A Review of Pandemic Relief Funding and How It Was Used in Six U.S. Communities

Marion County, Georgia

January 2025

City of Springfield, Massachusetts
City of Coeur d'Alene, Idaho
Sheridan County, Nebraska
Marion County, Georgia
White Earth Nation Reservation in Minnesota
Jicarilla Apache Nation Reservation in New Mexico

PANDEMIC RESPONSE
ACCOUNTABILITY COMMITTEE

CONTENTS

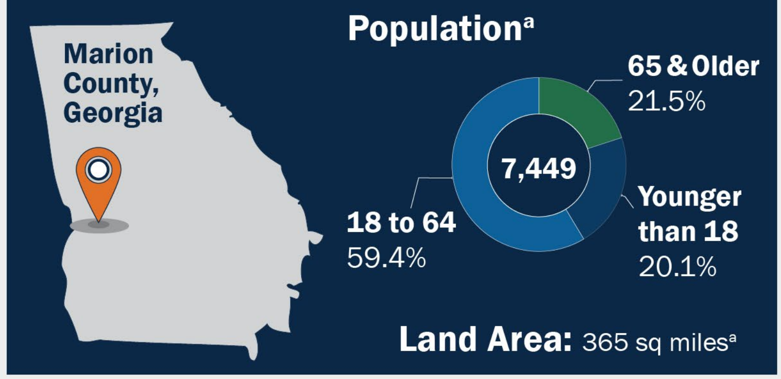
Taking a Closer Look at a Community's Experience: MARION COUNTY, GEORGIA

This report is the fourth in a series taking an in-depth look at how six communities used federal pandemic funding to address a wide range of community-based needs. In this report, we focus on Marion County, GA, with a detailed look at six of the 27 pandemic programs that provided funding to the community. For more information about our review, see Appendix B.

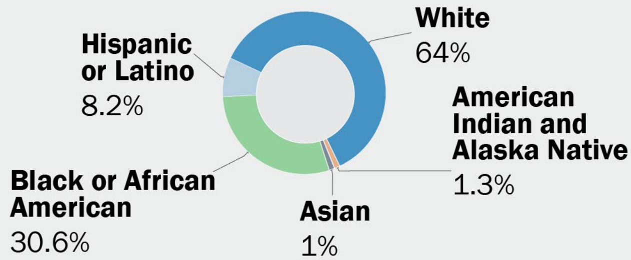
Marion County, located in Southern Georgia and 35 miles east of Columbus, has a population of 7,449 and a poverty rate of 21.3 percent. As of October 2021, Marion County had experienced 960 recorded cases of COVID-19 and 38 deaths. By February 2022, COVID cases increased to 1,086 and 47 deaths.

In the first part of our review, Tracking Pandemic Relief Funds that Went to Local Communities Reveals Persistent Data Gaps and Data Reliability Issues, we found that Marion County recipients, including the county government, small businesses, and individuals, received more than $38.8 million from 27 federal pandemic relief programs and subprograms during the first 18 months of the pandemic. This report provides a closer look at six of these federal pandemic programs from six federal agencies and the funding

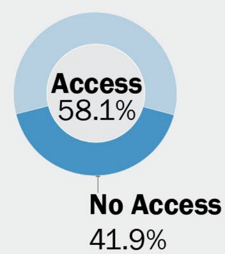
LOCATION



Racial Demographic Information[a,b]



Internet[a]



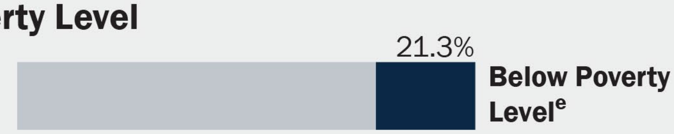
COVID-19

Vaccination Rate[c]
43.3%

COVID-19 Cases[d]
1,086

COVID-19 Deaths[d]
47

Poverty Level



[a] U.S. Census Bureau data for counties and cities.
[b] Because individuals may be considered a member of more than one racial demographic, the percentages may not equal 100 percent.
[c] Centers for Disease Control and Prevention data based on the rate of individuals who received at least two doses of the vaccine. The vaccination rate represents the county-wide rate. Data as of May 30, 2023.
[d] Data was obtained from the Marion County Health Department and represents totals for Marion County as of February 28, 2022.
[e] U.S. Census Bureau. The poverty line varies depending on factors such as the year and household size. Please see Poverty Thresholds for more information.

they provided to Marion County. These programs aimed to mitigate the effects of the pandemic by addressing community development needs that posed a serious threat to the health or welfare of the community—for example, offering support to essential workers with hazard pay so they could ensure the community's safety and developing learning loss remediation programs for local schools.

In this report, we offer insights into how Marion County used its pandemic relief funding, how the spending generally aligned with the goals and objectives of the federal programs and subprograms, and whether the funding helped Marion County residents respond to the pandemic.

Programs Selected for Further Review

Coronavirus Relief Fund

U.S. Department of the Treasury

Elementary and Secondary School Emergency Relief Program

U.S. Department of Education

Farmers to Families Food Box Program

U.S. Department of Agriculture

Pandemic Unemployment Insurance Programs

U.S. Department of Labor

Public Housing Operating Fund – CARES Act

U.S. Department of Housing and Urban Development

Provider Relief Fund Payments to Nursing Homes

U.S. Department of Health and Human Services

Pandemic Impact on the Community

Similar to other communities we examined, the pandemic impacted many aspects of life in Marion County. We heard from multiple officials that a large challenge for this small community was staffing and maintaining essential positions. For example, officials within the office of the county's Board of Commissioners said there was high turnover in the county manager position because it paid less than the same position in surrounding counties. We were told this affected several of the county's activities because even before the pandemic, the county manager was responsible for identifying federal and state grants that could benefit the community. Other county officials noted that they held office as a part-time position, and it was difficult for them to juggle both community duties and their full-time employment during the pandemic.

