

Audited Financial Statements

Valley Comprehensive Community Mental Health
Center, Inc., d/b/a Valley HealthCare System

Years Ended June 30, 2013 and 2012

DHHR - Finance

MAR 26 2014

Date Received

Audited Financial Statements
VALLEY HEALTHCARE SYSTEM
Years Ended June 30, 2013 and 2012

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INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Valley HealthCare System
Morgantown, West Virginia

Report on the Financial Statements

We have audited the accompanying financial statements of Valley Comprehensive Community Mental Health Center, Inc. d/b/a Valley HealthCare System (the Corporation), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the 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 opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Valley HealthCare System as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of expenditures of state awards, BHHF funding status, BHHF assets - equipment and automobiles - cumulative property schedule, BHHF assets - leaseholds, land, and buildings - cumulative property schedule, and schedule of standardized financial statements are presented for purposes of additional analysis as required by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities (BHHF). The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the 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 20, 2014, on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 Corporation's internal control over financial reporting and compliance.

Jellison & Kanosh, A.C.

Charleston, West Virginia
March 20, 2014

DHHR - Finance

MAR 26 2014

Date Received

VALLEY HEALTHCARE SYSTEM
STATEMENTS OF FINANCIAL POSITION

June 30, 2013 and 2012

<u>ASSETS</u>	<u>2013</u>	<u>2012</u> (As Restated)
Current assets:		
Cash and cash equivalents	\$ 3,347,215	\$ 1,530,560
Accounts receivable, less allowance for doubtful accounts of \$207,499 in 2013 and \$293,744 in 2012	1,345,621	1,987,962
Grants receivable	1,041,234	950,366
Prepaid and other assets	<u>119,880</u>	<u>100,131</u>
Total current assets	<u>5,853,950</u>	<u>4,569,019</u>
Property and equipment, less accumulated depreciation and amortization	<u>1,674,302</u>	<u>1,802,294</u>
Investments	<u>121,874</u>	<u>111,991</u>
Total assets	<u>\$ 7,650,126</u>	<u>\$ 6,483,304</u>
 <u>LIABILITIES AND NET ASSETS</u>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 792,938	\$ 742,591
Accrued annual leave and payroll	1,026,046	998,013
Current maturities of Medicaid Waiver liability	963,536	69,592
Current maturities of long-term debt	55,306	61,183
Current obligation under capital lease	25,763	24,632
Deferred revenue	<u>13,522</u>	<u>20,377</u>
Total current liabilities	<u>2,877,111</u>	<u>1,916,388</u>
Postemployment benefit obligation	970,072	1,092,691
Long-term debt, less current maturities	363,874	414,340
Capital lease, less current maturities	17,831	43,594
Medicaid Waiver liability, less current maturities	<u>377,608</u>	<u>655,647</u>
Total liabilities	<u>4,606,496</u>	<u>4,122,660</u>
Unrestricted net assets	<u>3,043,630</u>	<u>2,360,644</u>
Total liabilities and net assets	<u>\$ 7,650,126</u>	<u>\$ 6,483,304</u>

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

VALLEY HEALTHCARE SYSTEM

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u> <u>(As Restated)</u>
Changes in unrestricted net assets:		
Revenues:		
Net client revenues	\$ 12,710,713	\$ 12,625,253
State and federal grant revenues	5,813,935	5,918,018
Other grants and contracts	111,148	85,148
Other operating income	81,562	63,461
Residential facilities fees	206,610	206,480
	<u>18,923,968</u>	<u>18,898,360</u>
Expenses and losses:		
Salaries and wages	10,142,207	9,401,993
Employee benefits	2,343,862	2,124,476
Contract labor and professional fees	2,041,491	2,184,017
Repairs and maintenance	210,009	192,005
Supplies	298,198	244,582
Utilities	418,636	394,951
Staff development and travel	307,176	294,717
Insurance	169,678	159,712
Taxes	402,896	408,824
Depreciation and amortization	282,846	248,878
Bad debt	21,563	45,083
Other	691,529	565,467
Litigation	100,000	-
Special project funding	274,811	233,453
Interest expense	65,109	71,257
Postemployment health	81,795	63,788
Equipment rental	129,213	119,849
Rent	414,873	409,809
Unrealized loss on investment	-	75,926
	<u>18,395,892</u>	<u>17,238,787</u>
Operating income	528,076	1,659,573
Other postemployment benefit related changes, exclusive of net periodic cost	<u>154,910</u>	<u>(192,504)</u>
Increase in net assets	682,986	1,467,069
Net assets, beginning of year	<u>2,360,644</u>	<u>893,575</u>
Net assets, end of year	<u>\$ 3,043,630</u>	<u>\$ 2,360,644</u>

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

VALLEY HEALTHCARE SYSTEM

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u> (As Restated)
Cash flows from operating activities:		
Increase in net assets	\$ 682,986	\$ 1,467,069
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation and amortization	282,846	248,878
Gain on disposal of property and equipment	(500)	(1,600)
Provision for bad debts	21,563	45,083
Net unrealized (gain) loss on investments	(9,883)	75,926
Changes in operating assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	620,778	(851,395)
Grants receivable	(90,868)	(459,841)
Prepaid and other assets	(19,749)	(58,012)
Increase (decrease) in:		
Accounts payable and accrued expenses	50,347	(226,527)
Medicaid Waiver liability	615,905	138,644
Accrued annual leave and payroll	28,033	161,322
Postemployment benefit obligation	(122,619)	192,188
Deferred revenue	(6,855)	3,353
Net cash provided by operating activities	<u>2,051,984</u>	<u>735,088</u>
Cash flows used in investing activities:		
Proceeds from dispositions of property and equipment	500	1,600
Purchases of property and equipment	(85,869)	(124,958)
Net cash used in investing activities	<u>(85,369)</u>	<u>(123,358)</u>
Cash flows used in financing activities:		
Principal payments on long-term debt	(125,328)	(72,010)
Principal payments on capital lease obligations	(24,632)	(8,253)
Net cash used in financing activities	<u>(149,960)</u>	<u>(80,263)</u>
Net increase in cash	1,816,655	531,467
Cash, beginning of year	<u>1,530,560</u>	<u>999,093</u>
Cash, end of year	<u>\$ 3,347,215</u>	<u>\$ 1,530,560</u>
Supplemental disclosures:		
Noncash investing and financing activities:		
Assets acquired under capital lease	\$ -	\$ 76,479
Assets acquired through issuance of long-term debt	68,985	-
	<u>\$ 68,985</u>	<u>\$ 76,479</u>

The accompanying notes are an integral part of these financial statements

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS

1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of Organization

Valley HealthCare System (the Corporation) is a private, nonprofit, nonstock corporation organized under the laws of the State of West Virginia and exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Corporation operates comprehensive programs that serve persons who are mentally ill, chemically dependent, intellectually disabled/developmentally disabled, or who otherwise require related behavioral health services. The Corporation is based in Morgantown, West Virginia, and operates twenty satellite facilities in Monongalia, Marion, Preston, Taylor, and Pocahontas counties in West Virginia.

Basis of Accounting

Revenues and expenses are recognized on the accrual basis of accounting. Accordingly, revenues are recognized when earned, and expenses are recognized when the obligation is incurred. The Corporation records grant monies received in advance as refundable advances and recognizes grant revenue as qualifying expenditures are incurred.

Cash and Cash Equivalents

The Corporation considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents. Included in cash and cash equivalents are amounts held for others of \$69,855 and \$67,316 at June 30, 2013 and 2012, respectively.

Property and Equipment

Property and equipment are stated at cost. Major purchases and improvements of \$5,000 or more are capitalized while repairs and maintenance are expensed as incurred. Depreciation has been provided over the estimated useful lives using the straight-line method for buildings and improvements and furniture and equipment. Estimated useful lives are as follows:

Buildings and improvements	15-40 years
Furniture and equipment	3-20 years

Fair Value

Certain investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 12 for discussion of fair value measurements.

Net Client Revenues

The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. Net client revenue is reported at the estimated net realizable amounts from patients (clients), third-party payors, and others for services rendered, including estimated contractual adjustments under reimbursement agreements with third-party payors. The allowance for doubtful accounts is based on management's experience and analysis of prior year collections. The Corporation's policy for writing off bad debts includes writing off amounts due after 365 days if no payments have been received. Interest is not charged on past due balances.

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net Client Revenues (Continued)

The Corporation has a policy of providing care to individuals regardless of their ability to pay. Such care is provided to eligible individuals based on financial information provided by the individual. Since the Corporation does not expect payment, charges are recorded at established rates, offset by allowances for charity care and not reported as revenues

Advertising

General advertising and employment opportunity advertising costs, which totaled \$51,352 in 2013 and \$46,717 in 2012, are expensed as incurred.

Income Taxes

The Corporation is classified as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, therefore, is not subject to taxes on income derived from its exempt activities. In addition, the Corporation qualifies for charitable contributions deductions under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(1). The Corporation is generally no longer subject to examination by taxing authorities for years prior to the year ending June 30, 2010

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Net Assets

Unrestricted net assets are resources over which the Board of Directors has discretionary control

Subsequent Events

The date to which events occurring after June 30, 2013, have been evaluated for possible adjustment to or disclosure in the financial statements is March 20, 2014, which is the date the financial statements were available to be issued

2 - SUBSEQUENT EVENTS

Subsequent to year end, The Bureau for Medical Services has requested repayment of \$1,092,534 related to billings for certain services found to be in noncompliance with contractual agreements. The noncompliant services were provided from October 1, 2011 through September 30, 2013. Of the \$1,092,534, repayment for services provided for the years ended June 30, 2013 and 2012 were \$685,498 and \$204,520, respectively. The portion of the repayment related to services performed subsequent to June 30, 2013 amounted to \$202,516.

VALLEY HEALTHCARE SYSTEM
 NOTES TO FINANCIAL STATEMENTS
 (Continued)

2 - SUBSEQUENT EVENTS (Continued)

The Corporation pays Health Care Privilege Taxes on certain net client revenues. Due to the reduction in revenues described above, the Corporation has recorded a reduction in Health Care Privilege Taxes of \$27,927 and \$9,281, respectively, for the years ended June 30, 2013 and 2012.

The Corporation has restated its financial statements as of June 30, 2012 and for the year then ended, to reflect the repayment for services provided that were found to be in noncompliance. As a result certain 2012 balances have been restated as follows: current liabilities and expenses decreased by \$9,281, long term obligations increased by \$204,520, and net client revenues decreased by \$204,520, resulting in a decrease in net assets of \$195,239 for the year ended June 30, 2012.

3 - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following:

	June 30	
	2013	2012
Land and improvements	\$ 567,415	\$ 567,415
Buildings and improvements	3,509,672	3,421,437
Leasehold improvements	295,438	295,438
Furniture and equipment	2,590,301	2,589,783
Construction in progress	49,256	48,899
	7,012,082	6,922,972
Less accumulated depreciation and amortization	5,337,780	5,120,678
	\$ 1,674,302	\$ 1,802,294

Cost of property and equipment purchased with West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities (BHBF) grant funds was \$3,253,867 and \$3,214,421 and related accumulated depreciation was \$2,878,728 and \$2,784,001 at June 30, 2013 and 2012, respectively.

The State of West Virginia provides the land and building for the Morgantown main office for a one-time fee of \$1 under a 99 year lease expiring in 2080. The land and building cost of \$1,620,000 is recorded in these financial statements as property and equipment. The building is fully depreciated. The Corporation's continued use of the land and building is subject to its continued compliance with the State Department of Health and Human Resources rules and regulations and its purchase of service contracts.

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

4 - DEBT

Long-term debt consisted of the following:

	<u>2013</u>	<u>2012</u>
Note payable to bank, payable in monthly installments of \$3,600, including interest at 8%, due May 2020, secured by deed of trust on real estate	\$ 222,030	\$ 246,142
Note payable to bank, payable in monthly installments of \$2,257, including interest at 7.625%, final payment due December 2022, secured by deed of trust on real estate	181,546	194,114
Note payable to bank, payable in monthly installments of \$1,115, including interest at 5.5%, final payment due April 2014, secured by equipment	10,764	23,140
Note payable to bank, payable in monthly installments of \$2,489, including interest at 5.75%, final payment made November 2012	-	12,127
Note payable to bank, payable in monthly installments of \$2,443, including interest at 4.5%, final payment due August 2013, secured by equipment	<u>4,840</u>	<u>-</u>
Less current portion	<u>55,306</u>	<u>61,183</u>
	<u>\$ 363,874</u>	<u>\$ 414,340</u>

Maturities of the notes payable are as follows:

<u>June 30</u>	
2014	\$ 55,306
2015	43,169
2016	46,663
2017	50,574
2018	54,743
Thereafter	<u>168,725</u>
	<u>\$ 419,180</u>

At June 30, 2013 and 2012, respectively, the Corporation had a \$600,000 line of credit with Branch Banking and Trust with no outstanding balances. The line of credit bears interest at the bank's prime rate plus 1.25% with a minimum rate of 5.5% on outstanding balances and is secured by the Corporation's Grafton office and all client accounts receivable with a total book value of \$1,133,472 and \$1,778,461 at June 30, 2013 and 2012, respectively. The borrowing base is limited to 70% of certain accounts receivable less than 120 days old. The bank's commitment to make advances on the line of credit expires on February 18, 2015.

