

SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT

SUMMIT COUNTY

Single Audit

For the Year Ended December 31, 2022



OHIO AUDITOR OF STATE
KEITH FABER



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Members of the Board
Summit County Combined General Health District
1867 Market Street
Akron, OH 44322

We have reviewed the *Independent Auditor's Report* of the Summit County Combined General Health District, Summit County, prepared by Charles E. Harris & Associates, Inc., for the audit period January 1, 2022 through December 31, 2022. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

The Auditor of State is conducting an investigation, which is on-going as of the date of this report. Dependent on the outcome of the investigation, results may be reported on at a later date.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Summit County Combined General Health District is responsible for compliance with these laws and regulations.

A handwritten signature in black ink that reads "Keith Faber".

Keith Faber
Auditor of State
Columbus, Ohio

August 08, 2023

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SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
SUMMIT COUNTY
For the Year Ending December 31, 2022
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INDEPENDENT AUDITOR'S REPORT

Summit County Combined General Health District
Summit County
1867 Market Street
Akron, Ohio 44322

To the Board of Health:

Report on the Audit of the Financial Statements

Opinion

We have audited the modified cash basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Summit County General Health District, Summit County, Ohio (the Health District), as of and for the year ended December 31, 2022 and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective modified cash basis financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Summit County General Health District, as of December 31, 2022, and the respective changes in modified cash basis financial position thereof and the respective budgetary comparison for the General, WIC and COVID-19 Enhanced Operation funds for the year then ended in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Accounting Basis

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

As discussed in Note 14 to the financial statements, the financial impact of COVID-19 and ensuing emergency measures will impact subsequent periods of the Health District. We did not modify our opinion regarding this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for preparation 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit 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 Health District's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted to opine on the financial statements as a whole that collectively comprise the Health District's basic financial statements.

The Schedule of Federal Awards Receipts and Expenditures 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 are presented for purposes of additional analysis and 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 basic financial statements. The information has been subjected to the auditing procedures applied to 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, this schedule is 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 May 12, 2023, on our consideration of the Health District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely 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 the effectiveness of the Health District's 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 District's internal control over financial reporting and compliance.



Charles E. Harris & Associates, Inc.
May 12, 2023

Summit County Combined General Health District
Statement of Net Position - Modified Cash Basis
December 31, 2022

	<u>Governmental Activities</u>
Assets	
Equity in Pooled Cash and Cash Equivalents	<u>\$ 21,554,111</u>
<i>Total Assets</i>	<u><u>\$ 21,554,111</u></u>
Net Position	
Restricted for:	
Other Purposes	\$ 3,633,319
Unrestricted	<u>17,920,792</u>
<i>Total Net Position</i>	<u><u>\$ 21,554,111</u></u>

See accompanying notes to the basic financial statements

Summit County Combined General Health District
Statement of Activities - Modified Cash Basis
For the Year Ended December 31, 2022

		Program Cash Receipts		Net (Disbursements) Receipts and Changes in Net Position
	Cash Disbursements	Charges for Services and Sales	Operating Grants and Contributions	Governmental Activities
Governmental Activities				
Current:				
Health:				
Public Health Services	\$ 22,424,843	\$ 4,673,026	\$ 15,551,880	\$ (2,199,937)
<i>Total Governmental Activities</i>	\$ 22,424,843	\$ 4,673,026	\$ 15,551,880	\$ (2,199,937)
General Receipts:				
Property Taxes Levied for General Purposes				3,230,675
Sale of Capital Assets				4,999
Miscellaneous				177,672
State Subsidy				842,973
<i>Total General Receipts</i>				4,256,319
Change in Net Position				2,056,382
<i>Net Position Beginning of Year</i>				19,497,729
<i>Net Position End of Year</i>				\$ 21,554,111

See accompanying notes to the basic financial statements

Summit County Combined General Health District
Statement of Assets and Fund Balances- Modified Cash Basis
Governmental Funds
December 31, 2022

	General	WIC Fund	COVID-19 Enhanced Operations Fund	Other Governmental Funds	Total Governmental Funds
Assets					
Equity in Pooled Cash and Cash Equivalents	\$ 17,243,413	\$ 40,276	\$ 117,262	\$ 4,153,160	\$ 21,554,111
Interfund Receivable	<u>2,068,377</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,068,377</u>
<i>Total Assets</i>	<u>\$ 19,311,790</u>	<u>\$ 40,276</u>	<u>\$ 117,262</u>	<u>\$ 4,153,160</u>	<u>\$ 23,622,488</u>
Liabilities					
Interfund Payable	\$ -	\$ 357,194	\$ 425,000	\$ 1,286,183	\$ 2,068,377
<i>Total Liabilities</i>	<u>\$ -</u>	<u>\$ 357,194</u>	<u>\$ 425,000</u>	<u>\$ 1,286,183</u>	<u>\$ 2,068,377</u>
Fund Balances					
Restricted	\$ -	\$ 38	\$ -	\$ 3,633,281	\$ 3,633,319
Assigned	140,960	-	-	-	140,960
Unassigned (Deficit)	<u>19,170,830</u>	<u>(316,956)</u>	<u>(307,738)</u>	<u>(766,304)</u>	<u>17,779,832</u>
<i>Total Fund Balances</i>	<u>\$ 19,311,790</u>	<u>\$ (316,918)</u>	<u>\$ (307,738)</u>	<u>\$ 2,866,977</u>	<u>\$ 21,554,111</u>
<i>Total Liabilities and Fund Balance</i>	<u>\$ 19,311,790</u>	<u>\$ 40,276</u>	<u>\$ 117,262</u>	<u>\$ 4,153,160</u>	<u>\$ 23,622,488</u>

See accompanying notes to the basic financial statements

Summit County Combined General Health District
Statement of Receipts, Disbursements and Changes in Fund Balances - Modified Cash Basis
 Governmental Funds
 For the Year Ended December 31, 2022

	General	WIC Fund	COVID-19 Enhanced Operations Fund	Other Governmental Funds	Total Governmental Funds
Receipts					
Property Taxes	\$ 3,230,675	\$ -	\$ -	\$ -	\$ 3,230,675
Charges for Services	2,320,074	-	-	9,699	2,329,773
Fines, Licenses and Permits	2,075,982	-	-	200,000	2,275,982
Intergovernmental	5,168,189	1,538,323	823,880	8,874,911	16,405,303
Miscellaneous	220,210	-	-	14,283	234,493
<i>Total Receipts</i>	<u>13,015,130</u>	<u>1,538,323</u>	<u>823,880</u>	<u>9,098,893</u>	<u>24,476,226</u>
Disbursements					
Current:					
Health:					
Public Health Services	10,446,776	1,546,030	971,103	9,460,934	22,424,843
<i>Total Disbursements</i>	10,446,776	1,546,030	971,103	9,460,934	22,424,843
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>2,568,354</u>	<u>(7,707)</u>	<u>(147,223)</u>	<u>(362,041)</u>	<u>2,051,383</u>
Other Financing Sources (Uses)					
Sale of Capital Assets	4,999	-	-	-	4,999
<i>Total Other Financing Sources (Uses)</i>	<u>4,999</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,999</u>
<i>Net Change in Fund Balances</i>	2,573,353	(7,707)	(147,223)	(362,041)	2,056,382
<i>Fund Balances Beginning of Year</i>	<u>16,738,437</u>	<u>(309,211)</u>	<u>(160,515)</u>	<u>3,229,018</u>	<u>19,497,729</u>
<i>Fund Balances End of Year</i>	<u>\$ 19,311,790</u>	<u>\$ (316,918)</u>	<u>\$ (307,738)</u>	<u>\$ 2,866,977</u>	<u>\$ 21,554,111</u>

See accompanying notes to the basic financial statements

Summit County Combined General Health District
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual -Budget Basis
General Fund
For the Year Ended December 31, 2022