According to county officials, Marion County's Emergency Medical Services (EMS) also faced staffing challenges to fill vacancies of part-time EMS employees due to the county's low wages. To protect the community and improve staff retention, Georgia distributed $330,104 from the U.S. Department of the Treasury's (Treasury) Coronavirus Relief Fund (CRF) to Marion County for EMS payroll and benefits. In addition, officials shared that Marion County schools had difficulties hiring and retaining educational staff. In response, the Marion County School System spent approximately $1.4 million in U.S. Department of Education (ED) Elementary and Secondary School Emergency Relief (ESSER) Program funds to pay salaries and benefits to ensure continuity of core staff and services, as well as teacher bonuses to help retain staff.

During the pandemic, the average unemployment rate in Marion County increased from 4.4 percent in 2019 to 5 percent in 2020, peaking at 7.2 percent in April 2020 and resulting in Marion County residents receiving more than $7.3 million in federal benefits from pandemic-related unemployment insurance (UI) programs.

Program Impact on the Community

The Pandemic Response Accountability Committee (PRAC) and Offices of Inspectors General (OIG) teams interviewed Marion County officials who offered a wide variety of responses when asked about the community's use of federal pandemic funds to address the impacts of COVID-19. Other individuals in the community also told our teams that the federal government's emergency assistance helped with immediate responses to the pandemic. A sample of these programs:

- By September 30, 2022, Treasury had disbursed approximately $3.5 billion in CRF award funds to Georgia, of which the state then awarded $502,822 to two subrecipients (Marion County and the city of Buena Vista) and one beneficiary (a nonprofit senior-living campus in Buena Vista) located in Marion County. These funds allowed recipients to cover EMS and law enforcement salaries and benefits, purchase personal protective equipment (PPE) and COVID testing supplies, and support food programs in the wake of the pandemic.
- The ESSER Program awarded Marion County approximately $7.6 million. As of September 30, 2021, the county's schools spent around $1.4 million of the money to support programs to reduce or mitigate the effects of the pandemic, such as reducing class sizes to allow for smaller student-to-teacher ratios, increasing tutoring for students, and providing summer programing.
- As of the program's completion in May 2021, the U.S. Department of Agriculture (USDA) Farmers to Families Food Box Program (Food Box) delivered 4,676 food boxes (valued at $206,668) to two recipient organizations to feed families in the Marion County community.
- The Buena Vista Housing Authority, located in Marion County, received $36,366 from the U.S. Department of Housing and Urban Development's (HUD) Public Housing Operating Fund to prevent, prepare for, and respond to COVID. The funds also allowed for the continued management, equipment purchases, and related rehabilitation activities for its 79 housing units during the pandemic.

Participant Experience

During our site visit in December 2022, we received feedback from multiple Marion County officials whose offices or organizations received federal pandemic funding. The officials shared their experiences with federal response programs within Marion County, highlighting challenges and successes in responding to the pandemic. For example:

- Marion County school officials told us that it was a challenge to provide homework assignments to students and then grade the assignments. The school system used ESSER funding to procure hotspots and devices for students so that they could be given their assignments virtually and learn in a remote environment.
- Most UI program claimants surveyed as part of this report expressed overall satisfaction with the application process, promptness of receiving benefits, and the certification process to continue receiving benefits.
- Leaders from a Marion County nursing home reported that Provider Relief Fund (PRF) payments were integral to the nursing home's pandemic response but said that the payments were not sufficient to address long-term costs related to COVID.

PROGRAM SNAPSHOT

Coronavirus Relief Fund

U.S. Department of the Treasury

As of October 2021, Marion County had experienced 960 COVID-19 cases and 38 deaths.[1] By February 2022, cases increased to 1,086 and deaths to 47.[2] In July 2022, the county had a population of 7,449 and a poverty rate of 21.3 percent, nearly double the national average.[3] During the early stages of the COVID public health emergency, the county encountered shortages of medical equipment, supplies, and public health employees, as well as challenges from inadequate public infrastructure. Medical equipment and supply shortages emerged due to increased demand statewide. Public health employee shortages and retention issues were primarily due to underfunding and employees relocating to areas that offered more competitive wages and a better socio-economic environment. Additionally, the county's EMS Director stated that the number of part-time EMS employees decreased from 18 to nine, and that it was challenging to fill the vacancies due to the county's low wages. The county also encountered challenges due to its inadequate infrastructure. For example, the 180 miles of unpaved, sandy roads throughout the community made it challenging for EMS vehicles to access and provide emergency services during the public health emergency.

The city of Buena Vista, GA (Buena Vista or the city), located within Marion County, faced challenges addressing food insecurity of vulnerable demographic groups and enforcing state ordinances during the public health emergency. The city mayor stated that Buena Vista leveraged its recreation department to deliver meals to homes of children who were dependent on the city's summer food service program and were unable to obtain meals in person during this period. The city mayor also stated Buena Vista struggled to enforce state ordinances due to a limited operating budget, which challenged the city's ability to erect social distance barriers in public facilities and made it difficult for law enforcement to ensure that the public adhered to state ordinances.

