Department of Health and Human Services
Office of Inspector General
Office of Audit Services

February 2025 | A-02-23-02008

Florida Generally Used CDC Public Health Crisis Response Cooperative Agreement Program Funds in Accordance With Federal Requirements

REPORT HIGHLIGHTS

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Florida Generally Used CDC Public Health Crisis Response Cooperative Agreement Program Funds in Accordance With Federal Requirements

Why OIG Did This Audit

- Congress appropriated approximately $10 billion to CDC for it to establish the Public Health Crisis Response cooperative agreement program. Florida was awarded $41.2 million in cooperative agreement program funds for the period March 5, 2020, through March 15, 2022 (audit period).
- The program allowed States and other award recipients to acquire the resources needed to prevent, prepare for, and respond to the COVID-19 public health emergency. Due to the speed at which funds were awarded, there is a risk that award recipients may not have established adequate procedures to ensure that funds were used appropriately.
- This audit assessed whether Florida expended cooperative agreement program funds in accordance with Federal requirements and applicable award terms and conditions.

What OIG Found

- Florida maintained adequate documentation to support 101 of the 106 sampled expenditures and all indirect expenditures and interagency funds transferred for COVID-19 PHE-related purchases under the cooperative agreement. However, for the remaining five sampled direct expenditures, the State agency did not maintain adequate documentation to support time charged by contracted employees. As a result, we determined that Florida made $218,504 of improper expenditures under its cooperative agreement program.
- Florida did not ensure that the Federal closeout reports on its cooperative agreement program activities were accurately completed and timely submitted to CDC.
- These deficiencies occurred because the State agency did not establish adequate procedures or did not follow its existing policies and procedures to ensure that expenditures and reporting of cooperative agreement funds met Federal requirements and program terms and conditions.

What OIG Recommends

We recommend that Florida refund $218,504 to the Federal Government and improve its processes related to its cooperative agreement program. The full recommendations are in the report. Of the three recommendations in our draft report, Florida disagreed with two recommendations and did not indicate its concurrence or nonconcurrence with the remaining recommendation. Based on Florida's response to the draft report, we revised our recommendations as appropriate.

TABLE OF CONTENTS

INTRODUCTION

WHY WE DID THIS AUDIT

Congress appropriated approximately $10 billion to the Centers for Disease Control and Prevention (CDC) for it to establish the Public Health Crisis Response cooperative agreement program.[1] The program allowed States and other award recipients to acquire the resources needed to prevent, prepare for, and respond to the COVID-19 public health emergency (PHE). The Florida Department of Health (the State agency) was awarded approximately $41.2 million through the cooperative agreement program for the period March 5, 2020, through March 15, 2022 (audit period).[2] Due to the speed at which CDC awarded these funds, there was a risk that award recipients may not have established adequate procedures to ensure that funds were used appropriately.

OBJECTIVE

Our objective was to determine whether the State agency expended CDC Public Health Crisis Response cooperative agreement program funds in accordance with Federal requirements and applicable award terms and conditions.

BACKGROUND

Public Health Crisis Response Program

The CDC's Public Health Crisis Response cooperative agreement program provides awards to State, local, and Tribal governments to enhance the Nation's ability to rapidly respond to PHEs. Funding recipients are approved in advance to receive funds and are awarded the funds after a notice of funding opportunity (NOFO) is issued and recipients submit applications. During Federal fiscal years (FYs) 2020 and 2021, CDC awarded 130 cooperative agreements under the program, totaling approximately $2.7 billion, to 65 recipients. During the COVID-19 PHE, these funds were to be used on a wide range of goods and services (e.g., supplies), including surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities (e.g., lodging expenditures).[3]

[1] The appropriations were made through the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. No. 116-123) and the American Rescue Plan Act of 2021 (P.L. No. 117-2).

[2] The original project period was from March 5, 2020, through September 4, 2020; however, CDC approved an 18-month extension to the State agency, thereby extending the period through March 15, 2022.