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Property and Other Local Taxes	\$ 3,230,675	\$ 3,230,675	\$ 3,230,675	\$ -
Charges for Services	2,300,000	2,363,530	2,320,074	(43,456)
Licenses, Permits and Fees	2,700,000	2,187,500	2,075,982	(111,518)
Intergovernmental	4,139,344	4,518,014	5,168,189	650,175
Other	251,000	366,500	225,209	(141,291)
<i>Total receipts</i>	<u>12,621,019</u>	<u>12,666,219</u>	<u>13,020,129</u>	<u>353,910</u>
Disbursements				
Current:				
Public Health Services	12,891,049	12,936,249	10,614,291	2,321,958
<i>Total Disbursements</i>	<u>12,891,049</u>	<u>12,936,249</u>	<u>10,614,291</u>	<u>2,321,958</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	(270,030)	(270,030)	2,405,838	2,675,868
Other Financing Sources (Uses)				
Advances In	-	2,421,260	2,421,260	-
Advances Out	-	(2,421,260)	(2,068,377)	352,883
<i>Total Other Financing Sources (Uses)</i>	<u>-</u>	<u>-</u>	<u>352,883</u>	<u>352,883</u>
<i>Net Change in Fund Balance</i>	(270,030)	(270,030)	2,758,721	3,028,751
<i>Fund Balance Beginning of Year</i>	14,149,662	14,149,662	14,149,662	-
Prior Year Encumbrances Appropriated	<u>167,515</u>	<u>167,515</u>	<u>167,515</u>	<u>-</u>
<i>Fund Balance End of Year</i>	<u>\$ 14,047,147</u>	<u>\$ 14,047,147</u>	<u>\$ 17,075,898</u>	<u>\$ 3,028,751</u>

See accompanying notes to the basic financial statements

Summit County Combined General Health District
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual - Budget Basis
WIC
For the Year Ended December 31, 2022

	<u>Budgeted Amounts</u>		<u>Actual</u>	<u>Variance with Final Budget Positive (Negative)</u>
	<u>Original</u>	<u>Final</u>		
Receipts				
Intergovernmental:				
Grants	\$ 2,031,357	\$ 4,024,441	\$ 1,538,323	\$ (2,486,118)
<i>Total Receipts</i>	<u>2,031,357</u>	<u>4,024,441</u>	<u>1,538,323</u>	<u>(2,486,118)</u>
Disbursements				
Current:				
Health:				
Public Health Services	2,031,357	3,715,230	1,546,030	2,169,200
<i>Total Disbursements</i>	<u>2,031,357</u>	<u>3,715,230</u>	<u>1,546,030</u>	<u>2,169,200</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	-	309,211	(7,707)	(316,918)
Other Financing Sources (Uses)				
Advances In	-	-	357,194	357,194
Advances Out	-	(395,432)	(395,432)	-
<i>Total Other Financing Sources (Uses)</i>	<u>-</u>	<u>(395,432)</u>	<u>(38,238)</u>	<u>357,194</u>
<i>Net Change in Fund Balance</i>	-	(86,221)	(45,945)	40,276
<i>Unencumbered Fund Balance Beginning of Year</i>	<u>86,221</u>	<u>86,221</u>	<u>86,221</u>	<u>-</u>
<i>Unencumbered Fund Balance End of Year</i>	<u>\$ 86,221</u>	<u>\$ (0)</u>	<u>\$ 40,276</u>	<u>\$ 40,276</u>

See accompanying notes to the basic financial statements

Summit County Combined General Health District
*Statement of Receipts, Disbursements and Changes
 In Fund Balance - Budget and Actual - Budget Basis
 COVID-19 Enhanced Operations
 For the Year Ended December 31, 2022*

	<u>Budgeted Amounts</u>		<u>Actual</u>	Variance with Final Budget
	<u>Original</u>	<u>Final</u>		Positive (Negative)
Receipts				
Intergovernmental:				
Grants	\$ 1,761,044	\$ 2,323,880	\$ 823,880	\$ (1,500,000)
<i>Total Receipts</i>	<u>1,761,044</u>	<u>2,323,880</u>	<u>823,880</u>	<u>(1,500,000)</u>
Disbursements				
Current:				
Health:				
Public Health Services	813,975	1,241,573	971,103	270,470
<i>Total Disbursements</i>	<u>813,975</u>	<u>1,241,573</u>	<u>971,103</u>	<u>270,470</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	947,069	1,082,307	(147,223)	(1,229,530)
Other Financing Sources (Uses)				
Advances In	-	-	425,000	425,000
Advances Out	-	(360,000)	(360,000)	-
<i>Total Other Financing Sources (Uses)</i>	<u>-</u>	<u>(360,000)</u>	<u>65,000</u>	<u>425,000</u>
<i>Net Change in Fund Balance</i>	947,069	722,307	(82,223)	(804,530)
<i>Unencumbered Fund Balance Beginning of Year</i>	<u>199,485</u>	<u>199,485</u>	<u>199,485</u>	<u>-</u>
<i>Unencumbered Fund Balance End of Year</i>	<u>\$ 1,146,554</u>	<u>\$ 921,792</u>	<u>\$ 117,262</u>	<u>\$ (804,530)</u>

See accompanying notes to the basic financial statements

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 1 – Reporting Entity

The Summit County Combined General Health District (the Health District), is a body corporate and politic established to exercise the rights and privileges conveyed to it by the constitution and laws of the State of Ohio. A five-member Board of Health appointed by the District Advisory Council governs the Health District. The Board appoints a health commissioner and all employees of the Health District.

The reporting entity is composed of the primary government, component units, and other organizations that are included to ensure the financial statements of the Health District are not misleading.

Primary Government

The primary government consists of all funds, departments, boards and agencies that are not legally separate from the Health District. The Health District's services include all public health services provided in the county.

Public Entity Risk Pools

The Health District participates in a public entity risk pool. Note 8 to the financial statements provides additional information for this entity.

The Health District's management believes these financial statements present all activities for which the Health District is financially accountable.

Note 2 – Summary of Significant Accounting Policies

As discussed further in the "Basis of Accounting" section of this note, these financial statements are presented on a modified cash basis of accounting. This modified cash basis of accounting differs from accounting principles generally accepted in the United States of America (GAAP). Generally accepted accounting principles include all relevant Governmental Accounting Standards Board (GASB) pronouncements, which have been applied to the extent they are applicable to the modified cash basis of accounting. Following are the more significant of the Health District's accounting policies.

Basis of Presentation

The Health District's basic financial statements consist of government-wide financial statements, including a statement of net position and a statement of activities, and fund financial statements which provide a more detailed level of financial information.

Government-Wide Financial Statements The statement of net position and the statement of activities display information about the Health District as a whole. These statements include the financial activities of the primary government. The statements distinguish between those activities of the Health District that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health District has no business-type activities.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 2 – Summary of Significant Accounting Policies *(continued)*

The statement of net position presents the cash balance of the governmental and business-type activities of the Health District at year end. The statement of activities compares disbursements and program receipts for each program or function of the Health District's governmental activities. Disbursements are reported by function. A function is a group of related activities designed to accomplish a major service or regulatory program for which the Health District is responsible. Program receipts include charges paid by the recipient of the goods or services offered by the program, grants and contributions that are restricted to meeting the operational or capital requirements of a particular program, and receipts of interest earned on grants that are required to be used to support a particular program. Receipts which are not classified as program receipts are presented as general receipts of the Health District, with certain limited exceptions. The comparison of direct disbursements with program receipts identifies the extent to which each governmental program is self-financing on a modified cash basis or draws from the general receipts of the Health District.

Fund Financial Statements During the year, the Health District segregates transactions related to certain Health District functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. Fund financial statements are designed to present financial information of the Health District at this more detailed level. The focus of governmental fund financial statements is on major funds. Each major fund is presented in a separate column. Nonmajor funds are aggregated and presented in a single column.

Fund Accounting

The Health District uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The funds of the Health District are presented in the following fund type:

Governmental Funds Governmental funds are those through which most governmental functions of the Health District are financed. The following are the Health District's major governmental funds:

General The general fund accounts for and reports all financial resources not accounted for and reported in another fund. The general fund balance is available to the Health District for any purpose provided it is expended or transferred according to the general laws of Ohio.

Women, Infants and Children Special Revenue Fund This fund accounts for and reports federal grant monies restricted to the Women, Infants and Children program. This program promotes good health for pregnant women, breastfeeding mothers, infants and children up to age five.

COVID-19 Enhanced Operations Special Revenue Fund This fund accounts for and reports federal grant monies restricted to public health COVID-19 disease response and mitigation activities.

