

Office of Mental Health

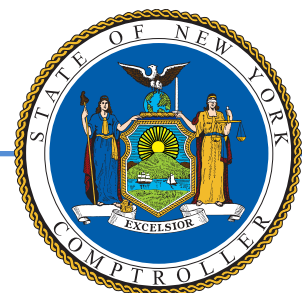
Oversight of Telemental Health Services

Report 2020-S-16 | June 2021

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

Division of State Government Accountability



Audit Highlights

Objective

To determine if the Office of Mental Health is adequately monitoring the delivery and performance of telemental health services and ensuring that related telemental health activities are conducted in accordance with applicable laws and regulations. The audit covered the period from January 1, 2016 through February 11, 2021.

About the Program

Telemental health (TMH) is a treatment method that uses two-way, real-time interactive audio and video equipment to provide and support mental health services and psychiatric care at a distance. In July 2019, the Office of Mental Health (OMH) expanded the State's TMH regulations to allow additional OMH-licensed care providers beyond physician and psychiatric nurse practitioners (e.g., psychologists, mental health counselors) to provide TMH services. The change also expanded where services could be delivered and received, allowing individuals to receive TMH services at their place of residence, at a temporary location, or at a site licensed by OMH.

On March 30, 2020, OMH expanded the definitions of TMH and TMH practitioners and outlined programs and/or services eligible to use TMH for the duration of the COVID-19 disaster emergency. In addition, OMH issued a blanket attestation for providers to complete who wished to use TMH during the disaster emergency. In July 2020, OMH streamlined its approval process for providers to incorporate TMH as an optional service.

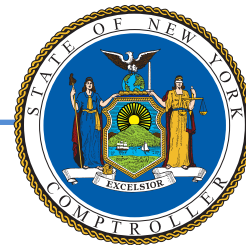
Key Findings

OMH has opportunities to improve TMH access and oversight, as follows:

- As of December 23, 2020, there were 448 OMH-licensed, -designated, and/or -funded mental health care providers operating 1,677 programs eligible to offer TMH; however, 307 of those 448 providers operating 1,050 programs were not approved to use TMH beyond the declared disaster emergency. As a result, some patients may no longer be able to access TMH services once the disaster emergency period ends.
- Oversight of a provider's use of TMH is focused on the initial approval, and OMH does not have defined processes after this approval to continually oversee or monitor TMH. Additionally, OMH does not have a unit solely responsible for TMH oversight and has not developed standardized procedures or forms to incorporate reviews of TMH into its oversight processes. As a result, there is a higher likelihood for oversight issues to occur regarding the delivery of TMH services and a lack of assurance that services will be available to patients who would benefit from this method.

Key Recommendations

- Work with providers to increase their ability to offer TMH as a service to clients when it is deemed an appropriate method of treatment.
- Develop defined processes and procedures related to overseeing TMH beyond the initial approval process.



**Office of the New York State Comptroller
Division of State Government Accountability**

June 17, 2021

Ann Marie T. Sullivan, M.D.
Commissioner
Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Dear Dr. Sullivan:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of Telemental Health Services*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

Contents

- Glossary of Terms**..... 4
- Background**..... 5
- Audit Findings and Recommendations**..... 6
 - TMH Access Issues..... 6
 - Monitoring and Oversight Issues..... 7
 - Recommendations..... 8
- Audit Scope, Objective, and Methodology**..... 10
- Statutory Requirements**..... 11
 - Authority..... 11
 - Reporting Requirements..... 11
- Agency Comments and State Comptroller’s Comment**..... 12
- Contributors to Report**..... 16

Glossary of Terms

Term	Description	Identifier
Directory	Mental Health Program Directory	<i>Key Term</i>
Disaster Emergency	COVID-19 pandemic	<i>Key Term</i>
NYCRR	New York Codes, Rules and Regulations	<i>Regulation</i>
OMH	Office of Mental Health	<i>Auditee</i>
TMH	Telemental health	<i>Key Term</i>

