



# Town of Cohocton

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## Oversight of Ambulance Service

**2025M-49 | September 2025**

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# Audit Results

## Town of Cohocton



### Audit Objective

### Audit Period

Did the Town of Cohocton (Town) Town Board (Board) adequately oversee and manage the Town's ambulance service?

January 1, 2023 – April 4, 2025

We extended the audit period back to January 1, 2021 to analyze budget trends and back to August 1, 2013 to provide historical background of the ambulance district's (District's) formation.

### Understanding the Audit Area

Towns are authorized, pursuant to the New York State Town Law (Town Law), to provide an emergency medical service, a general ambulance service, or a combination of such services, for the purpose of providing pre-hospital emergency medical treatment or transporting sick or injured persons found within the boundaries of a town to a hospital, clinic, sanatorium or other place for treatment of such illness or injury. Town Law authorizes towns to provide this service by, among other methods, establishing an ambulance district. Once established, the ambulance district may provide ambulance services to the town by acquiring, supplying and equipping vehicles and operating, maintaining and repairing the vehicles directly, or by contracting with third parties for the operation and maintenance of the vehicles. An ambulance district is governed by a town board (board).

The District, which is an administrative unit of the Town, is governed by the Board. Therefore, it is essential that the Board oversee and monitor the District's operations and finances. The District is town-wide (i.e., includes the Village of Cohocton [Village]) and is funded primarily with real property taxes and user charges. The District's 2024 budgeted appropriations totaled \$218,100.

## Audit Summary

The Board did not adequately oversee or manage the Town's ambulance service. The Board's general lack of oversight of and policy development for the District resulted in excessive fund balance and unnecessary tax increases. Additionally, a loss of revenue or fraudulent activity could occur. The Board did not:

- Adequately oversee the billing, collecting and enforcement of fees for ambulance services totaling \$562,675 and allowed unauthorized billing write-offs and adjustments totaling \$248,163 to occur.

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Another \$26,650 for ambulance services was never billed. The lack of oversight of the billing, collecting and enforcement of fees for ambulance services likely led to the collection of more real property taxes than necessary.

- Effectively audit 27 District claims totaling \$13,146 of 25 claims totaling \$14,234 and 16 credit card claims totaling \$5,099<sup>1</sup> that we reviewed. Without an adequate claims audit process, the Board cannot ensure that all claims paid for the District are for a valid purpose.
- Approve two of the six emergency medical technician (EMT) appointments or payrates for all six EMTs. Additionally, the Town did not use required civil service procedures, such as selecting individuals through a civil service list, prior to hiring all six EMTs. Without using a civil service list for hiring, the Town's hiring processes are susceptible to biases such as favoritism and nepotism.
- Ensure there was a current (unexpired) contract with the third-party billing service vendor (vendor). Without updated written contracts with the vendor detailing the type and timeframe of services to be provided and for what compensation, the Town may not receive all agreed-upon services or could be paying for services not authorized or delivered.

The report includes 19 recommendations that, if implemented, will improve the Board's oversight of the Town's ambulance service. Town officials disagreed with certain aspects of our findings but indicated they planned to initiate corrective action. Appendix C includes our comments on issues raised in the Town's response letter.

We conducted this audit pursuant to Article V, Section 1 of the State Constitution and the State Comptroller's authority as set forth in Article 3 of the New York State General Municipal Law. Our methodology and standards are included in Appendix D.

The Board has the responsibility to initiate corrective action. A written corrective action plan (CAP) that addresses the findings and recommendations in this report should be prepared and provided to our office within 90 days, pursuant to Section 35 of the New York State General Municipal Law. For more information on preparing and filing your CAP, please refer to our brochure, *Responding to an OSC Audit Report*, which you received with the draft audit report. We encourage the Board to make the CAP available for public review in the Town Clerk's office.

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<sup>1</sup> One credit card claim totaling \$975 was included in our original sample of 25 claims reviewed.

# Oversight of Ambulance Service: Findings and Recommendations

A board is responsible for the general governance of the ambulance district, which includes adopting realistic budgets, based on historical trends and other known factors and for establishing guidelines, such as a written policy, for the billing, collection and enforcement processes for ambulance services, as well as written procedures to help ensure that all ambulance services provided through the ambulance district are accurately billed and properly collected. The board should approve all billing adjustments prior to such adjustments being made, and the reasons for all adjustments should be documented and retained for audit purposes. Before a delinquent charge is “written off” as uncollectible, the board should take steps, when appropriate, to collect the charge.

