



BOARD OF HEALTH

Agenda for March 28, 2019 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes*
2. Public Comment
3. Health Officer’s Report
4. Medical Director’s Report
5. Committee Reports
 - a. Finance Committee – Did not meet
 - b. Program, Policies, and Appeals – Did not meet
6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
7. Unfinished Business
 - a.
8. New Business
 - a. Audit Report*
 - b. EH Food Service Certificates of Excellence
 - c. EH Food Fee Schedule*
 - d. AAA Annual Conflict of Interest and Disclosure Statement
9. Departmental Reports
 - a. Area Agency on Aging
 - b. Personal Health & Disease Prevention
 - c. Environmental Health
10. Adjournment - Next meeting: April 25, 2019 at the Coldwater office



February 28, 2019 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:03 a.m. by Chairman, Don Vrablic, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Don Vrablic, Bruce Caswell, Kathy Pangle, Terri Norris, Al Balog, and Mark Wiley.

Also present from BHSJ: Rebecca Burns, Dr. Vogel, Theresa Fisher, Yvonne Atwood, Paul Andriacchi, Laura Sutter, and Jeff Macklin.

Ms. Norris moved to approve the amended agenda, which added EH Food Service Fee Schedule to the new business section, with support from Mr. Balog. The motion carried.

Ms. Pangle moved to approve the minutes from the previous meeting with support from Ms. Norris. The motion carried.

Public comment:

- None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: AAA 3C, Comprehensive Compensation Study, LARA's Legal Division of the Bureau of Medical Marihuana Regulation, New Software Updates, Legionella, Health Promotion & Education Updates, Staff Vacancies, Agency Attorney, Annual Audit/Year End Close, Staff Meetings, and the Hepatitis A Outbreak.

Dr. Vogel, Medical Director, reviewed the Medical Director's monthly report. This month's reports covered Cannabis/Marijuana.

Committee Reports:

- Finance Committee – Mr. Balog moved to approve the minutes from the 2/28/19 meeting with support from Mr. Caswell. The motion carried.
- Program, Policy, and Appeals Committee – Did not meet.

Financial Reports/Expenditures

- Ms. Norris moved to approve the expenditures as reported with support from Ms. Pangle. The motion carried.

Unfinished Business

- There was no unfinished business to discuss.

New Business:

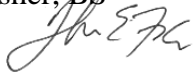
- a. Mr. Balog moved to approve the corrected EH General Services Fee Schedule as presented, effective February 28, 2019, with support from Mr. Wiley. The motion carried.

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b. Ms. Norris moved to approve the proposed EH Food Services Fee Schedule as presented, effective February 28, 2019, with support from Mr. Caswell. The motion carried.

With no further business the meeting was adjourned at 10:32 AM.

Respectfully Submitted by:

Theresa Fisher, BS



Health Officer's Report to the Board of Health for March 28, 2019
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Annual Audit/Year End Close– Dane Porter from Maner Costerisan will be at the Board of Health meeting to present the annual audit.

Hometown Health Hero Award – The Agency nominated Laura Brott, Coordinator of the St. Joseph County Human Service Collaborative for the award this year and I'm pleased to announce that she was selected! The Hometown Health Hero award is presented annually to individuals and organizations that have made significant contributions to preserve and improve their community's health in the focus areas. Awardees are selected from nominations received. The only way for someone to receive this award is to be nominated. The Hometown Health Hero award will be presented at the State Capitol in the Rotunda on April 10th at 11:30 a.m. as a part of the Michigan Public Health Week Partnership. Commissioner Pangle will be attending with me and Yvonne so that we can watch Laura be recognized.

LARA's Legal Division of the Bureau of Medical Marihuana Regulation – The Agency has been notified that our proposal to use the Medical Marihuana Operation and Oversight funds has been approved. Because this funding is new to the public health arena, there is a training scheduled on April 25th for local health departments that have received the grants. Our Agency is already beginning to operationalize our plan, which includes

AAA 3C – I would like to set-up a meeting of the Program, Policy, and Appeals Committee within the next month to discuss and review a proposal to formalize the AAA within the local health department and provide for sustainable funding.

Personnel Policy document – Theresa and I have met with the Personnel Policy Committee and have some proposed changes to share with the Program, Policy, and Appeals Committee. This is another item to meet about with the committee.

New Database Updates –

- **HealthSpace:** Progress is moving along; although slower than we would have hoped. The sanitarians working in the well/septic programs have just been able to start testing.
- **Nightingale Notes:** Nightingale Notes training is moving along nicely with a core team of staff on the implementation team working to get the system set-up to go live. Data has been sent for testing up to MICR and that went well.

Legionella – The Agency continues to follow the facility involved in the case of Legionella. Progress is being made.

Health Promotion & Education Updates – The Agency's HPE team has written 5 news releases for local media and posting on our website since the last Board of Health meeting. These include:

- Measles Outbreak Support – for Health Care Professionals (3-7-2019)
- Legionella Investigation in St. Joseph County, MI (3-8-2019)
- Local Students Participate in Kick Butts Day 2019 (3-19-2019)
- Measles Cases Increase in Michigan (3-22-2019)
- National Nutrition Month: Importance of Breakfast (3-25-2019)

There have also been plenty of informative posts to the WIC Facebook page and a number of new car seats installed to protect our tiny new community members. Now that we have the Medical Marijuana Operation and Oversight Grants, Rochelle and Kelley have started work on our workplan for this project.

Staff Vacancies/New Staff – The Agency has filled the Accountant position in Coldwater (start date April 15) and the Sanitarian position in Three Rivers. The Breastfeeding Peer Support Worker position in St. Joseph county is still open but interviews are beginning. There are no positions currently posted.

Agency’s Attorney – The Agency has a new attorney; Andy Brege. Mr. Brege comes from the same firm that Jim Dyer retired from; Rosati, Schultz, Joppich, Amtsbuechler.

Agency’s Staff Meetings – The Agency will again hold a day-long training for all staff on November 11, 2019, Veteran’s Day. This training was well received last year and we are already at work on the day’s agenda.

Comprehensive Compensation Study – The company we have engaged, Municipal Consulting Services, LLC, will begin the study on June 1st with a final report due by no later than September 30th. I will keep you informed as this process starts.

Legislative Updates – None at this time.

Hepatitis A Outbreak – Our “outbreak nurse” has been very busy getting the high risk population immunized in Branch, Hillsdale, and St. Joseph counties. I am very pleased with the activity we are providing.

As I have been reporting, Michigan is in the midst of a serious Hepatitis A outbreak. Current case count as of March 20, 2019 is 912 with 732 hospitalizations and 28 deaths. This is the same case count from my January report! Good news! Also, only one county Michigan continues to be considered an outbreak county, as you can see from the graphic below. The Agency continues to put special emphasis on increasing our vaccination rates for adult Hep. A, especially of the high-risk individuals. Hepatitis A vaccination is safe and effective. The following individuals should get the HAV vaccine:

- Persons who are homeless.
- Persons who are incarcerated.
- Persons who use injection and non-injection illegal drugs.
- Persons who work with the high-risk populations listed above.
- Persons who have close contact, care for, or live with someone who has HAV.
- Persons who have sexual activities with someone who has HAV.
- Men who have sex with men.
- Travelers to countries with high or medium rates of HAV.
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C.*
- Persons with clotting factor disorders.

**Confirmed Cases Referred August 1, 2016 - March 20, 2019
Meeting the MI Hepatitis A Outbreak Case Definition**

County (or city)	Total Cases	County (or city)	Total Cases
Macomb	223	Kent†	4
City of Detroit	173	Saginaw†	4
Wayne†	164	Gratiot†	3
Oakland†	120	Midland†	3
St. Clair†	33	Allegan†	2
Ingham†	29	Mecosta†	2
Genesee†	27	Bay†	1
Shiawassee†	22	Charlevoix	1
Washtenaw†	20	Clare†	1
Monroe†	18	Hillsdale†	1
Calhoun	10	Huron†	1
Isabella†	8	Ionia†	1
Lapeer†	7	Leelanau†	1
Clinton†	6	Lenawee†	1
Livingston†	6	Newaygo†	1
Sanilac†	6	Schoolcraft†	1
Eaton†	5	Van Buren†	1
Grand Traverse†	4	Other*†	2

† Indicates no confirmed case in the past 100 days

*Jackson Michigan Department of Corrections

Indicates counties with outbreak-associated cases that are not currently included in the outbreak jurisdiction

Medical Director's Report to the Board of Health
H. Lauren Vogel, D.O., M.P.H.
March 2019 – Colorectal Cancer Screening

March is designated as Colorectal cancer awareness month. Cancer is the second leading cause of death in the US. For patients with health insurance, one-third of eligible patients have never been screened for colon cancer.¹ For patients without health insurance only one-third have ever been screened for colon cancer. According to the National Institute of Health the mean cost for colon cancer treatment per patient was \$29,196 (2009).² With some 140,000 new cases of colon cancer diagnosed yearly (2015) the costs for the management of colon cancer are significant.

Colorectal cancer symptoms are often minor to non-existent during the early stages of the disease, where a cancer has not spread and cure is possible. Local symptoms may include constipation or diarrhea, a change in bowel habits, rectal bleeding, abdominal bloating or cramps. The duration of time before colorectal spreads from the colon is variable but has been estimated to be less than two years. Colon cancer spreads to the liver, lungs, brain and bone. Once spread, colorectal cancer is treatable but cure is unlikely.

The USPSTF recommends screening all adults beginning at age 50 for colorectal cancer.³ For patients with a close family history for colorectal cancer, screening should start earlier. The American Cancer Society, in difference to the USPSTF, has recommended that screening begin by age 45 for persons of average risk.⁴ There are several different screening methodologies for colorectal cancer screening. These can be separated into stool-based testing or direct visualization methods. Stool-based screening needs to be completed annually. Visualization testing may need to be repeated less frequently, up to every ten years.

According to the USPSTF, there are no head-to-head studies demonstrating that one screening method is more effective than another. Stool-based testing is less invasive, cheaper, easier to complete but needs to be repeated more frequently than visual examination. For testing, a stool sample is obtained and tested. The stool sample can be obtained at home without any specific colon preparation. Some foods and medications may need to be eliminated prior to testing. If the stool testing is positive a follow up exam with visualization is necessary.

A direct visual examination requires colon preparation, a short stay in a surgical facility, anesthesia and insertion of an instrument into the rectum and colon. Costs are higher and some (minimal) risk is involved in the procedure. An advantage to the visualization method is that a sample of tissue can be obtained at the time of the exam if abnormalities are discovered. In some instances, small lesions can be completely removed at the time of the initial examination. X-ray examination of the colon is possible but has significant limitations – the rectum and sigmoid colon cannot be adequately visualized by current x-ray examination.

Specific stool based exams include Guaiac-based fecal occult blood test (gFOBT), Fecal Immunochemical Test (FIT) and Stool DNA testing (Cologard). Both the gFOBT and FIT test screen stool for blood. Polyps or colon cancers that involve the inner colon lining often bleed and the blood can be identified by the exam. FIT examines the stool for human hemoglobin protein while the gFOBT tests for whole blood. FIT examination does not require that any medications or foods be held before testing. FIT requires that a stool sample be mailed to a lab for interpretation while the gFOBT can be scored at the time of collection. False positive results are not uncommon for both colon blood tests.

Stool DNA testing examines the stool for DNA abnormalities secreted by a colon cancer. This test is only slightly less accurate (92 verses 95 percent) than a colonoscopy but is associated with a higher risk for false positive results. The Cologard test is more accurate than the other stool-based testing methods currently available (92 verses 75 percent) but is significantly more expensive (\$400 verses \$8). A positive Cologard test requires colonoscopy followup.

Screening for colorectal cancer is an important public health need. Screening requires a medical office visit for testing. For patients without health insurance, costs may be prohibitive. Community services such as community fests or church sponsored free clinics are important community opportunities for those without adequate funds to obtain preventive services.

REFERENCE

1. US Cancer Statistics. CDC. June 2018. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>. Accessed March 2019.
2. Zhehui L. et.al. Colon Cancer Treatment Costs for Medicare and Dually Eligible Beneficiaries. 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2832226/>. Accessed March 2019.
3. Colorectal Cancer: Screening. USPSTF. June 2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2#tab>. Accessed March 2019.
4. Crawford C. Commence CRC Screening at Age 45, ACS Recommends. AAFP. June 2018. <https://www.aafp.org/news/health-of-the-public/20180605acscrcscreen.html>. Accessed March 2019.

March 2019 – Colorectal Cancer Screening

H. Lauren Vogel, D.O., M.P.H.



Important Facts

- March 2019 is designated as colorectal cancer awareness month
- Cancer is the second leading cause of death in the U.S.
- Only about one-half of eligible patients have ever been screened for colorectal cancer. [1]
- Mean costs per patient for colon cancer care is \$29,196 [2]
- Symptoms are minimal during the early stages of the disease
- Time before cancer spreads is less than two years
- Once spread, colon cancer is treatable but not curable
- Screening (normal risk) should begin at age 45 [3]
- No head-to-head studies demonstrating best screening method

Local Colorectal Cancer Symptoms

- Constipation
- Diarrhea
- Rectal bleeding
- Abdominal cramps
- Bloating

Stool Based Screening

- Cheaper
- Less invasive
- Can be completed at home
- Must be preformed annually
- Positive results require additional evaluation (visualization)

Direct Visualization Screening

- Requires colon preparation
- More invasive
- Short hospital stay / anesthesia
- Insertion of scope into rectum
- Allows for diagnosis AND treatment (biopsy / excision)

Stool DNA Screening (Cologard)

- Almost as accurate as colonoscopy (92% vs 95%)
- More accurate than stool based testing (92% vs 75%)
- More expensive than stool based testing (\$400 vs \$8)
- Positive results require additional evaluation (visualization)
- Test is repeated every other year if negative

Outcomes

- Screening is preventive care
- Costs often dictate screening methodology
- Patient fear of discomfort discourage screening
- Community services benefit the population

References

- [1] US Cancer Statistics. CDC. June 2018. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>. Accessed March 2019.
- [2] Zhehui L. et.al. Colon Cancer Treatment Costs for Medicare and Dually Eligible Beneficiaries. 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2832226/>. Accessed March 2019.