Background

The mission of the Office of Mental Health (OMH) is to promote the mental health of all New Yorkers. OMH is responsible for developing regulations and providing guidance to assist OMH-licensed and -designated providers under Article 31 of the Mental Hygiene Law with the delivery of mental health services, including the use of telemental health (TMH). TMH (formerly telepsychiatry) is a voluntary treatment method that makes use of two-way, real-time interactive audio and video equipment to provide and support mental health services and psychiatric care from a remote location. TMH services can be beneficial for a mental health care delivery system, particularly when on-site services are not available or would be delayed because of distance, location, time of day, or availability of resources. While TMH is a valuable option, it is not intended to fully replace in-person treatment.

In February 2015, OMH established a formal set of TMH standards allowing only physicians or psychiatric nurse practitioners to use TMH for assessment and treatment services. In August 2016, regulations were expanded to allow the delivery of TMH from additional settings. In an effort to further increase access to mental health services, in July 2019, OMH expanded the State's TMH regulations by allowing additional OMH-licensed care providers beyond physicians and psychiatric nurse practitioners to provide TMH services. This included: psychologists, licensed social workers, mental health counselors, marriage and family therapists, creative arts therapists, and psychoanalysts. The expansion also affected where services could be delivered and received. Individuals could start receiving TMH services at their place of residence, at a temporary location within or outside of the State, or at a site that OMH licensed. Medical doctors and nurse practitioners could provide the service from a home office or a private practice location anywhere in the United States, but the other practitioners must be located in New York State.

In November 2019, OMH issued Telemental Health Services Guidance for Local Providers to help providers implement the New York Codes, Rules and Regulations (NYCRR) Part 596 amendments. The document includes information on implications for OMH operating certificates, clinical guidance, the inspection process, and technology and telecommunication standards. Providers applying to use TMH must complete OMH's Telemental Health Services Standards Compliance Attestation form and the Technical Guidelines Checklist for Local Providers and submit them to OMH.

On March 30, 2020, OMH issued a regulatory waiver related to the COVID-19 disaster emergency that included expanded definitions of TMH and TMH practitioners. It also issued a blanket attestation for providers to complete who wished to offer TMH during the emergency and outlined the programs and services allowed to offer TMH for the duration of the disaster emergency.

On July 24, 2020, OMH streamlined its approval process to incorporate TMH as an optional/additional service by allowing providers to submit one application for operational changes. The purpose of the revised process was to ensure that providers' ability to continue offering TMH extends beyond the disaster emergency. As of December 23, 2020, OMH had approved 141 providers to offer TMH permanently, with more than 60 additional providers seeking approval to permanently offer TMH beyond the disaster emergency.

Audit Findings and Recommendations

Although OMH has expanded TMH regulations, there are opportunities for OMH to improve access to TMH in the State. There is a risk that some patients may no longer be able to access the mental health services they need once the disaster emergency period ends. We found that, as of December 23, 2020, nearly three-quarters (307 of 448) of the providers in the State eligible to offer TMH were not approved to do so once the disaster emergency ends. As a result, these providers may no longer be able to offer TMH to patients who could benefit from the service option.

We also found that OMH does not conduct subsequent reviews of TMH after its initial review of a provider. Further, OMH has not developed standardized procedures or forms to incorporate reviews of TMH into its oversight processes. As a result, OMH lacks assurance that providers are continuing to adhere to TMH regulations (e.g., equipment continues to operate as designed, treatment session security continues to be appropriate).