Other Governmental Funds The other governmental funds of the Health District account for and report grants and other resources whose use is restricted, committed or assigned to a particular purpose.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 2 – Summary of Significant Accounting Policies *(continued)*

Basis of Accounting

The Health District's financial statements are prepared using the modified cash basis of accounting. Except for modifications having substantial support, receipts are recorded in the Health District's financial records and reported in the financial statements when cash is received rather than when earned and disbursements are recorded when cash is paid rather than when a liability is incurred. Any such modifications made by the Health District are described in the appropriate section in this note.

As a result of the use of this modified cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue for billed or provided services not yet collected) and certain liabilities and their related expenses (such as accounts payable and expenses for goods or services received but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements.

Budgetary Process

All funds, except custodial funds, are legally required to be budgeted and appropriated. The major documents prepared are the tax budget, the certificate of estimated resources, and the appropriations resolution, all of which are prepared on the budgetary basis of accounting. The tax budget demonstrates a need for existing or increased tax rates. The certificate of estimated resources establishes a limit on the amount the Board of Health may appropriate. The appropriations resolution is the Board of Health's authorization to spend resources and sets annual limits on disbursements plus encumbrances at the level of control selected by the Board of Health. The legal level of control has been established by the Board of Health at the fund, department, and object level for all funds.

ORC Section 5705.28(C)(1) requires the Health District to file an estimate of contemplated revenue and expenses with the municipalities and townships within the Health District by about June 1 (forty-five days prior to July 15). The County Auditor cannot allocate property taxes from the municipalities and townships within the Health District if the filing has not been made.

ORC Section 3709.28 establishes budgetary requirements for the Health District, which are similar to ORC Chapter 5705 budgetary requirements. On or about the first Monday of April, the Health District must adopt an itemized appropriation measure. The appropriation measure, together with an itemized estimate of revenues to be collected during the next fiscal year, shall be certified to the county budget commission. Subject to estimated resources, the Board of Health may, by resolution, transfer appropriations from one appropriation item to another, reduce or increase any item, create new items, and make additional appropriations or reduce the total appropriation. Such appropriation modifications shall be certified to the county budget commission for approval.

The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources in effect when the original appropriations were adopted. The amounts reported as the final budgeted amounts on the budgetary statements reflect the amounts on the amended certificate of estimated resources in effect at the time final appropriations were passed by the Board of Health.

The appropriations resolution is subject to amendment throughout the year with the restriction that appropriations cannot exceed estimated resources. The amounts reported as the original budget reflect the first appropriation resolution that covered the entire year, including amounts automatically carried forward from prior years. The amount reported as the final budgeted amounts represents the final appropriations passed by the Board of Health during the year.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 2 – Summary of Significant Accounting Policies *(continued)*

Cash and Investments

The Summit County Fiscal Officer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the Summit County Fiscal Officer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County by contacting Christina Balliet, Deputy Fiscal Officer of Finance, County of Summit, 175 S. Main St. Akron, Oh. 44308-1306, (330) 643-2674.

Amounts at year-end due to the County are recorded as Fiscal Agent Payable.

Restricted Assets

Assets are reported as restricted when limitations on their use change the nature or normal understanding of the availability of the asset. Such constraints are either externally imposed by creditors, contributors, grantors, or laws of other governments, or are imposed by law through constitutional provisions or enabling legislation.

Inventory and Prepaid Items

The Health District reports disbursements for inventory and prepaid items when paid. These items are not reflected as assets in the accompanying financial statements.

Capital Assets

Acquisitions of property, plant and equipment are recorded as disbursements when paid. These items are not reflected as assets in the accompanying financial statements.

Interfund Receivables/Payables

The Health District reports advances-in and advances-out for interfund loans. These items are not reflected as assets and liabilities in the accompanying financial statements.

The fund financial statements report outstanding interfund loans as interfund receivables/payables. Interfund loans which do not represent available expendable resources are classified as nonspendable fund balance. Interfund balances are eliminated in the statement of net position.

Accumulated Leave

In certain circumstances, such as upon leaving employment or retirement, employees are entitled to cash payments for unused leave. Unpaid leave is not reflected as a liability under the Health District's modified cash basis of accounting.

Employer Contributions to Cost-Sharing Pension Plans

The Health District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 9 and 10, the employer contributions include portions for pension benefits and for other postemployment benefits (OPEB).

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 2 – Summary of Significant Accounting Policies *(continued)*

Long-Term Obligations

The Health District's modified cash basis financial statements do not report liabilities for long-term obligations. Proceeds of debt are reported when cash is received and principal and interest payments are reported when paid. Since recording a capital asset when entering into a capital lease is not the result of a cash transaction, neither another financing source nor a capital outlay expenditure is reported at inception. Lease payments are reported when paid.

Leases

For 2022, GASB Statement No. 87, Leases was effective. This GASB pronouncement had no effect on beginning net position/fund balance.

The Health District is the lessor and lessee as defined by GASB 87 in various leases related to buildings, vehicles and other equipment under noncancelable leases. Lease receivables/payables are not reflected under the Health District's modified cash basis of accounting. Lease revenue/disbursements are recognized when they are received/paid.

Net Position

Net position is reported as restricted when there are limitations imposed on their use through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. Net position restricted for other purposes include resources restricted for federal, state and local grants.

The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available.

Fund Balance

Fund balance is divided into five classifications based primarily on the extent to which the Health District is bound to observe constraints imposed upon the use of the resources in the governmental funds. The classifications are as follows:

Nonspendable The nonspendable fund balance category includes amounts that cannot be spent because they are not in spendable form, or are legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash. It also includes the long-term amount of interfund loans.

Restricted Fund balance is reported as restricted when constraints placed on the use of resources are either externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments; or is imposed by law through constitutional provisions.

Committed The committed fund balance classification includes amounts that can be used only for the specific purposes imposed by formal action (resolution) of the Board of Health. Those committed amounts cannot be used for any other purpose unless the Board of Health removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts. Committed fund balance also incorporates contractual obligations to the extent that existing resources in the fund have been specifically committed for use in satisfying those contractual requirements.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 2 – Summary of Significant Accounting Policies *(continued)*

Assigned Amounts in the assigned fund balance classification are intended to be used by the Health District for specific purposes but do not meet the criteria to be classified as restricted or committed. In governmental funds other than the general fund, assigned fund balance represents the remaining amount that is not restricted or committed. In the general fund, assigned amounts represent intended uses established by the Board of Health or a Health District official delegated that authority by resolution, or by State Statute. The Health District may also assign fund balances as it does when appropriating fund balance to cover a gap between estimated revenue and appropriations in the subsequent year's appropriated budget in the General Fund.

Unassigned Unassigned fund balance is the residual classification for the general fund and includes amounts not contained in the other classifications. In other governmental funds, the unassigned classification is used only to report a deficit balance.

The Health District applies restricted resources first when expenditures are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first followed by assigned, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

Internal Activity

Internal allocations of overhead expenses from one function to another or within the same function are eliminated on the Statement of Activities. Payments for interfund services provided and used are not eliminated.

Exchange transactions between funds are reported as receipts in the seller funds and as disbursements in the purchaser funds. Subsidies from one fund to another without a requirement for repayment are reported as interfund transfers. Interfund transfers are reported as other financing sources/uses in governmental funds and after nonoperating receipts/disbursements in proprietary funds. Repayments from funds responsible for particular disbursements to the funds that initially paid for them are not presented in the financial statements.

