

**FRANKLIN COUNTY
HEALTH DEPARTMENT
AND
FRANKLIN COUNTY
PUBLIC HEALTH TAXING DISTRICT
Frankfort, Kentucky**

**FINANCIAL STATEMENTS
June 30, 2015**

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INDEPENDENT AUDITORS' REPORT

To the Boards
Franklin County Health Department and
Franklin County Public Health Taxing District
Frankfort, Kentucky

Report on the Financial Statements

We have audited the accompanying financial statements of the Franklin County Health Department (the Health Department) and the related Franklin County Public Health Taxing District (the Taxing District) as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Health Department and the Taxing District's basic financial statements as listed in the table of contents.

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 the *Administrative Reference* established by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health, Division of Administration and Financial Management; this includes 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.

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We conducted our audits 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 auditors' 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 entity'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 entity'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.

Opinions

Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 1, the financial statements are prepared by the Health Department and Taxing District, on the basis of the financial reporting provisions of the *Administrative Reference*, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the requirements of the Commonwealth of Kentucky. The effects on the financial statements of the variances between the regulatory 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.

Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter discussed in the “Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles” paragraph, the financial statements referred to above do not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Health Department and Taxing District as of June 30, 2015, and the respective changes in financial position for the year then ended.

Opinion on Regulatory Basis of Accounting

In our opinion, the financial statements referred to above, present fairly, in all material respects, the assets, liabilities and fund balances arising from cash transactions of the Franklin County Health Department and the related Franklin County Public Health Taxing District, as of June 30, 2015, and the respective cash receipts and cash disbursements, and budgetary results for the year then ended, in accordance with the financial reporting provisions of the *Administrative Reference* as described in Note 1.

Other Matters

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Health Department and Taxing District’s basic financial statements. The supplementary schedules of revenues and expenditures by reporting area are presented for purposes of additional analysis and are not a required part of the basic financial statements. The schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is also not a required part of the basic financial statements.

The supplementary schedules of revenues and expenditures by reporting area and the schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary schedules of revenues and expenditures by reporting area and the schedule of expenditures of federal awards are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 23, 2015, on our consideration of the Health Department and Taxing District’s internal control over financial reporting and on our tests of their 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 Health Department and Taxing District’s internal control over financial reporting and compliance.

RFH

RFH, PLLC
October 23, 2015

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCE
June 30, 2015**

	Health Department	Taxing District	Totals (Memorandum Only)
ASSETS			
Current assets			
Cash			
Checking	\$ 745,902	\$ 961,173	\$ 1,707,075
Petty cash	<u>415</u>	<u>-</u>	<u>415</u>
Total assets	<u>\$ 746,317</u>	<u>\$ 961,173</u>	<u>\$ 1,707,490</u>
LIABILITIES AND FUND BALANCE			
Current liabilities			
Payroll withholdings and other payables	<u>\$ 30,351</u>	<u>\$ -</u>	<u>\$ 30,351</u>
Fund Balance			
Unrestricted	501,099	-	501,099
Temporarily restricted	-	961,173	961,173
Restricted - State	72,413	-	72,413
Restricted - Federal	13,367	-	13,367
Restricted - Fees	<u>129,087</u>	<u>-</u>	<u>129,087</u>
Total fund balance	<u>715,966</u>	<u>961,173</u>	<u>1,677,139</u>
Total liabilities and fund balance	<u>\$ 746,317</u>	<u>\$ 961,173</u>	<u>\$ 1,707,490</u>

The accompanying notes are an integral
part of the financial statements.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
STATEMENT OF CASH REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE
for the year ended June 30, 2015**

	Health Department	Taxing District	Totals (Memorandum Only)
CASH REVENUES			
State	\$ 1,095,340	\$ -	\$ 1,095,340
Federal, pass-through	517,399	-	517,399
Local	1,671,364	-	1,671,364
Service fees and other	2,743,818	-	2,743,818
Interest	925	1,111	2,036
Taxes Collected	-	2,027,542	2,027,542
Other Revenues	-	6,389	6,389
	<u>6,028,846</u>	<u>2,035,042</u>	<u>8,063,888</u>
Total cash revenues	<u>6,028,846</u>	<u>2,035,042</u>	<u>8,063,888</u>
CASH EXPENDITURES			
Salaries and leave	2,662,389	-	2,662,389
Part-time	326,771	-	326,771
Fringe benefits	1,741,290	-	1,741,290
Contracts	161,670	-	161,670
Travel	42,233	-	42,233
Space occupancy	81,175	-	81,175
Office and administrative expense	212,352	-	212,352
Medical supplies	177,531	-	177,531
Other operating expenses	391,073	93,474	484,547
Appropriations to Health Department	-	1,667,000	1,667,000
Principal and Interest Payments	-	307,059	307,059
	<u>5,796,484</u>	<u>2,067,533</u>	<u>7,864,017</u>
Total cash expenditures	<u>5,796,484</u>	<u>2,067,533</u>	<u>7,864,017</u>
EXCESS OF REVENUES OVER (EXPENDITURES)	232,362	(32,491)	199,871
Prior year funds used	47,481	-	47,481
FUND BALANCE - beginning of year	<u>436,123</u>	<u>993,664</u>	<u>1,429,787</u>
FUND BALANCE - END OF YEAR	<u>\$ 715,966</u>	<u>\$ 961,173</u>	<u>\$ 1,677,139</u>

The accompanying notes are an integral
part of the financial statements.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
STATEMENT OF CASH REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE-
BUDGET TO ACTUAL
for the year ended June 30, 2015**

