



Department of Health

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Executive Deputy Commissioner

November 15, 2024

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

Dear Nadine Morrell:

Enclosed are the Department of Health's comments on the Office of the State Comptroller's Follow-Up Audit Report 2024-F-4 entitled, "Management of Indoor Air Quality for Individuals with Asthma."

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in blue ink that reads "Johanne E. Morne".

Johanne E. Morne, M.S.
Executive Deputy Commissioner

Enclosure

cc: Michael Atwood
Melissa Fiore
DOH Audit

**Department of Health
Comments on the
Office of the State Comptroller's
Follow-Up Audit Report 2024-F-4 entitled,
“Management of Indoor Air Quality for Individuals with Asthma”**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) Follow-Up Audit Report 2024-F-4 entitled, "Management of Indoor Air Quality for Individuals with Asthma" (Report 2020-S-59).

Recommendation 1

Improve oversight of program performance, such as developing policies and procedures, and assess whether LHD services are provided in the target areas identified.

Status – Partially Implemented

Agency Action – DOH has developed new contract management procedures to improve its oversight of HNP performance, including steps to log and track LHD report submission and to follow up when LHDs do not submit required documentation. The procedures contain steps to review all reports against program guidelines and deliverables, including ensuring initial visits and revisits are reported, evaluating revisit rates, and assessing LHDs' overall compliance with HNP contract requirements. In addition, the new procedures require DOH staff to assess whether LHDs are providing HNP services within the target areas approved by DOH. However, we found that DOH has not fully implemented these procedures. Of the 18 LHDs participating in the program for contract years 2022-23 and 2023-24, DOH did not receive all quarterly and annual reports for 14 LHDs for 2022-23 and 10 LHDs for 2023-24. We also found that, for the quarterly and annual reports that were submitted, DOH did not review at least one report for 15 LHDs for contract year 2022-23 and for five LHDs for 2023-24. Moreover, as a result of the audit team's inquiries, DOH discovered that an LHD was using an improper method to report HNP visits.

According to DOH officials, a lack of personnel has impacted their ability to oversee the HNP and improve its performance. DOH recently hired a new staff member who is learning to oversee the HNP in the interim until DOH can obtain dedicated staff.

DOH Response to Recommendation 1

DOH agrees with the assertion that this recommendation is partially implemented. With new staffing opportunities, DOH will continue to work towards full implementation.

Recommendation 2

Collect missing LHD annual reports, cost-benefit analyses, and quarterly reports, where feasible, and ensure all reports are collected going forward.

Status – Partially Implemented

Agency Action – DOH officials contacted LHDs to request the missing reports and cost-benefit analyses, but were unable to collect any of the missing documentation identified in our audit. We also found that, while DOH's new procedures include a step to ensure that LHDs submit the requested reports, it has not been fully implemented. For contract year 2023-24, we reviewed DOH's report tracker to assess its collection rates for quarterly and annual reports, totaling 72 quarterly and 18 annual reports for the 18 LHDs. We found that DOH did not collect eight of the

72 quarterly reports and six of the 18 annual reports. Additionally, DOH failed to review six of the 64 quarterly reports and two of the 12 annual reports that were collected. According to DOH officials, when necessary, they have the ability to withhold funding from LHDs that fail to meet contractual requirements, such as the timely submission of quarterly and annual reports. However, DOH provided no evidence that it exercised this authority. As progress reports provide accountability and enable project monitoring, it is uncertain how effectively DOH monitored the program and how DOH determined if LHDs were meeting the goals outlined in their contracts.

DOH Response to Recommendation 2

DOH maintains that, despite some minor errors in the administrative aspects of documenting contract management activities, LHD programs were adequately monitored. The majority of reports were collected and reviewed, and NYSDOH routinely accesses the HNP data dashboard to check on program performance when concerns arise.

Recommendation 3

Ensure that LHDs are performing the minimum number of revisits per their HNP contracts.

Status – Not Implemented

Agency Action – While DOH has developed new procedures that require DOH staff to evaluate the 90-day revisit rates, those procedures do not specify what actions should be taken if revisit rates do not meet contract requirements. Further, we found that DOH is not always collecting the information it needs to evaluate revisit rates and LHDs are still not always performing the minimum number of revisits per their HNP contracts. We selected a sample of four LHDs for contract years 2022-23 and 2023-24 to determine whether the number of 90-day revisits met contract requirements, finding:

- DOH did not provide revisit information for one LHD
- One LHD contract did not include revisit goals
- One LHD met its revisit goals for 2022-23 but did not submit all quarterly reports (which include revisit data) for 2023-24
- One LHD met its revisit goals for the 2023-24 contract year but not for 2022-23

DOH Response to Recommendation 3

DOH agrees with this recommendation and has taken steps towards implementing it; however, due to staffing limitations, implementation of a more formal plan to monitor 90-day revisit rates has taken longer than anticipated. With anticipated new staff, DOH will continue to work towards improved monitoring procedures.

