

Financial Statements and Federal Single Audit Report

Benton-Franklin Health District

Benton County

For the period January 1, 2016 through December 31, 2016

Published September 18, 2017 Report No. 1019801





Office of the Washington State Auditor Pat McCarthy

September 18, 2017

Board of Directors Benton-Franklin Health District Kennewick, Washington

Report on Financial Statements and Federal Single Audit

Please find attached our report on the Benton-Franklin Health District's financial statements and compliance with federal laws and regulations.

We are issuing this report in order to provide information on the District's financial condition.

Sincerely,

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Pat McCarthy State Auditor Olympia, WA

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

SECTION I – SUMMARY OF AUDITOR'S RESULTS

The results of our audit of the Benton-Franklin Health District are summarized below in accordance with Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

Financial Statements

We issued an unmodified opinion on the fair presentation of the District's financial statements in accordance with its regulatory basis of accounting. Separately, we issued an adverse opinion on the fair presentation of all funds with regard to accounting principles generally accepted in the United States of America (GAAP) because the financial statements are prepared using a basis of accounting other than GAAP.

Internal Control over Financial Reporting:

- *Significant Deficiencies:* We reported no deficiencies in the design or operation of internal control over financial reporting that we consider to be significant deficiencies.
- *Material Weaknesses:* We identified no deficiencies that we consider to be material weaknesses.

We noted no instances of noncompliance that were material to the financial statements of the District.

Federal Awards

Internal Control over Major Programs:

• *Significant Deficiencies:* We reported no deficiencies in the design or operation of internal control over major federal programs that we consider to be significant deficiencies.

• *Material Weaknesses:* We identified deficiencies that we consider to be material weaknesses.

We issued an unmodified opinion on the District's compliance with requirements applicable to each of its major federal programs.

We reported findings that are required to be disclosed in accordance with 2 CFR 200.516(a).

Identification of Major Federal Programs:

The following programs were selected as major programs in our audit of compliance in accordance with the Uniform Guidance.

CFDA No.	Program or Cluster Title
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children
93.069	Public Health Emergency Preparedness

The dollar threshold used to distinguish between Type A and Type B programs, as prescribed by the Uniform Guidance, was \$750,000.

The District did not qualify as a low-risk auditee under the Uniform Guidance.

SECTION II – FINANCIAL STATEMENT FINDINGS

None reported.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

See finding 2016-001.

SCHEDULE OF FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

2016-001 The District did not have adequate internal controls to ensure compliance with suspension and debarment requirements.

CFDA Number and Title:	93.069 Public Health Emergency Preparedness
Federal Grantor Name:	Centers for Disease Control and Prevention, Department of Health and
	Human Services
Federal Award/Contract Number:	NA
Pass-through Entity Name:	Washington State Department of Health
Pass-through Award/Contract	
Number:	C17102
Questioned Cost Amount:	\$0

Description of Condition

During fiscal year 2016, the District spent \$315,891 of federal funds in its Public Health Emergency Preparedness program. This program's purpose is to develop emergency-ready public health departments that are flexible and adaptable to respond to all types of hazards, including: infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.

Federal regulations prohibit grant recipients from contracting with or making subawards to parties suspended or debarred from doing business with the federal government. The District is required to verify that all contractors receiving \$25,000 or more in federal funds have not been suspended or debarred or otherwise excluded. The verification may be accomplished by obtaining a written certification or inserting a clause into the contract. Alternatively, the District may review the federal Excluded Parties List System (EPLS) issued by the U.S. General Services Administration. This requirement must be met before entering into the contract. The District paid one contractor more than \$25,000 during fiscal

year 2016 and did not verify it was not suspended or debarred before entering into the contract.

We consider this deficiency in internal controls to be a material weakness, which led to material noncompliance. This issue was not reported as a finding in the prior audit.

Cause of Condition

The District was not aware of the requirement to maintain support of the suspension and debarment verification.

