

***LUCAS COUNTY REGIONAL HEALTH DISTRICT***

***LUCAS COUNTY***

**Single Audit**

**For the Year Ended December 31, 2022**







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Advisory Council  
Lucas County Regional Health District  
635 N. Erie St.  
Toledo, OH 43604

We have reviewed the *Independent Auditor's Report* of the Lucas County Regional Health District, Lucas County, prepared by Charles E. Harris & Associates, Inc., for the audit period January 1, 2022 - 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.

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 Lucas County Regional Health District is responsible for compliance with these laws and regulations.

Keith Faber  
Auditor of State  
Columbus, Ohio

November 01, 2023

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**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY  
For the Year Ended December 31, 2022  
Table of Contents**

<b><u>Title</u></b>	<b><u>Page</u></b>
Independent Auditor's Report	1
Basic Financial Statements:	
Government-Wide Financial Statements:	
Statement of Net Position – Cash Basis	4
Statement of Activities – Cash Basis	5
Fund Financial Statements:	
Statement of Cash Basis Assets and Fund Balances - Governmental Funds	6 - 7
Statement of Cash Receipts, Disbursements and Changes in Cash Basis Fund Balance - Governmental Funds	8 - 9
Statement of Receipts, Disbursements and Changes in Fund Balance Budget and Actual (Non-GAAP Budgetary Basis) - General Fund	10
Statement of Receipts, Disbursements and Changes in Fund Balance Budget and Actual (Non-GAAP Budgetary Basis) - Women, Infants & Children	11
Statement of Receipts, Disbursements and Changes in Fund Balance Budget and Actual (Non-GAAP Budgetary Basis) - Healthy Start	12
Statement of Receipts, Disbursements and Changes in Fund Balance Budget and Actual (Non-GAAP Budgetary Basis) - Environmental Fees	13
Statement of Fiduciary Net Position - Cash Basis	14
Statement of Changes in Fiduciary Net Position - Cash Basis	15
Notes to the Basic Financial Statements	17 - 32
Schedule of Federal Awards Receipts and Expenditures - (Prepared by Management)	33 - 34
Notes to the Schedule of Federal Awards Receipts and Expenditures- (Prepared by Management)	35
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 <i>Government Auditing Standards</i>	36 - 37
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	38 - 40
Schedule of Findings	41

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**INDEPENDENT AUDITOR'S REPORT**

Lucas County Regional Health District  
Lucas County  
635 North Erie Street  
Toledo, Ohio 43604

To the Members of the Board:

**Report on the Audit of the Financial Statements**

**Opinion**

We have audited the cash basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Lucas County Regional Health District, Lucas 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 cash basis financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of December 31, 2022, and the respective changes in cash basis financial position thereof and the respective budgetary comparison for the General, WIC, Healthy Start and Environmental Fees funds for the year then ended in accordance with the 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 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 3B to the financial statements, the Health District has elected to change its financial presentation to the cash basis of accounting. Our opinion is not modified with respect to 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 cash basis of accounting described in Note 2, and for determining that the 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 (Schedule) 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* is 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 August 11, 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.**  
August 11, 2023

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF NET POSITION - CASH BASIS  
DECEMBER 31, 2022

	<b>Governmental Activities</b>
<b>Assets:</b>	
Equity in pooled cash and cash equivalents	
with fiscal agent.....	\$ 6,258,748
Total assets .....	\$ 6,258,748
 <b>Net position:</b>	
Restricted for:	
Other purposes.....	\$ 2,514,108
Unrestricted .....	3,744,640
Total net position .....	\$ 6,258,748

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF ACTIVITIES - CASH BASIS  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<b>Cash</b>	<b>Program Receipts</b>		<b>Net (Disbursements) Receipts and Changes in Net Position</b>
		<b>Disbursements</b>	<b>Charges for Services and Sales</b>	
<b>Governmental activities:</b>				
Administration.....	\$ 2,440,174	\$ 75,117	\$ 1,297,808	\$ (1,067,249)
Environmental public health.....	3,098,778	1,290,335	424,863	(1,383,580)
Community public health.....	5,581,815	658,350	5,361,968	438,503
Medical health services.....	4,223,667	533,775	2,846,135	(843,757)
<b>Total governmental activities .....</b>	<b>\$ 15,344,434</b>	<b>\$ 2,557,577</b>	<b>\$ 9,930,774</b>	<b>(2,856,083)</b>
<b>General Receipts:</b>				
Grants and entitlements not restricted to specific programs.....				3,525,820
Miscellaneous.....				184,816
<b>Total general receipts.....</b>				<b>3,710,636</b>
<b>Change in net position.....</b>				<b>854,553</b>
<b>Net position at beginning of year, restated .....</b>				<b>5,404,195</b>
<b>Net position at end of year.....</b>				<b>\$ 6,258,748</b>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF CASH BASIS ASSETS AND FUND BALANCES  
GOVERNMENTAL FUNDS  
DECEMBER 31, 2022

	<u>General</u>	<u>Women, Infants, and Children (WIC)</u>	<u>Healthy Start</u>	<u>Environmental Fees</u>
<b>Assets:</b>				
Equity in pooled cash and cash equivalents with fiscal agent.....	\$ 4,078,409	\$ (163,794)	\$ 12,389	\$ 1,173,363
Total assets.....	<u>\$ 4,078,409</u>	<u>\$ (163,794)</u>	<u>\$ 12,389</u>	<u>\$ 1,173,363</u>
<b>Fund balances:</b>				
Restricted .....	\$ 36,732	\$ -	\$ 12,389	\$ 1,173,363
Committed.....	6,659	-	-	-
Assigned.....	45,816	-	-	-
Unassigned (deficit).....	<u>3,989,202</u>	<u>(163,794)</u>	<u>-</u>	<u>-</u>
Total fund balances (deficit).....	<u>\$ 4,078,409</u>	<u>\$ (163,794)</u>	<u>\$ 12,389</u>	<u>\$ 1,173,363</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