	Health Department			Taxing District		
	Budget	Actual	Over (under) Budget	Budget	Actual	Over (under) Budget
CASH REVENUES						
State	\$1,374,773	\$ 1,095,340	\$ (279,433)	\$ -	\$ -	\$ -
Federal, pass-through	571,880	517,399	(54,481)	-	-	-
Local	1,670,600	1,671,364	764	-	-	-
Service fees and other	2,681,146	2,743,818	62,672	-	-	-
Interest	350	925	575	800	1,111	311
Taxes Collected	-	-	-	2,047,653	2,027,542	(20,111)
Other Revenues	-	-	-	7,000	6,389	(611)
	<u>6,298,749</u>	<u>6,028,846</u>	<u>(269,903)</u>	<u>2,055,453</u>	<u>2,035,042</u>	<u>(20,411)</u>
Total cash revenues						
CASH EXPENDITURES						
Salaries and leave	2,721,500	2,662,389	(59,111)	-	-	-
Part-time	464,795	326,771	(138,024)	-	-	-
Fringe benefits	1,786,663	1,741,290	(45,373)	-	-	-
Contracts	133,831	161,670	27,839	-	-	-
Travel	81,839	42,233	(39,606)	-	-	-
Space occupancy	101,812	81,175	(20,637)	-	-	-
Office and administrative expense	241,431	212,352	(29,079)	-	-	-
Medical supplies	202,057	177,531	(24,526)	-	-	-
Other operating expenses	539,082	391,073	(148,009)	1,750	93,474	91,724
Appropriations to Health Department	-	-	-	1,667,000	1,667,000	-
Principal and Interest Payments	-	-	-	68,528	307,059	238,531
	<u>6,273,010</u>	<u>5,796,484</u>	<u>(476,526)</u>	<u>1,737,278</u>	<u>2,067,533</u>	<u>330,255</u>
Total cash expenditures						
EXCESS OF REVENUES OVER (EXPENDITURES)	25,739	232,362	206,623	318,175	(32,491)	(350,666)
Prior year funds used	-	47,481	47,481	-	-	-
FUND BALANCE - beginning of year	483,604	436,123	(47,481)	993,664	993,664	-
FUND BALANCE - END OF YEAR	<u>\$ 509,343</u>	<u>\$ 715,966</u>	<u>\$ 206,623</u>	<u>\$1,311,839</u>	<u>\$ 961,173</u>	<u>\$ (350,666)</u>

The accompanying notes are an integral
part of the financial statements.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2015**

1. ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

Health Department

The Franklin County Health Department (the Health Department) records revenues and expenditures on the cash receipts and disbursements method in accordance with the *Administrative Reference* established by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health, Division of Administration and Financial Management. This basis of accounting and financial reporting differs from generally accepted accounting principles in several areas. Accounts receivable for revenue earned, but not received, and accounts payable for payroll accrued and expense incurred, but unpaid, are not recorded. Inventories are not recorded, but are expensed to the current period. Property, plant and equipment are not capitalized and related depreciation expense, prepaid expenses and deferred revenues are not recorded.

Federal and state revenues for services are recognized as received and are based in some instances upon reimbursement reports filed by the Health Department for eligible services and are subject to adjustments based upon federal and state agency audits as to eligibility of recipients and the computation of reimbursable costs. As of October 23, 2015, no formal reports have been issued as a result of audits performed or in progress for the year ended June 30, 2015.

Source of Funds:

Revenue sources of the Health Department are divided into four groups as follows:

State - includes restricted and unrestricted state grant funds

Federal - includes direct federal grant funds and funds passed through the Cabinet for Health and Family Services

Local - includes funds from taxing districts, county and city appropriations, and donations from private sources

Service fees and other - includes funds from Medicaid and Medicare payments for services, self-pay, insurance payments, other pay for service, and interest received.

All transactions are recorded in the general fund except those related to environmental inspection and permit fees. These fees are treated as escrow funds and are deposited in an environmental checking account with a portion being disbursed to the State and a portion being disbursed to the Health Department. Revenue is recorded in the general fund when the portion disbursed to the Health Department is deposited in the operations checking account.

Funding restricted for specific programs in excess of those programs' allowed reimbursements or expenditures are recorded at year-end in the Fund Balance - Restricted.

The Health Department is directed by the State when to use restricted or unrestricted resources when an expenditure is incurred for purposes, for which both restricted and unrestricted net assets are available.

The Health Department uses an indirect cost allocation plan as approved by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health, and is prepared in accordance with OMB Circular A-87.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2015**

1. ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional classifications are included in supplementary data and are a part of the audit for the Health Department.

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly actual results could differ from those estimates.

Taxing District

The Franklin County Public Health Taxing District (the Taxing District) was created pursuant to Kentucky Revised Statute (KRS) 212.750. The Taxing District is responsible for requesting, with the approval of the Cabinet for Health and Family Services, that the fiscal court impose an ad valorem tax in an amount that the Board of Health deems sufficient to meet the County's public health needs. The tax rate may not exceed ten cents per \$100 of assessed value. The Taxing District then acts as a trustee over the public health tax fund. The Taxing District is restricted to expending public health tax money for the operation and maintenance of the county health department. As such, the Taxing District's fund balance on the statement of assets, liabilities and fund balance, is shown as temporarily restricted.

The Taxing District prepares its financial statements on the cash basis in accordance with the financial reporting provisions of the *Administrative Reference* established by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health, Division of Administration and Financial Management. This basis of accounting and financial reporting differs from generally accepted accounting principles in several areas. Accounts receivable for revenue earned but not received, and accounts payable for payroll accrued and expense incurred, but unpaid, are not recorded. Inventories are not recorded, but are expensed to the current period. Property, plant and equipment are not capitalized and related depreciation expense, prepaid expenses and deferred revenues are not recorded.