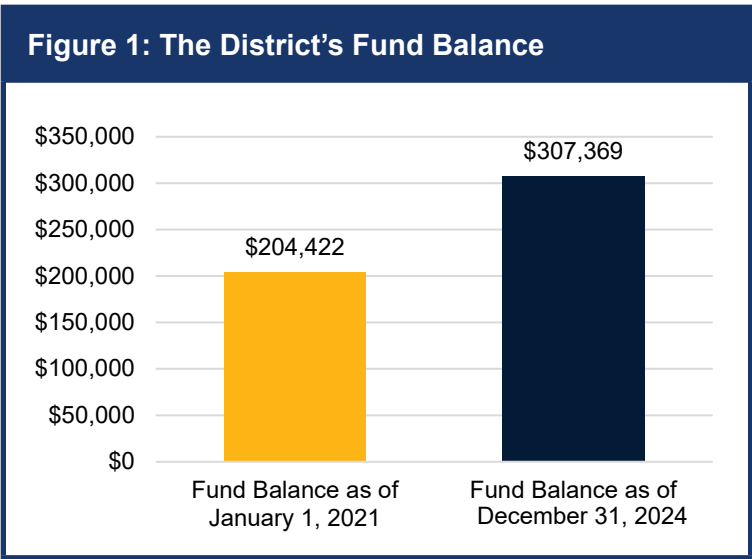
The board is also responsible for completing a proper claims audit, which is a thorough and deliberate examination to determine that a claim is a legal obligation and proper charge against a town. Additionally, when hiring EMTs the board should follow civil service procedures to ensure compliance with the New York State Civil Service Law (Civil Service Law).

Furthermore, written contracts are essential for establishing the professional services to be provided, the time frames for those services, the basis for compensation and other terms and conditions, and town officials should monitor those contracts on a regular basis.

More details on the criteria used in this report, as well as resources we make available to local officials that can help officials improve operations (Figure 2), are included in Appendix A.

## Finding 1 – The Board did not adopt realistic District budgets.

The Board did not adopt realistic budgets or develop long-term written capital and/or financial plans for the District. We determined that budgeted revenues for ambulance services were underestimated and appropriations were overestimated during the audit period. Actual revenues exceeded estimated revenues from fiscal year 2021 through 2024, ranging from 7 to 28 percent, while appropriations were overestimated in three of the four fiscal years reviewed, ranging from 22 to 42 percent. Appropriations were not overestimated in fiscal year 2022 because the Town purchased an ambulance for the District. Because the Board did not adopt realistic District budgets, the District’s fund balance increased \$102,947 over the four fiscal years reviewed to a total of \$307,369 as of December 31, 2024 (Figure 1). This amount represented 140 percent of the District’s upcoming year’s appropriations.



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Furthermore, because the Board did not properly establish a capital reserve fund for the purpose of purchasing ambulances for the District, the annual budget provision to fund a capital reserve over the four years reviewed totaling \$105,000 was included in the District's unrestricted fund balance. Even if the Board properly established a capital reserve and restricted the funds, there would still be an unrestricted fund balance of \$202,369 as of December 31, 2024, which is 92 percent of the upcoming year's appropriations.

Although the District's budget is part of the Town's budget, when we questioned Board members, they did not have a detailed understanding of the District's budget. Adopting unrealistic budgets and not developing long-term written capital and/or financial plans has resulted in unnecessary increases to fund balance levels and real property taxes.

## Recommendations

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The Board should:

1. Develop and adopt District budgets that contain reasonable estimates of revenues and expenditures based on historical trends.
2. Develop, adopt and routinely update comprehensive written multiyear financial and capital plans for the District, and use the plans during the budget development process.
3. Formally establish and appropriately fund a capital reserve for the purpose of purchasing ambulances.
4. In consultation with legal counsel, develop a plan to reduce the amount of unrestricted fund balance in the District fund that is determined to be excessive. For example, excessive unrestricted fund balance within the District fund can be used within the fund as a financing source for:
  - Funding one-time expenditures;
  - Funding needed reserves; and
  - Reducing property taxes.

## Finding 2 – The Board did not adequately oversee the billing, collecting and enforcement of fees for ambulance services.

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The Board did not develop and adopt written procedures to help ensure that the patient care reports (PCRs) completed by the part-time EMTs were reconciled to the vendor's billed charges, payments and

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receivables. As a result, there was less assurance that all ambulance services provided were billed and the corresponding revenues were received by the Town.