TMH Access Issues

OMH oversees 448 mental health providers operating 1,677 programs eligible to offer TMH, including 20 OMH-operated providers. OMH's disaster emergency regulatory waiver issued on March 30, 2020 allowed all 448 providers to offer TMH during the disaster emergency. Prior to OMH issuing the waiver, only 49 providers were approved to offer TMH permanently. As of December 23, 2020, OMH permanently approved 92 more providers to offer TMH. Only the 141 providers approved to offer TMH permanently will be able to do so when the disaster emergency ends. The remaining 307 providers (69 percent), which include 12 OMH-operated facilities, will no longer be able to offer TMH to their patients, creating a risk that some patients may no longer be able to access the mental health services they need or continue receiving services in the manner to which they have grown accustomed when the waiver expires. For example, according to OMH data, in August 2020, State-operated psychiatric centers not approved to offer TMH when the disaster emergency ends provided 28,663 TMH sessions. When the waiver expires, the individuals who received those sessions will no longer be able to receive services in this manner from those facilities.

The use of TMH is optional, and, as such, providers are not required to offer TMH services even if it's an appropriate method of treatment, which contributes to the low percentage of programs permanently approved to offer the service. According to OMH, more than 60 additional providers and all OMH-operated providers are seeking permanent approval to offer TMH when the disaster emergency ends.

Additionally, we identified an issue with OMH's Mental Health Program Directory (Directory), a searchable list of OMH-licensed providers that the public can use to find programs that offer TMH. We found the Directory is missing 55 programs that offer TMH. As a result, individuals using the Directory to locate providers that offer TMH receive an incomplete listing. Patients or their caregivers may not realize that TMH is an option at these locations.

Monitoring and Oversight Issues

Data Collection Weaknesses

After the emergency began, OMH developed and conducted a TMH survey. OMH received 6,004 responses from individuals and/or their family members who participated in or received services through OMH. Of the 6,004 respondents, 89 percent (5,343 respondents) participated in TMH and about 86 percent of those respondents found it to be effective and easy to use. Among respondents who did not use TMH, 63 percent stated they were not offered the option to use it, while another 29 percent cited technology constraints (e.g., no phone or computer, or limited minutes/data) prevented their use of TMH.

We met with 10 providers who were permanently approved to offer TMH prior to the onset of the disaster emergency to determine the service method's advantages and disadvantages. All 10 providers indicated that TMH is a beneficial tool in supporting their patients' mental health care needs. Specifically, eight of the 10 providers saw a decrease in patients missing their appointments. Additionally, nine of the 10 indicated a decrease in patients having transportation difficulties. However, six of the 10 providers cautioned that TMH is not beneficial for all patients and should be used on a case-by-case basis. This reinforced OMH's opinion that, while TMH is valuable, it is not intended to fully replace in-person treatment.

The providers also mentioned some issues with offering TMH. All 10 providers expressed concerns over technological issues, including lack of access to equipment (e.g., computer, tablet, phone), connectivity issues, and problems using the technology and equipment needed for a TMH session. Separately, one provider indicated that some patients thought TMH would be used exclusively without any in-person treatment, making those patients initially resistant to using it. However, once patients learned that TMH is used in conjunction with in-person visits, they were willing to use that method.

OMH allowed providers to offer telephone sessions during the disaster emergency. Five of the 10 providers stated they had a positive experience with telephone sessions, citing, for example, the advantage of allowing patients to avoid commuting to the provider. However, providers indicated there are also disadvantages to these sessions. For example, one practitioner indicated that it is difficult to assess the patient's body language, physical characteristics, and other visual observations the provider would typically make when seeing the patient in person.

We also met with five providers not approved to offer TMH beyond the disaster emergency. All five providers began offering TMH as the result of the pandemic. Four stated they plan to obtain OMH's approval to continue offering TMH once the disaster emergency ends. The remaining provider was uncertain if it would continue to offer TMH, as its program model (residential) favors in-person services.

The disaster emergency significantly increased the need for TMH to ensure patients had access to necessary services. If OMH had been aware of the benefits and

issues related to TMH prior to the disaster emergency, it may have been more prepared to ensure providers and patients transitioned more effectively into using TMH.