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

4 - DEBT (Continued)

Cash paid for interest during the years ended June 30, 2013 and 2012, was \$65,109 and \$71,257, respectively.

5 - LEASES

Operating

The Corporation leases certain office equipment and facilities under operating lease agreements that expire in various years through 2016. Rent expense on all operating leases was \$544,086 and \$529,658 for the years ended June 30, 2013 and 2012, respectively

Future minimum lease payments under operating leases are as follows:

<u>June 30</u>	
2014	\$ 332,136
2015	102,357
2016	<u>48,467</u>
	<u>\$ 482,960</u>

Capital

The Corporation leases communications equipment under a long-term capital lease obligation which expires January 2015. The capital lease is payable in monthly installments of \$2,266 for 36 months including an implicit interest rate of 4.5%. Communications equipment under capital lease for the years ended June 30, 2013 and 2012 was \$79,155, with accumulated depreciation of \$18,477 and \$2,646, respectively.

Future minimum lease payments under the capital lease are as follows:

<u>June 30</u>	
2014	\$ 25,763
2015	<u>19,568</u>
Future minimum lease payments	45,331
Less: Amount representing interest	<u>1,737</u>
Present value of future minimum lease payments	<u>\$ 43,594</u>

VALLEY HEALTHCARE SYSTEM
 NOTES TO FINANCIAL STATEMENTS
 (Continued)

6 - MEDICAID WAIVER LIABILITY

During 2007, the Corporation's management identified a billing error relating to certain Medicaid Waiver services and reported the error to the appropriate State of West Virginia agency. The error affected billings for waiver residential services provided by the Corporation during the period beginning March 1, 2004 through January 31, 2007, and resulted in overbilling for services of \$981,036. The Corporation is repaying this amount over 10 years at \$8,041 per month at 0% interest. The Corporation has recorded the liability net of imputed interest using an incremental borrowing rate of 5.5%.

As described in Note 2, the Bureau for Medical Services requested a repayment of billings for certain patient services under the Waiver Program for the years ended June 30, 2013 and 2012, in the amount of \$685,498 and \$204,520, respectively.

Future minimum payments related to the billing errors are as follows:

<u>June 30</u>	
2014	\$ 986,513
2015	96,495
2016	96,495
2017	96,495
2018	96,495
Thereafter	<u>40,207</u>
Future minimum payments	1,412,700
Less: Amount representing imputed interest	<u>71,556</u>
Present value of future payments	<u>\$ 1,341,144</u>

7 - CONTINGENCIES

The Corporation is subject to litigation in the normal course of business involving claims from individuals who are seeking both compensatory and punitive damages from the Corporation. In connection with a claim, the Corporation has recorded a liability for related costs of \$100,000. The Corporation maintains claims-made coverage for professional liability of up to \$1,000,000 for any one occurrence with umbrella coverage of up to \$1,000,000 in the aggregate. Incidents occurring through June 30, 2013, may result in the assertion of a claim. Other claims may be asserted arising from past services provided. Management believes that these claims, if asserted, would be settled within the limits of insurance coverage.

8 - EMPLOYEE BENEFIT PLANS

The Corporation participates in the West Virginia Public Employees Retirement System (WVPERS), which is a defined benefit, cost-sharing, multiple employer pension plan. The Plan covers individuals who elected to remain in PERS after the establishment of a defined contribution retirement plan whose annual work hours exceed 1,040 and whose employment is not restricted as temporary or provisional. Members' rights to employee contributions vest immediately while members with one year

VALLEY HEALTHCARE SYSTEM
 NOTES TO FINANCIAL STATEMENTS
 (Continued)

8 - EMPLOYEE BENEFIT PLANS (Continued)

or more contributing service and five years or more credited service shall be eligible to retire at age 60 or after and to receive an allowance for life based on the benefit program then in effect. The allowance is equal to a benefit percentage multiplied by the final average salary. Contributions to the WVPERS by the Corporation for the years ended June 30, 2013 and 2012, were 14.0% and 14.5%, respectively, of eligible employees' compensation. In addition, 4.5% is withheld from eligible employees' compensation and remitted on a monthly basis to the WVPERS. The Corporation's contribution requirement was not actuarially determined. Contribution obligations and benefit provisions are statutorily established by the West Virginia Public Employees Retirement Act, as amended. Employer contributions for the years ended June 30, 2013 and 2012, were \$10,146 and \$11,815, respectively.

Information regarding benefit provisions, actuarial assumptions and funding method, pension benefit obligation (actuarial present value of credited projected benefits), net assets available for benefits, historical trends, and related party transactions is not readily available since such determinations are made and information is kept on a system-wide basis and not for the individual participating entities. This information is available in the separately issued financial statements of the WVPERS.

On April 20, 1997, the West Virginia legislature passed Senate Bill No. 544, which requires mental health centers participating in the WVPERS to provide a private pension plan for current employees at their option and for future employees within a certain time frame. During 1998, the Corporation established a 403(b) defined contribution retirement plan (the Plan) for those employees electing not to remain in WVPERS. Employees electing to participate in the Plan will not be entitled to postretirement medical benefits. Employees are eligible to participate in the Plan upon attaining the age of 21 years. The Board of Directors decides contributions each year; however, contributions cannot exceed 4.5% of each covered employee's salary. Total contributions amounted to \$158,149 and \$127,635 for the years ended June 30, 2013 and 2012, respectively.

Postretirement Benefit Plans

For those employees that participate in the West Virginia Public Employees Retirement System, the Corporation is required to contribute to the West Virginia Public Employees Insurance Agency (PEIA) to partially fund health insurance premiums for retired employees who elected to participate. The Corporation's obligation to provide those benefits is unfunded.

The following represents information relating to the benefit obligation as of June 30, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Benefit obligation at June 30	\$ (970,072)	\$ (1,092,691)
Fair value of plan assets at June 30	<u>-</u>	<u>-</u>
Funded status	<u>(970,072)</u>	<u>(1,092,691)</u>
Accrued benefit cost recognized in the accompanying balance sheet	<u>\$ (970,072)</u>	<u>\$ (1,092,691)</u>

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

8 - EMPLOYEE BENEFIT PLANS (Continued)

Weighted-average assumptions as of June 30			
Discount rate		4.50%	4.25%
Expected return on plan assets		7.00%	7.00%
Benefit cost	\$	81,794	\$ 63,171
Employer contribution		49,503	63,487
Benefits paid		49,503	63,487

The assumed health care cost trend rates used in measuring the other postretirement benefit obligation was 6% for those currently receiving benefits and 6% for employees not yet receiving benefits. Assumed health care cost trend rates have a significant effect on the amounts reported for health care plans. A 1% change in the assumed health care cost trend rate would have the following effect:

		<u>1% Increase</u>	<u>1% Decrease</u>
Effect on service and interest cost	\$	7,227	\$ (6,016)
Effect on accumulated postretirement benefit obligation		122,262	(102,814)

9 - THIRD-PARTY TRANSACTIONS AND ECONOMIC DEPENDENCY

The Corporation has agreements with Medicaid and Medicare that provide for payments to the Corporation at predetermined amounts that differ from its standard rates. The ability of the Corporation to receive future payments from these sources depends on legislation enacted and resources available to the State of West Virginia. The Corporation also receives payments for services from private payors, certain governmental agencies, and other third-party payors.

Revenue recognized from client services is as follows:

	<u>Year Ended June 30, 2013</u>		
	<u>Gross Client Revenue</u>	<u>Less: Contractual Adjustments and Charity Care</u>	<u>Net Client Revenue</u>
Medicaid	\$ 2,139,125	\$ 183,246	\$ 1,955,879
Medicaid waiver	10,136,882	1,074,180	9,062,702
Medicare	96,438	35,246	61,192
Private pay	653,988	7,310	646,678
Insurance	165,363	20,478	144,885
Charity care fee for service	883,207	96,729	786,478
Charity care	208,437	208,437	-
Uncompensated care (targeted)	732,744	732,744	-
Other	248,193	195,294	52,899
Total	<u>\$ 15,264,377</u>	<u>\$ 2,553,664</u>	<u>\$ 12,710,713</u>

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

9 - THIRD-PARTY TRANSACTIONS AND ECONOMIC DEPENDENCY (Continued)

	Year Ended June 30, 2012 (As Restated)		
	Gross Client Revenue	Less: Contractual Adjustments and Charity Care	Net Client Revenue
Medicaid	\$ 2,268,878	\$ 170,297	\$ 2,098,581
Medicaid waiver	10,172,738	870,546	9,302,192
Medicare	104,419	33,508	70,911
Private pay	546,641	6,067	540,574
Insurance	186,471	19,994	166,477
Charity care fee for service	420,889	34,731	386,158
Charity care	949,870	949,870	-
Uncompensated care (targeted)	696,497	696,497	-
Other	229,534	169,174	60,360
Total	\$ 15,575,937	\$ 2,950,684	\$ 12,625,253

The Corporation also received state of West Virginia and federal grant funds passed through the State in the amount of \$5,813,935 and \$5,918,018 during the years ended June 30, 2013 and 2012, respectively. Such amounts are dependent upon the collection of sufficient revenues by the state to fund such grants as well as budgetary and other policy decisions that may apply to the awarding of these grant funds.

10 - CHARITY CARE

The Corporation's policy is to provide care to individuals regardless of their ability to pay for the services. The cost to the Corporation of providing such care, including direct and indirect costs, amounted to approximately \$1,074,552 and \$985,451, for the years ended June 30, 2013 and 2012, respectively. The costs for years ended June 30, 2013 and 2012 are actual costs specifically attributed to services provided to charity care patients. The Corporation received grants to offset the costs of uncompensated care in the amount of \$992,582 and \$921,765, respectively, for the years ended June 30, 2013 and 2012.

11 - CONCENTRATION OF CREDIT RISK

Financial instruments which potentially expose the Corporation to significant concentrations of credit risk consist of accounts receivable. The Corporation receives payments for services from Medicaid, Medicare, private payors, and certain governmental agencies. The ability of these parties to honor their obligations is partially dependent upon the economic condition of the State of West Virginia and the health insurance industry. The Corporation maintains allowances for potential losses, which, when realized, have been within the range of management's expectations.

To limit concentration of credit risk associated with cash and cash equivalents, the Corporation places its cash and cash equivalents with high quality financial institutions. At times, the balances in such institutions may exceed amounts covered by FDIC insurance.

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

12 - RELATED PARTY TRANSACTIONS

The Corporation entered into a contract with Alliance Medical Services, Inc. to become a shareholder in Valley-Alliance Treatment Services, Inc (VATS), established for the purpose of providing substance abuse treatment services in the north central West Virginia area. The Corporation's net investment in VATS is reported at fair value in the investment balance of the accompanying balance sheet at \$106,276 and \$96,669 at June 30, 2013 and 2012, respectively. The Corporation received distributions in the amount of \$41,164 and \$18,932, during 2013 and 2012, respectively, and rent revenue of \$8,600 during 2012

13 - FAIR VALUE MEASUREMENT

As described in Note 12, the Corporation has a 10% equity interest in VATS, which is carried in the Corporation's financial statements at fair value. The fair value for this investment has been determined as follows:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the entity has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2013 and 2012.

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

13 - FAIR VALUE MEASUREMENT (Continued)

The equity interest in VATS has been valued using the income approach to valuation. The valuation is based on projected future cash flows to be received as equity distributions. The Corporation receives equity distributions of 10% of monthly adjusted net income of VATS. In 2012, future projections of equity distributions were based on historical net income of VATS adjusted for known changes in rent expense. In 2013, future projections of equity distributions were based on historical net income of VATS. Projected cash receipts have been converted to after tax amounts assuming maximum effective tax rates for federal and state income taxes for both years. The projected after tax cash distributions were then discounted in perpetuity using applicable risk premiums.