<b>Nonmajor Governmental Funds</b>	<b>Total Governmental Funds</b>
\$ 1,158,381	\$ 6,258,748
<u>\$ 1,158,381</u>	<u>\$ 6,258,748</u>
\$ 1,291,624	\$ 2,514,108
-	6,659
-	45,816
<u>(133,243)</u>	<u>3,692,165</u>
<u>\$ 1,158,381</u>	<u>\$ 6,258,748</u>

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF CASH RECEIPTS, DISBURSEMENTS AND CHANGES IN CASH BASIS FUND BALANCE  
GOVERNMENTAL FUNDS  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<u>General</u>	<u>Women, Infants, and Children (WIC)</u>	<u>Healthy Start</u>	<u>Environmental Fees</u>
<b>Receipts:</b>				
Charges for services.....	\$ 1,161,238	\$ -	\$ -	\$ 296,562
Licenses and permits.....	-	-	-	992,783
Intergovernmental.....	4,915,533	2,262,006	1,603,280	334,790
Contributions and donations.....	2,204	-	-	-
Grants non-governmental .....	75	-	-	-
Other.....	184,816	-	-	5,575
Total receipts.....	<u>6,263,866</u>	<u>2,262,006</u>	<u>1,603,280</u>	<u>1,629,710</u>
<b>Disbursements:</b>				
Current:				
Administration.....	2,440,174	-	-	-
Environmental public health.....	472,504	-	-	2,536,291
Community public health.....	625,503	-	1,582,139	-
Medical health services.....	1,521,855	2,173,522	-	-
Total disbursements .....	<u>5,060,036</u>	<u>2,173,522</u>	<u>1,582,139</u>	<u>2,536,291</u>
Excess (deficiency) of receipts over (under) disbursements.....	<u>1,203,830</u>	<u>88,484</u>	<u>21,141</u>	<u>(906,581)</u>
<b>Other financing sources (uses):</b>				
Transfers in.....	-	-	-	543,657
Transfers (out).....	(543,657)	-	-	-
Total other financing sources (uses).....	<u>(543,657)</u>	<u>-</u>	<u>-</u>	<u>543,657</u>
Net change in fund balances.....	660,173	88,484	21,141	(362,924)
<b>Fund balances (deficit) at beginning of year, restated .....</b>	<u>3,418,236</u>	<u>(252,278)</u>	<u>(8,752)</u>	<u>1,536,287</u>
<b>Fund balances (deficit) at end of year.....</b>	<u>\$ 4,078,409</u>	<u>\$ (163,794)</u>	<u>\$ 12,389</u>	<u>\$ 1,173,363</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

<b>Nonmajor Governmental Funds</b>	<b>Total Governmental Funds</b>
\$ 106,994	\$ 1,564,794
-	992,783
4,324,629	13,440,238
521	2,725
-	75
7,981	198,372
<u>4,440,125</u>	<u>16,198,987</u>
-	2,440,174
89,983	3,098,778
3,374,173	5,581,815
528,290	4,223,667
<u>3,992,446</u>	<u>15,344,434</u>
<u>447,679</u>	<u>854,553</u>
-	543,657
-	<u>(543,657)</u>
-	-
447,679	854,553
<u>710,702</u>	<u>5,404,195</u>
<u>\$ 1,158,381</u>	<u>\$ 6,258,748</u>

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES IN  
FUND BALANCE - BUDGET AND ACTUAL (NON-GAAP BUDGETARY BASIS)  
GENERAL FUND  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<u>Budgeted Amounts</u>			<b>Variance with Final Budget Positive (Negative)</b>
	<u>Original</u>	<u>Final</u>	<u>Actual</u>	
<b>Receipts:</b>				
Charges for services.....	\$ 1,220,850	\$ 1,090,094	\$ 1,153,974	\$ 63,880
Intergovernmental.....	5,200,404	4,643,427	4,915,533	272,106
Contributions and donations .....	79	71	75	4
Grants non-governmental.....	2,332	2,082	2,204	122
Other.....	195,527	174,585	184,816	10,231
<b>Total receipts .....</b>	<u>6,619,192</u>	<u>5,910,259</u>	<u>6,256,602</u>	<u>346,343</u>
<b>Disbursements:</b>				
Current:				
Administration .....	2,143,368	2,762,517	2,460,945	301,572
Environmental public health.....	362,282	561,577	472,535	89,042
Community public health.....	1,094,164	1,055,645	627,667	427,978
Medical health services .....	1,818,116	1,976,958	1,544,705	432,253
<b>Total disbursements .....</b>	<u>5,417,930</u>	<u>6,356,697</u>	<u>5,105,852</u>	<u>1,250,845</u>
Excess (deficiency) of receipts over (under) disbursements .....	<u>1,201,262</u>	<u>(446,438)</u>	<u>1,150,750</u>	<u>1,597,188</u>
<b>Other financing uses:</b>				
Transfers out.....	<u>(1,208,534)</u>	<u>(1,121,234)</u>	<u>(543,657)</u>	<u>577,577</u>
<b>Total other financing uses .....</b>	<u>(1,208,534)</u>	<u>(1,121,234)</u>	<u>(543,657)</u>	<u>577,577</u>
Net change in fund balance.....	(7,272)	(1,567,672)	607,093	2,174,765
<b>Fund balance at beginning of year .....</b>	3,372,058	3,372,058	3,372,058	-
<b>Prior year encumbrances appropriated.....</b>	46,178	46,178	46,178	-
<b>Fund balance at end of year.....</b>	<u>\$ 3,410,964</u>	<u>\$ 1,850,564</u>	<u>\$ 4,025,329</u>	<u>\$ 2,174,765</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS



**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES IN  
FUND BALANCE - BUDGET AND ACTUAL (NON-GAAP BUDGETARY BASIS)  
WOMEN, INFANTS, AND CHILDREN FUND  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<u>Budgeted Amounts</u>		<u>Actual</u>	<b>Variance with Final Budget Positive (Negative)</b>
	<u>Original</u>	<u>Final</u>		
<b>Receipts:</b>				
Intergovernmental.....	\$ 2,308,039	\$ 2,308,039	\$ 2,262,006	\$ (46,033)
<b>Disbursements:</b>				
Current:				
Medical health services.....	5,521,200	5,521,200	3,234,803	2,286,397
Net change in fund balance.....	(3,213,161)	(3,213,161)	(972,797)	2,240,364
<b>Fund balance (deficit) at beginning of year.....</b>	(1,308,706)	(1,308,706)	(1,308,706)	-
<b>Prior year encumbrances appropriated.....</b>	1,056,428	1,056,428	1,056,428	-
<b>Fund balance (deficit) at end of year.....</b>	<u>\$ (3,465,439)</u>	<u>\$ (3,465,439)</u>	<u>\$ (1,225,075)</u>	<u>\$ 2,240,364</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES IN  
FUND BALANCE - BUDGET AND ACTUAL (NON-GAAP BUDGETARY BASIS)  
HEALTHY START FUND  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<u>Budgeted Amounts</u>		<u>Actual</u>	<b>Variance with Final Budget Positive (Negative)</b>
	<u>Original</u>	<u>Final</u>		
<b>Receipts:</b>				
Intergovernmental.....	\$ 3,046,108	\$ 3,046,108	\$ 1,603,280	\$ (1,442,828)
<b>Disbursements:</b>				
Current:				
Community public health.....	3,328,168	3,328,168	2,016,127	1,312,041
Net change in fund balances.....	(282,060)	(282,060)	(412,847)	(130,787)
<b>Fund balance (deficit) at beginning of year.....</b>	(335,170)	(335,170)	(335,170)	-
<b>Prior year encumbrances appropriated.....</b>	326,418	326,418	326,418	-
<b>Fund balance (deficit) at end of year.....</b>	<u>\$ (290,812)</u>	<u>\$ (290,812)</u>	<u>\$ (421,599)</u>	<u>\$ (130,787)</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES IN  
FUND BALANCE - BUDGET AND ACTUAL (NON-GAAP BUDGETARY BASIS)  
ENVIRONMENTAL FEES FUND  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<u>Budgeted Amounts</u>		<u>Actual</u>	<b>Variance with Final Budget Positive (Negative)</b>
	<u>Original</u>	<u>Final</u>		
<b>Receipts:</b>				
Charges for services.....	\$ 435,257	\$ 408,578	\$ 296,562	\$ (112,016)
Licenses and permits.....	1,457,085	1,367,772	992,783	(374,989)
Intergovernmental.....	491,364	461,245	334,790	(126,455)
Other.....	8,182	7,681	5,575	(2,106)
<b>Total receipts .....</b>	<u>2,391,888</u>	<u>2,245,276</u>	<u>1,629,710</u>	<u>(615,566)</u>
<b>Disbursements:</b>				
Current:				
Environmental services.....	3,119,425	3,129,476	2,539,966	589,510
Excess (deficiency) of receipts over (under) disbursements .....	(727,537)	(884,200)	(910,256)	(26,056)
<b>Other financing source:</b>				
Transfers in.....	797,913	749,004	543,657	(205,347)
Net change in fund balance.....	70,376	(135,196)	(366,599)	(231,403)
<b>Fund balance at beginning of year.....</b>	1,535,404	1,535,404	1,535,404	-
<b>Prior year encumbrances appropriated.....</b>	883	883	883	-
<b>Fund balance at end of year.....</b>	<u>\$ 1,606,663</u>	<u>\$ 1,401,091</u>	<u>\$ 1,169,688</u>	<u>\$ (231,403)</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF FIUCIARY NET POSITION - CASH BASIS  
FIDUCIARY FUND  
DECEMBER 31, 2022

	<u>Custodial</u>
<b>Assets:</b>	
Equity in pooled cash and cash equivalents	
with fiscal agent.....	<u>\$      284,850</u>
<b>Net position:</b>	
Restricted for other governments.....	<u>\$      284,850</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION - CASH BASIS  
FIDUCIARY FUND  
FOR THE YEAR ENDED DECEMBER 31, 2022

	<b>Custodial</b>
<b>Additions:</b>	
Licenses, permits and fees collected for other governments.....	\$ 1,259,867
<b>Deductions:</b>	
Licenses, permits and fees distributed to other governments.....	1,270,193
Net change in fiduciary net position.....	(10,326)
<b>Net position beginning of year</b> .....	<u>295,176</u>
<b>Net position end of year</b> .....	<u>\$ 284,850</u>

SEE ACCOMPANYING NOTES TO THE BASIC FINANCIAL STATEMENTS

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**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

**NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022**

**NOTE 1 - DESCRIPTION OF THE HEALTH DISTRICT AND REPORTING ENTITY**

The Lucas County Regional Health District (the “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. The District is directed by a thirteen-member Advisory Council made up of the following:

- Four members to be appointed by the Lucas County General Health District Advisory Council.
- Four members to be appointed by the Mayor of the District of Toledo.
- One member to be appointed by the Mayor of the District of Maumee.
- One member to be appointed by the Mayor of the District of Oregon.
- One member to be appointed by the Mayor of the District of Sylvania.
- One member to be appointed by the Mayor of the District of Waterville.
- One member to be appointed by the Health District Licensing Council.

The District is established under Ohio Revised Code § 3709.07, and each member serves a four-year term. The Lucas County Auditor is the fiscal agent responsible for fiscal control of the District’s funds and financial report preparation. The District provides services for licensing of recreational vehicle parks; tattoo parlors; swimming pools; food services and vending machines; water wells; solid waste and sewage permits. Furthermore, the District provides public health and medical services; Women, Infants, and Children’s Grant Program; Maternal Family Health Service Grant Program; Sixty Plus Program for the seniors; Healthy Start Initiative Program; school health nursing services; nutrition services; pediatric and adult immunizations; pediatric dental services; pediatric optometry services; pharmacy and lab services for the District’s patients; ambulatory care services; and many other programs and public health initiatives important to our community.

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

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

As discussed further in Note 2.C, these financial statements are presented on a cash basis of accounting. This cash basis of accounting differs from accounting principles generally accepted in the United States of America (GAAP). GAAP includes all relevant Governmental Accounting Standards Board (GASB) pronouncements, which have been applied to the extent they are applicable to the cash basis of accounting. Following are the more significant of the District’s accounting policies.