From January 1, 2023 through December 31, 2024, 550 patients were billed \$562,675 for ambulance services, and the Town received \$262,761 (47 percent) in payments for these services. The vendor made billing adjustments (e.g., reductions in amounts billed beyond what insurance reimbursed) totaling \$204,305 (36 percent) and write-offs (e.g., billed amounts deemed uncollectible) totaling \$43,858 (8 percent) without Board authorization, leaving a balance of \$51,751 (9 percent) outstanding as of December 31, 2024. Additionally, our review of available documentation determined that an additional 53 patients totaling \$26,650 were not billed and lacked an explanation as to why the calls were never billed. Although the Town Supervisor (Supervisor) generally receives a monthly report of uncollectible accounts from the vendor, she does not provide it to the Board for approval. Furthermore, the Supervisor indicated that the Board of Ambulance Commissioners (Commissioners) did not advise Town officials to seek payment for unpaid bills (e.g., using a collection agency).

The Board adopted a charity care policy to completely forgive, reduce or extend zero-interest payment plans to the outstanding balances of low-income patients meeting specific criteria. However, the Board did not develop and adopt any written policies regarding billing, collecting, write-offs or adjustments for emergency medical services rendered to patients not covered by the charity care policy. Furthermore, the Supervisor did not provide the Board with any reports from the vendor, such as charges, credits, aging reports and write-offs. The Board's lack of properly approving write-offs and adjustments could lead to reduced Town revenues due to inappropriate or irregular write-offs and adjustments being made without detection. We also question whether the charity care policy, which in some instances completely forgives payments for ambulance services, is in conflict with the New York State Constitution gift and loan provision.<sup>2</sup>

## Recommendations

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The Board should:

5. Develop and adopt written policies and procedures that provide guidance for the billing, collection and write-off of outstanding fees, including a reconciliation of services rendered and billed to help ensure all services are billed.
6. Oversee the write-off/adjustment process and take appropriate steps to collect unpaid fees for ambulance services rendered.
7. Review the charity care policy with legal counsel to ensure that the policy is not in conflict with the New York State Constitution gift and loan provisions or any other applicable laws.

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<sup>2</sup> See Appendix A for further details about the criteria.

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The Supervisor should:

8. Provide monthly reports for billed ambulance services to the Board, including any proposed billing credits, adjustments or write-offs, for its review and approval.

## **Finding 3 – The Board did not effectively audit and approve District claims.**

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From January 1, 2023 through December 31, 2024, there were 184 District claims totaling \$164,233. We reviewed 25 claims totaling \$14,234 for Board approval because monthly Board meeting minutes did not reflect the amounts approved for payment. We determined that the Board did not audit and approve all District claims, or the claims lacked supporting documentation. Specifically, of the 25 claims reviewed:

- Seven claims (28 percent) totaling \$7,186, although approved by the Board, lacked supporting documentation. For example, the claims did not have invoices attached or lacked a recommendation by the Commissioners for the Board to approve the claim.<sup>3</sup>
- Five claims (20 percent) totaling \$1,836 were not approved by the Board.

In addition, we reviewed all 16 credit card claims totaling \$5,099<sup>4</sup> from January 1, 2023 through August 6, 2024 that were charged to the District. The Board did not review any of the 16 credit card claims because the Board improperly authorized credit cards to be paid prior to audit. Additionally, the Board did not review the credit card claims post-payment because the Town Clerk did not provide the claims to the Board. If the Board had properly audited credit card claims, it may have discovered that the Supervisor improperly used the Town's credit card to make five purchases totaling \$1,320, including supplies for a fish tank, exercise room and kitchen, on behalf of a third-party not-for-profit corporation contracted to provide volunteers to the District. Due to the lack of adequate support, we were unable to determine whether the remaining credit card purchases were for an appropriate Town purpose. Without a comprehensive claims audit process, the Board cannot verify that all District claims paid are for a valid Town purpose.

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<sup>3</sup> See Appendix A for further details about the Commissioners.

<sup>4</sup> One credit card claim totaling \$975 was included in our original sample of 25 claims reviewed.



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## Recommendations

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The Board should ensure:

9. Each claim presented for payment is for a valid and legal purpose and sufficiently itemized, and that sufficient documentation is attached to the claim, including detailed receipts, invoices and receiving documentation.
10. Credit card claims are audited by the Board prior to payment.
11. Town funds are not used for non-Town purchases.

