FINANCIAL STATEMENTS

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JACKSON PARISH HOSPITAL SERVICE DISTRICT NO. 1 d/b/a JACKSON PARISH HOSPITAL

September 30, 2023 AND 2022

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FINANCIAL STATEMENTS JACKSON PARISH HOSPITAL SERVICE DISTRICT NO. 1 d/b/a JACKSON PARISH HOSPITAL September 30, 2023 AND 2022 TABLE OF CONTENTS

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Glen P. Langlinais, CPA Gayla F. Russo, CPA Barrett B. Perry, CPA

Michael P. Broussard, CPA Elizabeth L. Whitford, CPA Elizabeth N. DeBaillon, CPA Chad V. Fortier, CPA

INDEPENDENT AUDITOR'S REPORT

To Board of Commissioners Jackson Parish Hospital Service District No. 1 d/b/a Jackson Parish Hospital Jonesboro, Louisiana

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Jackson Parish Hospital Service District No. 1, d/b/a Jackson Parish Hospital, a component unit of the Jackson Parish Police Jury, State of Louisiana, (the Hospital), as of and for the years ended September 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital, as of September 30, 2023, and the changes in financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and Government Auditing Standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Management has omitted Management's Discussion and Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules identified in the table of contents as supplemental information are presented for purposes of additional analysis and is not a required part of the basic 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 basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated February 28, 2024 on our consideration of the Hospital'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 solely 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 the effectiveness of the Hospital's 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 Hospital's internal control over financial reporting and compliance.

Largunais Broussard 4 Kohlenberg

LANGLINAIS BROUSSARD & KOHLENBERG (A Corporation of Certified Public Accountants) Abbeville, Louisiana

February 28, 2024

STATEMENT OF NET POSITION

SEPTEMBER 30,

ASSETS			
		2023	2022
CURRENT ASSETS:			
Cash and Cash Equivalents	\$	18,694,011	\$ 17,352,614
Investments	\$	6,135,359	\$ -
Accounts Receivables, Less Allowance for Doubtful			
Accounts of \$1,003,997 in 2023 and \$764,120 in 2022		2,466,360	1,884,289
Due from Third Party Payors		1,463,478	1,693,100
Other Receivables		1,887,501	1,874,107
Inventories		780,464	570,561
Prepaid Expenses		223,033	 358,475
Total Current Assets		31,650,206	 23,733,146
PROPERTY, PLANT AND EQUIPMENT:			
Property, Plant and Equipment Cost		22,349,057	21,601,918
Less: Accumulated Depreciation	-	(14,978,589)	 (13,681,458)
Total Property, Plant and Equipment		7,370,468	 7,920,460
TOTAL ASSETS	\$	39,020,674	\$ 31,653,606

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

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STATEMENT OF NET POSITION

SEPTEMBER 30,

LIABILITIES AND NET POSITION

	2023	2022
CURRENT LIABILITIES:		
Current Portion of Long-Term Debt	\$ 261,652	\$ 359,339
Accounts Payable	680,786	477,507
Accrued Salaries and Related Withholdings	1,116,981	933,198
Credit Balances	130,782	241,478
Due to Third Party Payors	1,206,276	362,463
Due to Employees for Employee Benefits	90,241	90,241
Total Current Liabilities	3,486,718	2,464,226
LONG-TERM LIABILITIES:		
Long-Term Debt:		
Lease Obligations	37,113	298,764
Total Long-Term Liabilities	37,113	298,764
TOTAL LIABILITIES	3,523,831	2,762,990
NET POSITION:		
Invested in Capital, Net of Related Debt	7,071,705	7,262,358
Unrestricted	28,425,138	21,628,258
TOTAL NET POSITION	35,496,843	28,890,616
TOTAL LIABILITIES AND NET POSITION	\$ 39,020,674	\$ 31,653,606

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

STATEMENTS OF REVENUES	, EXPENSES AND CHANGES IN NET POSI	TION YEAR ENDED SEPTEMBER 30,
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	2023	2022
OPERATING REVENUES:		
Net Patient Service Revenues before Provision for Doubtful		
Accounts	\$ 26,746,083	\$ 24,638,829
Provision for Doubtful Accounts	(1,651,890)	(1,835,387)
Net Patient Service Revenues after Provision for Doubtful		
Accounts	25,094,193	22,803,442
Intergovernmental Transfers - Operating	5,565,178	5,187,486
Other Operating Revenue	150,861	141,895
TOTAL OPERATING REVENUE	30,810,232	28,132,823
OPERATING EXPENSES:		
Professional Services	14,539,613	13,824,360
General and Administrative	11,229,587	10,198,180
Depreciation and Amortization	1,297,132	1,410,643
TOTAL OPERATING EXPENSES	27,066,332	25,433,183
INCOME (LOSS) FROM OPERATIONS	3,743,900	2,699,640
NON-OPERATING REVENUES (EXPENSES)		
Ad Valorem Taxes	1,999,307	2,241,924
Grant Income	418,761	1,062,606
Interest Income	455,717	68,292
Interest Expense	(11,458)	(25,881)
TOTAL NON-OPERATING REVENUES	2,862,327	3,346,941
CHANGE IN NET POSITION	6,606,227	6,046,581
TOTAL NET POSITION, BEGINNING	28,890,616	22,844,035
TOTAL NET POSITION, ENDING	\$ 35,496,843	\$ 28,890,616

STATEMENT OF CASH FLOWS

YEAR ENDED SEPTEMBER 30,

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received from Patients	\$ 25,570,788	\$ 18,929,207
Cash Received from Other Revenues	150,861	141,895
Cash Received from Intergovernmental Transfers	5,565,178	5,187,486
Cash Payments to Suppliers for Goods and Services	(11,469,630)	(8,769,858)
Cash Payments to Employees for Services	(14,096,291)	(13,664,041)
Net Cash Provided By Operating Activities	5,720,906	1,824,689
CASH FLOW FROM NON-CAPITAL FINANCING ACTIVITIES:		
Ad Valorem Taxes	1,999,307	2,241,924
Grant Income	418,761	1,062,606
Net Cash Provided By Non-Capital Financing Activities	2,418,068	3,304,530
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Purchase of Fixed Assets	(747,138)	(772,844)
Principal Payments on Long-Term Debt	(359, 339)	(639,523)
Interest Payments on Long-Term Debt	(11,458)	(25,881)
Purchase of Investments	(6,135,359)	-
Proceeds from the Issuance of Long-Term Debt	-	-
Net Cash Provided by (Used in) Capital and Related		
Financing Activities	(7,253,294)	(1,438,248)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Interest Income	455,717	68,292
Net Cash Provided by Financing Activities	455,717	68,292
NET INCREASE IN CASH AND CASH EQUIVALENTS	1,341,397	3,759,263
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR FOR 2023 AND 2022, RESPECTIVELY	17,352,614	13,593,351
CASH AND CASH EQUIVALENTS AT END OF YEAR FOR 2023 AND 2022, RESPECTIVELY	\$ 18,694,011	\$ 17,352,614

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

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STATEMENT OF CASH FLOWS

	 2023	 2022
CASH FLOWS FROM OPERATING ACTIVITIES:		
Operating Gain	\$ 3,743,900	\$ 2,699,640
Adjustments to Reconcile Operating Income to Net Cash		
Provided by (Used in) Operating Activities:		
Depreciation and Amortization	1,297,132	1,410,643
Provision for Doubtful Accounts	1,651,890	1,835,387
Decrease (Increase) in Receivable/Due from Third Parties	(1,284,616)	(3,402,213)
Increase in Inventories and Prepaid Expenses	(74,461)	(197,797)
Increase (Decrease) in Accounts Payable and Accrued Expenses	387,061	(520,971)
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 5,720,906	\$ 1,824,689

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity. Jackson Parish Hospital Service District No. 1 d/b/a Jackson Parish Hospital (the Hospital) was created in 1950, by the Parish Government of Jackson Parish, Louisiana to operate, control, and manage matters concerning the parish's health care functions. The Jackson Parish Police Jury appoints the Board of Commissioners of the Hospital, and the Hospital may not issue debt without the Parish's approval. For this reason, the Hospital is a component unit of the Jackson Parish Government, Jackson Parish, Louisiana.

