



# OOLOGAH-TALALA EMERGENCY MEDICAL SERVICE DISTRICT

## Statutory Report

For the fiscal year ended June 30, 2022

**Cindy Byrd, CPA**  
State Auditor & Inspector

**OOLOGAH-TALALA EMERGENCY MEDICAL SERVICE DISTRICT  
STATUTORY REPORT  
FOR THE FISCAL YEAR ENDED JUNE 30, 2022**

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October 4, 2023

**TO THE BOARD OF DIRECTORS OF THE  
OOLOGAH-TALALA EMERGENCY MEDICAL SERVICE DISTRICT**

Transmitted herewith is the audit report of Oologah-Talala Emergency Medical Service District for the fiscal year ended June 30, 2022.

The goal of the State Auditor and Inspector is to promote accountability and fiscal integrity in state and local government. Maintaining our independence as we provide this service to the taxpayers of Oklahoma is of utmost importance.

We wish to take this opportunity to express our appreciation for the assistance and cooperation extended to our office during our engagement.

Sincerely,

A handwritten signature in blue ink that reads "Cindy Byrd".

CINDY BYRD, CPA  
OKLAHOMA STATE AUDITOR & INSPECTOR

**OOLOGAH-TALALA EMERGENCY MEDICAL SERVICE DISTRICT  
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**Presentation of Collections, Disbursements, and Cash Balances of District Funds for FY 2022**

	<u>General Fund</u>	<u>Sinking Fund</u>	<u>Total</u>
Beginning Cash Balance, July 1	\$ 240,622	\$ 269,120	\$ 509,742
Collections			
Ad Valorem Tax	433,365	214,022	647,387
Charges for Services	966,038	-	966,038
Intergovernmental Revenue	105,322	-	105,322
Miscellaneous	198,712	-	198,712
Total Collections	<u>1,703,437</u>	<u>214,022</u>	<u>1,917,459</u>
Disbursements			
Personal Services	1,054,143	-	1,054,143
Maintenance and Operations	538,594	-	538,594
Capital Outlay	39,190	-	39,190
Debt Payments:			
Coupon and Interest Payments	-	45,360	45,360
Total Disbursements	<u>1,631,927</u>	<u>45,360</u>	<u>1,677,287</u>
Ending Cash Balance, June 30	<u>\$ 312,132</u>	<u>\$ 437,782</u>	<u>\$ 749,914</u>

*Source: District Estimate of Needs (presented for informational purposes)*

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**1. Description of District Funds**

The District uses funds to report on receipts, disbursements, and changes in cash balances. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain government functions or activities.

Following are the descriptions of the District funds within the Presentation of Collection Disbursements, and Cash Balances of District Funds:

General Fund – accounts for the general operations of the government.

Sinking Fund – accounts for debt service receipts derived from an ad valorem tax levy and from interest earned on investments of cash not immediately required for debt service payments resulting from the issuance of General Obligation G.O. Bonds of 2018 in the amount of \$1,440,000.

**2. Presentation of Collections, Disbursements, and Cash Balances**

The accounting records, Estimate of Needs and the financial statement for fiscal year 2022 did not present the funds in a manner that could not be reconciled to the bank statements; therefore, the Estimate of Needs includes the unreconciled variance and is presented for informational purposes only.

The unreconciled variance for fiscal year 2022 for the General Fund was \$24,00.

The unreconciled variance for fiscal year 2022 for the Sinking Fund was \$6,447.

**3. General Obligation Bond of 2018**

On February 13, 2018, a special election was held, and the voters of the Oologah-Talala Emergency Medical Service District approved the issuance of the General Obligation Bonds of 2018 in the amount of \$1,440,00 to provide funds for the purpose of acquiring emergency vehicles and other equipment, maintaining and housing the same, and levying and collecting a special annual ad valorem tax not to exceed 1.99 mills on the dollar of the taxable personal proper located in the District for the principal and interest of said bonds.

During fiscal year 2022, payments included \$45,360 for coupons and interest. As of June 30, 2022, no bond payments have been made.