A nonprofit senior-living campus located in Buena Vista offered memory care, skilled nursing, and rehabilitation to senior citizens. Campus officials stated that caring for COVID-positive patients was a challenge during the early phase of the pandemic because of an increase in labor costs and COVID testing and PPE supply costs. Campus officials explained that CRF award funds arrived at a

1 Georgia Department of Public Health COVID-19 reports, as of October 25, 2021. https://westcentralhealthdistrict.com/wp-content/uploads/2021/10/Marion-4.pdf
2 Marion County Health Department totals for Marion County as of February 28, 2022.
3 U.S. Census Bureau population estimates as of July 1, 2022. https://www.census.gov/quickfacts/fact/table/marioncountygeorgia/PST045222#PST045222

time when the campus was in desperate need for a cash-flow infusion to offset COVID public health emergency expenditures.

Program Information

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) established the CRF program and appropriated $150 billion for Treasury to make payments to states, eligible units of local government, the District of Columbia, U.S. territories, and Tribal governments (collectively referred to as "prime recipients") to assist with necessary expenditures incurred due to the COVID pandemic.[4] **As of December 31, 2022, Treasury disbursed CRF payments to 964 prime recipients, which subsequently issued CRF payments to 89,969 subrecipients and beneficiaries through contracts, grants, loans, direct payments, or fund transfers**.[5] CRF payments allowed prime recipients, subrecipients, and beneficiaries to provide fast and direct economic assistance to impacted workers, families, small businesses, and industries in response to the pandemic. For example, CRF funds could be used to address medical or public health needs, acquire PPE, provide small business assistance, facilitate distance learning, and provide economic support to those suffering from employment or business interruptions and closures.

The CARES Act required CRF recipients to use the funds to cover expenses that were (1) necessary expenditures incurred due to the public health emergency with respect to COVID-19; (2) not accounted for in the recipients' budget most recently approved as of March 27, 2020; and (3) incurred during the covered period (March 1, 2020, through December 31, 2021).[6] Prime recipients were responsible for reporting their CRF award expenditures to Treasury on a quarterly basis during the covered period in GrantSolutions.[7]

The State of Georgia's responsibilities as a prime recipient included, but were not limited to, providing guidance to subrecipients and beneficiaries, reiterating federal requirements, and reviewing subrecipient and beneficiary expenditure reports to assess compliance with CRF eligible use requirements. Georgia's Office of Planning and Budget and the State Accounting Office of Georgia oversee the regulatory compliance of CRF disbursement, expenditures, and reporting of Georgia's 159 counties, including Marion County. At the local level, the Georgia

4 Title V of the CARES Act, P.L. 116-136 (March 27, 2020), defines a unit of local government as a county, municipality, town, township, village, parish, borough, or other unit of general government below the state level with a population that exceeds 500,000. An eligible unit of local government serves a population of over 500,000 and certified its proposed uses of the funds received from the CRF program. The U.S. territories are as follows: United States Virgin Islands, Guam, American Samoa, Puerto Rico, and Commonwealth of the Northern Mariana Islands.

5 A subrecipient is an entity that received CRF payments from a prime recipient that received a CRF award directly from Treasury. Subrecipients also include recipients of transfers from a prime recipient that is a state, territory, local government, or Tribal government. Individuals and organizations (e.g., businesses, nonprofits, or educational institutions) that directly benefit from an assistance program established using payments from CRF are not subrecipients but are beneficiaries. Treasury OIG requires that the prime recipient report on expenditures made by subrecipients, as well as payments made to beneficiaries in the GrantSolutions reporting system (see footnote 7 for a definition of the grant reporting system).

6 The Consolidated Appropriation Act, 2021, P.L. 116-260 (December 27, 2020), amended the CARES Act by extending the covered period for all CRF recipients to use CRF award funds for eligible costs from December 30, 2020 to December 31, 2021. The covered period for Tribal governments was further extended from December 31, 2021 to December 31, 2022, by the state, local, Tribal, and Territorial Fiscal Recovery, Infrastructure, and Disaster Relief Flexibility Act, Division LL, Section 104 of the Consolidated Appropriations Act, 2023, P.L. 117-328, December 29, 2022, 136 Stat. 4459.

7 GrantSolutions, a grant and program management federal shared service provider under the U.S. Department of Health and Human Services, developed a customized and user-friendly reporting solution to capture the use of CRF payments from recipients.

Health Care Association, Georgia Municipal Association, and Department of Community Affairs liaisons collaborated, prioritized, and disseminated guidance on CRF eligible use requirements to subrecipients and beneficiaries.

Program Impact on the Community

As of September 30, 2022, Treasury disbursed approximately $3.5 billion in CRF award funds to Georgia, which then awarded $502,822 to two subrecipients (Marion County and the city of Buena Vista) and one beneficiary (a nonprofit senior-living campus in Buena Vista) geographically located in Marion County. The two subrecipients and the beneficiary selected for review expended all CRF award funds to assist the local communities with overcoming pandemic impacts. For detailed review, Treasury OIG selected a sample of $463,987 (92 percent) of $502,822 in CRF award expenditures to determine whether the funds were used in compliance with the program's goals and objectives.

The selected CRF subrecipients and beneficiary used the funds to cover EMS and law enforcement salaries and benefits, purchase PPE and COVID testing supplies, and support food programs. Additionally, based on Treasury OIG's analysis of the sample expenditures, **CRF award funds were used in compliance with the program's goals and objectives of preventing and mitigating the impacts from the COVID public health emergency. The selected subrecipients and beneficiary complied with the CARES Act, Treasury's CRF guidance, and Treasury OIG's guidance**.[8]

Marion County

As of September 30, 2022, Georgia distributed $330,104 in CRF award funds to Marion County, which expended all the funds. Prior to receiving the funds, the county's EMS experienced challenges providing emergency services to the community due to staff attrition and the spread of COVID among personnel. The county used CRF award funds for EMS payroll and benefits.

