

# STATE OF MINNESOTA

## Office of the State Auditor



**Rebecca Otto**  
**State Auditor**

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**SOUTHWEST HEALTH AND HUMAN SERVICES**  
**MARSHALL, MINNESOTA**

YEAR ENDED DECEMBER 31, 2016

## **Description of the Office of the State Auditor**

The mission of the Office of the State Auditor is to oversee local government finances for Minnesota taxpayers by helping to ensure financial integrity and accountability in local governmental financial activities.

Through financial, compliance, and special audits, the State Auditor oversees and ensures that local government funds are used for the purposes intended by law and that local governments hold themselves to the highest standards of financial accountability.

The State Auditor performs approximately 150 financial and compliance audits per year and has oversight responsibilities for over 3,300 local units of government throughout the state. The office currently maintains five divisions:

**Audit Practice** - conducts financial and legal compliance audits of local governments;

**Government Information** - collects and analyzes financial information for cities, towns, counties, and special districts;

**Legal/Special Investigations** - provides legal analysis and counsel to the Office and responds to outside inquiries about Minnesota local government law; as well as investigates allegations of misfeasance, malfeasance, and nonfeasance in local government;

**Pension** - monitors investment, financial, and actuarial reporting for approximately 650 public pension funds; and

**Tax Increment Financing** - promotes compliance and accountability in local governments' use of tax increment financing through financial and compliance audits.

The State Auditor serves on the State Executive Council, State Board of Investment, Land Exchange Board, Public Employees Retirement Association Board, Minnesota Housing Finance Agency, and the Rural Finance Authority Board.

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**Year Ended December 31, 2016**



**Audit Practice Division  
Office of the State Auditor  
State of Minnesota**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

TABLE OF CONTENTS

	<u>Exhibit</u>	<u>Page</u>
<b>Introductory Section</b>		
Organization		1
<b>Financial Section</b>		
Independent Auditor's Report		3
Management's Discussion and Analysis		6
Basic Financial Statements		
Government-Wide Financial Statements		
Statement of Net Position	1	15
Statement of Activities	2	16
Fund Financial Statements		
Governmental Funds		
Balance Sheet	3	17
Reconciliation of Governmental Funds Balance Sheet to the Government-Wide Statement of Net Position--Governmental Activities	4	18
Statement of Revenues, Expenditures, and Changes in Fund Balance	5	19
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance of Governmental Funds to the Government-Wide Statement of Activities--Governmental Activities	6	20
Proprietary Fund		
Statement of Net Position	7	22
Statement of Revenues, Expenses, and Changes in Fund Net Position	8	23
Statement of Cash Flows	9	24
Fiduciary Funds		
Statement of Fiduciary Net Position	10	25
Notes to the Financial Statements		26
Required Supplementary Information		
Budgetary Comparison Schedules		
General Fund	A-1	63
Health Services Special Revenue Fund	A-2	64

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

TABLE OF CONTENTS

	<u>Exhibit</u>	<u>Page</u>
<b>Financial Section</b>		
Required Supplementary Information (Continued)		
Schedule of Funding Progress - Other Postemployment Benefits PERA General Employees Retirement Plan	A-3	65
Schedule of Proportionate Share of Net Pension Liability	A-4	66
Schedule of Contributions	A-5	67
Notes to the Required Supplementary Information		68
Supplementary Information		
Agency Funds		71
Combining Statement of Changes in Assets and Liabilities - All Agency Funds	B-1	72
Other Schedules		
Schedule of Intergovernmental Revenue	C-1	74
Schedule of Expenditures of Federal Awards	C-2	75
Notes to the Schedule of Expenditures of Federal Awards		77
<b>Management and Compliance Section</b>		
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>		79
Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance		82
Schedule of Findings and Questioned Costs		85
Corrective Action Plan		91
Summary Schedule of Prior Audit Findings		93



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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

ORGANIZATION  
2016

Health and Human Services Governing Board	County	Appointment Expires
Chair		
Rick Anderson	Lyon	December 31, 2016
Vice Chair		
Priscilla Klabunde	Redwood	December 31, 2016
Members		
Joan Jagt	Lincoln	December 31, 2016
Mic VanDeVere	Lincoln	December 31, 2016
Charlie Sanow	Lyon	December 31, 2016
Gerald Magnus	Murray	December 31, 2016
Robert Moline	Murray	December 31, 2016
Les Nath	Pipestone	December 31, 2016
Dan Wildermuth	Pipestone	December 31, 2016
Jim Salfer	Redwood	December 31, 2016
Sherri Thompson	Rock	December 31, 2016
Ronald Boyenga	Rock	December 31, 2016
<hr/>		
Human Services Board		
Chair		
Gerald Magnus	Murray	December 31, 2016
Vice Chair		
Les Nath	Pipestone	December 31, 2016
Members		
Joan Jagt	Lincoln	December 31, 2015
Pam VanOverbeke	Lincoln	December 31, 2016
Mic VanDeVere	Lincoln	December 31, 2016
Rick Anderson	Lyon	December 31, 2016
Charlie Sanow	Lyon	December 31, 2016
Lois Schmidt	Lyon	December 31, 2016
Robert Moline	Murray	December 31, 2016
Jeane Anderson	Murray	December 31, 2016
Steve Schulze	Pipestone	December 31, 2016
Jim Salfer	Redwood	December 31, 2016
Priscilla Klabunde	Redwood	December 31, 2016
Carol Flahaven	Redwood	December 31, 2016
Sherri Thompson	Rock	December 31, 2016
Ronald Boyenga	Rock	December 31, 2016

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

ORGANIZATION  
2016  
(Continued)

Community Health Board	County	Appointment Expires
Chair		
Mic VanDeVere	Lincoln	December 31, 2016
Vice Chair		
Sherri Thompson	Rock	December 31, 2016
Members		
Charlie Sanow	Lyon	December 31, 2016
Rick Anderson	Lyon	December 31, 2016
Robert Moline	Murray	December 31, 2016
Dan Wildermuth	Pipestone	December 31, 2016
Jim Salfer	Redwood	December 31, 2016
Priscilla Klabunde	Redwood	December 31, 2016
Director		
Christopher Sorensen*		Indefinite
Deputy Director		
Nancy Walker		Indefinite
Fiscal Manager		
Sarah Kirchner		Indefinite
Attorney		
William J. Toulouse		Indefinite

\*Resigned on March 29, 2017. Position filled by Beth Wilms on July 17, 2017.



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REBECCA OTTO  
STATE AUDITOR

# STATE OF MINNESOTA

## OFFICE OF THE STATE AUDITOR

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1-800-627-3529 (Relay Service)

### INDEPENDENT AUDITOR'S REPORT

Members of the Joint Health and Human Services Board  
Southwest Health and Human Services  
Marshall, Minnesota

#### **Report on the Financial Statements**

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southwest Health and Human Services as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the Health and Human Services' basic financial statements, as listed in the table of contents.

#### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### ***Auditor's Responsibility***

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health and Human Services' preparation and fair presentation of the financial

statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health and Human Services' internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

### ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of Southwest Health and Human Services as of December 31, 2016, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matters***

#### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis and Required Supplementary Information as listed in the table of contents be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### ***Supplementary Information***

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Southwest Health and Human Services' basic financial statements. The supplementary information as listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary 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. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to

the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information 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, 2017, on our consideration of Southwest Health and Human Services' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the 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 Southwest Health and Human Services' internal control over financial reporting and compliance.

### **Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Health and Human Services' basic financial statements. The accompanying Schedule of Expenditures of Federal Awards (SEFA) as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) is presented for purposes of additional analysis and is not a required part of the basic financial statements. The SEFA 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. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the SEFA is fairly stated in all material respects in relation to the basic financial statements as a whole.

*/s/Rebecca Otto*

REBECCA OTTO  
STATE AUDITOR

August 11, 2017

*/s/Greg Hierlinger*

GREG HIERLINGER, CPA  
DEPUTY STATE AUDITOR

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## **MANAGEMENT'S DISCUSSION AND ANALYSIS**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**MANAGEMENT'S DISCUSSION AND ANALYSIS  
DECEMBER 31, 2016  
(Unaudited)**

Southwest Health and Human Services' Management's Discussion and Analysis (MD&A) provides an overview of the Health and Human Services' financial activities for the fiscal year ended December 31, 2016. Since this information is designed to focus on the current year's activities, resulting changes, and currently known facts, it should be read in conjunction with the Health and Human Services' basic financial statements that follow this section.

**FINANCIAL REPORTING ENTITY**

Southwest Health and Human Services (SWHHS) was formed under the authority of Minn. Stat. ch. 145A and Minn. Stat. § 471.59 by terminating the joint powers agreements for Lincoln, Lyon, & Murray Human Services (LLMHS) and Lincoln, Lyon, Murray, and Pipestone Public Health Services (LLMPPHS). Dissolution of LLMHS and LLMPPHS was effective December 31, 2010, although the agreement stated that both LLMHS and LLMPPHS continued to exist after dissolution as long as necessary to conclude the affairs of the agencies.

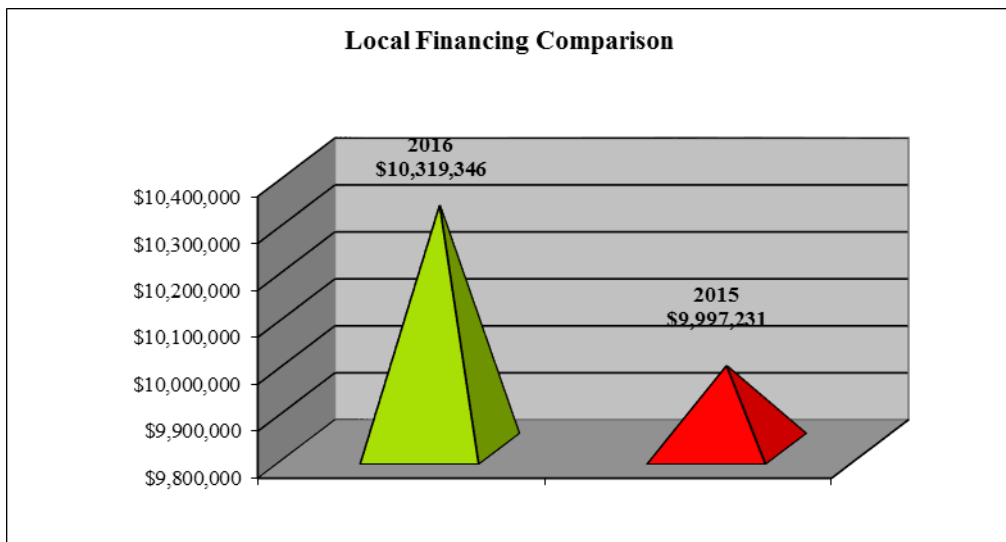
SWHHS began official operations on January 1, 2011, and performs health and human services functions formerly performed by the two previous joint ventures. SWHHS is governed by a Joint Health and Human Services Board, made up of one Commissioner (or alternate) from each county serving on the Community Health Board and one Commissioner (or alternate) from each county serving on the Human Services Board. The Human Services Board is made up of two County Commissioners from each of the participating counties, who are chosen by their respective County Boards, and one lay person from each participating county. The Community Health Board is made up of one County Commissioner and one alternate from each member county, unless such county shall have a population in excess of twice that of any other member county, in which case, it shall have two Commissioners and two alternates. Local financing for the first year of operations was based on the 2010 contribution amounts of LLMHS and LLMPPHS. In 2016, the local financing for human services was based on consideration of: (1) population based on the most recent national census; (2) tax capacity; and (3) the most recent three-year average Social Service Expenditure and Grant Reconciliation Report, each factor to be weighted equally. Public health financing for 2016 was based on \$10.75 per capita.

## FINANCIAL HIGHLIGHTS

Governmental activities' total net position is (\$5,309,962), of which \$411,862 represents the net investment in capital assets (Exhibit 1). In 2016, governmental activities' total net position decreased by \$2,036,704. Local financing for the Health and Human Services in 2016 was \$10,319,346, which comprised 41.5 percent of the total intergovernmental revenue. Total federal and state grants comprised 49.5 percent of the total intergovernmental revenue. Compensated absences totaled \$942,083, the net other postemployment benefits (OPEB) obligation totaled \$1,403,175, and the net pension liability totaled \$14,290,327. Comparing 2016 with 2015, the following table shows local financing costs increased from 2015 to 2016, primarily due to an increase in the levies in participating counties.

### Local Financing Revenue

	<u>2016</u>	<u>2015</u>
Payments from participating counties	<u>\$ 10,319,346</u>	<u>\$ 9,977,231</u>



## OVERVIEW OF THE FINANCIAL STATEMENTS

This MD&A is intended to serve as an introduction to the basic financial statements. Southwest Health and Human Services' basic financial statements consist of government-wide financial statements, fund financial statements, and notes to the financial statements. The MD&A (this section), other information, a schedule of funding progress for OPEB, and schedules of proportionate share of net pension liability and of contributions for the pension plans are required to accompany the basic financial statements and, therefore, are included as required

supplementary information. Other information is provided as supplementary information regarding Southwest Health and Human Services' intergovernmental revenue and federal award programs.

### **Government-Wide Financial Statements**

There are two government-wide financial statements. The statement of net position and the statement of activities provide information about the activities of the Health and Human Services as a whole and present a longer-term view of the Health and Human Services' finances. The statement of net position includes all assets, deferred outflows of resources, liabilities, and deferred inflows of resources using the full accrual basis of accounting, which is similar to the accounting used by most private-sector companies. All of the current year's revenues and expenses are taken into account, regardless of when cash is received or paid. Over time, increases or decreases in the Health and Human Services' net position are one indicator of whether its financial health is improving or deteriorating.

The government-wide financial statements are Exhibits 1 and 2 of this report.

### **Governmental Fund Financial Statements**

The governmental fund financial statements focus on how money flows in and out and the balances left at year-end available for spending. These statements provide a detailed short-term view of the Health and Human Services' general government operations and the basic services it provides. Governmental fund information helps determine whether there are more or fewer financial resources that can be spent in the near future to finance the Health and Human Services' programs. We reconcile the relationship (or differences) between governmental funds and governmental activities.

The basic governmental fund financial statements are Exhibits 3 through 6 of this report.

### **Proprietary Fund Financial Statements**

Internal service funds are an accounting device used to accumulate and allocate costs internally among Southwest Health and Human Services' various functions. Southwest Health and Human Services uses the internal service fund to account for its self-insurance. The service benefits the governmental functions and has been allocated to the governmental activities in the government-wide financial statements.

The basic proprietary fund financial statements are Exhibits 7 through 9 of this report.

### **Notes to the Financial Statements**

Notes to the financial statements provide additional information essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements are on pages 26 through 62 of this report.

## Other Information

Other information is provided as supplementary information regarding Southwest Health and Human Services' intergovernmental revenue and federal awards programs.

## GOVERNMENT-WIDE FINANCIAL ANALYSIS

Over time, net position serves as a useful indicator of the Health and Human Services' financial position. The Health and Human Services' liabilities and deferred inflows of resources exceeded assets and deferred outflows of resources by \$5,309,962. The Health and Human Services' net investment in capital assets is \$411,862 of total net position. It should be noted that these assets are not available for future spending.