February 1 through February 28, 2019

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ACD.Net	Telephones 3 offices	2,667.91
AFLAC	Payroll Deduction	1,469.86
Alerus Financial (Retirement)	Payroll Deduction	590.00
Armstrong Health Care	WIC / AAA Contractual Consultant	2,099.12
Basic Flex Health Plan	Monthly Fee/Renewal	618.00
Blue Cross Blue Shield	Health Insurance	52,775.37
Branch Area Transit Authority	Elderly Transportation Service	2,338.74
Branch County Commission COA	Home & Community Based Services	7,519.65
Branch County Complex	Rent - Coldwater Office	5,694.28
Branch County Complex Quarterly	Building Repair & Maintenance	704.30
Branch County Complex Quarterly	Internet	997.50
Branch County Complex Quarterly	Maintenance (Work orders & Grounds)	90.00
Branch County Complex Quarterly	Utilities (Gas, Electric, Trash Pickup & Pest)	6,009.45
CAA of South Central	Home & Community Based Services	18,541.88
Care-N-Assist	Care Management	1,183.52
CDW Government Inc.	Computer Supplies	885.96
Century Bank - Master Card	Business Cards	18.98
Century Bank - Master Card	Cell phone Invoice	157.75
Century Bank - Master Card	Filling W-2's & 1099	163.53
Century Bank - Master Card	Training - Keith	159.00
Century Bank Basic Flex Health Plan	Payroll Deduction	1,658.48
Century Bank EFPTS	Federal & Fica Taxes	39,370.27
Century Bank Mers	Forfeiture/Underfunded Pmt.	2,410.17
Century Bank State	Michigan Tax	6,649.20
Century Bank Visa	Safety Deposit Box	40.00
Cintas	Rugs & Lab Coats - Cleaning	118.11
Connect America	Care Management	70.50
Crossroads Health & Home Services	Care Management	1,463.06
CSHCS Client	Driving Training	160.00
CSHCS Client	Eye Patches & Travel Expenses	165.22
CSHCS Client	Medication	64.56
CSHCS Client	Shoes	31.67
Dr. Vogel	Medical Director - Contractual	4,213.35
Embrace Your Health	Care Management	440.00
FedEx	Bat Head Mailing	38.68
Frontier	Sensaphone & Fax Line Service	294.67

February 1 through February 28, 2019

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GDI	Building Supplies Expense - HD	123.92
GDI	Building Supplies Expense - TR	102.41
Hillsdale Board Of Utilities	Building Expense - HD	1,871.67
Hillsdale County Treasurer	Building Labor Expense - HD	120.00
Hillsdale County Treasurer	Building Refuse Expense - HD	150.00
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	1,160.00
Hillsdale County Treasurer	Building Supplies Expense - HD	78.34
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Home Care Wellness	Care Management	160.00
Indiana Michigan Power	Building Expense - TR	1,214.14
Lab Corp	Lab Fees	35.10
Legal Service Of South Central Mi.	Older Adult Legal Assistance	790.00
Maplecrest	Rent - Sturgis Office	567.00
Marana Group	Postage Pick Up Service	172.00
MDHHS Bureau of Laboratories	Lead Testing	17.67
Michigan Public Health	Workforce Contract	2,181.76
Michigan State Disbursement Unit	Payroll Deduction	617.00
Nationwide	Payroll Deduction	4,690.00
Optum Insight (Netwerkes.Com)	Billing Service	112.93
Prompt Care	Drug Testing - 1 Employee	69.00
Richard Clark	Building Cleaning Expense - CW	1,800.00
Riley Pumpkin Farm	TR Building Expense - Snow Plowing	600.00
Rose Exterminator	Building Maintenance - TR Quarterly	195.00
SEMCO Energy	Building Expense - TR	91.93
St Joseph County COA	Home & Community Based Services	30,901.44
St Joseph Trans Authority	Older Adult Transportation	1,901.49
St. Joseph Community Co-op	Care Management	571.50
Staples	Office Supplies	541.43
State Of Michigan	Food Licenses	338.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Thurston Woods	Home & Community Based Services	2,163.52
Verizon	Cell Phones	843.42
VRI Lifeline Of Michigan	Care Management	679.90
Total Of Invoice List		226,883.31

Balance Sheet: BHSJ-CHA

2/1/2019 - 2/28/2019

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	<u>Balance</u>
Assets	
Cash on Hand	3,587.16
Cash with County Treasurer	847,962.09
Community Foundation Grant	309,905.12
Accounts Receivable	25,130.60
Due from Dental DAPP	42,840.16
Due from State	2,990.90
Due from Other Funding Sources	234,905.42
Prepaid Expenses	111,800.36
Biologic Inventory	<u>102,000.49</u>
Total Assets	<u><u>1,681,122.30</u></u>
Liabilities	
Accounts Payable	195,998.96
Payroll Liabilites	104,650.17
Capital Improvements	25,000.00
Deferred Revenue	48,781.07
Deferred Revenue BR	17,828.58
Deferred Revenue HD	19,321.35
Deferred Revenue SJ	25,641.33
Biologics	<u>102,000.49</u>
Total Liabilities	<u><u>539,221.95</u></u>
Net Assets	
Operation Fund Balance	327,076.75
Restricted Fund Balance	380,390.61
Designated Fund Balance	<u>434,432.99</u>
Total Net Assets	<u><u>1,141,900.35</u></u>
Total Liabilities and Net Assets	<u><u>1,681,122.30</u></u>

Prior Year Fund Balance Comparison at 2/28/2018:

Operation Fund Balance	\$	276,201.46
Restricted Fund Balance	\$	357,537.10
Designated Fund Balance	\$	90,949.48
Total Fund Balance	\$	724,688.04

Expense by Program - 2/1/2019 - 2/28/2019

RU Code	RU Title	Current Month	Year to Date	Total Budget - Amend 1	Percent Expended Amend 1
* 10	Agency Support	10,483.32	59,960.33	58,013.00	103.35%
* 34	Outbreak Investigation	1,295.94	3,572.69	5,277.00	67.70%
* 115	MCH Enabling Women	3,228.51	37,025.77	58,951.00	62.80%
** 326	Vision (ELPHS)	7,788.12	48,935.50	88,398.00	55.35%
* 22	Coalition for Tobacco Control	2,885.82	14,011.57	26,004.00	53.88%
* 345	Lead Testing	1,057.29	7,186.55	13,422.00	53.54%
* 325	CSHCS	15,734.21	85,192.68	183,879.00	46.33%
* 338	Immunization Vaccine Handling	32,955.18	179,307.99	403,313.00	44.45%
* 745	Type II Water	6,016.06	33,377.55	78,025.00	42.77%
* 335	MCH Public Health Functions & Infr	2,315.25	10,792.22	25,569.00	42.20%
* 12	Area Agency on Aging	97,935.11	518,294.63	1,233,813.00	42.00%
21	Dental Clinic - Three Rivers	2,775.00	13,875.00	33,300.00	41.66%
327	Hearing (ELPHS)	5,364.07	32,044.17	78,338.00	40.90%
** 321	CHC Tele-A-Health	2,862.37	15,664.52	38,685.00	40.49%
108	WIC Breastfeeding	6,549.31	34,321.70	84,999.00	40.37%
23	Capital Expenditures	3,215.58	17,657.96	44,440.00	39.73%
109	WIC	67,453.47	358,481.14	910,907.00	39.35%
605	General EH Services	4,601.86	25,816.42	66,465.00	38.84%
714	Onsite Sewage Disposal	21,919.41	122,967.67	316,582.00	38.84%
721	Drinking Water Supply	21,919.41	122,967.67	316,582.00	38.84%
341	Infectious Disease	15,971.67	99,001.38	256,265.00	38.63%
331	STD	10,318.77	52,043.29	136,347.00	38.16%
8	Salary & Fringe Payoff	3,881.90	28,684.01	70,000.00	0.3754
138	Immunization IAP	30,065.74	249,083.02	665,510.00	37.42%
101	Workforce Development	3,386.68	18,637.94	50,257.00	37.08%
32	Emergency Preparedness	8,810.25	56,907.56	158,897.00	35.81%
332	HIV Prevention	2,361.99	11,168.33	31,763.00	35.16%
704	Food Service	28,184.75	167,620.01	494,016.00	33.93%
14	VOCA	13,507.91	67,182.49	199,750.00	33.63%
329	MCH Enabling Children	946.94	11,730.26	34,976.00	33.53%
107	Medicaid Outreach	6,584.29	40,058.70	131,388.00	30.48%
29	Dental Clinic - Hillsdale	247.18	2,794.33	9,683.00	28.85%
112	CSHCS Medicaid Outreach	0.00	0.00	36,467.00	0.00%
852	Forensic Fluids	<u>334.09</u>	<u>753.57</u>	<u>0.00</u>	<u>0.00%</u>
	Total Expense	442,957.45	2,547,118.62	6,340,281.00	40.17%

The Agency is currently 1.5% under budget.

*5/12 Months = 41.67%

**9-Month Program

Programs Over Budget as of 2/28/2019

- RU 010:** Professional Liability quarterly payment hit in January. Audit expense has been at 71%. One time purchases of computer supplies. Program will end FY at 100% as final indirect rate is charged out to programs (based on salary/fringe).
- RU 034:** Increased activity, received additional \$20,000 grant award and program will be amended.
- RU 115:** Purchased safe sleep materials in October (written into the grant), program will fall back in line with budget as FY progresses.
- RU 326:** Within budget - 9 Month program
- RU 022:** Increased activity in program at this time of year. Should fall in line with budget within the next few months.
- RU 345:** Increased activity in program. This budget will be amended at amendment #2.
- RU 325:** Once program is 100% expended, will allocate additional costs to RU 112 to take advantage of federal matching funds.
- RU 338:** Meridian takeback payment (not in current budget). Will be added at amendment #2)
- RU 745:** Slightly over budget due to increased activity, will monitor program.
- RU 335:** Slightly over budget due to increased activity, will monitor program.
- RU 012:** Slightly over budget due to increased activity, will monitor program.

BHSJ Community Health Agency
Schedule of Cash Receipts and Disbursements
September 30th 2018 thru February 28th 2019

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9/30/2018 Cash Balance	\$ 1,112,893.18
Plus: Cash Receipts	\$ 568,883.63
Less: Cash Disbursements For Payroll/AP	\$ (577,984.60)
<hr/>	
10/31/2018 Cash Balance	\$ 1,103,792.21
Plus: Cash Receipts	\$ 404,039.64
Less: Cash Disbursements For Payroll/AP	\$ (552,656.00)
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11/30/2018 Cash Balance	\$ 955,175.85
Plus: Cash Receipts	\$ 541,344.15
Less: Cash Disbursements For Payroll/AP	\$ (517,013.68)
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12/31/2018 Cash Balance	\$ 979,506.32
Plus: Cash Receipts	\$ 678,174.64
Less: Cash Disbursements For Payroll/AP	\$ (530,928.19)
<hr/>	
1/31/2019 Cash Balance	\$ 1,126,752.77
Plus: Cash Receipts	\$ 393,866.20
Less: Cash Disbursements For Payroll/AP	\$ (425,183.21)
<hr/>	
2/28/2019 Cash Balance	\$ 1,095,435.76



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Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

We have audited the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) for the year ended September 30, 2018. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 16, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Branch-Hillsdale-St. Joseph Community Health Agency are described in Note A to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during fiscal year 2018. We noted no transactions entered into by the Agency during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements of the governmental activities were:

Management's calculation of the historical termination vesting percentages for severance payments is based on an estimate of the percentage of employees who have terminated employment and payments are based on an estimate of the percentage of employees' use of compensated absences.

Management's calculation of depreciation expense for the current period is based on an estimate of the useful lives of the capital assets.

The calculation of the net pension liability is based on an actuarial study which utilized certain actuarial assumptions based on historical trends and industry standards.

We evaluated the key factors and assumptions used to develop these accounting estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated March 18, 2019.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Agency's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Agency's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to the management's discussion and analysis, budgetary comparison schedule, schedule of changes in employer's net pension liability and related ratios, and schedule of employer contributions, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding 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 did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on other supplementary information, which accompanies the financial statements but is not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Restriction on Use

This information is intended solely for the use of the Board of Public Health and management of the Branch-Hillsdale-St. Joseph Community Health Agency and is not intended to be, and should not be, used by anyone other than these specified parties.

Maney Costerian PC

March 18, 2019

**Branch-Hillsdale-St. Joseph
Community Health Agency
Coldwater, Michigan**

FINANCIAL STATEMENTS

September 30, 2018

Branch-Hillsdale-St. Joseph
Community Health Agency

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INDEPENDENT AUDITOR'S REPORT

Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2018, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency, as of September 30, 2018, and the respective changes in financial position 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, budgetary comparison schedule, schedule of changes in employer's net pension liability and related ratios, and schedule of employer contributions, as identified in the table of contents, be presented to supplement the basic financial statements. Such information, although not a 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.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Agency's basic financial statements. The accompanying schedule of funded services categories by source is presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is also not a required part of the financial statements.

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 18, 2019, on our consideration of the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and compliance.

Maney Costeiran PC

March 18, 2019



Management's Discussion and Analysis For Fiscal Year Ended September 30, 2018

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency's) financial performance during the fiscal year ended September 30, 2018. The Management's Discussion and Analysis is intended to be read in conjunction with the Agency's financial statements.

Generally accepted accounting principles (GAAP) according to GASB Statement No. 34 require the reporting of two types of financial statements: government-wide financial statements and fund level financial statements.

Financial Highlights

- The liabilities of the Agency exceeded its assets at September 30, 2018, by \$565,949 at the government-wide level. Unrestricted net position was (\$771,401) at September 30, 2018.
- The Agency's total net position increased \$213,872 as a result of this year's operations.
- As of September 30, 2018, the Agency's governmental fund reported an ending fund balance of \$1,299,068, an increase of \$492,299.
- As of September 30, 2018, the unassigned fund balance was \$756,177, or approximately 12 percent of total fund expenditures.

Overview of the Financial Statements

The Branch-Hillsdale-St. Joseph Community Health Agency's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. This report also contains other supplementary information in addition to the basic financial statements themselves.

Government-wide Financial Statements: The government-wide financial statements provide information about the activities of the entire Agency. They present an overall view of the Agency's finances, reporting the assets and liabilities on fiscal year ending September 30, 2018.

The statement of net position presents information on all of the Branch-Hillsdale-St. Joseph Community Health Agency's assets, deferred outflows of resources, liabilities, and deferred inflows of resources, with the difference between them reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Agency is improving or deteriorating.

The statement of activities presents information showing how the government's net position changed during fiscal year 2017/2018. All changes in net position are reported as soon as the change occurs, regardless of the timing of related cash flows.

All of the Branch-Hillsdale-St. Joseph Community Health Agency's activities are supported by intergovernmental revenues, governmental grants, fees and charges for services, interest and rents, local revenues, and contributions. The governmental activities of the Agency are all considered health and welfare programs. The Area Agency on Aging (AAA) is an autonomous department within CHA responsible for administering Federal and State funds to local aging programs and organizations within our two (2) county planning and service area (Branch & St. Joseph Counties only). We are designated by the Michigan Aging and Adult Services Agency (AASA) to carry out this function. The Agency does not operate any programs that are intended to recover all or a significant portion of their costs through user fees and charges.

The government-wide financial statements include only financial information related to the Branch-Hillsdale-St. Joseph Community Health Agency.

Fund Financial Statements: A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Branch-Hillsdale-St. Joseph Community Health Agency uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The Agency operates with one fund, which is considered a governmental fund.

Governmental funds: Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a government's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and governmental fund statement of revenues, expenditures, and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The Branch-Hillsdale-St. Joseph Community Health Agency adopts an annual appropriated budget for its Health Fund. A budgetary comparison statement has been provided for this fund to demonstrate compliance with this budget.

The basic financial statements can be found on pages 1-6 of this report.

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 7-18 of this report.

Other Information: In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures, schedule of changes in net pension liability and related ratios, and schedule of employer contributions on pages 19-22. Other supplementary information concerning support services and expenditures of federal awards can be found on pages 23-36 of this report.

Government-wide Financial Analysis:

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of Branch-Hillsdale-St. Joseph Community Health Agency, liabilities exceeded assets by \$565,949. A comparative analysis of net position as of September 30, 2018 and 2017 are presented below:

	<u>2018</u>	<u>2017</u>
Current assets	\$ 1,761,846	\$ 1,470,517
Capital assets	<u>205,452</u>	<u>234,455</u>
Total assets	1,967,298	1,704,972
Deferred outflows of resources related to pension	452,093	1,084,747
Current liabilities	573,089	758,946
Noncurrent liabilities	<u>2,035,468</u>	<u>2,655,210</u>
Total liabilities	2,608,557	3,414,156
Deferred inflows of resources related to pension	<u>376,783</u>	<u>155,384</u>
Net position		
Net investment in capital assets	205,452	234,455
Unrestricted	<u>(771,401)</u>	<u>(1,014,276)</u>
Total net position	<u>\$ (565,949)</u>	<u>\$ (779,821)</u>

Unrestricted net position (the part of net position that can be used to finance day to day operations) increased by \$242,875. This represents an increase of approximately 24 percent. The current level of unrestricted net position for our governmental activities stands at (\$771,401), due to the implementation of GASB Statement No. 68, recognizing the Department's net pension liability and related deferred inflows and outflows. This is well below our desired range.

The following table shows the changes in net position as of September 30, 2018 and 2017.

	<u>2018</u>	<u>2017</u>
Program revenues		
Charges for services	\$ 1,036,654	\$ 926,569
Grants and contributions	4,505,798	4,415,765
General revenues		
County appropriations	728,250	705,721
Miscellaneous	241,423	41,730
Interest	<u>6,010</u>	<u>861</u>
Total revenues	6,518,135	6,090,646
Program expenses	<u>6,304,263</u>	<u>6,546,877</u>
Change in net position	<u>\$ 213,872</u>	<u>\$ (456,231)</u>

During the year charges for services increased by \$110,085 and grants and contributions increased \$90,033. Miscellaneous revenue also increased by \$199,693 due to miscellaneous dental revenue. We will continue to collaborate with local health providers and using them as a resource to find new funding.