City of Buena Vista

As of September 30, 2022, Georgia distributed $75,229 in CRF award funds to Buena Vista, which expended all the funds. Prior to receiving the funds, the city struggled with enforcing COVID public health ordinances and providing food program services to the community due to a limited operating budget. **The city used CRF award funds to cover the payroll and benefits of law enforcement personnel, maintain regular operations, and support food programs**. Buena Vista utilized law enforcement and the zone and code enforcement personnel to ensure that the public and businesses adhered to Georgia COVID public health emergency ordinances. They also erected safety barriers in public facilities for social distancing. Additionally, they delivered meals to children relying on food programs.

8 *Department of the Treasury Office of Inspector General Coronavirus Relief Fund Frequently Asked Questions Related to Reporting and Recordkeeping* (OIG-CA-20-028R, March 2, 2021). The CARES Act provides Treasury OIG the responsibility for monitoring and oversight of the receipt, disbursement, and use of CRF award funds. Treasury OIG also has authority to recover funds if it is determined recipients failed to comply with the CRF use of funds requirements at 42 U.S.C. 801(d). Treasury OIG provided recipients reporting and record retention requirements.

Nonprofit Senior-Living Campus

As of September 30, 2022, Georgia distributed $97,489 in CRF award funds to a nonprofit senior living campus in Buena Vista, which expended all the funds. The campus officials stated they experienced a cash-flow shortage during the COVID public health emergency due to the increasing cost of medical supplies. Campus officials used CRF award funds to cover expenditures such as COVID testing and PPE. They prioritized purchasing COVID tests and lab tests to prevent and mitigate the spread of COVID among employees working closely with COVID positive residents and the rest of the staff and residents. Additionally, campus officials stated CRF award funds enabled them to offset the rising cost of PPE caused by price gouging.

Participant Experience

Satisfaction

Both subrecipients and the one beneficiary selected for review expressed overall satisfaction with the amount and timeliness of the allocation of CRF award funds. Buena Vista and Marion County officials expressed that they may not have been able to pay for necessary expenditures associated with the COVID public health emergency, such as PPE and COVID tests, without the funding. Buena Vista officials were thankful for the funding to cover emergency personnel's salaries and wages and to supplement the city's food programs, as dependency on the programs substantially increased during the public health emergency. The nonprofit senior-living campus officials stated the funding was timely and beneficial as they were experiencing a cash-flow shortage, and they were able to obtain PPE and COVID tests for employees working in close proximity to COVID positive patients.

Challenges

The selected subrecipients and beneficiary located in Marion County expressed that they had a difficult time understanding CRF requirements and guidelines. Buena Vista officials stated they were confused about the process to request funds from the state, which made them hesitant to use CRF award funds. Buena Vista officials also believed that they could have benefited from having a liaison such as a regional commission, which could provide rural communities with direct guidance on requesting funding, identifying eligible uses of funds, and understanding federal and state guidance and reporting procedures. The nonprofit senior-living campus officials expressed that they relied on their own inference and external independent auditors to determine proper uses of the CRF award funds due to the unclear and constantly changing guidance. Additionally, Marion County officials explained that they faced unmet needs, such as being unable to upgrade broadband services in the county that would enable community residents to participate in county meetings while social distancing. Buena Vista officials also stated that rural communities faced greater challenges obtaining funds in comparison to larger communities.

FOR MORE INFORMATION

For more information about Coronavirus Relief Fund program spending across the country, visit the PRAC's website, including an interactive dashboard.

Elementary and Secondary School Emergency Relief Program

U.S. Department of Education

The CARES Act created the Education Stabilization Fund, which provided $30.75 billion to ED "to prevent, prepare for, and respond to coronavirus, domestically or internationally."[9] The CARES Act also created the ESSER program—a subprogram of the Education Stabilization Fund. The ESSER program received funding through three pandemic-related laws, and each law created different rounds in the program's implementation. Each round varied in funding totals, program expiration dates, and planning or reporting requirements. To support schools, ED first provided ESSER funding to state education agencies, which then provided funds to the local education agencies (i.e., local school districts).[10]

- **ESSER I**: The first round of ESSER funding came from the CARES Act and provided $13.23 billion to prevent, prepare for, and respond to the coronavirus, domestically or internationally. ESSER I funds could be used to address the impact the pandemic had on elementary and secondary schools across the country. ESSER I funds were intended to help schools safely reopen, sustain safe operation, and address the pandemic's impact on students.
- **ESSER II**: A second round of ESSER funding came from the Coronavirus Response and Relief Supplemental Appropriations Act, 2021, and provided $54.31 billion. ESSER II funds were to be used for the same purpose as ESSER I funds.
- **ESSER III**: A third round of ESSER funding came from the American Rescue Plan Act of 2021 (ARP Act) and provided $121.97 billion. At least 20 percent of local education agencies' ESSER III funds must be used to address the academic impact of lost instructional time (i.e., learning loss). The remaining funds may be used for the same purposes as ESSER I and ESSER II funds. For ESSER III, each local education agency was also required to submit a plan to the state education agencies "within a reasonable timeline determined by the [state education agency]" on the use of the funds, how it would engage and consult with stakeholders when developing its plan, and how it intended to make the plan publicly available. Each local education agency was also required to develop a plan for the safe return to in-person instruction and continuity of services.[11]

The PRAC team worked closely with ED OIG to identify total awarded and expended ESSER funds.

9 See CARES Act, P.L. No. 116-136, Division B, Title VIII, (March 27, 2020).

10 State education agencies also reserved funds in accordance with the guidance described in the U.S. Department of Education's *ESSER and GEER Use of Funds FAQs*; December 7, 2022. See questions A-8 through A-12.