The Town Clerk should ensure:

12. Board meeting minutes indicate the beginning and ending claims numbers approved for payment and the total amounts approved by fund.
13. All claims, including preapproved claims, are provided to the Board for approval.

## Finding 4 – The Board did not approve all EMT appointments and payrates by Board resolution or use civil service procedures.

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The Board did not approve appointments by a Board resolution for two of the six part-time paid EMTs and the hourly payrates for all six part-time EMTs. Instead, the Board approved a budget for EMTs of \$60,000 and \$65,000 for fiscal years 2023 and 2024, respectively.

Board members<sup>5</sup> indicated that the Board approved the hourly payrates in the annual reorganizational meeting. However, our review of the Board meeting minutes and supporting documentation did not substantiate that claim. Although the part-time EMTs were paid \$53,743 and \$52,243 in 2023 and 2024, respectively, without approved hourly rates, we could not verify whether the EMTs were accurately paid.

Furthermore, the Town did not use civil service procedures, such as selecting individuals through a civil service list, prior to hiring all six EMTs. Therefore, the Town's hiring practices may have been inconsistent with Civil Service Law. When we raised this issue with Board members, they were unaware of the possibility that the six part-time EMTs may be subject to hiring procedures set forth in Civil Service Law (e.g., use of hiring an employee through a civil service list).

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<sup>5</sup> One Board member was not in attendance at the 2023 reorganizational meeting and was therefore unaware whether the hourly payrates were approved.

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## Recommendations

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The Board should:

14. Approve all appointments and hourly payrates and/or salaries for EMTs pursuant to a Board resolution to ensure proper documentation of the appointment process.
15. Verify with legal counsel whether the Town's hiring practice of the part-time EMTs was subject to Civil Service Law procedures or other applicable laws.

### Finding 5 – The Board did not ensure the ambulance billing service contract was up to date.

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The Board has not solicited competition for ambulance billing services since 2015. On April 1, 2015, the Town contracted with the vendor to provide billing services for a maximum of three years from the effective date of the contract. Despite the contract having expired effective March 31, 2018, the Town continued to use the same vendor. From January 1, 2023 through December 31, 2024, the vendor invoiced the Town \$18,690 for billing services related to 534 PCRs, in line with the rates under the expired contract. However, the vendor also invoiced the Town an additional \$1,096 for credit card processing fees and \$688 for Medicare revalidations, which were never authorized by the contract. Additionally, credit card payments received for billed PCR services were improperly deposited directly into the vendor's bank account.<sup>6</sup> Without updated written contracts detailing the type and timeframe of services to be provided and compensation to be paid, the Town may not be receiving all agreed-upon services or could pay more for billing services than intended.

## Recommendations

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The Board should:

16. Periodically seek competition for ambulance billing services.

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<sup>6</sup> It is a general rule that the function of collecting municipal money may not be delegated to a third-party absent express statutory authority (e.g., OSC Opinion No. 2005-7). Town Law Section 198(10-f)(b) is a statute that provides such express authority; however, it is limited to collection by a third-party with which a town has a contract for the provision of ambulance services. The third-party billing service vendor here is not an organization furnishing ambulance services under a contract with the Town. Therefore, to the extent the contract provides for collection of fees by the vendor, it does not fall within the statutory authority of Town Law Section 198(10-f)(b), and that function should be eliminated from future contracts for billing services.

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17. Review billing service contracts and ensure they are up to date and clearly define terms and conditions of contracted services.
  18. Ensure that all payments received for billed PCR services are deposited directly into a Town bank account.
  19. Review the vendor's contract with legal counsel to ensure compliance with Town Law.

# Appendix A: Profile, Criteria and Resources

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## Profile

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Prior to 2013, emergency medical and ambulance service was provided to residents of the Town and Village by a combination of ambulance services through the Atlanta-North Cohocton Fire District and the Cohocton Volunteer Fire Department. However, in 2013, the “operating authority” for ambulance services previously provided by the Atlanta-North Cohocton Fire District for the Town, and the Cohocton Volunteer Fire Department for the Village of Cohocton, was “transferred” to the Town. In light of this “transfer,” the Town established a town-wide ambulance district in accordance with Article 12-A of Town Law.<sup>7</sup> As such, the Town accounts for the expenditures and revenues of the ambulance district’s services as a special district in the accounting records.

The District, which is an administrative unit of the Town, is governed by the Board. However, pursuant to local law, the Town established an advisory board (i.e., the Commissioners) to carry out the ministerial duties related to ambulance services and act in an advisory capacity to the Board regarding functions related to the operation of the District.