[3] Response activities included hiring and training certain contracted temporary clinical staff (e.g., physicians and nurses) and administrative staff, purchasing equipment and supplies, and administrative support services.

Program fund recipients were also required to submit Federal closeout reports, including a "Tangible Personal Property Report" to CDC. CDC used these reports to assess whether recipients achieved program goals, measure recipients' performance, oversee program funds, and inform stakeholders about program outcomes.

Florida Department of Health's Cooperative Agreement Award Program

For our audit period, CDC awarded the State agency $41.2 million in cooperative agreement program funds. As a program fund recipient, the State agency agreed to comply with the terms and conditions of the award and exercise proper stewardship over these Federal funds.[4] For our audit period, the State agency withdrew and spent approximately $41.1 million on its Public Health Crisis Response program. The State agency used its existing accounting system, the Florida Accounting Information Resource (FLAIR) system, to track all cooperative agreement program expenditures.

To prevent personnel shortages caused by the COVID-19 PHE, the State agency contracted with vendors to hire additional employees.[5] The State agency relied on these vendors to track the time and effort charged by the contracted employees to the cooperative agreement award in their timekeeping systems and to maintain supporting documentation (i.e., approved timesheets). In addition, the State agency used the funds to pay for various direct services (e.g., consulting, medical, and information technology), equipment and supplies, and in-state travel expenses related to COVID-19 response activities. The State agency's policies and procedures required that expenses be reviewed, approved, and certified by contract managers to properly account for and report these award activities.

HOW WE CONDUCTED THIS AUDIT

We obtained from the State agency's accounting system all cooperative agreement program direct expenditures over $100, totaling $31,474,469, made by the State agency during our audit period. From these expenditures, we selected for review a stratified random sample of 106 direct expenditures totaling $8.8 million. We also selected for review all indirect expenditures and interagency funds transferred for COVID-19 PHE-related purchases totaling $9.7 million.[6, 7] We reviewed documentation from the State agency to support cooperative agreement

[4] Terms and conditions are outlined in CDC's NOFO and the Notice of Award.

[5] Examples of employees contracted through vendors include infection control nurses, security guards, airport screeners, and medical transcriptionists.

[6] The cooperative agreement expenditures that we separately reviewed included $2 million in indirect expenditures and $7.7 million in direct expenditures representing interagency funds transferred for COVID-19 related purchases.

[7] We reviewed whether approved indirect cost rates were appropriately applied to the direct expenditures made under the cooperative agreement.

program expenditures and whether required Federal closeout reports prepared by the State agency were accurate and submitted timely to CDC.

We conducted this 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 objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology and Appendix B describes our statistical sampling methodology.

FINDINGS

The State agency generally used CDC Public Health Crisis Response cooperative agreement program funds in accordance with Federal requirements. Specifically, 101 of the 106 sampled direct expenditures and all indirect expenditures and interagency funds transferred for COVID-19 PHE-related purchases under the cooperative agreement complied with Federal requirements and applicable award terms and conditions. However, for the remaining five sampled direct expenditures, the State agency did not maintain adequate documentation to support that time charged by contracted employees complied with Federal requirements and applicable program terms and conditions. In addition, the State agency did not accurately complete and timely submit its Federal closeout reports to CDC.

These deficiencies occurred because the State agency did not establish adequate procedures or did not follow its existing policies and procedures to ensure that expenditures and reporting of cooperative agreement funds met Federal requirements and program terms and conditions.

For the sampled direct expenditures, we determined that the State agency made $218,504 of unallowable expenditures under its cooperative agreement program. In addition, because the State agency's closeout reports were not always accurate and submitted timely, CDC may not have been able to properly evaluate and report on the performance of the Public Health Crisis Response cooperative agreement program to its stakeholders.