11 See ED's *ESSER and GEER Use of Funds FAQs* from December 7, 2022, question A-4.

During phase one of this review, we found that the local education agency within the boundaries of Marion County was awarded almost $7.6 million in ESSER funds and had spent around $1.4 million of these funds as of September 30, 2021. ESSER funds were distributed through the state education agencies to the local education agencies. See Table 1 for more information.

Table 1: Marion County, GA, ESSER Funding Information, as of September 30, 2021

	Total Awarded	*Total Spent*[a]	*Expiration Date*
ESSER I	$515,064	$507,503	9/30/2022
ESSER II	$2,224,291	$674,960	9/30/2023
ESSER III	$4,894,884	$265,475	9/30/2024
Total	**$7,634,239**	**$1,447,938**	-

a Total Spent reflects the total amount of funding expended by the local education agencies for which the state education agency has issued a reimbursement.

Program Information

The Marion County School System, the only public school district in the county, has two schools consisting of approximately 1,350 students. The school district operates under the guidance of a school board elected by the voters and a superintendent appointed by the board.

As shown in Table 2, Marion County Schools spent most of the three ESSER rounds of funds on salaries and benefits to ensure continuity of core staff and services, as well as teacher bonuses to help retain staff. Educational materials purchased included student devices (i.e., laptops or tablets), software licenses, and instructional materials. The school system also made building improvements, including updating HVAC systems and water fountains—specifically, purchasing additional water fountains as well as filters for existing fountains to reduce potential contaminants and transmission of pathogens that can lead to the spread of COVID-19. This was an important area of concern for school officials to address because they previously shut down schools due to water sanitation concerns prior to the pandemic.

MARION COUNTY SCHOOLS OPERATING STATUS

End of 2020 School Year

Virtual after March 16.

2020–2021 School Year

Hybrid – Parents decided if they wanted their child to attend in-person or virtually. At times, the school district had to transition from in-person to remote learning.

2021–2022 School Year

In-person only.[a]

a Exceptions included: blended learning continued as before COVID-19, Georgia virtual school for classes not offered by the school district, and alternative school.

Table 2: ESSER Spending Categories for Marion County Public Schools

Description	*Spent*
Salaries and Benefits	$804,530
Building Improvements	$280,134
Educational Materials Including Devices and Software	$311,186
Personal Protective Equipment	$35,085
Other	$17,003
Total	**$1,447,938**

We spoke with officials about future needs and the local school district's overall response throughout the pandemic. We also reviewed their ESSER III plan, which was required by ED. Under ESSER III requirements, at least 20 percent of funds must be spent on mitigating lost instructional time. According to the Marion County Schools' ARP Act plan (ESSER III plan), the school district sought to address lost instructional time with the following activities:

- Class size reduction (to allow for smaller student-to-teacher ratios)
- Extended school day
- High-frequency tutoring
- Summer programming
- Intern partnership with an institution of higher education
- Social-emotional learning materials

The superintendent explained that while ESSER funding could be used to hire and pay for new staff, the school knew it would no longer be able to pay for them once the additional funding was gone. As the superintendent noted, hiring for temporary jobs is difficult. To supplement staff without hiring, the school worked with an institution of higher education within the community to create an expanded internship partnership in which student teachers from the institution were allowed to teach at the school and supplement existing staff on a year-to-year basis.

Participant Experience

A Marion County School official stated that at the onset of the pandemic, it was thought that COVID would only result in an extended spring break and that students would return after their spring break in April 2020. During April 2020, school officials realized the pandemic would be a long-term challenge. School officials noted two additional challenges, the first being that people were fearful to go into the schools to meet in-person due to the health risks of COVID. The second challenge was that it was difficult to provide education to students who had internet connectivity issues. These challenges made it difficult to get assignments to students and grade them. Originally, assignments were placed in plastic bags to be delivered to families. The COVID funding allowed Marion County Schools to purchase hotspots and devices for students so that they could be given their assignment virtually and learn in a remote environment.

Overall, officials at the Marion County School district believed that the guidance they received from the Georgia Department of Education was clear. However, they felt they didn't receive guidance fast enough to make timely decisions.[12] According to the Georgia Department of Education, it updated guidance for the local education agencies as it was made available from ED. Marion County School district staff also stated that the State of Georgia did issue technical guidance to the school districts and offered project managers to assist them with the interpretation of the guidance.

SPOTLIGHT ON | FEEDING STUDENTS DURING THE PANDEMIC

While schools across the nation closed, students continued to have nutritional needs during the regular school day during the pandemic. In response, the U.S. Department of Agriculture granted schools more flexibility to feed students. State education agencies were given the authority to approve the delivery of meals to students' homes, allow parents or guardians to pick up meals without their students being present, or approve students receiving multiple meals at a time. To help support these efforts, ESSER funds could be used for "planning for, coordinating, and implementing activities during long-term closures, including providing meals to eligible students…"[a]

From May through August 2020, Marion County Schools participated in a grant program called Meals-to-You that was operated by the partnership between USDA and Baylor University, an institution of higher education. This grant program provided services to the school at no cost and delivered boxes of food to the home addresses of the households enrolled in the program every other week. To participate, families with eligible students were required to enroll with the institution of higher education. Each box contained 10 breakfasts and 10 lunches or dinners for each child in the household; 368 households participated in the program.

The Marion County Schools used kitchen staff to prepare and package food. Bus drivers delivered these packages to students.

a U.S. Department of Education, Elementary and Secondary School Emergency Relief Programs and Governor's Emergency Education Relief Programs, Frequently Asked Questions, May 2021.

FOR MORE INFORMATION

For more information about the Education Stabilization Fund, including Elementary and Secondary School Emergency Relief program spending across the country, visit the PRAC's website.