The Town owns the ambulance equipment used by the District, but contracts with a third-party not-for-profit corporation formed for the purpose of providing emergency medical service volunteers and drivers to the District. In addition, the Town employs several part-time EMTs to cover the hours during the week when the volunteers from the not-for-profit corporation are generally not available.

In addition to funding the District by an ad valorem levy against benefited properties within the District, the Town also contracts with the vendor to provide billing services for the District. In the Town, EMTs complete PCRs for all ambulance service calls, and the EMTs subsequently provide the PCRs to the vendor. The vendor bills insurance companies and private individuals based on the PCRs submitted. The vendor collects fees from the insurance companies and private individuals by credit card, Automated Clearing House (ACH) transfers or checks.<sup>8</sup> The credit card payments for billed services are initially deposited directly into the vendor’s bank account, and the vendor subsequently issues a check to the Town for the credit card payments for deposit into a Town bank account. The vendor deposits all checks received into a Town bank account. ACH transfers are directly deposited into a Town bank account, and the vendor receives an explanation of benefits to record who the payment was for.

The vendor charges the Town a fee based on the total number of PCRs submitted and sends biweekly deposit reports to the Supervisor with a copy of the bank deposit slip. The vendor also sends monthly reports for charges, credits and aging reports to the Supervisor by mail. Additionally, the vendor electronically sends the Supervisor any accounts to be turned over to collections. However, the vendor unilaterally “writes off” the charges and makes adjustments without Board input.

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<sup>7</sup> According to records obtained by the Town, a public interest resolution, subject to permissive referendum, was passed by the Board on August 20, 2013. However, we were unable to locate any documentation (e.g., Board resolution) demonstrating that the period of time for the referendum had passed and that the District was officially established. Nonetheless, the Town has continued to operate the District since the public interest resolution was passed in 2013.

<sup>8</sup> See *supra*, note 6.

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## Criteria – Oversight of Ambulance Service

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A board should establish guidelines, such as a written policy, for the billing, collection and enforcement processes for ambulance services, and establish written procedures to help ensure that all ambulance services are billed and collected. By establishing guidelines in a written policy, officials and employees can understand the board's expectations with respect to billing, collection and enforcement processes. The board should also develop procedures, which include a reconciliation process, to help ensure all ambulance services rendered are billed. For example, the board should review and approve all billing adjustments prior to such adjustments being made, and the reasons for the adjustments should be documented and retained for audit purposes. Having prior approval helps ensure that adjustments, write-offs and refunds related to ambulance services are authorized by the board and made in a consistent manner. To avoid potentially contravening the constitutional prohibition against gifts set forth in Article VIII, Section 1 of the New York State Constitution, before a delinquent charge is written off, it is incumbent on town officials to take steps, when appropriate, to collect the charges.

The board is also responsible for adopting realistic budgets, based on historical trends and other known factors, to help ensure that recurring revenues finance recurring expenditures. Fund balance, which represents the difference between revenues and expenditures accumulated over time, can be an important financing source. Maintaining a reasonable level of fund balance can provide a cushion for unforeseen expenditures or revenue shortfalls. Additionally, written multiyear financial and capital plans for a three- to five-year period help the board assess long-term needs and alternative approaches to financial issues, such as accumulating fund balance, obtaining financing or using fund balance to finance annual operations. Reserve funds are established to provide resources for an intended future use with a clear purpose or intent that aligns with the statute authorizing the fund. If the board chooses to accumulate money for future capital improvements and equipment, it must pass a resolution to formally establish a capital reserve fund and it must follow New York State General Municipal Law requirements for establishing, funding, expending and transferring money from reserve funds. Reserve funds provide a mechanism for legally saving money to finance all or part of future infrastructure, equipment or other needs. When approved budgets include the funding of reserves and funds are available, the funds should be transferred into the reserve fund.

Additionally, the board is responsible for completing a proper claims audit, which is a thorough and deliberate examination to determine that a claim is a legal obligation and proper charge against a town. Generally, a claim should contain enough detail and documentation so that the board is supplied with sufficient information to make that determination. Town Law Section 118 generally requires the board to audit claims against a town before disbursing payments.<sup>9</sup> The board's audit responsibilities include determining, among other things, that a claim is:

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<sup>9</sup> Town Law Section 118 allows the board, by resolution, to authorize payment for public utility services, postage, freight and express charges before the claims are audited. The claims for these payments must be presented at the next regular board meeting to be audited.