Total expenses decreased approximately \$242,614 or 4 percent from last year. The decrease was due to reductions in personnel costs.

Financial Analysis of the Government's Fund

As noted earlier, the Branch-Hillsdale-St. Joseph Community Health Agency uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental Fund: The focus of the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Branch-Hillsdale-St. Joseph Community Health Agency's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund reported an ending fund balance of \$1,299,068, an increase of \$492,299 in comparison with the prior year. Of this total, \$179,298 is considered nonspendable as it is for prepaid expenditures. There has been \$363,593 assigned for vacation and sick leave. The unassigned fund balance at September 30, 2018, was \$756,177.

As a measure of the governmental fund's liquidity, it may be useful to compare unassigned fund balance to total fund expenditures. Unassigned fund balance represents approximately 13 percent of total fund expenditures.

Governmental Fund Budgetary Highlights

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Directors amended the budget to take into account events that occurred during the year. Total expenditures budget was increased approximately 3 percent primarily due to personnel costs and supplies and materials. We continue downsizing in staff and cross training them for other programs instead of replacing staff that left the Agency.

Capital Asset and Debt Administration

Capital Assets: The Branch-Hillsdale-St. Joseph Community Health Agency's investment in capital assets as of September 30, 2018, amounts to \$205,452 (net of accumulated depreciation). During the year the Agency invested \$64,000 in new software programs. Additional details related to capital assets are presented in Note C to the financial statements.

Long-term Obligations: The Branch-Hillsdale-St. Joseph Community Health Agency has a long-term obligation related to compensation (e.g., unused vacation and sick leave). The long-term obligation at September 30, 2018, amounted to \$363,593 for compensated absences. Additional details related to long-term obligations are presented in Note D to the financial statements.

Economic Factors and Next Year's Budget and Rates

The fiscal year ending September 30, 2019 will be an uncertain year as the State is in its first year with a new Governor and new Governor appointed Directors in the State Departments along with many new legislators. It is unknown how the State programs provided through the Comprehensive Planning, Budgeting, and Contracting (CPBC) agreement with the Michigan Department of Health and Human Services will be funded by this new administration. The Agency received an increase in local county appropriations in 2018 and have received an increased local county appropriation for 2019; however, the Agency's Board earmarked the increased amount for 2019 to fund the MERS Retirement Defined Benefit plan which is not fully funded. The Agency will advocate for an increase in local county appropriations every year. The Agency receives revenue for public health dental outreach and education from the four My Community Dental Centers (MCDC) located within Branch, Hillsdale, and St. Joseph counties, but that revenue is decreasing as MCDC struggles with keeping a full-time dentist in each office. MCDC is working on recruiting to eliminate the shortage, therefore, we anticipate this turning around in future years. In 2019 the Agency will have full implementation of the Electronic Medical Record (EMR) to participate with the Health Information Exchange and to collaborate between providers with client information. The EMR will help to streamline medical billing and keep the Agency on track with unpaid claims. Health insurance continues to be a cost issue for the Agency and staff. The Agency continues to have budget constraints due to the MERS Retirement Defined Benefit plan not being fully funded. The Agency will continue to review and respond to grant opportunities to help in offsetting costs and increase services to the public. The Agency will receive grants for 2019 in Vectorborne Surveillance, Hepatitis A Response, Medical Marijuana Operation & Oversight, and Victims of Crime Act 'Services to Victims of Elder Abuse'.

Because the services of the Branch-Hillsdale-St. Joseph Community Health Agency are provided based on need and not the ability to pay, the Agency will continue to expand billings to insurances when available to offset costs. A review of fees is ongoing to ensure that the Agency billing is in line with allowed pricing for our services.

Requests for Information

This financial report is designed to provide a general overview of the Branch-Hillsdale-St. Joseph Community Health Agency's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

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BASIC FINANCIAL STATEMENTS

Branch-Hillsdale-St. Joseph Community Health Agency

STATEMENT OF NET POSITION

September 30, 2018

	<u>Governmental Activities</u>
ASSETS	
Current assets	
Cash	\$ 1,115,381
Accounts receivable	225,682
Due from other governmental units - Federal/State	160,137
Prepays	179,298
Inventories	<u>81,348</u>
Total current assets	1,761,846
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>205,452</u>
TOTAL ASSETS	1,967,298
DEFERRED OUTFLOWS OF RESOURCES	
Deferred outflows of resources related to pension	452,093
LIABILITIES	
Current liabilities	
Accounts payable	228,871
Accrued wages	71,093
Other accrued liabilities	36,665
Unearned revenue	115,262
Current portion of compensated absences	<u>121,198</u>
Total current liabilities	573,089
Noncurrent liabilities	
Net pension liability	1,793,073
Noncurrent portion of compensated absences	<u>242,395</u>
Total noncurrent liabilities	<u>2,035,468</u>
TOTAL LIABILITIES	2,608,557
DEFERRED INFLOWS OF RESOURCES	
Deferred inflows of resources related to pension	<u>376,783</u>
NET POSITION	
Investment in capital assets	205,452
Unrestricted	<u>(771,401)</u>
TOTAL NET POSITION	<u>\$ (565,949)</u>

See accompanying notes to financial statements.

Branch-Hillsdale-St. Joseph Community Health Agency

STATEMENT OF ACTIVITIES

Year Ended September 30, 2018

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenues and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental activities				
Personal health	\$ 3,185,874	\$ 388,490	\$ 2,258,247	\$ (539,137)
Environmental health	1,222,952	504,427	493,340	(225,185)
Community health	134,498	107,781	-	(26,717)
Aging services	1,366,981	-	1,268,458	(98,523)
Administration	393,958	35,956	485,753	127,751
Total governmental activities	<u>\$ 6,304,263</u>	<u>\$ 1,036,654</u>	<u>\$ 4,505,798</u>	(761,811)
		General revenues		
		County appropriations - regular		728,250
		Miscellaneous		241,423
		Interest		6,010
		Total general revenues		<u>975,683</u>
		Change in net position		213,872
		Net position, beginning of the year		<u>(779,821)</u>
		Net position, end of the year		<u>\$ (565,949)</u>

See accompanying notes to financial statements.

Branch-Hillsdale-St. Joseph Community Health Agency

Governmental Fund

BALANCE SHEET

September 30, 2018

ASSETS	
Cash	\$ 1,115,381
Accounts receivable	225,682
Due from other governmental units - Federal/State	160,137
Prepays	179,298
Inventories	<u>81,348</u>
 TOTAL ASSETS	 <u><u>\$ 1,761,846</u></u>
LIABILITIES	
Accounts payable	\$ 228,871
Accrued wages	71,093
Other accrued liabilities	36,665
Unearned revenue	<u>115,262</u>
 TOTAL LIABILITIES	 451,891
DEFERRED INFLOWS OF RESOURCES	
Unavailable revenue	10,887
FUND BALANCE	
Nonspendable	179,298
Assigned for vacation and sick leave	363,593
Unassigned	<u>756,177</u>
 TOTAL FUND BALANCE	 <u>1,299,068</u>
 TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE	 <u><u>\$ 1,761,846</u></u>

See accompanying notes to financial statements.

Branch-Hillsdale-St. Joseph Community Health Agency

RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE
SHEET TO THE STATEMENT OF NET POSITION

September 30, 2018

Total fund balance - governmental fund **\$ 1,299,068**

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

Capital assets used in governmental activities are not current financial resources and therefore are not reported as assets in the governmental fund.

The cost of capital assets is	\$ 1,205,508	
Accumulated depreciation is	<u>(1,000,056)</u>	
Capital assets, net		205,452

Various amounts due for services rendered are not expected to be collected within 60 days of year end and are not available to pay for current expenditures.		10,887
--	--	--------

Governmental funds report actual pension expenditures for the fiscal year, whereas the governmental activities will recognize the net pension liability as of the measurement date. Pension contributions subsequent to the measurement date will be deferred in the statement of net position. In addition, resources related to changes of assumptions, differences between expected and actual experience, and differences between projected and actual pension plan investment earnings will be deferred over time in the government-wide financial statements. These amounts consist of:

Deferred outflows of resources related to pension	452,093	
Deferred inflows of resources related to pension	<u>(376,783)</u>	
		75,310

Long-term liabilities are not due and payable in the current period and therefore are not reported as liabilities in the governmental fund balance sheet. Long-term liabilities at year-end consist of:

Net pension liability	(1,793,073)	
Compensated absences	<u>(363,593)</u>	
		<u>(2,156,666)</u>

Net position of governmental activities **\$ (565,949)**

Branch-Hillsdale-St. Joseph Community Health Agency

Governmental Fund

STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE

Year Ended September 30, 2018

REVENUES	
Licenses and permits	\$ 293,125
Intergovernmental	
Federal/State	4,188,584
Local	58,163
County appropriations	728,250
Charges for services	797,299
Interest and rents	41,936
Other	<u>426,187</u>
 TOTAL REVENUES	 6,533,544
EXPENDITURES	
Current	
Salaries and wages	2,425,238
Fringe benefits	1,048,332
Supplies and materials	788,951
Contractual	1,055,398
Communications	64,787
Travel and training	137,633
Insurance	37,821
Repairs and maintenance	201,580
Building and equipment lease and rentals	198,829
Printing and advertising	11,971
Postage	20,131
Other	<u>50,574</u>
 TOTAL EXPENDITURES	 <u>6,041,245</u>
 EXCESS OF REVENUES OVER EXPENDITURES	 492,299
 Fund balance, beginning of year	 <u>806,769</u>
 Fund balance, end of year	 <u><u>\$ 1,299,068</u></u>

See accompanying notes to financial statements.

Branch-Hillsdale-St. Joseph Community Health Agency

RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES

Year Ended September 30, 2018

Net change in fund balance - governmental fund **\$ 492,299**

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

Capital outlays are reported as expenditures in governmental funds. However, in the statement of activities, the cost of capital assets is allocated over their estimated useful lives as depreciation expense. In the current period, these amounts are:

Capital outlay	\$	64,000	
Depreciation expense		<u>(93,003)</u>	
Excess of depreciation expense over capital outlay			(29,003)

Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the fund. In the current period, these amounts consist of:

(Decrease) in unavailable revenue	(15,409)
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Some items reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in the governmental fund. These activities consist of:

Decrease in net pension liability	619,150		
Decrease in accrued compensated absences		888	
(Decrease) in deferred outflows of resources related to pension		(632,654)	
(Increase) in deferred inflows of resources related to pension		<u>(221,399)</u>	
			<u>(234,015)</u>

Change in net position of governmental activities **\$ 213,872**

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) is a joint venture between Branch, Hillsdale, and St. Joseph Counties, and was established to provide public health services. The Community Health Agency Board has representation and provides services to Branch, Hillsdale, and St. Joseph Counties. Each County provides annual appropriations and passes through the statutory amounts of cigarette tax funding to subsidize operations. The current funding formula approved by the Community Health Agency requires Branch, Hillsdale, and St. Joseph Counties to provide approximately 28, 31, and 41 percent, respectively.

The financial statements of the Agency have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The Agency's more significant accounting policies are discussed below.

The primary revenues of the Branch-Hillsdale-St. Joseph Community Health Agency are charges for services, Federal and State grants, and County appropriations.

1. Reporting Entity

As required by accounting principles generally accepted in the United States of America, these financial statements are exclusive presentations of the financial condition and results of operations of the Branch-Hillsdale-St. Joseph Community Health Agency.

2. Basis of Presentation

GOVERNMENT-WIDE FINANCIAL STATEMENTS

The statement of net position and the statement of activities (the government-wide financial statements) present information for the Agency as a whole.

The statement of activities presents the direct functional expenses of the Agency and the program revenues that support them. Direct expenses are specifically associated with a service, program, or department and are therefore clearly identifiable to a particular function. Program revenues are associated with specific functions and include charges to recipients for goods or services and grants and contributions that are restricted to meeting the operational or capital requirements of that function. Revenues that are not required to be presented as program revenues are general revenues. This includes interest and all County appropriations and shows how governmental functions are either self-financing or supported by the general revenues of the Agency.

FUND FINANCIAL STATEMENTS

The Agency uses a single fund to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The governmental fund financial statements present the Agency's individual major fund.

The major fund of the Agency is:

- a. General Operating Fund - This fund is used to account for all financial resources of the Agency, which are restricted to expenditures for specified health related purposes.

3. Measurement Focus

The government-wide financial statements are presented using the economic resources measurement focus, similar to that used by business enterprises or not-for-profit organizations. Because another measurement focus is used in the governmental fund financial statements, reconciliations to the government-wide financial statements are provided that explain the differences in detail.

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED3. Measurement Focus - continued

The governmental fund financial statements are presented using the current financial resources measurement focus. With this measurement focus, only current assets, deferred outflows of resources, current liabilities, and deferred inflows of resources generally are included on the balance sheet. Operating statements of these funds present increases (i.e., revenues and other financing sources) and decreases (i.e., expenditures and other financing uses) in fund balance.

4. Basis of Accounting

Basis of accounting refers to the timing under which transactions are recognized for financial reporting purposes. Governmental fund financial statements use the modified accrual basis of accounting. The government-wide financial statements are prepared using the accrual basis of accounting.

Under the accrual basis of accounting, revenue is recorded in the period in which it is earned, and expenses are recorded when incurred, regardless of the timing of related cash flows. Revenues for grants and contributions are recognized when all eligibility requirements imposed by the provider have been met. Unearned revenue is recorded when resources are received by the Agency before it has legal claim to them, such as when grant monies are received prior to the incurrence of qualified expenses.

Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they become both measurable and available). "Measurable" means the amount of the transaction can be determined and "available" means collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period. For this purpose, the Agency considers revenues to be available if they are collected within 60 days of the end of the current period. Revenues susceptible to accrual include state and federal grants and interest revenue. Other revenues are not susceptible to accrual because generally they are not measurable until received in cash. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt which are recorded when due.

If/when both restricted and unrestricted resources are available for use, it is the Agency's policy to use restricted resources first, then unrestricted resources as they are needed.

5. Budgets and Budgetary Accounting

The annual budget of the Agency is prepared by Agency management and approved by the Board at the total expenditure level. Any revisions to the original budget are approved by the Board before the end of the fiscal year.

6. Cash

Cash consists of the Agency's payroll and accounts payable checking accounts, branch office depository accounts, imprest cash, and cash on deposit with the Branch County Treasurer.

7. Receivables and Unearned Revenue

Receivables consist of amounts due from governmental units for various grant programs and accounts receivable for charges for services to clients and other organizations.

The Agency has recognized the revenue related to charges for services at the time the services are performed and billed to the extent such amounts are estimated to be received. Contractual adjustments by third-party payers are treated as a reduction to revenues.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED7. Receivables and Unearned Revenue - continued

In addition to grant funding received prior to meeting the revenue recognition criteria, the Agency has also recorded unearned revenue in the government-wide and fund financial statements, respectively, equaling the amount of vaccine inventory received from the State of Michigan that is on hand at year-end. Unearned revenues arise when the Agency receives resources before it has a legal claim to them. In subsequent periods, when the revenue meets both the "measurable" and "available" criteria for recognition, the liability for unearned revenue is removed from the statement of net position and balance sheet, respectively, and revenue is recognized.

8. Inventories

Inventories are stated at cost on a first in/first out basis. Donated vaccines inventory is stated at fair value as of the date of the donation. Inventory consists of vaccines received from the State of Michigan. They are recorded as expenditures at the time individual inventory items are used.

9. Prepays

Payments made to vendors for services that will benefit future periods are recorded as prepaid expenditures/expenses. Reported prepaid expenditures are equally offset by nonspendable fund balance which indicates they do not constitute "available spendable resources" even though they are a component of equity.

10. Capital Assets

Capital assets are recorded (net of accumulated depreciation, if applicable) in the government-wide financial statements. Capital assets are those with an initial individual cost of \$5,000 or more, with estimated useful lives of more than one year. Capital assets are not recorded in the governmental fund. Instead, capital acquisitions are reflected as expenditures in the governmental fund, and the related assets are reported in the government-wide financial statements. All purchased capital assets are valued at cost where historical records are available and at an estimated historical cost where no historical records exist. Donated capital assets are valued at their estimated acquisition cost on the date received.

The cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Depreciation is computed using the straight-line method over the following useful lives:

Land improvements	7 years
Equipment	4-10 years

11. Compensated Absences

The Agency employees are granted vacation and sick leave in varying amounts. In the event of termination, an employee is paid for certain portions of unused accumulated vacation and sick time. This amount, along with related payroll taxes has been recorded in the government-wide financial statements.

12. Unavailable Revenue

Governmental funds report unavailable revenues in connection with receivables for revenue that is not considered available to liquidate liabilities of the current period.

13. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position and balance sheet will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position/fund balance that applies to a future period and so will not be recognized as an outflow of resources (expense/expenditure) until that time.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED13. Deferred Outflows/Inflows of Resources - continued

In addition to liabilities, the statement of net position and balance sheet will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position/fund balance that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time.

The Agency reports deferred inflows of resources on the balance sheet in connection with long-term receivables that are not considered available to liquidate liabilities of the current period. The Agency also reports deferred outflows of resources and deferred inflows of resources on the statement of net position which correspond to the Agency's net pension liability and are related to differences in experience, differences in assumptions, differences between projected and actual pension plan investment earnings and contributions made subsequent to the measurement date. These amounts are deferred and recognized as an outflow of resources or an inflow of resources in the period to which they apply.

14. Net Pension Liability

The net pension liability is deemed to be a noncurrent liability and is recognized on the Agency's government-wide financial statements.

15. Comparative Data

Comparative data for the prior year has not been presented in the accompanying financial statements since its inclusion would make the statements unduly complex and difficult to read.

NOTE B: CASH

In accordance with Michigan Compiled Laws, the Agency is authorized to invest in the following investment vehicles:

1. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
2. Certificates of deposit, savings accounts, deposit accounts, or depository receipts of a State or nationally chartered bank or a State or Federally chartered savings and loan association, savings bank, or credit union whose deposits are insured by an agency of the United States government and which maintains a principal office or branch office located in this State under the laws of this State or the United States, but only if the bank, savings and loan association, savings bank or credit union is eligible to be a depository of surplus funds belonging to the State under Section 6 of 1855 PA 105, MCL 21.146.
3. Commercial paper rated at the time of purchase within the three (3) highest classifications established by not less than two (2) standard rating services and which matures not more than 270 days after the date of purchase.
4. The United States government or Federal agency obligations repurchase agreements.
5. Bankers acceptances of United States Banks.
6. Mutual funds composed of investment vehicles, which are legal for direct investment by local units of government in Michigan.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE B: CASH - CONTINUEDDeposits

There is a custodial credit risk as it relates to deposits. In the case of deposits, this is the risk that in the event of a bank failure, the Agency's deposits may not be returned to it. As of September 30, 2018, the carrying amount of the Agency's deposits was \$2,265 and the bank balance was \$39,369. As of September 30, 2018, the Agency's deposits were fully insured by the Federal Deposit Insurance Corporation.

The cash balances reported in the basic financial statements include \$223 in imprest cash and \$1,112,893 in cash that is on deposit with the Branch County Treasurer. The cash on deposit with the Branch County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). As of September 30, 2018, the Agency held no investments that would be required to be rated.

Interest Rate Risk

The Agency will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates, by structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities in the open market and investing operating funds primarily in shorter-term securities, liquid asset funds, money market mutual funds, or similar investment pools and limiting the average maturity in accordance with the Agency's cash requirements.

Concentration of Credit Risk

The Agency will minimize concentration of credit risk, which is the risk of loss attributed to the magnitude of the Agency's investment in a single issuer, by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.

Custodial Credit Risk

The Agency will minimize custodial credit risk, which is the risk of loss due to the failure of the security issuer or backer, by limiting investments to the types of securities authorized by the Board and pre-qualifying the financial institutions, broker/dealers, intermediaries and advisors with which the Agency will do business in accordance with Board approved policy.

NOTE C: CAPITAL ASSETS

The following provides a summary of the changes in capital assets for the year ended September 30, 2018:

	Balance Oct. 1, 2017	Additions	Disposals	Balance Sept. 30, 2018
Capital assets being depreciated				
Equipment	\$ 1,118,785	\$ 64,000	\$ -	\$ 1,182,785
Land improvements	22,723	-	-	22,723
Total capital assets being depreciated	1,141,508	64,000	-0-	1,205,508

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE C: CAPITAL ASSETS - CONTINUED

	Balance Oct. 1, 2017	Additions	Disposals	Balance Sept. 30, 2018
Less accumulated depreciation for:				
Equipment	\$ (884,330)	\$ (93,003)	\$ -	\$ (977,333)
Land improvements	(22,723)	-	-	(22,723)
	<u>(907,053)</u>	<u>(93,003)</u>	<u>-0-</u>	<u>(1,000,056)</u>
Total accumulated depreciation				
Capital assets, net	<u>\$ 234,455</u>	<u>\$ (29,003)</u>	<u>\$ -0-</u>	<u>\$ 205,452</u>

Depreciation expense appears on the statement of activities in these governmental functions: Personal Health \$47,405; Environmental Health \$17,882; Community Health 1,967; Aging Services \$19,988; and Administration \$5,761.

NOTE D: LONG-TERM OBLIGATIONS

The following is a summary of changes in long-term obligations (including current portion) of the Agency for the year ended September 30, 2018:

	Balance Oct. 1, 2017	Additions	Deletions	Balance Sept. 30, 2018	Amount Due within One Year
Compensated absences	<u>\$ 364,481</u>	<u>\$ 237,418</u>	<u>\$ (238,306)</u>	<u>\$ 363,593</u>	<u>\$ 121,198</u>

Employees of the Branch-Hillsdale-St. Joseph Community Health Agency are granted vacation and sick leave in varying amounts based on length of service. Upon termination of employment, employees are paid accumulated sick time at full current rate of pay up to a maximum of 260 hours and accumulated vacation at full current rate of pay up to a maximum of 420 hours.

Accumulated sick and vacation leave represents a liability to the Agency, which is presented in a current and long-term portion of the liability. For this reason, the total liability is reported in the government-wide financial statements and represents a current liability of \$121,198 and a long-term liability of \$242,395 at September 30, 2018. Payments to employees for sick and vacation leave are recorded as expenditures when they are used, and payments are actually made to the employees.

NOTE E: RETIREMENT PLANS**Defined Benefit Plan**

The Agency participates in the Municipal Employees Retirement System (MERS) of Michigan. MERS is an agent multiple-employer, statewide public employee pension plan established by the Michigan's Legislature under Public Act 135 of 1945 and administered by a nine (9) member Retirement Board. MERS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained accessing MERS website at www.mersofmich.com.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE E: RETIREMENT PLANS - CONTINUEDSummary of Significant Accounting Policies

For the purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Municipal Employees Retirement System of Michigan and additions to/deductions from MERS' fiduciary net position have been determined on the same basis as they are reported by MERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Benefits Provided

The plan provides certain retirement, disability, and death benefits to plan members and beneficiaries. Public Act 427 of 1984, as amended, established and amends the benefit provisions of the participants in MERS. The MERS plan covers all eligible full-time general employees (closed to new hires after August 1, 2015) at the Agency.

Retirement benefits for Agency employees are calculated at 2.00 percent of the employee's five-year final average compensation times the employee's years of service with no maximum. Normal retirement age is 60 with an unreduced benefit at age 55 with 25 years of service or a reduced benefit at age 50 with 25 years of service or age 55 with 15 years of service. Deferred retirement benefits vest after 6 years of credited service but are not paid until the date retirement would have occurred had the member remained an employee. Employees are eligible for non-duty disability benefits after 6 years of service and for duty related disability benefits upon hire. Disability benefits are determined in the same manner as retirement benefits but are payable immediately and if duty-related without an actuarial reduction for retirement before age 60 is not applied. An employee who leaves service may withdraw his or her contributions, plus any accrued interest.

Benefit terms, within the parameters established by MERS, are generally established and amended by authority of the Board of Health.

At the December 31, 2017, valuation date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries receiving benefits	59
Inactive employees entitled to but not yet receiving benefits	21
Active employees	42
	<hr/>
	122
	<hr/> <hr/>

Contributions

The Agency is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

For the year ended September 30, 2018, the Agency's average contribution rate was 17% of annual payroll. Employees are required to contribute 3.00%.

Net Pension Liability

The Agency's net pension liability was measured as of December 31, 2017, and the total pension liability used to calculate the net pension liability was determined by an annual actuarial valuation as of that date.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE E: RETIREMENT PLAN - CONTINUEDNet Pension Liability - continued

Changes in the net pension liability during the measurement year were as follows:

<u>Changes in Net Pension Liability</u>	<u>Increase (Decrease)</u>		
	<u>Total Pension Liability</u> <u>(a)</u>	<u>Plan Fiduciary Net Position</u> <u>(b)</u>	<u>Net Pension Liability</u> <u>(a)-(b)</u>
Balances at December 31, 2016	\$ 14,321,279	\$ 11,909,056	\$ 2,412,223
Changes for the year			
Service cost	194,225	-	194,225
Interest on total pension liability	1,122,384	-	1,122,384
Difference between expected and actual experience	(79,298)	-	(79,298)
Employer contributions	-	266,448	(266,448)
Employee contributions	-	55,364	(55,364)
Net investment income	-	1,559,362	(1,559,362)
Benefit payments, including employee refunds	(777,188)	(777,188)	-0-
Administrative expense	-	(24,713)	24,713
Net changes	<u>460,123</u>	<u>1,079,273</u>	<u>(619,150)</u>
Balances at December 31, 2017	<u>\$ 14,781,402</u>	<u>\$ 12,988,329</u>	<u>\$ 1,793,073</u>

Pension Expenses and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended September 30, 2018, the Agency recognized pension expense of \$529,935. The Agency reported deferred outflows and inflows of resources related to pensions from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences in experience	\$ 20,159	\$ 130,557
Differences in assumptions	203,514	-
Net difference between projected and actual earnings on pension plan investments	-	246,226
Contributions subsequent to the measurement date*	<u>228,420</u>	<u>-</u>
Total	<u>\$ 452,093</u>	<u>\$ 376,783</u>

* The amount reported as deferred outflows of resources resulting from contributions subsequent to the measurement date will be recognized as a reduction in the net pension liability for the year ending September 30, 2019.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE E: RETIREMENT PLAN - CONTINUEDPension Expenses and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions - continued

Amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<u>Year Ending September 30,</u>	<u>Pension Expense</u>
2019	\$ 177,495
2020	(4,182)
2021	(201,254)
2022	(125,169)

Actuarial Assumptions

The total pension liability in the December 31, 2017, annual actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation: 2.5%

Salary increases: 3.75% in the long-term plus a percentage based on age related scale to reflect merit, longevity, and promotional pay increases.

Investment rate of return: 7.75%, net of investment expenses, including inflation.

The mortality table used to project the mortality experience of non-disabled plan members is a 50% Male - 50% Female blend of the following tables: 1. the RP-2014 Healthy Annuitant Mortality Tables, with rates multiplied by 105%, 2. the RP-2014 Employee Mortality Tables, and 3. the RP-2014 Juvenile Mortality Tables. The mortality table used to project the mortality experience of disabled plan members is a 50% Male - 50% Female blend of the RP-2014 Disabled Retiree Mortality Tables.

The actuarial assumptions used in the valuation were based on the results of the 2009-2013 Five-Year Experience Study.

Discount Rate

The discount rate used to measure the total pension liability is 8%. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers.

Projected Cash Flows

Based on these assumptions, the pension plan's fiduciary net position was projected to be available to pay 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.

The long-term expected rate of return on pension plan investments was determined using a model method in which the best-estimate ranges of expected future real rates of return (expected returns, net of investment and administrative expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE E: RETIREMENT PLAN - CONTINUEDProjected Cash Flows - continued

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>
Global Equity	55.50%	8.65%
Global Fixed Income	18.50%	3.76%
Real Assets	13.50%	9.72%
Diversifying Strategies	12.50%	7.50%

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the net pension liability of the Agency, calculated using the discount rates of 8%, as well as what the Agency's net pension liability would be using a discount rate that is 1% lower (7%) or 1% higher (9%) than the current rate.

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Net pension liability	<u>\$ 3,412,059</u>	<u>\$ 1,793,073</u>	<u>\$ 418,295</u>

Defined Contribution Plan

As of August 1, 2015, the Agency established a defined contribution retirement plan through the Michigan Municipal Employees' Retirement System. All employees hired after August 1, 2015, are covered under the defined contribution plan.

The plan is administered by the Michigan Municipal Employees' Retirement System. Contributions are determined, and may be amended, by an employment agreement requiring employer and employee contributions of 5% and 3% of covered payroll, respectively.

The Agency's contributions to the plan were \$24,397 for the year ended September 30, 2018. The Agency's employees contributed \$14,639 to the defined contribution plan for the year ended September 30, 2018.

NOTE F: RISK MANAGEMENT

The Agency carries commercial insurance for the risk of loss due to workers' compensation claims. Settled claims relating to workers' compensation and professional liability have not exceeded the amount of insurance coverage in any of the past three (3) fiscal years.

The Agency also participates in a State pool, the Michigan Municipal Risk Management Authority, with other municipalities for property and casualty losses. The pool is organized under Public Act 138 of 1982, as amended. The Agency has no liability for additional assessments based on the claims filed against the pool nor do they have any rights to dividends. In the event the pool's claims and expenses for a policy year exceed the total normal annual premiums for said years, all members of the specific pool's policy year may be subject to special assessment to make up the deficiency. The Agency has not been informed of any special assessments being required.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE G: NONCANCELLABLE OPERATING LEASE OBLIGATIONS

The Branch-Hillsdale-St. Joseph Community Health Agency has entered into twenty-year and five-year, noncancelable long-term leases for the Hillsdale and St. Joseph branch offices space, respectively. Rent expense for office space for the year ended September 30, 2018, amounted to \$88,500 and \$6,651 for the Hillsdale and St. Joseph branch offices, respectively.

Future minimum payments are as follows:

<u>Hillsdale</u>	
<u>Year Ending September 30,</u>	<u>Principal</u>
2019	\$ 81,006
2020	<u>77,152</u>
	<u>\$ 158,158</u>

<u>St. Joseph</u>	
<u>Year Ending September 30,</u>	<u>Principal</u>
2019	\$ 7,080
2020	7,080
2021	<u>7,440</u>
	<u>\$ 21,600</u>

NOTE H: DETAILS OF FUND BALANCE CLASSIFICATIONS

GASB Statement No. 54, *Fund Balance Reporting and Governmental Fund Type Definitions*, established fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. The following are the five (5) fund balance classifications under this standard:

Nonspendable - assets that are not available in a spendable form such as inventory, prepaid expenditures, and long-term receivables not expected to be converted to cash in the near term. It also includes funds that are legally or contractually required to be maintained intact such as the corpus of a permanent fund or foundation.

Restricted - amounts that are required by external parties to be used for a specific purpose. Constraints are externally imposed by creditors, grantors, contributors or laws, regulations or enabling legislation.

Committed - amounts constrained on use imposed by formal action of the government's highest level of decision-making authority (i.e., Board, Council, etc.).

Assigned - amounts intended to be used for specific purposes. This is determined by the governing body, the budget or finance committee or a delegated municipality official.

Unassigned - all other resources; the remaining fund balance after nonspendable, restrictions, commitments, and assignments. This class only occurs in the General Fund, except for cases of negative fund balances. Negative fund balances are always reported as unassigned, no matter which fund the deficit occurs in.

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO FINANCIAL STATEMENTS

September 30, 2018

NOTE H: DETAILS OF FUND BALANCE CLASSIFICATIONS - CONTINUED**Fund Balance Classification Policies and Procedures**

For committed fund balance, the Agency's highest level of decision-making authority is the Board of Public Health. The formal action that is required to be taken to establish a fund balance commitment is the adoption of a Board resolution.

For assigned fund balance, the Branch-Hillsdale-St. Joseph Community Health Agency has not approved a policy indicating who is authorized to assign amounts to a specific purpose, therefore the authority for assigning fund balance remains with the Agency's Board of Public Health.