Note 3 – Accountability and Compliance

Accountability

Fund Balances at December 31, 2022 included the following individual fund deficits:

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 3 – Accountability and Compliance *(continued)*

<u>Fund</u>	<u>Deficit</u>
Major Governmental Funds:	
WIC	(316,918)
CORONAVIRUS ENHANCED OPS	(307,738)
	<u>(624,694)</u>
Other Governmental Funds:	
HOMELESS YOUTHS	(19,804)
CREATING HEALTHY COMMUNITIES	(42,591)
MATERNAL & CHILD HEALTH	(668)
QUALITY OF LIFE	(17,643)
AIR QUALITY PM2.5	(21,477)
MOMS QUIT FOR TWO	(6,021)
SAFE ROUTES TO SCHOOL	(22,392)
DOL OPIOID DW	(8,868)
MINORITY HEALTH	(10,900)
MINORITY HEALTH	(8,778)
PHEP	(13,274)
REGIONAL PHEP	(25,280)
HIV PREVENTION	(123,277)
STI PREVENTION	(18,121)
HEALTHCHEK DATA	(2,966)
HEALTHY BEGINNINGS AT HOME	(77,895)
REPRODUCTIVE HEALTH	(16,853)
COVID-19 VACCINATION	(71,259)
COVID-19 DETECTION & MIT CONF	(4,003)
COVID-19 DETECTION & MIT LIV	(3,585)
PUBLIC HEALTH WORKFORCE	(33,132)
HUD LEAD HAZARD	(10,851)
QUICK RESPONSE TEAM	(41)
TOBACCO PREVENTION	(20,590)
GWEP	(478)
ALZHEIMER'S DISEASE PROGRAM	(13,042)
MIECHV	(63,587)
TRI-COUNTY ACL-COVID 19	(4,147)
OPIATE ABATEMENT	(5,300)
STI ENHANCEMENT	(38,316)
OHIO HEALTH IMPROVEMENT ZONES	(38,445)
MCH TANF	(22,720)
	<u>\$(766,304)</u>
TOTAL	<u>\$(1,390,998)</u>

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 3 – Accountability and Compliance *(continued)*

The fund deficits in the above funds resulted from interfund liabilities due to timing issues with the reimbursement of disbursements for various grant programs. The general fund is liable for the deficits in these funds and will provide operating advances when cash is required, not when the liability occurs.

Note 4 – Budgetary Basis of Accounting

The budgetary basis as provided by law is based upon accounting for certain transactions on the basis of cash receipts, disbursements, and encumbrances. The Statement of Receipts, Disbursements and Changes in Fund Balance – Budget and Actual – Budgetary Basis presented for the general fund and each major special revenue fund are prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The difference(s) between the budgetary basis and the modified cash basis are as follows:

1. Outstanding year-end encumbrances are treated as cash disbursements (budgetary basis) rather than as restricted, committed or assigned fund balance (*modified* cash basis).
2. Outstanding year-end advances are treated as another financing source or use (budgetary basis) rather than as an interfund receivable or payable (*modified* cash basis).
3. Unreported interest is reported on the statement of *modified* receipts, disbursements, and changes in fund balances (cash basis), but not on the budgetary basis.

Adjustments necessary to convert the results of operations at the end of the year on the budget basis to the cash basis are as follows:

	General Fund	WIC	COVID-19 Enhanced Operations
Cash Basis	\$ 2,573,353	\$ (7,707)	\$ (147,223)
Advances In	2,421,260	357,194	425,000
Advances Out	(2,068,377)	(395,432)	(360,000)
Encumbrances	<u>(167,515)</u>	<u>-</u>	<u>-</u>
Budget Basis	<u>\$ 2,758,721</u>	<u>\$ (45,945)</u>	<u>\$ (82,223)</u>

Note 5 – Deposits and Investments

As required by the Ohio Revised Code, the Summit County Fiscal Officer is custodian for the Health District’s deposits. The County’s deposit and investment pool holds the Health District’s assets, valued at the Treasurer’s reported carrying amount.

Summit County Combined General Health District

*Notes to the Basic Financial Statements
For the Year Ended December 31, 2022*

Note 6 – Taxes

Property Taxes

Property taxes include amounts levied against all real and public utility property located in the Health District. Property tax revenue received during 2022 for real and public utility property taxes represents collections of 2021 taxes.

2022 real property taxes are levied after October 1, 2022, on the assessed value as of January 1, 2022, the lien date. Assessed values are established by State law at 35 percent of appraised market value. 2022 real property taxes are collected in and intended to finance 2023.

Real property taxes are payable annually or semi-annually. If paid annually, payment is due December 31; if paid semi-annually, the first payment is due December 31, with the remainder payable by June 20. Under certain circumstances, State statute permits later payment dates to be established.

Public utility tangible personal property currently is assessed at varying percentages of true value; public utility real property is assessed at 35 percent of true value. 2022 public utility property taxes which became a lien December 31, 2021, are levied after October 1, 2022, and are collected in 2023 with real property taxes.

The full tax rate for all Health District operations for the year ended December 31, 2022, was \$0.2846753 per \$1,000 of assessed value. The assessed values of real property and public utility tangible property upon which 2022 property tax receipts were based are as follows:

Real Property	\$11,384,837,990
Public Utility Personal Property	<u>419,806,530</u>
Total	<u>\$11,804,644,520</u>

The County Fiscal Officer collects property taxes on behalf of all taxing districts in the County, including the County. The County Fiscal Officer periodically remits to the Health District its portion of the taxes collected.

Note 7 – Interfund Balances

Interfund Balances

Interfund balances at December 31, 2022, consisted of \$2,068,377 advanced to other governmental funds to provide working capital for operations or projects. The interfund receivables/payables are expected to be repaid within one year.

Interfund balances at December 31, 2022, consisted of the following individual fund receivables and payables:

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 7 – Interfund Balances (continued)

	<u>Interfund Receivable</u>	<u>Interfund Payable</u>
General Fund	\$ 2,068,377	
WIC FY22		\$ 37,194
WIC FY23		320,000
Coronavirus Enhanced Ops FY22		425,000
Homeless Youths FY23		32,000
CREATING HEALTHY COMMUNITIES FY22		45,040
MATERNAL & CHILD HEALTH FY23		2,000
QUALITY OF LIFE FY21		30,000
Air Quality PM2.5 FY12		25,000
MOMS QUIT FOR TWO FY23		15,000
Safe Routes to School FY21		25,000
DOL Opioid DW FY23		20,000
MINORITY HEALTH FY22		10,900
Minority Health 2013		15,000
PHEP FY23		16,000
REGIONAL PHEP FY23		30,000
HIV PREVENTION FY22		175,000
STI PREVENTION FY22		25,000
HEALTHCHEK DATA FY23		10,000
Healthy Beginnings at Home		100,000
HBAH Day 1 Family Funds		50,000
Reproductive Health FY23		30,000
COVID-19 Vaccination		75,000
COVID-19 Detection & Mit Conf CF23		10,000
COVID-19 Detection & Mit Liv LV23		10,000
PUBLIC HEALTH WORKFORCE		42,000
HUD LEAD HAZARD		30,000
Quick Response Team 2023		1,000
Tobacco Prevention FY23		45,000
GWEP FY23		1,600
Alzheimer’s Disease Program		36,000
MIECHV FY23		85,000
Tri-County ACL-COVID 19 FY23		10,000
DRUG OVERDOSE PREVENTION FY23		45,000
Opiate Abatement FY22		20,000
STI Enhancement FY22		105,000
Ohio Health Improvement Zones		68,000
MCH TANF FY22		46,643
	<u>\$ 2,068,377</u>	<u>\$ 2,068,377</u>

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 8 – Risk Management

The Health District is 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.

The Health District is a member of the Public Entities Pool of Ohio (The Pool). The Pool assumes the risk of loss up to the limits of the Health District’s policy. The Pool covers the following risks:

- General liability and casualty
- Public official’s liability
- Employment practices liability
- Cyber
- Law enforcement liability
- Automobile liability
- Vehicles
- Property
- Equipment breakdown

The Pool reported the following summary of assets and actuarially-measured liabilities available to pay those liabilities as of December 31. This is the most recent information that was available at the time these notes were prepared (the latest information available):

	<u>2021</u>
Cash and investments	\$ 41,996,850
Actuarial liabilities	\$14,974,099

During 2022, the Health District did not exceed the limits of its casualty and property policy, nor did they reduce coverage from the prior year.

The Health District insures against injuries to employees through the Ohio Bureau of Worker’s Compensation.

Note 9 – Defined Benefit Pension Plans

The Statewide retirement systems provide both pension benefits and other postemployment benefits (OPEB).

Plan Description – Ohio Public Employees Retirement System (OPERS)

Plan Description – Health District employees participate in the Ohio Public Employees Retirement System (OPERS). OPERS is a cost-sharing, multiple employer public employee retirement system which administers three separate pension plans. The traditional pension plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan and the combined plan is a combination cost-sharing, multiple-employer defined benefit/defined contribution pension plan. Participating employers are divided into state, local, law enforcement and public safety divisions.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 9 – Defined Benefit Pension Plans *(continued)*

While members in the state and local divisions may participate in all three plans, law enforcement and public safety divisions exist only within the traditional plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost of living adjustments to members of the traditional and combined plans. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that includes financial statements, required supplementary information and detailed information about OPERS' fiduciary net position that may be obtained by visiting <https://www.opers.org/financial/reports.shtml>, by writing to the Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 800-222-7377.