THE STATE AGENCY DID NOT MAINTAIN ADEQUATE DOCUMENTATION SUPPORTING CONTRACTED EMPLOYEES' CHARGED TIME

Cooperative agreement program costs must comply with the award recipient's policies and procedures and be adequately documented. Also, activities charged to the cooperative agreement must be allowable, allocable, and reasonable.[8] Cooperative agreement recipients must maintain records that accurately reflect the work performed. The records must provide reasonable assurance that the charges are accurate, allowable and properly allocated, and they

[8] 45 CFR §§ 75.403 and 75.405.

must comply with the established accounting policies and practices of the non-Federal entity. The awarding agency may require personnel activity reports, including prescribed certifications, or equivalent documentation if the records do not meet these standards.[9] Contractors are also required to comply with the terms and conditions of the award. States must expend and account for Federal award funds in accordance with their own State laws and procedures for expending State funds. The State's and other non-Federal entities' financial management systems must be sufficient to trace funds to establish that such funds have been used according to Federal requirements.[10]

For five sampled direct expenditures, totaling $218,504, the State agency did not maintain adequate documentation supporting work performed by contracted employees that was charged to the cooperative agreement program. The State agency relied on its vendors to maintain supporting documentation for the time charged by contracted employees to the cooperative agreement program. However, timesheets that were maintained either electronically or in hard copy provided by the State agency were missing required employees' and approving managers' signatures.

THE STATE AGENCY'S FEDERAL CLOSEOUT REPORTS DID NOT PROPERLY ACCOUNT FOR EQUIPMENT PURCHASES AND WERE NOT TIMELY SUBMITTED TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Non-Federal entities are required to have financial systems that produce accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements.[11] Non-Federal entities awarded Federal funds must also take certain actions for the awarding agency to timely close out Federal awards.[12] To do this, States must have effective controls and safeguards in place to ensure accountability over Federal funds.[13] Further, the cooperative agreement program's NOFO required Federal closeout reports to be submitted to CDC within 90 days from the end of the program's performance period, which was by June 15, 2022. Closeout reports consist of all required programmatic and financial reports after the period of performance end date and includes any adjustments for remaining amounts due. These reports include information on the status of all Federal funds used during the performance period and any unobligated balances, an inventory of all equipment, and a final programmatic progress report.[14]

[9] 45 CFR § 75.430(i).

[10] 45 CFR § 75.302.

[11] 45 CFR §§ 75.302 and 75.341.

[12] 45 CFR § 75.381.

[13] 45 CFR § 75.302(b)(4).

[14] Required closeout reports for the cooperative agreement program include the Final Federal Financial Report, Tangible Personal Property Report, Final Performance Report, and the Final Invention Statement.

The State agency's closeout reports did not properly account for equipment purchases and were not timely submitted to CDC for its cooperative agreement. Specifically, the State submitted its reports between 114 to 121 days after the June 15, 2022, deadline.[15] Also, the State agency did not accurately list the equipment purchased under the cooperative agreement program on its property report. Specifically, its report did not account for approximately $10 million in equipment.[16] Further, on the same report, the State agency made a clerical error and reported that some equipment was purchased after the budget period.

CDC uses the Federal closeout reports to assess whether cooperative agreement award recipients achieved program goals and maintained adequate program and financial oversight over program funds. As a result of having inaccurate property reports, CDC was not able to adequately monitor how the State agency used cooperative agreement program funds to purchase and retain equipment. Further, due to the inaccurate property report and the closeout reports not being timely submitted, CDC may not have been able to properly evaluate and report on the performance of the Public Health Crisis Response cooperative agreement program to its stakeholders.

CAUSES FOR NONCOMPLIANCE WITH FEDERAL REQUIREMENTS AND COOPERATIVE AGREEMENT PROGRAM TERMS AND CONDITIONS

The noncompliance with documentation requirements occurred because the State agency relied on its vendors to maintain supporting documentation for the time charged by contracted employees to the cooperative agreement program and did not have processes to verify that its vendors submitted signed and approved timesheets.