The Taxing District receives funds from, based on remittances to, the Franklin County Sheriff, the Franklin County Clerk's Office and the Commonwealth of Kentucky.

The Board of Health makes the determination as to when to use restricted or unrestricted funds, when an expenditure is incurred for purposes for which both restricted and unrestricted funds are available.

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Health Department and Taxing District have evaluated and considered the need to recognize or disclose subsequent events through October 23, 2015, which represents the date that these financial statements were available to be issued. Subsequent events past this date, as they pertain to the year ended June 30, 2015, have not been evaluated by the Taxing District.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2015**

2. CASH AND INVESTMENTS

Under Kentucky Revised Statute 66.480, the Health Department and Taxing District are allowed to invest in obligations of the U.S. and of its agencies, obligations backed by the full faith and credit of the U.S. or a U.S. government agency, obligations of any corporation of the U.S. government, certificates of deposit or other interest-bearing accounts issued by institutions insured by the Federal Deposit Insurance Corporation (FDIC) or similarly collateralized institutions, and bonds and securities of states, local governments, or related agencies in the U.S. rated in one of the three highest categories by a nationally recognized rating agency.

Custodial credit risk is the risk that, in the event of the failure of the counterparty, the Health Department or the Taxing District will not be able to recover the value of the investment or collateral securities that are in the possession of an outside party. In order to anticipate market changes and provide a level of security for all funds, the collateralization level shall be one hundred percent of the market value of the principal, plus accrued interest.

The Health Department and Taxing District's deposits at June 30, 2015 were fully covered by federal depository insurance or by collateral held by the custodial banks in the Health Department and Taxing District's name.

	Health Department	Taxing District
Total bank balances	\$ 1,057,317	\$ 961,173
FDIC insurance	(250,000)	(250,000)
Collateral held by pledging bank	<u>(972,626)</u>	<u>(3,107,767)</u>
 (Over) collateralized	 <u>\$ (165,309)</u>	 <u>\$ (2,396,594)</u>

3. ACCRUED TIME-OFF

The Health Department's accrued vacation and other potential compensated absences are not accrued as earned because the Health Department uses the cash basis of accounting. The Health Department records show a potential liability totaling \$204,970 at June 30, 2015.

4. RISK MANAGEMENT

The Health Department and the Taxing District are exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. In addition to its general liability insurance, the Health Department and the Taxing District also carry commercial insurance for all other risks of loss such as worker's compensation and employee health and accident insurance. Settled claims resulting from these risks have not exceeded commercial coverage in any of the past three fiscal years.

5. TAXING DISTRICT

On June 30, 2014, the Franklin County Board of Health passed a resolution recording the fiscal year 2015 Health tax rate at 5.75 cents per \$100 of assessed valuation on real property, personal property and motor vehicles.

The required minimum local support level is equivalent to 1.8 cents per \$100 of assessed property valuation. The Franklin County Board of Health has met this requirement as set by the Department of Public Health for the year ended June 30, 2015.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2015**

6. LEASE AGREEMENT

The Taxing District entered into a lease program (Leasing Trust) with the Kentucky Association of Counties which allows a loan of \$780,500 over a 15-year term. The loan is at a variable rate with principal paid during the current year. Interest paid during 2015 approximated 3.2%. No amount was outstanding at June 30, 2015.

7. FUND BALANCE

The Health Department's fund balance is restricted due to specific program restrictions. Fund balance is restricted as follows:

	State	Federal	Fees	Totals
712 - Dental	\$ 2,094	\$ -	\$ -	\$ 2,094
731 - H1N1	-	29	-	29
735 - KY Oral Health Coalition	-	3,428	-	3,428
736 - CHAT	-	111	-	111
758 - Humana Vitality	-	-	24,481	24,481
768 - Comp HV Start-Up Admin	-	2,334	-	2,334
823 - Bioterrorism (Focus Area E)	-	5,190	-	5,190
824 - Bioterrorism (Focus Area F)	-	186	-	186
826 - NACCHO Achieve Grant	-	1,280	-	1,280
842 - HIV Counseling & Testing	7,623	-	-	7,623
853 - HANDS	62,696	-	8,919	71,615
861 - Home Health	-	-	95,687	95,687
875 - WIC Pass Thru	-	652	-	652
876 - V.A. Patients	-	157	-	157
	<u>-</u>	<u>157</u>	<u>-</u>	<u>157</u>
Total	<u>\$ 72,413</u>	<u>\$ 13,367</u>	<u>\$ 129,087</u>	<u>\$ 214,867</u>

8. RETIREMENT PLAN

The Health Department participates in the Kentucky Employees Retirement System (KERS), a cost-sharing multiple-employer defined benefit pension plan that covers substantially all regular full-time members employed in non-hazardous duty positions of any state department, board, or agency directed by Executive Order to participate in the System.

The plan issues separate financial statements which may be obtained by request from Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky 40601.

Plan Description - KERS provides for retirement, disability, and death benefits to plan members. Retirement benefits may be extended to beneficiaries of plan members under certain circumstances. Cost-of-living (COLA) adjustments are provided annually equal to the percentage increase in the annual average of the consumer price index for all urban consumers for the most recent calendar year, not to exceed five percent in any plan year.