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- For a valid and legal purpose,
  - Mathematically correct,
  - Sufficiently itemized,
  - Approved by the proper department, and
  - Supported by sufficient documentation, such as detailed receipts, invoices and receiving documentation.

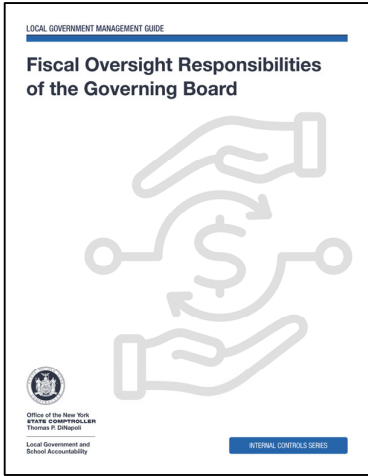
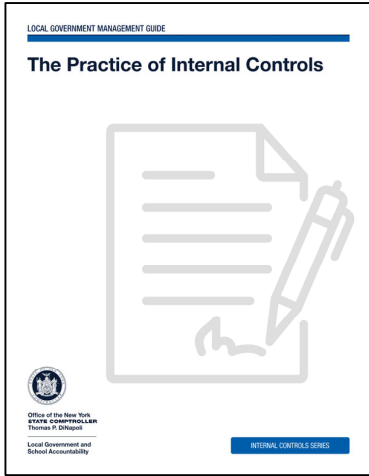
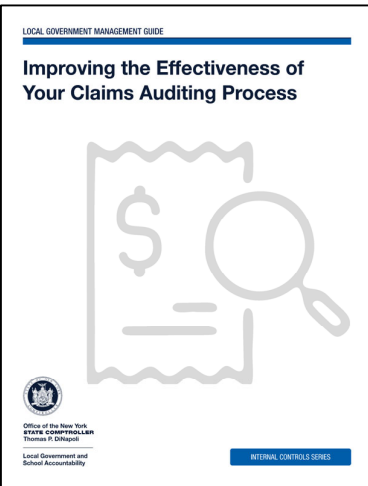
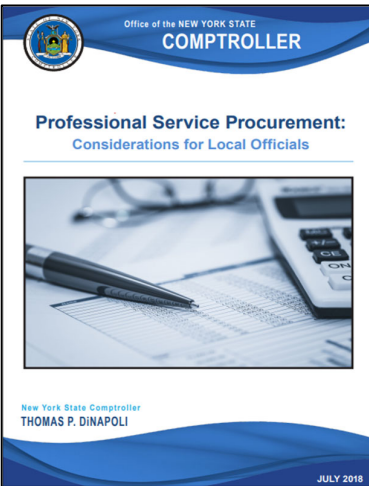
The board's meeting minutes should reflect what claims have been audited, whether they were allowed or disallowed in whole or in part, and the beginning and ending claim numbers approved for payment and the total amount approved by fund. The town supervisor is then directed to pay the approved claims.

In addition, a town's payroll should be supported by board-approved salaries and payrates, including any changes in payrates made during the fiscal year (calendar year). The board should approve employee salaries and payrates through board resolutions, budget appropriations and the employee handbook. Furthermore, the board should follow civil service procedures, such as selecting individuals through a civil service list, prior to hiring ambulance personnel (e.g., EMTs) to ensure compliance with the hiring procedures set forth in Civil Service Law.

Professional services can involve significant dollar expenditures, and localities generally must include in their procurement policies and procedures a proposal or quotation process to ensure that these procurements are made on the most favorable terms and conditions. Seeking competition for professional services may be an opportunity to generate cost savings for the town. Furthermore, written contracts are essential for establishing the professional services to be provided, the time frames for those services, the basis for compensation and other terms and conditions, and town officials should monitor those contracts on a regular basis.