Recommendation 4

Ensure all LHDs are conducting the 1-year asthma follow-up visits per their HNP contract and are accurately reporting the visits using the E-Form system.

Status – Partially Implemented

Agency Action – While DOH has developed new procedures that require DOH staff to evaluate the 1-year asthma follow-up visit rates, we found that LHDs are not always conducting 1-year asthma follow-up visits and at least one LHD is not using the E-Form system as required. We requested E-Form data for a sample of four LHDs to determine whether the 1-year asthma follow-up visits were conducted for contract years 2022-23 and 2023-24. However, one of the LHDs did not use E-Form and did not include 1-year asthma follow-up visits on the spreadsheet it uses in place of E-Form. For the other three LHDs, we verified that data reported in the E-Form system was accurate, and determined that they conducted only 20%, 40%, and 50% of 1-year asthma follow-up visits, respectively. We also found that, since the initial audit, DOH modified the contract of the LHD for which we did not receive data to include a reduced goal of 75% compliance, even though 1-year asthma follow-up visits are required.

DOH Response to Recommendation 4

DOH agrees that this recommendation has been partially implemented. Due to staffing limitations, implementation of a more formal plan to monitor 1-year revisit rates has taken longer than anticipated. With new staffing opportunities, DOH will continue to work towards improved monitoring procedures.

Recommendation 5

Update the Asthma Dashboard annually, according to the Department policy, and use the data to assess the impact of the HNP on the asthma burden in the State.

Status – Partially Implemented

Agency Action – According to DOH officials, they have updated the Dashboard multiple times since the initial audit. However, while the Dashboard does contain more recent data than was available at the time of our initial audit, as of April 2024, the Dashboard only contained data through December 2022. DOH officials told us that they last updated the Dashboard in October 2023 and described various updates and enhancements made. DOH officials also acknowledged they have not written schedule for updating the Dashboard as it is a grant deliverable (federal activity) and not a State-funded activity, and there is, therefore, no department policy requiring its update.

DOH still does not use data from the Dashboard to assess the impact of the HNP on the asthma burden in the State. As noted in our initial audit, officials claimed that because the Dashboard is not specific to HNP, it cannot be used to assess the impact of the program on asthma. Officials stated that it is not methodologically appropriate to use entire county asthma data to assess the impact of a portion of a program that is implemented in specificity parts of a county (i.e., may be targeting specific localities/zip codes).

DOH officials further said that, instead of using the Dashboard to assess program impact, they conduct pre- and post-program reviews and use the Dashboard only to identify target areas. However, DOH was not able to provide any evidence of the pre- and post-program reviews (officials said this was due to the reviews being part of a federal grant program). In addition, per the HNP contracts, LHDs-not DOH-are required to identify the target areas, and during this follow-up, DOH did not provide evidence that it actually used the Dashboard for this purpose. Taking advantage of Dashboard data would enable DOH to evaluate the HNP's impact on the

asthma burden in the State. This, in turn, would help DOH make program improvements and determine whether additional LHDs could benefit from HNP.

DOH Response to Recommendation 5

DOH disagrees that this recommendation has not been implemented and maintains that the Asthma Dashboard data is updated and used appropriately. The Asthma Dashboard was updated in October 2023 and again in April 2024 with the most recent years of data available. Dashboard updates are dependent on several factors including data availability and other competing grant-funded activities. The HNP may target specific localities with asthma being only one of several components. As demonstrated by evidence provided by DOH over the course of the audit, use of county-level data on the dashboard is not appropriate methodology to assess programmatic impact. The dashboard is used to identify and target priority service areas for the Asthma Control Program activities. HNP contracts have their own methodologies for identifying target areas.

State Comptroller's Comment – While we recognize that the Dashboard is not specific to HNP, we disagree that it cannot be used to assess the impact of the program on asthma. As we explained in the report, taking advantage of Dashboard data would enable DOH to evaluate the HNP's impact on the asthma burden in the State. This would help DOH make program improvements and determine whether additional LHDs could benefit from HNP. Further, DOH was not able to provide any evidence of the pre- and post-program reviews it claimed to use instead of the Dashboard to assess program impact.

Recommendation 6

Develop an evaluation to determine the overall effectiveness of the HNP and performance of LHDs.

Status – Not Implemented

Agency Action – DOH officials said they reviewed their evaluation procedures and determine that, due to limited personnel and competing priorities, it was not feasible to develop an evaluation to determine the overall effectiveness of HNP and performance of LHDs at this time. Officials said that the recently developed procedures described in the other recommendations will improve oversight of LHD performance. However, none of those recommendations have been fully implemented and, during our follow-up, we continued to find issues similar to those identified in the initial audit. DOH should do more to evaluate LHDs, as well as the HNP overall, to determine their effectiveness in reducing environmental hazards to better protect and assist individuals with asthma.

DOH Response to Recommendation 6

DOH agrees with this recommendation and is taking steps to implement it. has improved procedures for oversight of LHD programs. As contract management procedures continue to improve with increased staffing and better data, the Department will be able to conduct more formal evaluation projects.