Purpose	Interest Rate	Original Amount
Oologah-Talala Emergency Medical Service District, State of Oklahoma General Obligation Limited Tax Bonds of 2018	3.15%	\$1,440,000

*Source: District Estimate of Needs (presented for informational purposes)*



Oologah-Talala Emergency Medical Service District.  
P.O. Box 165  
Oologah, Oklahoma 74053-0165

**TO THE BOARD OF DIRECTORS OF THE  
OOLOGAH-TALALA EMERGENCY MEDICAL SERVICE DISTRICT**

For the purpose of complying with 19 O.S. § 1706.1, we have performed the following procedures:

- Determined charges for services were billed and collected in accordance with District Policies.
- Determined that receipts were properly deposited and accurately reported in the accounting records.
- Determined cash balances were accurately reported in the accounting records.
- Determined whether deposits and invested funds for the fiscal year ended June 30, 2022 were secured by pledged collateral.
- Determined that disbursements were properly supported, were made for purposes outlined in 19 O.S. § 1710.1 and were accurately reported in the accounting records.
- Determined that all purchases requiring bids complied with 19 O.S. § 1723 and 61 O.S. § 101-139.
- Determined that payroll expenditures were accurately reported in the accounting records and supporting documentation of leave records was maintained.
- Determined that fixed assets records were properly maintained.
- Determined whether the District's collections, disbursements, and cash balances for the fiscal year ended June 30, 2022 were accurately presented on the estimate of needs.

All information included in the records of the District is the representation of the Oologah-Talala Emergency Medical Service District.

Our emergency medical service district statutory engagement was limited to the procedures performed above and was less in scope than an audit performed in accordance with generally accepted auditing standards. Accordingly, we do not express an opinion on any basic financial statement of the Oologah-Talala Emergency Medical Service District.

Based on our procedures performed, we have presented our findings in the accompanying schedule.

This report is intended for the information and use of the management of the Oologah-Talala Emergency Medical Service District. This restriction is not intended to limit the distribution of this report, which is a matter of public record.



CINDY BYRD, CPA  
OKLAHOMA STATE AUDITOR & INSPECTOR

April 27, 2023

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**SCHEDULE OF FINDINGS AND RESPONSES**

**Finding 2022-001 – Lack of Internal Controls Over Bank Statement Reconciliations (Repeat Finding)**

**Condition:** While interviewing Oologah-Talala Emergency Medical Service District (the District) employees and reviewing documentation of bank statement reconciliations and pledged collateral process, the following discrepancies were noted:

- Evidence of review by someone other than the preparer of bank statement reconciliations was not present.
- Evidence of review of the bank statement reconciliations by the Board was not present.
- A former employee is still listed as an authorized check signer at two banks.

**Cause of Condition:** The District has not designed and implemented policies and procedures to sufficiently segregate the bank statement reconciliation process and ensure terminated employees are removed as check signers.

**Effect of Condition:** These conditions could result in inaccurate records, incomplete information or misappropriation of assets. A single person that has responsibility for more than one area of recording, authorization, custody of assets, and execution of transactions could result in unrecorded transactions, misstated financial reports, clerical errors, or misappropriation of funds not being detected in a timely manner.

**Recommendation:** The Oklahoma State Auditor & Inspector’s Office (OSAI) recommends the Board and management be aware of these conditions and realize that concentration of duties and responsibilities in a limited number of individuals is not desired from a control point of view. The most effective controls lie in the Boards’ oversight of office operations and a periodic review of operations. OSAI recommends management provide segregation of duties so that no one employee can perform all accounting functions. If segregation of duties is not possible due to limited personnel, OSAI recommends implementing compensating controls to mitigate the risks involved with a concentration of duties. Compensating controls would include separating key processes and/or critical functions of the office and having the Board and management review and approve accounting functions including reviewing bank reconciliations and ensuring terminated employees are removed as check signers.

**Management Response:**

**Director and Chairman Response:** The Director and Board review all bank statements during Board meetings and the Treasurer signs off on all statements. Oologah-Talala Emergency Medical Service (OTEMS) will implement new policies and procedures to appropriately document the review of statements and CPA providing bank reconciliations that the Board will review. Bank signature sheets have been corrected as of January 26, 2023. Policies have been written in the Administration manual to address these issues.

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**Criteria:** The United States Government Accountability Office’s *Standards for Internal Control in the Federal Government* (2014 version) aided in guiding our assessments and conclusion. Although this publication (GAO Standards) addresses controls in the federal government, this criterion can be treated as best practices and may be applied as a framework for an internal control system for state, local, and quasigovernmental entities.