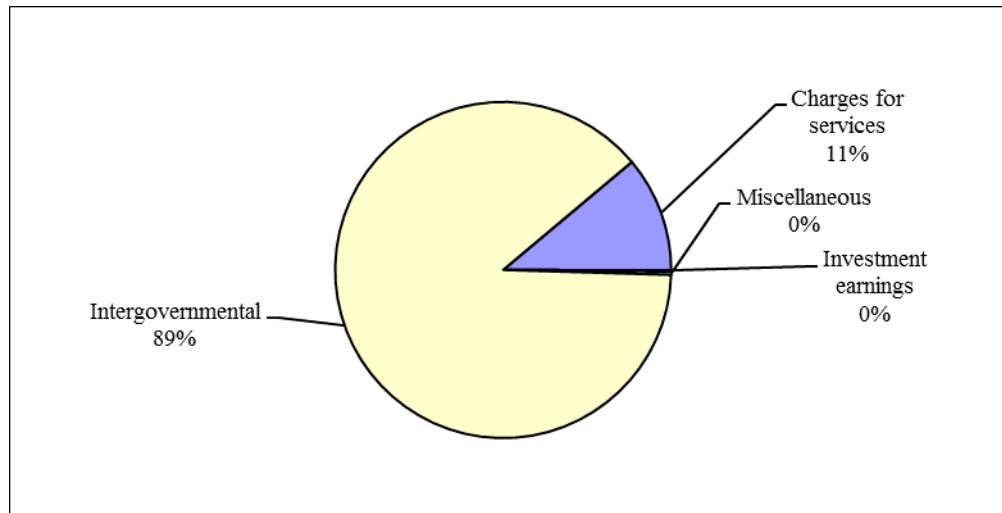
### Governmental Activities

Comparative condensed statements of net position and activities illustrate the changes from 2015 to 2016:

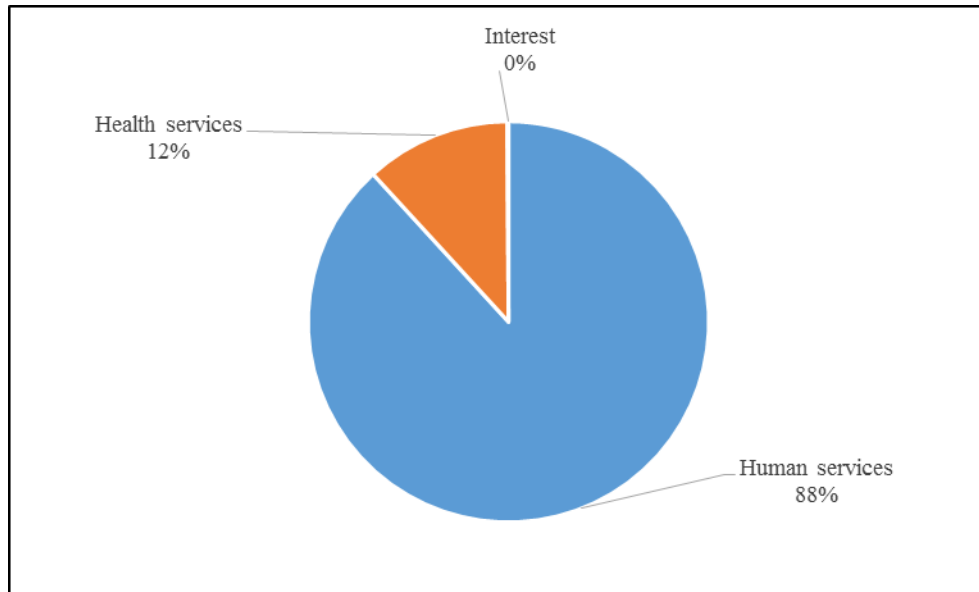
	Net Position		Percent (%) Change
	2016	2015	
Assets			
Current assets	\$ 8,588,536	\$ 8,824,941	(2.7)
Capital assets, net of depreciation	<u>816,981</u>	<u>672,507</u>	21.5
Total Assets	<u>\$ 9,405,517</u>	<u>\$ 9,497,448</u>	(1.0)
Deferred Outflows of Resources			
Deferred pension outflows	<u>\$ 6,182,456</u>	<u>\$ 1,228,317</u>	403.3
Liabilities			
Current liabilities	\$ 2,452,011	\$ 2,144,342	14.3
Long-term liabilities	<u>17,040,704</u>	<u>11,028,301</u>	54.5
Total Liabilities	<u>\$ 19,492,715</u>	<u>\$ 13,172,643</u>	48.0
Deferred Inflows of Resources			
Deferred pension inflows	<u>\$ 1,405,220</u>	<u>\$ 826,380</u>	70.0
Net Position			
Net investment in capital assets	\$ 411,862	\$ 556,908	(26.0)
Restricted for human services	9,594	113,212	(91.5)
Unrestricted	<u>(5,731,418)</u>	<u>(3,943,378)</u>	45.3
Total Net Position	<u>\$ (5,309,962)</u>	<u>\$ (3,273,258)</u>	62.2

	Activities		Percent (%) Change
	2016	2015	
<b>Revenues</b>			
Intergovernmental	\$ 24,894,129	\$ 23,439,269	6.2
Fees and charges for services	3,134,927	3,156,338	(0.7)
Investment earnings	35,018	42,061	(16.7)
Miscellaneous	89,965	-	100.0
<b>Total Revenues</b>	<b>\$ 28,154,039</b>	<b>\$ 26,637,668</b>	<b>5.7</b>
<b>Expenses</b>			
Human services	\$ 26,624,890	\$ 24,356,644	9.3
Health services	3,537,735	3,590,018	(1.5)
Interest	28,118	7,301	285.1
<b>Total Expenses</b>	<b>\$ 30,190,743</b>	<b>\$ 27,953,963</b>	<b>8.0</b>
Change in Net Position	\$ (2,036,704)	\$ (1,316,295)	54.7
Net Position - January 1	(3,273,258)	(1,956,963)	67.3
Net Position - December 31	\$ (5,309,962)	\$ (3,273,258)	62.2

**Revenue - 2016**  
**\$28,154,039**



**Expenses - 2016**  
**\$30,190,743**



As shown in the statement of activities on Exhibit 2, the amount that was received through intergovernmental revenue was 88 percent of the total revenue received.

**FINANCIAL STATEMENT ANALYSIS OF THE GOVERNMENTAL FUNDS**

**Governmental Funds**

The focus of the Health and Human Services’ governmental funds is to provide information on short-term inflows, outflows, and the balances left at year-end that are available for spending. Such information is useful in assessing the Health and Human Services’ financing requirements.

At the end of the current fiscal year, governmental funds reported combined ending fund balances of \$5,842,527, a decrease of \$1,059,262 in comparison with the prior year. Of the combined ending fund balances, \$5,832,933 represents assigned and unassigned fund balance which is available for spending at the agency’s discretion.

The General Fund is the operating fund for the human services portion of the agency. At the end of the current fiscal year, it had an unassigned fund balance of \$4,033,903. The General Fund’s unassigned fund balance represents 15.5 percent of total General Fund expenditures. During 2016, the ending fund balance decreased by \$1,022,576, primarily due to additional costs to operate Children and Family Services programs and adjustments to negotiated employee salaries.

The Health Services Special Revenue Fund had an assigned fund balance of \$1,734,653. The ending balance decreased by \$36,686 during 2016, primarily due to the additional costs of imaging, which is moving the agency toward going paperless, and adjustments to negotiated employee salaries.



## General Fund

<u>Revenues</u>	<u>Budgeted Amount</u>	<u>Actual Amount</u>
Intergovernmental	\$ 21,639,448	\$ 22,110,184
Charges for services	1,943,500	2,093,295
Investment earnings	67,000	40,386
Miscellaneous	568,700	497,764
Total Revenues	<u>\$ 24,218,648</u>	<u>\$ 24,741,629</u>

## Health Services Special Revenue Fund

<u>Revenues</u>	<u>Budgeted Amount</u>	<u>Actual Amount</u>
Intergovernmental	\$ 2,978,278	\$ 2,784,832
Charges for services	625,695	557,007
Investment earnings	3,000	5,674
Miscellaneous	-	8,452
Total Revenues	<u>\$ 3,606,973</u>	<u>\$ 3,355,965</u>

## General Fund Budgetary Highlights

Over the course of the year, the original to final budget totals stayed the same. Actual revenue exceeded budgeted revenue by \$522,981. The area that contributed to the increase in revenue was intergovernmental. Actual expenditures exceeded budgeted expenditures by \$1,888,487. Overall, the net change in fund balance was (\$1,022,576). This change in fund balance can be attributed to the additional costs of Children and Family Services, principally the costs attributed with additional employees required to adequately handle the increases in caseloads for workers in these program areas, as well as other variable costs associated with the increasing number of placements and children that are IV-E eligible.

## CAPITAL ASSETS AND DEBT ADMINISTRATION

### Capital Assets

The Health and Human Services' investment in capital assets for its governmental activities for the year ended December 31, 2016, is \$816,981 (net of accumulated depreciation). This investment in capital assets includes construction in progress, office furniture and equipment, and automotive equipment. In 2016, the Health and Human Services entered into lease agreements for 22 automobiles and sold 21 owned automobiles and collected the proceeds. The Health and Human Services is also in the process of implementing and building an agency-wide

SharePoint site with the assistance of Computer Integration Technologies, Inc., a project started in 2014. The Health and Human Services has slowed investing in capital assets due to decreased funding and revenues.

The following table shows capital assets, net of depreciation, at December 31, 2016.

Construction in progress	\$ 35,644
Office furniture and equipment	347,011
Automotive equipment	<u>434,326</u>
Total Capital Assets Depreciated, Net	<u>\$ 816,981</u>

### Long-Term Debt

At year-end, the Health and Human Services had no outstanding bonded debt. The Health and Human Services has outstanding long-term liabilities at December 31, 2016, of \$17,040,704. The outstanding long-term liabilities are related to compensated absences, the net other postemployment benefits obligation, capital leases, and the net pension liability.

#### Governmental Activities Long-Term Liabilities

Capital leases payable	\$ 405,119
Compensated absences	942,083
Net other postemployment benefits obligation	1,403,175
Net pension liability	<u>14,290,327</u>
Total	<u>\$ 17,040,704</u>

### ECONOMIC FACTORS AND NEXT YEAR'S BUDGETS AND RATES

Southwest Health and Human Services planned a balanced budget for 2016. The levy for Human Services was approved at a three percent increase for the General Fund. A change in the per capita levy for the Health Services Special Revenue Fund was also approved with an increase of \$2.25 per capita for all counties besides Redwood County which had a decrease of \$2.30 per capita. By doing so, this now equalizes the per capita funding for all of the six Southwest Health and Human Services counties.

In 2016, Southwest Health and Human Services continues investing in operational readiness by expanding the agency-wide imaging technology and hiring several new employees to meet the health and safety needs of our population.

## **REQUESTS FOR INFORMATION**

This financial report is designed to provide a general overview of Southwest Health and Human Services' financial statements. Additional questions or further explanation of this report can be obtained by writing to Sarah Kirchner, Fiscal Manager of Southwest Health and Human Services, 607 West Main Street, Suite 200, Marshall, Minnesota 56258, or by calling 507-532-1268.

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## **BASIC FINANCIAL STATEMENTS**

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**GOVERNMENT-WIDE FINANCIAL STATEMENTS**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 1**

**STATEMENT OF NET POSITION  
GOVERNMENTAL ACTIVITIES  
DECEMBER 31, 2016**

**Assets**

Cash and cash equivalents	\$	3,616,100
Investments		1,797,000
Receivables		3,175,436
Capital assets		
Non-depreciable		35,644
Depreciable - net of accumulated depreciation		<u>781,337</u>
<b>Total Assets</b>	<b>\$</b>	<b><u>9,405,517</u></b>

**Deferred Outflows of Resources**

Deferred pension outflows	\$	<u>6,182,456</u>
---------------------------	----	------------------

**Liabilities**

Accounts payable and other current liabilities	\$	2,295,300
Unearned revenue		156,711
Long-term liabilities		
Due within one year		193,285
Due in more than one year		1,153,917
Net other postemployment benefits obligation		1,403,175
Net pension liability		<u>14,290,327</u>
<b>Total Liabilities</b>	<b>\$</b>	<b><u>19,492,715</u></b>

**Deferred Inflows of Resources**

Deferred pension inflows	\$	<u>1,405,220</u>
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**Net Position**

Net investment in capital assets	\$	411,862
Restricted for		
Human services		9,594
Unrestricted		<u>(5,731,418)</u>
<b>Total Net Position</b>	<b>\$</b>	<b><u>(5,309,962)</u></b>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 2**

**STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<u>Expenses</u>	<u>Program Revenues</u> <u>Fees, Charges, Fines, and Other</u>	<u>Operating Grants and Contributions</u>	<u>Net (Expense) Revenue and Changes in Net Position</u>
<b><u>Functions/Programs</u></b>				
<b>Governmental activities</b>				
Human services	\$ 26,624,890	\$ 2,575,943	\$ 12,533,616	\$ (11,515,331)
Health services	3,537,735	558,984	1,985,516	(993,235)
Interest	28,118	-	-	(28,118)
<b>Total Governmental Activities</b>	<b><u>\$ 30,190,743</u></b>	<b><u>\$ 3,134,927</u></b>	<b><u>\$ 14,519,132</u></b>	<b><u>\$ (12,536,684)</u></b>
<b>General Revenues</b>				
Grants and contributions not restricted to specific programs			\$ 10,374,997	
Unrestricted investment earnings			35,018	
Miscellaneous			89,965	
<b>Total general revenues</b>			<b><u>\$ 10,499,980</u></b>	
<b>Change in net position</b>				<b>\$ (2,036,704)</b>
<b>Net Position - Beginning</b>				<b><u>(3,273,258)</u></b>
<b>Net Position - Ending</b>				<b><u>\$ (5,309,962)</u></b>

## **FUND FINANCIAL STATEMENTS**

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**GOVERNMENTAL FUNDS**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 3**

**BALANCE SHEET  
GOVERNMENTAL FUNDS  
DECEMBER 31, 2016**

	<b>General</b>	<b>Health Services</b>	<b>Total</b>
<b><u>Assets</u></b>			
Cash and cash equivalents	\$ 1,821,664	\$ 1,525,374	\$ 3,347,038
Investments	1,477,480	319,520	1,797,000
Accounts receivable	435,485	41,709	477,194
Accrued interest receivable	5,680	1,082	6,762
Advance to other governments	80,749	-	80,749
Due from other governments	2,408,531	200,129	2,608,660
	<b>\$ 6,229,589</b>	<b>\$ 2,087,814</b>	<b>\$ 8,317,403</b>
 <b><u>Liabilities, Deferred Inflows of Resources, and Fund Balances</u></b>			
<b>Liabilities</b>			
Accounts payable	\$ 989,750	\$ 16,799	\$ 1,006,549
Salaries payable	769,235	152,216	921,451
Due to other governments	233,991	6,863	240,854
Unearned revenue	-	156,711	156,711
	<b>\$ 1,992,976</b>	<b>\$ 332,589</b>	<b>\$ 2,325,565</b>
 <b>Deferred Inflows of Resources</b>			
Unavailable revenue	\$ 128,739	\$ 20,572	\$ 149,311
 <b>Fund Balances</b>			
Restricted for			
Social security dedicated account	\$ 9,594	\$ -	\$ 9,594
Assigned for			
Health services	-	1,734,653	1,734,653
Software purchases	64,377	-	64,377
Unassigned	4,033,903	-	4,033,903
	<b>\$ 4,107,874</b>	<b>\$ 1,734,653</b>	<b>\$ 5,842,527</b>
 <b>Total Liabilities, Deferred Inflows of Resources, and Fund Balances</b>	<b>\$ 6,229,589</b>	<b>\$ 2,087,814</b>	<b>\$ 8,317,403</b>

The notes to the financial statements are an integral part of this statement.