Basis of accounting. The accompanying basic financial statements of the Hospital have been prepared in conformity with generally accepted accounting principles (GAAP) in the United States of America as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. In June 1999, the GASB unanimously approved Statement No. 34, Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments. GASB 34 established standards for external financial reporting for all state and local governmental entities, which included a balance sheet or statement of net position, a statement of revenues, expenditures and changes in net position, and a statement of cash flows utilizing the direct method of presentation. GASB 34 is found throughout the GASB Codification. The Hospital follows standards issued by GASB found in the GASB Codification.

Use of estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Proprietary fund accounting. The Hospital utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized using the economic resources measurement focus and the accrual basis of accounting. Substantially all revenues and expenses are subject to accrual.

Inventories. Inventories of drugs and supplies are stated at the lower of cost (first-in, first-out) or market.

Property, Plant and Equipment. Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under lease is stated at the sum of the initial measurement of the lease liability plus any payments made to the lessor at or before the commencement of the lease term plus initial direct cost necessary to place the lease asset in service. Leased equipment is amortized on the straight-line method over the shorter of the lease term or estimated useful lives of the assets. Subscription-based information technology arrangement is stated at the sum of the initial measurement of the subscription liability plus any payments made to the lessor at or before the commencement of the subscription term plus initial direct cost necessary to place the subscription asset in service. Subscription-based information technology arrangements are amortized on the straight-line method over the shorter of the subscription term or estimated useful lives of the assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Grants and donations. Revenues from grants and donations (including capital contributions of assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and donations may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expense.

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Operating revenues and expenses. The Hospital's Statements of Revenues, Expenses and Changes in Net Position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Hospital's principal activity. Non-exchange revenues, including taxes, grants and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Income taxes. The Hospital is a political subdivision and exempt from taxes.

Advertising. The Hospital expenses advertising cost as incurred.

Costs of borrowing. Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Cash and cash equivalents. Cash includes amounts in demand deposits, interest-bearing demand deposits, and time deposits. Cash equivalents include amounts in time deposits and those investments with original maturities of ninety days or less. Under state law, the Hospital may deposit funds in demand deposits, interest-bearing demand deposits, or time deposits with state banks organized under Louisiana law or any other state of the United States, or under the laws of the United States.

Trade receivables and allowance for uncollectible accounts. Trade receivables are carried at the original billed amount less an estimate made for uncollectible accounts based on a review of all outstanding amounts monthly. Management determines the allowance for uncollectible accounts by identifying troubled accounts and by using historical experiences applied to an aging of accounts. Trade receivables are written off when deemed uncollectible. Recoveries of trade receivables previously written off are received.

Ad valorem Taxes. The Hospital's property tax is levied by the parish on the taxable real property in the district in late October of each year. Bills are sent out in November of each year and becomes a lien the following March. The collection period for the Hospital's property taxes is from December (at which time they become delinquent) to the succeeding May.

The Hospital received approximately 5.9 percent in 2023, and 7.1 percent in 2022, of its financial support from ad valorem taxes.

Risk Management. The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters.

Restricted resources. When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

Environmental matters. Due to the nature of the Hospital's operations, materials handled could lead to environmental concerns. However, at the time, management is not aware of any environmental matters which need to be considered.

Reclassifications. To be consistent with current year classifications, some items from the previous year have been reclassified with no effect on net assets. Such reclassifications include the reclassification of revenue groupings and/or expense groupings in the supplemental schedules.

Investments in debt and equity securities. Investments in debt and equity securities are carried at fair value except for investments in debt securities with maturities of less than one year at the time of purchase. These investments are reported at amortized cost, which approximates fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in non-operating income when earned.

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Net Position. GASB 63 and GASB Codification Section P80, states that net position is equal to assets plus deferred outflows of resources less liabilities and deferred inflows of resources. Net position classifications are defined as follows:

Invested in Capital Assets, Net of Related Debt consist of capital assets, net of accumulated depreciation, reduced by the outstanding balances of any borrowing used for the acquisition, construction, or improvement of those assets. Net assets invested in capital assets, net of related debt, excludes unspent debt proceeds.

Restricted Net Position consists of restricted assets reduced by liabilities and deferred inflows of resources related to those assets. Assets may be restricted when there are limitations imposed on their use either through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

Unrestricted Net Position consists of net position that does not meet the definition of the two preceding categories.

The Hospital first applies restricted resources when an expenditure is incurred for purposes for which both restricted and unrestricted net position are available.

Net patient service revenue. The Hospital has agreements with third-party payors that provide payments to the Hospital at amounts different from its established rates. Inpatient acute care services, swing bed services and outpatient services rendered to Medicare program beneficiaries are reimbursed at cost plus 1% (subject to limits and rules), while other outpatient laboratory services are reimbursed on a fee schedule. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been settled by the Medicare fiscal intermediary through September 30, 2020.

Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates per day. Certain outpatient services to Medicaid program beneficiaries are reimbursed at cost plus 10%, subject to certain limits, while other outpatient services are reimbursed on a fee schedule. The Hospital is reimbursed for outpatient services at an interim rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through September 30, 2017.

The Louisiana Legislature, through the Healthcare Reform Act of 2007 and Act 1 of 2010, tasked the Department of Health and Hospitals (the DHH) to create a new system of care. In response, the DHH reformed its reimbursement methodology for Medicaid patients from a fee-for-service system to the use of a Coordinated Care Network (CCN). During 2011, the DHH enabled certain third-party payor companies to contract with providers under the CCN methodology. The Hospital is currently contracted and enrolled with payors participating in the Coordinated Care Network. The Hospital has filed annual cost reports with these payors, which are subject to audit and final settlement.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. These adjustments will be recorded in the year they are realized.

The Hospital has entered payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and per diem rates. To the extent management's estimate differs from actual results, the differences will be used to adjust income in the period when such differences arise.

For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue based on its standard rates for services provided. Based on historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided.

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 2: NET PATIENT SERVICE REVENUE

The following schedule represents total Net Patient Service Revenue:

	2023	2022
Gross Patient Service Revenue	\$ 38,978,112	\$ 33,727,721
Less: Contractual Adjustments	(12,232,029)	(9,088,892)
Accounts	26,746,083	24,638,829
Less: Provision for Doubtful Accounts	(1,651,890)	(1,835,387)
Accounts	\$ 25,094,193	\$ 22,803,442

Net Patient Service Revenue by Payor before Provision for Doubtful Accounts:

	2023	2022
Medicare	\$ 6,740,682	\$ 6,246,376
Medicaid	5,990,471	6,050,100
All Other Payors	14,014,930	12,342,353
Total Net Patient Service Revenue before Provision for Doubtful Accounts	\$ 26,746,083	\$ 24,638,829

NOTE 3: ACCOUNTS RECEIVABLE ~ PATIENTS

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with Medicaid, Commercial, and Self-Pay patients, the Hospital records a significant provision for bad debts in the period of service based on its experience and on the age of the receivable balance. The aged balance indicates that third-party claims have reached an age where the probability of payment is low and that self-pay patients are unable or unlikely to pay portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Patient Accounts Receivable consists of the following:

	2023	2022	
Total Patient Accounts Receivable Less: Allowance for Doubtful Accounts and Contractual	\$ 5,129,138 \$	4,271,834	
Allowances	(2,662,778)	(2,387,545)	
Net Patient Accounts Receivable	\$ 2,466,360 \$	1,884,289	

NOTE 4: MAJOR SOURCE OF REVENUE

The Hospital participates in the Medicare and Medicaid programs as a provider of medical services to program beneficiaries. The Hospital derived approximately 48% and 50% of its gross patient service revenue in 2023 and 2022, respectively, from patients covered by the Medicare and Medicaid programs.