Additionally, OMH's State Operations unit collects TMH usage data, such as the number of individuals served and the number of TMH sessions offered, for only its State-operated psychiatric centers. OMH does not collect TMH usage data or statistics from private providers (non-Medicaid). Without this information, OMH is unable to thoroughly analyze TMH use and implementation across the State, limiting its ability to identify access issues or opportunities for improvement.

Limited Oversight

OMH's oversight of a provider's use of TMH is focused on the initial approval. Part 596 of the NYCRR requires providers seeking TMH approval to submit a written plan that includes confidentiality protections for individuals who receive TMH, procedures for assessing recipients to determine if they may be properly treated using TMH, and informed consent of persons who receive TMH services. OMH Central and its five regional Field Offices are responsible for reviewing a provider's policies and procedures before they approve the use of TMH. OMH may conduct a remote readiness review of provider and/or recipient sites prior to issuing approval. However, OMH does not have defined procedures or processes after this approval to continuously oversee or monitor a provider's use of TMH.

Field Offices may include TMH components as part of the periodic facility inspections they conduct, but they are not required to do so. In addition, there is no uniform checklist pertaining to TMH components that Field Offices use when they conduct their periodic inspections. One Field Office has developed a TMH checklist it uses during recertification visits, and OMH officials stated they plan to require that all Field Offices use the checklist.

We found that OMH does not have a unit solely responsible for overseeing TMH. Instead, several units address different aspects. As a result, there is a higher likelihood for oversight issues related to TMH to occur. For example, TMH components are not routinely examined by the Field Offices during facility inspections; therefore, the other OMH offices, such as the Bureau of Inspection and Certification, which manages the process of recertification visits, lacks assurance that equipment continues to operate as designed and treatment session security continues to be appropriate.

Recommendations

1. Work with providers to increase their ability to offer TMH as a service to clients when it is deemed an appropriate method of treatment.
2. Increase TMH data collection to ensure comprehensive representation of TMH services and review and adjust accordingly to improve TMH services.

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3. Develop defined processes and procedures related to overseeing TMH beyond the initial approval process.

Audit Scope, Objective, and Methodology

Our audit objective was to determine whether OMH is adequately monitoring the delivery and performance of TMH services and ensuring that related TMH activities are conducted in accordance with applicable laws and regulations. The audit covered the period from January 1, 2016 through February 11, 2021.

To accomplish our objective, we interviewed officials from OMH and representatives from select mental health care providers. We gained an understanding of TMH and reviewed relevant laws and regulations, as well OMH-issued guidance documents. We became familiar with, and assessed the adequacy of, internal controls related to OMH's monitoring of delivery and performance of TMH. Additionally, we obtained and analyzed TMH data from the Directory and providers to determine the total number of providers and programs eligible to offer TMH compared to the number OMH has approved to use TMH. We also assessed the reliability and accuracy of the data. Overall, we determined the data to be reliable for the purposes of our audit objective, but as indicated in the report, we identified an issue with the completeness of the data.

As part of our audit procedures, we selected a judgmental sample of 10 providers approved for TMH and five providers eligible to offer TMH at the time of our audit (total of 15 of 448) to discuss how TMH was working for the providers and the benefits and barriers encountered. We selected our sample based on factors such as late inspections, geographical location, and number of programs. The audit results from our samples cannot be projected to the population as a whole.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. 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.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. These duties could be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our professional judgment, these duties do not affect our ability to conduct this independent performance audit of OMH's oversight and administration of telemental health services.

Reporting Requirements

A draft copy of the report was provided to OMH officials for their review and comment. Their comments were considered in preparing this final report and are attached in their entirety to the end of it. In general, OMH officials agreed with our recommendations and indicated actions they will take to implement them. We address certain remarks in our State Comptroller's Comment, embedded within OMH's response.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Mental Health shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Agency Comments and State Comptroller's Comment



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Acting Executive Deputy Commissioner

May 21, 2020

Brian Reilly
Audit Director
Office of the State Comptroller
Division of State Government Accountability
110 State Street – 11th Floor
Albany, NY 12236-0001

Dear Mr. Reilly:

In accordance with Executive Law § 170, the following are the responses from the Office of Mental Health (OMH) to the Office of the State Comptroller's (OSC's) draft audit report entitled, "*Oversight of Telemental Health Services.*" (2020-S-16).

