JUL 2 8 2017

West Virginia Department of Health & Human Resources **Sworn Statement of Grant Receipts and Expenditures**

Grant Number: Grantee Name:				
G1700109	r 1700 kg Young Women Christian Association		n	
Grantee FEIN:		WVFIMS Vendor #:	Contact Phone Numi	er:
5503570	1103		304.23	2-0511
Grantee Mailing Address:				
1100 Chapl	ine St Wheel	ina. WY 260	103	
Total Grant Amount:	ALE MENT WATER IN	Period Covered:		
328, 388	, Advie	July 1, 2011	p-June 3	0,2017
	G	irant Receipts		
Invoice Number	Invoice Period Covered	Invoice Amount	Date Received	Amount Received
	July 2016	21.881.00	011010	21,881.00
2	Hugust 2011e	21,844.00	1011010	21, 844,00
.3	September 2016	21,894.00	109-10-16	21,894.00
Ц	October 2016	24,083.00	10-10-16	24,083.00
5	November 2016	24.083.00	11.10.16	24,013.00
(0	December 20110	24.083.00	112-10-16	24,083.00
7	JONUARY 2017	27.3/0/00	101-10-17	27,360000
8	Februaryzarz	773/1000	02-10-17	27.3/0/0C
ä	morch Jail	27.3/1/200	03-10-17	27 3/1/200
10	Maril 2017	3/12/100	DU. 10.17	3/2/34/00
19	100 3017	31, 12/100	05.10.17	36,127,00
13	11/1/20 3013	39.131100	87. 10-19	31,129,00
14	JULIE SOIT	36,129.00	100.1011	300 200
		To	tal Grant Receipts	268, 300
	Gra	nt Expenditures		
Fyn	enditures	Description/	Examples	Amount Expended
	Enditures	Salaries and		105 1071
Personnel		Suluites und	rvuges	73 1010
Fringe Benefits	Let De la constitution of the latest and the latest			20,019
Equipment and Other Capit	tal Expenditures	000 0 11 0		In OTE
Materials and Supplies		Office Supplies, Po.		210,915
Professional Service Costs		Contracts, Consultants		34,656
Rental Costs		Office Space, t	Equipment	
Other		Telephone, Utilities		6151
Subgrants				
Indirect Cost				
		Total G	rant Expenditures	328,388
	Ending	unds Balance (Receip	ts Evnandituras)	
	•			
This is to certify that I have	reviewed the Statement of Gro and belief, said statement repre	int Receipts and Expenditu	res submitted herewit	h and, to
uie vest oj my knowiedge evnenditure of funds araat	ana belley, sala statement repre ed by the State of West Virginia	sems on jinuncial activities. Department of Health ar	nd Human Resources to) use unu
		and that the expenditure	s reported were for the	e purposes intended
	applicable laws, regulations an	nd terms and conditions of	the grant documents.	The Statement
of Grant Receipts and Expe	enditures is presented on the (Ci		basis of accounting a	nd is supported
by our financial records an	d related documentation	S. A.		1 1
Authorized Signature:	Courtney der	newalt	Date:	7/26/2017
Printed Name and Title:	Courtney Se	Mewalt Bu	siness mo	moner
	ed before me this 2 day of	July, 20 17.		y
	ed Deloie life tills C. Cuay of	201	-	
/				
Notary Public Signature:	Deceman 4	2007	9197	HEATHER A. LA
/	December 4	2021		Notary Public Officia State of West Virgi
Notary Public Signature:	December 4	2021		HEATHER A. LAI Notary Public Officia State of West Virg My Comm. Expires Dec JHL Tax Service 1213 Mar

Independent Accountant's Report On Applying Agreed Upon Procedures July 1, 2016 to June 30, 2017