The State agency did not comply with requirements to submit accurate and timely closeout reports because it relied on data systems managed by another State entity and inadvertently excluded some codes when completing its property report.[17] Additionally, State agency officials explained that they thought the State agency had obtained an approval from CDC to extend the deadline to submit its closeout reports to CDC. However, CDC stated that it did not approve a request from the State agency to extend the deadline to submit these reports.

[15] The original cooperative agreement's project period was from March 5, 2020, through September 4, 2020; however, CDC approved an 18-month extension to the State agency.

[16] As part of the cooperative agreement program award closeout process, CDC required recipients to annually submit a *Tangible Personal Property* report which details equipment that was purchased and maintained. We found that the State agency did not include some equipment that it purchased under the cooperative agreement program such as various lab equipment, test collection kits, and a mobile vaccine unit.

[17] Florida's Division of Emergency Management was designated as the State's lead agency to purchase equipment related to emergency preparedness and response activities during the PHE and coordinated with the State agency to deliver needed equipment for the cooperative agreement program. However, since the equipment was not purchased under the State agency's procurement systems, the State agency inadvertently excluded some equipment on its property report.

RECOMMENDATIONS

We recommend that the Florida Department of Health:

- refund $218,504 to the Federal Government,

- establish policies and procedures to verify that vendors submit approved timesheets to support the time and effort charged to the cooperative agreement program by contracted employees, and

- strengthen its existing processes for ensuring that Federal closeout reports are accurate and timely submitted.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency disagreed with "aspects of the report," including the report title and the scope of our audit being limited to the State agency, and two of our recommendations. The State agency did not indicate its concurrence or nonconcurrence with our remaining recommendation. Specifically, the State agency disagreed with our finding and recommendation (financial disallowance) related to unallowable expenditures.

Under separate cover, the State agency provided additional documentation related to supplies and lodging expenditures identified in our draft report as unsupported.[18] Further, the State agency indicated that it believes it maintained adequate documentation for cooperative agreement program expenditures for contracted employees' charged time. The State agency contended that vendors that employed these individuals utilized various methods to document timesheets for contracted employees and indicated that these vendors could not have altered their processes for documenting how time was charged to the cooperative agreement program. However, the State agency explained that it was unclear if the procedures its contracted vendors utilized were acceptable and acknowledged that process improvements could be implemented. The State agency's comments are included as Appendix D.

Based on our review of the State agency's comments and additional documentation provided, we revised our findings and related recommendations for two sampled direct expenditures. Among our revisions, we reduced the amount of our first recommendation from $1,163,554 to $218,504. We maintain that our findings and recommendations, as revised, are valid.

[18] The documentation related to two sampled expenditures: (1) $938,700 in supplies that the State agency documented was for the purchase of 200,000 isolation/surgical gowns and (2) an invoice that included lodging costs for in-state travel expenses related to COVID-19 response activities for multiple State agency employees totaling $6,350.

We also modified the title of the report to reflect our updated findings. Additionally, we revised Appendix A to clarify how the State agency was chosen as the entity that was audited. Specifically, we chose to audit the State agency based on a combination of factors that included the award amount, whether the award was fully drawn down and FFRs were submitted to CDC, and total confirmed COVID-19 cases within the award recipient's jurisdiction. Furthermore, we agree with the State agency's assertion that its normal operating processes needed to be changed quickly due to the PHE. For that reason, we considered the risks associated with award recipients timely establishing adequate procedures due to the speed at which CDC awarded funds to recipients. However, this was only a factor for why we did this audit—not meant to serve as a singular cause for any findings we identified.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our audit covered 14,004 cooperative agreement direct expenditures of $100 or more that were made by the State agency during our audit period, totaling $31,474,469. From these expenditures, we selected a stratified random sample of 106 direct expenditures totaling $8,768,509. We also selected all indirect expenditures and interagency funds transferred for COVID-19 PHE-related purchases, totaling $9.7 million. We selected the State agency as the entity being audited based on a combination of factors that included the award amount, whether the award was fully drawn down and FFRs were submitted to CDC, and total confirmed COVID-19 cases within the recipient's jurisdiction.