Page 17

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

***EXHIBIT 4***

**RECONCILIATION OF GOVERNMENTAL FUNDS BALANCE SHEET TO  
THE GOVERNMENT-WIDE STATEMENT OF NET POSITION--GOVERNMENTAL ACTIVITIES  
DECEMBER 31, 2016**

<b>Fund balance - total governmental funds (Exhibit 3)</b>	<b>\$</b>	<b>5,842,527</b>
Amounts reported for governmental activities in the statement of net position are different because:		
Capital assets, net of accumulated depreciation, used in governmental activities are not financial resources and, therefore, are not reported in the governmental funds.		816,981
Deferred outflows of resources resulting from pension obligations are not available resources and, therefore, are not reported in governmental funds.		6,182,456
An internal service fund is used by the Health and Human Services to charge the cost of the self-funded insurance programs to functions. The assets and liabilities of the internal service fund are included in the governmental activities in the statement of net position.		144,687
Other long-term assets are not available to pay for current period expenditures and, therefore, are reported as deferred inflows of resources--unavailable revenue in the governmental funds.		149,311
Long-term liabilities are not due and payable in the current period and, therefore, are not reported in the governmental funds.		
Leases payable	\$ (405,119)	
Compensated absences	(942,083)	
Net other postemployment benefits obligation	(1,403,175)	
Net pension liability	<u>(14,290,327)</u>	(17,040,704)
Deferred inflows of resources resulting from pension obligations are not due and payable in the current period and, therefore, are not reported in governmental funds.		<u>(1,405,220)</u>
<b>Net Position of Governmental Activities (Exhibit 1)</b>	<b>\$</b>	<b><u>(5,309,962)</u></b>



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 5**

**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE  
GOVERNMENTAL FUNDS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<b>General</b>	<b>Health Services</b>	<b>Total</b>
<b>Revenues</b>			
Intergovernmental	\$ 22,110,184	\$ 2,784,832	\$ 24,895,016
Charges for services	2,093,295	557,007	2,650,302
Investment earnings	40,386	5,674	46,060
Miscellaneous	497,764	8,452	506,216
	<b>\$ 24,741,629</b>	<b>\$ 3,355,965</b>	<b>\$ 28,097,594</b>
<b>Expenditures</b>			
<b>Current</b>			
Human services	\$ 26,025,769	\$ -	\$ 26,025,769
Health	-	3,442,474	3,442,474
<b>Debt service</b>			
Principal	53,248	10,142	63,390
Interest	28,118	5,356	33,474
	<b>\$ 26,107,135</b>	<b>\$ 3,457,972</b>	<b>\$ 29,565,107</b>
<b>Excess of Revenues Over (Under) Expenditures</b>	<b>\$ (1,365,506)</b>	<b>\$ (102,007)</b>	<b>\$ (1,467,513)</b>
<b>Other Financing Sources (Uses)</b>			
Proceeds from sale of capital assets	\$ 46,486	\$ 8,855	\$ 55,341
Capital leases	296,444	56,466	352,910
	<b>\$ 342,930</b>	<b>\$ 65,321</b>	<b>\$ 408,251</b>
<b>Net Change in Fund Balance</b>	<b>\$ (1,022,576)</b>	<b>\$ (36,686)</b>	<b>\$ (1,059,262)</b>
<b>Fund Balance - January 1</b>	<b>5,130,450</b>	<b>1,771,339</b>	<b>6,901,789</b>
<b>Fund Balance - December 31</b>	<b>\$ 4,107,874</b>	<b>\$ 1,734,653</b>	<b>\$ 5,842,527</b>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 6**

**RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND  
CHANGES IN FUND BALANCE OF GOVERNMENTAL FUNDS TO THE  
GOVERNMENT-WIDE STATEMENT OF ACTIVITIES--GOVERNMENTAL ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2016**

**Net change in fund balance - total governmental funds (Exhibit 5) \$ (1,059,262)**

Amounts reported for governmental activities in the statement of activities are different because:

In the funds, under the modified accrual basis, receivables not available for expenditure are deferred. In the statement of activities, those revenues are recognized when earned. The adjustment to revenue between the fund statements and the statement of activities is the increase or decrease in revenue deferred as unavailable.

Unavailable revenue - December 31	\$ 149,311	
Unavailable revenue - January 1	<u>(206,549)</u>	(57,238)

Governmental funds report capital outlay as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. In the statement of activities, only the gain or loss on the disposal of capital assets is reported; whereas, in the governmental funds, the proceeds from the sale increase financial resources. The difference is the net book value of the assets disposed of.

Expenditures for general capital assets	\$ 414,111	
Net book value of assets disposed of	(46,774)	
Current year depreciation	<u>(222,863)</u>	144,474

Some capital additions were financed through capital leases. In governmental funds, a capital lease arrangement is considered a source of financing, but in the statement of net position, the lease obligation is reported as a liability. Similarly, repayment of principal is an expenditure in the governmental funds but reduces the liability in the statement of net position.

Principal payments on capital leases		63,390
Capital leases (see Note 2.B.4. for more information)		<u>(352,910)</u>

Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.

Change in compensated absences	\$ (100,614)	
Change in net other postemployment benefits obligation	(105,947)	
Change in net pension liability	(5,516,322)	
Change in deferred pension outflows	4,954,139	
Change in deferred pension inflows	<u>(578,840)</u>	(1,347,584)

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

***EXHIBIT 6***  
***(Continued)***

**RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND  
CHANGES IN FUND BALANCE OF GOVERNMENTAL FUNDS TO THE  
GOVERNMENT-WIDE STATEMENT OF ACTIVITIES--GOVERNMENTAL ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2016**

An internal service fund is used by the Health and Human Services to charge the cost of the self-funded insurance programs to functions. The increase or decrease in net position of the internal service fund is reported in the government-wide statement of activities.

	<u>572,426</u>
<b>Change in Net Position of Governmental Activities (Exhibit 2)</b>	<b><u>\$ (2,036,704)</u></b>

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**PROPRIETARY FUND**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

***EXHIBIT 7***

**STATEMENT OF NET POSITION  
PROPRIETARY FUND  
DECEMBER 31, 2016**

	<u>Governmental Activities Internal Service Fund</u>
<b><u>Assets</u></b>	
Current assets	
Cash and cash equivalents	\$ 269,062
Accounts receivable	2,071
	<hr/>
<b>Total Assets</b>	<b>\$ 271,133</b>
	<hr/>
<b><u>Liabilities</u></b>	
Current liabilities	
Claims payable	\$ 126,446
	<hr/>
<b><u>Net Position</u></b>	
Unrestricted	\$ 144,687
	<hr/> <hr/>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 8**

**STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN FUND NET POSITION  
PROPRIETARY FUND  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<u>Governmental Activities Internal Service Fund</u>
<b>Operating Revenues</b>	
Charges for services	\$ 2,844,821
<b>Operating Expenses</b>	
Cost of service	<u>2,272,395</u>
<b>Operating Income (Loss)</b>	\$ 572,426
<b>Net Position - January 1</b>	<u>(427,739)</u>
<b>Net Position - December 31</b>	<u><u>\$ 144,687</u></u>



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT 9**

**STATEMENT OF CASH FLOWS  
PROPRIETARY FUND  
FOR THE YEAR ENDED DECEMBER 31, 2016  
Increase (Decrease) in Cash and Cash Equivalents**

	<b>Governmental Activities</b>
	<b>Internal Service Fund</b>
<b>Cash Flows from Operating Activities</b>	
Receipts from internal services provided	\$ 2,842,750
Payments to suppliers	(2,284,510)
	<b>\$ 558,240</b>
<b>Cash Flows from Noncapital Financing Activities</b>	
Advance repaid to other funds	(289,178)
	<b>\$ 269,062</b>
<b>Cash and Cash Equivalents at January 1</b>	<b>-</b>
<b>Cash and Cash Equivalents at December 31</b>	<b>\$ 269,062</b>
<b>Reconciliation of Operating Income (Loss) to Net Cash Provided by (Used in) Operating Activities</b>	
Operating income (loss)	\$ 572,426
<b>Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities</b>	
(Increase) decrease in accounts receivable	\$ (2,071)
Increase (decrease) in claims payable	(12,115)
	<b>\$ (14,186)</b>
<b>Net Cash Provided by (Used in) Operating Activities</b>	<b>\$ 558,240</b>

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## **FIDUCIARY FUNDS**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT 10*

**STATEMENT OF FIDUCIARY NET POSITION  
AGENCY FUNDS  
DECEMBER 31, 2016**

<b><u>Assets</u></b>	
Cash and cash equivalents	<u><u>\$ 120,602</u></u>
<b><u>Liabilities</u></b>	
Due to other governments	<u><u>\$ 120,602</u></u>

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

NOTES TO THE FINANCIAL STATEMENTS  
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2016

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1. Summary of Significant Accounting Policies

Southwest Health and Human Services' financial statements are prepared in accordance with generally accepted accounting principles (GAAP) in the United States of America as of and for the year ended December 31, 2016. The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). The more significant accounting policies established in GAAP and used by Southwest Health and Human Services are discussed below.

A. Financial Reporting Entity

Southwest Health and Human Services was formed pursuant to Minn. Stat. § 471.59, by Lincoln, Lyon, Murray, and Pipestone Counties. Political subdivisions are required by Minn. Stat. ch. 145A to undertake the responsibilities of the Minnesota Public Health Act. Minn. Stat. ch. 393 and other applicable state statutes and rules require counties, through the creation of a local social services agency, to undertake responsibilities related to the provision of health and human services. Southwest Health and Human Services began official operations on January 1, 2011, and performs health and human services in the counties that are signatories to the joint powers agreement (JPA). In 2012 and after, local financing will be provided based on consideration of: (1) population based on the most recent national census; (2) tax capacity; and (3) the most recent three-year average Social Service Expenditure and Grant Reconciliation Report, each factor to be weighted equally. As of January 1, 2012, Rock County Human Services and Rock County Public Health joined the JPA of Southwest Health and Human Services. As of January 1, 2013, Pipestone County Family Services, Redwood County Human Services, and Redwood County Public Health joined the JPA of Southwest Health and Human Services.

Southwest Health and Human Services is governed by a Joint Health and Human Services Board, made up of one County Commissioner (or alternate) from each county serving on the Community Health Board and one County Commissioner (or alternate) from each county serving on the Human Services Board. The Human Services Board is made up of two County Commissioners from each of the participating counties, who are chosen by their respective County Boards, and one lay person from each participating county.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

A. Financial Reporting Entity (Continued)

The Community Health Board is made up of one County Commissioner and one alternate from each member county, unless such county shall have a population in excess of twice that of any other member county, in which case, it shall have two Commissioners and two alternates.

Southwest Health and Human Services is an independent joint venture and is not included in any of the member counties' reporting entities.

Joint Ventures and Jointly-Governed Organizations

Southwest Health and Human Services participates in joint ventures described in Note 5.B. The Health and Human Services also participates in jointly-governed organizations described in Note 5.C.

B. Basic Financial Information

1. Government-Wide Statements

The government-wide financial statements (the statement of net position and the statement of activities) display information about Southwest Health and Human Services. These statements include the financial activities of the overall government, except for fiduciary activities. Eliminations have been made to minimize the double counting of internal activities.

In the government-wide statement of net position, the governmental activities are presented on a consolidated basis and are reported on a full accrual, economic resource basis, which recognizes all long-term assets and receivables as well as long-term debt and obligations. The Health and Human Services' net position is reported in three parts: (1) net investment in capital assets, (2) restricted net position, and (3) unrestricted net position. The Health and Human Services first utilizes restricted resources to finance qualifying activities.

The statement of activities demonstrates the degree to which the direct expenses of each function of the Health and Human Services' governmental activities are offset by program revenues. Direct expenses are those clearly identifiable with a specific



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

B. Basic Financial Statements

1. Government-Wide Statements (Continued)

function or activity. Program revenues include: (1) fees, fines, and charges paid by the recipients of goods, services, or privileges provided by a given function or activity; and (2) grants and contributions restricted to meeting the operational or capital requirements of a particular function or activity. Revenues not classified as program revenues are presented as general revenues.

2. Fund Financial Statements

The fund financial statements provide information about the Health and Human Services' funds, including its fiduciary funds. Separate statements for each fund category--governmental, proprietary, and fiduciary--are presented. The emphasis of governmental and proprietary fund financial statements is on major individual governmental funds, with each displayed as separate columns in the fund financial statements. The Health and Human Services reports all of its governmental funds as major funds.

The Health and Human Services reports the following major governmental funds:

- The General Fund is the Health and Human Services' primary operating fund. It accounts for all financial resources of the Health and Human Services, except those accounted for in another fund. Southwest Health and Human Services has chosen to use the General Fund to account for human service programs and information technology. Financing comes primarily from contributions of participating counties and intergovernmental revenue provided by the state and federal governments.
- The Health Services Special Revenue Fund accounts for restricted revenues from the federal and state government, as well as committed contributions from participating counties for community health programs.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

B. Basic Financial Statements

2. Fund Financial Statements (Continued)

Additionally, the Health and Human Services reports the following fund types:

- The Internal Service Fund accounts for health insurance premiums and payments.
- Agency funds are custodial in nature and do not present results of operations or have a measurement focus. These funds account for assets that the Health and Human Services holds for others in an agent capacity.

C. Measurement Focus and Basis of Accounting

The government-wide, proprietary fund, and fiduciary fund financial statements are reported using the economic resources measurement focus and the full accrual basis of accounting. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Southwest Health and Human Services considers all revenues as available if collected within 60 days after the end of the current period. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met and are available. Charges for services and interest are considered susceptible to accrual. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt, compensated absences, and claims and judgments, which are recognized as expenditures to the extent that they have matured. Proceeds of long-term debt and acquisitions under capital leases are reported as other financing sources.

Proprietary fund operating revenues, such as charges for services, result from exchange transactions associated with the principal activity of the fund. Exchange transactions are those in which each party receives and gives up essentially equal values. Nonoperating revenues, such as subsidies and investment earnings, result from nonexchange transactions or incidental activities.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

C. Measurement Focus and Basis of Accounting (Continued)

When both restricted and unrestricted resources are available for use, it is Southwest Health and Human Services' policy to use restricted resources first and then unrestricted resources as needed.

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

1. Cash and Cash Equivalents

Southwest Health and Human Services has defined cash and cash equivalents to include cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition.

2. Deposits and Investments

Under the direction of the Investment Committee and the Board, the cash balances of substantially all funds are invested by the Lyon County Auditor/Treasurer for the purpose of increasing earnings through investment activities. Fund investments are reported at their fair value at December 31, 2016, using a market approach. Pursuant to Minn. Stat. § 385.07, interest and investment earnings on cash and investments are credited to the General Fund.

Other funds received investment earnings based on other state statutes, grant agreements, contracts, and bond covenants. Investment earnings for 2016 were \$40,060.

3. Receivables and Payables

The financial statements for Southwest Health and Human Services contain no allowance for uncollectible accounts. Uncollectible amounts due for receivables are recognized as bad debts at the time information becomes available that indicates the uncollectibility of the particular receivable. These amounts are not considered to be material in relation to the financial position or operations of the funds.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

3. Receivables and Payables (Continued)

Activities between funds representative of lending/borrowing arrangements outstanding at the end of the fiscal year are referred to as either “due to/from other funds” (the current portion of interfund loans) or “advances to/from other funds” (the noncurrent portion of interfund loans). All other outstanding balances between funds are reported as “due to/from other funds.”

Advances between funds, as reported in the fund financial statements, are offset by nonspendable fund balance in applicable governmental funds to indicate that they are not available for appropriation and are not expendable available financial resources.