**A. Basis of Presentation and Measurement Focus**

The District’s basic financial statements consist of government-wide financial statements, including a statement of net position - cash basis and a statement of activities - cash basis, 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 District as a whole. These statements include the financial activities of the primary government, except for fiduciary funds. The statements show those activities of the District that are governmental. Governmental activities generally are financed through intergovernmental receipts or other nonexchange transactions.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

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 - cash basis presents the cash balance of the governmental activities of the District at year-end. The statement of activities - cash basis compares disbursements and program receipts for each program or function of the 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 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 requirements of a particular program. Receipts which are not classified as program receipts are presented as general receipts of the 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 cash basis or draws from the general receipts of the District.

**Fund Financial Statements** - During the year, the District segregates transactions related to certain 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 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. Non-major funds are aggregated and presented in a single column. Fiduciary funds are reported by fund type.

**B. Fund Accounting**

The 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. There are three categories of funds: governmental, proprietary and fiduciary. The District has no proprietary funds. Funds are used to segregate resources that are restricted as to use.

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

The following are the District's major governmental funds:

General Fund - This fund is used to account for and report all financial resources not accounted for and reported in another fund. The General Fund balance is available for any purpose provided it is expended or transferred according to the general laws of Ohio.

Women, Infants, and Children (WIC) Fund - This fund accounts for grant monies that are restricted in use for the Special Supplement Nutrition Program, and referrals to health care for low income persons during critical periods of growth and development.

Healthy Start Fund - This fund accounts for the ongoing efforts of the District and its healthcare and social service partners to improve women's health, improve family health and wellness, and promote systems change to eliminate disparities in prenatal health in Lucas County.

Environmental Fees Fund - This fund accounts for licenses, permits and other fees that are committed for use for environmental health programs that address all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted toward preventing disease and creating health-supportive environments. The majority of receipts are generated by the food safety program, which provides assistance in all aspects of food safety to the food service industry and the general public in Lucas County. Licensing is provided to all food service operations (e.g., restaurants, vending machine locations, mobile and temporary food service operations). Other programs address private water systems (i.e. wells), and private sewage systems (tanks, septic).



**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Other governmental funds of the District are used to account for grants and other resources, whose use is restricted to a particular purpose.

***Fiduciary Funds*** - Fiduciary fund reporting focuses on net cash assets and changes in net cash position. The fiduciary fund category is split into four classifications: pension trust funds, investment trust funds, private-purpose trust funds and custodial funds. Trust funds are used to account for cash assets held by the District under a trust agreement for individuals, private organizations, or other governments and are therefore not available to support the District's own programs. The District does not have any trust funds. Custodial funds are used to report fiduciary activities that are not required to be reported in a trust fund. The District's custodial funds are primarily established to account for resources for which the District is acting in a custodial capacity. The fiduciary fund receives money for the state portion of fees collected and timely remits them to the state.

**C. Basis of Accounting**

The District's financial statements are prepared using the cash basis of accounting. Receipts are recorded in the 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.

As a result of the use of this 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 and services received but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements.

**D. Budgetary Process**

The Ohio Revised Code requires that all funds, except custodial funds, be budgeted annually.

Appropriations

Budgetary disbursements (that is, disbursements and encumbrances) may not exceed appropriations at the fund level of control, and appropriations may not exceed estimated resources. The Board must annually approve appropriation measures and subsequent amendments. The County Budget Commission must also approve the annual appropriation measure and amendments thereto. Unencumbered appropriations lapse at year end.

The amounts reported as the original budgeted amounts reflect the first appropriation resolution for that fund that covered the entire year, including amounts automatically carried forward from prior years. The amounts reported as the final budgeted amounts represent the final appropriation amounts passed by the District during the year.

Estimated Resources

Estimated resources include estimates of cash to be received (budgeted receipts) plus unencumbered cash as of January 1.

The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources 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 District.

Encumbrances

The Ohio Revised Code requires the District to reserve (encumber) appropriations when commitments are made. Encumbrances outstanding at year end are carried over and need not be re-appropriated.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

**E. Cash and Investments**

The Lucas County Treasurer is the custodian for the District's cash. Lucas County's cash and investment pool holds the District's cash, which is reported at the County Treasurer's carrying amount. See Note 4 for more detail on the District's cash held by Lucas County as fiscal agent.

**F. Contractual Allocation Funding**

Annually, the District identifies the intergovernmental receipt amount. That amount is defined as the total District budget minus grant receipts (projected and actual), fee receipts, all other funding sources, and in-kind services provided by the Board of Commissioners and the District of Toledo. The resulting intergovernmental receipt portion of the District's budget is apportioned among the Cities, Townships and Villages based on an agreed percentage. The District of Toledo provides 69.25% of the total intergovernmental receipts; the Villages and Townships of Lucas County, through the District Advisory Council of the Lucas County General Health District provide 16.70% of the total intergovernmental receipts; the District of Oregon provides 4.30%, the District of Maumee provides 3.80%, the District of Sylvania provides 3.35%, the District of Waterville provides 0.85% of the total intergovernmental receipts; and the Board of Commissioners provides 1.75% of the total intergovernmental receipts. The parties agreed and authorized the Lucas County Auditor to deduct each parties' share of the intergovernmental receipts directly from the real estate settlement. The amount of intergovernmental receipts received by the District is included on the financial statement.

**G. Restricted Assets**

Assets are reported as restricted when limitations on their use change the nature or normal understanding of their use. 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.

**H. 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 District's cash basis of accounting.

**I. Employer Contributions to Cost-Sharing Pension Plans**

The District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 8 and 9, the employer contributions include portions for pension benefits and for postretirement health care benefits.

**J. Inventory and Prepaid Items**

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

**K. 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.

**L. Interfund Receivables/Payables**

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

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

**M. Long-Term Obligations**

The District's 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 lease is not the result of a cash transaction, neither an other financing source nor a capital outlay expenditure is reported at inception. Lease payments are reported when paid.

**N. Net Position**

Net position is reported as restricted to the extent of limitations imposed on its use, either through enabling legislation or through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. Net position restricted for other purposes includes monies restricted by grantors and reported in special revenue funds.

The District's policy is to first apply restricted resources when an obligation is incurred for purposes for which both restricted and unrestricted net position is available.

**O. Fund Balance**

Fund balance is divided into five classifications based primarily on the extent to which the 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 classification includes amounts that cannot be spent because they are not in spendable form or legally required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash.