Effect of Condition and Questioned Costs

The District did not verify that the contractor was not suspended or debarred. Any payments to an ineligible party are unallowable and would be subject to recovery by the funding agency.

We verified that the vendor was not suspended or debarred; therefore, we are not questioning costs for the payments.

Recommendation

We recommend the District establish and follow internal controls to ensure compliance with suspension and debarment requirements.

District's Response

The Health District agrees with the recommendation regarding suspension and debarment requirements. As a result, the District's current policies/procedures on this matter will be updated to be compliant with the federal uniform guidance 2 CFR 200. In addition, the fiscal staff and department managers will be trained accordingly.

Auditor's Remarks

We appreciate the District's effort to resolve this issue and commitment to strengthening its policies and procedures. We will review this during our next audit.

Applicable Laws and Regulations

The American Institute of Certified Public Accountants defines significant deficiencies and material weaknesses in its *Codification of Statements on Auditing Standards*, section 935, paragraph 11.

Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), section 200.303 Internal controls, establishes internal control requirements for management of Federal awards to non-Federal entities.

Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), section 200.516 Audit findings, establishes reporting requirements for audit findings, and requirements for management of Federal awards to non-Federal entities.

Title 2 U.S. Code of Federal Regulations (CFR) Part 180, OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) establishes non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

Board of Directors Benton-Franklin Health District Kennewick, Washington

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the Benton-Franklin Health District, Benton County, Washington, as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated September 11, 2017.

We issued an unmodified opinion on the fair presentation of the District's financial statements in accordance with its regulatory basis of accounting. We issued an adverse opinion on the fair presentation with regard to accounting principles generally accepted in the United States of America (GAAP) because the financial statements are prepared by the District using accounting practices prescribed by Washington State statutes and the State Auditor's *Budgeting, Accounting and Reporting System* (BARS) manual described in Note 1, which is a basis of accounting other than GAAP. The effects on the financial statements of the variances between the basis of accounting described in Note 1 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material.

INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's

internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the District's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of the District's compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

PURPOSE OF THIS REPORT

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. However, this report is a matter of public record and its distribution is not limited.

It also serves to disseminate information to the public as a reporting tool to help citizens assess government operations.

Tat Marthy

Pat McCarthy State Auditor Olympia, WA

September 11, 2017

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

Board of Directors Benton-Franklin Health District Kennewick, Washington

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM

We have audited the compliance of the Benton-Franklin Health District, Benton County, Washington, with the types of compliance requirements described in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended December 31, 2016. The District's major federal programs are identified in the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the District's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance

requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the District's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination on the District's compliance.

Opinion on Each Major Federal Program

In our opinion, the District complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2016.

REPORT ON INTERNAL CONTROL OVER COMPLIANCE

Management of the District is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the District's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program in order to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the District's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency or a combination of deficiencies is a deficiency or a combination of deficiencies, in internal control over compliance of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency or a combination of deficiencies, in internal control over compliance of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified certain deficiencies in internal control over compliance, as described in the accompanying Schedule of Federal Award Findings and Questioned Costs as Finding 2016-001 to be a material weakness.

District's Response to Findings

The District's response to the internal control over compliance findings identified in our audit is described in the accompanying Schedule of Federal Award Findings and Questioned Costs. The District's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose. However, this report is a matter of public record and its distribution is not limited. It also serves to disseminate information to the public as a reporting tool to help citizens assess government operations.

Tat Marthy

Pat McCarthy State Auditor Olympia, WA

September 11, 2017

INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

Board of Directors Benton-Franklin Health District Kennewick, Washington

REPORT ON THE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of the Benton-Franklin Health District, Benton County, Washington, for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the District's financial statements, as listed on page 19.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting provisions of Washington State statutes and the *Budgeting, Accounting and Reporting System* (BARS) manual prescribed by the State Auditor described in Note 1. This includes determining that the basis of accounting is acceptable for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial

statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Unmodified Opinion on Regulatory Basis of Accounting (BARS Manual)

As described in Note 1, the Benton-Franklin Health District has prepared these financial statements to meet the financial reporting requirements of Washington State statutes using accounting practices prescribed by the State Auditor's *Budgeting, Accounting and Reporting System* (BARS) manual. Those accounting practices differ from accounting principles generally accepted in the United States of America (GAAP). The differences in these accounting practices are also described in Note 1.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position and results of operations of the Benton-Franklin Health District, for the year ended December 31, 2016, on the basis of accounting described in Note 1.