The GAO Standards - Principle 16 – Perform Monitoring Activities – 16.05 states in part:

*Internal Control System Monitoring*

Management performs ongoing monitoring of the design and operating effectiveness of the internal control system as part of the normal course of operations. Ongoing monitoring includes regular management and supervisory activities, comparisons, reconciliations and other routine actions.

The GAO Standards – Section 2 – Objectives of an Entity - OV2.23 states in part:

*Compliance Objectives*

Management conducts activities in accordance with applicable laws and regulations. As part of specifying compliance objectives, the entity determines which laws and regulations apply to the entity. Management is expected to set objectives that incorporate these requirements. Management is expected to set objectives that incorporate these requirements. Some entities may set objectives to a higher level of performance than established by laws and regulations. In setting those objectives, management can exercise discretion relative to the performance of the entity.

**Finding 2022-002 – Lack of Internal Controls and Noncompliance Over the Disbursement Process (Repeat Finding)**

**Condition:** While interviewing District employees, observing the disbursement process and reviewing documentation of disbursements, the following discrepancies were noted in the test of forty-five (45) disbursements (including ten (10) credit card transactions):

- Purchase orders/claims were not prepared for any of the disbursements, and there is no detailed information in Board minutes approving individual disbursements.
- There was no evidence of receipt of goods/services or verification of accuracy of invoices for thirty-nine (39) of the forty-five (45) disbursements selected.
- A late fee was paid on an internet bill on February 23, 2022 of \$5.00.
- One credit card transaction selected dated February 17, 2022 to a restaurant for \$50.96, did not include an itemized receipt.

**Cause of Condition:** Policies and procedures have not been designed and implemented to ensure disbursements are reviewed and approved by the Board or designated District employees, goods and

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services are verified as received, supporting documentation of each disbursement is retained, and disbursements are documented to determine expenses incurred are for the lawful operation of the District.

**Effect of Condition:** These conditions resulted in noncompliance with state statute and could result in inaccurate records, incomplete information or misappropriation of assets.

**Recommendation:** OSAI recommends policies and procedures be designed and implemented to ensure all disbursements are properly reviewed, approved, verified for receipt, documented, and for the lawful use of the District in compliance with state statute.

**Management Response:**

**Director and Chairman Response:** The Board reviews all disbursements during Board meetings and the Treasurer signs off on all statements. OTEMS does not use a purchase order system currently. The District plans to implement a system by July 1, 2023. Policies and procedures will be implemented to ensure the review and Board approval are documented appropriately. The late fee charged was removed from the payment.

**Criteria:** The GAO Standards – Principle 10 – Design Control Activities – 10.03 states in part:

*Segregation of duties*

Management divides or segregates key duties and responsibilities among different people to reduce the risk of error, misuse, or fraud. This includes separating the responsibilities for authorizing transactions, processing and recording them, reviewing the transactions, and handling any related assets so that no one individual controls all key aspects of a transaction or event.

*Appropriate documentation of transactions and internal control*

Management clearly documents internal control and all transactions and other significant events in a manner that allows the documentation to be readily available for examination. The documentation may appear in management directives, administrative policies, or operating manuals, in either paper or electronic form. Documentation and records are properly managed and maintained.

The GAO Standards – Section 2 – Objective of an Entity - OV2.23 states in part

*Compliance Objectives*

Management conducts activities in accordance with applicable laws and regulations. As part of specifying compliance objectives, the entity determines which laws and regulations apply to the entity. Management is expected to set objectives that incorporate these requirements. Some entities may set objectives to a higher level of performance than established by laws and regulations.

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Title 19 O.S. § 1710.1(A) states, “Any proceeds collected pursuant to the provisions of Section 9C of Article X of the Oklahoma Constitution shall only be expended for the purpose of providing funds for the support, organization, operation and maintenance of district ambulance services, known as emergency medical service districts.”

**Finding- 2022-003 – Lack of Internal Controls Over Management’s Role in the Billing Process (Repeat Finding)**

**Condition:** Upon inquiry, observation, review of documentation, and the test of ambulance service runs, the following weaknesses in the billing process were noted:

- The third- party billing vendor performed all duties related to the billing of patients’ accounts; however, there is no evidence of monitoring or oversight by the District employees or Board to ensure services provided were accurately billed and documented.