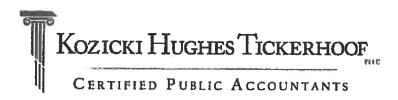
DHHR - Finance

SEP 8 0 2019

Date Received

DHHR - Finance

SEP 30 1



Dan Wilson, CPA, MBA (deceased) 1955-2013

Dennis Kozicki, CPA Nancy Hughes, CPA Aimee Tickerhoof, CPA

Jayetee Herron, CPA



The Maxwell Centre 32 Twentieth Street Suite 300 Wheeling, WV 26003

304 232-2280 Fax 304 232-2322

CERTIFIED PUBLIC ACCOUNTANTS

Independent Accountant's Report on Applying Agreed-Upon Procedures

To the Board of Directors of the Young Women's Christian Association of Wheeling, WV:

We have performed the procedures enumerated below, which were agreed to by the Young Women's Christian Association of Wheeling, WV (YWCA) and the West Virginia Department of Health and Human Resources (DHHR) related to YWCA's compliance with DHHR Grant G170069 during the period July 1, 2016 to June 30, 2017. The YWCA's management is responsible for its compliance with the specified requirements of the grant. The sufficiency of these procedures is solely the responsibility of the specified parties. Consequently, we make no representation regarding the sufficiency of the procedures enumerated below either for the purpose for which this report has been requested or for any other purpose.

Findings

The procedures and associated findings are as follows:

Agreed Upon Procedures

	
Review the grant agreement and any related documents to ascertain the purpose for which the funds were awarded and the terms and conditions associated with the state grant.	See Exhibit A.
Verify whether funds received under the grant were correctly authorized, recorded and deposited into the appropriate organizational accounts.	No exceptions noted.
Review all costs (as listed on the sworn statement of expenditures) and related transactions associated with the grant to verify whether:	
A - Costs were approved by the DHHR, if required.	No exceptions noted.
B - Costs conform to the allowability of costs provisions or limitations in the program agreement, program regulations, or program statute.	No exceptions noted.
C - Costs represent charges for actual costs, not budgeted or projected amounts.	No exceptions noted.

D - Costs are given consistent treatment within and between accounting periods. Consistency in accounting requires that costs incurred for the same purpose, in like circumstances, be treated as either direct costs only or indirect costs only with respect to final cost objectives.

No exceptions noted.

E - Costs are net of all applicable credits (e.g. volume or cash discounts, insurance recoveries, refunds, rebates, trade-ins, adjustments for checks not cashed, and scrap sales).

No exceptions noted.

F - Costs are not included as both a direct billing and as a component of indirect costs.

No exceptions noted.

G - Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, canceled checks, and time and attendance records), and correctly charged as to account, amount and period.

1 exception noted from 1,716 transactions - See Exhibit B.

Inquire and report upon the status of any findings, contingencies or other deficiencies discovered during the current engagement or described in any prior agreed-upon procedures report (if applicable) that could negatively affect administration of the DHHR grant and related program/project.

No exceptions noted.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on compliance with the specified requirements. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

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

Koricki Hughes Tickerhoof Perc Wheeling, West Virginia, September 27, 2019.

DHHR - Finance

SEP 3 0 2019

Tinte Generion

Exceptions Noted

Compliance Requirement

G - Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, canceled checks, and time and attendance records), and correctly charged as to account, amount and period.

1 exception noted from 1,716 transactions

Lack of appropriate documentation:

Exception Noted	Expenditure Category (Account) Amount		Period	
1	Other	200.00	November 2016	