Since February 2015, OMH has intentionally taken small, incremental steps to develop regulations and guidance for the provision of services via telemental health (previously telepsychiatry). OMH believes that while telemental health can be valuable, it is not intended to fully replace in-person treatment and clinical judgement must be used when determining which recipients are appropriate for this method of service delivery. As OSC acknowledges in their draft audit report, the use of telemental health is not beneficial for all consumers. Moreover, there are also certain settings and populations in which its use may be contraindicated. Prior to the COVID-19 pandemic, the use of telemental health was meant to be the exception, not the rule, and it was never OMH's mission to provide services to all consumers via telemental health.

As OSC describes in their draft audit report, the use of telemental health has expanded since 2015 when its use was limited to assessment and treatment services provided by psychiatrists or psychiatric nurse practitioners. In 2019, regulations were broadened and allowed additional practitioners to provide services, including psychologists, social workers, mental health counselors, marriage & family therapists, creative arts therapists, and psychoanalysts. The COVID-19 pandemic further expanded the use of telemental health in March 2020, allowing all providers to utilize this modality of service without formal approval. It ensured that recipients were able to continue to receive needed behavioral health services while physical sites were closed or at limited capacity and helped prevent COVID transmission between and among program staff and recipients. Although this waiver allowed providers to use telemental health to ensure continuity of services without applying for approval, more than 1,000 new sites have been formally approved to utilize telemental health at the conclusion of the disaster emergency and this number continues to rise.

This history of the implementation of telemental health is important as it demonstrates that OMH has slowly been expanding the use of this modality of service since 2015. The fact that this audit took place during a pandemic, where the use of telemental health has increased drastically in a very short time to serve our consumers in the safest way possible, does not mean that the data/statistics reviewed by OSC are what OMH expects to see going forward. While OMH does

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see the use of telemental health as valuable, it is not always feasible or clinically appropriate and should not replace needed in-person treatment in the future. One example of where this modality may not be clinically appropriate is in residential settings where in-person service delivery is invaluable. It is the expectation that housing providers should strive to deliver the majority of services in-person.

OMH generally agrees with the recommendations and a response to each is included below:

OSC Recommendation 1: Work with providers to increase their ability to offer TMH as a service to clients when it is deemed an appropriate method of treatment.

OMH 30-Day Response: OMH has been, and will continue, working with providers to increase their ability to provide services via telemental health when it is deemed to be an appropriate method of treatment. As OSC outlines in their report, the provision of services via telemental health expanded drastically after March 2020 in response to the COVID-19 pandemic. Although most providers are using telemental health under the guidance issued by OMH as a result of the disaster emergency, providers are continuing to submit administrative actions so that they can continue to utilize telemental health at the conclusion of the declared emergency period. As of Friday, April 23, 2021, 190 distinct providers¹ and 1,212 programs were formally approved to provide services via telemental health after the disaster emergency, and 55 additional providers were under review for approval.

While telemental health is being used by a majority of OMH's providers as a result of the pandemic, OMH has completed a substantial amount of outreach on the use of telemental health since April 2019 which includes the following:

- April 2019: Community Health Care Association of New York State Telehealth Symposium
- July 2019: NYS Coalition of Children's Behavioral Health Board Retreat
- September 2019: Geriatric Technical Assistance Learning Collaborative
- September 2019: NYS Coalition for Children's Behavioral Health Webinar
- September 2019: Coalition for Behavioral Health Webinar
- November 2019: Annual North County Telehealth Conference
- January 2020: CNY Telehealth Symposium
- March 2020: OMH Telemental Health Services Guidance Webinar
- April 2020: OMH Webinar Telemental Health Guidance for NYS Medicaid Managed Care Organizations (MMCO) during the COVID-19 State of Emergency
- August 2020: OMH Webinar Streamlined Process for Permanently Adding Telemental Health Services

Lastly, OMH plans to send a memo out to all those providers not yet permanently approved reminding them that they will no longer be able to provide services via telemental health at the conclusion of the disaster emergency without approval. The regional field offices will be identified as a contact for technical assistance.