4. Prepaid Items

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

5. Capital Assets

Capital assets, which include office furniture, equipment, and automotive equipment, are reported by the Health and Human Services in the government-wide financial statements. Capital assets are defined by the Health and Human Services as assets with an initial, individual cost of more than \$5,000 and an estimated useful life in excess of two years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at acquisition value (entry price) on the date of donation.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets’ lives are not capitalized.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

5. Capital Assets (Continued)

Office furniture and equipment and automotive equipment are depreciated using the straight-line method over the following estimated useful lives:

<u>Assets</u>	<u>Years</u>
Office furniture and equipment	3 to 10
Automotive equipment	3 to 10

6. Compensated Absences

The liability for compensated absences reported in the financial statements consists of unpaid, accumulated vacation, sick leave, and comp time balances. The liability has been calculated using the vesting method, in which leave amounts for both employees who currently are eligible to receive termination payments and other employees who are expected to become eligible in the future to receive such payments upon termination are included. A liability for compensated absences is reported in the governmental funds only if they have matured, for example, as a result of employee resignations and retirements. Compensated absences are accrued when incurred in the government-wide, proprietary, and fiduciary fund financial statements. The government-wide statement of net position reports both current and noncurrent portions of compensated absences. The current portion consists of an amount based on a trend analysis of current usage of vacation. The noncurrent portion consists of the remaining amount of vacation, total vested sick leave, and comp time. For the governmental activities, compensated absences are liquidated by the General Fund and the Health Services Special Revenue Fund.

7. Long-Term Obligations

In the government-wide financial statements, and proprietary fund types in the fund financial statements, long-term obligations are reported as liabilities in the applicable governmental activities or proprietary fund type statement of net position. The governmental fund financial statements report only liabilities expected to be financed with available, spendable financial resources. Acquisitions under capital leases are reported as an other financing source at the present value of the future minimum lease payments as of the inception date.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity  
(Continued)

8. Pension Plan

For purposes of measuring the net pension liability, deferred outflows/inflows of resources, and pension expense, information about the fiduciary net position of the Public Employees Retirement Association (PERA) and additions to/deductions from PERA's fiduciary net position have been determined on the same basis as they are reported by PERA, except that PERA's fiscal year-end is June 30. For this purpose, plan contributions are recognized as of employer payroll paid dates and benefit payments and refunds are recognized when due and payable in accordance with the benefit terms. Plan investments are reported at fair value. The pension liability is liquidated through the General Fund and the Health Services Special Revenue Fund.

9. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of financial position reports a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to a future period(s) and will not be recognized as an outflow of resources (expenditure/expense) until then. The Health and Human Services has one item, deferred pension outflows, that qualifies for reporting in this category. These outflows arise only under the full accrual basis of accounting and consist of pension plan contributions paid subsequent to the measurement date, differences between projected and actual earnings on pension plan investments, changes in actuarial assumptions, and also pension plan changes in proportionate share and, accordingly, are reported only in the statement of net position.

In addition to liabilities, the statement of financial position reports a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The Health and Human Services has two types of deferred inflows. The governmental funds report unavailable revenue from grant monies receivable for amounts that are not considered available to liquidate liabilities of the current period. Unavailable revenue arises only under the modified accrual basis of

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

9. Deferred Outflows/Inflows of Resources (Continued)

accounting and, accordingly, is reported only in the governmental fund balance sheet. The unavailable revenue amount is deferred and recognized as an inflow of resources in the period that the amounts become available. The Health and Human Services also has deferred pension inflows. These inflows arise only under the full accrual basis of accounting and consist of differences between expected and actual pension plan economic experience and also pension plan changes in proportionate share and, accordingly, are reported only in the statement of net position.

10. Unearned Revenue

Governmental funds and government-wide financial statements report unearned revenue in connection with resources that have been received, but not yet earned.

11. Classification of Net Position

Net position in the government-wide and proprietary fund financial statements is classified in the following categories:

- Net investment in capital assets - the amount of net position representing capital assets, net of accumulated depreciation, and reduced by outstanding debt attributed to the acquisition, construction, or improvement of the assets.
- Restricted net position - the amount of net position for which external restrictions have been imposed by creditors, grantors, contributors, or laws or regulations of other governments and restrictions imposed by law through constitutional provisions or enabling legislation.
- Unrestricted net position - the amount of net position that does not meet the definition of restricted or net investment in capital assets.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity  
(Continued)

12. Classification of Fund Balances

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

- Nonspendable - amounts that cannot be spent because they are not in spendable form, or are legally or contractually required to be maintained intact. The “not in spendable form” criterion includes items that are not expected to be converted to cash.
- Restricted - amounts for which constraints have been placed on the use of resources 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 - amounts that can be used only for the specific purposes imposed by formal action (resolution) of the Board. Those committed amounts cannot be used for any other purpose unless the Board removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts.
- Assigned - amounts the Health and Human Services intends to use for specific purposes that 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 or an individual who has been delegated that authority by Board resolution.



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

12. Classification of Fund Balances (Continued)

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

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

13. Minimum Fund Balance

Southwest Health and Human Services adopted a minimum fund balance policy for its General Fund to maintain a minimum unassigned fund balance equal to 35 to 50 percent of the General Fund's operating expenditures. At December 31, 2016, unrestricted fund balance in the General Fund was below the minimum fund balance levels.

14. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities, deferred inflows of resources; and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

1. Deposits and Investments

Reconciliation of the Health and Human Services' total cash and investments to the basic financial statements follows:

Government-wide statement of net position	
Governmental activities	
Cash and cash equivalents	\$ 3,616,100
Investments	1,797,000
Statement of fiduciary net position	
Cash and cash equivalents	<u>120,602</u>
 Total Cash and Investments	 <u><u>\$ 5,533,702</u></u>

a. Deposits

Southwest Health and Human Services is authorized by Minn. Stat. §§ 118A.02 and 118A.04 to designate a depository for public funds and to invest in certificates of deposit. Southwest Health and Human Services is required by Minn. Stat. § 118A.03 to protect deposits with insurance, surety bond, or collateral. The market value of collateral pledged shall be at least ten percent more than the amount on deposit at the close of the financial institution's banking day not covered by insurance or bonds.

Authorized collateral includes treasury bills, notes, and bonds; issues of U.S. government agencies; general obligations rated "A" or better and revenue obligations rated "AA" or better; irrevocable standby letters of credit issued by the Federal Home Loan Bank; and certificates of deposit. Minnesota statutes require that securities pledged as collateral be held in safekeeping in a restricted account at the Federal Reserve Bank or in an account at a trust department of a commercial bank or other financial institution not owned or controlled by the financial institution furnishing the collateral.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

1. Deposits and Investments

a. Deposits (Continued)

Custodial Credit Risk

Custodial credit risk is the risk that in the event of a financial institution failure, the Health and Human Services' deposits may not be returned to it. The Health and Human Services has adopted a policy for custodial credit risk of obtaining collateral or bond for all uninsured amounts on deposit and obtaining necessary documentation to show compliance with state law and perfected security interest under federal law. As of December 31, 2016, Southwest Health and Human Services' deposits were not exposed to custodial credit risk.

b. Investments

Southwest Health and Human Services may invest in the following types of investments as authorized by Minn. Stat. §§ 118A.04 and 118A.05:

- (1) securities which are direct obligations or are guaranteed or insured issues of the United States, its agencies, its instrumentalities, or organizations created by an act of Congress, except mortgage-backed securities defined as "high risk" by Minn. Stat. § 118A.04, subd. 6;
- (2) mutual funds through shares of registered investment companies provided the mutual fund receives certain ratings depending on its investments;
- (3) general obligations of the State of Minnesota and its municipalities, and in certain state agency and local obligations of Minnesota and other states provided such obligations have certain specified bond ratings by a national bond rating service;
- (4) bankers' acceptances of United States banks;

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

1. Deposits and Investments

b. Investments (Continued)

- (5) commercial paper issued by United States corporations or their Canadian subsidiaries rated in the highest quality category by two nationally recognized rating agencies and maturing in 270 days or less; and
- (6) with certain restrictions, in repurchase agreements, securities lending agreements, joint powers investment trusts, and guaranteed investment contracts.

Interest Rate Risk

Interest rate risk is the risk that changes in the market interest rates will adversely affect the fair value of an investment. Southwest Health and Human Services minimizes its exposure to interest rate risk by investing in both short-term and long-term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for operations.

Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. It is the Health and Human Services' policy to invest only in securities that meet the ratings requirements set by state statute.

Custodial Credit Risk

The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, a government will not be able to recover the value of investment or collateral securities in the possession of an

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

1. Deposits and Investments

b. Investments

Custodial Credit Risk (Continued)

outside party. The Health and Human Services has adopted a policy for custodial credit risk that permits brokers to hold investments only to the extent Securities Investor Protection Corporation (SIPC) coverage and excess SIPC coverage are available. As of December 31, 2016, Southwest Health and Human Services' investments were not exposed to custodial credit risk.

Concentration of Credit Risk

The concentration of credit risk is the risk of loss that may be caused by the Health and Human Services' investment in a single issuer. It is Southwest Health and Human Services' policy to diversify the investment portfolio so that the impact of potential losses from one type of security will be minimized.

At December 31, 2016, Southwest Health and Human Services had the following deposits and investments:

<u>Investment - Issuer</u>	<u>Credit Risk</u>		<u>Concentration Risk Over 5 Percent of Portfolio</u>	<u>Interest Rate Risk Maturity Date</u>	<u>Carrying (Fair) Value</u>
	<u>Credit Rating</u>	<u>Rating Agency</u>			
U.S. government agency securities					
Federal Home Loan Mortgage Corporation	AA+	S&P		02/25/2017	\$ 245,000
Federal Home Loan Bank	AA+	S&P		12/16/2021	215,000
Federal Home Loan Bank	AA+	S&P		12/16/2021	200,000
Total U.S. government agency securities			>5%		\$ 660,000
Negotiable certificates of deposit					
Sallie Mae Bank	N/R	N/A		08/27/2019	\$ 200,000
American Express Bank	N/R	N/A		08/28/2019	200,000
American Express Centurion Bank	N/R	N/A		12/04/2019	245,000
Goldman Sachs Bank	N/R	N/A		01/21/2020	247,000
Orrstown Bank	N/R	N/A		08/28/2020	245,000
Total negotiable certificates of deposit			>5%		\$ 1,137,000

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

1. Deposits and Investments (Continued)

Investment - Issuer	Credit Risk		Concentration Risk	Interest Rate Risk	Carrying (Fair) Value
	Credit Rating	Rating Agency	Over 5 Percent of Portfolio	Maturity Date	
Total investments					\$ 1,797,000
Checking					3,736,702
Total Cash and Investments					<u>\$ 5,533,702</u>

N/A - Not Applicable; N/R - Not Rated

<5% - Concentration is less than 5% of investments; >5% - Concentration is more than 5% of investments

The Health and Human Services measures and records its investments using fair value measurement guidelines established by generally accepted accounting principles. These guidelines recognize a three-tiered fair value hierarchy, as follows:

- *Level 1*: Quoted prices for identical investments in active markets;
- *Level 2*: Observable inputs other than quoted market prices; and,
- *Level 3*: Unobservable inputs.

At December 31, 2016, the Health and Human Services had the following recurring fair value measurement:

	December 31, 2016	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments by fair value level				
Debt securities				
U.S. agencies	\$ 660,000	\$ -	\$ 660,000	\$ -
Negotiable certificates of deposit	<u>1,137,000</u>	<u>-</u>	<u>1,137,000</u>	<u>-</u>
Total Investments Included in the Fair Value Hierarchy	<u>\$ 1,797,000</u>	<u>\$ -</u>	<u>\$ 1,797,000</u>	<u>\$ -</u>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

1. Deposits and Investments (Continued)

Debt securities classified in level 2 are valued using the following approach:

- U.S. agencies and negotiable certificates of deposit: matrix pricing based on the securities' relationship to benchmark quoted prices.

2. Receivables

Receivables as of December 31, 2016, for the Health and Human Services' governmental activities are as follows:

	Total Receivables
Governmental Activities	
Accounts receivable	\$ 479,265
Interest	6,762
Advance to other governments	80,749
Due from other governments	2,608,660
Total Governmental Activities	\$ 3,175,436

The Health and Human Services had no receivables scheduled to be collected beyond one year.

3. Capital Assets

Capital asset activity for the year ended December 31, 2016, was as follows:

	Beginning Balance	Increase	Decrease	Ending Balance
Capital assets not depreciated				
Construction in progress	\$ 92,093	\$ 50,576	\$ 107,025	\$ 35,644
Capital assets depreciated				
Office furniture and equipment	\$ 852,129	\$ 124,655	\$ -	\$ 976,784
Automotive equipment	563,702	345,905	318,468	591,139
Total capital assets depreciated	\$ 1,415,831	\$ 470,560	\$ 318,468	\$ 1,567,923

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

2. Detailed Notes on All Funds

A. Assets and Deferred Outflows of Resources

3. Capital Assets (Continued)

	<u>Beginning Balance</u>	<u>Increase</u>	<u>Decrease</u>	<u>Ending Balance</u>
Less: accumulated depreciation for Office furniture and equipment	\$ 489,753	\$ 140,020	\$ -	\$ 629,773
Automotive equipment	345,664	82,843	271,694	156,813
	<u>\$ 835,417</u>	<u>\$ 222,863</u>	<u>\$ 271,694</u>	<u>\$ 786,586</u>
Total accumulated depreciation				
	<u>\$ 835,417</u>	<u>\$ 222,863</u>	<u>\$ 271,694</u>	<u>\$ 786,586</u>
Total capital assets depreciated, net	<u>\$ 580,414</u>	<u>\$ 247,697</u>	<u>\$ 46,774</u>	<u>\$ 781,337</u>
Governmental Activities Capital Assets, Net	<u>\$ 672,507</u>	<u>\$ 298,273</u>	<u>\$ 153,799</u>	<u>\$ 816,981</u>

Construction in progress consists of the amounts completed on a new content management program for an imaging system.

Depreciation expense was charged to functions/programs of the Health and Human Services as follows:

Governmental Activities	
Human services	\$ 187,205
Health services	<u>35,658</u>
Total Depreciation Expense - Governmental Activities	<u>\$ 222,863</u>



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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2. Detailed Notes on All Funds (Continued)

B. Liabilities and Deferred Inflows of Resources

1. Payables

Payables at December 31, 2016, were as follows:

Accounts payable	\$ 1,006,549
Claims payable	126,446
Salaries payable	921,451
Due to other governments	<u>240,854</u>
Total Payables	<u>\$ 2,295,300</u>

2. Unearned Revenues

Unearned revenues consist of state grant revenues received but not yet earned. Unearned revenues at December 31, 2016, are summarized below by fund:

	<u>Grants</u>
Major governmental funds	
Health Services Special Revenue Fund	<u>\$ 156,711</u>

3. Operating Leases

Southwest Health and Human Services entered into leases for office space with each participating county as follows:

- Lincoln County, for office space in the Lincoln County Courthouse in Ivanhoe, Minnesota. The lease began in 2011 and is renewed annually. The lease calls for quarterly payments of \$3,918. Lease payments to Lincoln County totaled \$15,670 in 2016.
- Lyon County, for office space in the Lyon County Government Center in Marshall, Minnesota. The lease began in 2010 and is renewed annually. The lease calls for monthly payments of \$19,286. Lease payments to Lyon County totaled \$231,437 in 2016.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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2. Detailed Notes on All Funds

B. Liabilities and Deferred Inflows of Resources

3. Operating Leases (Continued)

- Murray County, for the Human Services building in Slayton, Minnesota. The lease began in 2011 and is renewed annually. The lease calls for monthly payments of \$2,830. Lease payments to Murray County totaled \$33,960 in 2016.
- Pipestone County, for the Health and Human Services building in Pipestone, Minnesota. The lease began in 2013 and is renewed annually. The lease calls for quarterly payments of \$17,095. Lease payments to Pipestone County totaled \$68,380 in 2016.
- Redwood County, for office space in the Redwood County Courthouse and the Public Health building, both in Redwood Falls, Minnesota. The lease began in 2013 and is renewed annually. The lease calls for monthly payments of \$11,042. Lease payments to Redwood County totaled \$132,500 in 2016.
- Rock County, for the Human Services building in Luverne, Minnesota. The lease began in 2013 and is renewed annually. The lease calls for monthly payments of \$6,729. Lease payments to Rock County totaled \$80,750 in 2016.