12 A U.S. Department of Education official told us they provided guidance in December 2021 on what costs tied to COVID-19 meant. See Fact-Sheet_COVID_connection_12.29.21_Final.pdf (ed.gov). December 2021.

PROGRAM SNAPSHOT

Farmers to Families Food Box Program

U.S. Department of Agriculture

At the onset of the COVID-19 pandemic, many restaurants, hotels, schools, and other food service entities were forced to close or scale back operations to ensure public safety. The closures had negative impacts on the food supply chain from farmers and other producers to distributors, food services, and hospitality entities. As a result of these supply and logistical issues, and reports of produce rotting in fields, the USDA established the Food Box Program to mitigate the problems.

The purpose of the Food Box Program was to connect food—which would have otherwise been sold to restaurants, hotels, schools, and other food service entities—to regional and local food distributors. The distributors would purchase the food, box it, and deliver fresh produce, dairy, and meat products to nonprofit and governmental organizations, which in turn would distribute the boxes to families and individuals in need.[13] USDA contracted directly with distributors to administer five rounds of the Food Box Program. **According to USDA, this program delivered approximately 176 million food boxes worth $5.47 billion to nonprofit and governmental organizations from May 2020 to May 2021**.

Figure 1: Three Primary Goals of the Food Box Program

Providing an alternative outlet for domestic **Food Producers** (e.g., farmers) faced with declining demand because of closures of food service entities.

Helping **Food Distributors** that supply and distribute food to retain jobs that could have been lost because of closures of food service entities.

Providing food to families in need by delivering food boxes to governmental and nonprofit **Food Recipient Organizations that gave the food to families in need**.

13 Food distributors could only deliver boxes containing certain types of food or fluid milk (e.g., dairy box or meat box) or boxes that contained a combination of food and fluid milk (e.g., box containing both dairy and meat). Dairy boxes were standalone boxes in rounds 1 & 2 of the Food Box Program, and combination boxes containing fresh produce, meat, and fluid milk were available in rounds 3, 4, & 5.

Program Impact on the Community

To perform our work, the PRAC team used data previously collected and analyzed by USDA OIG in the PRAC's July 2023, [Tracking Pandemic Relief Funds that Went to Local Communities Reveals Persistent Data Gaps and Data Reliability Issues]. Our first review highlighted data limitations that prevented us from determining whether the program served producers, distributors, and food recipient organizations in accordance with program goals and objectives. However, USDA OIG estimated that food distributors delivered 4,676 boxes (valued at $206,668) to two food box recipient organizations to feed families in the Marion County community.[14] See Table 3 for information about the two organizations that both participated in round two of the USDA food box program.

Table 3: Food Boxes Distributed to Marion County, GA

Food Recipient Organization	*Round Number*	*Number of Food Boxes*	*Value*	*Type of Food Boxes Delivered*
Food Recipient Organization 1	5	1,062	$35,975	Dairy Products Box
Food Recipient Organization 2	3	3,614	$170,693	Dairy Products Box
Totals		**4,676**	**$206,668**	

Source: USDA OIG analysis of USDA data on the Food Box Program.

Under the program structure USDA established, the distributors were required to provide USDA with an invoice detailing the number, type, and cost of food boxes delivered, including high-level information about the nonprofit and governmental organizations that received the boxes. However, these program reporting requirements did not provide USDA with information about which food producers (i.e., farmers) the program helped, how many food boxes went to how many families, or consistent information about which organizations received food boxes for distribution. Given this reporting structure, it is possible that Marion County residents could have received a higher or lower number of boxes than USDA OIG's estimate—for example, another organization not identified in the data could have received and distributed boxes to Marion County residents, or a lesser percentage of residents than projected could have picked up boxes. In addition, these data limitations prevented us from obtaining community-specific information on the total number of families served or confirm that only one organization received food boxes to provide to individuals and families in need in Marion County.

14 Estimate is limited to incomplete data provided by USDA, which did not collect complete data to identify food source, or recipients of food boxes received. In addition, the PRAC never received responses to our requests to visit a food recipient organization. As a result, we did not visit one for this report.

According to a Government Accountability Office (GAO) report, USDA did not collect data to evaluate whether the Food Box Program met some of its primary goals—including assisting food producers with declining demand.[15] **Similarly, the PRAC observed a lack of data in our work, which limited our ability to determine the extent to which USDA met the Food Box Program goals in Marion County**. Under the program structure set up by USDA, the food distributors must include an invoice detailing the number, type, and cost of the food boxes delivered, with high-level information of the nonprofit and governmental organizations receiving boxes. However, USDA did not require the food distributors to maintain producers' (i.e., farmers') information or governmental organizations to maintain recipients' (i.e., families') information for tracking and reporting purposes.

LEARN MORE ABOUT THE FOOD BOX PROGRAM

USDA OIG and the Governmental Accountability Office (GAO) have released reports and data stories about the Food Box program:

USDA OIG, *COVID-19—Farmers to Families Food Box Program Administration*, Rpt. No. 01801-0001-22, August 15, 2023

USDA OIG, *COVID-19—Farmers to Families Food Box Program Administration—Interim Report*, Rpt. No. 01801-001-22(1), June 24, 2022

USDA OIG, *USDA Farmers to Families Food Box Program* Data Story, June 22, 2022

GAO, *USDA Food Box Program: Key Information and Opportunities to Better Assess Performance*, GAO-21-353, September 8, 2021

Participant Experience

Because USDA did not collect contact information for either the food producers or food box recipients, we could not identify recipients to meet with and gather their feedback and user experiences. As a result, we could not determine how the Food Box Program impacted families and individuals in the Marion County, GA, community.

15 GAO, *USDA Food Box Program: Key Information and Opportunities to Better Assess Performance*, GAO-21-353; September 2021.