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 5: PROPERTY, PLANT AND EQUIPMENT

Property, plant, and equipment, by major category, is as follows:

	Septembe	er 30, 2023				
	Asset Life	Beginning				Ending
	in Years	Balance	Additions	Dele	tions	Balance
Land		\$ 206,175		\$	_	\$ 206,175
Construction in Progress		-	400,443		-	400,443
Total assets not being depreciated		206,175	400,443		_	606,618
Other Capital Assets:						
Land Improvements	5 - 25	444,369	18,900		-	463,269
Building	10 - 40	7,766,772	248,911		-	8,015,683
Capital Leased Property	5 - 25	1,683,503	-		-	1,683,503
Fixed Equipment	5 - 25	4,712,219	-		6,625	4,705,594
Moveable Equipment	5 - 25	4,514,086	79,910		-	4,593,996
Moveable Equipment- Right of Use	5 - 25	1,014,679	-		-	1,014,679
Automobile	5	62,379	-		-	62,379
Minor Equipment	7	946,601	5,600		-	952,201
Software Subscriptions		251,135	-		-	251,135
Total Other Assets		21,395,743	353,321		6,625	21,742,439
Less Accumulated Depreciation		(13,021,772)	(982,530)		-	(14,004,302)
Less Accumulated Depreciation- Right of	Use	(567,084)	(221,999)		-	(789,083)
Less Accumulated Amortization- Software	Subscriptions	(92,602)	(92,602)		-	(185,204)
Gross Accumulated Depreciation		(13,681,458)	(1,297,131)			(14,978,589)
Net Property, Plant, & Equipment		\$ 7,920,460	\$ (543,367)	\$	6,625	\$ 7,370,468

September 30, 2022					
	Asset Life	Beginning			Ending
	_in Years	Balance	Additions	Deletions	Balance
Land		\$ 191,175	\$ 15,000	\$ -	\$ 206,175
Construction in Progress		1,984,013		1,984,013	
Total assets not being depreciated		2,175,188	15,000	1,984,013	206,175
Other Capital Assets:					
Land Improvements	5 - 25	266,999	177,370	-	444,369
Building	10 - 40	5,824,484	1,942,288	-	7,766,772
Capital Leased Property	5 - 25	1,683,503	-	-	1,683,503
Fixed Equipment	5 - 25	4,202,601	509,618	-	4,712,219
Moveable Equipment	5 - 25	4,297,596	216,490	-	4,514,086
Moveable Equipment- Right of Use	5 - 25	1,014,679	-	-	1,014,679
Automobile	5	62,379	-	-	62,379
Minor Equipment	7	918,581	28,020	-	946,601
Software Subscriptions		-	251,135		251,135
Total Other Assets		18,270,822	3,124,921		21,395,743
Less Accumulated Depreciation		(11,987,272)	(1,034,500)	-	(13,021,772)
Less Accumulated Depreciation- Right of	Use	(283,541)	(283,543)		(567,084)
Less Accumulated Amortization- Software	Subscriptions	-	(92,602)		(92,602)
Gross Accumulated Depreciation		(12,270,813)	(1,410,645)		(13,681,458)
Net Property, Plant, & Equipment		\$ 8,175,197	\$1,729,276	\$ 1,984,013	\$ 7,920,460

Depreciation expense, which includes right of use assets and software subscriptions, for the years ended September 30, 2023 and 2022 amounted to \$1,297,132 and \$1,410,643, respectively.

NOTES TO THE FINANCIAL STATEMENTS		Septemb	per_30), 2023 and 20
NOTE 6: LONG-TERM DEBT				
Long-term debt at September 30, 2023 and 2022, consisted of the	foll	owing:		
		2023		2022
Right of Use Obligation, of the Vantage Omnicell Cabinet, payable in 60 monthly installments at a 1.94% interest rate, maturity in 2024	Ş	55,979	Ş	106,620
60 monthly installments at a 1.94% interest rate, maturity in 2022		-		10,225
Right of Use Obligation, of the Revolution MRI, payable in 60 monthly installments at a 1.40% interest rate, maturity in 2024		97 , 372		193,391
Right of Use Obligation, of the GE Ultrasound, payable in 60 monthly installments at a .89% interest rate, maturity in 2025		76,112		119,075
Right of Use Obligation, of the Baxter IV Pumps, payable in 72 monthly installments at a 2.07% interest rate, maturity in 2023		_		11,630
Right of Use Obligation, of Ricoh Copiers, payable in 60 monthly installments at a 2.07% interest rate, maturity in 2023		-		4,193
Lease Obligation, for the acquisition of Omnicell Medication Dispensing Equipment, collateralized by the equipment, payable in 60 monthly installments at a 4.75% interest rate, maturity in 2023		_		22,180
Gease Obligation, for the acquisition of 3D Mammogram Equipment, collateralized by the equipment, payable in 60 monthly installments at a 4.75% interest rate, maturity in 2023		-		28,254
Subscription Liability, Cerner, payable in 72 monthly installments at a 2.18% interest rate, maturity in 2023		9,147		30,113
Subscription Liability, Clearwater, payable in 36 monthly installments at a 1.57% interest rate, maturity in 2024		5,732		11,707
Subscription Liability, Artic Wolf, payable in 36 monthly Installments at a 1.58% interest rate, maturity in 2024		37,183		79,911
ubscription Liability, Cervey, payable in 60 monthly .nstallments at a 1.77% interest rate, maturity in 2024		16,070		32,733
Subscription Liability, 3-M, payable in 24 monthly installments at a .99% interest rate, maturity in 2024		1,170		8,071
Total Long-Term Debt Less: Current Portion		298,765 (261,652)		658,103 (359,339)
Long-Term Portion	\$	37,113	\$	298,764

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 6: LONG-TERM DEBT, CONTINUED

A summary of long-term debt activity for the year ended is as follows:

	September	30, 2023					
	Beginn Balan	-	itions	Re	ductions		Ending Balance
Software Subscriptions Lease Obligations	\$ 162, 495,		-	Ş	93,235 266,104	Ş	69,301 229,463
Total	\$ 658,		un and grant colorador (\$	359,339	\$	298,764

September 30, 2022

	eginning Balance	A	dditions	Re	ductions	Ending Balance
Software Subscriptions Lease Obligations	\$ - 914,565	\$	251,135	\$	88,599 418,998	\$ 162,536 495,567
Total	\$ 914,565	\$		\$	418,998	\$ 658,103

Balance due within one year

	2023		 2022
Software Subscriptions	\$	69,301	\$ 93,235
Lease Obligations		192,351	266,104
Total	\$	261,652	\$ 359,339

Scheduled repayments on long-term debt are as follows:

	September 30,	2023			
	P1	rincipal	Ir	iterest	 Total
2024	\$	261,652	\$	3,402	\$ 265,054
2025		37,113		129	37,242
Total	\$	298,765	\$	3,531	\$ 302,296

Sept	ember	30,	2022

	P1	rincipal	I	nterest	 Total
2023	Ş	359,338	\$	11,571	\$ 370,909
2024		261,652		3,402	265,054
2025		37,113		129	37,242
Total	\$	658,103	\$	15,102	\$ 673 , 205

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 7: CASH FLOWS SUPPLEMENTAL INFORMATION

Total interest paid by the Hospital was \$11,458 and \$25,881, for 2023 and 2022, respectively.

NOTE 8: CONCENTRATIONS OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2023 and 2022, are as follows:

	2023	2022
Medicare	16%	23%
Medicaid	16%	21%
Commercial and Other Payors	68%	56%
	100%	100%
NOTE 9: PENSION PLAN		

The Hospital sponsors a defined contribution plan. The Plan Administrator is the hospital. Eligibility requirements are six months of employment and attaining the age of 25. Employees are not vested until after 3 years of service, at which point they are 100% vested. The Plan's coverage includes death, disability, and retirement benefits. The Hospital may amend the Plan at any time at its' sole discretion.

However, no amendment may result in any participant's vested interest or any portion of the Plan's assets reverting to the Hospital. The Hospital will match in an amount equal to a percentage of the employee salary deferrals. Forfeitures of matching contributions that relate to excess amounts may be used to reduce employer contributions. Forfeitures reflected in pension expense as a reduction of employer contributions were approximately \$-0- and for the years ended September 30, 2023, and 2022, respectively. The Hospital contributed \$387,237 and \$347,124 for the years ended September 30, 2023, and 2022, respectively. The accrued pension plan liability was - and - for the years ended September 30, 2023, and 2022, respectively.

NOTE 10: GRANT REVENUE

The Hospital entered into a cooperative endeavor agreement (CEA) with a regional public rural hospital (Grantor) whereby the Grantor awards as an intergovernmental transfer (IGT) to be used solely to provide adequate and essential medically necessary and available healthcare services to the Hospital's service population subject to the availability of such grant funds. The aggregate IGT grant income is \$5,565,178 and \$5,187,486 for the years ended September 30, 2023, and 2022, respectively. Various other grants were received during the year for other uses.