4. Long-Term Debt

Capital Leases

The Health and Human Services has entered into lease agreements as a lessee for financing copy machines, postage machines, and vehicles. These lease agreements qualify as capital leases for accounting purposes and, therefore, have been recorded at the present value of their future minimum lease payments as of the inception date. Capital lease payments are paid from the General Fund and the Health Services Special Revenue Fund.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

2. Detailed Notes on All Funds

B. Liabilities and Deferred Inflows of Resources

4. Long-Term Debt

Capital Leases (Continued)

Capital leases consist of the following at December 31, 2016:

<u>Lease</u>	<u>Final Maturity</u>	<u>Installments</u>	<u>Payment Amount</u>	<u>Original Issue Amount</u>	<u>Outstanding Balance December 31, 2016</u>
Copy machines	2019 - 2020	Monthly	\$ 2,567	\$ 126,200	\$ 83,007
Postage machines	2019 - 2021	Monthly	371	19,215	13,518
Vehicles	2021	Monthly	7,504	345,905	308,594
Total Capital Leases					<u>\$ 405,119</u>

The future minimum lease obligations and the net present value of these minimum lease payments as of December 31, 2016, were as follows:

<u>Year Ending December 31</u>	<u>Governmental Activities</u>
2017	\$ 125,295
2018	125,303
2019	113,605
2020	105,255
2021	28,428
Total minimum lease payments	\$ 497,886
Less: amount representing interest	<u>(92,767)</u>
Present Value of Minimum Lease Payments	<u>\$ 405,119</u>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

2. Detailed Notes on All Funds

B. Liabilities and Deferred Inflows of Resources

4. Long-Term Debt (Continued)

Changes in Long-Term Liabilities

Long-term liability activity for the year ended December 31, 2016, was as follows:

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Compensated absences	\$ 841,469	\$ 1,128,507	\$ 1,027,893	\$ 942,083	\$ 105,042
Capital leases	115,599	352,910	63,390	405,119	88,243
Total	<u>\$ 957,068</u>	<u>\$ 1,481,417</u>	<u>\$ 1,091,283</u>	<u>\$ 1,347,202</u>	<u>\$ 193,285</u>

3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan

1. Plan Description

All full-time and certain part-time employees of Southwest Health and Human Services are covered by a defined benefit pension plan administered by the Public Employees Retirement Association of Minnesota (PERA). PERA administers the General Employees Retirement Plan, which is a cost-sharing, multiple-employer retirement plan. The plan is established and administered in accordance with Minn. Stat. chs. 353 and 356. PERA's defined benefit pension plan is a tax qualified plan under Section 401(a) of the Internal Revenue Code.

The General Employees Retirement Plan (accounted for in the General Employees Fund) has multiple benefit structures with members belonging to the Coordinated Plan, the Basic Plan, or the Minneapolis Employees Retirement Fund. Coordinated Plan members are covered by Social Security and Basic Plan and Minneapolis Employees Retirement Fund members are not. The Basic Plan was closed to new members in 1967. The Minneapolis Employees Retirement Fund was closed to new members during 1978 and merged into the General Employees Retirement Plan in 2015. All new members must participate in the Coordinated Plan, for which benefits vest after five years of credited service. No Health and Human Services' employees belong to either the Basic Plan or the Minneapolis Employees Retirement Fund.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan (Continued)

2. Benefits Provided

PERA provides retirement benefits as well as disability benefits to members and benefits to survivors upon death of eligible members. Benefit provisions are established by state statute and can be modified only by the state legislature. Benefit increases are provided to benefit recipients each January. Increases are related to the funding ratio of the plan. Benefit recipients receive a future annual 1.0 percent post-retirement benefit increase. If the funding ratio reaches 90 percent for two consecutive years, the benefit increase will revert to 2.5 percent. If, after reverting to a 2.5 percent benefit increase, the funding ratio declines to less than 80 percent for one year or less than 85 percent for two consecutive years, the benefit increase will decrease to 1.0 percent.

The benefit provisions stated in the following paragraph of this section are current provisions and apply to active plan participants. Vested, terminated employees who are entitled to benefits but are not yet receiving them are bound by the provisions in effect at the time they last terminated their public service.

Benefits are based on a member's highest average salary for any five successive years of allowable service, age, and years of credit at termination of service. Two methods are used to compute benefits for General Employees Retirement Plan Coordinated Plan members. Members hired prior to July 1, 1989, receive the higher of a step-rate benefit accrual formula (Method 1) or a level accrual formula (Method 2). Under Method 1, the annuity accrual rate for a Coordinated Plan member is 1.2 percent of average salary for each of the first ten years of service and 1.7 percent for each remaining year. Under Method 2, the annuity accrual rate is 1.7 percent for Coordinated Plan members for each year of service. Only Method 2 is used for members hired after June 30, 1989.

For General Employees Retirement Plan members hired prior to July 1, 1989, a full annuity is available when age plus years of service equal 90, and normal retirement age is 65. For members hired on or after July 1, 1989, normal retirement age is the age for unreduced Social Security benefits capped at 66. Disability benefits are available for vested members and are based on years of service and average high-five salary.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan (Continued)

3. Contributions

Pension benefits are funded from member and employer contributions and income from the investment of fund assets. Rates for employer and employee contributions are set by Minn. Stat. ch. 353. These statutes are established and amended by the state legislature. General Employees Retirement Plan Coordinated Plan members were required to contribute 6.50 percent of their annual covered salary in 2016.

In 2016, the Health and Human Services' was required to contribute the following percentage of annual covered salary:

General Employees Retirement Plan Coordinated Plan members	7.50%
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The employee and employer contribution rates did not change from the previous year.

The Health and Human Services' contributions for the General Employees Retirement Plan for the year ended December 31, 2016, were \$826,463. The contributions are equal to the contractually required contributions as set by state statute.

4. Pension Costs

At December 31, 2016, the Health and Human Services reported a liability of \$14,290,327 for its proportionate share of the General Employees Retirement Plan's net pension liability. The net pension liability was measured as of June 30, 2016, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Health and Human Services' proportion of the net pension liability was based on the Health and Human Services' contributions received by PERA during the measurement period for employer payroll paid dates from July 1, 2015, through June 30, 2016, relative to the total employer contributions received from all of PERA's participating employers. At June 30, 2016, the Health and Human Services' proportion was 0.1760 percent. It was 0.1693 percent measured as of June 30, 2015. The Health and Human Services recognized pension expense of \$1,583,397 for its proportionate share of the General Employees Retirement Plan's pension expense.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan

4. Pension Costs (Continued)

The Health and Human Services also recognized \$55,651 as revenue, which results in a reduction of the net pension liability, for its proportionate share of the State of Minnesota's contribution to the General Employees Retirement Plan, which qualifies as a special funding situation. Legislation requires the State of Minnesota to contribute \$6 million to the General Employees Retirement Plan each year, starting September 15, 2015, through September 15, 2031.

Health and Human Services' proportionate share of the net pension liability		\$ 14,290,327
State of Minnesota's proportionate share of the net pension liability associated with the Health and Human Services		186,638
Total		\$ 14,476,965

The Health and Human Services reported its proportionate share of the General Employees Retirement Plan's deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual economic experience	\$ -	\$ 1,149,206
Changes in actuarial assumptions	2,798,059	-
Difference between projected and actual investment earnings	2,687,712	-
Changes in proportion	260,422	256,014
Contributions paid to PERA subsequent to the measurement date	436,263	-
Total	\$ 6,182,456	\$ 1,405,220

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan

4. Pension Costs (Continued)

The \$436,263 reported as deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended December 31, 2017. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

Year Ended December 31	Pension Expense Amount
2017	\$ 1,183,107
2018	1,183,107
2019	1,458,567
2020	516,192

5. Actuarial Assumptions

The total pension liability in the June 30, 2016, actuarial valuation was determined using the individual entry-age normal actuarial cost method and the following additional actuarial assumptions:

Inflation	2.50 percent per year
Active member payroll growth	3.25 percent per year
Investment rate of return	7.50 percent

Salary increases were based on a service-related table. Mortality rates for active members, retirees, survivors, and disabilitants in the General Employees Retirement Plan were based on RP-2014 tables. The cost of living benefit increases for retirees is assumed to be 1.0 percent.

Actuarial assumptions used in the June 30, 2016, valuation were based on the results of actuarial experience studies. The experience study in the General Employees Retirement Plan was for the period 2008 through 2015.



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan

5. Actuarial Assumptions (Continued)

The long-term expected rate of return on pension plan investments is 7.5 percent. The State Board of Investment, which manages the investments of PERA, prepares an analysis of the reasonableness of the long-term expected rate of return on a regular basis using a building-block method in which best-estimate ranges of expected future rates of return are developed for each major asset class. These ranges are combined to produce an expected long-term rate of return by weighting the expected future rates of return by the target asset allocation percentages. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>
Domestic stocks	45%	5.50%
International stocks	15	6.00
Bonds	18	1.45
Alternative assets	20	6.40
Cash	2	0.50

6. Discount Rate

The discount rate used to measure the total pension liability was 7.50 percent in 2016, a reduction of the 7.90 percent used in 2015. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified in statute. Based on that assumption, the fiduciary net position of the General Employees Retirement Plan was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan (Continued)

7. Changes in Actuarial Assumptions

The following changes in actuarial assumptions occurred in 2016:

General Employees Retirement Plan

- The assumed post-retirement benefit increase rate was changed from 1.00 percent per year through 2035 and 2.50 percent per year thereafter, to 1.00 percent for all future years.
- The assumed investment rate was changed from 7.90 percent to 7.50 percent. The single discount rate was also changed from 7.90 percent to 7.50 percent.
- Other assumptions were changed pursuant to the experience study dated June 30, 2015. The assumed payroll growth and inflation were decreased by 0.25 percent. Payroll growth was reduced from 3.50 percent to 3.25 percent. Inflation was reduced from 2.75 percent to 2.50 percent.

8. Pension Liability Sensitivity

The following presents the Health and Human Services' proportionate share of the net pension liability calculated using the discount rate disclosed in the preceding paragraph, as well as what the Health and Human Services' proportionate share of the net pension liability would be if it were calculated using a discount rate 1.0 percentage point lower or 1.0 percentage point higher than the current discount rate:

	Proportionate Share of the General Employees Retirement Plan	
	Discount Rate	Net Pension Liability
1% Decrease	6.50%	\$ 20,296,500
Current	7.50	14,290,327
1% Increase	8.50	9,342,876

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

A. Defined Benefit Pension Plan (Continued)

9. Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in a separately issued PERA financial report that includes financial statements and required supplementary information. That report may be obtained on the internet at [www.mnpera.org](http://www.mnpera.org); by writing to PERA at 60 Empire Drive, Suite 200, St. Paul, Minnesota 55103-2088; or by calling 651-296-7460 or 1-800-652-9026.

B. Other Postemployment Benefits (OPEB)

Plan Description

Southwest Health and Human Services provides a single-employer defined benefit health care plan to eligible retirees and their spouses. The plan offers medical insurance benefits. The Health and Human Services provides benefits for retirees as required by Minn. Stat. § 471.61, subd. 2b.

Funding Policy

The contribution requirements of the plan members and Southwest Health and Human Services are established and may be amended by the Joint Board of Southwest Health and Human Services. The contribution amount is not to exceed 100 percent of the single cafeteria amount paid by Southwest Health and Human Services on behalf of current employees.

The required contribution is based on projected pay-as-you-go financing requirements. Retirees and their spouses contribute to the health care plan at the same rate as the Health and Human Services' employees. This results in the retirees receiving an implicit rate subsidy. As of December 31, 2016, there were approximately five retirees receiving health benefits from the Health and Human Services' health care plan. The implicit rate subsidy amount was determined by an actuary study to be \$49,161 for 2016.

The OPEB liability is liquidated through the General Fund and the Health Services Special Revenue Fund.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

3. Pension Plans and Other Postemployment Benefits

B. Other Postemployment Benefits (OPEB) (Continued)

Annual OPEB Cost and Net OPEB Obligation

Southwest Health and Human Services' annual OPEB cost (expense) is calculated based on the annual required contribution (ARC) of the employer, an amount actuarially determined in accordance with the parameters of GASB Statement 45. The ARC represents a level of funding that, if paid on an ongoing basis, is projected to cover normal costs each year and amortize any unfunded actuarial accrued liabilities (or funding excess) over a period not to exceed 30 years.

The following table shows the components of Southwest Health and Human Services' annual OPEB cost for the year, the amount actually contributed to the plan, and changes in Southwest Health and Human Services' net OPEB obligation to the plan.

ARC	\$	208,036
Interest on net OPEB obligation		45,403
Adjustment to ARC		<u>(69,329)</u>
Annual OPEB cost (expense)	\$	184,110
Contributions made during the year		<u>(78,163)</u>
Increase in net OPEB obligation	\$	105,947
Net OPEB Obligation - Beginning of Year		<u>1,297,228</u>
Net OPEB Obligation - End of Year	\$	<u><u>1,403,175</u></u>

Southwest Health and Human Services' annual OPEB cost; the percentage of annual OPEB cost contributed to the plan; and the net OPEB obligation for the years ended December 31, 2014, 2015, and 2016, were as follows:

<u>Fiscal Year Ended</u>	<u>Annual OPEB Cost</u>	<u>Annual Employer Contribution</u>	<u>Percentage of Annual OPEB Cost Contributed</u>	<u>Net OPEB Obligation</u>
December 31, 2014	\$ 293,897	\$ 56,804	19.3%	\$ 1,096,944
December 31, 2015	289,937	89,653	30.9	1,297,228
December 31, 2016	184,110	78,163	42.5	1,403,175

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

B. Other Postemployment Benefits (OPEB) (Continued)

Funded Status and Funding Progress

As of January 1, 2016, the most recent actuarial valuation date, the Health and Human Services had no assets to fund the plan. The actuarial accrued liability for benefits was \$1,659,364, and the actuarial value of assets was zero, resulting in an unfunded actuarial accrued liability (UAAL) of \$1,659,364. The covered payroll (annual payroll of active employees covered by the plan) was \$11,210,736, and the ratio of the UAAL to the covered payroll was 14.8 percent.

Actuarial Methods and Assumptions

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the health care cost trend. Amounts determined regarding the funded status of the plan and the annual required contributions of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The Schedule of Funding Progress - Other Postemployment Benefits, presented as required supplementary information following the notes to the financial statements, presents multi-year trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and the plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit cost between the employer and plan members to that point. The actuarial methods and assumptions used include techniques designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

In the January 1, 2016, actuarial valuation, the projected unit credit actuarial cost method was used. The actuarial assumptions include a 3.5 percent investment rate of return (net of investment expenses).

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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3. Pension Plans and Other Postemployment Benefits

B. Other Postemployment Benefits (OPEB)

Actuarial Methods and Assumptions (Continued)

The annual health care cost trend is 6.75 percent initially, reduced by decrements to an ultimate rate of 5.00 percent over 7 years. Both rates included a 2.5 percent inflation assumption. The UAAL is being amortized over 30 years on a closed basis. The remaining amortization period at December 31, 2016, was 21 years.