Basis for Adverse Opinion on U.S. GAAP

Auditing standards issued by the American Institute of Certified Public Accountants (AICPA) require auditors to formally acknowledge when governments do not prepare their financial statements, intended for general use, in accordance with GAAP. The effects on the financial statements of the variances between GAAP and the accounting practices the District used, as described in Note 1, although not reasonably determinable, are presumed to be material. As a result, we are required to issue an adverse opinion on whether the financial statements are presented fairly, in all material respects, in accordance with GAAP.

Adverse Opinion on U.S. GAAP

The financial statements referred to above were not intended to, and in our opinion they do not, present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Benton-Franklin Health District, as of December 31, 2016, or the changes in financial position or cash flows for the year then ended, due to the

significance of the matter discussed in the above "Basis for Adverse Opinion on U.S. GAAP" paragraph.

Other Matters

Supplementary and Other Information

Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). The accompanying Schedule of Liabilities is also presented for purposes of additional analysis, as required by the prescribed BARS manual. These schedules are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

OTHER REPORTING REQUIRED BY GOVERNMENT AUDITING STANDARDS

In accordance with *Government Auditing Standards*, we have also issued our report dated September 11, 2017 on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Tat Marthy

Pat McCarthy State Auditor Olympia, WA

September 11, 2017

FINANCIAL SECTION

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

FINANCIAL STATEMENTS

Fund Resources and Uses Arising from Cash Transactions – 2016 Notes to Financial Statements – 2016

SUPPLEMENTARY AND OTHER INFORMATION

Schedule of Liabilities – 2016 Schedule of Expenditures of Federal Awards – 2016 Notes to the Schedule of Expenditures of Federal Awards – 2016

Benton-Franklin Health District Fund Resources and Uses Arising from Cash Transactions For the Year Ended December 31, 2016

Beginning Cash and Investments

350	Fines and Penalties	-
340 350	Charges for Goods and Services Fines and Penalties	1,785,122
360	Miscellaneous Revenues	141,888
Total Revenues	S:	9,653,502
Expenditures		
510	General Government	-
560	Social Services	9,089,374
Total Expenditu	ures:	9,089,374
Excess (Deficie	ency) Revenues over Expenditures:	564,128
Other Increases in	n Fund Resources	
391-393, 596	Debt Proceeds	-
397	Transfers-In	-
385	Special or Extraordinary Items	-
386 / 389	Custodial Activities	-
381, 395, 398	Other Resources	150
Total Other Inc	reases in Fund Resources:	150
Other Decreases	in Fund Resources	
594-595	Capital Expenditures	53,398
591-593, 599	Debt Service	-
597	Transfers-Out	-
585	Special or Extraordinary Items	-
586 / 589	Custodial Activities	-
Total Other De	creases in Fund Resources:	53,398
Increase (Dec	rease) in Cash and Investments:	510,880
Ending Cash and		,
5081000	Reserved	-
5088000	Unreserved	3,024,028
	Cash and Investments	3,024,028
		-,,

The accompanying notes are an integral part of this statement.

Benton-Franklin Health District Notes to the Financial Statements For the year ended December 31, 2016

Note 1 - Summary of Significant Accounting Policies

The Benton-Franklin Health District was incorporated on January 10, 1947 and operates under the laws of the state of Washington applicable to a public health district. The district is a special purpose local government and provides Maternal Child Health services, Women Infant Children services, Communicable Disease services, Environmental Health services, Laboratory services, and Vital Records.