PROGRAM SNAPSHOT

Pandemic Unemployment Insurance Programs

U.S. Department of Labor

The federal-state unemployment insurance (UI) program, created by the Social Security Act of 1935, offers an economic line of defense against the ripple effects of unemployment. Specifically, UI benefits are intended to provide temporary financial assistance to workers who are unemployed through no fault of their own.

On March 27, 2020, the CARES Act was signed into law with the intent to provide expanded UI benefits to workers who were unable to work as a direct result of the COVID-19 pandemic. The CARES Act was also designed to mitigate the economic effects of the pandemic in a variety of ways, including the establishment of three key CARES Act UI programs: Federal Pandemic Unemployment Compensation (FPUC), Pandemic Unemployment Assistance (PUA), and Pandemic Emergency Unemployment Compensation (PEUC). The three programs were later extended by the Continued Assistance for Unemployed Workers Act of 2020 and the ARP Act of 2021, ending on September 6, 2021.[16]

The COVID-19 pandemic was historic in its impact on the UI system. From March 28, 2020, to September 4, 2021, the U.S. Department of Labor (DOL) reported approximately 110 million initial jobless claims were filed for the state UI (regular UI) or PUA, and 1.5 billion continued claims were submitted for regular UI, PUA, or PEUC.[17]

The Marion County, GA, unemployment rate was marginally impacted by the COVID pandemic. **The U.S. Bureau of Labor Statistics estimated the unemployment rate in Marion County peaked in April 2020 at 7.2 percent—24 percent greater than the prior year's highest monthly rate** (see Table 4).

16 The state of Georgia ended its participation in the pandemic-related UI programs on June 26, 2021, prior to the programs' statutory expiration of September 6, 2021.

17 Regular UI, also known as state UI, is a program administered by state workforce agencies in the United States to provide temporary financial assistance to eligible workers who have lost their jobs through no fault of their own; continued claims are ongoing weekly unemployment benefit claims by workers who previously filed an initial claim.

Table 4: Marion County, GA – Unemployment Estimates

Year	*Marion County Average Unemployment Rate (%)*	*Marion County Highest Monthly Unemployment Rate (%)*	*Georgia Average Unemployment Rate (%)*	*Georgia Highest Unemployment Rate (%)*
2018	5.2	6.0	4.0	4.5
2019	4.4	5.8	3.6	4.3
2020	5.0	7.2	6.5	11.9
2021	3.6	4.4	3.9	5.1

Source: DOL OIG analysis of the U.S. Bureau of Labor Statistics data.

In addition to regular UI, Georgia reported 824 unemployed workers in Marion County received about $7,336,429 in federal UI benefits from FPUC, PUA, and PEUC (see Table 5).[18]

Table 5: Marion County, GA – CARES Act UI Benefits

CARES Act UI Program	*Total Benefits Paid*
FPUC provided a $600 weekly supplement through July 31, 2020. FPUC resumed in December 2020 with a $300 weekly supplement.	$5,229,782
PUA extended UI benefits to individuals not traditionally eligible for UI benefits, such as self-employed workers.[19]	$1,414,695
PEUC provided additional weeks of UI benefits to individuals who had exhausted their regular unemployment benefits.	$691,952
Total Benefits	**$7,336,429**

Source: DOL OIG data analysis of Georgia state workforce agency claims data for the period March 27, 2020, to June 26, 2021.

18 State workforce agencies provided DOL OIG data about pandemic UI-related programs as part of a data disclosure process. The Georgia state workforce agency provided this data as of February 9, 2022.

19 PUA also included independent contractors, those with limited work history, and those who otherwise did not qualify for regular UI or extended benefits under state or federal law or under PEUC.

Program Information

To participate in these three CARES Act UI programs, states signed an agreement with DOL. State workforce agencies, which administer unemployment programs on behalf of the state, were then allowed to provide benefits to eligible UI claimants. DOL made funding available to cover additional benefits, ongoing administrative costs, and reasonable implementation costs.

DOL's Employment and Training Administration provides leadership, direction, and assistance to state workforce agencies in the implementation and administration of state UI programs and federal unemployment compensation programs. The Employment and Training Administration provided program guidance to state workforce agencies through Unemployment Insurance Program Letters, Training and Employment Notices, and webinars available through the UI community of practice page located on the WorkforceGPS website, which is sponsored by the Employment and Training Administration. As the CARES Act UI programs were temporary, the Employment and Training Administration did not establish performance metrics specific to these programs.

Under these three new UI programs, claimants were required to file a UI claim to receive benefits.[20] State workforce agencies would then assess eligibility and provide the claimant with the applicable regular UI or CARES Act UI program payments, or both, for each week certified by the claimant.

Participant Experience

CARES Act UI Program Participant Assessment

To assess the new CARES Act UI programs (FPUC, PUA, and PEUC), DOL OIG judgmentally selected 60 Marion County residents (claimants).[21] DOL OIG investigators traveled to the area, confirmed the individuals filed a UI claim, and performed in-person interviews with the claimants. Of the 60 claimants, 12 (20 percent) who received benefits from at least one of the three key pandemic UI programs chose to respond. In Georgia, employers are permitted to file UI claims for employees. As a result, claimants with an employer-filed claim were not asked certain questions, which is indicated with an asterisk (*) in Figure 2 and Figure 4. The surveys were conducted November 14–18, 2022.

DOL OIG's deliberative process for this project's sample selection included removing possible fraudulent claims to ensure interviews of only eligible UI claimants. To do so, DOL OIG used fraud indicators. This removal also ensured that DOL OIG investigators did not impact ongoing investigations or interact with possible subjects or targets of future DOL OIG investigations.