The interest in VATS, which is included in investments on the balance sheet at June 30, 2013 and 2012, was as follows:

	Level 3	
	2013	2012
Equity interest in VATS	\$ 106,276	\$ 96,669

The changes in investments measured at fair value for Level 3 inputs are as follows:

	2013	2012
Balance, beginning of year	\$ 96,669	\$ 172,493
Net unrealized gain (loss)	9,607	(75,824)
Balance, end of year	<u>\$ 106,276</u>	<u>\$ 96,669</u>

14 - FUNCTIONAL EXPENSES

The Corporation provides mental health services to residents within Marion, Monongalia, Taylor, Preston and Pocahontas Counties in West Virginia. Expenses related to providing these services for the years ended June 30, 2013 and 2012, are as follows:

	2013	2012 (As Restated)
Health care services	\$ 15,186,880	\$ 14,485,219
General and administrative	3,054,102	2,870,146
	<u>\$ 18,240,982</u>	<u>\$ 17,355,365</u>

VALLEY HEALTHCARE SYSTEM
NOTES TO FINANCIAL STATEMENTS
(Continued)

15 - NEW ACCOUNTING PRONOUNCEMENTS

Accounting Standards Update (ASU) 2011-07, entitled *Presentation and Disclosure for Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, updated the Accounting Standards Codification, and was effective for fiscal year ending June 30, 2013. This change required certain health care entities to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue, net of contractual adjustments and discounts, on their statement of activities. The update to the Accounting Standards Codification affects health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay. Enhanced disclosure about health care entities' policies for recognizing revenue and assessing bad debts as well as qualitative and quantitative information about changes in the allowance for doubtful accounts are also required. Amounts reported in the Corporation's financial statements were not affected by this pronouncement and the enhanced disclosures have been provided.

SUPPLEMENTARY INFORMATION

VALLEY HEALTHCARE SYSTEM
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2013

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Pass-through Grantor's Number	Program or Award Amount	Refundable Advances July 1, 2012	Disbursements/ Expenditures	Refundable Advances June 30, 2013
Major Programs						
<u>Department of Health and Human Services:</u>						
Passed through State of West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities:						
Federal Block Grants:						
Prevention and Treatment of Substance Abuse						
	93.959	8793-2012-2884-096-128-20060	\$ 2,038	-	\$ 2,038	-
		8793-2013-2884-130-128-21477	129,838	-	115,162	-
		8793-2014-2884-130-128-21477	32,489	-	11,781	-
		8793-2012-2892-096-128-20060	10,475	-	8,988	-
		8793-2013-2892-130-128-21477	230,699	-	216,107	-
		8793-2014-2892-130-128-21477	57,835	-	24,873	-
		8793-2013-2891-130-128-21477	115,394	-	115,394	-
		8793-2014-2891-130-128-21477	181,230	-	91,000	-
		Total Major Program	759,998	-	585,343	-
Non-Major Programs:						
<u>Department of Health and Human Services:</u>						
Passed through State of West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities:						
Federal Block Grants:						
Mental Health Services						
	93.958	8794-2012-2913-096-128-19367	10,827	-	10,827	-
		8794-2013-2913-130-128-19367	16,250	-	16,250	-
		8794-2013-2913-130-128-20711	48,750	-	48,750	-
		8794-2014-2913-130-128-20711	16,250	-	16,250	-
		8794-2013-2851-130-128-20711	104,414	-	72,108	-
		8794-2014-2851-130-128-20711	16,250	-	-	-
		8794-2013-3041-130-128-20711	48,750	-	48,750	-
		8794-2014-3041-130-128-20711	16,250	-	2,656	-
		8794-2013-2851-130-128-19367	43,111	-	41,004	-
		8794-2012-2851-096-128-19367	887	-	887	-
			<u>321,739</u>	<u>-</u>	<u>257,482</u>	<u>-</u>
	93.150	8723-2013-2851-130-128-21676	40,884	-	9,463	-
			<u>40,884</u>	<u>-</u>	<u>9,463</u>	<u>-</u>
		Total Federal Awards	\$ 1,122,621	-	\$ 852,288	\$ -

See Independent Auditor's Report.

VALLEY HEALTHCARE SYSTEM
NOTE TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2013

1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Valley HealthCare System, and is presented on the accrual basis. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

VALLEY HEALTHCARE SYSTEM
SCHEDULE OF EXPENDITURES OF STATE AWARDS

Year Ended June 30, 2013

State Grantor/Program Title	State Grantor's Number	Program or Award Amount	Deferred Revenue July 1, 2012	Disbursements/Expenditures	Deferred Revenue June 30, 2013
<u>West Virginia Department of Health and Human Resources</u>					
Community Placement	0525-2013-2874-803-258	\$ 165,564	\$ -	\$ 165,564	\$ -
Uncompensated Care	0525-2013-3065-219-258	91,928	-	91,928	-
Uncompensated Care	0525-2012-3065-219-258	22,248	-	22,248	-
Uncompensated Care	0525-2011-3065-219-258	91,928	-	91,928	-
Support/Alternative	0525-2013-3041-219-258	449,970	-	449,970	-
MI-Client	0525-2013-2851-219-258	312,704	-	312,700	-
DD-Client Core Services	0525-2013-2851-219-258	190,166	-	190,166	-
MI-Client Crisis Improvement	0525-2013-2851-219-258	313,686	-	313,686	-
Case Mgmt Improvement	0525-2013-3701-219-258-12426	31,429	-	31,131	-
Family Support Funds	0525-2013-2867-221-258	81,285	-	81,285	-
Recovery Coaches	0525-2013-2888-354-258	70,000	-	37,040	-
SA-Adolescent Res. Services	0525-2013-2892-219-258	68,339	-	68,339	-
SA Residential Services	0525-2012-2891-219-252	280,446	-	280,446	-
SA Women	0525-2013-2890-219-258	354,083	-	354,083	-
Hartley MH Day Treatment	0525-2013-3744-219-258-12426	197,323	-	196,915	-
Hartley MH Group Home	0525-2013-3115-219-258-12426	303,876	-	303,836	-
Hartley MH Group Home	0525-2012-3115-219-252	427,366	-	26,992	-
Hartley MH Group Home Start-Up	0525-2012-3115-219-252	65,405	-	65,405	-
Hartley MH Supportive Housing	0525-2013-3743-219-258-12426	115,414	-	115,049	-
Care Coordinators Improvement	0525-2013-3701-219-258	408,711	-	402,962	-
PI Services	0525-2013-2885-219-258	58,700	-	58,700	-
Community Supports Improvement	0525-2013-3702-219-258	63,952	-	63,952	-
Community Supports Improvement (Child)	0525-2013-2919-219-258	60,000	-	60,000	-
Forensic Homes	0525-2013-3703-335-258	1,178,488	-	1,177,322	-
Total Department of Health and Human Resources			\$ 5,403,011	\$ 4,961,647	\$ -

See Independent Auditor's Report.

VALLEY HEALTHCARE SYSTEM
 SCHEDULE OF BHHF FUNDING STATUS
 Year Ended June 30 2013

State Account Number	Award Amount	Award Deferred Revenue July 1, 2012	Amount Earned	Amount Billed	Deferred Revenue June 30 2013	Amount not Billed	Amount Collected in Current Year
0525-2013-2874-803-258	\$ 165,564	\$ -	\$ 165,564	\$ 165,564	\$ -	\$ -	\$ 164,739
0525-2013-3065-219-258	91,928	-	91,928	91,928	-	-	31,615
0525-2012-3065-219-258	22,248	-	22,248	22,248	-	-	-
0525-2011-3065-219-258	91,928	-	91,928	91,928	-	-	-
0525-2013-3041-219-258	449,970	-	449,970	449,970	-	-	449,970
8794-2012-2913-096-128-19367	10,827	-	10,827	10,827	-	-	10,827
8794-2013-2913-130-128-19367	16,250	-	16,250	16,250	-	-	16,250
8794-2013-2913-130-128-20711	48,750	-	48,750	48,750	-	-	48,750
8794-2014-2913-130-128-20711	16,250	-	16,250	16,250	-	-	-
0525-2013-2851-219-258	312,704	-	312,700	312,700	-	4	312,700
0525-2013-2851-219-258	190,166	-	190,166	190,166	-	-	190,166
0525-2013-2851-219-258	313,686	-	313,686	313,686	-	-	270,617
0525-2013-3701-219-258-12426	31,429	-	31,131	31,131	-	298	26,147
0525-2013-2867-221-258	81,285	-	81,285	81,285	-	-	55,129
8794-2013-2851-130-128-20711	48,750	-	18,005	18,005	-	30,745	-
8794-2014-2851-130-128-20711	16,250	-	-	-	-	16,250	-
8794-2013-3041-130-128-20711	48,750	-	48,750	48,750	-	-	48,750
8794-2014-3041-130-128-20711	16,250	-	2,656	2,656	-	13,594	-
8793-2012-2884-096-128-20060	2,038	1,185	2,038	2,038	-	-	2,038
8793-2013-2884-130-128-21477	32,372	-	29,342	29,342	-	3,030	29,342
8793-2013-2884-130-128-21477	97,466	-	85,820	85,820	-	11,646	84,022
8793-2014-2884-130-128-21477	32,489	-	11,781	11,781	-	20,708	-
8793-2012-2892-096-128-20060	3,525	-	3,525	3,525	-	-	3,525
8793-2012-2892-096-128-20060	6,950	-	5,463	5,463	-	1,487	5,463
8793-2013-2892-130-128-21477	57,193	-	42,601	42,601	-	14,592	42,601
8793-2013-2892-130-128-21477	173,506	-	173,506	173,506	-	-	162,110
8793-2014-2892-130-128-21477	57,835	-	24,873	24,873	-	32,962	-
0525-2013-2888-354-258	70,000	-	37,040	37,040	-	32,960	1,966
8794-2013-2851-130-128-19367	16,250	-	16,250	16,250	-	-	16,250
8794-2013-2851-130-128-19367	16,250	-	16,250	16,250	-	-	16,250
8794-2012-2851-096-128-19367	887	-	887	887	-	-	887
8794-2013-2851-130-128-19367	10,611	-	8,504	8,504	-	2,107	8,504
8723-2013-2851-130-128-21676	40,884	-	9,463	9,463	-	31,421	1,561
8794-2013-2851-130-128-20711	55,664	-	54,103	54,103	-	1,561	49,975
0525-2013-2892-219-258	68,339	-	68,339	68,339	-	-	68,339
0525-2013-3744-219-258-12426	197,323	-	196,915	196,915	-	408	137,891
0525-2013-3115-219-258-12426	303,876	-	303,836	303,836	-	40	207,842
0525-2012-3115-219-252	427,366	-	26,992	26,992	-	400,374	26,992
0525-2012-3115-219-252	65,405	-	65,405	65,405	-	-	65,405
0525-2013-3743-219-258-12426	115,414	-	115,049	115,049	-	365	66,137
8793-2013-2891-130-128-21477	115,394	-	115,394	115,394	-	-	115,394
8793-2014-2891-130-128-21477	181,230	-	91,000	91,000	-	90,230	-
0525-2012-2891-219-252	280,446	-	280,446	280,446	-	-	280,446
0525-2013-2890-219-258	354,083	-	354,083	354,083	-	-	317,100
0525-2013-3701-219-258	408,711	-	402,962	402,962	-	5,749	349,598
0525-2013-2885-219-258	58,700	-	58,700	58,700	-	-	32,167
0525-2013-3702-219-258	63,952	-	63,952	63,952	-	-	56,852
0525-2013-2919-219-258	60,000	-	60,000	60,000	-	-	45,452
0525-2013-3703-335-258	1,178,488	-	1,177,322	1,177,322	-	1,166	962,932
Total	\$ 6,525,632	\$ 1,185	\$ 5,813,935	\$ 5,813,935	\$ -	\$ 711,697	\$ 4,782,701

See Independent Auditor's Report

Valley HealthCare System
 BHHF Assets - Equipment and Automobiles
 Cumulative Property Schedule - June 30, 2013