The Health District reports financial activity in accordance with the *Cash Basis Budgeting, Accounting and Reporting System* (BARS) Manual prescribed by the State Auditor's Office under the authority of Washington State law, Chapter 43.09 RCW. This manual prescribes a financial reporting framework that differs from generally accepted accounting principles (GAAP) in the following manner:

- Financial transactions are recognized on a cash basis of accounting as described below.
- Component units are required to be disclosed, but are not included in the financial statements.
- Government-wide statements, as defined in GAAP, are not presented.
- All funds are presented, rather than a focus on major funds.
- The *Schedule of Liabilities* is required to be presented with the financial statements as supplementary information.
- Supplementary information required by GAAP is not presented.
- Ending balances are not presented using the classifications defined in GAAP.

A. Fund Accounting

Financial transactions of the government are reported in individual funds. Each fund uses a separate set of self-balancing accounts that comprises its cash and investments, revenues and expenditures. The government's resources are allocated to and accounted for in individual funds depending on their intended purpose. Each fund is reported as a separate column in the financial statements. The following fund types are used:

GOVERNMENTAL FUND TYPES:

General Fund

This fund is the primary operating fund of the government. It accounts for all financial resources except those required or elected to be accounted for in another fund.

B. Basis of Accounting and Measurement Focus

Financial statements are prepared using the cash basis of accounting and measurement focus. Revenues are recognized when cash is received and expenditures are recognized when paid.

In accordance with state law the Health District also recognizes expenditures paid during twenty days after the close of the fiscal year for claims incurred during the previous period.

C. Budgets

The Benton-Franklin Health District currently has only one fund, the General Fund. The annual appropriated budget is adopted at an aggregate object level. The budget constitutes the legal authority for expenditures at that level. Annual appropriations for these funds lapse at the fiscal year end.

Annual appropriated budgets are adopted on the same basis of accounting as used for financial reporting.

The appropriated and actual expenditures for the legally adopted budgets were as follow:

	Final Appropriated	Actual Expenditures	
Fund/Department	Amounts	_	Variance
General Fund:			
Salaries & Wages	\$ 5,261,589	\$ 4,895,998	\$ 365,591
Personnel Benefits	\$ 1,854,779	\$ 1,668,610	\$ 186,169
Supplies & Equipment	\$ 739,734	\$ 748,137	\$ -8,403
Other Services & Charges	\$ 1,909,556	\$ 1,776,629	\$ 132,927
Capital Outlay	\$ 22,000	\$ 53,398	\$ -31,398
Total General Fund	\$ 9,787,658	\$ 9,142,771	\$ 644,887

Budgeted amounts are authorized to be transferred between object classes within departments; however, any revisions that alter the total expenditures of a fund, or that affect the number of authorized employee positions, salary ranges, hours, or other conditions of employment must be approved by the Benton-Franklin Board of Health legislative body.

D. Cash and Investments

See Note 2, Deposits and Investments.

E. Capital Assets

Capital assets are assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of 1year. Capital assets and inventory are recorded as capital expenditures when purchased.

F. Compensated Absences

Vacation leave may be accumulated up to 37.5 days and is payable upon separation or retirement. Sick leave may be accumulated up to 600 hours. Upon separation or retirement employees do receive payment for 25% unused sick leave. Payments are recognized as expenditures when paid.

G. Risk Management

Benton-Franklin Health District is a member of Enduris. Chapter 48.62 RCW provides the exclusive source of local government entity authority to individually or jointly self-insure risks, jointly purchase insurance or reinsurance, and to contract for risk management, claims, and administrative services.

Enduris was formed July 10, 1987 pursuant to the provisions of Chapter 48.62 RCW, Chapter 200-100 WAC, and Chapter 39.34 RCW. Two (2) counties and two (2) cities in the State of Washington joined together by signing an interlocal governmental agreement to fund their self-insured losses and jointly purchase insurance and administrative services. As of August 31, 2016, there are 524 Enduris members representing a broad array of special purpose districts throughout the state. Enduris provides property and liability coverage as well as risk management services and other related administrative services.

