HESS, STEWART & CAMPBELL, PLLC

CERTIFIED PUBLIC ACCOUNTANTS 122 E. MAIN STREET BECKLEY, WEST VIRGINIA 25801 840 4³¹ AVENUE SLITE 250 P.O. BOX 1050 HUNTINGTON, WV 25783 (304) 823-4395 FAX

DARRELL D. TUCKER, CPA CHARLES "MATT" MORRIS, CPA JASON S. KELLEY, CPA ANDREW G. REED, CPA TIFFANY D. MILLER, CPA MAEGAN N. WILSON, CPA REMICK D. PERRY II, CPA LEANNE T. IMPERI, EA

JOHN G. HEBS, CPA RICHARD M. STEWART, CPA ROBERT C. CAMPBELL, CPA TOMI J. WEBER, CPA CHARLES A. COCK, CPA JEFFREY M. MOLLOHAN, CPA ELIOTI R. WILSON, CPA, CFF, ABV, CVA TODD A. ROBINSON, CPA

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

To the management of Family Options Providers, Inc.

We have performed the procedures enumerated below, which were agreed to by management of Family Options Providers, Inc. solely to assist you in evaluating the appropriateness and compliance for cash receipts and cash expenditures for grant number G160706 under West Virginia Code §12-4-14 and CSR §148-18-2.1 during the period of January 1, 2016 through June 30, 2016. Family Options Providers, Inc.'s management is responsible for the cash receipts and cash expenditures for grant number G160706 under West Virginia Code §12-4-14 and CSR §148-18-2.1. The sufficiency of these procedures is solely the responsibility of the party specified in this report. Consequently, we make no representation regarding the sufficiency of the procedures described below for the purpose of which this report has been requested or for any other purpose.

Our procedures and associated findings are as follows:

- Review the grant agreement and any related documents (e.g. statement of work, budgets, change orders, program directives, regulations, etc.) to ascertain the purpose for which the funds were awarded and the terms and conditions associated with the state grant.
 - Grant agreements and related documents from the Department of Health and Human Resources website were read in order to achieve an understanding relative to the procedures described.
- Verify whether funds received under the grant (as reported on the sworn statement of expenditures) were correctly authorized, recorded and deposited into the appropriate organizational accounts.
 - Grant payments received were traced to the correct application in the general ledger/accounting system. Deposits were traced through the bank records and the totals were compared to the sworn statements. No exceptions were found with the items tested.
- 3) 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.

N/A

b. Costs conform to the allowability of costs provisions or limitations in the program agreement, program regulations, or program statue.

Selected invoices or other source documents (as applicable) were sighted to ensure allowability with costs provisions. No exceptions were found with the items selected.

c. Costs represent charges for actual costs, not budgeted or projected amounts.

Selected invoices or other source documents (as applicable) were traced through the accounting system and through disposition with bank records. One exception was noted. The invoice issued from vendor Functional Family Therapy for \$16,000 was agreed to be paid in four installments of \$4,000. Three installments were traced through final disposition with the bank records. The fourth payment of \$4,000 remains unpaid and is recorded within the grantee's accounts payable as of December 18, 2018 (the date of field work). This unpaid \$4,000 is included within the sworn statement of expenditures as an other cost.

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.

Selected invoices or other source documents (as applicable) within the accounting period covered per the agreed-upon procedures costs are given consistent treatment within the accounting system. No exceptions were found.

 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).

Selected invoices or other source documents (as applicable) were sighted and no credits were noted within the invoices reviewed. No exceptions were found with the items selected.

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

N/A - indirect costs were not part of the budget or grant as agreed-upon.

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.

Selected invoices or other source documents (as applicable) were reviewed and traced through the accounting system to their final disposition in the bank records. Management approval was not consistently applied to all source documents. However, there were no exceptions found with the amounts, period (cutoff), and timely clearing of the bank records with the items selected.