Date Received

West Virginia Department of Health & Human Resources

SWORN STATEMENT OF EXPENDITURES			
Grantee Name:			
G170578 Young Womer	Christian	Associat	ion
Grantee FEIN:	VAVOASIS / lat	mact Name:	
55035 1063		Courtney	Senoewalt
Contact Email Address:	TOWN OF THE PERSONS	Contact Phone:	
b monager@ywcawhee	ting.org	304.232	0511
Grantee Mailing Address:			
1100 Chapline St. Whee	ling WV 2	4003	
Total Amount of Grant Award:	Grant Period:	0.0	
156,100.00	10/01/2010	through 09	130/2017
Market of the second of the se		J	
Grant Revenu Revenue Categories	es (received and antidip Comme		
Amount Received	Commi	:nt5	Amount
Amount Anticipated			119,796,91
Amount Anticipated			1.200.0-
	Tot	al Grant Revenues	118,946,41
Grant Expenditures (all)	wable costs expended	by the grantee) i	一种的工程型 加强
Expenditure Categories	Comme		Amount
Personnel			46.466.35
Fringe Benefits			5.284.94
Equipment			
Supplies			4 142.51
Contractual Costs			
Construction			
Other			26,790:107
Indirect Cost			36.312.50
-	Total G	irant Expenditures	118 901.97
			1 1/0/1 1 1/0/1
Ending G	rant Balance (Revenu	es – Expenditures)	
	Grant Funds Rete	irned to the DHHR	
By signing this report, I certify to the best of my knowledge	and heliof that the renort	is true complete and	accurate and that the
expenditures, disbursements and cash receipts are for the p	ourposes and objectives se	t forth in the terms an	d conditions of the Federal
(and/or State) award. I am aware that any false, fictitious	or fraudulent information	, or the omission of an	y material fact, may
subject me to criminal, civil or administrative penalties for j Section 1001 and Title 31, Sections 3729–3730 and 3801–38		ise claims or otherwise	. (U.S. Code Title 18,
A	,,.		
Authorized Signature:	alunt:	Date:	01-03-18
Printed Name and Title:	REWOLF BUS	iness mo	noner
Taken, sworn and subscribed before me this day.of	May 2018.	111111111111111111111111111111111111111	····
Notary Public Signature:	30)	Jean	
My Commission Expires:	1	A SHEET	HEATHER A. LAPP
100			State of the Official Seal
Revised May 2015		J WY	Comm. Expires Dec 4, 2021 Tax Service 1213 Market Street Wheeling WV 26003
		-	Wheeling WV 26003

Independent Accountant's Report On Applying Agreed Upon Procedures October 1, 2016 to September 30, 2017

DHHR - Finance SEP 3 0 2019



Dan Wilson, CPA, MBA (deceased) 1955-2013

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Jayetee Herron, CPA



The Maxwell Centre 32 Twentieth Street Suite 300 Wheeling, WV 26003

> 304 232-2280 Fax 304 232-2322

CERTIFIED PUBLIC ACCOUNTANTS

Independent Accountant's Report on Applying Agreed-Upon Procedures

To the Board of Directors of the Young Women's Christian Association of Wheeling, WV:

We have performed the procedures enumerated below, which were agreed to by the Young Women's Christian Association of Wheeling, WV (YWCA) and the West Virginia Department of Health and Human Resources (DHHR) related to YWCA's compliance with DHHR Grant G170578 during the period October 1, 2016 to September 30, 2017. The YWCA's management is responsible for its compliance with the specified requirements of the grant. The sufficiency of these procedures is solely the responsibility of the specified parties. Consequently, we make no representation regarding the sufficiency of the procedures enumerated below either for the purpose for which this report has been requested or for any other purpose.

The procedures and associated findings are as follows:

Agreed Upon Procedures	<u>Findings</u>
Review the grant agreement and any related documents to ascertain the purpose for which the funds were awarded and the terms and conditions associated with the state grant.	See Exhibit A.
· ·	
Verify whether funds received under the grant were correctly authorized, recorded and deposited into the appropriate organizational accounts.	No exceptions noted.
Review all costs (as listed on the sworn statement of expenditures) and related transactions associated with the grant to verify whether:	
A - Costs were approved by the DHHR, if required.	No exceptions noted.
B - Costs conform to the allowability of costs provisions or limitations in the program agreement, program regulations,	
or program statute.	No exceptions noted.
C - Costs represent charges for actual costs, not budgeted or projected amounts.	No exceptions noted.