Members make an annual contribution to fund Enduris and share in the self-insured retention of the jointly purchased excess and/or reinsurance coverage. The self-insured retention is:

• \$1,000,000 deductible on liability loss - the member is responsible for the first \$1,000 of the deductible amount of each claim, while Enduris is responsible for the remaining \$999,000 on a liability loss.

• \$250,000 deductible on property loss - the member is responsible for the first \$1,000 of the deductible amount of each claim, while Enduris is responsible for the remaining \$249,000 on a property loss.

• Enduris is responsible for the \$4,000 deductible on boiler and machinery loss.

Enduris acquires reinsurance from unrelated insurance companies on a "per occurrence" basis to cover all losses over the deductibles as shown on the policy maximum limits. Liability coverage is for all lines of liability coverage including Public Official's Liability. The Property coverage is written on an "all risk", blanket basis using current Statement of Values. The Property coverage includes but is not limited to mobile equipment, boiler and machinery, electronic data processing equipment, business interruption, course of construction and additions, property in transit, fine arts, cyber and automobile physical damage to insured vehicles. Liability coverage limit is \$20 million per occurrence and property coverage limit is \$1 billion per occurrence. Enduris offers crime coverage up to a limit of \$1 million per occurrence.

Since Enduris is a cooperative program, there is a joint liability among the participating members.

The contract requires members to continue membership for a period of not less than one (1) year and must give notice 60 days before terminating participation. The Master Agreement (Intergovernmental Contract) is automatically renewed after the initial one (1) full fiscal year commitment. Even after termination, a member is still responsible for contribution to Enduris for any unresolved, unreported and in-process claims for the period they were a signatory to the Master Agreement.

Enduris is fully funded by its member participants. Claims are filed by members with Enduris and are administered in house.

A Board of Directors consisting of seven (7) board members governs Enduris. Its members elect the Board and the positions are filled on a rotating basis. The Board meets quarterly and is responsible for conducting the business affairs of Enduris.

H. Reserved Portion of Ending Cash and Investments

Beginning and Ending Cash and Investments is reported as reserved when it is subject to restrictions on use imposed by external parties or due to internal commitments established by the Benton-Franklin Board of Health. When expenditures that meet restrictions are incurred, the Benton-Franklin Health District intends to use reserved resources first before using unreserved amounts.

Note 2 – Deposits and Investments

It is the Benton-Franklin Health District's policy to invest all temporary cash surpluses. The interest on these investments is prorated to the various funds.

All deposits and certificates of deposit are covered by the Federal Deposit Insurance Corporation and/or the Washington Public Deposit Protection Commission. All investments are insured, registered or held by the Benton-Franklin Health District or its agent in the government's name.

The Benton-Franklin Health District did not have any investments for fiscal year 2016.

Note 3 – Pension Plans

A. <u>State Sponsored Pension Plans</u>

Substantially all Benton-Franklin Health District's full-time and qualifying part-time employees participate in the following statewide retirement systems administered by the Washington State Department of Retirement Systems (DRS), under cost-sharing, multiple-employer public employee defined benefit and defined contribution retirement plans PERS I, PERS II and PERS III.

The State Legislature establishes, and amends, laws pertaining to the creation and administration of all public retirement systems.

The Department of Retirement Systems, a department within the primary government of the State of Washington, issues a publicly available comprehensive annual financial report (CAFR) that includes financial statements and required supplementary information for each plan. The DRS CAFR may be obtained by writing to:

Department of Retirement Systems Communications Unit P.O. Box 48380 Olympia, WA 98540-8380

Also, the DRS CAFR may be downloaded from the DRS website at <u>www.drs.wa.gov</u>.