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

Committed - The committed fund balance classification includes amounts that can be used only for the specific purposes imposed by a formal action (resolution) of the Board of Directors. Those committed amounts cannot be used for any other purpose unless the Board of Directors removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts. In contrast to fund balance that is restricted by enabling legislation, the committed fund balance classification may be redeployed for other purposes with appropriate due process. 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.

Assigned - Amounts in the assigned fund balance classification are intended to be used by the 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 Directors or a District official delegated that authority by resolution, or by State statute. The Board of Directors may also assign fund balance as it does when appropriating fund balance to cover a gap between estimated receipts and appropriations in the subsequent year's appropriated budget in the general fund.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Unassigned - Unassigned fund balance is the residual classification for the general fund and includes all spendable amounts not contained in the other classifications. In other governmental funds, the unassigned classification is only used to report a deficit fund balance resulting from overspending for specific purposes for which amounts had been restricted, committed, or assigned.

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

**P. Interfund Transactions**

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. 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**

**A. Change in Accounting Principles**

For 2022, the District has implemented GASB Statement No. 87, "Leases", GASB Implementation Guide 2019-3, "Leases", GASB Implementation Guide 2020-1, "Implementation Guide Update - 2020", GASB Statement No. 91, "Conduit Debt Obligations", GASB Statement No. 92, "Omnibus 2020", GASB Statement No. 93, "Replacement of Interbank Offered Rates", GASB Statement No. 97, "Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans—an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32" and certain paragraphs of GASB Statement No. 99, "Omnibus 2022".

GASB Statement No. 87 and GASB Implementation Guide 2019-3 enhance the relevance and consistency of information of the government's leasing activities. It establishes requirements for lease accounting based on the principle that leases are financings of the right to use an underlying asset. A lessee is required to recognize a lease liability and an intangible right to use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources. Since the District does not prepare financial statements using generally accepted accounting principles, the implementation of GASB Statement No. 87 did not have an effect on the financial statements of the District. The notes to the basic financial statements include the disclosure requirements under the Statement.

GASB Implementation Guide 2020-1 provides clarification on issues related to previously established GASB guidance. The implementation of GASB Implementation Guide 2020-1 did not have an effect on the financial statements of the District.

GASB Statement No. 91 provides a single method of reporting conduit debt obligations by issuers and eliminate diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. This Statement achieves those objectives by clarifying the existing definition of a conduit debt obligation; establishing that a conduit debt obligation is not a liability of the issuer; establishing standards for accounting and financial reporting of additional commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations; and improving required note disclosures. The implementation of GASB Statement No. 91 did not have an effect on the financial statements of the District.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 3 - ACCOUNTABILITY AND COMPLIANCE - (Continued)**

GASB Statement No. 92 enhances comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing practice issues that have been identified during implementation and application of certain GASB Statements. The implementation of GASB Statement No. 92 did not have an effect on the financial statements of the District.

GASB Statement No. 93 establishes accounting and financial reporting requirements related to the replacement of Interbank Offered Rates (IBORs) in hedging derivative instruments and leases. It also identifies appropriate benchmark interest rates for hedging derivative instruments. The implementation of GASB Statement No. 93 did not have an effect on the financial statements of the District.

GASB Statement No. 97 is to (1) increase consistency and comparability related to the reporting of fiduciary component units in circumstances in which a potential component unit does not have a governing board and the primary government performs the duties that a governing board typically would perform; (2) mitigate costs associated with the reporting of certain defined contribution pension plans, defined contribution other postemployment benefit (OPEB) plans, and employee benefit plans other than pension plans or OPEB plans (other employee benefit plans) as fiduciary component units in fiduciary fund financial statements; and (3) enhance the relevance, consistency, and comparability of the accounting and financial reporting for Internal Revenue Code (IRC) Section 457 deferred compensation plans (Section 457 plans) that meet the definition of a pension plan and for benefits provided through those plans. The implementation of GASB Statement No. 97 did not have an effect on the financial statements of the District.

GASB Statement No. 99 is to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing (1) practice issues that have been identified during implementation and application of certain GASB Statements and (2) accounting and financial reporting for financial guarantees. The implementation of GASB Statement No. 99 did not have an effect on the financial statements of the District.

**B. Restatement of Fund Balances/Net Position**

For the year ended December 31, 2022, the District has presented for the first time its basic financial statements on the cash basis of accounting. In conjunction with this presentation, the District has (1) converted its governmental funds from the modified accrual basis of accounting and (2) converted its governmental activities from the accrual basis of accounting.

*Modified Accrual Basis Adjustments* – the conversion of the governmental funds to the cash-basis of accounting from the modified accrual basis of accounting required certain adjustments to be recorded at December 31, 2021 to the fund cash balances as previously reported to reflect the prior year's effect of adopting these new accounting principles.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 3 - ACCOUNTABILITY AND COMPLIANCE - (Continued)**

The restatement to the December 31, 2021 fund cash balances for the governmental funds follows:

	<u>General</u>	<u>Women, Infants, and Children (WIC)</u>	<u>Healthy Start</u>	<u>Environmental Fees</u>	<u>Nonmajor Governmental Funds</u>	<u>Total Governmental Funds</u>
Fund Balance (Deficit) as previously reported	\$ 3,659,686	\$ (165,170)	\$ (120,887)	\$ 1,436,032	\$ 690,786	\$ 5,500,447
Modified Accrual Basis Adjustments	<u>(241,450)</u>	<u>(87,108)</u>	<u>112,135</u>	<u>100,255</u>	<u>19,916</u>	<u>(96,252)</u>
Restated Fund Balance (Deficit), at December 31, 2021	<u>\$ 3,418,236</u>	<u>\$ (252,278)</u>	<u>\$ (8,752)</u>	<u>\$ 1,536,287</u>	<u>\$ 710,702</u>	<u>\$ 5,404,195</u>

The restatement to the December 31, 2021 fund cash balances for the fiduciary funds follows:

	<u>Custodial</u>
Net Position as previously reported	\$ 120,594
Modified Accrual Basis Adjustments	<u>174,582</u>
Restated Net Position, at December 30, 2021	<u>\$ 295,176</u>

Under GAAP, the District's government-wide financial statements are prepared on the accrual basis of accounting. The government-wide financial statements show the District's programs for governmental and business-type activities. The conversion to the cash-basis of accounting from the accrual basis of accounting required certain adjustments to be recorded at December 31, 2021 to the net position as previously reported.