For the classification of fund balances, the Branch-Hillsdale-St. Joseph Community Health Agency considers restricted amounts to have been spent when an expenditure is incurred for the purposes for which both restricted and unrestricted fund balance is available. Also, for the classification of fund balances, the Branch-Hillsdale-St. Joseph Community Health Agency considers committed, assigned, or unassigned amounts to have been spent when an expenditure is incurred for purposes for which amounts in any of those unrestricted fund balance classifications could be used.

NOTE I: CONTINGENT LIABILITIES

The Agency participates in a number of Federal and State assisted grant programs which are subject to compliance audits. The periodic program compliance audits of many of the programs have not yet been completed or final resolution has not been received. Accordingly, the Agency's compliance with applicable grant requirements will be established at some future date. The amount, if any, of expenditures which may be disallowed by the granting agencies cannot be determined at this time although the Agency expects such amounts, if any, to be immaterial.

NOTE J: UPCOMING ACCOUNTING PRONOUNCEMENT

In June 2017, the Governmental Accounting Standards Board issued GASB Statement No. 87, *Leases*. This statement will increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2020-2021 fiscal year.

REQUIRED SUPPLEMENTARY INFORMATION

Branch-Hillsdale-St. Joseph Community Health Agency

General Operating Fund

BUDGETARY COMPARISON SCHEDULE

Year Ended September 30, 2018

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
REVENUES				
Licenses and permits	\$ 289,930	\$ 288,130	\$ 293,125	\$ 4,995
Intergovernmental				
Federal/State	4,180,586	4,243,766	4,188,584	(55,182)
Local	32,649	95,638	58,163	(37,475)
County appropriations	596,684	627,276	728,250	100,974
Charges for services	627,580	566,832	797,299	230,467
Interest and rents	36,285	230,400	41,936	(188,464)
Other	317,954	223,053	426,187	203,134
TOTAL REVENUES	6,081,668	6,275,095	6,533,544	258,449
EXPENDITURES				
Current				
Salaries and wages	2,403,495	2,456,667	2,425,238	31,429
Fringe benefits	1,026,907	1,071,550	1,048,332	23,218
Supplies and materials	828,242	932,075	788,951	143,124
Contractual	1,064,659	1,086,926	1,055,398	31,528
Communications	65,537	71,382	64,787	6,595
Travel and training	176,946	137,695	137,633	62
Insurance	35,299	36,273	37,821	(1,548)
Repairs and maintenance	44,325	209,168	201,580	7,588
Building and equipment lease and rentals	367,760	198,890	198,829	61
Printing and advertising	16,767	7,533	11,971	(4,438)
Postage	17,428	22,405	20,131	2,274
Other	34,303	44,531	50,574	(6,043)
TOTAL EXPENDITURES	6,081,668	6,275,095	6,041,245	233,850
EXCESS OF REVENUES OVER EXPENDITURES	-0-	-0-	492,299	492,299
Fund balance, beginning of year	806,769	806,769	806,769	-0-
Fund balance, end of year	<u>\$ 806,769</u>	<u>\$ 806,769</u>	<u>\$ 1,299,068</u>	<u>\$ 492,299</u>

Branch-Hillsdale-St. Joseph Community Health Agency

SCHEDULE OF CHANGES IN EMPLOYER'S NET PENSION LIABILITY AND RELATED RATIOS

Last Four Measurement Years (Ultimately ten years will be displayed)

(Amounts were determined as of 12/31 of each fiscal year)

	2015	2016	2017	2018
Total Pension Liability				
Service cost	\$ 257,464	\$ 260,139	\$ 221,881	\$ 194,225
Interest	929,021	1,008,656	1,096,375	1,122,384
Difference between expected and actual experience	-	80,642	(233,076)	(79,298)
Changes of assumptions	-	814,056	-	-
Benefit payments, including employee refunds	(590,701)	(616,270)	(715,313)	(777,188)
Other	29,031	(1)	1	-
Net Change in Total Pension Liability	624,815	1,547,222	369,868	460,123
Total Pension Liability, beginning	11,779,374	12,404,189	13,951,411	14,321,279
Total Pension Liability, ending	<u>\$ 12,404,189</u>	<u>\$ 13,951,411</u>	<u>\$ 14,321,279</u>	<u>\$ 14,781,402</u>
Plan Fiduciary Net Position				
Contributions - employer	\$ 181,018	\$ 219,053	\$ 226,464	\$ 266,448
Contributions - employee	71,723	85,602	64,400	55,364
Net investment income (loss)	708,740	(173,001)	1,251,034	1,559,362
Benefit payments, including employee refunds	(590,701)	(616,270)	(715,313)	(777,188)
Administrative expense	(25,997)	(25,331)	(24,706)	(24,713)
Net Change in Plan Fiduciary Net Position	344,783	(509,947)	801,879	1,079,273
Plan Fiduciary Net Position, beginning	11,272,341	11,617,124	11,107,177	11,909,056
Plan Fiduciary Net Position, ending	<u>\$ 11,617,124</u>	<u>\$ 11,107,177</u>	<u>\$ 11,909,056</u>	<u>\$ 12,988,329</u>
Agency Net Pension Liability	<u>\$ 787,065</u>	<u>\$ 2,844,234</u>	<u>\$ 2,412,223</u>	<u>\$ 1,793,073</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	94%	80%	83%	88%
Covered employee payroll	\$ 2,383,929	\$ 2,408,692	\$ 1,974,029	\$ 1,727,981
Agency's Net Pension Liability as a percentage of covered employee payroll	33%	118%	122%	104%

Branch-Hillsdale-St. Joseph Community Health Agency

SCHEDULE OF EMPLOYER CONTRIBUTIONS

Last Four Fiscal Years (Ultimately ten years will be displayed)

(Amounts were determined as of 9/30 of each fiscal year)

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Actuarially determined contributions	\$ 209,441	\$ 221,994	\$ 256,452	\$ 295,032
Contributions in relation to the actuarially determined contribution	<u>209,441</u>	<u>221,994</u>	<u>256,452</u>	<u>295,032</u>
Contribution deficiency (excess)	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>
Covered employee payroll	\$ 2,413,420	\$ 2,204,494	\$ 1,918,244	\$ 1,688,177
Contributions as a percentage of covered employee payroll	9%	10%	13%	17%

Branch-Hillsdale-St. Joseph Community Health Agency

NOTE TO REQUIRED SUPPLEMENTARY INFORMATION

Year Ended September 30, 2018

NOTE A: EMPLOYEE RETIREMENT PLAN

Changes of benefits terms: There were no changes of benefit terms during plan year 2017.

Changes in assumptions: There were no changes of assumptions during plan year 2017.

OTHER SUPPLEMENTARY INFORMATION

Branch-Hillsdale-St. Joseph Community Health Agency

SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE ^(a)

AGING AND ADULT SERVICES AGENCY

Year Ended September 30, 2018

	<u>Title III-B</u>	<u>Title III-C1</u>	<u>Title III-C2</u>	<u>Title III-D</u>
EXPENDITURES				
Personal care	\$ 12,658	\$ -	\$ -	\$ -
Homemaker	12,658	-	-	-
Chore services	6,000	-	-	-
Home delivered meals	-	-	102,927	-
Adult day care	-	-	-	-
Care management	20,346	-	-	-
Respite care	-	-	-	-
Case coordination and support	-	-	-	-
Congregate meals	-	104,103	-	-
Transportation	37,915	-	-	-
Legal assistance	9,500	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	17,546	-	-	-
Home repair	2,610	-	-	-
Disease prevention and health promotion	-	-	-	9,195
Program development	22,000	-	-	-
Ombudsman	2,000	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	208	-	-	-
Other	2,500	-	-	-
	<u>145,941</u>	<u>104,103</u>	<u>102,927</u>	<u>9,195</u>
TOTAL EXPENDITURES	<u>\$ 145,941</u>	<u>\$ 104,103</u>	<u>\$ 102,927</u>	<u>\$ 9,195</u>

(a) This schedule only includes Aging Services programs. It does not include all of the programs of the Agency.

<u>Title III-E</u>	<u>Title III Administration</u>	<u>NSIP</u>	<u>Targeted Care Management</u>	<u>State Access</u>	<u>State In-Home</u>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49,680
-	-	-	-	-	49,680
-	-	-	-	-	-
-	-	116,723	-	-	-
-	-	-	-	-	-
13,668	-	-	-	-	-
15,096	-	-	-	-	4,071
7,257	-	-	-	8,315	-
-	-	35,422	-	-	-
7,387	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	8,068
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	7,292
-	46,486	-	-	-	-
-	-	-	-	-	-
14,800	-	-	61,968	-	-
<u>\$ 58,208</u>	<u>\$ 46,486</u>	<u>\$ 152,145</u>	<u>\$ 61,968</u>	<u>\$ 8,315</u>	<u>\$ 118,791</u>

Branch-Hillsdale-St. Joseph Community Health Agency

SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE - CONTINUED

AGING AND ADULT SERVICES AGENCY

Year Ended September 30, 2018

	State Congregate Meals	State Home Delivered Meals	State Alternative Care	Merit Award Trust Fund Respite
EXPENDITURES				
Personal care	\$ -	\$ -	\$ 16,378	\$ -
Homemaker	-	-	16,379	-
Chore services	-	-	-	-
Home delivered meals	-	139,264	-	-
Adult day care	-	-	-	23,100
Care management	-	-	-	-
Respite care	-	-	-	2,668
Case coordination and support	-	-	-	-
Congregate meals	2,786	-	-	-
Transportation	-	-	-	9,008
Legal assistance	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	-	-	-	-
Home repair	-	-	-	-
Disease prevention and health promotion	-	-	-	-
Program development	-	-	-	-
Ombudsman	-	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - CR	-	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	<u>\$ 2,786</u>	<u>\$ 139,264</u>	<u>\$ 32,757</u>	<u>\$ 34,776</u>

Branch-Hillsdale-St. Joseph Community Health Agency

SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE - CONTINUED

AGING AND ADULT SERVICES AGENCY

Year Ended September 30, 2018

	State Aging New Services	Total
EXPENDITURES		
Personal care	\$ -	\$ 78,716
Homemaker	-	78,717
Chore services	-	6,000
Home delivered meals	-	358,914
Adult day care	-	34,491
Care management	12,966	127,208
Respite care	-	53,731
Case coordination and support	-	15,572
Congregate meals	-	142,311
Transportation	-	54,310
Legal assistance	-	9,500
Assistive devices and technologies	-	8,068
Information and assistance	-	17,546
Home repair	-	2,610
Disease prevention and health promotion	-	9,195
Program development	-	22,000
Ombudsman	-	2,000
Medication management	-	7,292
Administration	-	58,304
Community living support services - CR	-	208
Other	-	79,268
	<hr/>	<hr/>
TOTAL EXPENDITURES	<u>\$ 12,966</u>	<u>\$ 1,165,961</u>

Branch-Hillsdale-St. Joseph Community Health Agency

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended September 30, 2018

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF AGRICULTURE			
Passed through Michigan Department of Health and Human Services			
Special Supplemental Nutrition Program for			
Women, Infants, and Children	10.557 ^(a)		
FY 17-18 Resident Services		182MI003W1003	\$ 894,164
FY 17-18 Breastfeeding		182MI003W1003	26,175
FY 17-18 Breastfeeding		16162MI013W5003	39,270
FY 17-18 Breastfeeding		172MI013W5003	<u>13,090</u>
			972,699
U.S. ENVIRONMENTAL PROTECTION AGENCY			
Passed through Michigan Department of Environmental Quality			
State Drinking Water Revolving Loan Fund Program			
FY 17-18 Standard/Operator Assistance	66.468	FS975487-16	1,969
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Passed through Michigan Aging and Adult Services Agency			
Title III-D Special Programs for the Aging			
(Disease Prevention and Health Promotion Services)			
FY 17-18	93.043	N/A	9,195
Title III-B Special Programs for the Aging			
(Grants for Supportive Services and Senior Centers)			
FY 17-18 Administration	93.044 ^(b)	N/A	13,946
FY 17-18 Regular		N/A	<u>145,941</u>
			159,887
Title III-C Special Programs for the Aging			
(Nutrition Services)			
FY 17-18 Administration	93.045 ^(b)	N/A	26,497
FY 17-18 Nutrition Congregate		N/A	104,103
FY 17-18 Nutrition Home Delivered Meals		N/A	<u>102,927</u>
			233,527
National Family Caregiver Support			
FY 17-18 Administration	93.052	N/A	6,043
FY 17-18 Regular		N/A	<u>58,208</u>
			64,251
Nutrition Services Incentive Program			
FY 17-18 Administration	93.053 ^(b)	N/A	152,145
Medical Assistance Program			
FY 17-18 Aging	93.778	N/A	61,968

Branch-Hillsdale-St. Joseph Community Health Agency

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED

Year Ended September 30, 2018

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Passed through Michigan Department of Health and Human Services			
Medical Assistance Program			
FY 17-18 Medicaid Outreach	93.778	1805MI5ADM	\$ 40,632
FY 17-18 CSHCS Medicaid Outreach		1805MI5ADM	28,488
FY 17-18 CSHCS Elevated Blood Lead Case Management		1805M15MAP	1,814
FY 17-18 CSHCS Outreach and Advocacy		1805MI5ADM	<u>56,500</u>
			<u>127,434</u>
Total Medical Assistance Program			189,402
Public Health Emergency Preparedness	93.069		
FY 17-18		NU90TP000528	2,000
FY 17-18		NU90TP921906	<u>129,847</u>
			131,847
Immunization Grants	93.268		
FY 17-18 Vaccine Supply		NH23IP000752	247,795
FY 17-18 Immunization Fixed Fees		NH23IP000752	11,100
FY 17-18 IAP		NH23IP000752	<u>12,996</u>
			271,891
Capacity Building Assistance to Strengthen Public Health	93.539		
FY 17-18 IAP		NH23IP000752	59,696
Preventive Health and Health Services	93.758		
FY 17-18 Local Health Department Sharing Support		NB01OT009126	44,135
Maternal and Child Health Services Block Grant	93.994		
FY 17-18 Public Health Functions and Infrastructure - MCH		B04MC31495	41,022
FY 17-18 Enabling Services Women - MCH		B04MC31495	<u>53,387</u>
			<u>94,409</u>
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>1,410,385</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 2,385,053</u>

(c)

Branch-Hillsdale-St. Joseph Community Health Agency

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended September 30, 2018

NOTE A: BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) and is presented on the modified accrual basis of accounting. 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). Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements. The Agency has elected to not use the 10 percent *de minimis* indirect rate allowed under the Uniform Guidance.

NOTE B: SUBRECIPIENTS

No Federal Awards were passed through by the Agency to any subrecipients during the year.

NOTE C: SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE

The following descriptions identified below as (a) - (c) represent explanations that cross reference to amounts on the Schedule of Expenditures of Federal Awards:

- (a) Denotes programs tested as "major programs".
- (b) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (c) The following reconciles the federal revenues reported in the September 30, 2018, financial statements to the expenditures of the Agency administered federal programs reported on the Schedule of Expenditures of Federal Awards (SEFA):

Federal/State Revenue (per fund financial statements)	\$ 4,188,584
Plus: Difference between vaccines administered (revenue per financial statements) and vaccines received (expenditures per SEFA and instructions from grantor agency)	(37,506)
Less: Portions of grant funding considered "State" funding	<u>(1,766,025)</u>
Federal award expenditures	<u><u>\$ 2,385,053</u></u>



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

Board of Public Health
 Branch-Hillsdale-St. Joseph Community Health Agency
 Coldwater, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2018, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements and have issued our report thereon dated March 18, 2019.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Agency's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

Maney Costeiran PC

March 18, 2019



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

Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

Report on Compliance for Each Major Federal Program

We have audited the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Agency's major federal programs for the year ended September 30, 2018. The Agency's major federal programs are 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 the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

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

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

Opinion on Each Major Federal Program

In our opinion, the Branch-Hillsdale-St. Joseph Community Health Agency complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2018.

Report on Internal Control Over Compliance

Management of the Agency 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 Agency's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with 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 Agency's internal control over compliance.