At June 30, 2016 (the measurement date of the plans), the district's proportionate share of the collective net pension liabilities, as reported on the Schedule 09, was as follows:

	Allocation %	Liability (Asset)
PERS 1	0.040708%	\$2,186,211
PERS 2/3	0.051197%	\$2,577,729

Note 4 - Other Disclosures

Benton-Franklin Health District has an obligation as of December 31, 2016 for compensated absence balance of \$486,502. Compensated absences are paid upon termination of employment.

Benton-Franklin Health District does self-insure unemployment compensation benefits, which historically, due to the low volume of claims the District has experienced, has represented a minimum risk to the Health District.

Benton-Franklin Health District Schedule of Liabilities For the Year Ended December 31, 2016

ID. No.	Description Du		jinning Ilance	Additions	Reductions	Ending Balance
Revenue	and Other (non G.O.) Debt/Liabilities					
259.12	Employee Leave Cash Outs		553,128	417,649	484,275	486,502
264.30	Pension Liability		4,133,598	630,342	-	4,763,940
	Total Revenue and Other (no Debt/Lia	,	4,686,726	1,047,991	484,275	5,250,442
	Total Lia	bilities:	4,686,726	1,047,991	484,275	5,250,442

					Expenditures			
Federal Agency (Pass-Through Agency)	Federal Program	CFDA Number	Other Award Number	From Pass- Through Awards	From Direct Awards	Total	Passed through to Subrecipients	Note
Food And Nutrition Service, Department Of Agriculture (via Washington State Department of Health)	Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	C17102	1,234,801	ı	1,234,801	I	
Food And Nutrition Service, Department Of Agriculture (via Washington State Department of Health)	WIC Farmers' Market Nutrition Program (FMNP)	10.572	C17102	950		950		
Centers For Disease Control And Prevention, Department Of Health And Human Services (via Washington State Department of Health)	Public Health Emergency Preparedness	93.069	C17102	315,891		315,891		
Centers For Disease Control And Prevention, Department Of Health And Human Services (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	2016 Vaccine	200,850	,	200,850	,	ო
Centers For Disease Control And Prevention, Department Of Health And Human Services (via Washington State Department of Health)	Immunization Cooperative Agreements	93.268	C17102	68,199	1	68,199	1	
		•	Total CFDA 93.268:	269,049		269,049	' 	
Office Of The Secretary, Department Of Health And Human Services (via Washington State Department of Health)	Pregnancy Assistance Fund Program	93.500	C17102	151,299		151,299	66,762	ъ 2

The accompanying notes are an integral part of this schedule.

Benton-Franklin Health District Schedule of Expenditures of Federal Awards For the Year Ended December 31, 2016

	Passed through to Subrecipients				1	ı		,	1
	r Total	492,360	160,688	653,048	123,640	51,513	175,153	125	6,696
Expenditures	From Direct Awards		·	• 	ı		•		1
	From Pass- Through Awards	492,360	160,688	653,048	123,640	51,513	175,153	125	6,696
	Other Award Number	388	507	Total CFDA 93.505:	1566-40166	1666-74557	Total CFDA 93.566:	MW11 006 2015	C17102
	CFDA Number	93.505	93.505		93.566	93.566		93.609	93.733
	Federal Program	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program		Refugee and Entrant Assistance_State Administered Programs	Refugee and Entrant Assistance_State Administered Programs		The Affordable Care Act – Medicaid Adult Quality Grants	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance – financed in part by the Prevention and Public Health Fund (PPHF)
	Federal Agency (Pass-Through Agency)	Health Resources And Services Administration, Department Of Health And Human Services (via Thrive by Five Washington)	Health Resources And Services Administration, Department Of Health And Human Services (via Thrive by Five Washington)		Administration For Children And Families, Department Of Health And Human Services (via Washington State Department of Social and Health Services)	Administration For Children And Families, Department Of Health And Human Services (via Washington State Department of Social and Health Services)		Centers For Medicare And Medicaid Services, Department Of Health And Human Services (via Qualis Health)	Centers For Disease Control And Prevention, Department Of Health And Human Services (via Washington State Department of Health)

Benton-Franklin Health District Schedule of Expenditures of Federal Awards For the Year Ended December 31, 2016 Note

The accompanying notes are an integral part of this schedule.