**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2015**

8. RETIREMENT PLAN (CONTINUED)

Contributions – For the year ended June 30, 2015, grandfathered plan members were required to contribute 5.00% of wages for non-hazardous job classifications. Employees hired after September 1, 2008 were required to contribute 6% of wages for non-hazardous job classifications. Participating employers were required to contribute at an actuarially determined rate. Per Kentucky Revised Statute Section 61.565(3), normal contribution and past service contribution rates shall be determined by the Board on the basis of an annual valuation last proceeding the July 1 of a new biennium. The Board may amend contribution rates as of the first day of July of the second year of a biennium, if it is determined on the basis of a subsequent actuarial valuation that amended contribution rates are necessary to satisfy requirements determined in accordance with actuarial basis adopted by the Board. For the year ended June 30, 2015, participating employers contributed 38.77% of each employee's wages, which is equal to the actuarially determined rate set by the Board. Administrative costs of Kentucky Retirement System are financed through employer contributions and investment earnings.

Plan members who began participating on, or after, January 1, 2014, are required to contribute to the Cash Balance Plan. The Cash Balance Plan is known as a hybrid plan because it has characteristics of both a defined benefit plan and a defined contribution plan. Members in the plan contribute a set percentage of their salary each month to their own account. Plan members contribute 5.00% of wages to their own account and 1% to the health insurance fund. The employer contribution rate is set annually by the Board based on an actuarial valuation. The employer contributes a set percentage of each member's salary. Each month, when employer contributions are received, an employer pay credit is deposited to the member's account. For non-hazardous members, their account is credited with a 4% employer pay credit. The employer pay credit represents a portion of the employer contribution.

The Health Department contributed \$1,022,054 for the year ended June 30, 2015, or 100% of the required contribution. The contribution was allocated \$813,003 to the KERS pension fund and \$209,051 to the KERS insurance fund.

Pension Liabilities – At June 30, 2015, the Health Department estimates that its total unfunded liability would be approximately \$14,926,000 or its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2014, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Health Department's proportion of the net pension liability was based on a projection of the Health Department's long-term share of contributions to the pension plan relative to the projected contributions of all participating entities, actuarially determined. At June 30, 2014, the Health Department's proportion was .166 percent, which was equal to its proportion measured as of June 30, 2013.

9. COMPLIANCE

The Franklin County Health Department is in compliance with 902 KAR 8:170, Section 3, Subsection 3(c).

10. HOME HEALTH MEDICAID

The June 30, 2014, cost settlements for Home Health were processed and additional payments totaling \$30,531 are included in current year service fee revenues.

11. RELATED PARTY

The Health Department is related to the Franklin County Public Health Taxing District by common Board members. The Franklin County Board of Health sets the public health tax annually. A total of \$1,667,000 in public health taxes were transferred from the Taxing District to the Health Department for the year ended June 30, 2015.