NOTE 11: BANK DEPOSITS AND INVESTMENTS

Louisiana state statutes authorize the Hospital to invest in obligations of the U.S. Treasury, certificates or other obligations of the United States of America, and time certificates of deposit of state banks organized under the laws of Louisiana and national banks having the principal office in the State of Louisiana.

Louisiana state statutes require that all the deposits of the hospital must be protected by insurance or collateral. The fair value of the collateral pledged must equal 100% of the deposits not covered by insurance.

The Hospital had bank balances on September 30, as follows:

	2023		 2022
Insured (FDIC)	\$	501,500	\$ 500,000
Collateralized by Securities Held by the Pledging Financial Institution's Trust Department in the Hospital's Name		25,597,183	18,848,606
Total	\$	26,098,683	\$ 19,348,606
Carrying Value	\$	18,830,139	\$ 17,399,981

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 12: PROFESSIONAL LIABILITY RISK

The Hospital participates in the Louisiana Patient's Compensation Fund (PCF) established by the State of Louisiana to provide medical professional liability coverage to health care providers. The PCF provides for \$400,000 in coverage per occurrence above the first \$100,000 per occurrence for which the Hospital is at risk. The PCF places no limitation on the number of occurrences covered. In connection with the establishment of the PCFs, the State of Louisiana enacted legislation limiting the amount of settlement for professional liability to \$500,000 per occurrence.

The courts have not tested the constitutionality of this legislation, although the Louisiana Supreme Court has decided that this limit does not apply in cases of strict liability. The Hospital's membership in the Louisiana Hospital Association Trust Fund provides additional coverage for professional medical malpractice liability. The trust fund bills members in advance based upon an estimate of their exposure. At policy year-end, premiums are re-determined utilizing actual losses of the Hospital.

NOTE 13: CRITICAL ACCESS STATUS

Effective November 1, 2004, Jackson Parish Hospital was approved for "critical access" status under the Medicare Rural Hospital Flexibility Program. The program allows states to designate rural facilities as "critical access hospitals" if they are located a sufficient distance from other hospitals, make available 24-hour emergency care, maintain no more than 25 inpatient beds, and keep inpatients no longer than 96 hours (except where weather or emergency conditions dictate, or a Peer Review Organization waives the limit). Payment for inpatient and outpatient services under this program is based on reasonable cost.

NOTE 14: COMPENSATED ABSENCES/DUE TO EMPLOYEES FOR BENEFITS

Full time employees earn accrued time off (ATO) based on years of service; part time employees accrue ATO on a pro-rated basis based on years of service. All ATO balances will be paid upon termination. Sick pay is not vested and therefore not accrued. The Hospital's policy is to recognize the cost of sick pay when actually paid to employees. Accrued time off, which is included in accrued salaries and related withholdings, at September 30, 2023 and 2022 totaled \$886,431 and \$743,671, respectively.

Due to employee benefits calculated and over-withheld from employees in previous years, the Hospital has reflected a payable to employees in the amount of \$90,241 for the years ended September 30, 2023 and 2022.

NOTE 15: CONTINGENCIES

The Hospital evaluates contingencies based upon the best available evidence. The Hospital believes that no allowances for loss contingencies are considered necessary. To the extent that resolution of contingencies results in amounts which vary from the Hospital's estimates, future earnings will be charged or credited. The principal contingencies are described below.

Third-Party Reimbursement Programs.

Cost reimbursements and claims are subject to examination by agencies administering the programs. The Hospital is contingently liable for retroactive adjustments made by the Medicare and Medicaid programs as the result of their examinations as well as retroactive changes in interpretations applying statutes, regulations, and general instructions of those programs. The amount of such adjustments cannot be determined.

To ensure accurate payments to providers, the Tax Relief and Healthcare Act of 2006 mandated the Centers for Medicare & Medicaid Service (CMS) to implement a Recovery Audit Contractor (RAC) program on a permanent and nationwide basis no later than 2010. The program uses RACs to search for potentially improper Medicare payments that may have been made to health care providers that were not detected through existing CMS program integrity efforts, on payments that have occurred at least one year ago. Once a RAC identifies a claim it believes to be improper, it makes a deduction from the provider's Medicare reimbursement in an amount estimated to equal the overpayment. The Hospital will deduct from revenue, amounts assessed under the RAC audits at the time a notice is received until such time that estimates of net amount due can be reasonably estimated. RAC assessments are anticipated; however, the outcomes of such assessments are unknown and cannot be reasonably estimated.

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2023 and 2022

NOTE 15: CONTINGENCIES, CONTINUED

Management believes that the Hospital is in compliance with fraud and abuse statutes as well as other applicable government law and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Professional Liability Risk

The Hospital is contingently liable for losses from professional liability not underwritten by the Louisiana Patient's Compensation Fund or the Louisiana Hospital Association Trust Fund.

Workman's Compensation Risk

The Hospital participated in the Louisiana Hospital Association Self-Insurance Workmen's Compensation Trust Fund in 2023 and 2022, respectively. Should the fund's assets not be adequate to cover claims made against it, the Hospital may be assessed its pro rata share of the resulting deficit. It is not possible to estimate the amount of additional assessments, if any.

Laws and Regulations

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in exclusion from government healthcare program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While the Hospital is subject to similar regulatory reviews, management believes the outcome of any such regulatory review will not have a material adverse effect on the Hospital's financial position.

NOTE 16: GOVERNMENTAL REGULATIONS

Legislation and regulation at all levels of government have affected and are likely to continue to affect the operation of the Hospital. Federal healthcare reform legislation proposals debated in Congress in recent years have included significant reductions in Medicare and Medicaid program reimbursement to hospitals and the promotion of a restructured delivery and payment system focusing on competition among providers based on price and quality, managed care, and steep discounting or capitated payment arrangements with many, if not all, of the Hospital's principal payors. It is not possible currently to determine the impact on the Hospital of government plans to reduce Medicare and Medicaid spending, government implementation of national and state healthcare reform or payment methodology changes. However, such changes could have an adverse impact on operating results, cash flows and estimated debt service coverage of the Hospital in the future years.

NOTE 17: CHARITY CARE

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Hospital maintains records to identify and monitor the level of charity care it provides. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The records include the amount of charges foregone for services and supplies furnished under its charity care policy. Charges foregone and supplies furnished, based on established rates, were \$1,023,011 and \$867,209 as of September 30, 2023 and 2022, respectively.

Management estimates that approximately \$630,089 and \$653,939 of costs were related to charity care for the years ended September 30, 2023 and 2022, respectively. This estimate is based on a ratio of total cost to gross patient charges applied to gross uncompensated charges associated with providing care to charity patients.

NOTES TO THE FINANCIAL STATEMENTS	Septemb	er 30, 2023 and 2022
NOTE 18: NET POSITION		
Net position for the years ended September 30, are as follows:		
	2023	2022
Invested in Capital Assets, Net of Related Debt	\$ 7,071,705	\$ 7,262,358
Unrestricted	28,425,138	21,628,258

\$ 28,890,616

\$ 35,496,843

NOTE 19: RECENTLY ISSUED ACCOUNTING PRONOUNCEMENTS

As of the date of this report, there were no new pronouncements that affect the Hospital.

NOTE 20 - CARES ACT FUNDING

Total Net Position

In response to the COVID-19 pandemic, Congress passed H.R. 748, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) which was signed into law by the President on March 27, 2020. This Act established several different tranches of funds meant to ensure businesses would be able to continue paying their employees and other bills despite the reduction in revenue. Jackson Parish Hospital received funds from two of the different portions of funds: The Small Business Administration's Paycheck Protection Program and Provider Relief Funds.

Provider Relief Funds

The Hospital received \$4,822,323 under this section of the CARES Act. The terms and conditions require that recipients be able to demonstrate that lost revenues and increased expenses attributable to COVID-19, excluding expenses and losses that have been reimbursed from other sources, exceed the total amount of Provider Relief funding received. The Hospital recognized \$0 and \$676,665 for the years ended September 30, 2023 and 2022, respectively. These funds were recognized as non-operating revenue per the guidance laid out in GASB Technical Bulletin 2020-1.

NOTE 21: SUBSEQUENT EVENTS

In preparing these financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through February 28, 2024, the date the financial statements were available to be issued.