					Expenditures		
Federal Agency (Pass-Through Agency)	Federal Program	CFDA Number	Other Award Number	From Pass- Through Awards	From Direct Awards	Total	Passed through to Subrecipients
Medicaid Cluster							
Centers For Medicare And Medicaid Services, Department Of Health And Human Services (via Washington Health Care Authority)	Medical Assistance Program	93.778	K753	43,000		43,000	
Centers For Medicare And Medicaid Services, Department Of Health And Human Services (via Washington State Department of Social and Health Services)	Medical Assistance Program	93.778	1566-43251	184,887		184,887	
Centers For Medicare And Medicaid Services, Department Of Health And Human Services (via Washington State Health Care Authority)	Medical Assistance Program	93.778	K1395	142,460		142,460	
		Tota	Total Medicaid Cluster:	370,347	•	370,347	'
Office Of The Secretary, Department Of Health And Human Services (via Washington State Department of Health)	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	93.817	C17102	51		51	
Office Of The Secretary, Department Of Health And Human Services (via Washington State Department of Health)	National Bioterrorism Hospital Preparedness Program	93.889	C17102	28,212		28,212	
Health Resources And Services Administration, Department Of Health And Human Services (via Washington State Department of	Maternal and Child Health Services Block Grant to the States	93.994	C17102	292,886		292,886	

Benton-Franklin Health District Schedule of Expenditures of Federal Awards For the Year Ended December 31, 2016 Note

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Washington State Department of Health)

The accompanying notes are an integral part of this schedule.

66,762

3,498,508

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3,498,508

Total Federal Awards Expended:

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Benton-Franklin Health District

Notes to the Schedule of Expenditures of Federal Awards For the Year Ended December 31, 2016

Note 1 – <u>Basis of Accounting</u>

This schedule is prepared using a modified accrual basis of accounting which is a departure from the basis used to prepare the financial statements. The district uses a cash basis of accounting where revenues are recognized only when cash is received and expenditures are recognized when paid.

Note 2 – <u>Program Costs</u>

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs, including the district's portion, are more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3 - Noncash Awards - Vaccinations

The amount of vaccine reported on the schedule is the value of vaccine received by the district during current year and priced as prescribed by the Washington State Department of Health.

Note 4 – <u>Indirect Cost Rate</u>

The district has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. The amount expended includes dollars claimed as an indirect cost recovery using an approved indirect cost rate of 30.62 percent.

Note 5 - Amounts Awarded to Subrecipients

Included in the total amount expended for this program is \$66,762 that was passed through to subrecipients that administered their own projects.

Note 6 – Medicaid Administrative Claiming

The amount expended includes an estimate for the third and fourth quarter due to Washington Health Care Authority not having approved reports for these time periods at the time this report was filed.

CORRECTIVE ACTION PLAN FOR FINDINGS REPORTED UNDER UNIFORM GUIDANCE

Benton-Franklin Health District Benton County January 1, 2016 through December 31, 2016

This schedule presents the corrective action planned by the auditee for findings reported in this report in accordance with Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). The information in this schedule is the representation of the Benton-Franklin Health District.

Finding ref number:	Finding caption:				
2016-001	The District did not have adequate internal controls to ensure				
	compliance with suspension and debarment requirements.				
Name, address, and telephone of auditee contact person:					
Jeff Jones					
7102 W Okanogan Place					
Kennewick, WA 99336					
(509) 460-4590					
Corrective action the auditee plans to take in response to the finding:					
The Health District agrees with the recommendation regarding suspension and debarment requirements. As a result, the District's current policies/procedures on this matter will be updated to be compliant with the federal uniform guidance 2 CFR 200. In addition, the fiscal					
• •	anagers will be trained accordingly.				

Anticipated date to complete the corrective action: October 31, 2017

ABOUT THE STATE AUDITOR'S OFFICE

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