4) 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 other deficiencies were discovered based on the procedures agreed-upon and items selected,

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 the appropriateness and compliance for cash receipts and cash expenditures for grant number G160706 under West Virginia Code §12-4-14 and CSR §148-18-2.1. Accordingly, we do not express such an opinion or conclusion. 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 management and the State Department of Health and Human Resources and is not intended to be and should not be used by anyone other than these specified parties.

Hess, Stuart - Campbell, Phil

Beckley, West Virginia

December 20, 2018

DHHR - Finance

DES 71 7011

Date Received

Grant Number:	Grantee Name:	······································	and the second second second second second second	mr - 72421744, 7471 11,05500000000000000000000000000000000
G160706	Family Options Provide			
Grantee FEIN:		wwOASIS Vendor#:	Contact Name:	e e managama de promesa assistencia medicario.
030515708		100592	Rebecca Thornton	
Contact Email Address:	Jan Same de mirrores a comunication de 19	en de la companya del companya del companya de la c	Contact Phone:	
becky@familyoptionspr			(304) 254-9610	
Grantee Mailing Address:		the same production for the case of the ca		and the second s
	e Suite A Beckley, WV 2			
Total Amount of Grant Av	retu:	" or A place a garded agreed on ment other match dig variet that I will all all and makes all		en alternativate del della della companya della companya della companya della companya della companya della co
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	ure Categories	Mark Conference and Annual State of the Conference of the Conferen	ments	Amount
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ringe Benefits				
Equipment				
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Supplies				\$925.00
Contractual Costs				\$10,360.40
construction				
Other				\$41,128.30
ndirect Cost				
		Total	Grant Expenditures	\$52,413.70
	En	ding Grant Balance (Rever	iues - Expenditures)	\$0.00
		Grant Funds Re	turned to the DHHR	\$0.00
an at page 2			<u> </u>	
expenditures, disbursemen land/or State) award. I an	ts and cash receipts are j n oware that any faise, fit or administrative penalt	wiedge and belief that the repo for the purposes and objectives ctitious or froudulent informatio Bes for froud, false statements, 1801–3812].	set forth in the terms and conon, or the omission of any mat	ditions of the Federal erial fact, may
luthorized Signature:	Rebecca Thornt	77.64	Date: 9.	-14-2016
rinted Name and Title:	Rebecca Thornton, S	Staff Accountant		
aken, sworn and subscribe	ed before me this 197 da	y of September 2016.		
lotery Public Signature:	11/1/11	7. Lummers		
Ay Commission Expires:	September	26, 2021		Official Soul ry Public, State Of West Virginia Shirtey in Summers
	,		E LIGHTON-	209 Barkiey Street Beckley WV 25801-4809 Mission expires September 28, 9

WVDHHR/BCF/OFA - EXPENDITURE REPORT

Agency Name	FAMILY OPTIONS PROVIDERS INC								
Report Period					Quarter I				
Grant Number Check One CINONIH	G160706 LY REPORT GOLART		ant Type	1	WREVISED REPOR	err	BCF - Functions Offstal R	d Family Therapy	
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G. Other		100				No.			
Functional Family Therap		\$	36,000.00	\$	36,000.00	\$	- 1		\$ -
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WVOHHR/BCF/OFA - EXPENDITURE REPORT

Agency Name	3700	10000	FA	MIL.Y	OPTIONS PRO	٧J	DERS INC		MILES CANADA	-	
Report Period					Quarter 2						
Grant Number	G160706		rant Type	1_			BCF - Function				
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Local transporation cost f		\$	700.00	\$	The second secon	\$		\$	168.42	\$	531.58
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H. Indirect Costs	m.1.22 10 1	-				\$		\$			
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Title: <u>Staff A</u>	ecountant					1	Date: 9 · /9 ·	2	016		
Submit Repo	t To:				WVDHHR/BCF/ Division of Grant 350 Capitol Stre Charleston, W	s a	nd Contracts , Room 730				
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West Virginia Department of Health & Human Resources Bureau for Children & Families