¹ This includes 9 of the 20 State-operated facilities with the remaining 11 in various stages of the approval process.

OSC Recommendation 2: Increase TMH data collection to ensure comprehensive representation of TMH services and review and adjust accordingly to improve TMH services.

OMH 30-Day Response: While OMH agrees that data should be reviewed as they relate to telemental health utilization at the State-operated programs, we do not find this to be necessary for all providers on an on-going basis. As OSC notes in their report, as of December 23, 2020 there were 448 OMH-licensed, designated, and/or funded mental health providers (428 local providers, 20 OMH-operated) operating 1,677 programs in the State, eligible to provide services using telemental health. It is impractical for OMH to request data from each of these programs related to their use of telemental health to be able to quantify the amount of services provided via this method for all insurance types.

Currently, OMH has access to all behavioral health Medicaid claims data. Since Medicaid is the payer for 70% of program recipients, OMH can analyze and monitor most of this information. Prior to the COVID-19 pandemic, approximately .01% of Medicaid services were provided via telemental health. Given the low usage, and lack of any effect to reimbursement,² detailed analysis was deemed unnecessary.

Since its increase in use due to the COVID-19 pandemic, the Bureau of Strategic Financial Direction completes a bi-weekly analysis of Medicaid claims that include the telemental health modifier. This analysis is compared to pre-COVID numbers and is shared with central office and field office staff to track and evaluate trends and patterns of service utilization to better understand the impact of COVID on recipients and programs. OMH is also using these data to look at the overall cost of services during the disaster emergency. Once the emergency period is over, OMH will complete this analysis on an as-needed basis while also ensuring that provider usage is reviewed during recertification visits.

OSC Recommendation 3: Develop defined processes and procedures related to overseeing TMH beyond the initial approval process.

OMH 30-Day Response: While OMH agrees that defined processes and procedures specific to telemental health are needed, OMH disagrees with OSC's statement that "OMH does not conduct reviews of the telemental health components beyond the initial review". Recertification visits conducted by the field offices include a review of all selected records (including those for individuals receiving services via telemental health) against regulations and guidance to ensure compliance. Although a standardized tool did not exist at the time, the Long Island Field Office has included citations specific to services being provided via telemental health in one of their Monitoring Outcome Reports.

State Comptroller's Comment – OMH does not conduct reviews specific to telemental health components beyond the initial review. Telemental health would only be reviewed if the selected records included individuals receiving these services.

However, developing defined processes and procedures is something that has been in process since the fall of 2019, but was delayed due to the ongoing COVID-19 pandemic.

² Since telemental health is a modality of service, the reimbursement for in-person services and those provided via telemental health are the same and therefore the analysis of the claims were not treated any differently.

OMH's Western NY Field Office previously created a Telemental Health Record Review Checklist, which was piloted prior to the start of this review. OMH plans to further review this document with the remaining field offices and have it implemented State-wide within 3-6 months following the expiration of the Executive Orders which have allowed many flexibilities during the public health emergency. In the meantime, several questions specific to telemental health are being added to existing field office review documents and will be implemented by the summer of 2021.

Additionally, OMH is already in the process of updating the Standards of Care to include elements related to telemental health which will be assessed during field office recertification visits. It is expected that this updated document will be issued later in 2021, following the amendment and adoption of changes to the Part 596 Telemental Health regulations.

Please let us know if you have any questions or require additional information concerning the above.

Sincerely,



Moira Tashjian
Acting Executive Deputy Commissioner

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