Item #	Description	Asset Type	ID	RU	Date	Life	Amount	State Account Number	Serial	TAB
1	Typewriter - Smith Corona	Equipment	2492		01-Jan-79	10	600	Unknown		OBHS
2	Refrigerator- Whirlpool Mech I Series	Furniture	2381		01-Jul-79	10	650	Unknown		OBHS
3	Desk - Orange W/Typewriter Space	Furniture	2061	10	01-Aug-79	10	543	Unknown		OBHS
4	Desk - Yellow W/Typewriter Space	Furniture	2423	10	01-Aug-79	10	543	Unknown		OBHS
5	Desk - Gold W/Woodgrain Top	Furniture	1909		01-Aug-79	10	543	Unknown		OBHS
6	Desk - Woodgrain Top/Tan W/5 drawers	Furniture	2644		01-Aug-79	10	543	Unknown		OBHS
7	Filing Cabinet Unit - Med Records	Furniture	2623		01-Sep-79	10	3,489	Unknown		OBHS
8	Workstation - L-Shaped Exec. W/5 drawers	Furniture	2488	4	01-Feb-80	10	1,473	Unknown		OBHS
9	Couch - Maroon	Furniture	2244	2	01-Mar-80	10	565	Unknown		OBHS
10	Couch - Mauve Tweed	Furniture	1500	68	01-Mar-80	10	565	Unknown		OBHS
11	Couch - Brown	Furniture	379		01-Mar-80	10	565	Unknown		OBHS
12	Couch - Red Fabric W/Cushion	Furniture	1956		01-Mar-80	10	711	Unknown		OBHS
13	Couch - Blue/Black Tweed Fabric	Furniture	2332		01-Mar-80	10	565	Unknown		OBHS
14	Couch - Blue/Brn Tweed Chrome	Furniture	2444		01-Mar-80	10	565	Unknown		OBHS
15	Couch - Blue Plaid	Furniture	2507		01-Mar-80	10	565	Unknown		OBHS
16	Couch - Orange/Blue Striped	Furniture	2523		01-Mar-80	10	565	Unknown		OBHS
17	Seating Set - Peach Printed Vinyl W/Table	Furniture	2578		01-Mar-80	10	950	Unknown		OBHS
18	Seating Set - Peach Printed Vinyl W/Table	Furniture	2579		01-Mar-80	10	950	Unknown		OBHS
19	Seating Set - Peach Printed Vinyl W/Table	Furniture	2580		01-Mar-80	10	950	Unknown		OBHS
20	Seating Set - Peach Printed Vinyl W/Table	Furniture	2381		01-Mar-80	10	950	Unknown		OBHS
21	Seating Set - Peach Printed Vinyl W/Table	Furniture	2382		01-Mar-80	10	950	Unknown		OBHS
22	Seating Set - Peach Printed Vinyl W/Table	Furniture	2386		01-Mar-80	10	950	Unknown		OBHS
23	Credenza - Wooden W/Shelves	Furniture	2258	10	01-Jul-80	10	2,598	Unknown		OBHS
24	Wheelchair Lift	Equipment	5000	508	01-Sep-89	10	2,699	Unknown		OBHS
25	Bath Buddy	Equipment	5000	508	14-Jan-91	10	525	Unknown		OBHS
26	Bath Buddy	Equipment	5000	508	14-Jan-91	10	525	Unknown		OBHS
27	Respirator - Resp 367100	Equipment	5000	508	14-Jan-91	10	1,995	Unknown		OBHS
28	Bed - Hospital W/Rails	Furniture	1609	508	17-Jan-91	10	950	Unknown		OBHS
29	Bed - Hospital W/Rails	Furniture	1616	508	17-Jan-91	10	950	Unknown		OBHS
30	Bed - Hospital W/Rails	Furniture	1617	508	17-Jan-91	10	950	Unknown		OBHS
31	Bed - Hospital W/Rails	Furniture	1622	508	17-Jan-91	10	950	Unknown		OBHS
32	Bed - Hospital W/Rails	Furniture	1623	508	17-Jan-91	10	950	Unknown		OBHS
33	Wheelchair	Equipment	5000	508	26-Feb-91	10	2,210	Unknown		OBHS
34	Wheelchair	Equipment	5000	508	26-Feb-91	10	4,643	Unknown		OBHS
35	Wheelchair	Equipment	5000	508	26-Feb-91	10	4,643	Unknown		OBHS
36	Respirator - Rem Star	Equipment	5000	508	16-Jul-91	10	1,496	Unknown		OBHS
37	Love Seat - Brn & Beige Tweed	Furniture	1924	508	09-Sep-91	10	658	Unknown		OBHS
38	Computer - Mitsuba PC - 386 DX 33	Computer	2014	7	01-Oct-91	5	1,677	Unknown	1061326	OBHS
39	Monitor - Mitsuba 14"	Computer	2651	211	01-Oct-91	5	543	Unknown	S92529	OBHS
40	Love seat - Check Fabric W/Wood base	Furniture	1083	52	07-Nov-91	10	891	Unknown	3001599733	OBHS
41	Quantex 386 SX/53	Computer	2427	36	15-May-92	5	919	Unknown	F335GFKAC	OBHS
42	Tating 14" Monitor	Computer	130	7	12-Aug-92	5	291	Unknown	61461840	OBHS
43	Tating 14" Monitor	Computer	2063	36	12-Aug-92	5	291	Unknown	IDMCC13229	OBHS
44	Panasonic KX-P1124	Computer	2854	36	25-Aug-92	5	671	Unknown		OBHS
45	Workstation - Thompson's 30x72	Furniture	2025	10	25-May-95	10	675	Unknown		OBHS
46	Workstation - Thompson's 30x72	Furniture	2032	13	25-May-95	10	675	Unknown		OBHS
47	Monitor Crystalscan 14"	Computer	1038	11	28-Jul-95	5	265	8793-1996-2892-096-252-00586	727UD90102077	OBHS
48	Monitor Crystalscan 14"	Computer	5000	7	28-Jul-95	5	265	8793-1996-2892-096-252-00586		OBHS
49	PC-Gateway GA 4DX2-66 & moneywork 3.0	Computer	849	7	04-Aug-95	5	1,284	8793-1996-2892-096-252-00586	3637792	OBHS
50	TV/VCR combo - RCA 20"	Furniture	1084	52	04-Oct-95	10	569	Unknown		OBHS
51	Computer Desk - Champton 24x60	Furniture	1994	15	25-Jan-96	10	510	Unknown		OBHS
52	Filing Cabinet - Vertical File	Furniture	1996	15	25-Jan-96	10	625	Unknown		OBHS
53	Computer Desk - Champton 24x60	Furniture	1997	15	25-Jan-96	10	510	Unknown		OBHS
54	Filing Cabinet - Vertical File	Furniture	1998	15	25-Jan-96	10	625	Unknown		OBHS
55	Computer Desk - Champton 24x60	Furniture	1999	15	25-Jan-96	10	510	Unknown		OBHS
56	Credenza - Woodgrain Top	Furniture	1057	52	25-Jan-96	10	600	Unknown		OBHS
57	Credenza - Woodgrain Top	Furniture	1065	52	25-Jan-96	10	500	Unknown		OBHS

Valley HealthCare System
 BHHF Assets - Equipment and Automobiles
 Cumulative Property Schedule - June 30, 2013

Item #	Description	Asset Type	ID	RU	Date	Life	Amount	State Account Number	Serial	TAB
58	Credenza - Woodgrain Top	Furniture	1092	52	25-Jan-96	10	500	Unknown		OBHS
59	Computer Desk - Champion 24x60	Furniture	2001	113	25-Jan-96	10	510	Unknown		OBHS
60	Speakers - LAB LCS-1014	Computer	901	7	31-Dec-97	5	27	8793-1998-2885-096-252-02060	727UDOO1J01868	OBHS
61	Rembrandt PC - Pentium 166	Computer	902	7	31-Dec-97	5	1,347	8793-1998-2885-096-252-02060	8651	OBHS
62	Speakers - LAB LCS-1014	Computer	1331	251	31-Dec-97	5	27	Unknown	727UDOO1J02077	OBHS
63	HP Laserjet GPX Laser	Computer	5000	51	30-Jan-98	5	763	Unknown	USCD082951	OBHS
64	Electric Bed - Proserv Medical	Equipment	5000	521	17-Mar-98	10	945	Unknown		OBHS
65	Electric Bed - Proserv Medical	Equipment	5000	521	17-Mar-98	10	945	Unknown		OBHS
66	Electric Bed - Proserv Medical	Equipment	5000	531	17-Mar-98	10	630	Unknown		OBHS
67	Monitor EV 500 13.9	Computer	2073	89	30-Mar-98	5	218	5192-1998-2874-099-252	15009A468080	OBHS
68	Gateway - 2300 Deluxe Pentium PC	Computer	2074	211	02-Apr-98	5	2,723	5192-1998-2874-099-252	0009536202	OBHS
69	HoyerLift - Sunmed HPL 400	Equipment	2919	531	05-Apr-98	10	1,824	5192-1998-2874-099-252		OBHS
70	HoyerLift - Sunmed HPL 400	Equipment	2970	531	05-Apr-98	10	1,853	5192-1998-2874-099-252		OBHS
71	Lift Chair	Equipment	5000	527	08-Sep-98	10	625	Unknown		OBHS
72	Ropes Course - ACT Unit - Fairmont	Equipment	5000	59	08-Apr-99	10	23,795	8793-1999-2892-096-252-03087		OBHS
73	Outbuilding for Adolescent (CrossRoads)-51	Equipment	5000	59	15-Jul-99	10	2,373	8793-1999-2892-096-252-03087		OBHS
74	Additional Mulch for Ropes Course-51	Equipment	5000	59	10-Sep-99	10	865	Unknown		OBHS
75	Gateway Essential 433C PC	Computer	3448	55	02-May-00	5	1,155	8793-2000-2892-096-128-04135	0018563857	OBHS
76	Solo 2150CL- Laptop	Computer	3451	201	02-May-00	5	2,968	8793-2000-2892-096-128-04135	0018540326	OBHS
77	Gateway Essential 433C PC	Computer	3453	9	02-May-00	5	1,155	8793-2000-2892-096-128-04135	0018563855	OBHS
78	Gateway Essential 433C PC	Computer	3459	30	02-May-00	5	1,155	8793-2000-2892-096-128-04135	0018563856	OBHS
79	Gateway Essential 433C PC	Computer	3465	52	02-May-00	5	1,155	8793-2000-2892-096-128-04135	0018563858	OBHS
80	Gateway GCS-200 Speakers	Computer	5000	7	02-May-00	5	53	8793-2000-2892-096-128-04135		OBHS
81	Gateway GCS-200 Speakers	Computer	5000	9	02-May-00	5	53	8793-2000-2892-096-128-04135		OBHS
82	Gateway GCS-200 Speakers	Computer	5000	30	02-May-00	5	53	8793-2000-2892-096-128-04135		OBHS
83	Gateway GCS-200 Speakers	Computer	5000	52	02-May-00	5	53	8793-2000-2892-096-128-04135		OBHS
84	Gateway GCS-200 Speakers	Computer	5000	55	02-May-00	5	53	8793-2000-2892-096-128-04135		OBHS
86	Gateway GCS-200 Speakers	Computer	5000	8	04-May-00	5	37	8793-2000-2892-096-128-04135		OBHS
87	Gateway Monitor - EV700 17" W 15.9 Viewable	Computer	5000	7	04-May-00	5	302	8793-2000-2892-096-128-04135		OBHS
88	Gateway Monitor - EV700 17" W 15.9 Viewable	Computer	5000	8	04-May-00	5	302	8793-2000-2892-096-128-04135		OBHS
89	Gateway Monitor - EV700 17" W 15.9 Viewable	Computer	5000	9	04-May-00	5	302	8793-2000-2892-096-128-04135		OBHS
90	Gateway Monitor - EV700 17" W 15.9 Viewable	Computer	5000	30	04-May-00	5	302	8793-2000-2892-096-128-04135		OBHS
91	Gateway Monitor - EV700 17" W 15.9 Viewable	Computer	5000	52	04-May-00	5	302	8793-2000-2892-096-128-04135		OBHS
92	Gateway Monitor - EV700 17" W 15.9 Viewable	Computer	5000	55	04-May-00	5	302	8793-2000-2892-096-128-04135		OBHS
95	Gateway Monitor EV 700 W/ 15.9 Viewable	Computer	5000	9	23-Jun-00	5	293	8793-2000-2892-096-128-04135		OBHS
94	Livingston Router	Computer	5000	52	10-Sep-00	5	750	Unknown		OBHS
95	Alcohol Sensors - Act Unit	Equipment	5000	52	10-Jul-01	5	1,063	0525-2003-2874-803-252		OBHS
96	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4010	9	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA602	OBHS
97	Compaq Monitor - S7500 17"	Computer	4011	5	01-Mar-03	5	193	0525-2003-2874-803-252	CN245VB427	OBHS
112	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4032	9	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA439	OBHS
113	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4034	20	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA451	OBHS
116	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4037	13	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA418	OBHS
123	Compaq Monitor - S7500 17"	Computer	4051	201	01-Mar-03	5	194	0525-2003-2874-803-252	CN245VC172	OBHS
124	Compaq Monitor - S7500 17"	Computer	4052	52	01-Mar-03	5	194	0525-2003-2874-803-252	CN244VC952	OBHS
125	Compaq Monitor - S7500 17"	Computer	4055	52	01-Mar-03	5	194	0525-2003-2874-803-252	CN244VC982	OBHS
126	Compaq Monitor - S7500 17"	Computer	4058	20	01-Mar-03	5	194	0525-2003-2874-803-252	CN244VC583	OBHS
127	Compaq Monitor - S7500 17"	Computer	4059	7	01-Mar-03	5	194	0525-2003-2874-803-252	CN249XB484	OBHS
128	Compaq Monitor - S7500 17"	Computer	4060	7	01-Mar-03	5	194	0525-2003-2874-803-252	CN249VC238	OBHS
129	Compaq Monitor - S7500 17"	Computer	4063	7	01-Mar-03	5	194	0525-2003-2874-803-252	CN249VC245	OBHS
130	Compaq Monitor - S7500 17"	Computer	4065	10	01-Mar-03	5	194	0525-2003-2874-803-252	CN244VC579	OBHS
131	Compaq Laptop - EVO N800V P4	Computer	4066	201	01-Mar-03	5	1,662	8793-2003-2892-096-128-07887	5Y32KSOZ91WB	OBHS
132	Compaq Laptop - EVO N800V P4	Computer	4067	301	01-Mar-03	5	1,663	8793-2003-2892-096-128-07887	5Y32KSOZ91X7	OBHS
133	Billiard Table and Accessories	Furniture	5000	557	10-Apr-03	7	718	Unknown		OBHS
135	CDW INFOCUS XGA Projector	Computer	5000	89	14-May-03	5	3,137	8794-2003-2915-096-128-07888	1S7KN30790758	OBHS
136	CDW Lap Top PC TOS 6100 - CRW XPP	Computer	5000	89	14-May-03	5	1,604	8794-2003-2915-096-128-07888	S33054403P	OBHS
137	CDW Laptop HP NC8000 CRW XPP - Compaq	Computer	4271	JUDY	04-May-04	5	1,815	8723-2004-2852-096-128-10550	CNU4061J02	OBHS
138	Lap Top PC - CDW HP CPO NC8000 C9/1.5 40GB CRW XPP	Computer	5000	89	19-Aug-04	7	1,913	0525-2005-2923-219-252/258	SCNU419XK3	OBHS