SCHEDULES OF	PATIENT	SERVICE	REVENUES
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	2023	2022
PATIENT SERVICE REVENUES		
Daily Patient Services:		
Room and Board	\$ 1,789,740	\$ 1,369,560
Observation	1,166,516	894,372
Total	2,956,256	2,263,932
Other Nursing Services:		
Central Supplies	400,912	422,233
Emergency Service	3,471,622	3,173,374
Total	3,872,534	3,595,607
Other Professional Services:		
Anesthesiology	142,904	133,620
Blood	133,206	128,997
Clinics	3,174,172	2,653,010
Laboratory	8,496,587	7,768,792
Other	1,063,294	979,233
Pharmacy	6,418,745	5,152,819
Professional Fees	586,714	468,731
Radiology	8,811,355	7,905,759
Respiratory	960,506	622,312
Therapy Services	442,264	296,867
Surgery	1,919,575	1,758,042
Total	32,149,322	27,868,182
GROSS PATIENT SERVICE REVENUE	38,978,112	33,727,721
Less: Contractual Adjustments	12,232,029	9,088,892
NET PATIENT SERVICE REVENUE BEFORE PROVISION FOR DOUBTFUL ACCOUNTS	\$ 26,746,083	\$ 24,638,829

SCHEDULES OF OTHER OPERATING REVENUES			DED SEPTEMBER 30,		
	Personal Repo	2023		2022	
Cafeteria and Vending Sales	\$	90,892	\$	63,772	
Medical Records		59,969		78,123	
Total	Ş	150,861	\$	141,895	

	SCHEDULES	OF	PROFESSIONAL	SERVICES
--	-----------	----	--------------	----------

	2023	2022
Salaries and Fees:		
Central Supply	\$ 58,411	\$ 81,660
Clinics	3,046,658	2,904,071
Emergency Room	2,305,138	2,184,790
Laboratory	1,237,320	1,283,371
Nursing	2,556,212	2,316,725
Operating Room and Anesthesiology	72,598	109,835
Pharmacy	314,872	307,205
Radiology	1,381,309	1,194,575
Respiratory	550,272	485,919
Therapy	116,910	114,859
Total Salaries and Fees	11,639,700	10,983,010
Supplies and Other Expenses:		
Blood	_	318
Clinics	431,741	381,166
Emergency Room	18,016	65,452
Laboratory	798,905	782,133
Nursing	340,874	454,874
Operating Room and Anesthesiology	75,334	89,035
Pharmacy	527,608	528 , 672
Radiology	665,017	503 , 805
Respiratory	42,418	35,895
Total Supplies and Other Expenses	2,899,913	2,841,350
Total Professional Services	\$ 14,539,613	\$ 13,824,360

SCHEDULES OF	GENERAL	AND	ADMINISTRATIVE	SERVICES
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	2023	2022
Salaries and Fees:		
Administrative	\$ 2,356,394	\$ 2,150,424
Dietary	438,207	427 , 986
Housekeeping	530,726	521,516
Maintenance	325,790	317,439
Medical Records	257,954	283,922
Total Salaries and Fees	3,909,071	3,701,287
Administrative	2,722,819	2,332,568
Administrative	2.722.819	2,332,568
Dietary	358,498	305,432
Employee Benefits	2,557,330	2,464,084
Housekeeping	84,297	70,096
Information Technology	556,175	390 , 792
Insurance	393,546	310,199
Maintenance	635,375	592,190
Medical Records	12,476	31,532
Total Supplies and Other Expenses	7,320,516	6,496,893
Total General and Administrative Services	\$ 11,229,587	\$ 10,198,180

SCHEDULES	ЭTO	COVERNING	BOARD	EXPENSES	
	02	COADIMITIAG	DOMUD	DALDIODO	

•

	2	023	2	022
	COMPE	NSATION	COMPE	NSATION
Rebecca Crouch Angela Curtis Shontae Mims	\$	680 600 600	\$	120 120 120

SCHEDULE OF COMPENSATION,	BENEFITS	AND	OTHER	PAYMENTS	ТО	CHIEF	EXECUTIVE	OFFICER	SI	EPTEMBER 30,
							F <u>arris</u>	2023		2022
JOHN MORGAN										
Salary							\$	237,328	\$	228,460
Benefits-Insurance								16,652		17,011
Benefits-Retirement								11,262		10,335
Reimbursements									·	
							\$	265,242	\$	255,806



Glen P. Langlinais, CPA Gayla F. Russo, CPA Barrett B. Perry, CPA

Michael P. Broussard, CPA Elizabeth L. Whitford, CPA Elizabeth N. DeBaillon, CPA Chad V. Fortier, CPA

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

Board of Commissioners Jackson Parish Hospital Service District No. 1 d/b/a Jackson Parish Hospital Jonesboro, Louisiana

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 Jackson Parish Hospital Service District No.1, d/b/a Jackson Parish Hospital, a component unit of the Jackson Parish Police Jury, State of Louisiana (the Hospital), as of September 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents, and have issued our report thereon dated February 28, 2024.

INTERNAL CONTROL OVER FINANCIAL STATEMENTS

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) as a basis for designing 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 entity's internal control. Accordingly, we do not express an opinion on the effectiveness of the entity's internal control.

Our consideration of internal control was for the limited purpose described in the first 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 have not been identified. However, as described in the accompanying "Schedule of Findings and Questioned Costs and Management's Corrective Action Plan," we identified certain deficiencies in internal control that we consider to be material weaknesses - Findings 2023-1 through 2023-2.

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

COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants 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

HOSPITAL'S RESPONSE TO FINDINGS

The Hospital's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. The Hospital'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 entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

This communication is intended for the information and use of the Board of Commissioners and management of the Hospital, others within the Hospital, federal awarding agencies, and the Legislative Auditor of the State of Louisiana and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

Largunais Broussard & Kohlenlerg

LANGLINAIS BROUSSARD & KOHLENBERG (A Corporation of Certified Public Accountants) Abbeville, Louisiana

February 28, 2024

JACKSON PARISH HOSPITAL SERVICE DISTRICT NO. 1 d/b/a JACKSON PARISH HOSPITAL JONESBORO, LOUISIANA

SCHEDULE OF FINDINGS AND QUESTIONED COSTS AND MANAGEMENT'S CORRECTIVE ACTION PLAN For the Years Ended September 30, 2023 and 2022

We have audited the financial statements of Jackson Parish Hospital Service District No. 1, d/b/a Jackson Parish Hospital (the Hospital), a component unit of the Jackson Parish Police Jury, State of Louisiana, as of and for the years ended September 30, 2023 and 2022, and have issued our report thereon dated February 28, 2024. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the provisions of OMB Circular A-133. Our audits of the financial statements as of September 30, 2023 and 2022 resulted in unmodified opinions.

Section I: Summary of Auditor's Reports

A. Report on Internal Control and Compliance Material to the Financial Statements:

Compliance Compliance Material to Financial Statements	No
Internal Control	
Material Weaknesses: Significant Deficiencies:	Yes No

Section II: Financial Statement Findings

Material Weaknesses

Finding 2023-1 Financial Statement Preparation

Criteria: The Hospital does not present full disclosure financial statements to its board in accordance with Generally Accepted Accounting Principles.

Condition: As is common in small operations, the Hospital relies on its outside auditors to assist in the preparation of full disclosure GAAP financial statements.

Cause: The Hospital has a small accounting staff.

Effect: The Hospital designates an employee with skilled knowledge and experience to review the draft of the prepared financial statements and footnotes prior to approving them and accepting responsibility for their contents and presentation.

Recommendation: The hospital's accounting personnel should attend education courses to further their knowledge in the application of Generally Accepted Accounting Principles.

Management Response: Hospital's accounting staff will continue education of Generally Accepted Accounting Principles.

Finding 2023-2 Proposed Audit Adjustments

Criteria and Condition: The proposed audit adjustments for the fiscal years ended September 30, 2023 and 2022 had material effects on the financial statements.

Cause: The filing of annual Medicare and Medicaid cost reports result in settlements either due to or from the Hospital. These settlements result from complex calculations, many variables, several payors, and the use of third-party data that is often not complete until several months after year end. These factors make it difficult to properly estimate and record cost report settlements. **Effect:** The Hospital's financial statements have been adjusted to reflect all proposed audit journal entries approved by management.

Recommendation: Management should perform a comprehensive review of financial statements, estimates, and journal entries before closing the fiscal year.

Management Response: The Hospital has contracted two competent accountants to perform a comprehensive review of financial statements, estimates, and journal entries before closing the fiscal year.