We limited our review of the State agency's internal controls to those applicable to the administration of its cooperative agreement program. Specifically, we reviewed the State agency's policies and procedures for charging program expenditures, maintaining required documentation, and preparing and submitting required closeout reports.

We conducted our audit from May 2023 through November 2024.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, guidance, and cooperative agreement requirements;
- met with State agency officials to gain an understanding of the cooperative agreement program and obtained their policies and procedures for administering the program;
- obtained from the State agency all expenditure transactions totaling $41,401,390 that it used under its cooperative agreement program during our audit period;
- reconciled the total amount of cooperative agreement program funds that the State agency received to the amounts detailed in its accounting system;
- created a sampling frame of 14,004 direct expenditures of $100 or more from the State agency's accounting system with cooperative agreement program amounts totaling $31,474,469;
- selected a stratified random sample of 106 expenditures from our sampling frame, and for each sampled expenditure, obtained and reviewed documentation from the State agency to support cooperative agreement program expenditures;

- separately reviewed indirect expenditures totaling $1,974,217 made by the State agency under its cooperative agreement program;

- separately reviewed interagency cooperative agreement program funds transferred for COVID-19 PHE-related purchases totaling $7,656,532;

- obtained and reviewed closeout reports submitted to CDC;

- determined the total amount of unallowable expenditures made by the State agency under its cooperative agreement program during our audit period; and

- discussed our results with State agency's officials.

We conducted this 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 objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: STATISTICAL SAMPLING METHODOLOGY

SAMPLING FRAME

The sampling frame consisted of 14,004 cooperative agreement direct expenditures of $100 or more that were incurred by the State agency during our audit period, totaling $31,474,469.[19]

SAMPLE UNIT

The sample unit was a cooperative agreement direct expenditure.

SAMPLE DESIGN AND SAMPLE SIZE

We used a stratified random sample as follows:

Stratum Number	Dollar Range of Cooperative Agreement Direct Expenditures	Number of Frame Units	Value of Frame	Sample Size
1	≥$100.00 and ≤$1,004.40	10,184	$4,188,777	20
2	>$1,004.40 and ≤$3,612.60	3,134	$5,194,130	20
3	>$3,612.60 and ≤$24,751.00	517	$4,206,933	20
4	>$24,751.00 and ≤$101,179.33	129	$6,628,871	22
5	>$101,179.33	40	$11,255,758	24
Total		**14,004**	**$31,474,469**	**106**

SOURCE OF RANDOM NUMBERS

We generated the random numbers using the OIG Office of Audit Services (OIG/OAS) statistical software.

METHOD OF SELECTING SAMPLE ITEMS

We sorted the items by the unique expenditure identification number in ascending order, consecutively numbered the policies in each stratum, generated random numbers in

[19] As part of this audit, we separately reviewed indirect expenditures made by the State agency under its cooperative agreement and any interagency funds transfers.

accordance with our sample design, and then selected the corresponding frame items for review.

ESTIMATION METHODOLOGY

We have chosen not to report any estimates of unallowable expenditures in the sampling frame because the lower limit of the two-sided 90-percent confidence interval was less than the known unallowable expenditures in the sample. Therefore, we are recommending recovery of only the unallowable expenditures for the items in our sample.