D - Costs are given consistent treatment within and between accounting periods. Consistency in accounting requires that costs incurred for the same purpose, in like circumstances, be treated as either direct costs only or indirect costs only with respect to final cost objectives.

No exceptions noted.

E - Costs are net of all applicable credits (e.g. volume or cash discounts, insurance recoveries, refunds, rebates, trade-ins, adjustments for checks not cashed, and scrap sales).

No exceptions noted.

F - Costs are not included as both a direct billing and as a component of indirect costs.

No exceptions noted.

G - Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, canceled checks, and time and attendance records), and correctly charged as to account, amount and period.

6 exceptions noted from 484 transactions
- See Exhibit B.

Inquire and report upon the status of any findings, contingencies or other deficiencies discovered during the current engagement or described in any prior agreed-upon procedures report (if applicable) that could negatively affect administration of the DHHR grant and related program/project.

No exceptions noted.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on compliance with the specified requirements. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

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

Koniti Hnghes Tickerhoof Phic

Wheeling, West Virginia, September 27, 2019.

DHHR - Finance

SEP 3 0 2019

Purpose of Grant - Statement of Work

The Bureau for Behavioral Health and Health Facilities (BBHHF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Peer support, mutual aid meetings and safe living environments are effective components of the process.

Recovery Support Services provide opportunities of change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities. Peer support, Peer Coaching, Recovery Support Center Services, and Supports for Self Directed Care are effective components of the process.

Peer-Operated Recovery Homes provide safe housing for individuals, age eighteen (18) and older, who are recovering from substance use and/or co-occurring substance use and mental health disorders. These facilities are intended to assist individuals up to eighteen (18) months. Residents are encouraged to participate in outpatient and intensive services provided off site; no Medicaid reimbursable services will occur on site. Service areas provided for by the facility include: Prevention, Health Promotion and Wellness and Recovery Support Services.

Peer-Operated Recovery Homes will operate as a Level II Recovery Residence. Key components of a Level II Recovery Residence include but are not restricted to: drug screening, house/resident meetings, mutual aid/self-help meetings, structured house/resident rules, peer-run groups, and clinical treatment services accessed and utilized within the community. Staff positions include but are not restricted to a Certified Peer Coach and other Certified Peer staff. Resident capacity for Peer Operated Recovery Homes is 8 to 59 beds.

The Grantee will:

- 1) Expand the availability of safe, stable, substance-free, recovery housing;
- 2) Integrate the residents into a community network of treatment, recovery and other peer supports;
- 3) Prepare the residents to transition into independent, substance-free permanent housing.

Exceptions Noted

Compliance Requirement

G - Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, canceled checks, and time and attendance records), and correctly charged as to account, amount and period.

6 exceptions noted from 484 transactions

Expenses not incurred in proper period - October 1, 2016 to September 30, 2017:

Exception Noted	Expenditure Category (Account)	Amount	Period
1	Other	323.68	September 2016
2	Supplies	123.57	July 2016
3	Supplies	157.18	August 2016
4	Other	56.06	July 2015 to February 2016
5	Other	509.85	September 2016
6	Other	50.00	October 2017

MAY 0 8 2019

West Virginia Department of Health & Human Resources SWORN STATEMENT OF EXPENDITURES