Senate Bill (SB) 343 was enacted into law with an effective date of January 7, 2013. In the legislation, members in the traditional and combined plans were categorized into three groups with varying provisions of the law applicable to each group. The following table provides age and service requirements for retirement and the retirement formula applied to final average salary (FAS) for the three member groups under the traditional and combined plans as per the reduced benefits adopted by SB 343 (see OPERS Annual Comprehensive Financial Report referenced above for additional information, including requirements for reduced and unreduced benefits):

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 9 – Defined Benefit Pension Plans *(continued)*

Group A Eligible to retire prior to January 7, 2013 or five years after January 7, 2013	Group B 20 years of service credit prior to January 7, 2013 or eligible to retire ten years after January 7, 2013	Group C Members not in other Groups and members hired on or after January 7, 2013
State and Local	State and Local	State and Local
Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 57 with 25 years of service credit or Age 62 with 5 years of service credit
Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 1% of FAS multiplied by years of service for the first 35 years and 1.25% for service years in excess of 35
Public Safety	Public Safety	Public Safety
Age and Service Requirements: Age 48 with 25 years of service credit or Age 52 with 15 years of service credit	Age and Service Requirements: Age 48 with 25 years of service credit or Age 52 with 15 years of service credit	Age and Service Requirements: Age 52 with 25 years of service credit or Age 56 with 15 years of service credit
Law Enforcement	Law Enforcement	Law Enforcement
Age and Service Requirements: Age 52 with 15 years of service credit	Age and Service Requirements: Age 48 with 25 years of service credit or Age 52 with 15 years of service credit	Age and Service Requirements: Age 48 with 25 years of service credit or Age 56 with 15 years of service credit
Public Safety and Law Enforcement	Public Safety and Law Enforcement	Public Safety and Law Enforcement
Traditional Plan Formula: 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25	Traditional Plan Formula: 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25	Traditional Plan Formula: 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25

Final average Salary (FAS) represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career.

Members who retire before meeting the age and years of service credit requirement for unreduced benefits receive a percentage reduction in the benefit amount. The amount of a member's pension benefit vests upon receipt of the initial benefit payment. The options for Public Safety and Law Enforcement permit early retirement under qualifying circumstances as early as age 48 with a reduced benefit.

When a traditional plan benefit recipient has received benefits for 12 months, the member is eligible for an annual cost of living adjustment (COLA). This COLA is calculated on the base retirement benefit at the date of retirement and is not compounded. Members retiring under the combined plan receive a cost-of-living adjustment on the defined benefit portion of their pension benefit. For those who retired prior to January 7, 2013, the cost-of-living adjustment is 3 percent.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 9 – Defined Benefit Pension Plans (continued)

For those retiring on or after January 7, 2013, beginning in calendar year 2019, the adjustment is based on the average percentage increase in the Consumer Price Index, capped at 3 percent.

Defined contribution plan benefits are established in the plan documents, which may be amended by the Board. Member-directed plan and combined plan members who have met the retirement eligibility requirements may apply for retirement benefits. The amount available for defined contribution benefits in the combined plan consists of the member's contributions plus or minus the investment gains or losses resulting from the member's investment selections. Combined plan members wishing to receive benefits must meet the requirements for both the defined benefit and defined contribution plans. Member-directed participants must have attained the age of 55, have money on deposit in the defined contribution plan and have terminated public service to apply for retirement benefits. The amount available for defined contribution benefits in the member-directed plan consists of the members' contributions, vested employer contributions and investment gains or losses resulting from the members' investment selections. Employer contributions and associated investment earnings vest over a five-year period, at a rate of 20 percent each year. At retirement, members may select one of several distribution options for payment of the vested balance in their individual OPERS accounts. Options include the annuitization of the benefit (which includes joint and survivor options and will continue to be administered by OPERS), partial lump-sum payments (subject to limitations), a rollover of the vested account balance to another financial institution, receipt of entire account balance, net of taxes withheld, or a combination of these options. When members choose to annuitize their defined contribution benefit, the annuitized portion of the benefit is reclassified to a defined benefit.

Effective January 1, 2022, the Combined Plan is no longer available for member selection.

Funding Policy - The Ohio Revised Code (ORC) provides statutory authority for member and employer contributions as follows:

	State and Local
2022 Statutory Maximum Contribution Rates	
Employer	14.0 %
Employee	10.0 %
2022 Actual Contribution Rates	
Employer:	
Pension	14.0 %
Post-employment Health Care Benefits	0.0
Total Employer	<u>14.0 %</u>
Employee	<u>10.0 %</u>

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll.

For 2022, the Health District's contractually required contribution was \$1,250,067 for the traditional plan, \$64,570 for the combined plan and \$41,770 for the member-directed plan.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 10 – Postemployment Benefits

Ohio Public Employees Retirement System

Plan Description – The Ohio Public Employees Retirement System (OPERS) administers three separate pension plans: the traditional pension plan, a cost-sharing, multiple-employer defined benefit pension plan; the member-directed plan, a defined contribution plan; and the combined plan, a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan.

OPERS maintains a cost-sharing, multiple-employer defined benefit post-employment health care trust, which funds multiple health care plans including medical coverage, prescription drug coverage and deposits to a Health Reimbursement Arrangement (HRA) to qualifying benefit recipients of both the traditional pension and the combined plans. Currently, Medicare-eligible retirees are able to select medical and prescription drug plans from a range of options and may elect optional vision and dental plans. Retirees and eligible dependents enrolled in Medicare Parts A and B have the option to enroll in a Medicare supplemental plan with the assistance of the OPERS Medicare Connector. The OPERS Medicare Connector is a relationship with a vendor selected by OPERS to assist retirees, spouses and dependents with selecting a medical and pharmacy plan.

Monthly allowances, based on years of service and the age at which the retiree first enrolled in OPERS coverage, are deposited into an HRA. For non-Medicare retirees and eligible dependents, OPERS sponsors medical and prescription coverage through a professionally managed self-insured plan. An allowance to offset a portion of the monthly premium is offered to retirees and eligible dependents. The allowance is based on the retiree's years of service and age when they first enrolled in OPERS coverage.

OPERS provides a monthly allowance for health care coverage for eligible retirees and their eligible dependents. The base allowance is determined by OPERS. For those retiring on or after January 1, 2015, the allowance has been determined by applying a percentage to the base allowance. The percentage applied is based on years of qualifying service credit and age when the retiree first enrolled in OPERS health care. Monthly allowances range between 51 percent and 90 percent of the base allowance. Those who retired prior to January 1, 2015, will have an allowance of at least 75 percent of the base allowance.

The health care trust is also used to fund health care for member-directed plan participants, in the form of a Retiree Medical Account (RMA). At retirement or separation, member directed plan participants may be eligible for reimbursement of qualified medical expenses from their vested RMA balance.

Effective January 1, 2022, OPERS discontinued the group plans currently offered to non-Medicare retirees and re-employed retirees. Instead, eligible non-Medicare retirees will select an individual medical plan. OPERS will provide a subsidy or allowance via an HRA allowance to those retirees who meet health care eligibility requirements. Retirees will be able to seek reimbursement for plan premiums and other qualified medical expenses.

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 10 – Postemployment Benefits *(continued)*

In order to qualify for postemployment health care coverage, age and service retirees under the traditional pension and combined plans must have twenty or more years of qualifying Ohio service credit with a minimum age of 60. Members in Group A are eligible for coverage at any age with 30 or more years of qualifying service. Members in Group B are eligible at any age with 32 years of qualifying service, or at age 52 with 31 years of qualifying service. Members in Group C are eligible for coverage with 32 years of qualifying service and a minimum age of 55. Current retirees eligible (or who became eligible prior to January 1, 2022) to participate in the OPERS health care program will continue to be eligible after January 1, 2022. Eligibility requirements change for those retiring after January 1, 2022, with differing eligibility requirements for Medicare retirees and non-Medicare retirees. The health care coverage provided by OPERS meets the definition of an Other Post Employment Benefit (OPEB) as described in GASB Statement 75. See OPERS' Annual Comprehensive Financial Report referenced below for additional information.