Further, the following exceptions were noted during test of thirty-five (35) ambulance service runs selected from the run log:

- Fees charged for four (4) ambulance service runs (356-111021-02, 356-070921-02, 356-072421-09 and 356-083021-05) did not agree to the fee schedule.

**Cause of Condition:** The District has not designed and implemented policies and procedures to ensure ambulance service runs are accurately billed.

**Effect of Condition:** These conditions could result in unrecorded transactions, misstated financial reports, the District under/over-billing for ambulance services, inaccurate payments to the billing vendor, incorrect billing to patient accounts, and loss of revenue.

**Recommendation:** OSAI recommends the District design and implement procedures to review the third-party billing service records and determine amounts charged agree to the fee schedule. OSAI recommends the District implement a system of internal controls to provide reasonable assurance over services provided by the billing vendor.

To improve internal controls, we recommend the following:

- The District actively review the billing information to ensure all services provided are billed and to ensure the accuracy of the amounts billed for services.

**Management Response**

**Director and Chairman Response:** The Director reviews all end-of-month billing reports and communicates with the billing company daily. OTEMS will implement having the Director sign off on the billing reports each month and include this in the policies and procedures manual.

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- The four runs that were not consistent with the fee schedule were due to no treatment no transport/refusal and patient was not billed.

**Criteria:** The GAO Standards – Principle 10 – Design and Control Activities – 10.03 states in part:

*Controls Over Information Processing*

Management establishes activities to monitor performance measures and indicators. These may include comparisons and assessments relating different sets of data to one another so that analyses of the relationships can be made, and appropriate actions taken. Management designs controls aimed at validating the propriety and integrity of both entity and individual performance measures and indicators.

*Establishment and review of performance measures and indicators*

Management establishes activities to monitor performance measures and indicators. These may include comparisons and assessments relating different sets of data to one another so that analyses of the relationships can be made, and appropriate actions taken. Management designs controls aimed at validating the propriety and integrity of both entity and individual performance measures and indicators.

**Finding 2022-004 –Lack of Internal Controls Over the Payroll and Leave Process (Repeat Finding)**

**Condition:** Based upon inquiry of the District employees and observation of the payroll process, the following weaknesses were noted:

**Payroll Process:**

- The Board did not review and approve individual payroll disbursements.
- One timesheet was not electronically signed by the employee.
- Time records were not maintained for five (5) management and Regional Medical Response System employees.
- One timesheet with personal time off (PTO) used was not signed by the employee or Supervisor/Director.

**Leave Process:**

- Six (6) employees were not included on the Leave Accrual Report provide; therefore, leave could not be tested for these employees.
- One employee's leave balance was negative due to using more leave than accrued.
- The Executive Director's leave accrual report did agree to leave accrual rates stated in the Employment Agreement.
- One employee did not accrue leave for the pay period tested in accordance with the Leave Accrual Report.
- One employee did not accrue leave at the appropriate rate per the Employee handbook.

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**Cause of Condition:** Policies and procedures have not been designed and implemented to ensure the accuracy of payroll disbursements, leave balances and to ensure payroll disbursements are authorized by the Board and properly recorded in the accounting records of the District. Additionally, policies and procedures have not been designed and implemented to ensure all employees submit timesheets, management employment contracts are approved by the Board and retained, and leave balances are accurate.

**Effect of Condition:** These conditions resulted in errors and could result in misappropriation regarding the accurate reporting of payroll disbursements and leave balances.

**Recommendation:** OSAI recommends that the Board and management establish internal controls to provide reasonable assurance for the accurate and complete presentation of leave balances and payroll disbursements in the financial records of the District. Furthermore, OSAI recommends all employees submit timesheets, employment contracts be retained, and leave balances be reviewed for accuracy and approved.

**Management Response**

**Director and Chairman Response:**

Payroll Process: The District is implementing Board approval of individual payroll disbursements. The District will require salaried employees to sign off on timesheets moving forward. Time sheets are not maintained for salaried employees. Salaried employees will sign-off on timesheets which will include any PTO taken.