4. Risk Management

Southwest Health and Human Services is exposed to various risks of loss related to torts; theft of, damage to, or destruction of assets; errors and omissions; injuries to employees; or natural disasters for which the Health and Human Services carries commercial insurance. To manage these risks, the Health and Human Services has entered into a joint powers agreement with Minnesota counties to form the Minnesota Counties Intergovernmental Trust (MCIT). MCIT is a public entity risk pool currently operated as a common risk management and insurance program for its members. The Health and Human Services is a member of both the MCIT Workers' Compensation and Property and Casualty Divisions. For all other risk, other than pertaining to health insurance, the Health and Human Services carries commercial insurance. There were no significant reductions in insurance from the prior year. The amount of settlements did not exceed insurance coverage for the past three fiscal years.

The Workers' Compensation Division of MCIT is self-sustaining based on the contributions charged, so that total contributions plus compounded earnings on these contributions will equal the amount needed to satisfy claims liabilities and other expenses. MCIT participates in the Workers' Compensation Reinsurance Association with coverage at \$500,000 per claim in 2016 and 2017. Should the MCIT Workers' Compensation Division liabilities exceed assets, MCIT may assess the Health and Human Services in a method and amount to be determined by MCIT.

The Property and Casualty Division of MCIT is self-sustaining, and the Health and Human Services pays an annual premium to cover current and future losses. MCIT carries reinsurance for its property lines to protect against catastrophic losses. Should the MCIT Property and Casualty Division liabilities exceed assets, MCIT may assess Southwest Health and Human Services in a method and amount to be determined by MCIT.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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4. Risk Management (Continued)

On October 15, 2013, Southwest Health and Human Services entered into a joint powers agreement with four counties (Lyon, Murray, Redwood, and Swift) to form the Minnesota Public Sector Collaborative to self-insure health insurance as of January 1, 2014. Premiums will be withheld from employees and transferred into an internal service fund. Claims will be managed and paid by a third party, and the Health and Human Services will be billed weekly, in aggregate, for claims incurred.

The Health and Human Services established a limited risk management program for health coverage in 2014. Premiums are paid into the internal service fund by all other funds and are available to pay claims, claim reserves, and administrative costs of the program. The Health and Human Services retained risk up to a \$50,000 stop-loss per person insured (employee and eligible dependent) per year (\$1,000,000 aggregate) for the health plan. Liabilities of the internal service fund are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated.

The December 31, 2016, liability is determined based on detailed reports received by the Health and Human Services from the third-party administrator for claims incurred, adjusted, and paid through February 28, 2017. Changes in the balances of claims liabilities during 2015 and 2016 are as follows:

	2015	2016
Unpaid claims, January 1	\$ 152,690	\$ 138,561
Incurred claims	3,042,236	2,267,004
Claims payments	(3,056,365)	(2,279,119)
Unpaid Claims, December 31	\$ 138,561	\$ 126,446

5. Summary of Significant Contingencies and Other Items

A. Contingent Liabilities

Amounts received or receivable from grantor agencies are subject to audit and adjustment by grantor agencies, principally the federal government. Any disallowed claims, including amounts already collected, may constitute a liability of the applicable funds. The amount, if any, of the expenditures that may be disallowed by the grantor cannot be determined at this time, although Southwest Health and Human Services expects such amounts, if any, to be immaterial.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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5. Summary of Significant Contingencies and Other Items

A. Contingent Liabilities (Continued)

The Health and Human Services is a defendant in various lawsuits. Although the outcome of these lawsuits is not presently determinable, in the opinion of the Health and Human Services' attorney, the resolution of these matters will not have a material adverse effect on the financial condition of the Health and Human Services.

B. Joint Ventures

Southwestern Minnesota Adult Mental Health Consortium Board

In November 1997, the Southwestern Minnesota Adult Mental Health Consortium Board was created under the authority of Minn. Stat. § 471.59. Presently, its members include Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, McLeod, Meeker, Nobles, Renville, Swift, and Yellow Medicine Counties; and Southwest Health and Human Services, representing Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. The Board is headquartered in Windom, Minnesota, where Des Moines Valley Health and Human Services (DVHHS) acts as fiscal agent.

The Board shall take actions and enter into such agreements as necessary to plan and develop within the Southwestern Minnesota Adult Mental Health Consortium Board's geographic jurisdiction, a system of care that serves the needs of adults with serious and persistent mental illness. The governing board is composed of one Board member from each of the participating counties. Financing is provided by state proceeds or appropriations for the development of the system of care.

A complete financial report of the Southwestern Minnesota Adult Mental Health Consortium Board can be obtained by contacting DVHHS at 11 Fourth Street, Windom, Minnesota 56101.

PrimeWest Rural Minnesota Health Care Access Initiative

The PrimeWest Central County-Based Purchasing Initiative (since renamed PrimeWest Rural Minnesota Health Care Access Initiative) was established in December 1998 by a joint powers agreement with Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties under the authority of Minn. Stat. § 471.59. Beltrami, Clearwater, and Hubbard Counties were later added to the PrimeWest Rural Minnesota Health Care Access Initiative. Pipestone County has since



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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5. Summary of Significant Contingencies and Other Items

B. Joint Ventures

PrimeWest Rural Minnesota Health Care Access Initiative (Continued)

joined Southwest Health and Human Services for public health and human services functions. The partnership is organized to directly purchase health care services for county residents who are eligible for Medical Assistance and General Assistance Medical Care as authorized by Minn. Stat. § 256B.692. County-based purchasing is the local control alternative favored for improved coordination of services to prepaid Medical Assistance programs in complying with Minnesota Department of Health requirements as set forth in Minn. Stat. chs. 62D and 62N.

Control of the PrimeWest Rural Minnesota Health Care Access Initiative is vested in a Joint Powers Board, composed of two Commissioners from each member county (one active and one alternate). Each member of the Joint Powers Board is appointed by the County Commissioners of the county represented.

In the event of termination of the joint powers agreement, all assets owned pursuant to this agreement shall be sold, and the proceeds, together with monies on hand, will be distributed to the current members based on their proportional share of each member's county-based purchasing eligible population.

Douglas County acts as fiscal agent for the PrimeWest Rural Minnesota Health Care Access Initiative and reports the cash transactions as an investment trust fund on its financial statements. Financing is provided by Medical Assistance and General Assistance Medical Care payments from the Minnesota Department of Human Services.

Complete financial information can be obtained from its administrative office at PrimeWest Rural Minnesota Health Care Access Initiative, 2209 Jefferson Street, Suite 101, Alexandria, Minnesota 56308.

Supporting Hands Nurse Family Partnership Board

The Supporting Hands Nurse Family Partnership Board was established pursuant to Minn. Stat. §§ 145A.17 and 471.59 and a joint powers agreement, effective May 31, 2007. The Board is comprised of one representative from each county to the agreement. The counties in the agreement are Big Stone, Chippewa, Douglas, Grant, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Pipestone, Pope, Redwood, Renville, Stevens,

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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5. Summary of Significant Contingencies and Other Items

B. Joint Ventures

Supporting Hands Nurse Family Partnership Board (Continued)

Swift, Traverse, and Yellow Medicine. Southwest Health and Human Services represents Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties in this agreement. The purpose of this agreement is to organize, govern, plan, and administer a multi-county based nurse family partnership program specifically within the jurisdictional boundaries of the counties involved.

The governing board is composed of one Board member from each of the participating counties. Each participating county will contribute to the budget of the Supporting Hands Nurse Family Partnership. In 2016, Southwest Health and Human Services made \$80,641 in contributions to the Partnership.

McLeod County acts as fiscal agent for the Supporting Hands Nurse Family Partnership Board. A complete financial report of the Supporting Hands Nurse Family Partnership Board can be obtained from McLeod County at Supporting Hands Nurse Family Partnership Board, McLeod County, 830 - 11th Street East, Glencoe, Minnesota 55336.

C. Jointly-Governed Organizations

Lyon Murray Families Project Collaborative

The Lyon Murray Families Project Collaborative was established to create opportunities to enhance family strengths and support through service coordination and access to informal communication. The current members are Southwest Health and Human Services, Western Mental Health, Western Community Action, Marshall Public Schools, Murray County Central Schools, and Russell-Tyler-Ruthton Public Schools. The governing board is composed of eight members. Southwest Health and Human Services acts as fiscal agent for the Lyon Murray Families Project Collaborative and reports the fiscal transactions of the Collaborative as an agency fund. During the year, Southwest Health and Human Services made payments of \$21,491 to the Collaborative.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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5. Summary of Significant Contingencies and Other Items

C. Jointly-Governed Organizations (Continued)

Rock-Pipestone Family Services Collaborative

The Rock-Pipestone Family Services Collaborative was established December 9, 2004, pursuant to Minn. Stat. §§ 471.59 and 124D.23. The purpose of the Collaborative is to provide an interagency approach to providing child and family services. The management of the Rock-Pipestone Family Services Collaborative is vested in a governing board composed of 16 members. Each member appoints its representative for a one-year term. No single member party retains control over the operations or has oversight responsibility for the Collaborative. Southwest Health and Human Services acts as fiscal agent for the Rock-Pipestone Family Services Collaborative and reports the fiscal transactions of the Collaborative as an agency fund. During the year, Southwest Health and Human Services made payments of \$4,829 to the Collaborative.

Redwood Family Service Collaborative

The Redwood Family Service Collaborative was established to create opportunities to enhance family strengths and support through service coordination and access to informal communication. This was transferred to Southwest Health and Human Services on January 1, 2013, when Redwood County joined Southwest Health and Human Services. Southwest Health and Human Services, in an agent capacity, reports the cash transactions of the Collaborative as an agency fund in its financial statements. Southwest Health and Human Services has no operational or financial control over the Collaborative. During the year, Southwest Health and Human Services made payments of \$18,656 to the Collaborative.

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**REQUIRED SUPPLEMENTARY INFORMATION**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT A-1*

**BUDGETARY COMPARISON SCHEDULE  
GENERAL FUND  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<u>Budgeted Amounts</u>		<u>Actual Amounts</u>	<u>Variance with Final Budget</u>
	<u>Original</u>	<u>Final</u>		
<b>Revenues</b>				
Intergovernmental	\$ 21,639,448	\$ 21,639,448	\$ 22,110,184	\$ 470,736
Charges for services	1,943,500	1,943,500	2,093,295	149,795
Investment earnings	67,000	67,000	40,386	(26,614)
Miscellaneous	568,700	568,700	497,764	(70,936)
<b>Total Revenues</b>	<b>\$ 24,218,648</b>	<b>\$ 24,218,648</b>	<b>\$ 24,741,629</b>	<b>\$ 522,981</b>
<b>Expenditures</b>				
<b>Current</b>				
<b>Human services</b>				
Administrative	\$ 156,465	\$ 156,465	\$ 483,208	\$ (326,743)
Income maintenance	7,612,464	7,612,464	7,449,178	163,286
Social services	16,100,812	16,100,812	17,544,466	(1,443,654)
Information systems	348,907	348,907	372,347	(23,440)
Local collaborative time study	-	-	176,570	(176,570)
<b>Total human services</b>	<b>\$ 24,218,648</b>	<b>\$ 24,218,648</b>	<b>\$ 26,025,769</b>	<b>\$ (1,807,121)</b>
<b>Debt service</b>				
Principal	\$ -	\$ -	\$ 53,248	\$ (53,248)
Interest	-	-	28,118	(28,118)
<b>Total debt service</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 81,366</b>	<b>\$ (81,366)</b>
<b>Total Expenditures</b>	<b>\$ 24,218,648</b>	<b>\$ 24,218,648</b>	<b>\$ 26,107,135</b>	<b>\$ (1,888,487)</b>
<b>Excess of Revenues Over (Under) Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,365,506)</b>	<b>\$ (1,365,506)</b>
<b>Other Financing Sources (Uses)</b>				
Proceeds from sale of capital assets	\$ -	\$ -	\$ 46,486	\$ 46,486
Capital leases	-	-	296,444	296,444
<b>Total Other Financing Sources (Uses)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 342,930</b>	<b>\$ 342,930</b>
<b>Net Change in Fund Balance</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,022,576)</b>	<b>\$ (1,022,576)</b>
<b>Fund Balance - January 1</b>	<b>5,130,450</b>	<b>5,130,450</b>	<b>5,130,450</b>	<b>-</b>
<b>Fund Balance - December 31</b>	<b>\$ 5,130,450</b>	<b>\$ 5,130,450</b>	<b>\$ 4,107,874</b>	<b>\$ (1,022,576)</b>

The notes to the required supplementary information are an integral part of this schedule.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT A-2*

**BUDGETARY COMPARISON SCHEDULE  
HEALTH SERVICES SPECIAL REVENUE FUND  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<u>Budgeted Amounts</u>		<u>Actual Amounts</u>	<u>Variance with Final Budget</u>
	<u>Original</u>	<u>Final</u>		
<b>Revenues</b>				
Intergovernmental	\$ 2,978,278	\$ 2,978,278	\$ 2,784,832	\$ (193,446)
Charges for services	625,695	625,695	557,007	(68,688)
Investment earnings	3,000	3,000	5,674	2,674
Miscellaneous	-	-	8,452	8,452
<b>Total Revenues</b>	<b>\$ 3,606,973</b>	<b>\$ 3,606,973</b>	<b>\$ 3,355,965</b>	<b>\$ (251,008)</b>
<b>Expenditures</b>				
<b>Current</b>				
<b>Health</b>				
Administration	\$ 628,139	\$ 628,139	\$ 743,070	\$ (114,931)
Nursing service	2,154,577	2,154,577	1,987,720	166,857
Health education	566,820	566,820	481,330	85,490
Environmental health	257,437	257,437	230,354	27,083
<b>Total health</b>	<b>\$ 3,606,973</b>	<b>\$ 3,606,973</b>	<b>\$ 3,442,474</b>	<b>\$ 164,499</b>
<b>Debt service</b>				
Principal	\$ -	\$ -	\$ 10,142	\$ (10,142)
Interest	-	-	5,356	(5,356)
<b>Total debt service</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,498</b>	<b>\$ (15,498)</b>
<b>Total Expenditures</b>	<b>\$ 3,606,973</b>	<b>\$ 3,606,973</b>	<b>\$ 3,457,972</b>	<b>\$ 149,001</b>
<b>Excess of Revenues Over (Under) Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (102,007)</b>	<b>\$ (102,007)</b>
<b>Other Financing Sources (Uses)</b>				
Proceeds from sale of capital assets	\$ -	\$ -	\$ 8,855	\$ 8,855
Capital leases	-	-	56,466	56,466
<b>Total Other Financing Sources (Uses)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 65,321</b>	<b>\$ 65,321</b>
<b>Net Change in Fund Balance</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (36,686)</b>	<b>\$ (36,686)</b>
<b>Fund Balance - January 1</b>	<b>1,771,339</b>	<b>1,771,339</b>	<b>1,771,339</b>	<b>-</b>
<b>Fund Balance - December 31</b>	<b>\$ 1,771,339</b>	<b>\$ 1,771,339</b>	<b>\$ 1,734,653</b>	<b>\$ (36,686)</b>



**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT A-3*

**SCHEDULE OF FUNDING PROGRESS  
OTHER POSTEMPLOYMENT BENEFITS  
DECEMBER 31, 2016**

<b>Actuarial Valuation Date</b>	<b>Actuarial Value of Assets (a)</b>	<b>Actuarial Accrued Liability (b)</b>	<b>Unfunded Actuarial Accrued Liability (UAAL) (b - a)</b>	<b>Funded Ratio (a/b)</b>	<b>Covered Payroll (c)</b>	<b>UAAL as a Percentage of Covered Payroll ((b - a)/c)</b>
January 1, 2011	\$ -	\$ 1,788,725	\$ 1,788,725	0.00%	\$ 4,825,506	37.07%
January 1, 2014	-	2,596,584	2,596,584	0.00	9,508,973	27.31
January 1, 2016	-	1,659,364	1,659,364	0.00	11,210,736	14.80

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT A-4*

**SCHEDULE OF PROPORTIONATE SHARE OF NET PENSION LIABILITY  
PERA GENERAL EMPLOYEES RETIREMENT PLAN  
DECEMBER 31, 2016**

<b>Measurement Date</b>	<b>Employer's Proportion of the Net Pension Liability (Asset)</b>	<b>Employer's Proportionate Share of the Net Pension Liability (Asset) (a)</b>	<b>State's Proportionate Share of the Net Pension Liability Associated with Southwest Health and Human Services (b)</b>	<b>Employer's Proportionate Share of the Net Pension Liability and the State's Related Share of the Net Pension Liability (Asset) (a + b)</b>	<b>Covered Payroll (c)</b>	<b>Employer's Proportionate Share of the Net Pension Liability (Asset) as a Percentage of Covered Payroll (a/c)</b>	<b>Plan Fiduciary Net Position as a Percentage of the Total Pension Liability</b>
2016	0.1760%	\$ 14,290,327	\$ 186,638	\$ 14,476,965	\$ 10,922,481	130.83%	68.91%
2015	0.1693	8,774,005	N/A	8,774,005	9,947,597	88.20	78.19

This schedule is intended to show information for ten years. Additional years will be displayed as they become available.  
The measurement date for each year is June 30.  
N/A - Not Applicable

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT A-5*

**SCHEDULE OF CONTRIBUTIONS  
PERA GENERAL EMPLOYEES RETIREMENT PLAN  
DECEMBER 31, 2016**

<b>Year Ending</b>	<b>Statutorily Required Contributions (a)</b>	<b>Actual Contributions in Relation to Statutorily Required Contributions (b)</b>	<b>Contribution (Deficiency) Excess (b - a)</b>	<b>Covered Payroll (c)</b>	<b>Actual Contributions as a Percentage of Covered Payroll (b/c)</b>
2016	\$ 826,463	\$ 826,463	\$ -	\$ 11,019,480	7.50%
2015	752,452	752,452	-	10,032,653	7.50

This schedule is intended to show information for ten years. Additional years will be displayed as they become available.  
The Health and Human Services' year-end is December 31.

