
C.	Total Direct Costs (A+B)	42,773,806
D.	Portion of Title XIX Services (A/C)	21.03%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	30,333,271
F.	Overhead Cost Applicable to Title XIX Services (DxE)	6,379,087
G.	Total Title XIX Services Cost (A+F)	15,372,603
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,611,781
I.	Cost Adjustment (Lower of H-F or Zero)	(1,767,306)
J.	Allowable Title XIX Overhead Cost (F+I)	4,611,781
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	3,465,935
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	402,548
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	5,125,033
	4. Total Direct Costs (K1 thru K3)	8,993,516
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	38.54%
	2. Dental Services (K2/K4)	4.48%
	3. Mental Health Services (K3/K4)	56.99%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,777,380
	2. Dental Services (JxL2)	206,608
	3. Mental Health Services (JxL3)	2,628,254
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,612,242

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	Wheeler Clinic Inc	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	3,465,935
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,777,380
C. Total Allowable Health Care Cost (A+B)	5,243,315
D. Encounters (P12 - Form B-4, Health Care Total)	15,921
E. Allowable Health Care Cost Per Encounter (C/D)	329.33
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	402,548
B. Allowable Overhead Cost (P13 - Form C, Line M2)	206,608
C. Total Allowable Dental Cost (A+B)	609,156
D. Encounters (P12 - Form B-4, Dental Total)	1,530
E. Allowable Dental Cost Per Encounter (C/D)	398.14
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	5,125,033
B. Allowable Overhead Cost (P13 - Form C, Line M3)	2,628,254
C. Total Allowable Mental Health Cost (A+B)	7,753,287
D. Encounters (P12 - Form B-4, Mental Health Total)	45,768
E. Allowable Mental Health Cost Per Encounter (C/D)	169.40

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Form E (Revenues)					
REVENUES					
	I	II	III	IV	V
	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A. Operating Revenue					
1. Medicaid	3,458,942	230,833	6,170,478		9,860,253
2. Private	529,930	(11,018)	911,150		1,430,061
3. Medicare	269,872	412	261,107		531,391
4. Patient Cash/Self Pay	96,467	(6,103)	94,574		184,938
5. Other - Specify	(97,141)	(6,801)	(57,429)		(161,371)
6. Total (1 thru 5)	4,258,069	207,322	7,379,881	0	11,845,272
B. Other Revenue					
1. Contributions	37,715	34,646	114,894	179,519	366,773
2. Grants	1,434,340	22,625	2,436,567	41,037,783	44,931,315
3. Interest					0
4. Donations					0
5. Other - Specify				22,775	22,775
6. Other - Specify				53,038	53,038
7. Other - Specify	10,139		203,258	1,126,427	1,339,825
8. Other - Specify				29,415	29,415
9. Other - Specify					0
10. Other - Specify					0
11. Total (1 thru 10)	1,482,194	57,271	2,754,719	42,448,957	46,743,140
C. Other Revenue generated by non-approved FQHC sites					
1. Other - Specify				5,944,655	5,944,655
2. Other - Specify				13,172,017	13,172,017
3. Other - Specify				1,608,294	1,608,294
4. Other - Specify					0
5. Other - Specify				823,806	823,806
6. Other - Specify					0
7. Total (1 thru 7)	0	0	0	21,548,772	21,548,772
D. Total Revenue (A6+B11+C7)	5,740,263	264,593	10,134,599	63,997,729	80,137,184

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Form F (Grants and Co

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

A.	Contributions	ACTUAL
1.	Services (<u>Excluding</u> Dental, Mental Health and Other)	37,715
2.	Dental	34,646
3.	Mental Health	114,894
4.	Other - Specify <u>Temp Restricted - Basic Needs Fund</u>	17,388
	Other - Specify <u>Temp Restricted - Other</u>	3,000
	Other - Specify <u>Temp Restricted - Corsini Kitchen</u>	63,925
	Other - Specify <u>Unrestricted Contributions</u>	136,194
	Other - Specify _____	
5.	Total (1 thru 4)	407,761
B.	Grants (Excluding PHS)	
1.	Services (<u>Excluding</u> Dental, Mental Health and Other)	421,800
2.	Dental	0
3.	Mental Health	2,029,763
4.	Other - Specify <u>CSSD</u>	5,700,213
	Other - Specify <u>DCF</u>	26,156,668
	Other - Specify <u>DDS</u>	93,350
	Other - Specify <u>DMHAS</u>	3,592,470
	Other - Specify <u>DOC</u>	156,445
	Other - Specify <u>DPH</u>	2,089,811
	Other - Specify <u>OEC</u>	917,412
	Other - Specify <u>OPM</u>	234,650
	Other - Specify <u>DHHS/OWH</u>	85,125
	Other - Specify <u>SAMHSA</u>	985,294
	Other - Specify <u>HRSA</u>	795,246
	Other - Specify <u>Other</u>	231,100
5.	Total (1 thru 4)	43,489,346

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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		
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	(1,063,926)	
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	(29,415)	
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions		
12.	Membership dues for public relations		
13.	Cost not related to patient care		
14.	Interest	(25,105)	
15.	Pass through expenses		
16.	Total (1 thru 15)		(1,118,446)
B.	Cost Offset (Expense Recovery)		
1.	Refunds - Medicaid Outreach	(19,900)	
2.	Rent Income	(205,451)	
3.	In-Kind Medical Supplies	(166,038)	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies	(15,135)	
6.	In-Kind Advertising		
7.	Miscellaneous	(1,000)	
8.	Total (1 thru 7)		(407,524)
C.	Total Cost Disallowance and Offset (A16+B7)		(1,525,970)