Submit Original Invoice to: WV DHHR/BCF/OPERATIONS

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				BECKLEY,	WV 25801					
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Supplemental Invoice 2016 13

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West Virginia Department of Health & Human Resources

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	SWO	RN STATEMENT OF EXPEN	DITURES	Date Receive
Grant Number:	Grantee Name:			
G160706	Family Options Provide	ders, Inc.	.,-	
Grantee FEIN:		wvOASIS Vendor#:	Contact Name:	
030515708		100592	Rebecca Thornton	
Contact Email Addres	S:		Contact Phone:	
becky@familyoption	nsproviders.com		(304) 254-9610	
Grantee Mailing Adds				
	Drive Suite A Beckley, WV 2			
Total Amount of Gran	st Award:	Grant Period:		tale many
\$64,075.00		January 1st, 2016-Ju	ne 30th, 2016	
0-		Revenues (received and ant		
	venue Categories	Con	uments	Amount CAR ADA OF
Amount Received				\$48,494.05
Amount Anticipated				\$3,919.65
			Total Grant Revenues	\$52,413.70
	Grant Expenditu	res (allowable costs expend	ed by the grantee)	
Ехре	enditure Categories		nments	Amount
Personnel				
Fringe Benefits				
Equipment				
Supplies				\$925.00
Contractual Costs		_		\$10,360.40
Construction				V.0,000.10
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Other				\$41,128.30
Indirect Cost				
		Total	al Grant Expenditures	\$52,413.70
	Ev	nding Grant Balance (Reve	nuac - Fynanditures)	\$0.00
	u	with main patente linear	mues - Expendiories	Ψ0.00
		Grant Funds R	eturned to the DHHR	\$0.00
expenditures, disburse (and/or State) award. subject me to criminal	ements and cash receipts are I am aware that any false, f	owledge and belief that the rep for the purposes and objective: ictitious or fraudulent informat Ities for fraud, false statements 3801–3812).	s set forth in the terms and conion, or the omission of any ma	nditions of the Federal Iterial fact, may
Authorized Signature:	Rebuse Thom	ton	Date:	-19-2016
Printed Name and Titl	e: Rebecca Thornton,	Staff Accountant		
Taken, sworn and sub	scribed before me this 197 d	ay of tenher 20 16.		
Notary Public Signatur	ext / /	n Lummer		
My Commission Expire	5 Suptember	26, 2021	No My con	Official Seal tary Public, State Of West Virginia Shirley M Summers 208 Bondey Street Beckley WV 25801-4809 nmission expires September 26, 2021
Revised May 2015				Beckley WV 25801-4809 nmission expires September 28, 2021

West Virginia Department of Health & Human Resources

	Grantee Name:					
G160706	Family Options Provid	ders, Inc.				
Grantee FEIN:		wvOASIS Vendor #:	Contact Name:			
030515708		100592	Becky Thornton			
Contact Email Address	s:		Contact Phone:			
becky@familyoption	sproviders.com		(304) 254-9610			
Grantee Mailing Addr	ess:					
550 N.Eisenshower I	Orive Suite A Beckley, WV 2	5801				
Total Amount of Gran	t Award:	Grant Period:	BEAT TENTO			
\$64,075.00		January 1st, 2016-Jur	ne 30th, 2016			
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Po.	venue Categories	Revenues (received and anti	cipated) ments	Amount		
Amount Received	venue cutegories	Com	iments	\$48,494		
Amount Anticipated				\$40,494 		
Amount Anticipateu				*		
		'	Total Grant Revenues	\$48,494		
	Grant Expenditu	res (allowable costs expende	ed by the grantee)			
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Personnel						
Fringe Benefits						
Equipment						
Supplies				\$925		
Contractual Costs				\$8,270		
Construction						
Other				\$39,298		
Indirect Cost						
		Tota	l Grant Expenditures	\$48,494		
		dia - A				
	En	nding Grant Balance (Reve	nues – Expenditures)			
	En		nues – Expenditures)	\$0		

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