The restatement to the December 31, 2021 net position for the governmental activities follows:

	<u>Governmental Activities</u>
Net position (deficit) as previously reported	\$ (3,631,460)
Net reporting basis adjustments	<u>9,035,655</u>
Restated net position at December 31, 2021	<u>\$ 5,404,195</u>

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 3 - ACCOUNTABILITY AND COMPLIANCE - (Continued)**

**C. Deficit Fund Balances**

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

<u>Major Governmental Funds:</u>	<u>Deficit</u>
Women, Infant, and Children (WIC)	\$ 163,794
<u>Nonmajor Governmental Funds:</u>	
HIV and STD Prevention Program	52,345
Creating Healthy Communities	17,499
Miscellaneous Grants	63,399

The general fund is liable for any deficit in these funds and provides transfers when cash is required, not when accruals occur.

**NOTE 4 - EQUITY IN POOLED CASH AND CASH EQUIVALENTS**

As required by the Ohio Revised Code, the Lucas County Auditor is the fiscal agent of the District. The District's cash pool, used by all funds, is deposited with the Lucas County Treasurer. The cash pool is commingled with Lucas County's cash and investment pool and is not identifiable as to demand deposits or investments. All collections are remitted to the Lucas County Treasurer for deposit and all disbursements are made by warrants prepared by the Lucas County Auditor drawn on deposits held in the name of Lucas County. GASB 3 and GASB 40 requirements for the County of Lucas are presented in the December 31, 2022 Annual Comprehensive Financial Report. The fund balances are expressed in cash equivalents. Cash equivalents are available for immediate expenditure or liquid investments which are immediately marketable, have negligible credit risk, and mature within three months. The carrying amount of cash on deposit with the Lucas County Treasurer at December 31, 2022 was \$6,543,598.

**NOTE 5 - INTERFUND TRANSACTIONS**

Interfund transfers for the year ended December 31, 2022, consisted of the following, as reported on the fund financial statements.

	<u>Transfers from:</u>
	General
<u>Transfers to:</u>	<u>Fund</u>
Environmental Fees Fund	\$ 543,657

Transfers are used to (1) move receipts from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them and (2) use unrestricted receipts collected in the general fund to finance various programs accounted for in other funds in accordance with budgetary authorizations.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 6 - RISK MANAGEMENT**

**Commercial Insurance**

The District has obtained commercial insurance for the following risks:

- Comprehensive property and general liability
- Vehicles
- Errors and omissions

The District also provides health insurance and dental and vision coverage to eligible employees through Lucas County by use of a private carrier. Settlements did not exceed insurance coverage in any of the past three years. There has been no significant change in coverage from last year.

**NOTE 7 - OTHER COMMITMENTS**

The District utilizes encumbrance accounting as part of its budgetary controls. Encumbrances outstanding at year end may be reported as part of restricted, committed, or assigned classifications of fund balance. At year end, the District's commitments for encumbrances in the governmental funds were as follows:

<u>Fund</u>	<u>Year-End Encumbrances</u>
General	\$ 45,816
Women, Infants, and Children (WIC)	1,061,281
Healthy Start	433,988
Environmental Fees	3,675
Nonmajor Governmental	<u>339,860</u>
Total	<u>\$ 1,884,620</u>

**NOTE 8 - PENSION PLAN**

***Plan Description - Ohio Public Employees Retirement System (OPERS)***

Plan Description - District employees participate in the Ohio Public Employees Retirement System (OPERS). OPERS 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. 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.



**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 8 - PENSION PLAN - (Continued)**

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 Report referenced above for additional information, including requirements for reduced and unreduced benefits):

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

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 initial amount of a member's pension benefit is vested upon receipt of the initial benefit payment for calculation of an annual cost-of-living adjustment.

When a traditional plan benefit recipient has received benefits for 12 months, current law provides 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. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, current law provides that the COLA will be based on the average percentage increase in the Consumer Price Index, capped at 3.00%.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 8 - PENSION PLAN - (Continued)**

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. 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), 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.

Beginning in 2022, the Combined Plan will be consolidated under the Traditional Pension Plan (defined benefit plan) and the Combined Plan option will no longer be available for new hires beginning in 2022.

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

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

\* This rate is determined by OPERS' Board and has no maximum rate established by ORC.

\*\* This employer health care rate is for the traditional and combined plans. The employer contribution for the member-directed plan is 4.00%.

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

The District's contractually required contribution for the Traditional Pension Plan, the Combined Plan and Member-Directed Plan was \$1,025,534 for 2022.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 9 - POSTEMPLOYMENT BENEFIT PLAN**

***Plan Description - Ohio Public Employees Retirement System (OPERS)***

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 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.

Medicare-eligible retirees who choose to become re-employed or survivors who become employed in an OPERS-covered position are prohibited from participating in an HRA. For this group of retirees, OPERS sponsors secondary coverage through a professionally managed self-insured program. Retirees who enroll in this plan are provided with a monthly allowance to offset a portion of the monthly premium. Medicare-eligible spouses and dependents can also enroll in this plan as long as the retiree is enrolled.

OPERS provides a monthly allowance for health care coverage for eligible retirees and their eligible dependents. The base allowance is determined by OPERS.

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.

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, or generally 30 years of qualifying service at any age. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. 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 will 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.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

**NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022**

**NOTE 9 - POSTEMPLOYMENT BENEFIT PLAN - (Continued)**

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 14.00% of earnable salary and public safety and law enforcement employers contributed at 18.10%. 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 4.00%.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The District's contractually required contribution was \$10,559 for 2022.

**NOTE 10 – OTHER EMPLOYEE BENEFITS**

**Compensated Absences**

All employees shall be entitled to sick leave in accordance with Sections 124.38 and 124.39 of the Ohio Revised Code as follows. Each employee shall be entitled to 4.615 hours of sick pay for each 80 hours of service completed. Upon retirement, an eligible employee shall be paid one-half of accrued, but unused sick leave credit up to a maximum of 80 days (640 hours).