APPENDIX C: SAMPLE RESULTS

Table: Sample Results

Stratum Number	Number of Frame Units	Value of Frame	Sample Size	Value of Sample	Number of Units Containing Unallowable Expenditures in Sample	Value of Unallowable Expenditures in Sample
1	10,184	$4,188,777	20	$8,990	0	$0
2	3,134	5,194,130	20	29,285	0	0
3	517	4,206,933	20	145,440	1	3,444
4	129	6,628,871	22	1,138,058	3	140,469
5	40	11,255,758	24	7,446,736	1	74,591
Total	**14,004**	**$31,474,469**	**106**	**$8,768,509**	**5**	**$218,504**

APPENDIX D: STATE AGENCY COMMENTS

Mission:
To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

December 11, 2024

Jennifer Webb
Regional Inspector General for Audit Services
26 Federal Plaza, Room 3900
New York, NY 10278

Dear Ms. Webb:

The Florida Department of Health (FDOH) has reviewed the draft report of the CDC OIG audit A-02-23-02008, received on November 26, 2024, and respectfully disagrees with aspects of the report and two of the recommendations.

Transparency and Accountability
We welcome audits as an opportunity to validate our commitment to transparency and accountability. However, the Department believes the title of this report does not accurately reflect the findings documented in the report nor does it appear to be consistent with the "Why OIG Did This Audit". Particularly, the first bullet states "Congress appropriated approximately $10 billion to the CDC for it to establish the Public Health Crisis Response cooperative agreement program." Of which, FDOH received less than 1% at $41.2 million. Additionally, the scope of the audit appears to be limited to the State of Florida, only, as evidenced in a question presented to the auditing team regarding "other states under audit or was there a plan to audit them?". To date, FDOH is not aware of any other audits opened in other states, nor of a plan by the HHS to open them.

The second bullet under "Why OIG Did this Audit" states, "Due to the speed at which funds were awarded, there is a risk that the award recipients may not have established adequate procedures to ensure that the funds were used appropriately." While this is a valid reason for undertaking such an audit, the Public Health Crisis had a direct impact on vendors, local, state, and federal agencies resulting in disruption of supply chains and the implementation of mass telework to required shutdowns aimed at preventing exposure and spread of the COVID-19 virus. Furthermore, the processes previously completed physically, had to be quickly adapted to account for a remote workforce. FDOH shifted most of its focus primarily to testing and contract tracing. Thus, many of the findings within the draft report are procedural in nature but are not a result of the "speed at which funds were awarded," but rather a result of the challenges FDOH faced resulting from a global pandemic.

Florida Department of Health
Deputy Secretary for Operations
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PHONE: 850-245-4259
FloridaHealth.gov

Findings and Recommendations

FDOH does not agree with refunding $1,163,554 to the Federal Government. FDOH worked with the auditors to fully address each finding. As to the $938,700 finding related to itemized documentation to support the purchase of supplies, FDOH believed this had been resolved. FDOH has additional documentation to show there were not multiple types of items purchased, but specifically, 200,000 isolation/surgical gowns.

For the $6,350 identified in the report, FDOH has contract manager approval and has previously submitted this documentation.

Regarding the $218,504, there were several vendor contracts reviewed where vendors provided staff to preform services for FDOH. These individuals are employees of the vendor and not FDOH. Various timesheet documentation, and in some cases, invoices, signed by the vendor supervisor of the project were provided. Cases where a time report was used, rather than a signed timesheet, was due to the approval process of the vendor. One example is of vendors providing a call-in phone number to use as a timeclock for their employees. It is unclear to FDOH if these types of procedures are not acceptable or how it would have accomplished aspects of its response efforts, understanding these are the payroll systems and processes of the vendor. We do not believe they would have been able to alter their process, other than possibly having someone sign/certify the full-time report. Regardless how this is viewed, process improvement can be implemented; however, FDOH does not agree that documentation to support the hours related to work performed did not exist for the Public Health Crisis Response.

Sincerely,

DocuSigned by:
B293C3A9D8DA489...
Antonio D. Dawkins, MPA, PMP
Deputy Secretary for Operations

Report Fraud, Waste, and Abuse

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How Does it Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of whistleblowing or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

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