## Additional Oversight of Ambulance Service Resources

**Figure 2: OSC Publications**

<p>OSC <i>Local Government Management Guides</i> available on our website to help officials understand and perform their responsibilities.</p>	
<i>Fiscal Oversight Responsibilities of the Governing Board</i>	<i>The Practice of Internal Controls</i>
 <p>LOCAL GOVERNMENT MANAGEMENT GUIDE</p> <p><b>Fiscal Oversight Responsibilities of the Governing Board</b></p> <p>Office of the New York State Comptroller Thomas P. DiNapoli</p> <p>Local Government and School Accountability</p> <p>INTERNAL CONTROLS SERIES</p>	 <p>LOCAL GOVERNMENT MANAGEMENT GUIDE</p> <p><b>The Practice of Internal Controls</b></p> <p>Office of the New York State Comptroller Thomas P. DiNapoli</p> <p>Local Government and School Accountability</p> <p>INTERNAL CONTROLS SERIES</p>
<a href="https://www.osc.ny.gov/files/local-government/publications/pdf/fiscal-oversight-responsibilities-of-the-governing-board.pdf">https://www.osc.ny.gov/files/local-government/publications/pdf/fiscal-oversight-responsibilities-of-the-governing-board.pdf</a>	<a href="https://www.osc.ny.gov/files/local-government/publications/pdf/the-practice-of-internal-controls.pdf">https://www.osc.ny.gov/files/local-government/publications/pdf/the-practice-of-internal-controls.pdf</a>
<i>Improving the Effectiveness of Your Claims Auditing Process</i>	<i>Professional Service Procurement: Considerations for Local Officials</i>
 <p>LOCAL GOVERNMENT MANAGEMENT GUIDE</p> <p><b>Improving the Effectiveness of Your Claims Auditing Process</b></p> <p>Office of the New York State Comptroller Thomas P. DiNapoli</p> <p>Local Government and School Accountability</p> <p>INTERNAL CONTROLS SERIES</p>	 <p>Office of the NEW YORK STATE COMPTROLLER</p> <p><b>Professional Service Procurement:</b> Considerations for Local Officials</p> <p>New York State Comptroller THOMAS P. DINAPOLI</p> <p>JULY 2018</p>
<a href="https://www.osc.ny.gov/files/local-government/publications/pdf/improving-the-effectiveness-of-claims-auditing-process.pdf">https://www.osc.ny.gov/files/local-government/publications/pdf/improving-the-effectiveness-of-claims-auditing-process.pdf</a>	<a href="https://www.osc.ny.gov/files/local-government/publications/pdf/professional-service-procurement.pdf">https://www.osc.ny.gov/files/local-government/publications/pdf/professional-service-procurement.pdf</a>

In addition, our website can be used to search for audits, resources, publications and training for officials: <https://www.osc.ny.gov/local-government>.

# Appendix B: Response From Town Officials

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**Town of Cohocton**  
**19 Main Street**  
**Atlanta, NY 14808**  
**(585) 534-5100**

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Supervisor: Judith Hall  
Board Members:  
Geraldine Deusenbery  
Jim McCart  
Peter Wallace  
Patricia Johnson

Town Clerk: Loraine Sanderson  
Highway Supt: Richard Schumacher  
Assessor: Carleton Maxwell  
Justices: Robby Anger  
Carl Drum

## Response from Town Supervisor

I would start out by stating that not one of the current Town Board members has ever attended an ambulance meeting. They are held monthly by the Commissioners and open to the public as required. The ambulance Chief's Report is given to the board as their report. It is a total list of calls and responses without breaking any HIPPA concerns.

The ambulance service in Cohocton has been operated under the elected Board of Commissioners since the beginning. Since I have been Supervisor all paid employees are approved by the Town Board to be placed on payroll, but hired by the Ambulance Commissioners. There has not been an exam for EMT's nor a list at Civil Service, during the time we hired our current EMT staff.

See Note 1 Page 16
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See Note 2 Page 16
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Every response to a 911 call creates a chart and all billing is done from said charts, including a call off, refusal, or a treat and release. As an agency we have never billed for a DOA (dead on arrival). An ambulance service is just that a service, it not a for profit business.

Our service started out doing less than 100 calls per year. We have grown to over 300 calls in the last 2 years. We have added updated equipment each year and are on a ten year plan to replace our ambulances. We are using unexpended balances in the next budget will reduce the tax burden.

The Commissioners do compare charges and charts. Each chart is approved for quality and correct information. We have had 3 collection agencies give presentations over the years, since the majority of our calls are Medicaid and Medicare, there is little collection that would bring in money. PAB does send three collection letters on unpaid bills.

As with all our invoices we are now working on keeping back up together with the vouchers.

Should the board like to take a more active role in town business, they need to do more than just attending town board meetings. They would also need to do HIPPA training, as well as



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actually complete the required Harassment and Workplace Violence Trainings which they have all neglected to do since they have been on the board. (Jim McCart did do one year).

The Board has been asked to form committees to update all of our policies and work on new ones That are needed need. That was several months ago, no response.

As supervisor, I will be seeking bids from other agencies we use to provide services in a more comprehensive manner.