District's employees are entitled to vacation leave, depending upon length of service. Accumulated, unused vacation leave is paid to employees upon termination of employment.

**NOTE 11 - CONTINGENCIES**

**A. Grants**

The District received financial assistance from federal and state agencies in the form of grants. The expenditure of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability of the general fund or other applicable funds. However, in the opinion of management, any such disallowed claims will not have a material adverse effect on the overall financial position of the District at December 31, 2022.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 11 – CONTINGENCIES – (Continued)**

**B. Litigation**

The District is not currently involved in litigation for which the District’s legal counsel anticipates a loss.

**NOTE 12 - FUND BALANCE**

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

Fund balance	General Fund	Women, Infants, and Children (WIC) Fund	Healthy Start Fund	Environmental Fees Fund	Nonmajor Governmental Funds	Total Governmental Funds
<b>Restricted:</b>						
Clinical programs	\$ 15,649	\$ -	\$ -	\$ -	\$ 353,225	\$ 368,874
Environmental programs	-	-	-	1,173,363	392	1,173,755
Community programs	<u>21,083</u>	<u>-</u>	<u>12,389</u>	<u>-</u>	<u>938,007</u>	<u>971,479</u>
Total restricted	<u>36,732</u>	<u>-</u>	<u>12,389</u>	<u>1,173,363</u>	<u>1,291,624</u>	<u>2,514,108</u>
<b>Committed:</b>						
Clinical programs	<u>6,659</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,659</u>
<b>Assigned:</b>						
Clinical programs	22,850	-	-	-	-	22,850
Environmental programs	31	-	-	-	-	31
Community programs	2,164	-	-	-	-	2,164
Administration	<u>20,771</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>20,771</u>
Total assigned	<u>45,816</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>45,816</u>
Unassigned (deficit)	<u>3,989,202</u>	<u>(163,794)</u>	<u>-</u>	<u>-</u>	<u>(133,243)</u>	<u>3,692,165</u>
Total fund balances (deficit)	<u>\$ 4,078,409</u>	<u>\$ (163,794)</u>	<u>\$ 12,389</u>	<u>\$ 1,173,363</u>	<u>\$ 1,158,381</u>	<u>\$ 6,258,748</u>

**NOTE 13 - 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 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.

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY, OHIO**

NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022

**NOTE 13 - BUDGETARY BASIS OF ACCOUNTING - (Continued)**

The following table summarizes the adjustments necessary to reconcile the change in fund balance on the cash basis statements to the budgetary basis statements for the general fund and for the major special revenue funds.

	General Fund	Women, Infants, and Children (WIC) Fund	Healthy Start Fund	Environmental Fees Fund
Budget basis	\$ 607,093	\$ (972,797)	\$ (412,847)	\$ (366,599)
Net adjustment for reclassifications	7,264	-	-	-
Encumbrances	45,816	1,061,281	433,988	3,675
Cash basis	\$ 660,173	\$ 88,484	\$ 21,141	\$ (362,924)

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY  
SCHEDULE OF FEDERAL AWARDS RECEIPTS AND EXPENDITURES  
FOR THE YEAR ENDED DECEMBER 31, 2022  
(Prepared by Management)**

FEDERAL GRANTOR <i>Pass Through Grantor</i> Program / Cluster Title	Federal ALN	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Receipts	Total Federal Expenditures
<b>U.S. DEPARTMENT OF AGRICULTURE (AG)</b>					
<i>Passed Through Ohio Department of Health</i>					
Special Supplemental Nutrition Program for Women, Infants and Children (H24XX)	10.557	048-1-001-1-WA	\$ 1,157,296	\$ 2,262,006	\$ 2,173,522
Total U.S. Department of Agriculture			<u>1,157,296</u>	<u>2,262,006</u>	<u>2,173,522</u>
<b>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)</b>					
<i>Passed Through City of Toledo</i>					
CDBG - Entitlement Grants Cluster:					
Community Development Block Grants/Entitlement Grants (H28XX)	14.218	n/a	-	50,833	25,731
Total U.S. Department of Housing and Urban Development			-	<u>50,833</u>	<u>25,731</u>
<b>U.S. DEPARTMENT OF TREASURY (TREAS)</b>					
<i>Passed Through Ohio Department of Health</i>					
COVID-19 - Coronavirus Relief Fund	21.019	048-1-001-2-CT	-	-	325
Total U.S. Department of Treasury			-	-	<u>325</u>
<b>U.S. Department of Transportation (DOT)</b>					
<i>Passed Through Ohio Traffic Safety Office</i>					
State and Community Highway Safety (H51XX)	20.600	SC-2023-Toledo-Lucas County Health-00045	-	-	9,325
Total U.S. Department of Transportation			-	-	<u>9,325</u>
<b>U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)</b>					
<i>Passed Through Ohio Environmental Protection Agency</i>					
Capitalization Grants for Clean Water State Revolving Funds (H04XX)	66.458	HS291682-0007	64,252	66,403	64,252
Total U.S. Environmental Protection Agency			<u>64,252</u>	<u>66,403</u>	<u>64,252</u>
<b>U.S. DEPARTMENT OF HOMELAND SECURITY</b>					
<i>Passed Through Ohio Department of Emergency Management Agency</i>					
COVID-19 - Disaster Grants-Public Assistant (Presidentially Declared Disasters)	97.036	4507	70,918	510,649	199,365
Total U.S. Department of Homeland Security			<u>70,918</u>	<u>510,649</u>	<u>199,365</u>
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)</b>					
<i>Direct Program</i>					
Healthy Start Initiative (H91XX)	93.926	n/a	1,158,899	1,585,779	1,582,138
<i>Passed Through National Association of County and City Health Officials (NACCHO)</i>					
Strengthening Public Health Systems and Services through National Partnership	93.421	2022-030402	14,297	12,134	135,505
<i>Passed Through Ohio Department of Job and Family Services</i>					
TANF Cluster:					
OCTF Early Childhood Safety Initiative (H16XX)	93.558	G-2223-22-0480	-	50,446	52,667
<i>Passed Through by New Concepts</i>					
Opioid STR- MSOR (H51XX)	93.788	n/a	-	237,690	237,690
<i>Passed Through by Mental Health &amp; Recovery Services Board of Lucas County</i>					
Opioid STR- SOR 2.0 (H39XX)	93.788	n/a	-	118,401	208,559
<i>Passed Through Ohio Department of Health</i>					
Public Health Emergency Preparedness (H34XX)	93.069	048-1-001-2-PH	-	257,167	207,633
Injury Prevention, Control Research and State and Community Based Programs (H41XX)	93.136	048-1-001-4-DR	15,000	156,750	104,346
Family Planning Services (H12XX)	93.217	048-1-001-1-RH	-	186,256	201,647
Immunization Cooperative Agreements (H05XX), (H81XX)	93.268	048-1-001-2-GV 048-1-001-2-VE 048-1-001-2-CN	- 26,251 34,709	143,789 - 103,232	71,220 39,680 111,951
COVID-19 -Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) (H83XX)	93.323	048-1-001-2-EO	46,930	360,755	242,383
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response (H3223)	93.354	048-1-001-2-WF	-	102,246	119,561
National and State Tobacco Control Program (H80XX)	93.387	048-1-001-4-TU	8,000	30,503	13,107