SUPPLEMENTARY INFORMATION

FRANKLIN COUNTY HEALTH DEPARTMENT
SUPPLEMENTARY SCHEDULE OF REVENUES BY REPORTING AREA
for the year ended June 30, 2015

		REVENUE					Total Costs	Department Carryover	Excess Revenues (Expenditures)
		State	Federal	Local	Service Fees	Interest			
Food	500	\$ 109,034	\$ -	\$ 107,948	\$ 8,138	\$ 425	\$ 225,545	\$ 225,545	\$ -
Public Facilities	520	-	-	39,099	3,500	-	42,599	42,599	-
General Sanitation	540	-	-	43,530	-	-	43,530	43,530	-
Onsite Sewage	560	-	-	46,746	12,750	-	59,496	59,496	-
Total Environmental		<u>109,034</u>	<u>-</u>	<u>237,323</u>	<u>24,388</u>	<u>425</u>	<u>371,170</u>	<u>371,170</u>	<u>-</u>
Preventative/Presenting Problems	700	-	-	-	-	-	-	-	-
Dental Services	712	9,200	-	-	5,623	-	14,823	12,729	2,094
Laboratory/Testing/Radiology	718	-	-	-	-	-	-	-	-
Osteoporosis Prevention & Ed.	723	-	761	1,446	-	-	2,207	2,207	-
Ebola Coordination	731	-	-	2,335	-	-	2,335	2,335	-
KY Oral Health Coalition	735	-	-	46	-	-	46	46	-
CHAT	736	-	263	3,035	-	-	3,298	3,298	-
Environmental Strike Team	746	-	750	746	-	-	1,496	1,496	-
IEP Student School Contract	748	-	-	1,303	25,209	-	26,512	26,512	-
Accreditation	750	-	-	84,330	-	-	84,330	84,330	-
Humana Vitality	758	-	-	-	43,884	-	43,884	32,587	11,297
Tobacco Prgam Federal Funds	765	-	3,187	-	-	-	3,187	3,187	-
MCH Coordinator	766	-	45,537	6,635	-	-	52,172	52,172	-
PHEP Special Projects	771	-	2,325	4,175	-	-	6,500	6,500	-
Child Fatality Prevention	774	-	67	1	-	-	68	68	-
Pediatric/Adolescent	800	-	25,052	136,390	59,895	500	221,837	221,837	-
Family Planning	802	1,086	79,195	83,875	75,591	-	239,747	239,747	-
Maternity Services & Activity	803	-	-	29,333	212	-	29,545	29,545	-
WIC	804	-	189,897	122,868	-	-	312,765	312,765	-
MCH Nutrition & Group Activity	805	-	5,076	12,834	1,529	-	19,439	19,439	-
Tuberculosis Visits & Activity	806	-	50	51,078	10,959	-	62,087	62,087	-
Sexually Transmitted Disease	807	-	-	120,590	33,452	-	154,042	154,042	-
Diabetes	809	15,980	-	22,845	-	-	38,825	38,825	-
Adult Visits & Follow-up	810	211	-	150,073	82,405	-	232,689	232,689	-
Breast & Cervical Cancer	813	-	3,502	35,439	3,188	-	42,129	42,129	-
Community Based Services	818	-	-	1,163	490	-	1,653	1,653	-
Bioterrorism (Focus Area A)	821	-	32,775	10,581	-	-	43,356	43,356	-
Bioterrorism (Focus Area E)	823	-	1,080	933	-	-	2,013	2,013	-
Tobacco Cessation	836	20,256	-	4,522	-	-	24,778	24,778	-
Federal Diabetes Today	841	-	1,510	835	-	-	2,345	2,345	-
HIV Counseling & Testing	842	5,914	-	-	-	-	5,914	2,229	3,685
HANDS	853	61,051	-	-	271,030	-	332,081	262,112	69,969
Physical Activity	857	-	-	6,161	-	-	6,161	6,161	-
Special Project-School Nurse	858	-	-	133,520	806,834	-	940,354	940,354	-
Home Health	861	-	-	-	1,231,792	-	1,231,792	1,136,105	95,687
PALS Home Health Grant	862	-	-	100	-	-	100	100	-
Home & Community Based Waiver	868	-	-	75,066	53,125	-	128,191	175,672	47,481
CCHC	870	175,009	-	41,044	-	-	216,053	216,053	-
Admin Resource MGR	872	101,100	-	6,454	-	-	107,554	107,554	-
ECMH	873	137,523	-	9,099	-	-	146,622	146,622	-
HANDS MBD	874	-	11,035	9,830	-	-	20,865	20,865	-
WIC Pass Thru	875	-	65,309	5,076	-	-	70,385	70,385	-
DPH Hands	878	50,739	-	3,627	-	-	54,366	54,366	-
EPSTD Outreach	883	-	-	1,206	8,223	-	9,429	9,429	-
Core Public Health	890	-	-	69,839	80	-	69,919	69,919	-
Medicaid Match	891	-	-	150,030	-	-	150,030	150,030	-
Clinical Expenses for Other HD	893	-	-	2,032	1,020	-	3,052	3,052	-
Total Medical		<u>578,069</u>	<u>467,371</u>	<u>1,400,495</u>	<u>2,714,541</u>	<u>500</u>	<u>5,160,976</u>	<u>5,025,725</u>	<u>182,732</u>
Minor Restricted		-	-	3,274	1,217	-	4,491	4,491	-
Allocable Direct		<u>408,237</u>	<u>50,028</u>	<u>30,272</u>	<u>3,672</u>	<u>-</u>	<u>492,209</u>	<u>395,098</u>	<u>97,111</u>
Total Administrative		<u>408,237</u>	<u>50,028</u>	<u>33,546</u>	<u>4,889</u>	<u>-</u>	<u>496,700</u>	<u>399,589</u>	<u>97,111</u>
Total revenues		<u>\$ 1,095,340</u>	<u>\$ 517,399</u>	<u>\$ 1,671,364</u>	<u>\$ 2,743,818</u>	<u>\$ 925</u>	<u>\$ 6,028,846</u>	<u>\$ 5,796,484</u>	<u>\$ 279,843</u>

FRANKLIN COUNTY HEALTH DEPARTMENT
SUPPLEMENTARY SCHEDULE OF DIRECT COSTS BY REPORTING AREA
for the year ended June 30, 2015