Item #	Description	Asset Type	ID	RU	Date	Life	Amount	State Account Number	Serial	TAB
139	CDW - SB NC8000 16 40GB CRW XPP LAPTOP PC	Computer	4115	351	01-Feb-05	5	1,982	8793-2005-2892-096-128-10596	SCHNU509F1NC	OBHS
140	HP SB NC8000 40GB CRW XPP - Lap Top	Computer	4301	89	07-Feb-05	5	1,976	8723-2004-2852-096-128-10550	SCNU509FM4S	OBHS
141	Monitor - CDW - Acer AL1912B - 19 inch	Computer	5000	89	06-Jun-05	5	332	8723-2004-2852-096-128-10550	51200F34ED47	OBHS
142	Monitor - CDW - Acer AL1912B - 19 inch	Computer	5000	89	06-Jun-05	5	332	8723-2004-2852-096-128-10550	51200F35ED47	OBHS
143	HP LapTop - CDW	Computer	5000	89	06-Jun-05	5	1,709	8723-2004-2852-096-128-10550	SCNU5200BL5	OBHS
144	PC - CDW - HP-DC5100 40GB -XPP-w/Kingston memory Upgrade	Computer	5000	89	06-Jun-05	5	948	8723-2004-2852-096-128-10550	SMX15210SOT	OBHS
146	Computer-EMR GRANT	Computer	5000	7	12-Mar-08	5	1,674	Unknown		OBHS
147	Scanners-EMR GRANT	Computer	5000	7	12-Mar-08	5	5,640	Unknown		OBHS
148	Signature Pads-EMR GRANT	Computer	5000	7	28-Mar-08	5	3,488	Unknown		OBHS
149	Monitor - Planar 1700 - 17in LCD - CDW	Computer	5000	55	06-Mar-07	5	191	Unknown	AG704H83314	OBHS
150	PC - HP DC7600C - 80 GB w/MS PRO Plus 2007 - CDW	Computer	5000	55	06-Mar-07	5	1,132	Unknown	S2UA7030SCK	OBHS
151	DVD Burner	Furniture	89	89	12-Feb-08	5	1,813	Unknown		OBHS
152	Monitor-Viewsonic VC2030WWM 20" Wide - CDW	Computer	5219	89	09-Jul-08	5	316	8794-2009-2914-096-128-15581	QCC082184378	OBHS
153	Monitor-Viewsonic VC2030WWM 20" Wide - CDW	Computer	5220	89	09-Jul-08	5	316	8794-2009-2914-096-128-15581	OCC082184378	OBHS
154	PC-HP XW4600T E8400 250GB XPP W/DVR - CDW	Computer	5221	89	09-Jul-08	5	1,486	8794-2009-2914-096-128-15581	S2UA8230W6H	OBHS
155	Projector - Hitachi CPX5 XGA	Computer	5266	89	20-Jul-09	5	1,019		F8J010419	OBHS
156	COMPUTER	Computer	5278	89	25-Aug-09	5	1,705		S2UA9331CW5	OBHS
157	Computer	Computer	5278	89	25-Aug-09	5	1,705		SCNU8080SN4	OBHS
158	Laptop PC HP NX 9420	Computer	4389	251	11-Sep-06	5	1,237	Unknown	SCND6253BSM	OBHS
159	Laptop 4 OF 6	Computer	5279	320	18-Aug-09	5	2,033	8723-2009-0506-096-128	IS74499EUR90CYP3	OBHS
160	Laptop 2 OF 6	Computer	5268	320	18-Aug-09	5	2,033	8723-2009-0506-096-128	IS74499EUR90CYP3	OBHS
161	Laptop 3 OF 6	Computer	5269	320	18-Aug-09	5	2,033	8723-2009-0506-096-128	IS74499EUR90CYP3	OBHS
162	Laptop 1 OF 6	Computer	5272	320	18-Aug-09	5	2,033	8723-2009-0506-096-128	IS74499EUR90CYP3	OBHS
163	Laptop 6 OF 6	Computer	5280	320	18-Aug-09	5	2,033	8723-2009-0506-096-128	IS74499EUR90CYP3	OBHS
164	Laptop 5 OF 6	Computer	5281	320	18-Aug-09	5	2,033	8723-2009-0506-096-128	IS74499EUR90CYP3	OBHS
165	PC-HP SB 67108 17100 80 GB w/DVR - CDW	Computer	5281	351	01-Dec-07	5	1,764	Unknown	SCNU74302XQ	OBHS
166	Monitor-Planar PL1900 19" CDW	Computer	507	507	01-Oct-07	5	287	Unknown	PD07753S09499	OBHS
167	PC - SB DC5700 CE4300-80 GB w/PRO Plus 2007-CDW	Computer	507	507	01-Oct-07	5	1,416	Unknown	SMCM73407PB	OBHS
168	Refrigerator/Freezer	Furniture	507	507	07-Nov-07	5	667	Unknown		OBHS
169	Dishwasher	Furniture	507	507	02-May-07	5	667	Unknown		OBHS
170	Wii System	Computer	507	507	16-Jun-08	5	711	Unknown		OBHS
171	Dinning Set	Furniture	507	507	01-Jul-08	5	530	0525-2009-3703-335-252		OBHS
172	Dinning Set	Furniture	507	507	01-Jul-08	5	530	0525-2009-3703-335-252		OBHS
173	2008 Ford Van	Vehicle	804	507	23-Sep-08	7	28,698	0525-2009-3703-335-252	JFTNS24L78DBS9778	AUTO
174	PC - HP DC7600 W/Planar 17in PL 1700 Monitor	Computer	4407	511	12-Sep-06	5	1,694	Unknown	SMXXM63100X7	OBHS
175	Planar 17in PL 1700 Monitor	Computer	4416	511	12-Sep-06	5	214	Unknown	AG632H40561	OBHS
176	Planar 17in PL 1700 Monitor	Computer	4402	511	12-Sep-06	5	214	Unknown	AG632H38164	OBHS
177	PC - HP DC7600 W/Planar 17in PL 1700 Monitor	Computer	4405	511	12-Sep-06	5	1,694	Unknown	SMXXM6310100	OBHS
178	PC - HP DC7600 W/Planar 17in PL 1700 Monitor	Computer	4404	511	12-Sep-06	5	1,694	Unknown	SMXXM63100FM	OBHS
180	Planar 17in PL 1700 Monitor	Computer	4404	511	12-Sep-06	5	214	Unknown	AG632H40202	OBHS
181	PC - HP DC7600 W/Planar 17in PL 1700 Monitor	Computer	4406	511	12-Sep-06	5	1,694	Unknown	SMXXM63100WR	OBHS
183	Phone System - Catalyst - 3560 2SFP Standard Image	Equipment	4525	511	20-Oct-06	20	3,347	Unknown	CAT1036N1XJ	OBHS
184	Phone System - GE WFP LC Connector SX transceiver	Equipment	4525	511	20-Oct-06	20	441	Unknown		OBHS
185	Phone System - GE WFP LC Connector SX transceiver	Equipment	4525	511	20-Oct-06	20	441	Unknown		OBHS
186	Phone System - GE WFP LC Connector SX transceiver	Equipment	4525	511	20-Oct-06	20	441	Unknown		OBHS
187	Phone System - GE WFP LC Connector SX transceiver	Equipment	4525	511	20-Oct-06	20	441	Unknown		OBHS
188	Phone System - Handsets - for Cisco phone system	Equipment	5000	511	20-Oct-06	20	4,998	Unknown		OBHS
189	Phone System - Telecom installation	Equipment	5000	511	20-Oct-06	20	820	Unknown		OBHS
190	HON- Corner Desk - Champion	Furniture	4455	511	26-Oct-06	10	783	Unknown		OBHS
191	HON- Corner Desk - Champion	Furniture	4462	511	26-Oct-06	10	783	Unknown		OBHS
192	HON- Corner Desk - Champion	Furniture	4467	511	26-Oct-06	10	783	Unknown		OBHS
193	HON- Corner Desk - Champion	Furniture	4467	511	26-Oct-06	10	783	Unknown		OBHS
194	HON- Corner Desk - Champion	Furniture	4497	511	26-Oct-06	10	783	Unknown		OBHS
195	HON- Corner Desk - Champion	Furniture	4516	511	26-Oct-06	10	684	Unknown		OBHS
196	PC - HP DC7600 - 80 GB w/MS PRO Plus 2007 - CDW	Computer	4529	511	15-Nov-06	5	1,667	Unknown	MXM63801NY	OBHS
198	PC - HP DC7600 - 80 GB w/MS PRO Plus 2007 - CDW	Computer	4528	511	15-Nov-06	5	1,667	Unknown	MXM63801PF	OBHS
200	PC - HP DC7600 - 80 GB w/MS PRO Plus 2007 - CDW	Computer	4544	511	15-Nov-06	5	1,667	Unknown	MXM63801N3	OBHS