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

NOTES TO THE REQUIRED SUPPLEMENTARY INFORMATION  
FOR THE YEAR ENDED DECEMBER 31, 2016

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1. General Budget Policies

The Health and Human Services Governing Board adopts estimated revenue and expenditure budgets for the General Fund and the Health Services Special Revenue Fund. The expenditure budget is approved at the fund level.

The budgets may be amended or modified at any time by the Health and Human Services Governing Board. Expenditures may not legally exceed budgeted appropriations. Comparisons of final budgeted revenues and expenditures to actual are presented in the required supplementary information for the General Fund and the Health Services Special Revenue Fund.

2. Budget Basis of Accounting

Budgets are adopted on a basis consistent with generally accepted accounting principles.

3. Budget Amendments

There were no budget amendments during 2016.

4. Excess of Expenditures over Budget

The General Fund had expenditures in excess of budget for the year ended December 31, 2016, as follows:

	<u>Expenditures</u>	<u>Final Budget</u>	<u>Excess</u>
General Fund	\$ 26,107,135	\$ 24,218,648	\$ 1,888,487

5. Other Postemployment Benefits - Funded Status

Since the Health and Human Services has not irrevocably deposited funds in a trust for future health benefits, the actuarial value of the assets to pay the actuarial accrued liability for postemployment benefits is zero.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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5. Other Postemployment Benefits - Funded Status (Continued)

See Note 3.B. in the notes to the financial statements for additional information regarding the Health and Human Services' other postemployment benefits.

6. Other Postemployment Benefits - Change in Population Covered (Covered Payroll)

Since the actuarial valuation as of January 1, 2011, employees from Pipestone, Redwood, and Rock Counties were added to Southwest Health and Human Services.

7. Other Postemployment Benefits - Significant Plan Provisions and Actuarial Assumption Changes

2014

Plan Provisions

- There have been no plan changes since the last actuarial valuation as of January 1, 2011.

Actuarial Assumptions

- The health care trend rates were changed to better anticipate short-term and long-term medical increases.
- The mortality table was updated to reflect the projection of 2000 rates to 2014 based on Scale BB.
- The discount rate was changed from 4.5 percent to 4.0 percent.

2016

Plan Provisions

- There have been no plan changes since the last actuarial valuation as of January 1, 2014.

Actuarial Assumptions

- The health care trend rates were changed to better anticipate short-term and long-term medical increases.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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7. Other Postemployment Benefits - Significant Plan Provisions and Actuarial Assumption Changes

2016

Actuarial Assumptions (Continued)

- The mortality table was updated from the RP 2000 Combined Healthy Table projected to 2014 with Scale BB to the RP-2014 White Collar Mortality Tables with MP-2015 Generational Improvement Scale.
  - The retirement tables for all employees were updated.
  - The retirement plan participation assumption was updated for those eligible for a subsidy and those not eligible for a subsidy that are not former Lincoln, Lyon, & Murray Human Services employees. The percentage was lowered for both groups to reflect past experience and expected future elections.
  - The discount rate was changed from 4.00 percent to 3.50 percent.
8. Defined Benefit Pension Plans - Changes in Significant Plan Provisions, Actuarial Methods, and Assumptions

The following changes were reflected in the valuation performed on behalf of the Public Employees Retirement Association for the year ended June 30, 2016:

General Employees Retirement Plan

- The assumed post-retirement benefit increase rate was changed from 1.00 percent per year through 2035 and 2.50 percent per year thereafter, to 1.00 percent for all future years.
- The assumed investment rate was changed from 7.90 percent to 7.50 percent. The single discount rate was also changed from 7.90 percent to 7.50 percent.
- Other assumptions were changed pursuant to the experience study dated June 30, 2015. The assumed payroll growth and inflation were decreased by 0.25 percent. Payroll growth was reduced from 3.50 percent to 3.25 percent. Inflation was reduced from 2.75 percent to 2.50 percent.

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**SUPPLEMENTARY INFORMATION**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

AGENCY FUNDS

LCTS Lyon Murray Collaborative Fund - to account for the collection and disbursement of funds for the Lyon Murray Families Project Collaborative.

LCTS Rock-Pipestone Collaborative Fund - to account for the collection and disbursement of funds for the Rock Pipestone Family Services Collaborative.

LCTS Redwood Collaborative Fund - to account for the collection and disbursement of funds for the Redwood Family Service Collaborative.

Local Advisory Council Fund - to account for the collection and disbursement of funds for the Local Advisory Council.

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

***EXHIBIT B-1***

**COMBINING STATEMENT OF CHANGES IN ASSETS AND LIABILITIES  
ALL AGENCY FUNDS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<b>Balance January 1</b>	<b>Additions</b>	<b>Deductions</b>	<b>Balance December 31</b>
<b><u>LCTS LYON MURRAY COLLABORATIVE</u></b>				
<b><u>Assets</u></b>				
Cash and cash equivalents	<u>\$ 28,988</u>	<u>\$ 78,682</u>	<u>\$ 62,858</u>	<u>\$ 44,812</u>
<b><u>Liabilities</u></b>				
Due to other governments	<u>\$ 28,988</u>	<u>\$ 78,682</u>	<u>\$ 62,858</u>	<u>\$ 44,812</u>
 <b><u>LCTS ROCK-PIPESTONE COLLABORATIVE</u></b>				
<b><u>Assets</u></b>				
Cash and cash equivalents	<u>\$ 35,699</u>	<u>\$ 43,075</u>	<u>\$ 44,664</u>	<u>\$ 34,110</u>
<b><u>Liabilities</u></b>				
Due to other governments	<u>\$ 35,699</u>	<u>\$ 43,075</u>	<u>\$ 44,664</u>	<u>\$ 34,110</u>
 <b><u>LCTS REDWOOD COLLABORATIVE</u></b>				
<b><u>Assets</u></b>				
Cash and cash equivalents	<u>\$ 22,417</u>	<u>\$ 74,204</u>	<u>\$ 56,340</u>	<u>\$ 40,281</u>
<b><u>Liabilities</u></b>				
Due to other governments	<u>\$ 22,417</u>	<u>\$ 74,204</u>	<u>\$ 56,340</u>	<u>\$ 40,281</u>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT B-1  
(Continued)**

**COMBINING STATEMENT OF CHANGES IN ASSETS AND LIABILITIES  
ALL AGENCY FUNDS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<b>Balance January 1</b>	<b>Additions</b>	<b>Deductions</b>	<b>Balance December 31</b>
<b><u>LOCAL ADVISORY COUNCIL</u></b>				
<b><u>Assets</u></b>				
Cash and cash equivalents	<u>\$ 1,622</u>	<u>\$ 809</u>	<u>\$ 1,032</u>	<u>\$ 1,399</u>
<b><u>Liabilities</u></b>				
Due to other governments	<u>\$ 1,622</u>	<u>\$ 809</u>	<u>\$ 1,032</u>	<u>\$ 1,399</u>
 <b><u>TOTAL ALL AGENCY FUNDS</u></b>				
<b><u>Assets</u></b>				
Cash and cash equivalents	<u>\$ 88,726</u>	<u>\$ 196,770</u>	<u>\$ 164,894</u>	<u>\$ 120,602</u>
<b><u>Liabilities</u></b>				
Due to other governments	<u>\$ 88,726</u>	<u>\$ 196,770</u>	<u>\$ 164,894</u>	<u>\$ 120,602</u>

## **OTHER SCHEDULES**

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

*EXHIBIT C-1*

**SCHEDULE OF INTERGOVERNMENTAL REVENUE  
FOR THE YEAR ENDED DECEMBER 31, 2016**

<b>Shared Revenue</b>	
Contributions from counties	<u>\$ 10,319,346</u>
<b>Reimbursement for Services</b>	
Des Moines Valley Health and Human Services	\$ 35,061
Minnesota Department of Human Services	<u>2,125,126</u>
<b>Total reimbursement for services</b>	<u>\$ 2,160,187</u>
<b>Payments</b>	
<b>Local</b>	
Local contributions	<u>\$ 98,139</u>
<b>Grants</b>	
<b>State</b>	
Minnesota Department of Health	\$ 653,257
Human Services	4,992,950
Public Safety	<u>13,514</u>
<b>Total state</b>	<u>\$ 5,659,721</u>
<b>Federal</b>	
Department of Agriculture	\$ 1,072,387
Education	11,598
Health and Human Services	<u>5,573,638</u>
<b>Total federal</b>	<u>\$ 6,657,623</u>
<b>Total state and federal grants</b>	<u>\$ 12,317,344</u>
<b>Total Intergovernmental Revenue</b>	<u><u>\$ 24,895,016</u></u>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT C-2**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

<b>Federal Grantor Pass-Through Agency Program or Cluster Title</b>	<b>Federal CFDA Number</b>	<b>Pass-Through Grant Numbers</b>	<b>Expenditures</b>
<b>U.S. Department of Agriculture</b>			
Passed Through Minnesota Department of Health Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	16162MN004W1003	\$ 545,063
Passed Through Minnesota Department of Human Services State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	16162MN101S2514	<u>527,324</u>
<b>Total U.S. Department of Agriculture</b>			<b><u>\$ 1,072,387</u></b>
<b>U.S. Department of Education</b>			
Passed Through Minnesota Department of Health Special Education - Grants for Infants and Families	84.181	H181A160029	<b><u>\$ 14,498</u></b>
<b>U.S. Department of Health and Human Services</b>			
Passed Through the National Association of County and City Health Officials Medical Reserve Corps Small Grant Program	93.008	Not Provided	\$ 968
Passed Through Minnesota Department of Health Public Health Emergency Preparedness	93.069	U90TP000529	97,543
Universal Newborn Hearing Screening	93.251	H61MC00035	400
Immunization Cooperative Agreements	93.268	Not Provided	8,754
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283	Not Provided	150
Temporary Assistance for Needy Families (Total Temporary Assistance for Needy Families CFDA 93.558 \$585,194)	93.558	1601MFTANF	147,579
Maternal and Child Health Services Block Grant to the States	93.994	B04MC29349	110,958

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**EXHIBIT C-2  
(Continued)**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

<b>Federal Grantor Pass-Through Agency Program or Cluster Title</b>	<b>Federal CFDA Number</b>	<b>Pass-Through Grant Numbers</b>	<b>Expenditures</b>
<b>U.S. Department of Health and Human Services (Continued)</b>			
Passed Through Minnesota Department of Human Services			
Promoting Safe and Stable Families	93.556	G-1601MNFPS	61,722
Temporary Assistance for Needy Families (Total Temporary Assistance for Needy Families CFDA 93.558 \$585,194)	93.558	1601MFTANF	437,615
Child Support Enforcement	93.563	1604MNCEST	1,244,757
Child Support Enforcement (Total Child Support Enforcement CFDA 93.563 \$1,261,017)	93.563	1604MNCSES	16,260
Refugee and Entrant Assistance - State-Administered Programs	93.566	1601MNRCA	506
Child Care and Development Block Grant	93.575	G1601MNCCDF	22,475
Community-Based Child Abuse Prevention Grants	93.590	G-1502MNFPG	12,020
Stephanie Tubbs Jones Child Welfare Services Program	93.645	G-1601MNCWSS	10,594
Foster Care - Title IV-E	93.658	1601MNFST	371,965
Social Services Block Grant	93.667	16-01MNSOSR	553,668
Chafee Foster Care Independence Program	93.674	G-1601MNCILP	30,021
Medical Assistance Program	93.778	05-1605MN5ADM	2,335,067
Medical Assistance Program (Total Medical Assistance Program CFDA 93.778 \$2,365,935)	93.778	05-1605MN5MAP	30,868
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI010027-15	36,521
<b>Total U.S. Department of Health and Human Services</b>			<b>\$ 5,530,411</b>
<b>Total Federal Awards</b>			<b>\$ 6,617,296</b>

The Health and Human Services did not pass any federal awards through to subrecipients during the year ended December 31, 2016.

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

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1. Reporting Entity

The Schedule of Expenditures of Federal Awards presents the activities of federal award programs expended by Southwest Health and Human Services. The Health and Human Services' reporting entity is defined in Note 1 to the basic financial statements.

2. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Southwest Health and Human Services under programs of the federal government for the year ended December 31, 2016. The information in this schedule is presented 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 Southwest Health and Human Services, it is not intended to and does not present the financial position, changes in net position, or cash flows of Southwest Health and Human Services.

3. Summary of Significant Accounting Policies

Expenditures reported on the schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Southwest Health and Human Services has elected not to use the 10 percent de minimus indirect cost rate allowed under the Uniform Guidance.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

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4. Reconciliation to Schedule of Intergovernmental Revenue

Federal grant revenue per Schedule of Intergovernmental Revenue	\$ 6,657,623
Grants received more than 60 days after year-end, considered unavailable revenue in 2016	
Special Education - Grants for Infants and Families (CFDA No. 84.181)	2,900
Promoting Safe and Stable Families (CFDA No. 93.556)	3,166
Temporary Assistance for Needy Families (CFDA No. 93.558)	1,887
Child Care and Development Block Grant (CFDA No. 93.575)	976
Community-Based Child Abuse Prevention Grants (CFDA No. 93.590)	6,348
Stephanie Tubbs Jones Child Welfare Services Program (CFDA No. 93.645)	1,169
Chafee Foster Care Independence Program (CFDA No. 93.674)	13,546
Unavailable revenue in 2015, recognized as revenue in 2016	
Universal Newborn Hearing Screening (CFDA No. 93.251)	(800)
Maternal and Child Health Services Block Grant to the States (CFDA No. 93.994)	(13,119)
Child Support Enforcement (CFDA No. 93.563)	<u>(56,400)</u>
 Expenditures per Schedule of Expenditures of Federal Awards	 <u>\$ 6,617,296</u>



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REBECCA OTTO  
STATE AUDITOR

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## **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***

### Independent Auditor's Report

Members of the Joint Health and Human Services Board  
Southwest Health and Human Services  
Marshall, Minnesota

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southwest Health and Human Services as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the Health and Human Services' basic financial statements, and have issued our report thereon dated August 11, 2017.