		DIRECT COSTS									Total Direct Costs
		Salaries	Part-Time	Fringes	Contracts	Travel	Occupancy	Administration	Supplies	Other	
Food	500	\$ 79,925	\$ -	\$ 33,836	\$ -	\$ -	\$ -	\$ 65	\$ -	\$ 101	\$ 113,927
Public Facilities	520	15,179	-	6,427	-	-	-	-	-	37	21,643
General Sanitation	540	15,324	-	6,491	-	-	-	-	-	89	21,904
Onsite Sewage	560	20,688	-	8,761	-	-	-	-	-	-	29,449
Total Environmental		131,116	-	55,515	-	-	-	65	-	227	186,923
Preventative/Presenting Problems	700	277,127	73,928	126,047	-	117	-	-	6,376	-	483,595
Dental Services	712	237	-	104	-	-	-	-	-	-	341
Laboratory/Testing/Radiology	718	14,174	7,070	6,797	843	-	-	-	6,970	550	36,404
Osteoporosis Prevention & Ed.	723	1,098	-	565	-	13	-	-	-	-	1,676
Ebola Coordination	731	971	302	530	-	-	-	-	-	-	1,803
KY Oral Health Coalition	735	-	-	-	-	-	-	-	-	-	-
CHAT	736	1,623	-	840	-	-	-	-	-	-	2,463
Environmental Strike Team	746	703	-	366	-	-	-	-	-	100	1,169
IEP Student School Contract	748	13,246	608	6,936	-	-	-	-	-	-	20,790
Accreditation	750	39,744	135	20,630	-	2,600	-	94	-	1,313	64,516
Humana Vitality	758	7,080	3,929	4,090	-	4	-	-	11,626	275	27,004
Tobacco Prgram Federal Funds	765	-	-	-	-	-	-	3,187	-	-	3,187
MCH Coordinator	766	20,224	3,495	10,864	-	265	-	-	-	104	34,952
PHEP Special Projects	771	-	-	-	-	-	-	6,500	-	-	6,500
Child Fatality Prevention	774	34	-	13	-	-	-	-	-	-	47
Pediatric/Adolescent	800	5,703	1,497	3,123	-	16	-	-	-	359	10,698
Family Planning	802	1,228	694	716	-	-	-	44	18,448	526	21,656
Maternity Services & Activity	803	796	-	417	18,240	-	-	-	1,011	439	20,903
WIC	804	18,325	-	9,507	-	270	-	616	-	955	29,673
MCH Nutrition & Group Activity	805	5,296	-	2,741	-	11	-	-	-	301	8,349
Tuberculosis Visits & Activity	806	1,202	-	628	-	-	-	-	1,354	-	3,184
Sexually Transmitted Disease	807	1,978	215	1,048	-	-	-	-	211	-	3,452
Diabetes	809	19,090	-	9,902	-	94	-	-	-	911	29,997
Adult Visits & Follow-up	810	2,793	-	1,443	-	-	-	-	59,184	-	63,420
Breast & Cervical Cancer	813	589	6,933	1,041	12,762	-	-	-	-	-	21,325
Community Based Services	818	726	-	379	-	121	-	-	-	108	1,334
Bioterrorism (Focus Area A)	821	6,059	16,459	4,933	-	-	-	664	-	1,383	29,498
Bioterrorism (Focus Area E)	823	-	971	102	-	145	-	-	-	312	1,530
Tobacco Cessation	836	9,747	-	5,050	-	155	-	1,131	2,503	1,758	20,344
Federal Diabetes Today	841	122	-	65	-	50	-	310	-	1,751	2,298
HIV Counseling & Testing	842	890	-	461	-	-	-	-	-	-	1,351
HANDS	853	88,500	47,156	50,914	-	188	-	2,317	-	6,955	196,030
Physical Activity	857	1,298	108	681	-	-	-	-	-	3,319	5,406
Special Project-School Nurse	858	461,388	20,018	241,416	-	841	-	2,577	3,393	5,922	735,555
Home Health	861	257,561	110,615	103,811	129,825	9,148	-	51,359	65,656	150	728,125
PALS Home Health Grant	862	-	-	-	-	-	-	-	-	100	100
Home & Community Based Waiver	868	70,921	2,243	26,206	-	1,657	-	-	499	-	101,526
CCHC	870	88,424	-	45,402	-	9,739	-	10,754	-	36,297	190,616
Admin Resource MGR	872	59,716	-	30,662	-	-	-	-	-	-	90,378
ECMH	873	40,852	-	20,970	-	7,397	-	752	-	64,901	134,872
HANDS MBD	874	10,661	-	5,471	-	1,006	-	-	-	329	17,467
WIC Pass Thru	875	39,078	-	20,065	-	-	-	-	-	-	59,143
DPH Hands	878	25,701	-	13,324	-	948	-	2,091	-	787	42,851
EPSTD Outreach	883	3,779	-	1,955	-	-	-	-	-	-	5,734
Core Public Health	890	32,983	486	17,155	-	(413)	-	2,019	-	2,731	54,961
Medicaid Match	891	-	-	-	-	-	-	-	-	150,030	150,030
Clinical Expenses for Other HD	893	1,645	-	854	-	13	-	-	-	-	2,512
Total Medical		1,633,312	296,862	798,224	161,670	34,385	-	84,415	177,231	282,666	3,468,765
Minor Restricted		-	-	-	-	-	-	-	-	4,491	4,491
Allocable Direct		-	-	395,098	-	-	-	-	-	-	395,098
Total Administrative		-	-	395,098	-	-	-	-	-	4,491	399,589
Indirect Cost Allocation - Admin		210,333	23,481	127,305	-	5,650	-	113,892	-	78,630	559,291
Indirect Cost Allocation - Environmental		83,110	-	49,312	-	33	-	2,692	-	6,070	141,217
Indirect Cost Allocation - Clinic		285,772	253	126,070	-	38	-	2,987	-	1,197	416,317
Indirect Cost Allocation - Medical		81,608	3,862	48,830	-	1,402	-	1,107	300	3,138	140,247
Indirect Cost Allocation - Space		33,602	-	19,933	-	-	81,175	-	-	-	134,710
Indirect Cost Allocation - Home Health		203,536	2,313	121,003	-	725	-	7,194	-	14,654	349,425
Indirect Cost Allocation		897,961	29,909	492,453	-	7,848	81,175	127,872	300	103,689	1,741,207
Total expenditures		\$ 2,662,389	\$ 326,771	\$ 1,741,290	\$ 161,670	\$ 42,233	\$ 81,175	\$ 212,352	\$ 177,531	\$ 391,073	\$ 5,796,484

FRANKLIN COUNTY HEALTH DEPARTMENT
SUPPLEMENTARY SCHEDULE OF INDIRECT COSTS BY REPORTING AREA
for the year ended June 30, 2015