Item #	Description	Asset Type	ID	RU	Date	Life	Amount	State Account Number	Serial	TAB	
201	PC - HP DC7600 - 80 GB w/MS PRO Plus 2007 - CDW	Computer	4545	511	15-Nov-06	5	1,667	Unknown	MXM63801MK	OBHS	
202	Storage Building - Browns Mill	Equipment		514	29-Sep-09	10	1,060	0525-2009-3703-335-252		OBHS	
203	Monitor - Viewsonic VA926 19"-CDW	Computer	5260	514	14-Apr-09	5	205	0525-2009-3703-335-252	QU2090700425	OBHS	
204	Monitor - Viewsonic VA926 19"-CDW	Computer	5261	514	14-Apr-09	5	205	0525-2009-3703-335-252	QU2090700343	OBHS	
205	PC HP DC5800 E7200 160GB w/ Office PRO Plus 2007 - CDW	Computer	5262	514	14-Apr-09	5	888	0525-2009-3703-335-252	SMXL9110CQC	OBHS	
206	PC HP DC5800 E7200 160GB w/ Office PRO Plus 2007 - CDW	Computer	5263	514	14-Apr-09	5	888	0525-2009-3703-335-252	SMXL9110H32	OBHS	
207	Phones Equipment	Equipment		514	17-Apr-09	5	5,726	0525-2009-3703-335-252	LBP248448	OBHS	
208	Xerox Phaser	Equipment		514	17-Jun-09	5	2,224	0525-2009-3703-335-252		OBHS	
209	Generator - Browns Mill	Equipment	902	514	20-Nov-09	10	27,369	0525-2009-3703-335-252	IFTNS24L79DA50187	OBHS	
210	2009 Ford Econoline Van	Vehicle	501	514	24-Mar-09	7	29,242	Unknown	IGAHC39L951266654	AUTO	
211	2005 Chevrolet V3500	Vehicle	501	521	22-Feb-06	7	33,678	Unknown	3A8FY58B56T257097	AUTO	
212	2006 PT CRUISER	Vehicle	603	525	13-Jan-09	7	7,805	0525-2009-2870-803-252	IGAHC39L951266654	AUTO	
213	2005 Chevrolet V3500	Vehicle	0502	527	22-Feb-06	7	20,580	0525-2006-2874-803-258	IGAHC39L951266654	AUTO	
214	Shower Trolley - Accessible Environments Inc.	Equipment	5000	531	10-Aug-06	5	3,608	Unknown		OBHS	
215	PC - HP DC7600C - 80 GB w/MS PRO Plus 2007 - CDW	Computer	4554	NANCY	06-Mar-07	5	1,132	Unknown	S2UA70305899	OBHS	
216	Monitor - Planar 1700 - 17in LCD - CDW	Computer	5000	NANCY	06-Mar-07	5	191	Unknown	AG704H83317	OBHS	
217	New Transmission on 2009 Ford Econoline Van	Vehicle	On 902	514	01-Jul-10	7	1,325	0525-2011-3703-335-258	On: IFTNS24L79DA50187	AUTO	
218	Amsul Range Hood	Equipment		16	24-Aug-11	10	2,164	0525-2007-3115-219-252		OBHS	
219	2011 Ford - 12 Passenger Van	Vehicle	7888	16	15-Aug-11	7	31,593	0525-2007-3115-219-252	IFTNS2EL0BDB27888	AUTO	
220	2012 4x4 Passenger Van	Vehicle		512	01-May-12	7	47,897	0525-2012-3115-219-252	IFTSSSEL9CDA86722	AUTO	
Total Assets In-Service							452,106				
221	Browns Mill II Generator w/ Sales Tax	Equipment		512	27-Aug-12	10	25,986	Unknown		ACC 1114	
Total Assets Not In-Service (CIP)							25,986				
FY Total							\$ 478,092				0
FY Disposals Total							\$ 8,451				98
FY Additions Total							\$ 25,986				32
Last FY Total							\$ 460,557				53
FY 2013 - Disposals											8
Item #	Description	Asset Type	ID	RU	Date	Life	Amount	State Account Number	Serial	TAB	
85	Gateway Select 700	Computer	3455	8	04-May-00	5	1,615	8793-2000-2892-096-128-04155	0018564331	OBHS	
122	Compaq Monitor - S7500 17"	Computer	4050	13	01-Mar-03	5	193	0525-2003-2874-803-252	CN244VC578	OBHS	
106	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4026	301	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA382	OBHS	
103	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4020	29	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA412	OBHS	
108	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4028	20	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA415	OBHS	
98	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4012	7	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA617	OBHS	
115	Compaq - PC - EVO D310 MT P4 W/512 Memory Upgrade	Computer	4036	52	01-Mar-03	5	833	0525-2003-2890-219-252	V308LB4ZA651	OBHS	
182	PC - HP DC7600 W/Planar 17in PL 1700 Monitor	Computer	4409	511	12-Sep-06	5	1,694	Unknown	SMXM63100XN	OBHS	
179	Planar 17in PL 1700 Monitor	Computer	4424	511	12-Sep-06	5	214	Unknown	AG632H40566	OBHS	
197	Monitor - Planar 1910 - 19in LCD - CDW	Computer	4526	511	15-Nov-06	5	285	Unknown	AI639C37522	OBHS	
199	Monitor - Planar 1910 - 19in LCD - CDW	Computer	4542	511	15-Nov-06	5	285	Unknown	AI639C37526	OBHS	
FY 2013 - Additions							8,451				
Item #	Description	Asset Type	ID	RU	Date	Life	Amount	State Account Number	Serial	TAB	
221	Browns Mill II Generator w/ Sales Tax	Equipment		512	27-Aug-12	10	25,986	0525-2012-3115-219-252		ACC 1114	
Total Assets Not In-Service (CIP)							25,986				
FY Total							\$ 478,092				0
FY Disposals Total							\$ 8,451				98
FY Additions Total							\$ 25,986				32
Last FY Total							\$ 460,557				53
FY 2013 - Disposals											8

See Independent Auditor's Report.

Valley HealthCare System
 BHEF Assets - Leasholds, Land and Buildings
 Cumulative Property Schedule - June 30, 2013

Description	Vendor	RU	Date	Amount	Life	TAB
Unknown Improvements	RU 10	10	01-Jul-92	6,060	10	BIMP
Tiling for Valley Main Office - Halls Classic Carpets	RU 10	10	23-Jan-04	33,749	10	BIMP
Sewer Upgrade at ACT Unit - T.Chickrell	RU 52	52	03-Aug-01	19,000	10	BIMP
Decking Addition - ACT Unit	RU 52	52	31-Aug-01	1,132	10	BIMP
Marion Day Treatment - Paul Rice	RU 68	68	01-Jun-91	8,292	10	BIMP
Drywall, Lumber, ect - RU 505 STRU - Lowe's*	RU 505	505	12-Aug-03	631	10	BIMP
Fire Door - B&B Glass*	RU 505	505	12-Aug-03	2,141	10	BIMP
Smoke Alarm/Security System - Secure US*	RU 505	505	12-Aug-03	1,140	10	BIMP
Carpeting - Hall's Carpeting*	RU 505	505	12-Aug-03	2,192	10	BIMP
Drywall, Lumber, ect - RU 505 STRU - Lowe's*	RU 505	505	12-Aug-03	1,773	10	BIMP
New Door for Crisis Unit plus remodeling of windows	RU 505	505	12-Aug-03	2,353	10	BIMP
Dumpster Pad	RU 507	507	10-Jun-08	5,500	10	BIMP
Generator	Jeff Keiss	507	01-Jul-08	21,300	10	BIMP
Deck and Double Doors	Jeff Keiss	507	01-Jul-08	7,000	10	BIMP
Building - Office	RU 10	10	01-Jul-77	1,620,404	20	BLDG
Roof Replacment	RU 10	10	01-Oct-89	175,802	10	BLDG
Eng. Fees - Roof	RU 10	10	01-Oct-89	6,801	10	BLDG
Architect Services - Gustafson	RU 52	52	01-Jun-94	9,216	10	BLDG
Roadway Work - Hamman Const.	RU 52	52	31-Oct-94	11,900	10	BLDG
Brewer & Co. - Sprinkler System	RU 52	52	20-Dec-94	16,839	10	BLDG
Accordia - Builders Risk Insurance	RU 52	52	19-Jan-95	900	10	BLDG
Emsweller - Fire Alarm System	RU 52	52	10-Feb-95	3,817	10	BLDG
Water Line - Chickereil Excavating	RU 52	52	21-Apr-95	5,382	10	BLDG
Construction Costs - Huffman	RU 52	52	03-May-95	395,119	10	BLDG
Architect Services - Gustafson	RU 52	52	15-Jun-95	24,533	10	BLDG
Brewer & Co. - Breaker Boxes	RU 52	52	01-Jul-95	233	10	BLDG
Architect Services - Gustafson	RU 52	52	15-Jul-95	694	10	BLDG
Emsweller - Manual Station	RU 52	52	14-Aug-95	125	10	BLDG
Drapery Sales & Service	RU 52	52	17-Aug-95	999	10	BLDG
Emsweller - Fire Alarm	RU 52	52	02-Sep-95	1,909	10	BLDG
Brewer & Co. - Sprinkler System	RU 52	52	08-Sep-95	1,115	10	BLDG
Decking Addition - Huffman	RU 52	52	29-Sep-95	3,484	10	BLDG
Construction Costs - Huffman	RU 52	52	17-Nov-95	6,965	10	BLDG
Adjustment - 1995	RU 52	52	31-Dec-95	(1,080)	10	BLDG
Traffic Circle in Parking Lot - 301 Scott Ave	RU 10	10	26-Sep-03	11,364	10	LAIMP
ACT Unit Sewage Line relocate	RU 52	52	30-May-06	19,825	10	LAIMP
Paving/Excavation	RU 508	508	12-May-08	13,712	10	LAIMP
Land - Office	Scott Avenue	10	2-Nov-81	60,500	N/A	LAND
Land - ACT Unit	Fairmont	52	31-Dec-95	60,005	N/A	LAND
Pixler Hill Building Improvements	Rubicon Development	508	01-Feb-91	20,000	5	Leas
Pixler Fire Improvements	Rubicon Development	508	01-Jun-91	50,000	5	Leas
Pixler Hill - Building	RU 508	508	01-Jun-91	50,000	10	Leas
Stone Grading - Pixler	RU 508	508	01-Mar-92	2,500	5	Leas

Valley HealthCare System
 BHHF Assets - Leaseholds, Land and Buildings
 Cumulative Property Schedule - June 30, 2013

Description	Vendor	RU	Date	Amount	Life	TAB
Plumbing & Fire Conversions	CMC Company-	521	05-Feb-98	20,016	20	Leas
Office Conversion to Shower Room	OV Valley LLC - Sabraton	521	18-Feb-98	14,500	20	Leas
Concrete Driveway - Sabraton	CMC Company	521	05-May-98	950	10	Leas
Plumbing & Fire Conversions	CMC Company -	523	05-Feb-98	6,759	20	Leas
Wood Floor @ McCarney Ave	Wholesale Carpet Outlet	523	04-Dec-00	3,867	5	Leas
Plumbing & Fire Conversions	CMC Company -	525	05-Feb-98	14,754	20	Leas
White Vinyl Fence in Front Yard	CMC Company -	525	13-Nov-98	3,300	10	Leas
Plumbing & Fire Conversions	CMC Company -	527	05-Feb-98	4,574	20	Leas
Rear Entrance Ranip @ Harlem St.	CMC Company -	527	28-Sep-98	3,300	20	Leas
Carpet @ Harlem Street	Wholesale Carpet Outlet	527	14-Nov-00	1,246	5	Leas
Plumbing & Fire Conversions	CMC Company -	529	05-Feb-98	4,574	20	Leas
Plumbing & Fire Conversions	CMC Company -	531	05-Feb-98	24,096	20	Leas
Office Conversion to Shower Room	OV Valley LLC - Herman	531	18-Feb-98	14,500	20	Leas

FY Total \$ 2,801,762
 FY Disposals Total \$ -
 FY Additions Total \$ -
 Last FY Total \$ 2,801,762

FY 2013 - Disposals

Description	Vendor	RU	Date	Amount	Life	TAB
\$						

FY 2013 - Additions

Description	Vendor	RU	Date	Amount	Life	TAB
\$						

See Independent Auditor's Report.

**VALLEY HEALTHCARE SYSTEM
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
SCHEDULE OF STANDARDIZED FINANCIAL STATEMENTS - BALANCE SHEET
FOR COMPREHENSIVE AND MR/DD FACILITIES
ACCRUAL BASIS**

June 30, 2013

ASSETS

CURRENT ASSETS:		
1	Cash	\$ 3,347,215
2	Short-term investments	-
3	Accounts receivable - BHHF	1,212,356
4	Accounts receivable - Client	114,548
5	Accounts receivable - Medicaid	345,747
6	Accounts receivable - Medicaid MR/DD Waiver	788,164
7	Accounts receivable - Other	134,939
7a	Allowance for doubtful accounts	(207,499)
8	Inventory	300
9	Prepaid/Other	<u>118,180</u>
10	TOTAL CURRENT ASSETS (total of lines 1-9)	5,853,950
NON-CURRENT ASSETS:		
FIXED ASSETS		
11	Property, land, and equipment - BHHF	3,279,853
12	Less accumulated depreciation	(2,878,728)
13	Property, land, and equipment - Other	3,732,229
14	Less accumulated depreciation	<u>(2,459,052)</u>
15	Total property, land, and equipment (NET)	1,674,302
OTHER NON-CURRENT ASSETS:		
16	Long-term investments	121,874
17	Other	<u>-</u>
18	TOTAL ASSETS (Total of lines 10, 15, 16, and 17)	<u>\$ 7,650,126</u>

LIABILITIES

CURRENT LIABILITIES:		
19	Accounts payable	\$ 461,332
20	Taxes payable	245,605
20a	Provider taxes payable	(4,271)
21	Line of credit - payable	-
22	Short-term notes payable	55,306
23	Accrued expenses	885,099
24	Other current liabilities	<u>1,234,040</u>
25	TOTAL CURRENT LIABILITIES (Total of lines 19-24)	2,877,111
LONG-TERM LIABILITIES		
26	Long-term notes payable	363,874
27	Other long-term liabilities	<u>1,365,511</u>
28	TOTAL LIABILITIES (Total of lines 25, 26, and 27)	4,606,496
NET ASSETS		
29	Unrestricted net assets	\$ 3,043,630
30	Board designated net assets	-
31	Permanently restricted net assets	<u>-</u>
32	TOTAL LIABILITIES AND NET ASSETS (Total of lines 28-31)	<u>\$ 7,650,126</u>

See Independent Auditor's Report

**VALLEY HEALTHCARE SYSTEM
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
SCHEDULE OF STANDARDIZED FINANCIAL STATEMENTS
STATEMENT OF ACTIVITIES FOR COMPREHENSIVE AND MR/DD FACILITIES
ACCURAL BASIS**

Year Ended June 30, 2013

REVENUE AND SUPPORT

1	Charity Care	\$ -
1a	Charity Care (BHFF target funds)	(732,744)
1b	Charity Care (BHFF non-target funds)	(1,091,644)
1c	Charity Care	-
1d	Charity Care	-
1e	Charity Care	-
1f	Charity Care	-
1g	Charity Care	(182,414)
1h	Contractual write-off charity	-
1i	Charity Care revenue	1,824,388
1j	Supportive/Alternative Services Revenue	182,414
	Total (Should equal zero)	<u>-</u>
2	Gross client service revenue	13,257,559
3	Contractual adjustments (Target funds)	(345,279)
3a	Contractual adjustments (Non-target funds)	<u>(988,045)</u>
5	Net client service revenue	11,924,235
	Net client service revenue	
6	Medicaid (Target funds)	-
6a	Medicaid (Non-target funds)	1,977,434
7	Medicaid MR/DD waiver (Non-target funds)	9,056,724
8	ICF/MR (Non-target funds)	-
9	Private pay (Non-target funds)	646,678
9a	Private pay (BHFF target funds)	-
9b	Private pay (BHFF non-target funds)	-
10	Other client service revenue (Target funds)	-
10a	Other client service revenue (Non-target funds)	<u>243,399</u>
11	Total net client service revenue (Line 11 must agree with line 5)	11,924,235
12	BHFF support	6,600,413
13	Other/Public support	89,548
14	Other	<u>309,772</u>
15	TOTAL REVENUE AND SUPPORT (Total of lines 11-14)	<u>18,923,968</u>
	EXPENSES	
16	Salaries	10,142,207
17	Fringe benefits	2,372,333
18	Contractual services	2,157,436
19	Provider tax	393,779
19b	Bad debt	21,563
	Bad debt (BHFF target funds)	-
19c	Bad debt (BHFF non-target funds)	-
20	Depreciation expense	282,847
21	Other expenses	<u>2,870,817</u>
22	TOTAL EXPENSES (Total of lines 16-21)	<u>18,240,982</u>
23	NET INCOME (LOSS)	<u>\$ 682,986</u>

See Independent Auditor's Report

**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**

To the Board of Directors
Valley HealthCare System
Morgantown, West Virginia

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 Valley HealthCare System (the Corporation), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated March 20, 2014.