The Ohio Revised Code permits, but does not require, OPERS to provide health care to its eligible benefit recipients. Authority to establish and amend health care coverage is provided to the Board in Chapter 145 of the Ohio Revised Code.

Disclosures for the health care plan are presented separately in the OPERS financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/financial/reports.shtml>, by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling (614) 222-5601 or 800-222-7377.

Funding Policy - The Ohio Revised Code provides the statutory authority allowing public employers to fund postemployment health care through their contributions to OPERS. When funding is approved by OPERS Board of Trustees, a portion of each employer's contribution to OPERS is set aside to fund OPERS health care plans. Beginning in 2018, OPERS no longer allocated a portion of its employer contributions to health care for the traditional plan and the combined plan.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2022, state and local employers contributed at a rate of 14.0 percent of earnable salary and public safety and law enforcement employers contributed at 18.1 percent. These are the maximum employer contribution rates permitted by the Ohio Revised Code. Active member contributions do not fund health care.

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. For 2022, OPERS did not allocate any employer contribution to health care for members in the Traditional Pension Plan and Combined Plan. The OPERS Board is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected. The employer contribution as a percentage of covered payroll deposited into the RMA for participants in the member-directed plan for 2022 was 4.0 percent.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District's contractually required contribution was \$0 for the year 2022.

Summit County Combined General Health District

*Notes to the Basic Financial Statements
For the Year Ended December 31, 2022*

Note 11 – Debt

Leases

The Health District leases buildings, vehicles and other equipment under noncancelable leases. The Health District disbursed \$223,387 to pay lease costs for the year ended December 31, 2022. Future lease payments are as follows:

<u>December 31</u>	<u>TOTALS</u>
2023	\$ 225,480
2024	200,420
2025	127,360
2026	121,023
2027	67,136
	<u>\$ 741,419</u>

One 60-month lease and one 12-month lease were renewed in 2022, and one 36-month lease is starting in 2023.

Note 12 – Contingent Liabilities

The Health District is the defendant in several lawsuits. Although management cannot presently determine the outcome of these suits, they believe the resolution of these matters will not materially adversely affect the Health District’s financial condition.

Amounts grantor agencies pay to the Health District are subject to audit and adjustment by the grantor, principally the federal government. Grantors may require refunding any disallowed costs. Management cannot presently determine amounts grantors may disallow. However, based on prior experience, management believes any refunds would be immaterial.

Note 13 – Fund Balances

A Fund balance is classified as nonspendable, restricted, committed, assigned and/or unassigned based primarily on the extent to which the Health District is bound to observe constraints imposed upon the use of the resources in the government funds. The constraints placed on fund balance for the major governmental funds and all other governmental funds are presented below:

Summit County Combined General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2022

Note 13 – Fund Balances (continued)

Fund Balances	General	WIC Fund	COVID-19 Enhanced Operations Fund	Other Governmental Funds	Total Governmental Funds
Restricted for					
Public Health Services	\$ -	\$ 38	\$ -	\$ 3,633,281	\$ 3,633,319
<i>Total Restricted</i>	<u>-</u>	<u>38</u>	<u>-</u>	<u>3,633,281</u>	<u>3,633,319</u>
Assigned to					
Encumbrances	140,960	-	-	-	140,960
<i>Total Assigned</i>	<u>140,960</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>140,960</u>
Unassigned (Deficit)	<u>19,170,830</u>	<u>(316,956)</u>	<u>(307,738)</u>	<u>(766,304)</u>	<u>17,779,832</u>
<i>Total Fund Balances</i>	<u>\$ 19,311,790</u>	<u>\$ (316,918)</u>	<u>\$ (307,738)</u>	<u>\$ 2,866,977</u>	<u>\$ 21,554,111</u>

Note 14 – COVID-19

The United States and the State of Ohio declared a state of emergency in March of 2020 due to the COVID-19 pandemic. Ohio’s state of emergency ended in June 2021 while the national state of emergency continues. During 2022, the District received COVID-19 funding. The financial impact of COVID-19 and the continuing emergency measures will impact subsequent periods of the District. The impact on the District’s future operating costs, revenues, and additional recovery from funding, either federal or state, cannot be estimated.

The 2022 activity includes \$124,629, which was sub-granted to other governments and organizations. These amounts are reflected as Public Health Services expenditures in the applicable Special Revenue Fund on the accompanying financial statements.

**SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Prepared by Management)
FOR THE YEAR ENDED DECEMBER 31, 2022**

FEDERAL GRANTOR <i>Pass Through Grantor</i> Program / Cluster Title	Federal ALN Number	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Revenues	Total Federal Expenditures
U.S. DEPARTMENT OF AGRICULTURE					
<i>Passed Through Ohio Department of Health</i>					
Special Supplemental Nutrition Program for Women, Infants and Children FY21	10.557	07710011WA1121	\$ -	\$ -	\$ 1,147
Special Supplemental Nutrition Program for Women, Infants and Children FY22	10.557	07710011WA1222	-	1,538,323	1,227,927
Special Supplemental Nutrition Program for Women, Infants and Children FY23	10.557	07710011WA1323	-	-	316,955
Total Special Supplemental Nutrition Program for Women, Infants and Children			-	1,538,323	1,546,029
Total U.S. Department of Agriculture			-	1,538,323	1,546,029
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
<i>Passed Through Ohio Department of Health</i>					
Public Health Emergency Preparedness FY20	93.069	07710012PH1120	-	-	12,838
Public Health Emergency Preparedness FY21	93.069	07710012PH1221	-	41,900	56,509
Public Health Emergency Preparedness FY22	93.069	07710012PH1322	-	219,497	149,671
Public Health Emergency Preparedness FY23	93.069	07710012PH1423	-	71,212	84,486
Public Health Emergency Preparedness (Regional) FY20	93.069	07710012PH1120	-	-	12,637
Public Health Emergency Preparedness (Regional) FY21	93.069	07710012PH1221	-	14,583	17,151
Public Health Emergency Preparedness (Regional) FY22	93.069	07710012PH1322	-	88,168	47,914
Public Health Emergency Preparedness (Regional) FY23	93.069	07710012PH1423	-	-	25,280
Total Public Health Emergency Preparedness			-	435,360	406,486
<i>Passed Through Ohio Department of Health</i>					
Drug Overdose Prevention FY20	93.136	07710014DR0120	-	-	5,205
Drug Overdose Prevention FY21	93.136	07710014DR0221	5,000	-	8,931
Drug Overdose Prevention FY22	93.136	07710014DR0322	1,500	163,200	85,686
Drug Overdose Prevention FY23	93.136	07710014DR0423	-	32,250	32,154
Total Drug Overdose Prevention			6,500	195,450	131,976
<i>Passed Through Ohio Department of Health</i>					
Reproductive Health and Wellness FY19	93.217	07710011RH0220	4,410	-	4,410
Reproductive Health and Wellness FY21	93.217	07710011RH0321	19,800	11	45,309
Reproductive Health and Wellness FY22	93.217	07710011RH0422	36,239	93,840	118,346
Reproductive Health and Wellness FY23	93.217	07710011RH0523	-	19,539	29,158
Total Reproductive Health and Wellness			60,449	113,390	197,223
<i>Passed Through Ohio Department of Health</i>					
COVID-19 Vaccination	93.268	07710012CN0122	-	123,998	195,257
COVID-19 Vaccine Equity	93.268	07710012VE0121	68,418	-	206,636
Get Vaccinated Ohio FY20	93.268	07710012GV0220	-	-	1,495
Get Vaccinated Ohio FY21	93.268	07710012GV0321	-	-	8,232
Get Vaccinated Ohio FY22	93.268	07710012GV0422	-	14,661	7,633
Total Immunization Cooperative Agreements			68,418	138,659	419,253
<i>Passed Through Ohio Department of Health</i>					
CDC - Tobacco Use Prevention and Cessation FY19	93.283	07710014TU0419	-	-	140
<i>Passed Through Ohio Department of Health</i>					
Tobacco Use Prevention and Cessation FY20	93.305	07710014TU0520	-	-	1,423

**SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Prepared by Management)
FOR THE YEAR ENDED DECEMBER 31, 2022**

FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title	Federal ALN Number	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Revenues	Total Federal Expenditures
Passed Through Ohio Department of Health					
Coronavirus Enhanced Ops FY22	93.323	07710012EO0222	-	-	307,738
COVID-19 Detection & Mitigation in Confinement Facilities	93.323	07710012CF0123	-	-	4,003
COVID-19 Detection & Mitigation in Congregate Living Settings	93.323	07710012LV0123	-	-	3,585
COVID-19 Enhanced Operations	93.323	07710012EO0121	-	823,880	663,365
Total Epidemiology and Laboratory Capacity for Infectious Diseases Grant			-	823,880	978,691
Passed Through Ohio Department of Health					
Public Health Workforce	93.354	07710012WF0122	-	201,340	104,168
Passed Through Ohio Department of Health					
Tobacco Prevention FY20	93.387	07710014TU0520	-	-	3,984
Tobacco Prevention FY22	93.387	07710014TU0722	125	2,320	686
Tobacco Prevention FY23	93.387	07710014TU0823	1,887	19,500	36,769
Total Tobacco Control Program			2,012	21,820	41,439
Passed Through Ohio Department of Health					
Ohio Health Improvement Zones (STLT)	93.391	07710011OI0123	119,750	94,387	132,833
Passed Through Ohio Department of Health					
Preventing Obesity, Diabetes & Heart Disease and Stroke in Ohio Communities (Local 1422)	93.757	07710014PO0418	2,500	-	9,056
Passed Through Ohio Department of Health					
Falls Prevention FY20	93.761	90FPSG0029	221	-	14,263
Falls Prevention FY21	93.761	90FPSG0029	-	44,663	3,916
Total Falls Prevention			221	44,663	18,179
Passed Through Ohio Department of Health					
Medicaid Cluster:					
Medicaid Administrative Claiming	93.778	N/A	-	140,342	140,342
Passed Through Ohio Department of Health					
Integrated Naloxone Access and Infrastructure FY23	93.788	07710014IN0423	-	136,682	99,484
Integrated Naloxone Access and Infrastructure FY21	93.788	07710014IN0221	-	(8,750)	-
Integrated Naloxone Access and Infrastructure FY22	93.788	07710014IN0322	5,200	8,750	9,135
Total Opioid STR - Integrated Naloxone Access and Infrastructure			5,200	136,682	108,619
Passed Through Cuyahoga County Board of Health					
Pink Ribbon Breast and Cervical Cancer FY19	93.919	N/A	-	-	5,000
Passed Through Ohio Department of Health					
Preventive Health Services-Sexually Transmitted Diseases Control Grants FY21	93.977	07710012ST1021	-	37,293	8,741
Preventive Health Services-Sexually Transmitted Diseases Control Grants FY21	93.977	07710012ST1122	47,870	219,319	275,756
Total STD Prevention and Control Grants			47,870	256,612	284,497

**SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Prepared by Management)
FOR THE YEAR ENDED DECEMBER 31, 2022**

FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title	Federal ALN Number	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Revenues	Total Federal Expenditures
<i>Passed Through Ohio Department of Health</i>					
Preventive Health and Health Services -Creating Healthly Communities FY21	93.991	07710014CC1221	-	47,393	4,836
Preventive Health and Health Services -Creating Healthly Communities FY22	93.991	07710014CC1322	30,482	79,960	122,551
Total Preventative Health and Health Services Block Grant			30,482	127,353	127,387
<i>Passed Through Ohio Department of Health</i>					
Maternal & Child Health FY18	93.994	07710011MP0218	-	-	1,209
Maternal & Child Health FY20	93.994	07710011MP0420	-	-	12,168
Maternal & Child Health FY21	93.994	07710011MP0521	1,824	-	3,575
Maternal & Child Health FY22	93.994	07710011MP0622	-	17,029	10,445
Maternal & Child Health FY23	93.994	07710011MP0723	-	-	172
Ohio Equity Institute FY19	93.994	07710011OE0119	-	-	2,267
Ohio Equity Institute FY20	93.994	07710011OE0220	-	-	15,265
Ohio Equity Institute FY21	93.994	07710011OE0321	8,736	62,836	52,263
Reproductive Health & Wellness FY19	93.994	07710011RH0220	1,316	-	1,316
Reproductive Health & Wellness FY23	93.994	07710011RH0523	-	2,171	29,158
Total Maternal and Child Health Services Block Grant			11,876	82,036	127,838
<i>Passed Through Ohio Department of Health</i>					
Ohio Maternal Infant and Early Childhood Home Visiting FY21	93.870	07710011MH0921	-	6,841	194
Ohio Maternal Infant and Early Childhood Home Visiting FY22	93.870	07710011MH1022	-	305,869	245,876
Ohio Maternal Infant and Early Childhood Home Visiting FY23	93.870	07710011MH1022	-	-	63,587
Total Maternal, Infant and Early Childhood Home Visiting Grant			-	312,710	309,657
<i>Passed Through Ohio Department of Health</i>					
HIV Prevention FY21	93.940	07710012HP1121	42,924	172,594	46,866
HIV Prevention FY22	93.940	07710012HP1222	89,237	104,282	162,497
Total HIV Prevention Activities Grants			132,161	276,876	209,363
<i>Passed Through Northeast Ohio Medical University</i>					
Geriatric Workforce Enhancement Program FY22	93.969	N/A	-	4,780	4,780
Geriatric Workforce Enhancement Program FY23	93.969	N/A	-	-	478
Total Geriatric Workforce Enhancement Program			-	4,780	5,258
<i>Passed Through County of Summit</i>					
TB Prevention & Control	93.116	N/A	-	40,815	40,815
<i>Passed Through Summit County Alcohol, Drug and Mental Health Board</i>					
ADM MAT Expension FY20	93.788	N/A	-	-	765
<i>Passed Through Summit County Alcohol, Drug and Mental Health Board</i>					
Medical Assistance Program-Counseling FY19	93.959	N/A	-	-	2,054
Medical Assistance Program-Counseling FY20	93.959	N/A	-	-	6,891
Total Block Grant for Prevention and Treatment of Substance Abuse			-	-	8,945
<i>Passed Through Summit County Department of Jobs and Family Services</i>					
TANF Diaper Distribution Program FY22	93.558	G-2022-11-5006	-	56,624	79,343

**SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Prepared by Management)
FOR THE YEAR ENDED DECEMBER 31, 2022**

FEDERAL GRANTOR <i>Pass Through Grantor</i> Program / Cluster Title	Federal ALN Number	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Revenues	Total Federal Expenditures
<i>Passed Through Summit County Department of Jobs and Family Services</i>					
HealthCheck Data FY23	93.778	N/A	-	6,438	9,404
HealthCheck Data FY22	93.778	N/A	-	49,784	36,231
Total Healthchek Data Program			-	56,222	45,635
<i>Direct Program</i>					
Community MATS Program FY21	93.243	5H79TI081495-03	63,894	124,602	97,576
<i>Direct Program</i>					
Alzheimer's Disease Program Initiative	93.470	90ADPI0045-01-00	69,227	233,669	241,122
Total U.S. Department of Health and Human Services			620,560	3,918,272	4,273,029
U.S. DEPARTMENT OF HOMELAND SECURITY					
<i>Direct Program</i>					
Disaster Grants – Public Assistance (COVID FEMA Mass Vax Clinic)	97.036	179608	-	138,261	138,261
Total U.S. Department of Homeland Security			-	138,261	138,261
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT					
<i>Direct Program</i>					
Lead-Based Paint Hazard Control	14.900	OHLHD0417-19	19,368	38,083	19,368
Lead-Based Paint Hazard Control	14.900	OHLHD0417-19	504,275	1,071,995	853,768
Total Lead-Based Paint Hazard Control			523,643	1,110,078	873,136
Total U.S. Department of Housing and Urban Development			523,643	1,110,078	873,136
U.S. DEPARTMENT OF LABOR					
<i>Passed Through Summit and Medina Workforce Area COG</i>					
DOL OPIOID Workforce Development FY21	17.277	ETA-TEGL-4-18	19,217	23,702	21,044
DOL OPIOID Workforce Development FY23	17.277	ETA-TEGL-12-19	-	11,127	19,996
Total DOL OPIOID Workforce Development Grant			19,217	34,829	41,040
Total U.S. Department of Labor			19,217	34,829	41,040
U.S. DEPARTMENT OF THE TREASURY					
<i>Passed Through County of Summit</i>					
COVID-19 CARES ACT - Summit County Infrastructure	21.019	N/A	-	188,881	188,881
<i>Passed Through Ohio Department of Health</i>					
Coronavirus Response Supplemental	21.019	07710012CO0121	-	150,000	12,688
COVID-19 Vaccine Needs Assessment	21.019	07710012VN0121	-	-	6,833
Total Coronavirus Relief Fund			-	338,881	208,402
Total U.S. Department of the Treasury			-	338,881	208,402

**SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Prepared by Management)
FOR THE YEAR ENDED DECEMBER 31, 2022**

FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title	Federal ALN Number	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Revenues	Total Federal Expenditures
U.S. ENVIRONMENTAL PROTECTION AGENCY					
<i>Passed Through Ohio Environmental Protection Agency</i>					
Air Pollution Control Program-Air Quality EPA FY22	66.001	N/A	-	196,982	239,037
Air Pollution Control Program-Air Quality EPA FY23	66.001	N/A	-	30,924	15,539
Air Pollution Control Program-Air Quality PM 2.5 FY22	66.001	N/A	-	-	79,080
Air Pollution Control Program-Air Quality PM 2.5 FY23	66.001	N/A	-	52,965	74,442
Total Air Pollution Control Program			-	280,871	408,098
Total U.S. Environmental Protection Agency			-	280,871	408,098
U.S. DEPARTMENT OF TRANSPORTATION					
<i>Passed Through City of Akron</i>					
Safe Routes to School FY20	20.205	110997	-	46,400	16,407
Safe Routes to School FY21	20.205	113747	-	-	22,392
Total Highway Planning and Construction - Safe Routes to School Grant			-	46,400	38,799
Total U.S. Department of Transportation			-	46,400	38,799
Total Expenditures of Federal Awards			\$ 1,163,420	\$ 7,405,915	\$ 7,526,794

The accompanying notes are an integral part of this schedule.

**SUMMIT COUNTY GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
(Prepared by Management)
2 CFR 200.510(b)(6)
FOR THE YEAR ENDED DECEMBER 31, 2022**

NOTE A – BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of Summit County Combined General Health District (the Health District) under programs of the federal government for the year ended December 31, 2022. The information on this Schedule is prepared in accordance with the 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). Because the Schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the financial position or changes in net position of the Health District.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the cash basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance wherein certain types of expenditures may or may not be allowable or may be limited as to reimbursement.

NOTE C – INDIRECT COST RATE

The Health District has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

NOTE D - SUBRECIPIENTS

The Health District passes certain federal awards received from the U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, U.S. Department of Labor, U.S. Environmental Protection Agency, Ohio Department of Health, Summit and Medina Workforce Area COG, and Ohio Environmental Protection Agency to other governments or not-for-profit agencies (subrecipients). As Note B describes, the Health District reports expenditures of Federal awards to subrecipients when paid in cash.

As a subrecipient, the Health District has certain compliance responsibilities, such as monitoring its subrecipients to help assure they use these subawards as authorized by laws, regulations, and the provisions of contracts or grant agreements, and that subrecipients achieve the award's performance goals.

NOTE E - FEDERAL GRANTS COMINGLED WITH STATE GRANTS

Cash receipts from the U.S. Department of Health and Human Services, the U.S. Environmental Protection Agency and the U.S. Department of Housing and Urban Development are commingled with State grants and/or local funds for the Maternal and Child Health Grant, the Air Pollution Control Grants, the Ohio Equity Institute Grant, the HIV Prevention Grant, the Reproductive Health and Wellness Grant, the Tobacco Use Prevention and Cessation Grant, the Community MATS Grant, and the Lead-Based Paint Hazard Control Grant. The Health District has determined the percentage of federal dollars, in which, constitute the overall grant awards. The Health District has applied these percentages to the Schedule of Federal Awards Expenditures to reflect the federal portion of expenditures disbursed during the fiscal period.

**SUMMIT COUNTY GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
(Prepared by Management)
2 CFR 200.510(b)(6)
FOR THE YEAR ENDED DECEMBER 31, 2022**

NOTE F - MATCHING REQUIREMENTS

Certain Federal programs require the Health District to contribute non-Federal funds (matching funds) to support the Federally-funded programs. The Health District has met its matching requirements. The Schedule does not include the expenditure of non-Federal matching funds.

NOTE G – REPORTING OF REVENUE CORRECTION FROM PRIOR YEAR

Integrated Naloxone Access and Infrastructure FY21 shows Total Federal Revenues of \$(8,750) due to a correction of revenue from 2021 that should have been receipted to Integrated Naloxone Access and Infrastructure FY22. The correction was made in 2022.

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Certified Public Accountants

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

Summit County General Health District
Summit County
1867 Market Street
Akron, Ohio 44322

To the Board of Health:

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 modified cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Summit County General Health District, Summit County, Ohio (the Health District), as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements, and have issued our report thereon dated May 12, 2023, wherein we noted the Health District uses a special purpose framework other than general accepted accounting principles. We also noted the financial impact of COVID-19 and the ensuing emergency measures will impact subsequent periods of the Health District.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health 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 Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health 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 Health 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 or significant deficiencies may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Health District's financial statements are free from material misstatement, we performed tests of its 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 Health 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 Health District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Charles E. Harris & Associates

Charles E. Harris & Associates, Inc.

May 12, 2023

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Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS
APPLICABLE TO EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Summit County General Health District
Summit County
1867 Market Street
Akron, Ohio 44322

To the Board of Health:

Report on Compliance for Each Major Federal Program

We have audited the Summit County General Health District's (the Health District) compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the Summit County General Health District's major federal programs for the year ended December 31, 2022. The Summit County General Health District's major federal programs are identified in the *Summary of Auditor's Results* section of the accompanying Schedule of Findings.

In our opinion, the Summit County General Health District complied, in all material respects, with the 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, 2022.

Management's Responsibility

The Health District's management is responsible for complying with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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). Our responsibilities under those standards and the Uniform Guidance are further described in the *Auditor's Responsibilities for the Audit of Compliance* section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

The Health District's Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances 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 the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

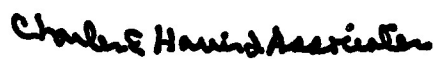
Report on Internal Control Over Compliance

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 *Auditor's Responsibilities for the Audit of Compliance* section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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 this testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Charles E. Harris & Associates, Inc.

May 12, 2023

**SUMMIT COUNTY GENERAL HEALTH DISTRICT
SUMMIT COUNTY**

**SCHEDULE OF FINDINGS
2 CFR § 200.515
DECEMBER 31, 2022**

1. SUMMARY OF AUDITOR'S RESULTS

(d)(1)(i)	Type of Financial Statement Opinion	Unmodified
(d)(1)(ii)	Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?	No
(d)(1)(ii)	Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No
(d)(1)(iii)	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No
(d)(1)(iv)	Were there any material weaknesses in internal control reported for major federal programs?	No
(d)(1)(iv)	Were there any significant deficiencies in internal control reported for major federal programs?	No
(d)(1)(v)	Type of Major Programs' Compliance Opinion	Unmodified
(d)(1)(vi)	Are there any reportable findings under 2 CFR § 200.516(a)?	No
(d)(1)(vii)	Major Programs (list):	WIC – (ALN# 10.557) COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases Grant - (ALN# 93.323) Lead-Based Paint Hazard Control - (ALN# 14.900)
(d)(1)(viii)	Dollar Threshold: Type A/B Programs	Type A: > \$ 750,000 Type B: all others
(d)(1)(ix)	Low Risk Auditee under 2 CFR §200.520?	No

**2. FINDINGS RELATED TO THE FINANCIAL STATEMENTS
REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS**

None.

3. FINDINGS FOR FEDERAL AWARDS

None.

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OHIO AUDITOR OF STATE KEITH FABER



SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT

SUMMIT COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 8/22/2023

88 East Broad Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at
www.ohioauditor.gov