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

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

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

Maney Costeiran PC

March 18, 2019

Branch-Hillsdale-St. Joseph Community Health Agency

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended September 30, 2018

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified? _____ Yes X No

Significant deficiency(ies) identified? _____ Yes X None reported

Noncompliance material to financial statements noted? _____ Yes X No

Federal Awards

Internal control over major programs:

Material weakness(es) identified? _____ Yes X No

Significant deficiency(ies) identified? _____ Yes X None reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? _____ Yes X No

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children

Dollar threshold used to distinguish between Type A and Type B programs: \$ 750,000

Auditee qualified as low-risk auditee? _____ Yes X No

Section II - Financial Statement Findings

None noted.

Section III - Federal Award Findings and Questioned Costs

None noted.

Branch-Hillsdale-St. Joseph Community Health Agency

SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS

Year Ended September 30, 2018

FINDINGS/COMPLIANCE

Control Deficiencies and Material Weaknesses Related to Internal Controls Over the Financial Statements.

2017-001 MATERIAL JOURNAL ENTRIES

Condition: Material journal entries to properly adjust inventory, unavailable revenue, and beginning equity were proposed by the auditors. These entries were brought to the attention of management and were subsequently recorded in the Agency's general ledger.

Resolution: Material journal entries were not necessary during the current audit. We consider this issue resolved.

Findings Related to Compliance with Requirements Applicable to the Financial Statements.

2017-002 EXCESS OF EXPENDITURES OVER BUDGETED AMOUNTS

Condition: During our review of the Agency's compliance with the budgeting act, we noted that expenditures had exceeded the amounts appropriated.

Resolution: The Agency's total expenditures were within the amount budgeted for the current year. We consider this issue resolved.

Findings Related to Compliance with Requirements Applicable to Federal Awards and Internal Control Over Compliance in Accordance with the Uniform Guidance.

No prior audit findings noted.



2018-19 Certificate of Excellence: Branch County

Bill's Steakhouse	Bronson
Bronson Knights of Columbus	Bronson
Capri Drive In	Coldwater
Chicago St. School	Bronson
Coldwater Burger King	Coldwater
Commercial Sports Bar	Coldwater
Mancino's of Coldwater	Coldwater
McDonalds of Coldwater	Coldwater
Pansophia Academy	Coldwater
Papa Munchies	Bronson
Quincy Dairy Queen	Quincy
Quincy Pizza	Quincy
River lake Inn	Colon
Stables Inc	Quincy
Subway #1951	Coldwater
Subway #36290	Coldwater
Taco Bell	Coldwater
Tasteful kreations	Bronson
Tasty Twist	Coldwater
The Bucket	Union City
The Daily Grind	Union City
The Patio	Coldwater
Willows Bar and Grill	Coldwater

Schools

Anderson Elementary School	Bronson
Bronson High School	Bronson
Girard Head Start	Coldwater
Lincoln Elementary School	Coldwater
Lincoln Learning Center	Coldwater
Quincy Jr/Sr High School	Quincy
St. Charles School	Coldwater
St. Mary's Assumption Church and School	Bronson
Union City Elementary School	Union City
Union City High School	Union City
Union City Middle School	Union City



2018-19 Certificate of Excellence: Hillsdale County

American Legion Post 360	Reading
Coffee Cup Diner	Hillsdale
Davis Middle school	Hillsdale
Domino's / KC Pizza LLC	Hillsdale
Hillsdale County Senior Service Center	Hillsdale
Hillsdale Hospital	Hillsdale
Lil Peppi's Pizza	Somerset Center
Rough Draft	Hillsdale
The finish Line	Hillsdale
Waldron Friendly Tavern	Waldron

Schools

Bailey Elementary School	Hillsdale
Bird Lake Bible School	Osseo
Greenfield School	Hillsdale
Hillsdale Academy	Hillsdale
Jonesville High School	Jonesville
Jonesville Middle School	Jonesville
Pittsford Area Schools	Pittsford
Reading High School	Reading
Reynolds Elementary School	Reading
Waldron Area School	Waldron
Williams Elementary School	Jonesville



2018-19 Certificate of Excellence: St Joseph County

Amigo Centre	Sturgis
Biggby Coffee #494	White Pigeon
Hot 'N Now	Sturgis
Sam's Place	Three Rivers
Sturgis Pizza Hut	Sturgis
The Local	Centreville
Twin County Community Probation Center	Three Rivers
McDonalds	White Pigeon
Tomahawk Tavern	White Pigeon
Burger King # 2778	Sturgis
Three Rivers Life Skills Center	Three Rivers
LA Coffee Café	Three Rivers
Subway #37408	Three Rivers
American Legion # 138	White Pigeon
Riviera Theatre Bar	Three Rivers
Towne Fryer	Constantine
Main Street Café II	Three Rivers
Taco Bell #33023	Three Rivers
Subway OMP Inc.	Sturgis
VFW	Sturgis
Mike's Pizza & Subs	Sturgis
Creative Dining/ Abbots	Sturgis
M & M Grill	Colon
Corner Café (M Enterprises LLC)	Sturgis
Applebee's	Sturgis
Culver's of Sturgis	Sturgis
Piper's Grinders Galore (Terry's Inc)	Sturgis
Five Lakes Coffee	Sturgis
Subway at Walmart	Sturgis
Sturgis Biggby Coffee	Sturgis

Schools

Andrews Elementary	Three Rivers
Central Elementary	White Pigeon
Centreville Elementary	Centreville
Constantine High School	Constantine
Constantine Middle School	Constantine

Schools Continued

Eastside Elementary	White Pigeon
Norton Elementary	Constantine
Mendon Elementary	Mendon
Riverside Elementary	Constantine
Lake Area Christian	Sturgis
Leonidas Elementary	Leonidas
Howardsville Christian School	Marcellus
Trinity Lutheran Church School	Sturgis
Colon High School	Colon
Burr Oak School	Burr Oak
Wenzel School	Sturgis
Congress School	Sturgis
Colon Elementary	Colon
Eastwood School	Sturgis
Jerolene Elementary	Sturgis



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF AGRICULTURE
AND RURAL DEVELOPMENT

GORDON WENK
DIRECTOR

DATE: September 25, 2018

TO: All Local Health Departments (LHD)
Attn: Medical Director / Health Officer / Director of Environmental Health
Michigan Department of Agriculture and Rural Development (MDARD)

FROM: Sean P. Dunleavy
Quality Assurance Unit Manager
Food and Dairy Division

Sean Dunleavy

SUBJECT: Adjustments in Food Service License Fees

Sec. 3119. (1) Until December 31, 2023, and except as otherwise provided for in subsection (2), upon submission of an application, an applicant for a food service establishment license shall pay to the local health department having jurisdiction the required fees authorized by section 2444 of the public health code, MCL333.2444, and an additional state license fee as follows:

- (a) Temporary food service establishment... \$ 4.00
- (b) Food service establishment... \$ 25.00
- (c) Mobile food establishment commissary... \$ 25.00
- (d) Special transitory food unit... \$ 39.00

(2) When licensing a special transitory food unit, a local health department shall impose a fee of \$150.00, which includes the additional state license fee imposed under subsection (1) unless exempted under subsection (4) or (5).

(3) The state license fee required under subsection (1) must be collected by the local health department at the time the license application is submitted. The state license fee is due and payable by the local health department to the state within 60 days after the fee is collected.

(4) A charitable, religious, fraternal, service, civic, or other nonprofit organization that has tax-exempt status under section 501(c)(3) of the internal revenue code, 26 USC 501, is exempt from paying additional state license fees imposed under this section. This subsection does not restrict the ability of the governing board of a local health department or authority to fix, revoke, or amend fees as further authorized and described under section 2444 of the public health code, MCL 333.2444. An organization seeking an exemption under this subsection shall furnish to the department or a local health department evidence of its tax-exempt status.

(5) A veteran who has a waiver of a license fee under the circumstances described in 1921 PA 359, MCL 35.441 to 35.443, is exempt from paying the fees prescribed in this section.

(6) The local health department shall forward the license applications to the department with appropriate recommendations.

Please note that if you charge a school a local fee, you need to charge the applicable state fee. If you don't charge fees (exempt status), then you don't need to collect for state fees.

A copy of the fee chart is attached for your use. Please contact me if you have any questions at (517) 243-8895.

Memorandum
9/19/2018

License Type	2016/17 Fee (Starting Sept. 20 th)	2018/19 Fee	2019/20 Fee
Temporary	\$3.00	\$3.00	\$4.00
Fixed, Mobile, Mobile Commissary	\$22.00	\$22.00	\$25.00
STFU: Section 3119 (1)(d) Section 3119 (2)	\$35.00 \$135.00	\$35.00 \$136.00	\$39.00 \$150.00*

*Includes the §3119(1)(d) fee of \$39.00

Food Service Fee Chart – 2019/2020 Licenses

Local		State			
Type	LHD Fee	State Fee Section 3119	Consumer Education Section 4117	Industry Education Section 4117	Total \$ to State
Food Service Est.	Local Fee	\$25.00	\$3.00	\$2.00	\$30.00
Food Service Est. 501(C)(3)**	Local Fee	Fee Exempt	\$3.00	\$2.00	\$5.00
Food Service Est. 501(C)(3)	Fee Exempt	Fee Exempt	Fee Exempt	Fee Exempt	\$0.00
Schools	Local Fee	\$25.00	\$3.00	\$2.00	\$30.00
Schools	Fee Exempt	Fee Exempt	Fee Exempt	Fee Exempt	\$0.00
Mobile Food Service Est.	Local Fee	\$25.00	\$3.00	\$2.00	\$30.00
Mobile Food Commissary	Local Fee	\$25.00	\$3.00	\$2.00	\$30.00
STFU	Applicant pays \$155.00 LHD keeps \$111.00	\$39.00 (included in the \$155.00 fee)	\$3.00 (included in the \$155.00 fee)	\$2.00 (included in the \$155.00 fee)	\$44.00
STFU 501(C)(3)	Applicant pays \$116.00 LHD keeps \$111.00	\$0.00	\$3.00 (included in the \$116.00 fee)	\$2.00 (included in the \$116.00 fee)	\$5.00

Memorandum
9/19/2018

Local		State			
Type	LHD Fee	State Fee Section 3119	Consumer Education Section 4117	Industry Education Section 4117	Total \$ to State
Temporary Food	Local Fee	\$4.00	\$3.00	\$2.00	\$9.00
Temporary Food 501(C)(3)	Local Fee	Fee Exempt	\$3.00	\$2.00	\$5.00
Temporary Food 501(C)(3)	Fee Exempt	Fee Exempt	Fee Exempt	Fee Exempt	\$0.00

**Charitable, religious, fraternal, service, civic, or other nonprofit organizations.

Individuals who have a Veteran's license issued under the authority of 1921 P.A. 359 by the County Clerk are exempt from paying the state fees under §3119 for food service establishments, mobile food service establishments, mobile food commissary, temporary food service establishments, and the \$150.00 special transitory food unit fee. Those veterans, however, must pay the \$3.00 Consumer Education Fund fee, the \$2.00 Industry Education Fund fee, the STFU inspection fees (\$90 each), local license fees, and other local fees (i.e. plan review).

Enclosure Distribution List: MIFood listserv
MDARD Licensing Unit
Adam Christenson

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
 Food Service Fee Schedule - Effective 2.28.2019

	License	State	Total
FIXED ESTABLISHMENT - COMMERCIAL			
1 Annual Inspection Fee	\$395.00	\$27.00	\$422.00
2 New Establishment/Owner Fee	\$573.00	\$27.00	\$600.00
FIXED ESTABLISHMENT - NON-PROFIT/SCHOOLS			
3 Annual Inspection Fee	\$236.00	\$5.00	\$241.00
4 New Establishment/Owner Fee	\$292.00	\$5.00	\$297.00
5 Senior Meal Food Service Location	\$125.00	\$5.00	\$130.00
6 Limited Non-Profit	\$125.00	\$5.00	\$130.00
7 Senior Meal Food Prep Kitchens/Soup Pots	\$125.00	\$5.00	\$130.00
8 Annual Inspection Fee - Satellite Service	\$125.00	\$27.00	\$152.00
SEASONAL FIXED ESTABLISHMENTS			
9 Annual Inspection Fee	\$198.00	\$27.00	\$225.00
10 New Establishment/Owner Fee	\$573.00	\$27.00	\$600.00
11 Late Charge - Fixed & Seasonal Fixed	\$105.00	N/A	\$105.00
MOBILE FOOD SERVICE			
12 Mobile Annual Unit Inspection Fee	\$198.00	\$27.00	\$225.00
13 Mobile New Unit/Owner Fee	\$522.00	\$27.00	\$549.00
14 Mobile Late Charge	\$105.00	N/A	\$105.00
15 Mobile Commissary Annual Inspection	\$359.00	\$27.00	\$386.00
16 M/V Commissary New Establishment/Owner Fee	\$522.00	\$27.00	\$549.00
17 Mobile Commissary Late Charge	\$105.00	N/A	\$105.00
SPECIAL TRANSITORY FOOD UNIT			
18 STFU Annual License	\$101.00	\$40.00	\$141.00
19 STFU 501(C) (3)	\$101.00	\$5.00	\$106.00
20 STFU Inspection Fee (2 Required)	\$90.00	N/A	\$90.00
TEMPORARY FOOD PERMITS			
21 Commercial	\$102.00	\$8.00	\$110.00
22 Commercial Demonstration Cooking	\$102.00	\$8.00	\$110.00
23 Limited Commercial Temporary	\$83.00	\$8.00	\$91.00
24 Commercial Late Charge-Application received less than 10 days prior	\$55.00	N/A	\$55.00
25 Non-Profit	\$64.00	\$5.00	\$69.00
26 Non-Profit Cook-off Contest	\$30.00+\$5 per contestant	\$5.00	Variable
27 Non-Profit Late Charge-Application received less than 10 days prior	\$20.00	N/A	\$20.00
PLAN REVIEW & FOLLOWUP INSPECTIONS - FIXED, MOBILE, STFU			
28 Plan Review Fee - Complete	\$507.00	N/A	\$507.00
29 Plan Review Fee - Remodel	\$254.00	N/A	\$254.00
30 Late Charge	\$105.00	N/A	\$105.00
31 Follow-up & Enforcement Inspections	\$113.00	N/A	\$113.00
FOOD CLASS FEES			
32 NEHA or ServSafe Manager Certification Class	\$220.00	N/A	\$220.00
33 Certification Exam Fee (given as part of a class)	\$98.00	N/A	\$98.00
34 NEHA Food Handlers Class	\$66.00	N/A	\$66.00

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
 Food Service Fee Schedule – Proposed, Including Increased State Surcharge

	License	State	Total
FIXED ESTABLISHMENT - COMMERCIAL			
1 Annual Inspection Fee	\$395.00	\$30.00	\$425.00
2 New Establishment/Owner Fee	\$573.00	\$30.00	\$603.00
FIXED ESTABLISHMENT - NON-PROFIT/SCHOOLS			
3 Annual Inspection Fee	\$236.00	\$5.00	\$241.00
4 New Establishment/Owner Fee	\$292.00	\$5.00	\$297.00
5 Senior Meal Food Service Location	\$125.00	\$5.00	\$130.00
6 Limited Non-Profit	\$125.00	\$5.00	\$130.00
7 Senior Meal Food Prep Kitchens/Soup Pots	\$125.00	\$5.00	\$130.00
8 Annual Inspection Fee - Satellite Service	\$125.00	\$5.00	\$130.00
SEASONAL FIXED ESTABLISHMENTS			
9 Annual Inspection Fee	\$198.00	\$30.00	\$228.00
10 New Establishment/Owner Fee	\$573.00	\$30.00	\$603.00
11 Late Charge - Fixed & Seasonal Fixed	\$105.00	N/A	\$105.00
MOBILE FOOD SERVICE			
12 Mobile Annual Unit Inspection Fee	\$198.00	\$30.00	\$228.00
13 Mobile New Unit/Owner Fee	\$522.00	\$30.00	\$552.00
14 Mobile Late Charge	\$105.00	N/A	\$105.00
15 Mobile Commissary Annual Inspection	\$359.00	\$30.00	\$389.00
16 M/V Commissary New Establishment/Owner Fee	\$522.00	\$30.00	\$552.00
17 Mobile Commissary Late Charge	\$105.00	N/A	\$105.00
SPECIAL TRANSITORY FOOD UNIT			
18 STFU Annual License	\$111.00	\$44.00	\$155.00
19 STFU 501(C) (3)	\$111.00	\$5.00	\$116.00
20 STFU Inspection Fee (2 Required)	\$90.00	N/A	\$90.00
TEMPORARY FOOD PERMITS			
21 Commercial	\$102.00	\$9.00	\$111.00
22 Commercial Demonstration Cooking	\$102.00	\$9.00	\$111.00
23 Limited Commercial Temporary	\$83.00	\$9.00	\$92.00
24 Commercial Late Charge-Application received less than 10 days prior	\$55.00	N/A	\$55.00
25 Non-Profit	\$64.00	\$5.00	\$69.00
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27 Non-Profit Late Charge-Application received less than 10 days prior	\$20.00	N/A	\$20.00
PLAN REVIEW & FOLLOWUP INSPECTIONS - FIXED, MOBILE, STFU			
28 Plan Review Fee - Complete	\$507.00	N/A	\$507.00
29 Plan Review Fee - Remodel	\$254.00	N/A	\$254.00
30 Late Charge	\$105.00	N/A	\$105.00
31 Follow-up & Enforcement Inspections	\$113.00	N/A	\$113.00
FOOD CLASS FEES			
32 NEHA or ServSafe Manager Certification Class	\$220.00	N/A	\$220.00
33 Certification Exam Fee (given as part of a class)	\$98.00	N/A	\$98.00
34 NEHA Food Handlers Class	\$66.00	N/A	\$66.00



Area
Agency on
Aging (III C)
Branch-St. Joseph

Annual Conflict of Interest and Disclosure Policy

Section 1. Purpose of Policy. This policy sets forth principles and procedures intended to maintain the integrity of the Area Agency on Aging Region 3C (AAA 3C), as well as comply with Michigan Office of Services to the Aging Operating Standards for Area Agencies on Aging. Members of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health (serving as the AAA 3C Policy Board) are expected to conduct their personal/business affairs so that no conflict of interest or duality of interest interferes with their duties and responsibilities to the CHA/AAA 3C.