Internal Control Over Financial Reporting

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

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

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 Corporation's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying schedule of findings and questioned costs as item 2013-01 to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free of 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 instances of noncompliance or other matters that are required



to be reported under Government Auditing Standards and which are described in the accompanying schedule of findings and questioned costs as item 2013-01

The Corporation's Response to Findings

The Corporation's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The Corporation's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

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 Corporation'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 Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

J. Adams & Kanosh, A.C.

Charleston, West Virginia
March 20, 2014

DHHR - Finance

MAR 26 2014

Date Received

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH
MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY WITH OMB CIRCULAR A-133**

To the Board of Directors
Valley HealthCare System
Morgantown, West Virginia

Report on Compliance for Major Federal Program

We have audited Valley HealthCare System's (the Corporation) compliance with the types of compliance requirements described in OMB Circular A-133 *Compliance Supplement* that could have a direct and material effect on the Corporation's major federal program for the year ended June 30, 2013. The Corporation's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance of the Corporation's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the major federal program occurred. An audit includes examining, on a test basis, evidence about the Corporation'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 the federal program. However, our audit does not provide a legal determination of the Corporation's compliance.

Opinion on Major Federal Program

In our opinion, the Corporation complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2013.

VALLEY HEALTHCARE SYSTEM
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS
 Year Ended June 30, 2013

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's reports issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified that are not considered to be material weakness(es)? Yes None reported
- Noncompliance material to financial statements noted? Yes No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified that are not considered to be material weakness(es)? Yes 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 section 501(a) of Circular A-133? Yes No

Identification of Major programs:

CFDA Number

Name of Federal Program or Cluster

93.959

Prevention and Treatment of Substance Abuse

Dollar threshold used to distinguish between type A and type B programs:

\$300,000

Auditee qualified as low-risk auditee?

Yes No

VALLEY HEALTHCARE SYSTEM
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended June 30, 2013

Section II - Financial Statement Findings

2013-01 Compliance Implementation and Completion

Condition:

The Corporation's process to identify new or modified compliance requirements for implementation in a timely manner did not function effectively and noncompliance material to the financial statements occurred

Criteria:

Internal controls should be in place that ensure new or modified compliance requirements are implemented in a timely manner.

Effect:

The Corporation failed to identify and implement relevant compliance requirements in the Waiver Program and the Targeted Case Management Program. The Corporation received requests for reimbursements of \$1,092,534 due to noncompliance in the waiver program. In addition, the Corporation will voluntarily submit repayment for services identified as being non-compliant within the Targeted Case Management Program in the amount of \$27,469.

Cause:

The Corporation has not formally assigned authority for clinical compliance within the organization, and responsibility for completing the implementation of new or modified compliance requirements and related changes to operating procedures has not been formally established, resulting in a breakdown of communication and accountability. Additionally, the Corporation performs oversight over clinical compliance using monitoring procedures that do not monitor all relevant compliance requirements.

Recommendation:

We recommend that the agency reorganize its operating structure to ensure that responsibility for identifying and implementing compliance requirements and related changes to operating procedures is clearly established. We further recommend that oversight of clinical compliance include monitoring of all relevant compliance requirements.

Management's Response:

In response to the audit findings, the Board of Directors has contracted with a consulting firm to provide a full review of compliance procedures. Additionally, the Board of Directors has also modified its bylaws to create a Corporate Compliance Committee in order to provide more compliance oversight and an additional Utilization Manager has been employed in order to provide more timely compliance audits.

VALLEY HEALTHCARE SYSTEM
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended June 30, 2013

Section III - Federal Award Findings and Questioned Costs

None



Gibbons & Kawash, A.C.
300 Chase Tower
707 Virginia Street, East
Charleston, WV 25301

This representation letter is provided in connection with your audit of the financial statements of Valley HealthCare System (the Corporation), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, the following representations made to you during your audit.

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 14, 2013, including our responsibility for the preparation and fair presentation of the financial statements.
- The financial statements referred to above are fairly presented in conformity with U.S. GAAP.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed. Except for the settlement of litigation and noncompliance identified in the Medical Waiver and Targeted Case Management programs,

the liability for which is reported in the financial statements, no events, including instances of noncompliance, have occurred subsequent to the statement of financial position date and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements or in the schedule of findings and questioned costs.

- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to the representation letter.
- The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. GAAP.
- Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
- Guarantees, whether written or oral, under which the Corporation is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
- As part of your audit, you assisted with the preparation of the financial statements and related notes and schedule of expenditures of federal awards. We acknowledge our responsibility as it relates to those nonaudit services, including that we assume all management responsibilities; oversee the services by designing an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for the results of the services. We have reviewed, approved, and accepted responsibility for those financial statements and related notes and schedule of expenditures of federal awards.

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters, and all audit or relevant monitoring reports, if any, received from funding sources.
 - Additional information that you have requested from us for the purpose of the audit.
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
- All material transactions have been recorded in the accounting records and are reflected in the financial statements and the schedule of expenditures of federal awards.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the Corporation and involves:
 - Management,
 - Employees who have significant roles in internal control, or

- Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud or suspected fraud affecting the Corporation's financial statements communicated by employees, former employees, grantors, regulators, or others.
- Other than as made known to you and reported in the financial statements, we have no knowledge of any instances of noncompliance or suspected noncompliance with provisions of laws, regulations, contracts, or grant agreements, or abuse whose effects should be considered when preparing financial statements.
- We have disclosed to you all known actual or possible litigation, claims, and assessment whose effects should be considered when preparing the financial statements.
- We have disclosed to you the identity of the Corporation's related parties and all the related party relationships and transactions of which we are aware.
- The Corporation has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
- We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of fraud and noncompliance with provisions of laws and regulations that we believe have a material effect on the financial statements or other financial data significant to the audit objectives, and any other instances that warrant the attention of those charged with governance.
- We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of noncompliance with provisions of contracts and grant agreements that we believe have a material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.
- We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of abuse that could be quantitatively or qualitatively material to the financial statements or other financial data significant to the audit objectives.
- The Corporation is an exempt organization under Section 501(c)(3) of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the organization's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.
- We acknowledge our responsibility for presenting the schedule of expenditures of state awards, BHHF funding status, BHHF assets - equipment and automobiles - cumulative property schedule, BHHF assets - leaseholds, land, and buildings - cumulative property schedule, and schedule of standardized financial statements in accordance with U.S. GAAP, and we believe these schedules, including their form and content, are fairly presented in accordance with U.S. GAAP. The methods of measurement and presentation of these schedules have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplementary information.

With respect to federal award programs:

- We are responsible for understanding and complying with, and have complied with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, including requirements relating to preparation of the schedule of expenditures of federal awards.
- We acknowledge our responsibility for presenting the schedule of expenditures of federal awards (SEFA) in accordance with the requirements of OMB Circular A-133 §310.b, and we believe the SEFA, including its form and content, is fairly presented in accordance with the Circular. The methods of measurement or presentation of the SEFA have not changed from those used in the prior period, and we have disclosed to you any significant assumptions and interpretations underlying the measurement or presentation of the SEFA.
- If the SEFA is not presented with the audited financial statements, we will make the audited financial statements readily available to the intended users of the SEFA no later than the date we issue the SEFA and the auditor's report thereon.
- We have identified and disclosed to you all of our government programs and related activities subject to OMB Circular A-133 and included in the SEFA expenditures made during the audit period for all awards provided by federal agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other direct assistance.
- We are responsible for understanding and complying with the requirements of laws, regulations, and the provisions of contracts and grant agreements related to each of our federal programs and have identified and disclosed to you the requirements of laws, regulations and the provisions of contracts and grant agreements that are considered to have a direct and material effect on each major program.
- We are responsible for establishing and maintaining, and have established and maintained, effective internal control over compliance requirements applicable to federal programs that provides reasonable assurance that we are managing our federal awards in compliance with laws, regulations, and the provisions of contracts and grant agreements that could have a material effect on our federal programs. We believe the internal control system is adequate and is functioning as intended.
- We have made available to you all contracts and grant agreements (including amendments, if any) and any other correspondence with federal agencies or pass-through entities relevant to federal programs and related activities.
- We have received no requests from a federal agency to audit one or more specific programs as a major program.
- We have complied with the direct and material compliance requirements (except for noncompliance disclosed to you), including when applicable, those set forth in the *OMB Circular A-133 Compliance Supplement*, relating to federal awards and have identified and disclosed to

you all amounts questioned and all known noncompliance with the direct and material compliance requirements of federal awards.

- We have disclosed any communications from grantors and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
- We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditor's report.
- Amounts claimed or used for matching were determined in accordance with relevant guidelines in OMB Circular A-122, *Cost Principles for Nonprofit Organizations*, and Subpart C, *Cost Sharing and Matching*, of OMB Circular A-110, *Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations*.
- We have disclosed to you our interpretation of compliance requirements that may have varying interpretations.
- We have made available to you all documentation related to compliance with the direct and material compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements.
- We have disclosed to you the nature of any subsequent events that provide additional evidence about conditions that existed at the end of the reporting period affecting noncompliance during the reporting period.
- There are no such known instances of noncompliance with direct and material compliance requirements that occurred subsequent to the period covered by the auditor's report.
- No changes have been made in internal control over compliance or other factors that might significantly affect internal control, including any corrective action we have taken regarding significant deficiencies in internal control over compliance (including material weaknesses in internal control over compliance), have occurred subsequent to the date as of which compliance was audited.
- Federal program financial reports and claims for advances and reimbursements are supported by the books and records from which the basic financial statements have been prepared.
- The copies of federal program financial reports provided you are true copies of the reports submitted, or electronically transmitted, to the respective federal agency or pass-through entity, as applicable.
- We have charged costs to federal awards in accordance with applicable cost principles.
- We are responsible for and have accurately prepared the summary schedule of prior audit findings to include all findings required to be included by OMB Circular A-133, and we have

provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.

- We are responsible for and have accurately prepared the auditee section of the Data Collection Form as required by OMB Circular A-133.
- We are responsible for preparing and implementing a corrective action plan for each audit finding.
- We have identified to you any previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.

Cheryl Perone
Cheryl Perone
Executive Director CEO
03/20/14
Date

Paul E. Thobois
Paul Thobois
Controller
3-20-14
Date

Greg Demasi
Greg Demasi
CFO
03/20/2014
Date

Matt Bauman
Matt Bauman
Controller
3/20/2014
Date

DHHR - Finance

MAR 26 2014

Date Received

Valley HealthCare System
Schedule of Uncorrected Misstatements
June 30, 2013

Description	Financial Statement Effect - Overstatement (Understatement) of:					
	Total Assets	Total Liabilities	Net Assets	Revenues	Expenses	Change in Net Assets
Overstatement of accrued expenses	\$ -	\$ 42,950	\$ (38,200)	\$ -	\$ 4,750	\$ (4,750)
Understatement of grant revenue	-	-	-	(48,899)	-	(48,899)
Total	\$ -	\$ 42,950	\$ (38,200)	\$ (48,899)	\$ 4,750	\$ (53,649)



Valley HealthCare System Board of Directors
301 Scott Avenue
Morgantown, WV 26508

March 18, 2014

Directors,

Valley HealthCare System appreciates the work performed by the auditors of Gibbons and Kawash for our annual financial audit and we've had the opportunity to review recommendations addressed related to our compliance program in the management letter received. Compliance is an ever evolving process for any business, but it is especially challenging in the field of behavioral health services where you have multiple programs regulated by a myriad of state, federal and payor based rules and regulations that are constantly changing. We appreciate the feedback provided by our auditors and would like to respond regarding our efforts that have been implemented in the Waiver program since most of the interview process and documentation reviewed focused more on the mental health and substance abuse divisions. Several new processes were implemented in the Waiver program immediately upon notification of the non-compliant background checking procedure, and a new monitoring system to track mandated trainings was implemented.