Section III: Management Letter Items

There are no management letter items at September 30, 2023.

JACKSON PARISH HOSPITAL SERVICE DISTRICT NO. 1 d/b/a JACKSON PARISH HOSPITAL JONESBORO, LOUISIANA

SCHEDULE OF PRIOR YEAR FINDINGS For the Year Ended September 30, 2023

Finding 2022-1 Financial Statement Preparation: The Hospital relies on its outside auditors to assist in the preparation of full disclosure GAAP financial statements.

Status: Unresolved. See Finding 2023-1.

Finding 2022-2 Lack of Segregation of Duties: The authorization, recording, and reconciling of transactions as well as the custody of assets related to those transactions are not adequately segregated in all accounting areas.

Status: Resolved.

Finding 2022-3 Proposed Audit Adjustments: The proposed audit adjustments for the fiscal years ended September 30, 2023 and 2022 had material effects on the financial statements.

Status: Unresolved. See Finding 2023-2.



Glen P. Langlinais, CPA Gayla L. Falcon, CPA

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

Michael P. Broussard, CPA Elizabeth L. Whitford, CPA Barrett B. Perry, CPA Elizabeth N. DeBaillon, CPA Chadwick V. Fortier, CPA John W. O'Bryan, CPA (Retired)

Chairman and Board of Commissioners Jackson Parish Hospital Service District No. 1 d/b/a Jackson Parish Hospital Jonesboro, Louisiana

We have performed the procedures described in Schedule A – Procedures and Results, which were agreed to by Jackson Parish Hospital Service District No. 1, d/b/a Jackson Parish Hospital (Hospital), a component unit of Jackson Parish Police Jury, State of Louisiana, and on the control and compliance (C/C) areas identified in the Louisiana Legislative Auditor's (LLA's) Statewide Agreed-Upon Procedures (SAUPs) for the fiscal period October 1, 2022 through September 30, 2023. The Hospital's management is responsible for those C/C areas identified in the SAUPs.

The Hospital has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of the engagement, which is to perform specified procedures on the C/C areas identified in LLA's SAUPs for the fiscal period October 1, 2022 through September 30, 2023. Additionally, LLA has agreed to and acknowledged that the procedures performed are appropriate for its purposes. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

The procedures and associated findings are described in Schedule A – Procedures and Results.

We were engaged by the Hospital to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants and applicable standards of *Government Auditing Standards*. We were not engaged to and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on those C/C areas identified in the SAUPs. 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.

We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely to describe the scope of testing performed on those C/C areas identified in the SAUPs, and the result of that testing, and not to provide an opinion on control or compliance. Accordingly, this report is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the LLA as a public document.

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LANGLINAIS BROUSSARD & KOHLENBERG (A Corporation of Certified Public Accountants) Abbeville, Louisiana

February 28, 2024

Schedule A - Procedures and Results

1) Written Policies and Procedures

- A. Obtain and inspect the entity's written policies and procedures and observe whether they address each of the following categories and subcategories if applicable to public funds and the entity's operations:
 - i. Budgeting, including preparing, adopting, monitoring, and amending the budget. Result: Policy provided included all of the above functions.
 - ii. *Purchasing*, including (1) how purchases are initiated, (2) how vendors are added to the vendor list, (3) the preparation and approval process of purchase requisitions and purchase orders, (4) controls to ensure compliance with the Public Bid Law, and (5) documentation required to be maintained for all bids and price quotes. Result: Policy provided included all of the above functions.
 - iii. Disbursements, including processing, reviewing, and approving. Result: Policy provided included all of the above functions.
 - Receipts/Collections, including receiving, recording, and preparing deposits. Also, iv. policies and procedures should include management's actions to determine the completeness of all collections for each type of revenue or agency fund additions (e.g., periodic confirmation with outside parties, reconciliation to utility billing after cutoff procedures, reconciliation of traffic ticket number sequences, agency fund forfeiture monies confirmation).

Result: Policy provided included all of the above functions.

- *Payroll/Personnel*, including (1) payroll processing, (2) reviewing and approving time v. and attendance records, including leave and overtime worked, and (3) approval process for employee rates of pay or approval and maintenance of pay rate schedules. Result: Policy provided included all of the above functions.
- Contracting, including (1) types of services requiring written contracts, (2) standard vi. terms and conditions, (3) legal review, (4) approval process, and (5) monitoring process. Result: Policy provided included all of the above functions.
- Travel and Expense Reimbursement, including (1) allowable expenses, (2) dollar vii. thresholds by category of expense, (3) documentation requirements, and (4) required approvers.

Result: Policy provided included all of the above functions.

- viii. Credit Cards (and debit cards, fuel cards, purchase cards, if applicable), including (1) how cards are to be controlled, (2) allowable business uses, (3) documentation requirements, (4) required approvers of statements, and (5) monitoring card usage (e.g., determining the reasonableness of fuel card purchases). Result: Policy provided included all of the above functions.
- *Ethics*, including (1) the prohibitions as defined in Louisiana Revised Statute (R.S.) ix. 42:1111-1121, (2) actions to be taken if an ethics violation takes place, (3) system to monitor possible ethics violations, and (4) a requirement that documentation is

maintained to demonstrate that all employees and officials were notified of any changes to the entity's ethics policy. Result: Policy provided included all of the above functions.

- Debt Service, including (1) debt issuance approval, (2) continuing disclosure/EMMA x. reporting requirements, (3) debt reserve requirements, and (4) debt service requirements. Result: Policy provided included all of the above functions.
- Information Technology Disaster Recovery/Business Continuity, including (1) xi. identification of critical data and frequency of data backups, (2) storage of backups in a separate physical location isolated from the network, (3) periodic testing/verification that backups can be restored, (4) use of antivirus software on all systems, (5) timely application of all available system and software patches/updates, and (6) identification of personnel, processes, and tools needed to recover operations after a critical event. Result: Policy provided included all of the above functions.
- xii. Prevention of Sexual Harassment, including R.S. 42:342-344 requirements for (1) agency responsibilities and prohibitions, (2) annual employee training, and (3) annual reporting.

Result: Policy provided included all of the above functions.

2) Board or Finance Committee

- Obtain and inspect the board/finance committee minutes for the fiscal period, as well as the A. board's enabling legislation, charter, bylaws, or equivalent document in effect during the fiscal period, and
 - i. Observe that the board/finance committee met with a quorum at least monthly, or on a frequency in accordance with the board's enabling legislation, charter, bylaws, or other equivalent document.

Result: Procedure performed; no exceptions noted.

- ii. For those entities reporting on the governmental accounting model, observe whether the minutes referenced or included monthly budget-to-actual comparisons on the general fund, quarterly budget-to-actual, at a minimum, on proprietary funds, and semi-annual budget- to-actual, at a minimum, on all special revenue funds. Result: Procedure performed; no exceptions noted.
- iii. For governmental entities, obtain the prior year audit report and observe the unassigned fund balance in the general fund. If the general fund had a negative ending unassigned fund balance in the prior year audit report, observe that the minutes for at least one meeting during the fiscal period referenced or included a formal plan to eliminate the negative unassigned fund balance in the general fund. Result: Procedure performed; no negative unassigned fund balance in the prior year audit report.
- Observe whether the board/finance committee received written updates of the progress of iv. resolving audit finding(s), according to management's corrective action plan at each meeting until the findings are considered fully resolved. Result: Procedure performed; no exceptions noted.

3) Bank Reconciliations

- A. Obtain a listing of entity bank accounts for the fiscal period from management and management's representation that the listing is complete. Ask management to identify the entity's main operating account. Select the entity's main operating account and randomly select 4 additional accounts (or all accounts if less than 5). Randomly select one month from the fiscal period, obtain and inspect the corresponding bank statement and reconciliation for each selected account, and observe that:
 - i. Bank reconciliations include evidence that they were prepared within 2 months of the related statement closing date (e.g., initialed and dated or electronically logged); <u>Result:</u> Procedure performed; no exceptions noted.
 - ii. Bank reconciliations include written evidence that a member of management or a board member who does not handle cash, post ledgers, or issue checks has reviewed each bank reconciliation (e.g., initialed and dated, electronically logged); and <u>Result:</u> Procedure performed; no exceptions noted.
 - iii. Management has documentation reflecting it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date, if applicable. <u>Result:</u> Procedure performed; no exceptions noted.