Section 2. Covered Individuals. This policy applies to the members and officers of the Board of Health.

Section 3. Conflict of Interest and Duality of Interest. This policy covers both conflicts of interests, involving the financial interests of or financial benefit to a covered individual as owner, employee, agent, consultant or otherwise, and duality of interests, involving the interests of an association, governmental entity, business or other entity (whether profit or nonprofit) in which a covered individual has a substantial personal interest as a director, officer, trustee, commissioner or substantial contributor or through another substantial relationship.

Section 4. Covered Transactions, Relationships and Affiliations. This policy applies to existing and proposed transactions, relationships and affiliations, including contracts for goods, facilities and services, leases, grants, gifts, financial assistance, partnerships, endorsements, policy positions, joint ventures and other undertakings and dealings, between the CHA/AAA 3C and (a) a covered individual; (b) a member of a covered individual's immediate family; and (c) an association, governmental entity, business or other entity (whether profit or nonprofit) with respect to which a covered individual has a conflict of interest or a duality of interests.

Section 5. Disclosure. All covered individuals shall provide a written disclosure annually to the CHA/AAA 3C of any conflict of interest or duality of interest between them and the CHA/AAA 3C as described in Section 3 and of any covered transactions, relationships, endorsements, policy positions or affiliations involving them as described in Section 4. In addition, a covered individual shall provide prompt disclosure to the Board of Health at any time that he or she becomes aware of any such conflict of interest, duality of interest or covered transaction, relationship or affiliation.

Section 6. Review, Report and Record. In the event that the CHA/AAA 3C becomes aware of a conflict of interest, or duality of interest of a covered transaction, relationship, endorsement, policy position or affiliation involving a covered individual, whether through disclosure made pursuant to Section 5 or otherwise, the matter shall be reviewed by a committee of disinterested members of the Board of Health. The review shall be reported to the Board of Health and shall be made a matter of record.

Section 7. Procedures. Any member of the Board of Health having a duality of interest or conflict of interest, real or apparent, with respect to any covered transaction, relationship, endorsement, policy position or affiliation that comes before the Board of Health shall not vote or use his or her personal influence on the matter, and shall not be counted in determining a quorum for the meeting at which the matter is voted upon. In deciding any such matter, the Board of Health shall obtain appropriate comparability data, including data as to the fair market value for any goods, services or facilities that may be involved. The minutes of the meeting shall adequately document the basis of the determination and shall reflect that the disclosure was made, that the interested Board member abstained from voting, and that his or her presence was not considered. No interested Board member and no interested officer shall take part in the discussion and, in appropriate instances, as determined by the officer conducting the meeting, shall be absent from the discussion and vote. However, an interested Board member or an interested officer may state a policy position relevant to the matter under consideration, explain the transaction or affiliation, and answer questions from Board members relating to the matter.

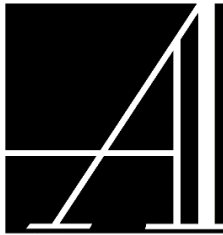
_____ I **do not** have a conflict of interest or duality of interest. I have read this policy and agree to follow it.

_____ I **do** have a conflict of interest or duality of interest, as follows:

_____ I have read this policy and agree to follow it.

Signature

Date



Area
Agency on
Aging (IIC)
Branch-St. Joseph

March 28, 2019

Director's Report

Enclosure:

1. Correspondence from MMAP, Inc. dated March 5, 2019 re: 2017-2018 Program Assessment results. *No findings or recommendations.*
 2. Annual Conflict of Interest and Disclosure Statement *
-

Updates:

1. Services to Victims of Elder Abuse Grant Updates

Branch County's Elder Abuse Prevention Coalition meeting was held 2/28/19 with nearly 30 attendees! Feedback has been overwhelmingly positive with many organizations/individuals reaching back out to us thanking us for re-energizing the group! We also took time to meet one-on-one with individuals and small groups who couldn't attend the Coalition meeting including: Probate Judge Kirk Kashian; Val White & Denise Mack, Prosecutor's Office; CW Police; Bronson, CW and Quincy Fire Chiefs & Fire Marshall; Sheriff Pollack. We shared grant updates, our intent to update the Vulnerable Adult Protocol as well as enhance the Protocol to include an Interdisciplinary Team to address complex cases. They were all very engaged and shared suggestions and needs/gaps from their perspectives and related disciplines. We are grateful for their commitment and support.

St. Joseph County's Interdisciplinary Team is in the early stages of exploring the development of an Elder Death Review Team component. It's very complex and requires a contract between the Prosecutor's Office and Medical Examiner, among other particulars. We are also printing a tool for law enforcement and first responders to use in the field as a reference which defines vulnerable adult abuse, neglect and exploitation and the steps/contacts for referral making and reporting.

2. As the Area Agencies on Aging Association of Michigan elected Board President, I've been participating in numerous state-level meetings and work groups. I've also had an opportunity to testify before the House Children, Families, and Seniors Subcommittee – to share about the amazing work the Area Agencies on Aging in Michigan do. I will also be participating in meetings with our local Representatives and Senators over the coming weeks. In these first 3 months of the year in this role I've engaged in more advocacy than I have for the past year! It's actually one of my favorite parts of my job: bringing up our local needs & issues, sharing best practices and reinforcing our local efficiencies.
3. St. Joseph County's Adult Services Network (a subcommittee of their Human Services Commission) held a "Discharge Planning Panel" discussion at Glen Oaks Community College on March 20th. A variety of staff and key agencies presented on their organizations' role in working with individuals across the long-term care continuum: from hospital/nursing home to home... Again, we had great participation and a lot of positive feedback! Kudos to Melissa Cramton, one of our Social Work Care Consultants, for her role as the chairperson of the Adult Services Network and for her role in organizing the event.



Michigan Medicare/Medicaid Assistance Program

March 5, 2019

Laura Sutter
Area Agency on Aging 3C
570 Marshall Rd
Coldwater, MI 49036

Re: 2017-18 Program Assessment

Dear Ms. Sutter:

MMAP, Inc. conducted its 2017-18 MMAP program assessment of Area Agency on Aging 3C on March 20, 2018. The assessment was conducted through survey and an on-site interview with your MMAP regional coordinator, Deanna Himebaugh.

Five subject areas were reviewed: Counseling Locations, Contracts, and MOUs; MMAP Operations and Staffing; SHIP and SMP Performance Measures and Related Activities; Technical Assistance Needs; and Fiscal Review. Information obtained from the assessment is used to identify and minimize potential program risks, identify specific technical assistance needs, and document effective practices to improve the quality of MMAP services.

No areas of concern or non-compliance with MMAP program standards were identified as a result of the assessment of your agency's MMAP program. There are no corrective actions required and your 2017-18 MMAP program assessment is considered closed.

If the staff at MMAP, Inc. can be of assistance to you and your MMAP team, please feel free to contact us.

Thank you for all your work to serve and empower Michigan's Medicare beneficiaries.

Sincerely,

Jo Murphy
Executive Director MMAP, Inc.

cc: Deanna Himebaugh, Regional Coordinator
Tari Muniz, Department Analyst, Aging and Adult Services Agency, MDHHS
File

Personal Health & Disease Prevention February Update for March Meeting 2019

Communicable Disease: (CD-TB-HIV-STD):

- ❖ Flu reports continue on the rise, especially in Hillsdale and Branch counties. However, numbers of cases are going down in Region 5. I do not have Region 1 information at this time.
- ❖ Foodborne illness took a jump in Region 5, mostly due to Noro Virus outbreaks.
- ❖ There have been no confirmed cases of Legionella in our counties since June of 2017. There have been 5 confirmed cases in the past five years. Branch had 1 in 2015, Hillsdale and Branch each had 1 case in 2016, and Hillsdale had 2 cases in 2017. Going back to 2005, there have been no confirmed or probable cases in St. Joseph County.
- ❖ To clarify regarding Measles and Rubella cases not noted on the CD report: We have not had any cases of either illness, looking back to 2005 when the MDSS system started.

Immunizations:

Hepatitis A: We are having a significant benefit from having hired the contractual nurse, Jean Howatt. She has been doing a fantastic job at off clinic sites, the jails, and even attended a Food Manager class to educate on Hepatitis A.

Women, Infants, and Children's Nutrition Program (WIC):

- ❖ WIC is struggling with the new policy that returned formula must be destroyed and not re-issued. This is a huge financial waste and inconvenience for our clients. Letters and legal authorities have been involved to no avail.
- ❖ We are going to be trying some new ways to get our WIC numbers up. We may have additional clinics, some with early hours which would be new. We intend to start seeing clients in our Sommerset Center location this summer.

Children's Special Health Care Services (CSHCS), Lead, and Hearing and Vision:

The University of Michigan has volunteered to do a mobile audiology clinic in the Amish community that we have received almost 50 referrals for. This community seems to have a hereditary condition that effects their hearing. We have approx. 25 of those children that have already received their hearing aids. We have set the date of Saturday, March 23 to do an informational meeting for families in this community. We have set up two locations to help with travel for them. Both of these are at their schoolhouses. We have then set up the date of Saturday, April 13 for U of M audiologists to do the audiology screenings for the interested families. U of M will be renting a generator to set up right at the schoolhouses. If there is hearing loss, U of M will do the hearing aid molds that day and set up an appointment time for them to pick them up the hearing aids at U of M. This will help the families by only needing to make one trip to Ann Arbor. Since this hearing loss will qualify them for Children's Special Health Care, we will also be on site to help to do the paperwork for them to get them on Children's Special Health Care program.

Y. Atwood R.N., B.S.N. Director of Personal Health & Disease Prevention

Branch - Hillsdale - St. Joseph Community Health Agency 8/19 BOH Packet Pg. # 76
Personal Health and Disease Prevention

February-19

	2018-2019				FYTD				2017-18 FYTD			
	BR	HD	TR	Total	BR	HD	TR	Total	BR	HD	TR	Total
Amebiasis				-	-	-	-	-	-	-	-	-
Animal Bite	1	7	-	8	10	28	1	39	9	15	3	27
Babesiosis				-	-	-	-	-	-	-	-	-
Blastomycosis		1		1	-	1	-	1	-	-	-	-
Brucellosis				-	-	-	-	-	-	-	-	-
Campylobacter		2		2	4	4	2	10	4	3	11	18
Chicken Pox				-	-	4	5	9	-	3	-	3
Chlamydia	13	7	19	39	60	43	95	198	58	44	76	178
Coccidioidomycosis			1	1	-	-	1	1	-	-	-	-
Colds W/O Fever	89	104	155	348	689	508	917	2,114	831	582	1,034	2,447
CRE Carbapenem Resistant Enterobac.		1		1	-	3	-	3	1	-	-	1
Creutzfeldt-Jakob Disease				-	-	-	-	-	-	-	-	-
Cryptococcosis				-	-	-	-	-	-	-	-	-
Cryptosporidiosis		1		1	2	1	1	4	-	-	3	3
Cyclosporiasis				-	-	-	-	-	-	-	-	-
Dengue Fever				-	-	-	-	-	-	-	-	-
E Coli 0157				-	-	-	-	-	-	-	-	-
Encephalitis - Primary				-	-	-	-	-	-	-	-	-
Encephalitis - St. Louis				-	-	-	-	-	-	-	-	-
Flu Like Disease	119	149	220	488	813	440	1,298	2,551	1,080	999	2,592	4,671
GI Illness	488	284	324	1,096	2,822	1,424	1,599	5,845	2,910	1,114	1,895	5,919
Giardiasis				-	-	1	2	3	2	-	-	2
Gonorrhea	4	2	4	10	12	13	36	61	5	1	19	25
Granuloma Inguinale				-	-	-	-	-	-	-	-	-
Guillian-Barre Syndrome				-	-	-	-	-	-	-	-	-
H. Influenzae Disease - Inv.				-	-	-	-	-	1	-	1	2
Head Lice	30	16	73	119	179	119	334	632	224	107	319	650
Hemolytic Uremic Syndrome				-	-	-	-	-	-	-	-	-
Hepatitis A				-	1	-	-	1	-	-	-	-
Hepatitis B - Acute		1		1	-	1	-	1	-	-	1	1
Hepatitis B - Chronic			1	1	-	1	3	4	1	1	2	4
Hepatitis C - Acute				-	-	-	-	-	-	-	-	-
Hepatitis C - Chronic	3	4	1	8	16	16	18	50	18	17	21	56
Hepatitis C Unknown				-	-	-	-	-	-	-	-	-
Histoplasmosis				-	-	-	2	2	-	-	2	2
HIV Infection				-	-	-	-	-	-	-	-	-
HIV/AIDS				-	-	-	-	-	-	-	1	1
Impetigo	2	1	11	14	19	4	25	48	13	8	16	37
Influenza	2	7	7	16	6	13	27	46	13	33	77	123
Influenza, Novel				-	-	-	-	-	-	-	-	-
Kawasaki				-	-	-	-	-	-	-	-	-
Legionellosis				-	-	-	-	-	-	1	-	1

Branch - Hillsdale - St. Joseph Community Health Agency 2018/19 OH Packet Pg. # 78
Personal Health and Disease Prevention

	2018/19					YTD 2018/2019					YTD 2017/2018				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
WIC Participation/Ave.	1,177	878	726	897	3,678	1,245	974	753	971	3,943	1,323	1,155	766	1,072	4,316
	AVERAGE FOR WIC 18/19					AVERAGE FOR WIC 17/18									
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	115	157	-	78	350	847	849	-	588	2,284	931	789	-	547	2,267
All VFC Doses Given	603	462		949	2,014	4,060	3,137	-	6,033	13,230	3,794	3,049		5,529	12,372
Waivers	1	6		2	9	34	39	-	34	107					
ADULT IMMUNIZATIONS															
# Vaccines Given	127	74		11	212	1,000	479	-	767	2,246	1,119	308	-	472	1,899
All VRP Doses Given	64	27		6	97	222	174	-	84	480	294	80	-	156	530
TRAVEL VACCINATIONS															
Branch Office	10				10	23	-	-	-	23	169	-	-	-	169
COMMUNICABLE DISEASE															
STD treatments	2	1		10	13	10	11	-	61	82	17	17	-	22	56
New STD Investigations	17	9		23	49	72	56	-	124	252	60	41	-	98	199
TB Tests Done	12	16		3	31	54	91	-	14	159	54	56	-	9	119
LTBI on Rx	-	-	-	-	-	-	-	-	1	1	1	-	-	-	1
HIV Testing	1	1		11	13	4	8	-	43	55	2	9	-	10	21
ENROLLMENTS															
Medicaid & Michild	-	-		-	-	3	-	-	16	19	12	-	-	25	37
REFERRAL SERVICE															
MCDC Referrals	21	41		5	67	59	106	7	17	189					
MIHP referrals	10	-		20	30	65	-	44	78	187	74	-	84	137	295
Hearing Screens															
Pre-school	-	18	-	48	66	56	135	-	269	460	-	57	-	212	269
School Age	240	5	-	323	568	714	719	-	1,796	3,229	1,028	851	-	1,598	3,477
Vision Screens															
Pre-school	-	18	-	50	68	48	118	-	273	439	-	15	-	247	262
School Age	246	720	-	1,449	2,415	2,391	1,981	-	4,349	8,721	2,745	2,408	-	3,501	8,654
Children's Special Health Care Services															
Diagnostics	1	-	-	-	1	15	27	-	-	42	2	-	-	3	5
Assessments-Renewal	17	18	-	42	77	91	95	-	161	347	89	88	-	146	323
Assessments-New	1	14	-	5	20	22	60	-	27	109	24	23	-	31	78

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the March 28, 2019 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

Food Service Sanitation

We had four newly licensed food service operations in our jurisdiction last month, three in St. Joseph County and one in Hillsdale County. The Hillsdale County facility was Camden Café and that facility had a change of ownership. The Quick-Stop in Mendon also had a change of ownership and are working on some remodeling plans. The Landmark Tap House & Grill has a full-service menu as well as a wide variety of beer. This is located in the old Pub 21 building on Main St., downtown Three Rivers. The last new facility is Venue 45 which is also located on Main St. in downtown Three Rivers. This facility is currently serving a wide variety of craft beers and are working towards opening their kitchen within the next month. I would encourage you all to support these new owners and facilities in your respective counties.