Grant Number: Grantee Name: Grantee Name: Grantee Name:	men (bristian Associa	ATTEMATE
Grantee FEIN:	wiOASIS Vendor#: Contact Name:	
550357063	Courtne	N Sennewalt
ontact Email Address:	27 Physical Phones	
o monoger Euwcawheel	$\frac{1}{100}$ $\frac{1}$	5-0211
rantee Mailing Address:		
otal Amount of Grant Award:	Grent Period:	Sec 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
128. 325.00	10/21/11/11	CHANTA
120, 320.00	1 9 GITTLE MEDUGIN	150/11
Grant I	Revenues (received and anticipated)	
Revenue Categories	Comments	Amount
mount Received		104.867.34
mount Anticipated		
	Total Grant Reven	nues 64,867.34
Grant Expenditu	res (allowable costs expended by the grantee)	行成。[2][2][1][1][2][4][4][4][4][4][4][4][4][4][4][4][4][4]
Expenditure Categories	Comments	Amount
ersonnel		52,185.02
ringe Benefits		4,976.28
quipment		
upplies		264.12
ontractual Costs		
onstruction		
Other		1,071.92
ndirect Cost		6.370.00
	Total Grant Expenditu	ures 64,867.34
En	ding Grant Balance (Revenues – Expenditu	res)
	Grant Funds Returned to the Di	HR &
xpenditures, disbursements and cash receipts are j and/or State) award. I am aware that any folse, fi	owledge and belief that the report is true, complete for the purposes and objectives set forth in the term ctitious or fraudulent information, or the omission o ties for fraud, false statements, false claims or othe 3801–3812).	ns and conditions of the Federal of any material fact, may
authorized Signature:	L Sengeunit	Date: 10/27/17
rinted Name and Title:	Sengewalt, Business n	nanager'
aken, sworn and subscribed before me this <u>27</u> da	ay of 07 20/7.	V
lotary Public Signature:	CARED -	
My Commission Expires: 20 4	2021	HEATHER A. LAPP
evised May 2015		Notary Public Official Seat State of West Virginia My Comm. Expires Dec 4, 202 JHL Tax Service 1213 Market Stre Wheeling Wy 26003

Independent Accountant's Report On Applying Agreed Upon Procedures October 1, 2016 to June 30, 2017

DHHR - Finance

SEP 3 0 2019



Dan Wilson, CPA, MBA (deceased) 1955-2013

Dennis Kozicki, CPA Nancy Hughes, CPA Aimee Tickerhoof, CPA

Jayetee Herron, CPA



The Maxwell Centre 32 Twentieth Street Suite 300 Wheeling, WV 26003

> 304 232-2280 Fax 304 232-2322

Independent Accountant's Report on Applying Agreed-Upon Procedures

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Findings

The procedures and associated findings are as follows:

Agreed Upon Procedures

1 Spirot Sport Tosawares	1 monigs
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No exceptions noted.

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No exceptions noted.

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

Koricki Hughes Tickerhoof PILC

Wheeling, West Virginia, September 27, 2019.

DHHR - Finance

SEP 3 0 2019

Purpose of Grant - Statement of Work

Peer-Operated Recovery Home - Substance Use - Justice Reinvestment Act

The Bureau for Behavioral Health and Health Facilities (BBHHF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Peer support, mutual aid meetings and safe living environments are effective components of the process.

Recovery Support Services provide opportunities of change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities. Peer support, Peer Coaching, Recovery Support Center Services, and Supports for Self Directed Care are effective components of the process.

Peer-Operated Recovery Homes provide safe housing for individuals, age eighteen (18) and older, who are recovering from substance use and/or co-occurring substance use and mental health disorders. These facilities are intended to assist individuals up to eighteen (18) months. Residents are encouraged to participate in outpatient and intensive services provided off site; no Medicaid reimbursable services will occur on site. Service areas provided for the facility include: Prevention, Health Promotion and Wellness and Recovery Support Services.

Peer-Operated Recovery Homes will operate as a Level II Recovery Residence. Key components of a Level II Recovery Residence include but are not restricted to: drug screening, house/resident meetings, mutual aid/self-help meeting, structured house/resident rules, peer-run groups, and clinical treatment services accessed and utilized within the community. Staff positions include but are not restricted to a Certified Peer Coach and other Certified Peer staff. Resident capacity for Peer Operated Recovery Homes is 8 to 59 beds.

Target Population to be serviced in the program: Females 18-70.