We hired an additional UM Manager, who has Waiver program experience and will be tasked with assisting in the audit process for Waiver. We recognize and agree with the findings of our auditors that a more intense compliance presence is required to monitor a program with so many detailed requirements. The Waiver manual requires a self-audit every other year, but we believed that due to the potential risk of such a large program, monthly reviews of service coordination and therapeutic consultation services needed to be conducted, and semi-annual self-audits, which are more comprehensive, be completed. Additionally, we are adding a component to both reviews that will test for training compliance. The UM Manager in the Waiver program is also tracking all training on a daily basis to insure that all staff providing services to any client is properly trained and supervisors notified.

The Utilization Management Department has continually provided ongoing feedback to Division Directors and Supervisors, but we agree that timelier reporting of audit results is necessary, which will be accomplished with our expanded audit potential. In addition to the Monthly Services Review, the UM Department has always availed itself for additional training and has always had training materials, sample documentation and guidelines available on the agency's intranet site as resources. A program instruction process was developed and implemented last year to insure that new regulations or changes to existing regulations are communicated immediately to Division Directors and Supervisors. Training, if

indicated, is provided to Division Directors and Supervisors through the UMQA committee or at monthly Supervisor's meetings. In January, 2013, each supervisor was required to develop improvement plans for staff that had scores on the Monthly Services Review of 70% or lower. In May, 2013, each program was required to develop a program compliance plan, and the Director of Corporate Compliance provided detailed feedback to the CEO, who then communicated the feedback to the Division Directors to improve the plans. The plans have gone through a second revision and given additional feedback, which has produced much improved plans.

The addition of a Corporate Compliance Committee of the Board will be a welcomed vehicle for formally assigning compliance authority and to provide a forum to share compliance related data with members of the Board. Additionally, we anticipate an opportunity to learn from experts in the field, through the MTM Compliance Contract, to configure our system that will assist us in promoting a compliant culture within our programs, agency and community.

Sincerely,


Cheryl Perone, Licensed Psychologist
President and Chief Executive Officer


Phyllis K. Gore, RHIA
Director of Corporate Compliance and Quality Management

DHHR - Finance

MAR 26 2014

Date Received

March 20, 2014

To Management and the Board of Directors
Valley HealthCare System
Morgantown, West Virginia

As disclosed in our 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 and in the Schedule of Findings and Questioned Costs, Valley HealthCare System's (the Agency's) process to ensure new or modified compliance requirements are implemented in a timely manner did not function effectively. In an effort to identify the breakdown in internal control within the entity, we extended our procedures performed in connection with our audit of the financial statements to include additional analysis of compliance documentation including APS reports, the fiscal year 2012 Waiver self audit and summary, monthly service review reports, training materials, and compliance policies and procedures. Additionally, extensive interviews were conducted with a sample of 16 individuals from each staff level and multiple departments throughout the Agency, encompassing entry-level to management-level individuals, in an effort to evaluate the compliance process and procedures in place at the Agency.

Below, we have included examples of process failure due to the lack of follow-up and completion in a timely manner, identified during our extended evaluation of compliance procedures:

- 1 The Agency identified the compliance requirement related to fingerprinting in the Criminal Investigative Background Checks when the new Waiver manual became effective in 2011; however, this was not completed by the required implementation date which resulted in the Agency being notified by external monitoring entities of likely reimbursements of amounts periodically billed and collected.
- 2 The Agency identified the compliance requirement to document medical necessity for all patients through an updated Targeted Case Management form two years ago; however, the new form was not implemented. As a result, the use of the original form disqualified the patients from Targeted Case Management eligibility. Although there has not been a request for reimbursement to date, we understand the Agency plans to voluntarily submit repayment for services identified as being non-compliant.
- 3 Program Compliance Plan 2013-02 was effective May 1, 2013, requiring each program to develop its own compliance plan to insure the delivery of service, and adherence to all requirements of payors and regulators. We noted that each program completed a plan; however, there was no communication or feedback regarding these plans by management or the Quality Assurance Department and the status of the program compliance plans are not known to the clinical personnel in each program. In addition, program compliance should not be the sole responsibility of the clinical programs. A discussion of the responsibility for compliance evaluation and performance is included in this letter.

Through analysis of the interview responses, we noted that all levels of staff are uncertain as to which departments or individuals have the authority for implementing compliance requirements, making it difficult to establish responsibility and accountability relating to clinical compliance. As reported in the Schedule of Findings and Questioned Costs, we recommend that the agency reorganize its operating



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structure to ensure that responsibility for implementing compliance requirements and related changes to operating procedures is clearly established. This letter expands on our recommendation for reorganizing the operating structure to include a greater focus on follow-up and oversight relating to clinical compliance, thereby increasing responsibility and accountability for clinical compliance within the agency. Our recommendation for changes to the operating structure has been classified into three interrelated categories: Formalizing Clinical Compliance Responsibility, Utilization of Communication Forums, and Monitoring Clinical Compliance

Formalizing Clinical Compliance Responsibility

Based on our testing, we concluded that compliance requirements, once identified, are not implemented due to a perceived lack of direction or authority. We recommend that the Clinical Director be elevated to the Management Team to establish authority for all clinical services, including clinical compliance. We further recommend that the Department of Compliance and Quality Support be transitioned into a Supportive Function, reporting to the Clinical Director, and that this be reflected through the formal Organizational Chart. This transition establishes a clear line of responsibility for implementing compliance requirements upon identification, performing monitoring procedures, and following up on matters identified during monitoring.

Utilization of Communication Forums

In performing our interviews with the staff, a frequent comment and recommendation for improvement within the Agency was communication. Responses indicated that meetings attended were informal, with no clear decision or action plan developed, resulting in uncertainty with regard to responsibilities or authority of the participants to implement change. We recommend that the role of current communication forums in place, including the Clinical Care Review Committee (CCRC) and the Utilization Management Quality Assurance (UMQA) Committee be expanded to improve the flow of communication within the Agency.

We recommend that the CCRC be formally assigned the responsibility for determining the compliance requirements applicable to current programs and programs to be implemented in the future. As part of the restructuring of the role of the CCRC, we recommend that the role of the CCRC be incorporated into the governing documents and organizational chart of the Agency. In addition, the clinical director position should serve as the permanent chairman of the CCRC.

Upon identification of a new compliance requirement, changes in an existing requirement, or inception of a new program, we recommend that a formal action plan be prepared to document assignments and responsibilities within the CCRC for drafting the new or revised procedure and submitting it to the Management Team and Board of Directors for approval. Once approved, the new or revised procedure should be formally implemented and referenced during training of new staff or the retraining of current staff. We further recommend that the action plan be documented in writing, identify individuals responsible for completing assignments, and include deadlines for assigned items or responsibilities. Formal follow-up of the action plan items should be a standard agenda item in subsequent meetings to promote accountability and timely implementation of new or revised procedures.

The UMQA Committee, which includes the Program Managers and Supervisors, creates the necessary forum to discuss the new or revised procedures and the process for implementation; including a discussion on the impact of implementation in their Programs and Departments, and any necessary training for staff. With this in mind, we also recommend that the UMQA Committee include representatives from the billing department and human resources department, to learn and discuss new



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compliance requirements and procedures before implementation, to take back to their departments and prepare for the upcoming change during the implementation process rather than correcting compliance issues that result from improper implementation. We further recommend that an action plan be developed detailing assignments and responsibilities to complete to ensure effective implementation. We noted that supervisors are responsible for training upon hire, when staff members are underperforming, or upon the implementation of new compliance requirements. To assist supervisors with their responsibility for training personnel in their programs, we recommend that all supervisors be trained by the Quality Assurance Department when implementing new compliance requirements or changes in existing requirements. This will enhance the supervisors' capability to provide effective training to the staff. The status of the action plan, including supervisor training, should be referenced in subsequent meetings and the progress of implementation reported to the CCRC Committee.

During our interviews, we also found that the Quality Assurance Department personnel are only available on a limited basis to assist clinical personnel with compliance questions. This limited access appears to create inefficiencies in clinical activities. Because the clinical department is directly involved in carrying out the mission of the Agency to serve its patients and generates the operating revenue of the Agency, we recommend that the needs of the clinical programs be prioritized and that on site immediate access to Quality Assurance Department personnel be available for clinical program personnel.

Monitoring Clinical Compliance

We noted that the Quality Assurance Department currently monitors compliance through monthly service reviews; however, we identified opportunities for improvements in the monitoring process in the following areas:

- 1 As noted above, supervisors are responsible for training staff; therefore, we recommend that the Quality Assurance Department be involved in training the supervisors when deficiencies in clinical compliance are identified.
- 2 We recommend that the monthly service review testing objectives be expanded to include all requirements tested during external monitoring.
- 3 We noted that results of reviews are sometimes received 6-8 weeks after the service was provided; therefore, we recommend more timely communication of results to supervisors.
- 4 We noted that the Quality Assurance Department provides reports documenting issues identified during the review that need improvement; however, detailed instructions, examples, or trainings are not provided to the supervisors and staff to effectively correct the noncompliance identified.

To increase the effectiveness of training within the Agency, we recommend that the Quality Assurance Department develop training materials and provide training to supervisors upon implementation of new compliance requirements or any changes to existing requirements, as well as provide training to supervisors when a deficiency is identified in their program during the monthly service review. Ensuring supervisors receive adequate training and providing supervisors with training materials to use when they hold staff training will improve the overall effectiveness and consistency of training throughout the Agency. We further recommend that all new staff be provided position-specific training on compliance requirements from the Quality Assurance Department to increase effectiveness of initial compliance training.



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We recommend that the Quality Assurance Department modify their approach to the Monthly Service Review to provide more effective monitoring of clinical compliance within the Agency. We recommend that the Agency use a risk analysis approach to determine programs with the largest potential paybacks if found to be in noncompliance through external monitoring activities. This process usually results in the largest and most complex programs receiving additional monitoring. Once identified, we recommend that the Quality Assurance Department expand on the monthly service review testing objectives currently in place to encompass the full requirements included in third party audits of these programs; therefore, increasing the effectiveness of monitoring within these programs by indentifying all deficiencies prior to receiving requests for reimbursement from external monitoring entities. In connection with our recommendation to expand reviews to encompass the full requirements included in third party audits of these programs, we recommend that the Quality Assurance Department have access to certain documentation maintained in the Human Resources Department, to ascertain that individuals are meeting all compliance requirements tested by external monitoring entities.

As noted above, we recommend that results of Monthly Service Reviews be communicated more timely to reduce inefficiency and prolonged noncompliance. We recommend that the results be released upon completion of each program, rather than releasing the results of all programs simultaneously. Providing more timely results to supervisors will allow them to promptly address noncompliance with staff, provide necessary training, and develop a clinical improvement plan. Also, the prompt development of the clinical improvement plan will assist in improving the effectiveness and timeliness of addressing noncompliance. A more timely communication of noncompliance will improve the efficiency of follow up procedures.

We further recommend that the Quality Assurance Department hold a face to face exit conference with Program Supervisors immediately upon completion of the Monthly Service Review to directly communicate results and any recommendations. In the exit conference, we recommend that the Quality Assurance Department fully address any deficiencies noted, and provide detailed instructions regarding how to address the noncompliance matters identified. We further recommend that upon identification of a deficiency, the Quality Assurance Department provide detailed examples of a Progress Note, Treatment Plan, or other documents that meet compliance requirements that the supervisor can then use as an effective training tool with their staff.

Finally, every program should receive an annual review by the Quality Assurance Department, to compare the current regulations against Valley's clinical procedures and practices to ensure that Valley is in compliance with all applicable regulations. From this review, an Annual Compliance Report should be prepared for each program stating that all regulations were reviewed and the program is in compliance with all applicable regulations. For program areas with regulation changes, the Annual Compliance Report should clearly identify the regulation changes, the service areas impacted, staff impacted, training requirements, and training completion dates.



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This report is intended solely for the information and use of the Board of Directors and management, and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

William J. Kanash, A.C.

DHHR - Finance

MAR 26 2014

Date Received