Well & On-Site Sewage

Last month I reported that our field sanitarian (Tony Headley) in Branch County was retiring at the end of March. As mentioned previously, Cody Johnson from our Three Rivers staff will be moving to Branch County to take over Tony's position. We recently hired Ben Aalberts to backfill Cody's position in Three Rivers. Ben is a recent graduate of Lake Superior State University with a Bachelor of Science Degree in Environmental Science. Ben is a very bright and ambitious young man and will be an excellent addition to our EH staff. Ben started with the agency on March 11 and he will be spending time training with all four of our field sanitarians, in all three offices, over the next weeks to get him as much exposure to all of the EH programs as possible. I would also like to remind you that we will be having a retirement celebration for Tony on Friday, March 29 from 2-4 at our Coldwater office. You are all welcome to attend.

General Programs

On March 5-7 the agency hosted a Registered Environmental Health Specialist (REHS) Exam Review Course. This course is designed to help prepare environmental health professionals for the National Environmental Health Associations', REHS exam. The REHS exam is the standard for qualifying to become registered as a sanitarian and is recognized in most states, including Michigan. The instructor for the class was Walter Saraniecki, from the Institute for Nutrition and Environmental Health Inc. The class was well attended with 31 participants including 3 staff members from BHSJ-CHA. The class also drew environmental health professionals from states outside of Michigan including: Georgia, Missouri and Ohio. Mr. Saraniecki has an excellent track record for students who have taken his class. He indicated that the passing rate for the students that attended his class, is in excess of 80%. We were happy to provide the facility for the class to help environmental health professionals further their careers in public health.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2018/2019

	FEBRUARY				YTD 2018/2019				YTD 2017/2018			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	1	-	-	1	8	3	7	18	2	1	3	6
CHANGE OF USE EVALUATIONS - FIELD	2	-	4	6	3	11	16	30	7	7	10	24
CHANGE OF USE EVALUATIONS - OFFICE	-	-	2	2	5	4	20	29	15	-	14	29
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION ISSUED	2	1	3	6	25	17	23	65	14	13	25	52
REPAIR/REPLACEMENT ISSUED	3	1	-	4	14	20	44	78	20	15	19	54
VACANT LAND EVALUATION	-	1	1	2	2	2	4	8	1	2	8	11
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	5	3	4	12	41	39	71	151	35	30	52	117
SEWAGE PERMITS INSPECTED	-	1	3	3	23	36	59	117	27	40	47	112
WELL PERMITS ISSUED	3	4	10	17	33	44	62	139	55	45	72	172
WELL PERMITS INSPECTED	6	7	9	22	36	47	61	144	58	52	81	191
FOOD SERVICE INSPECTION												
PERMANENT	22	16	26	64	85	82	131	298	102	116	129	347
NEW OWNER / NEW ESTABLISHMENT	-	1	3	4	-	5	8	13	5	3	4	12
FOLLOW-UP INSPECTION	4	2	1	7	11	20	9	40	7	11	10	28
TEMPORARY	-	-	1	1	4	8	15	27	7	12	13	32
STFU/MOBILE	-	-	-	-	-	2	4	6	2	10	1	13
PLAN REVIEW APPLICATIONS	-	1	1	2	2	3	1	6	-	2	1	3
FOOD COMPLAINTS RECEIVED	-	2	-	2	3	5	3	11	5	2	2	9
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	-	-	-	-	1	1
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	63	n/a	n/a	n/a	93
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	-	-	-	-	-	-	-	1	1
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	-	-	-
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	-	-	2	2	-	6	19	25	-	1	2	3
SWIMMING POOL INSPECTION	-	-	-	-	10	4	-	14	10	4	-	14
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	-	-	-	-	-	-	1	-	1	2
DHS LICENSED FACILITY INSP.	2	4	5	11	10	12	15	37	12	23	30	65
COMPLAINT INVESTIGATIONS	1	1	3	5	15	5	7	27	6	6	11	23
LONG TERM MONITORING	-	-	-	-	-	-	5	5	-	-	4	4
BODY ART FACILITY INSPECTIONS	-	2	2	4	-	3	2	5	-	3	1	5

3/28/19 BOH Packet Pg. # 81

Branch-Hillsdale-St Joseph

Food Establishment Inspection Report

For Date Range: 02/01/2019 - 02/28/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
EL CERRITO	HILLSDALE	02/26/19	COMPLAINTS		0	
WENDY'S #762	HILLSDALE	02/14/19	COMPLAINTS	1 1	1	3
CAMDEN CAFE	CAMDEN	02/14/19	PREOPENING/NEV	0 0	0	0
THE LANDMARK TAP HOUSE & GRILLE	THREE RIVERS	02/28/19	PREOPENING/NEV	0 0	0	0
VENUE 45	THREE RIVERS	02/07/19	PREOPENING/NEV	0 0	0	0
PUNJAB GROUP MENDON INC	MENDON	02/08/19	PREOPENING/NEV	1 0	1	0
AMERICAN LEGION #223	CONSTANTINE	02/19/19	ROUTINE/FULL	0 0	0	0
AMERICAN LEGION 73	STURGIS	02/19/19	ROUTINE/FULL	0 0	0	0
AMIGO CENTRE	STURGIS	02/08/19	ROUTINE/FULL	0 0	0	0
BREWSTER'S	THREE RIVERS	02/25/19	ROUTINE/FULL	0 0	0	1
CENTREVILLE UNITED METHODIST CHUR	CENTREVILLE	02/04/19	ROUTINE/FULL	0 0	0	0
CHICAGO STREET PUB INC.	COLDWATER	02/01/19	ROUTINE/FULL	0 0	0	0
COLDWATER BURGER KING #4652	COLDWATER	02/05/19	ROUTINE/FULL	0 0	0	1
CONSTANTINE COMMUNITY SOUP KITCH	CONSTANTINE	02/25/19	ROUTINE/FULL	0 0	0	0
COWBOY UP	MENDON	02/27/19	ROUTINE/FULL	0 0	0	0
FIRST CONGREGATIONAL CHURCH	UNION CITY	02/15/19	ROUTINE/FULL	0 0	0	0
FIRST UNITED METHODIST CHURCH OF E	BRONSON	02/22/19	ROUTINE/FULL	0 0	0	0
FIVE LAKES COFFEE INC	STURGIS	02/28/19	ROUTINE/FULL	0 0	0	0
HOLIDAY INN EXPRESS & SUITES	THREE RIVERS	02/14/19	ROUTINE/FULL	0 0	0	0
HOT 'N NOW	STURGIS	02/20/19	ROUTINE/FULL	0 0	0	0
LAKEVIEW CHURCH	CAMDEN	02/15/19	ROUTINE/FULL	0 0	0	0
MCDONALD'S JLMAC, LLC	WHITE PIGEON	02/14/19	ROUTINE/FULL	0 0	0	0
MR. B'S DAIRY BAR	THREE RIVERS	02/19/19	ROUTINE/FULL	0 0	0	0
OUR SAVIOR LUTHERAN CHURCH	UNION CITY	02/15/19	ROUTINE/FULL	0 0	0	0
PIZZA HUT	COLDWATER	02/21/19	ROUTINE/FULL	0 0	0	1
SOMERSET BEACH CAMPGROUND	SOMERSET CENTER	02/27/19	ROUTINE/FULL	0 0	0	0
ST PAUL LUTHERAN CHURCH	COLDWATER	02/04/19	ROUTINE/FULL	0 0	0	0
STURGIS BIGGBY COFFEE #484	STURGIS	02/27/19	ROUTINE/FULL	0 0	0	0
THE SALVATION ARMY	HILLSDALE	02/06/19	ROUTINE/FULL	0 0	0	1
THREE RIVERS HEALTH	THREE RIVERS	02/14/19	ROUTINE/FULL	0 0	0	1
TIP-UP ISLAND	QUINCY	02/08/19	ROUTINE/FULL	0 0	0	0
TOMAHAWK TAVERN	WHITE PIGEON	02/08/19	ROUTINE/FULL	0 0	0	0
UNION CITY UNITED METHODIST CHURCH	UNION CITY	02/15/19	ROUTINE/FULL	0 0	0	0

3/28/19 BOH Packet Pg. # 82

Branch-Hillsdale-St Joseph

Food Establishment Inspection Report

For Date Range: 02/01/2019 - 02/28/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
WHITE STAR AUCTION INC	BRONSON	02/22/19	ROUTINE/FULL	0 0	0	0
YMCA CAMP EBERHART	THREE RIVERS	02/05/19	ROUTINE/FULL	0 0	0	0
CLEMEN'S FOOD GROUP- AVI FOODSYST	COLDWATER	02/14/19	ROUTINE/FULL	0 1	0	1
FOE AERIE #2303	THREE RIVERS	02/05/19	ROUTINE/FULL	0 1	0	0
HAMPTON INN	STURGIS	02/20/19	ROUTINE/FULL	0 1	0	0
ROSALIES ROADHOUSE	JONESVILLE	02/19/19	ROUTINE/FULL	0 1	0	0
TACO BELL #32990	STURGIS	02/20/19	ROUTINE/FULL	0 1	0	0
CITY LIMITS DELI	LITCHFIELD	02/19/19	ROUTINE/FULL	1 0	1	2
COLDWATER HAMPTON INN	COLDWATER	02/21/19	ROUTINE/FULL	1 0	0	0
COLDWATER UNITED METHODIST CHURCH	COLDWATER	02/14/19	ROUTINE/FULL	1 0	1	0
HERE'S TO YOU PUB AND GRUB	HILLSDALE	02/08/19	ROUTINE/FULL	1 0	1	2
HOLIDAY INN EXPRESS & SUITES	COLDWATER	02/21/19	ROUTINE/FULL	1 0	0	0
LIL PEPPPI'S PIZZA	SOMERSET CENTER	02/27/19	ROUTINE/FULL	1 0	1	2
LITCHFIELD-JONESVILLE LANES INC	JONESVILLE	02/15/19	ROUTINE/FULL	1 0	1	0
SOMERSET CAFE	JEROME	02/27/19	ROUTINE/FULL	1 0	1	1
THE CLUBHOUSE	CAMDEN	02/28/19	ROUTINE/FULL	1 0	1	1
THE DECK DOWN UNDER	JEROME	02/05/19	ROUTINE/FULL	1 0	1	1
VIVA FAJITA	MENDON	02/15/19	ROUTINE/FULL	1 0	1	0
THE SAUCY DOG'S BBQ	JONESVILLE	02/26/19	ROUTINE/FULL	0 1	0	1
KING DRAGON BUFFET	STURGIS	02/05/19	ROUTINE/FULL	0 2	0	5
APPLEBEE'S	STURGIS	02/05/19	ROUTINE/FULL	1 1	0	3
BURGER KING #5055	THREE RIVERS	02/06/19	ROUTINE/FULL	1 1	0	1
MADIGAN'S OF LITCHFIELD	LITCHFIELD	02/04/19	ROUTINE/FULL	1 1	1	3
OSCAR BROWN'S TAVERN	COLDWATER	02/11/19	ROUTINE/FULL	1 1	0	0
WENDY'S #762	HILLSDALE	02/14/19	ROUTINE/FULL	1 1	1	3
AMERICAN LEGION REC CLUB	QUINCY	02/28/19	ROUTINE/FULL	2 0	2	0
FIRST BAPTIST CHURCH	COLDWATER	02/04/19	ROUTINE/FULL	2 0	2	0
MIDWAY LANES LLC	COLDWATER	02/12/19	ROUTINE/FULL	2 0	0	0
OASIS RESTAURANT	THREE RIVERS	02/22/19	ROUTINE/FULL	2 0	2	1
PONDEROSA STEAK HOUSE	COLDWATER	02/19/19	ROUTINE/FULL	1 2	0	1
D & S LOUNGE	PITTSFORD	02/20/19	ROUTINE/FULL	2 1	2	0
WENDY'S--STURGIS	STURGIS	02/20/19	ROUTINE/FULL	3 0	3	0
EL CERRITO	HILLSDALE	02/26/19	ROUTINE/FULL	3 1	3	2
ZHENG'S SUPER GRAND BUFFET	COLDWATER	02/26/19	ROUTINE/FULL	1 3	0	0
ELKS LODGE	COLDWATER	02/26/19	ROUTINE/FULL	2 2	0	0

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 02/01/2019 - 02/28/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
EL SEMBRADOR LLC	STURGIS	02/27/19	ROUTINE/FULL	1 5	0	3
EL CERRITO MEXICAN RESTAURANT	COLDWATER	02/25/19	ROUTINE/FULL	5 4	1	2
OSCAR BROWN'S TAVERN	COLDWATER	02/13/19	FOLLOW UP		1	
MIDWAY LANES LLC	COLDWATER	02/20/19	FOLLOW UP		2	
WENDY'S #762	HILLSDALE	02/25/19	FOLLOW UP		0	
THE COFFEE SHOP	NORTH ADAMS	02/04/19	FOLLOW UP		1	
PONDEROSA STEAK HOUSE	COLDWATER	02/19/19	FOLLOW UP		1	
COSMOS FAMILY RESTAURANT	STURGIS	02/19/19	FOLLOW UP		7	
BRONSON STRIKE ZONE	BRONSON	02/06/19	FOLLOW UP		2	

COMPLAINTS 2
 PREOPENING/NEW 4
 ROUTINE/FULL 64
 FOLLOW UP 7
 TOTAL NUMBER OF INSPECTIONS: 77

Food Inspection Codes:

P-This indicates a priority violation which is a violation which includes a quantifiable measure to show control of hazards such as cooking, cooling, reheating and handwashing. It is in general terms a violation that can potentially lead directly to an illness.

Pf-This is a priority foundation violation which is a violation that supports a priority violation. For example, the lack of soap or towels at a handwash sink is a Pf. This supports the priority violation of not washing hands.

C-This is a core violation-This is an item the usually relates to general sanitation, operational controls and maintenance of facilities and equipment.