### **Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Southwest Health and Human Services' internal control over financial reporting to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health and Human Services' internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Health and Human Services' internal control over financial reporting.

A deficiency in internal control over financial reporting 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 combination of deficiencies, in internal control over financial reporting such that there is a reasonable possibility that a material misstatement of the Health and Human Services' financial statements will not be prevented, or detected and corrected, on a timely

basis. A significant deficiency is a deficiency, or combination of deficiencies, in internal control over financial reporting that is less severe than a material weakness, yet important enough to merit the attention of those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit, we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. We did identify a deficiency in internal control over financial reporting, described in the accompanying Schedule of Findings and Questioned Costs as item 2016-001, that we consider to be a significant deficiency.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Southwest Health and Human Services' 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*.

### **Minnesota Legal Compliance**

The *Minnesota Legal Compliance Audit Guide for Counties*, promulgated by the State Auditor pursuant to Minn. Stat. § 6.65, contains seven categories of compliance to be tested in connection with the audit of the Health and Human Services' financial statements: contracting and bidding, deposits and investments, conflicts of interest, public indebtedness, claims and disbursements, miscellaneous provisions, and tax increment financing. Our audit considered all of the listed categories, except that we did not test for compliance with the provisions for tax increment financing because Southwest Health and Human Services administers no tax increment financing districts.

In connection with our audit, nothing came to our attention that caused us to believe that Southwest Health and Human Services failed to comply with the provisions of the *Minnesota Legal Compliance Audit Guide for Counties*, except as described in the Schedule of Findings and Questioned Costs as item 2016-002. However, our audit was not directed primarily toward obtaining knowledge of such noncompliance. Accordingly, had we performed additional procedures, other matters may have come to our attention regarding the Health and Human Services' noncompliance with the above referenced provisions.

## **Southwest Health and Human Services' Response to Findings**

Southwest Health and Human Services' responses to the internal control and legal compliance findings identified in our audit are described in the Corrective Action Plan. The Health and Human Services' responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on them.

### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting, compliance, and the provisions of the *Minnesota Legal Compliance Audit Guide for Counties* and the results of that testing, and not to provide an opinion on the effectiveness of the Health and Human Services' internal control over financial reporting or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health and Human Services' internal control over financial reporting and compliance. Accordingly, this communication is not suitable for any other purpose.

*/s/Rebecca Otto*

REBECCA OTTO  
STATE AUDITOR

*/s/Greg Hierlinger*

GREG HIERLINGER, CPA  
DEPUTY STATE AUDITOR

August 11, 2017

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REBECCA OTTO  
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## REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE

### Independent Auditor's Report

Members of the Joint Health and Human Services Board  
Southwest Health and Human Services  
Marshall, Minnesota

### **Report on Compliance for the Major Federal Program**

We have audited Southwest Health and Human Services' compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on the Health and Human Services' major federal program for the year ended December 31, 2016. Southwest Health and Human Services' major federal program is identified in the Summary of Auditor's Results section of the accompanying Schedule of Findings and Questioned Costs.

#### ***Management's Responsibility***

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

#### ***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for Southwest Health and Human Services' major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Southwest Health and Human Services' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Health and Human Services' compliance with those requirements.

### ***Opinion on the Major Federal Program***

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

### ***Other Matters***

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying Schedule of Findings and Questioned Costs as item 2011-006. Our opinion on the major federal program is not modified with respect to this matter.

Southwest Health and Human Services' response to the noncompliance finding identified in our audit is described in the accompanying Corrective Action Plan. Southwest Health and Human Services' response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified a deficiency in internal control over compliance, as described in the accompanying Schedule of Findings and Questioned Costs as item 2011-006, that we consider to be a significant deficiency.

Southwest Health and Human Services' response to the internal control over compliance finding identified in our audit is described in the accompanying Corrective Action Plan. Southwest Health and Human Services' response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

### **Purpose of This Report**

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*/s/Rebecca Otto*

REBECCA OTTO  
STATE AUDITOR

August 11, 2017

*/s/Greg Hierlinger*

GREG HIERLINGER, CPA  
DEPUTY STATE AUDITOR

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**SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2016**

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

**Financial Statements**

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP: **Unmodified**

Internal control over financial reporting:

- Material weaknesses identified? **No**
- Significant deficiencies identified? **Yes**

Noncompliance material to the financial statements noted? **No**

**Federal Awards**

Internal control over the major program:

- Material weaknesses identified? **No**
- Significant deficiencies identified? **Yes**

Type of auditor's report issued on compliance for the major federal program: **Unmodified**

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? **Yes**

The major federal program is:

Medical Assistance Program

CFDA No. 93.778

The threshold for distinguishing between Types A and B programs was \$750,000.

Southwest Health and Human Services qualified as a low-risk auditee? **Yes**

## II. FINDINGS RELATED TO FINANCIAL STATEMENTS AUDITED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

### INTERNAL CONTROL

#### ITEM ARISING THIS YEAR

Finding Number 2016-001

#### Audit Adjustments

**Criteria:** A deficiency in internal control over financial reporting 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 of the financial statements on a timely basis.

**Condition:** During our audit, we proposed audit adjustments that resulted in significant changes to the Health and Human Services' financial statements.

**Context:** The inability to make all necessary accrual adjustments or to detect significant misstatements in the financial statements increases the likelihood that the financial statements would not be fairly presented. These adjustments were found in the audit; however, independent external auditors cannot be considered part of the Health and Human Services' internal control.

**Effect:** The following adjustments were reviewed and approved by the appropriate staff and are reflected in the financial statements:

#### Governmental Activities

- increased net position by \$206,549 for year-end 2015 deferred inflows of resources--unavailable revenue being reversed in 2015 rather than 2016;
- decreased, thereby eliminated, deferred inflows or resources--unavailable revenue by \$206,549 as the related revenues (primarily intergovernmental state and federal grants and charges for services) were recognized as part of prior year net position;
- decreased the net other postemployment benefits obligation by \$200,284 for activity recognized in the prior year; and
- decreased deferred pension inflows by \$415,298 to correct pension amortization.

#### General Fund

- increased fund balance by \$103,618 to properly record ending balances related to unspent grant monies held at December 31, 2016; and
- decreased due from other governments by \$170,438 to properly recognize intergovernmental state and federal grants and miscellaneous revenues.

#### Health Services Fund

- decreased accounts payable by \$16,914 for health expenditures accrued in the prior year but not reversed in 2016 when payment occurred.

**Cause:** Procedures are not in place to consider the full extent of all entries needed for financial reporting.

**Recommendation:** We recommend the Health and Human Services staff review their financial statement closing procedures and trial balances and journal entries in detail to ensure that all significant adjustments have been made appropriately that are considered necessary to fairly present the Health and Human Services' financial statements in accordance with generally accepted accounting principles.

**View of Responsible Official:** Concur

### III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARD PROGRAMS

#### PREVIOUSLY REPORTED ITEM NOT RESOLVED

Finding Number 2011-006

#### Eligibility Testing

**Program:** U.S. Department of Health and Human Services' Medical Assistance Program (CFDA No. 93.778), Award No. 05-1605MN5ADM, 2016

**Pass-Through Agency:** Minnesota Department of Human Services

**Criteria:** Title 2 U.S. *Code of Federal Regulations* § 200.303 states that the auditee must establish and maintain effective internal control over the federal award that provides reasonable assurance that the auditee is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award.

**Condition:** The Minnesota Department of Human Services (DHS) maintains the computer system, MAXIS, which is used by the Health and Human Services to support the eligibility determination process. While periodic supervisory case reviews are performed to monitor compliance with grant requirements for eligibility, not all documentation was available to support participant eligibility. In other circumstances, information was either input incorrectly or not properly updated in MAXIS. The following instances were noted in our sample of 40 case files tested:

- The application/annual review form in three case files did not record the receipt date of the form.
- Two case files did not meet all verification of asset requirements. In one case file, the most recent bank account balance was not updated in MAXIS. The other case file did not have a bank statement on file to support the bank account balance reported in MAXIS.

**Questioned Costs:** Not applicable. The Health and Human Services administers the program, but benefits to participants in this program are paid by the State of Minnesota.

**Context:** The sample size was based on the guidance from chapter 11 of the AICPA Audit Guide, *Government Auditing Standards and Single Audits*.

The State of Minnesota contracts with the Health and Human Services to perform the “intake function” (meeting with the social services client to determine income and categorical eligibility), while the Minnesota DHS maintains MAXIS, which supports the eligibility determination process and actually pays the benefits to participants.

**Effect:** The improper input or updating of information into MAXIS and the lack of verification or follow-up of eligibility-determining factors increases the risk that a program participant will receive benefits when they are not eligible.

**Cause:** Program personnel entering case file information into MAXIS did not ensure all required information was input or updated in MAXIS correctly or that all required information was obtained and/or retained.

**Recommendation:** We recommend the Health and Human Services implement additional procedures to provide reasonable assurance that all necessary documentation to support eligibility determinations exists and is properly input or updated in MAXIS and issues are followed up on in a timely manner. In addition, consideration should be given to providing further training to program personnel.

**View of Responsible Official:** Concur

#### IV. OTHER FINDINGS AND RECOMMENDATIONS

##### MINNESOTA LEGAL COMPLIANCE

##### ITEM ARISING THIS YEAR

Finding Number 2016-002

##### Monitoring Financial Health - General Fund Operations

**Criteria:** As a county joint powers entity, Southwest Health and Human Services has those authorities common to counties. Minn. Stat. § 385.04, requires that counties pay the expenditures only if money is available in the fund for that purpose. Further, counties are limited in their ability to transfer money from one fund to another. The general rule in Minnesota is that county fund transfers, temporary and permanent, require board approval. *See* Minn. Stat. §§ 385.32 and 375.18, subd. 7. For larger counties, the treasurer is permitted to make temporary transfers as long as funds are transferred back as soon as they become available. *See* Minn. Stat. § 385.31.

Regarding fund balances, the Minnesota Office of the State Auditor recommends that at year-end, local governments maintain an unrestricted fund balance in their General Fund and special revenue funds of approximately 35 to 50 percent of fund operating revenues, or no less than five months of operating expenditures. The adequacy of unrestricted fund balance should be assessed based on an individual local government's own circumstances. If the local government's unrestricted fund balance is less than or greater than the recommended level, the local government should be able to explain the reason for the difference.

**Condition:** The General Fund had a deficit cash balance at the end of the following months during 2016:

- April (\$935,282),
- May (\$208,319),
- October (\$628,516), and
- November (\$354,899).

Additionally, the General Fund unrestricted fund balance is only able to cover 1.9 months of expenditures based on 2016 expenditure levels. This is a decrease from the December 31, 2015, unrestricted fund balance covering 2.5 months of expenditures.

**Context:** The Southwest Health and Human Services' General Fund is used to account for tax revenue levied and subsequently contributed to the Health and Human Services by the participating counties, intergovernmental state and federal grants, and operating costs for the human services function of the Health and Human Services. The Health and Human Services cashed in all of its investments during April 2017 to eliminate the General Fund's deficit cash balance.

**Effect:** The Southwest Health and Human Services fund transfers are not consistent with Minn. Stat. §§ 385.04, 385.32, and 385.31. By allowing a deficit balance, cash is essentially being used from other funds for purposes that were not budgeted or otherwise approved by the Joint Health and Human Services Board for those funds.

**Cause:** In recent years, anticipated revenues for the General Fund have not been sufficient to cover program costs. The participating counties did not levy taxes nor transfer funds to cover all expenditures in the General Fund.

**Recommendation:** We recommend that the Health and Human Services maintain a positive cash balance in the General Fund. If costs incurred exceed available cash, the Health and Human Services should approve a temporary or permanent transfer of cash from another fund. The Health and Human Services may want to consider whether improvements need to be made to more accurately budget for the General Fund.

**View of Responsible Official:** Concur

**REPRESENTATION OF SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

**CORRECTIVE ACTION PLAN  
FOR THE YEAR ENDED DECEMBER 31, 2016**

**Finding Number: 2016-001**

**Finding Title: Audit Adjustments**

Name of Contact Persons Responsible for Corrective Action:

Sarah Kirchner - Fiscal Manager

Lisa DeBoer - Fiscal Officer

Jenny VanderPlaats - Fiscal Officer

Corrective Action Planned:

- Review prior year journal entries that are required to be reversed at the start of the next year to ensure this takes place for the current year.
- Use all updated work papers that are provided by the OSA to ensure appropriate documentation for all journal entries.
- Print the appropriate financial statements before and after doing journal entries to ensure appropriate reporting is occurring.
- After completing journal entries will have Fiscal Officer review for accuracy.

Anticipated Completion Date:

Ongoing

**Finding Number: 2011-006**

**Finding Title: Eligibility Testing**

**Program Name: Medical Assistance Program (CFDA No. 93.778)**

Name of Contact Persons Responsible for Corrective Action:

Kathryn Herding - Financial Assistance Supervisor

Jennifer Beek - Financial Assistance Supervisor

Corey Remiger - Financial Assistance Supervisor

Corrective Action Planned:

- Application and Renewal Processing Checklists will be reviewed and updated as needed.
- Application and Renewal Processing Checklists will be reviewed with staff at next unit meetings.
- Audit findings will be reviewed at next unit meetings.

Anticipated Completion Date:

September 30, 2017

**Finding Number: 2016-002**

**Finding Title: Monitoring Financial Health - General Fund Operations**

Name of Contact Persons Responsible for Corrective Action:

Sarah Kirchner - Fiscal Manager

Lisa DeBoer - Fiscal Officer

Jenny VanderPlaats - Fiscal Officer

Corrective Action Planned:

Each month at the time of balancing a Treasurer's Cash Trial Balance report will be pulled to verify all fund balances. If a specific fund is running low or negative this will be considered when making future spending decisions and/or dollars from investments will be cashed out in order to alleviate the negative balance if possible.

It is Southwest Health and Human Services intent to start building back reserves over the next few years in order to maintain a balance necessary to cover no less than 5 months of operating expenditures.

Anticipated Completion Date:

Ongoing



**REPRESENTATION OF SOUTHWEST HEALTH AND HUMAN SERVICES  
MARSHALL, MINNESOTA**

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
FOR THE YEAR ENDED DECEMBER 31, 2016

**Finding Number: 2011-006**

**Finding Title: Eligibility Testing**

**Program: Medical Assistance Program (CFDA No. 93.778)**

**Summary of Condition:** While periodic supervisory case reviews are performed to monitor compliance with grant requirements for eligibility, not all documentation was available to support participant eligibility. In other circumstances, information was either input incorrectly or not properly updated in MAXIS. The following instances were noted during the audit:

- Four case files did not have verification of asset requirements. For these case files, the most recent bank account balance was not updated in MAXIS.
- Three case files did not have verification of income. For these case files, the income amounts were not updated in MAXIS to tie to the supporting documentation or were not substantiated to the application.
- One case file did not have support for citizenship verification in the case file, while MAXIS indicated other verification support was in the case file to document U.S. citizenship.
- One case file had other insurance listed in MAXIS, but the case file had no indication of verification.

**Summary of Corrective Action Previously Reported:** SWHHS will work towards ensuring there is proper documentation in the case file to support eligibility by completing a checklist for workers to utilize, review policy with workers, and pull additional files for case reviews each month.

**Status:** Partially Corrected. Case reviews have been implemented but checklist form has not been completed or implemented; will complete new checklist form and have implemented.

Was corrective action taken significantly different than the action previously reported?  
Yes \_\_\_\_\_ No   X