		INDIRECT COSTS							Total
		Departmental	Environmental	Clinic	Medical	Space	Home Health	Allocation	Indirect Costs
Food	500	\$ 18,954	\$ 86,082	\$ -	\$ -	\$ 6,582	\$ -	\$ -	\$ 111,618
Public Facilities	520	3,602	16,349	-	-	1,005	-	-	20,956
General Sanitation	540	3,635	16,505	-	-	1,486	-	-	21,626
Onsite Sewage	560	4,905	22,281	-	-	2,861	-	-	30,047
Total Environmental		31,096	141,217	-	-	11,934	-	-	184,247
Preventative/Presenting Problems	700	90,790	-	391,575	35,778	45,380	-	(1,047,118)	(483,595)
Dental Services	712	56	-	-	22	457	-	11,853	12,388
Laboratory/Testing/Radiology	718	5,738	-	24,742	2,261	2,297	-	(71,442)	(36,404)
Osteoporosis Prevention & Ed.	723	319	-	-	126	86	-	-	531
Ebola Coordination	731	380	-	-	152	-	-	-	532
KY Oral Health Coalition	735	-	-	-	-	46	-	-	46
CHAT	736	470	-	-	187	178	-	-	835
Environmental Strike Team	746	207	-	-	80	40	-	-	327
IEP Student School Contract	748	4,049	-	-	1,596	77	-	-	5,722
Accreditation	750	11,594	-	-	4,569	3,651	-	-	19,814
Humana Vitality	758	3,361	-	-	1,325	897	-	-	5,583
Tobacco Prgram Federal Funds	765	-	-	-	-	-	-	-	-
MCH Coordinator	766	7,036	-	-	2,774	7,410	-	-	17,220
PHEP Special Projects	771	-	-	-	-	-	-	-	-
Child Fatality Prevention	774	11	-	-	4	6	-	-	21
Pediatric/Adolescent	800	2,153	-	-	850	457	-	207,679	211,139
Family Planning	802	587	-	-	231	147	-	217,126	218,091
Maternity Services & Activity	803	229	-	-	91	186	-	8,136	8,642
WIC	804	5,324	-	-	2,098	2,677	-	272,993	283,092
MCH Nutrition & Group Activity	805	1,538	-	-	606	440	-	8,506	11,090
Tuberculosis Visits & Activity	806	347	-	-	137	178	-	58,241	58,903
Sexually Transmitted Disease	807	649	-	-	255	494	-	149,192	150,590
Diabetes	809	5,548	-	-	2,186	1,029	-	65	8,828
Adult Visits & Follow-up	810	811	-	-	320	101	-	168,037	169,269
Breast & Cervical Cancer	813	2,478	-	-	976	618	-	16,732	20,804
Community Based Services	818	213	-	-	83	23	-	-	319
Bioterrorism (Focus Area A)	821	7,335	-	-	2,889	3,634	-	-	13,858
Bioterrorism (Focus Area E)	823	324	-	-	128	31	-	-	483
Tobacco Cessation	836	2,830	-	-	1,116	488	-	-	4,434
Federal Diabetes Today	841	34	-	-	13	-	-	-	47
HIV Counseling & Testing	842	257	-	-	102	519	-	-	878
HANDS	853	41,388	-	-	16,311	8,383	-	-	66,082
Physical Activity	857	414	-	-	163	178	-	-	755
Special Project-School Nurse	858	140,712	-	-	55,454	8,633	-	-	204,799
Home Health	861	88,346	-	-	-	21,781	297,853	-	407,980
PALS Home Health Grant	862	-	-	-	-	-	-	-	-
Home & Community Based Waiver	868	15,297	-	-	-	7,277	51,572	-	74,146
CCHC	870	25,437	-	-	-	-	-	-	25,437
Admin Resource MGR	872	17,176	-	-	-	-	-	-	17,176
ECMH	873	11,750	-	-	-	-	-	-	11,750
HANDS MBD	874	3,065	-	-	-	333	-	-	3,398
WIC Pass Thru	875	11,242	-	-	-	-	-	-	11,242
DPH Hands	878	7,466	-	-	2,946	1,103	-	-	11,515
EPSDT Outreach	883	1,096	-	-	433	2,166	-	-	3,695
Core Public Health	890	9,743	-	-	3,840	1,375	-	-	14,958
Medicaid Match	891	-	-	-	-	-	-	-	-
Clinical Expenses for Other HD	893	395	-	-	145	-	-	-	540
Total Medical		528,195	-	416,317	140,247	122,776	349,425	-	1,556,960
Minor Restricted		-	-	-	-	-	-	-	-
Allocable Direct		-	-	-	-	-	-	-	-
Total Administrative		-	-	-	-	-	-	-	-
Indirect Allocation		(559,291)	(141,217)	(416,317)	(140,247)	(134,710)	(349,425)	-	(1,741,207)
Totals		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



**FRANKLIN COUNTY HEALTH DEPARTMENT AND
FRANKLIN COUNTY PUBLIC HEALTH TAXING DISTRICT
INDEPENDENT AUDITORS' 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**

To the Boards
Franklin County Health Department and
Franklin County Public Health Taxing District
Frankfort, Kentucky

We have audited, in accordance with the 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 Franklin County Health Department (the Health Department) and the related Franklin County Public Health Taxing District (the Taxing District) as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Health Department and the Taxing District's basic financial statements, and have issued our report thereon dated October 23, 2015.

Internal Control over Financial Reporting

In planning and performing our audits of the financial statements, we considered the Health Department and the Taxing 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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health Department and the Taxing District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health Department and the Taxing 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 entity'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 Health Department and the Taxing District's financial statements are free from material misstatement, we performed tests of their 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 entities' internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, consisting of the letters 'RFH' in a stylized, bold, and slightly slanted font.

RFH, PLLC
October 23, 2015



**FRANKLIN COUNTY HEALTH DEPARTMENT
INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY OMB CIRCULAR A-133**

To the Board of Health
Franklin County Health Department
Frankfort, Kentucky

Report on Compliance for Each Major Federal Program

We have audited the Franklin County Health Department's (the Health Department) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the Health Department's major federal programs for the year ended June 30, 2015. The Health Department's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Health Department'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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 Health Department'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. However, our audit does not provide a legal determination of the Health Department's compliance.

Opinion on Each Major Federal Program

In our opinion, the Franklin County Health Department, 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 June 30, 2015.