The Grantee will:

- 1) Expand the availability of safe, stable, substance-free, recovery housing;
- Integrate the residents into a community network of treatment, recovery and other peer supports; as well as.
- 3) Prepare the residents to transition into independent, substance-free permanent housing.

Peer Coach - Justice Reinvestment Act

The Bureau for Behavioral Health and Health Facilities (BBHHF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Peer support, mutual aid meetings and safe living environments are effective components of the process.

Recovery Support Services provide opportunities of change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities. Peer support, Peer Coaching, Peer Center Services, and Supports for Self-Directed Care are effective components of the process.

Peer Coaching is the provision of strength-based supports for persons in or seeking recovery from behavioral health challenges. Peer Coaching (often referred to as Peer Mentoring or Recovery Coaching) is a partnership where the person working towards recovery self directs his/her recovery approach while the coach provides expertise in supporting successful change. Peer Coaching, a peer-to-peer service, is provided by persons with lived experience managing their own behavioral health challenges, who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. To become a Peer Coach such persons must also complete training, education, and/or professional development opportunities for peer coaching.

The Grantee will:

- 1) Initiate and sustain individuals in recovery from substance use disorders and/or co-occurring behavioral health disorders;
- 2) Promote individual's recovery by acting as a guide/mentor for overcoming personal and environmental obstacles that jeopardize their recovery;
- 3) Help individuals discover, access and utilize ways to remain drug and alcohol free or reduce the harm associated with their substance use behaviors:
- 4) Help individuals find best practice resources for harm reduction, detoxification, treatment, family/community/peer support and education, and local or online support groups; as well as,
- 5) Help individuals create a change plan for their recovery.



DHHR - Finance

Date Received

1100 Chapline Street Wheeling, WV 26003

T: 304-232-0511 F: 304-232-0513

Kimberly Merritt, Director Division of Compliance and Monitoring West Virginia Department of Health and Human Resources Office of Internal Control and Policy Development One Davis Square, Suite 401 Charleston, WV 25301

October 7, 2019

RE: AUP exceptions grants G170069 and G170578-Corrective Action Plan YWCA Wheeling

Ms. Merritt,

The YWCA Wheeling greatly appreciates the WV Department of Health and Human Resources, Office of Internal Control and Policy Development's assistance with removing the debarment. Below is the corrective action plan as set forth to ensure that the exceptions as layed out in AUP dated year end June 30, 2017 for grants listed above.

G170069

G – Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, canceled checks, and time and attendance records), and correctly charged as to account, amount and period.

1 exception noted from 1,716 transactions in November of 2016 for \$200.

Corrective Action

a. Business officer will acquire all receipts and attach to invoices on a monthly basis.

Billing and support information will be compiled on a monthly basis and filed accordingly. If receipts are not available, lost or stolen, grants will not be charged the expenditure and accounting software will reflect the appropriate allocation.

G170578

G – Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, canceled checks, and time and attendance records), and correctly charged as to account, amount and period.

6 exceptions noted from 484 transactions: September 2016 \$323.68, July 2016 \$123.57, August 2016 \$157.18, July 2015 to February 2016 \$56.06, September 2016 \$509.85 and October 2017 \$50.00.

Corrective Action

- a. Business officer will acquire all receipts and attached to invoices on a monthly basis and review for timely paid dates. The business officer will create a rolling, accurate pending invoice ledger and meet with the executive director bi-weekly for review.
- b. Business officer will keep accurate records for payables. Program Directors responsible for grant awards will take an active role in ensuring that the Business officer is supplying appropriate and accurate records when billing grantors.
- c. Business officer will maintain awareness of grant start and close dates on a calendar that is referred to with grant award identifying numbers and reviewed monthly.

Should the Office of Internal Control and Policy Development need additional information or have additional recommendations, please don't hesitate to share the recommendations with the YWCA Wheeling.

Again, thank you for your assistance,

Sincerely,

Lori Jones

Lori Jones Executive Director **DHHR** - Finance

AAT 1 6 2019