4) Collections (excluding electronic funds transfers)

- A. Obtain a listing of deposit sites for the fiscal period where deposits for cash/checks/money orders (cash) are prepared and management's representation that the listing is complete. Randomly select 5 deposit sites (or all deposit sites if less than 5).
 <u>Result:</u> Document provided; no exceptions noted.
- B. For each deposit site selected, obtain a listing of collection locations and management's representation that the listing is complete. Randomly select one collection location for each deposit site (e.g., 5 collection locations for 5 deposit sites), obtain and inspect written policies and procedures relating to employee job duties (if there are no written policies or procedures, then inquire of employees about their job duties) at each collection location, and observe that job duties are properly segregated at each collection location such that
 - i. Employees responsible for cash collections do not share cash drawers/registers; <u>Result:</u> Procedure performed; no exceptions noted.
 - ii. Each employee responsible for collecting cash is not also responsible for preparing/making bank deposits, unless another employee/official is responsible for reconciling collection documentation (e.g., pre-numbered receipts) to the deposit; <u>Result:</u> Procedure performed; no exceptions noted.
 - Each employee responsible for collecting cash is not also responsible for posting collection entries to the general ledger or subsidiary ledgers, unless another employee/official is responsible for reconciling ledger postings to each other and to the deposit; and
 Procedure performed: no exceptions noted

<u>Result:</u> Procedure performed; no exceptions noted.

- iv. The employee(s) responsible for reconciling cash collections to the general ledger and/or subsidiary ledgers, by revenue source and/or agency fund additions, is (are) not also responsible for collecting cash, unless another employee/official verifies the reconciliation.
 - <u>Result:</u> Procedure performed; no exceptions noted.
- C. Obtain from management a copy of the bond or insurance policy for theft covering all employees who have access to cash. Observe that the bond or insurance policy for theft was in force during the fiscal period.

Result: Procedure performed; no exceptions noted.

- D. Randomly select two deposit dates for each of the 5 bank accounts selected for Bank Reconciliations procedure #3A (select the next deposit date chronologically if no deposits were made on the dates randomly selected and randomly select a deposit if multiple deposits are made on the same day). Obtain supporting documentation for each of the 10 deposits and:
 - i. Observe that receipts are sequentially pre-numbered. <u>Result:</u> Procedure performed; no exceptions noted.
 - ii. Trace sequentially pre-numbered receipts, system reports, and other related collection documentation to the deposit slip. <u>Result:</u> Procedure performed; no exceptions noted.
 - iii. Trace the deposit slip total to the actual deposit per the bank statement. <u>Result:</u> Procedure performed; no exceptions noted.
 - iv. Observe that the deposit was made within one business day of receipt at the collection location (within one week if the depository is more than 10 miles from the collection location or the deposit is less than \$100 and the cash is stored securely in a locked safe or drawer).

<u>Result:</u> Procedure performed; no exceptions noted.

v. Trace the actual deposit per the bank statement to the general ledger. <u>Result:</u> Procedure performed; no exceptions noted.

5) Non-Payroll Disbursements (excluding card purchases, travel reimbursements, and petty cash purchases)

A. Obtain a listing of locations that process payments for the fiscal period and management's representation that the listing is complete. Randomly select 5 locations (or all locations if less than 5).

<u>Result:</u> Document provided; no exceptions noted.

- B. For each location selected under procedure #5A above, obtain a listing of those employees involved with non-payroll purchasing and payment functions. Obtain written policies and procedures relating to employee job duties (if the agency has no written policies and procedures, then inquire of employees about their job duties), and observe that job duties are properly segregated such that
 - i. At least two employees are involved in initiating a purchase request, approving a purchase, and placing an order or making the purchase; <u>Result:</u> Procedure performed; no exceptions noted.

- ii. At least two employees are involved in processing and approving payments to vendors; Result: Procedure performed; no exceptions noted.
- iii. The employee responsible for processing payments is prohibited from adding/modifying vendor files, unless another employee is responsible for periodically reviewing changes to vendor files: Result: Procedure performed; no exceptions noted.
- iv. Either the employee/official responsible for signing checks mails the payment or gives the signed checks to an employee to mail who is not responsible for processing payments; and Result: Procedure performed; no exceptions noted.
- Only employees/officials authorized to sign checks approve the electronic disbursement v. (release) of funds, whether through automated clearinghouse (ACH), electronic funds transfer (EFT), wire transfer, or some other electronic means. Result: Procedure performed; no exceptions noted.
- С. For each location selected under procedure #5A above, obtain the entity's non-payroll disbursement transaction population (excluding cards and travel reimbursements) and obtain management's representation that the population is complete. Randomly select 5 disbursements for each location, obtain supporting documentation for each transaction, and
 - Observe whether the disbursement, whether by paper or electronic means, matched the í. related original itemized invoice and supporting documentation indicates that deliverables included on the invoice were received by the entity, and Result: Procedure performed; no exceptions noted.
 - ii. Observe whether the disbursement documentation included evidence (e.g., initial/date, electronic logging) of segregation of duties tested under procedure #5B above, as applicable.

Result: Procedure performed; no exceptions noted.

D. Using the entity's main operating account and the month selected in Bank Reconciliations procedure #3A, randomly select 5 non-payroll-related electronic disbursements (or all electronic disbursements if less than 5) and observe that each electronic disbursement was (a) approved by only those persons authorized to disburse funds (e.g., sign checks) per the entity's policy, and (b) approved by the required number of authorized signers per the entity's policy. Note: If no electronic payments were made from the main operating account during the month selected the practitioner should select an alternative month and/or account for testing that does include electronic disbursements.

Result: Procedure performed; no exceptions noted.

6) Credit Cards/Debit Cards/Fuel Cards/Purchase Cards (Cards)

A. Obtain from management a listing of all active credit cards, bank debit cards, fuel cards, and purchase cards (cards) for the fiscal period, including the card numbers and the names of the persons who maintained possession of the cards. Obtain management's representation that the listing is complete.

Result: Document provided; no exceptions noted.

- B. Using the listing prepared by management, randomly select 5 cards (or all cards if less than 5) that were used during the fiscal period. Randomly select one monthly statement or combined statement for each card (for a debit card, randomly select one monthly bank statement). Obtain supporting documentation, and
 - i. Observe whether there is evidence that the monthly statement or combined statement and supporting documentation (e.g., original receipts for credit/debit card purchases, exception reports for excessive fuel card usage) were reviewed and approved, in writing (or electronically approved) by someone other than the authorized card holder (those instances requiring such approval that may constrain the legal authority of certain public officials, such as the mayor of a Lawrason Act municipality, should not be reported); and <u>Result:</u> Procedure performed; no exceptions noted.
 - ii. Observe that finance charges and late fees were not assessed on the selected statements. <u>Result:</u> Procedure performed; no exceptions noted.
- C. Using the monthly statements or combined statements selected under procedure #7B above, <u>excluding fuel cards</u>, randomly select 10 transactions (or all transactions if less than 10) from each statement, and obtain supporting documentation for the transactions (e.g., each card should have 10 transactions subject to inspection). For each transaction, observe that it is supported by (1) an original itemized receipt that identifies precisely what was purchased, (2) written documentation of the business/public purpose, and (3) documentation of the individuals participating in meals (for meal charges only). For missing receipts, the practitioner should describe the nature of the transaction and observe whether management had a compensating control to address missing receipts, such as a "missing receipt statement" that is subject to increased scrutiny.

<u>Result:</u> Procedure performed; no exceptions noted.

7) Travel and Travel-Related Expense Reimbursements (excluding card transactions)

- A. Obtain from management a listing of all travel and travel-related expense reimbursements during the fiscal period and management's representation that the listing or general ledger is complete. Randomly select 5 reimbursements and obtain the related expense reimbursement forms/prepaid expense documentation of each selected reimbursement, as well as the supporting documentation. For each of the 5 reimbursements selected
 - If reimbursed using a per diem, observe that the approved reimbursement rate is no more than those rates established either by the State of Louisiana or the U.S. General Services Administration (www.gsa.gov);
 <u>Result</u>: Procedure performed; no exceptions noted.
 - ii. If reimbursed using actual costs, observe that the reimbursement is supported by an original itemized receipt that identifies precisely what was purchased; <u>Result:</u> Procedure performed; no exceptions noted.
 - iii. Observe that each reimbursement is supported by documentation of the business/public purpose (for meal charges, observe that the documentation includes the names of those individuals participating) and other documentation required by Written Policies and Procedures procedure #1A(vii); and Result: Procedure performed; no exceptions noted.

iv. Observe that each reimbursement was reviewed and approved, in writing, by someone other than the person receiving reimbursement. <u>Result:</u> Procedure performed; no exceptions noted.