Report on Internal Control over Compliance

Management of the Health Department 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 Health Department's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program 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 OMB Circular A-133, 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 Health Department'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, such that there is a reasonable possibility that material noncompliance 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, in internal control over compliance with a type of compliance requirement 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. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

RFH

RFH, PLLC
October 23, 2015

**FRANKLIN COUNTY HEALTH DEPARTMENT
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
for the year ended June 30, 2015**

GRANTOR/PROGRAM TITLE	Federal CFDA Number	Pass/Through Contract Number	Grant Contract Period	Expenditures
U.S. Department of Agriculture (USDA) Passed through Kentucky Cabinet for Health and Family Services:				
WIC Program - Administrative Expenditures	10.557	01160014	7/1/2014-6/30/2015	\$ 75,646
WIC Program - Administrative Expenditures	10.557	01160015	7/1/2014-6/30/2015	193,964
Total U.S. Department of Agriculture				\$ 269,610
U.S. Department of Health and Human Services (HHS) Passed through Kentucky Cabinet for Health and Family Services:				
HPP & PHEP	93.074	02140013	7/1/2014-6/30/2015	\$ 41
HPP & PHEP	93.074	02140014	7/1/2014-6/30/2015	33,579
HPP & PHEP	93.074	0214CO13	7/1/2014-6/30/2015	2,325
	93.074	02150013	7/1/2014-6/30/2015	802
HPP & PHEP	93.074	02150014	7/1/2014-6/30/2015	1,026
				<u>37,773</u>
Respiratory Disease	93.116	01060015	7/1/2014-6/30/2015	<u>50</u>
Title X - Family Planning	93.217	01150014	7/1/2014-6/30/2015	8,822
Title X - Family Planning	93.217	011500OL15	7/1/2014-6/30/2015	79,195
				<u>88,017</u>
Immunizations	93.268	01050013	7/1/2014-6/30/2015	16,701
Immunizations	93.268	010500OL14	7/1/2014-6/30/2015	8,351
				<u>25,052</u>
Disease Control and Prevention	93.283	01110013	7/1/2014-6/30/2015	1,172
Disease Control and Prevention	93.283	011100OL14	7/1/2014-6/30/2015	3,502
Disease Control and Prevention	93.283	02400014	7/1/2014-6/30/2015	3,187
				<u>7,861</u>
Subtotal HHS				\$ 158,753

Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of the Franklin County Health Department and is presented on the cash basis of accounting.

The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in, or used in the preparation of, the basic financial statements may differ from these numbers.

**FRANKLIN COUNTY HEALTH DEPARTMENT
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
for the year ended June 30, 2015**

GRANTOR/PROGRAM TITLE	Federal CFDA Number	Pass/Through Contract Number	Grant Contract Period	Expenditures
U.S. Department of Health and Human Services (HHS) (previous page)				<u>\$ 158,753</u>
U.S. Department of Health and Human Services (HHS) Passed through State (CHFS)				
ACA - Home Visits	93.505	013200OL13	7/1/2014-6/30/2015	<u>17,373</u>
Osteoporosis Prevention	93.758	01040014	7/1/2014-6/30/2015	<u>261</u>
EPSDT Outreach	93.767	03095013	7/1/2014-6/30/2015	3,672
EPSDT Outreach	93.767	03095015	7/1/2014-6/30/2015	<u>8,223</u>
				<u>11,895</u>
Federal Diabetes	93.945	024207OL15	7/1/2014-6/30/2015	<u>1,510</u>
Preventive Services Block Grant	93.991	01040013	7/1/2014-6/30/2015	<u>874</u>
MCH Services Block Grant	93.994	01120012	7/1/2014-6/30/2015	18,337
MCH Services Block Grant	93.994	01120013	7/1/2014-6/30/2015	1,270
MCH Services Block Grant	93.994	01120014	7/1/2014-6/30/2015	<u>49,411</u>
				<u>69,018</u>
Total U.S. Department of Health and Human Services				<u>259,684</u>
Grand total federal awards expended				<u>\$ 529,294</u>
EPSDT Outreach reported in Service Fees in the financial statements				<u>(11,895)</u>
Federal awards reported in the financial statements as direct or pass-through				<u><u>\$ 517,399</u></u>

**FRANKLIN COUNTY HEALTH DEPARTMENT
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
for the year ended June 30, 2015**

I. SUMMARY OF AUDITORS' RESULTS

Financial Statements:

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

Material weaknesses identified ☐ Yes ☒ No

Significant deficiencies identified that are not
considered to be material weaknesses ☐ Yes ☒ None reported

Non-compliance material to financial statements noted ☐ Yes ☒ No

Federal Awards:

Internal control over major programs:

Material weaknesses identified ☐ Yes ☒ No

Significant deficiencies identified that are not
considered to be material weaknesses ☐ Yes ☒ None reported

Type of auditors' report issued on compliance for major programs:

Unmodified for all major programs.

Any audit findings disclosed that are required to be reported in
accordance with Section 510(a) of Circular A-133? ☐ Yes ☒ No

Major Programs:

CFDA Number

Name of Federal Program or Cluster

10.557

USDA – WIC Administration

Dollar threshold used to distinguish between type A
and type B programs: \$ 300,000

Auditee qualified as a low-risk auditee? ☒ Yes ☐ No

II. FINDINGS RELATED TO FINANCIAL STATEMENTS

NONE

III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

NONE

IV. PRIOR AUDIT FINDINGS

NONE

**FRANKLIN COUNTY HEALTH DEPARTMENT
SCHEDULE OF PRIOR AUDIT FINDINGS
June 30, 2015**

There are no prior audit findings to report.

**FRANKLIN COUNTY HEALTH DEPARTMENT
AUDIT ADJUSTMENTS
June 30, 2015**

There are no proposed audit adjustments.