Judith Hall,  
Town Supervisor

# Appendix C: OSC Comments on the Town's Response

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## Note 1

There is no record of Board approval in the Board meeting minutes (the official record of the Board's actions) for two employees hired in January and February 2021.

## Note 2

Town officials could not support that they consulted with the Steuben County Department of Personnel and Civil Service to ensure compliance with New York State Civil Service Law when hiring EMTs.

# Appendix D: Audit Methodology and Standards

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We obtained an understanding of internal controls that we deemed significant within the context of the audit objective and assessed those controls. Information related to the scope of our work on internal controls, as well as the work performed in our audit procedures to achieve the audit objective and obtain valid audit evidence, included the following:

- We interviewed Town officials, ambulance service members and the vendor's representatives and reviewed Town documents, including policies, Board meeting minutes, and financial records and reports, to gain an understanding of the Town's ambulance operations, including general background information, financial policies and procedures, billing, collections and payment enforcement, accounts receivable, write-offs, budgeting, employee salaries, ambulance equipment and storage.
- We reviewed documents related to the Town's acquisition of ambulance service operations in 2013 and the ambulance service bylaws. We also reviewed ambulance service contracts and agreements, specifically those related to billing and volunteer personnel support.
- We compared the ambulance service PCR logs to the Steuben County 911 call logs for the period of January 1, 2023 through December 31, 2024 to determine whether all calls were properly recorded. We then compared the PCR logs to charges and credits to determine whether ambulance calls were billed, collected, adjusted or written off.
- We compared the Town's estimated revenues and appropriations with actual operating results for fiscal years 2021 through 2024 for the Town's ambulance special district fund (i.e., District fund) to determine whether the Board developed and adopted realistic budgets.
- We reviewed 25 claims totaling \$14,234 from a population of 184 District claims totaling \$164,233 for the period of January 1, 2023 through December 31, 2024. We used a random number generator to select a sample of three months of District claims packets (June and October 2023 and July 2024), containing vouchers and invoices, to determine whether the Board adequately audited claims.
- We reviewed all 16 credit card claims totaling \$5,099<sup>10</sup> and supporting documents charged to the District from January 1, 2023 through August 6, 2024 to determine whether the charges were for appropriate Town purposes and approved by the Board.
- We reviewed personnel files and documents to determine when ambulance personnel were hired and reviewed Board meeting minutes to determine whether the personnel hired were approved by the Board.
- We reviewed all of the vendor's claims and supporting documents for invoices dated January 2023 through December 2024 to determine whether the amounts charged were accurate.

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<sup>10</sup> One credit card claim totaling \$975 was included in our original sample of 25 claims reviewed.

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We conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Unless otherwise indicated in this report, samples for testing were selected based on professional judgment, as it was not the intent to project the results onto the entire population. Where applicable, information is presented concerning the value and/or relevant population size and the sample selected for examination.

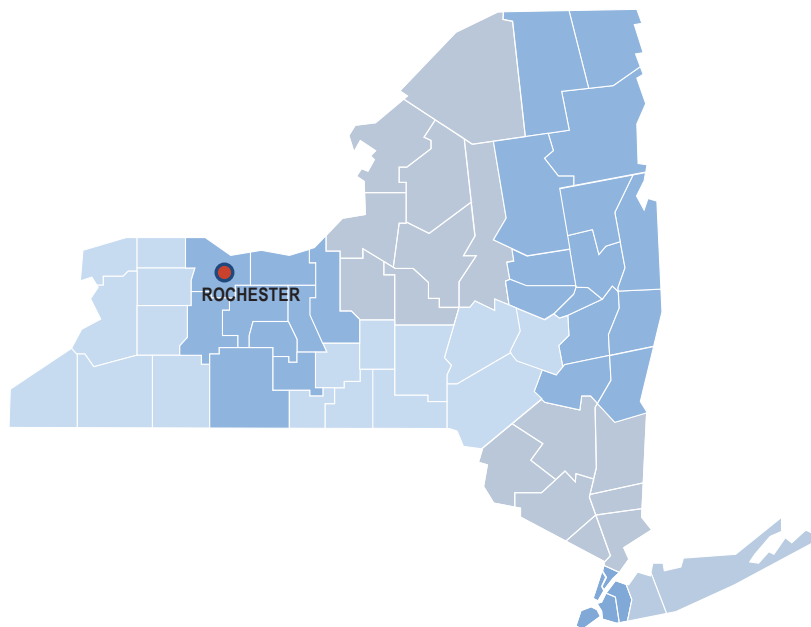
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