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY  
SCHEDULE OF FEDERAL AWARDS RECEIPTS AND EXPENDITURES  
FOR THE YEAR ENDED DECEMBER 31, 2022  
(Prepared by Management)**

<b>FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title</b>	Federal ALN	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Receipts	Total Federal Expenditures
<i>(continued)</i>					
Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises (H92XX)	93.391	048-1-001-1-WD	-	100,000	31,019
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the National Health (H73XX)	93.421	048-1-001-2-BR	27,968	71,244	62,958
Opioid STR (H42XX)	93.788	048-1-001-4-IN	-	131,000	107,723
HIV Prevention Activities Health Department Based (H37XX)	93.940	048-1-001-2-HP	76,516	264,730	253,728
Sexually Transmitted Diseases (STD) Prevention and Control Grants (H19XX)(H20XX)	93.977	048-1-001-2-ST 048-1-001-2-II	- -	286,452 35,434	316,148 34,307
Preventative Health and Health Services Block Grant (H72XX)	93.991	048-1-001-4-CC	18,142	136,187	84,763
Maternal and Child Health Services Block Grant to the States (H15XX, H17XX, H12XX)	93.994	048-1-001-1-OE 048-1-001-1-CK 048-1-001-1-RH	- - -	17,321 - 18,022	3,871 3,927 22,378
Total U.S. Department of Health and Human Services			<b>1,426,712</b>	<b>4,405,538</b>	<b>4,248,909</b>
<b>TOTAL Expenditures of Federal Awards</b>			<b>\$ 2,719,178</b>	<b>\$ 7,295,429</b>	<b>\$ 6,721,429</b>

*The accompanying notes are an integral part of this schedule.*



**Lucas County Regional Health District  
Lucas County**

**Notes to the Schedule of Federal Awards Receipts and Expenditures  
2 CFR 200.510(b)(6)  
For the Year Ended December 31, 2022  
(Prepared by Management)**

**NOTE A – BASIS OF PRESENTATION**

The accompanying Schedule of Federal Awards Receipts and Expenditures (the Schedule) includes the federal award activity of the Lucas County Regional Health District, Lucas County, (the Health District's) 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 Health 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 Homeland Security and the U.S. Department of Agriculture 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 - 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.

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***Charles E. Harris & Associates, Inc.***

*Certified Public Accountants*

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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

Lucas County Regional Health District  
Lucas County  
635 North Erie Street  
Toledo, Ohio 43604

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 cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Lucas County Regional Health District, Lucas 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 August 11, 2023, wherein we noted the Health District uses a special purpose framework other than general accepted accounting principles. We also noted the Health District has elected to change its financial presentation to the cash basis of accounting.

***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*.

However, we noted a certain matter not requiring inclusion in this report that we reported to the Health District's management in a separate letter dated August 11, 2023.

***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, Inc.***  
August 11, 2023

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

Lucas County Regional Health District  
Lucas County  
635 North Erie Street  
Toledo, Ohio 43604

To the Board of Health:

**Report on Compliance for Each Major Federal Program**

We have audited the Lucas County Regional 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 Health District's major federal programs for the year ended December 31, 2022. The 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 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.

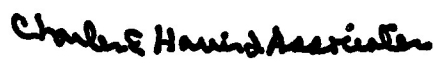
### ***Report on Internal Control Over Compliance***

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.**  
August 11, 2023

**LUCAS COUNTY REGIONAL HEALTH DISTRICT  
LUCAS COUNTY**

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

**1. SUMMARY OF AUDITOR'S RESULTS**

<b>(d)(1)(i)</b>	<b>Type of Financial Statement Opinion</b>	Unmodified
<b>(d)(1)(ii)</b>	<b>Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(ii)</b>	<b>Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(iii)</b>	<b>Was there any reported material noncompliance at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(iv)</b>	<b>Were there any material weaknesses in internal control reported for major federal programs?</b>	No
<b>(d)(1)(iv)</b>	<b>Were there any significant deficiencies in internal control reported for major federal programs?</b>	No
<b>(d)(1)(v)</b>	<b>Type of Major Programs' Compliance Opinion</b>	Unmodified
<b>(d)(1)(vi)</b>	<b>Are there any reportable findings under 2 CFR § 200.516(a)?</b>	No
<b>(d)(1)(vii)</b>	<b>Major Programs (list):</b>	Special Supplemental Nutrition Program for Women, Infants and Children (WIC) – (ALN# 10.557)  Healthy Start Initiative - (ALN# 93.926)
<b>(d)(1)(viii)</b>	<b>Dollar Threshold: Type A/B Programs</b>	Type A: > \$ 750,000 Type B: all others
<b>(d)(1)(ix)</b>	<b>Low Risk Auditee under 2 CFR §200.520?</b>	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



**LUCAS COUNTY REGIONAL HEALTH DISTRICT**

**LUCAS 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 11/14/2023**

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

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[www.ohioauditor.gov](http://www.ohioauditor.gov)