8) Contracts

- A. Obtain from management a listing of all agreements/contracts for professional services, materials and supplies, leases, and construction activities that were initiated or renewed during the fiscal period. *Alternatively, the practitioner may use an equivalent selection source, such as an active vendor list.* Obtain management's representation that the listing is complete. Randomly select 5 contracts (or all contracts if less than 5) from the listing, excluding the practitioner's contract, and
 - i. Observe whether the contract was bid in accordance with the Louisiana Public Bid Law (e.g., solicited quotes or bids, advertised), if required by law;
 <u>Result:</u> Procedure N/A The selected contracts were not subject to Louisiana Public Bid Law.
 - ii. Observe whether the contract was approved by the governing body/board, if required by policy or law (e.g., Lawrason Act, Home Rule Charter);
 <u>Result:</u> Procedure N/A The selected contracts were not required by policy or law.
 - iii. If the contract was amended (e.g., change order), observe that the original contract terms provided for such an amendment and that amendments were made in compliance with the contract terms (e.g., if approval is required for any amendment, the documented approval); and Result: Procedure performed; no exceptions noted.

iv. Randomly select one payment from the fiscal period for each of the 5 contracts, obtain the supporting invoice, agree the invoice to the contract terms, and observe that the

invoice and related payment agreed to the terms and conditions of the contract.

Result: Procedure performed; no exceptions noted.

9) Payroll and Personnel

A. Obtain a listing of employees and officials employed during the fiscal period and management's representation that the listing is complete. Randomly select 5 employees or officials, obtain related paid salaries and personnel files, and agree paid salaries to authorized salaries/pay rates in the personnel files.

<u>Result:</u> Document provided; no exceptions noted.

- B. Randomly select one pay period during the fiscal period. For the 5 employees or officials selected under procedure #9A above, obtain attendance records and leave documentation for the pay period, and
 - i. Observe that all selected employees or officials documented their daily attendance and leave (e.g., vacation, sick, compensatory); <u>Result:</u> Procedure performed; no exceptions noted.
 - ii. Observe whether supervisors approved the attendance and leave of the selected employees or officials; <u>Result:</u> Procedure performed; no exceptions noted.

- iii. Observe that any leave accrued or taken during the pay period is reflected in the entity's cumulative leave records; and <u>Result:</u> Procedure performed; no exceptions noted.
- iv.Observe the rate paid to the employees or officials agrees to the authorized salary/pay
rate found within the personnel file.Result:Procedure performed; no exceptions noted.
- C. Obtain a listing of those employees or officials that received termination payments during the fiscal period and management's representation that the list is complete. Randomly select two employees or officials and obtain related documentation of the hours and pay rates used in management's termination payment calculations and the entity's policy on termination payments. Agree the hours to the employee's or official's cumulative leave records, agree the pay rates to the employee's or official's authorized pay rates in the employee's or official's personnel files, and agree the termination payment to entity policy. Result: Procedure performed; no exceptions noted.

D. Obtain management's representation that employer and employee portions of third-party payroll related amounts (e.g., payroll taxes, retirement contributions, health insurance premiums, garnishments, workers' compensation premiums, etc.) have been paid, and any associated forms have been filed, by required deadlines.

<u>Result:</u> Procedure performed; no exceptions noted.

10) Ethics

- A. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A obtain ethics documentation from management, and
 - a. Observe whether the documentation demonstrates that each employee/official completed one hour of ethics training during the calendar year as required by R.S. 42:1170; and <u>Result:</u> Procedure performed; no exceptions noted.
 - b. Observe whether the entity maintains documentation which demonstrates that each employee and official were notified of any changes to the entity's ethics policy during the fiscal period, as applicable. <u>Result:</u> Procedure performed; no exceptions noted.
- 23. Inquire and/or observe whether the agency has appointed an ethics designee as required by R.S. 42:1170.

<u>Result:</u> Procedure performed; no exceptions noted.

11) Debt Service

A. Obtain a listing of bonds/notes and other debt instruments issued during the fiscal period and management's representation that the listing is complete. Select all debt instruments on the listing, obtain supporting documentation, and observe that State Bond Commission approval was obtained for each debt instrument issued as required by Article VII, Section 8 of the Louisiana Constitution.

<u>Result:</u> Document provided; no exceptions noted.

B. Obtain a listing of bonds/notes outstanding at the end of the fiscal period and management's representation that the listing is complete. Randomly select one bond/note, inspect debt covenants, obtain supporting documentation for the reserve balance and payments, and agree actual reserve balances and payments to those required by debt covenants (including contingency funds, short-lived asset funds, or other funds required by the debt covenants). Result: Procedure performed; no exceptions noted.

12) Fraud Notice

- A. Obtain a listing of misappropriations of public funds and assets during the fiscal period and management's representation that the listing is complete. Select all misappropriations on the listing, obtain supporting documentation, and observe that the entity reported the misappropriation(s) to the legislative auditor and the district attorney of the parish in which the entity is domiciled as required by R.S. 24:523. <u>Result:</u> Procedure not applicable.
- B. Observe that the entity has posted, on its premises and website, the notice required by R.S. 24:523.1 concerning the reporting of misappropriation, fraud, waste, or abuse of public funds. <u>Result:</u> Procedure performed no exceptions noted.

13) Information Technology Disaster Recovery/Business Continuity

- A. Perform the following procedures, verbally discuss the results with management, and report "We performed the procedure and discussed the results with management."
 - i. Obtain and inspect the entity's most recent documentation that it has backed up its critical data (if there is no written documentation, then inquire of personnel responsible for backing up critical data) and observe evidence that such backup (a) occurred within the past week, (b) was not stored on the government's local server or network, and (c) was encrypted.

<u>Result:</u> We performed the procedure and discussed the results with management. No exceptions noted.

- ii. Obtain and inspect the entity's most recent documentation that it has tested/verified that its backups can be restored (if there is no written documentation, then inquire of personnel responsible for testing/verifying backup restoration) and observe evidence that the test/verification was successfully performed within the past 3 months.
 <u>Result:</u> We performed the procedure and discussed the results with management. No exceptions noted.
- iii. Obtain a listing of the entity's computers currently in use and their related locations, and management's representation that the listing is complete. Randomly select 5 computers and observe while management demonstrates that the selected computers have current and active antivirus software and that the operating system and accounting system software in use are currently supported by the vendor.
 <u>Result:</u> We performed the procedure and discussed the results with management. No exceptions noted.
- B. Randomly select 5 terminated employees (or all terminated employees if less than 5) using the list of terminated employees obtained in procedure #9C. Observe evidence that the selected terminated employees have been removed or disabled from the network.

<u>Result:</u> Procedure performed; no exceptions noted.

14) Prevention of Sexual Harassment

- A. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A, obtain sexual harassment training documentation from management, and observe that the documentation demonstrates each employee/official completed at least one hour of sexual harassment training during the calendar year as required by R.S. 42:343. Result: Procedure performed; no exceptions noted.
- B. Observe that the entity has posted its sexual harassment policy and complaint procedure on its website (or in a conspicuous location on the entity's premises if the entity does not have a website).

<u>Result:</u> Procedure performed; no exceptions noted.

- C. Obtain the entity's annual sexual harassment report for the current fiscal period, observe that the report was dated on or before February 1, and observe that the report includes the applicable requirements of R.S. 42:344:
 - Number and percentage of public servants in the agency who have completed the training requirements;
 <u>Result:</u> Procedure performed, 100% of employees have completed the training requirements.
 - ii. Number of sexual harassment complaints received by the agency; <u>Result:</u> Procedure performed; 0 complaints received.
 - iii. Number of complaints which resulted in a finding that sexual harassment occurred; <u>Result:</u> Procedure performed; 0 complaints received.
 - iv. Number of complaints in which the finding of sexual harassment resulted in discipline or corrective action; and
 <u>Result:</u> Procedure performed; 0 complaints received.
 - v. Amount of time it took to resolve each complaint. <u>Result:</u> Procedure performed; 0 complaints received.