Leave Process: Policies and procedures are being implemented to ensure leave accruals and balances are accurate. Negative balances are not allowed and have been corrected in the system.

**Criteria:** The GAO Standards – Principle 10 – Design Control Activities – 10.03 states in part:

*Segregation of duties*

Management divides or segregates key duties and responsibilities among different people to reduce the risk of error, misuse, or fraud. This includes separating the responsibilities for authorizing transactions, processing and recording them, reviewing the transactions, and handling any related assets so that no one individual controls all key aspects of a transaction or event.

*Appropriate documentation of transactions and internal control*

Management clearly documents internal control and all transactions and other significant events in a manner that allows the documentation to be readily available for examination. The documentation may appear in management directives, administrative policies, or operating manuals, in either paper or electronic form. Documentation and records are properly managed and maintained.

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The GAO Standards – Principle 10 – Design Control Activities – 10.12 states in part:

*Segregation of Duties*

Management considers segregation of duties in designing control activity responsibilities so that incompatible duties are segregated and, where such segregation is not practical, designs alternative control activities to address the risk.

**Finding 2022-006 - Lack of Internal Controls and Noncompliance Over the Financial Statements(Repeat Finding)**

**Condition:** Upon inquiry of the District employees, observation of contracted financial accounting records, including the bank reconciliation to accounting records, the following weaknesses were noted:

- The General Fund bank balance of \$336,136 could not be reconciled to the General Fund balance of \$312,132 presented on the estimate of needs (EON) resulting in an unidentified variance of \$24,004.
- The Sinking Fund bank balance of \$444,229 could not be reconciled to the Sinking Fund balance of \$437,782 presented on the EON resulting in an unidentified variance of \$6,447.
- The District did not prepare financial statements in a format that could be reconciled to the EON for the General and Sinking Fund.

**Cause of Condition:** Policies and procedures have not been designed and implemented to review the EON and financial records for accuracy and reconciliation to the bank balances prior to its approval by the Board.

**Effect of Condition:** These conditions resulted in noncompliance with the state statute and could result in unrecorded transactions, misstated financial reports, undetected errors, or misappropriation of funds.

**Recommendation:** OSAI recommends that the District implement a system of internal controls to provide reasonable assurance that collections, disbursements, and cash balances are accurately presented on the District's EON, recorded accurately in the financial records and reconciled to bank balances.

Additionally, OSAI recommends the Board document their review of District financial information monthly and prepare a financial statement of the District for the preceding year ending June 30 in accordance with 19 O.S. § 1706.

**Management Response:**

**Director and Chairman Response:** Our plans are to review the year end financial statement after the budget is completed and make an adjusted year end financial statement based on any changes we produce and reissue the corrected financial statement to agree with the budget as per our CPA.

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**Criteria:** The GAO Standards – Principle 10 – Design Control Activities – 10.03 states in part:

*Accurate and timely recording of Transactions*

Transactions are promptly recorded to maintain their relevance and value to management in controlling operations and making decisions. This applies to the entire process or life cycle of a transaction or event from its initiation and authorization through its final classification in summary records. In addition, management designs control activities so that all transactions are completely and accurately recorded.”

The GAO Standards - Principle 16 – Perform Monitoring Activities – 16.05 states in part:

*Internal Control System Monitoring*

Management performs ongoing monitoring of the design and operating effectiveness of the internal control system as part of the normal course of operations. Ongoing monitoring includes regular management and supervisory activities, comparisons, reconciliations and other routine actions.

The GAO Standards – Section 2 – Objectives of an Entity - OV2.23 states in part:

*Compliance Objectives*

Management conducts activities in accordance with applicable laws and regulations. As part of specifying compliance objectives, the entity determines which laws and regulations apply to the entity. Management is expected to set objectives that incorporate these requirements. Some entities may set objectives to a higher level of performance than established by laws and regulations. In setting those objectives, management can exercise discretion relative to the performance of the entity.

Title 19 O.S. § 1706 states in part, “It shall be the duty of the board of the district on or before the third Monday of July in each year to produce or caused to be produced a financial statement of the district for the preceding year ending June 30<sup>th</sup>.”

O·K·L·A·H·O·M·A  
SAI  
STATE AUDITOR & INSPECTOR



**Cindy Byrd, CPA | State Auditor & Inspector**

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