20 FPUC is provided as a supplement (add-on) benefit to an underlying UI payment, such as regular UI, PEUC, or PUA. Claimants did not file a separate claim for FPUC benefits. FPUC benefits were added if the individuals met the eligibility requirements for the underlying week claimed.

21 Judgmental sampling is a non-probability sampling technique in which the sample members are chosen on the basis of the auditor's knowledge and judgment.

Satisfaction with Key CARES Act UI Programs Was High—Both Overall and with Specific Components

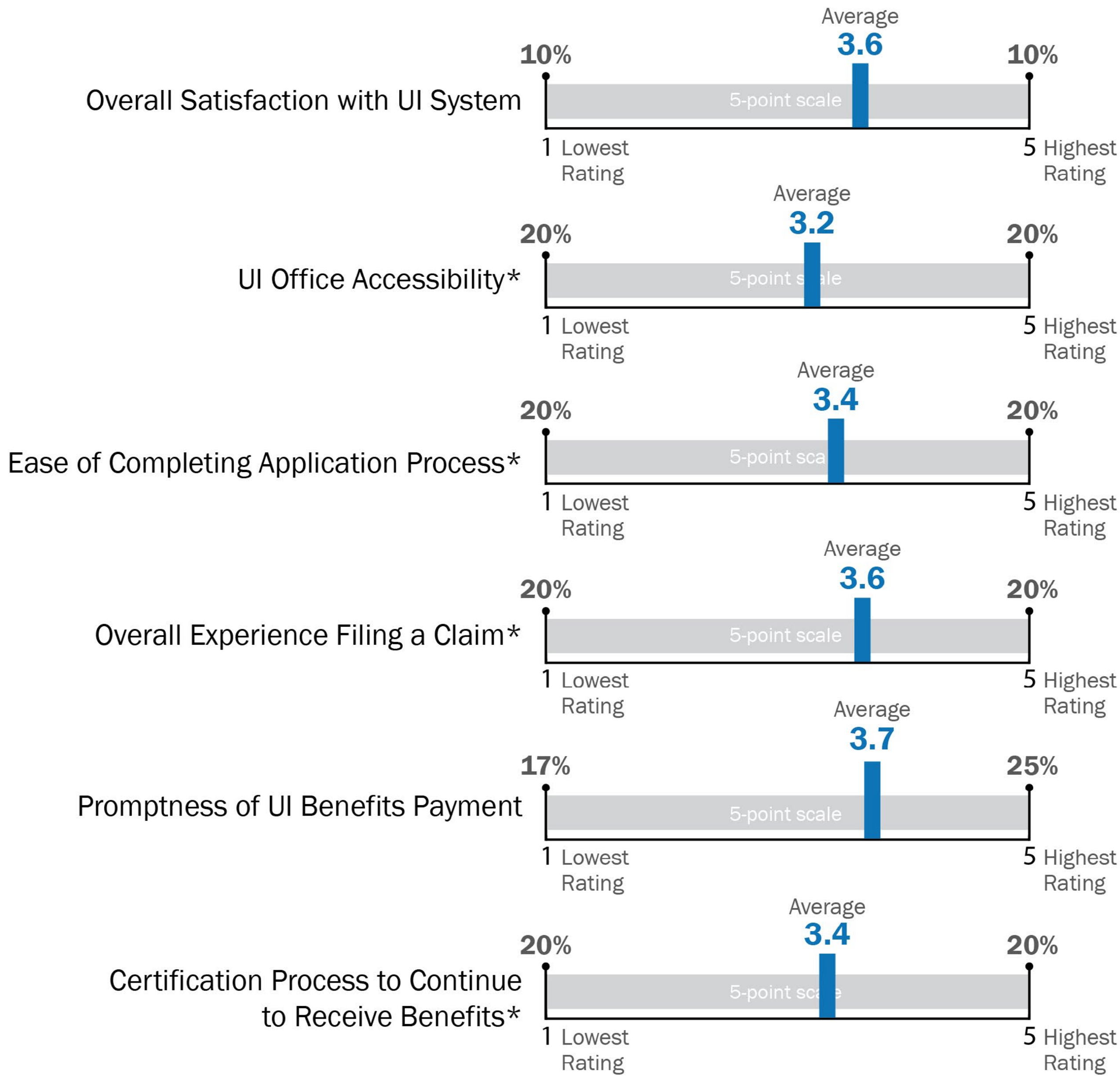
Generally, most surveyed claimants reported ease of completing the application process, overall experience filing a claim, promptness of UI benefit payments, and the certification process to continue to receive benefits as satisfying.[22] **Overall, satisfaction with the UI system was rated 3.6 on a 5-point scale, with 10 percent of surveyed claimants rating their experience as extremely satisfying** (see Figure 2).

One surveyed claimant reported they had difficulty with the forms and could not receive help via phone calls. An interview with representatives from the regional state workforce agency identified that, during this period, the office processed more UI claims than in the prior eight years combined.[23] The office was receiving 75 to 100 calls per day. Additionally, there were technological issues associated with surveyed claimant identity verifications and sending payments to the correct address.

22 Surveyors asked claimants a series of questions and claimants responded with a 5-point scale where one was extremely dissatisfied and five was extremely satisfied.

23 DOL OIG and PRAC audit teams interviewed officials at the Georgia Department of Labor Career Center in Americus, GA, which is part of a network of statewide career centers. The Georgia Department of Labor provides employment services through these centers.

Figure 2: Surveyed Claimants Assessment of Claims Process



Source: DOL data analysis of claimant surveys conducted November 14–18, 2022.

Surveyed Claimants Generally Felt the CARES Act UI Programs Were Impactful, Sufficient, and Fair

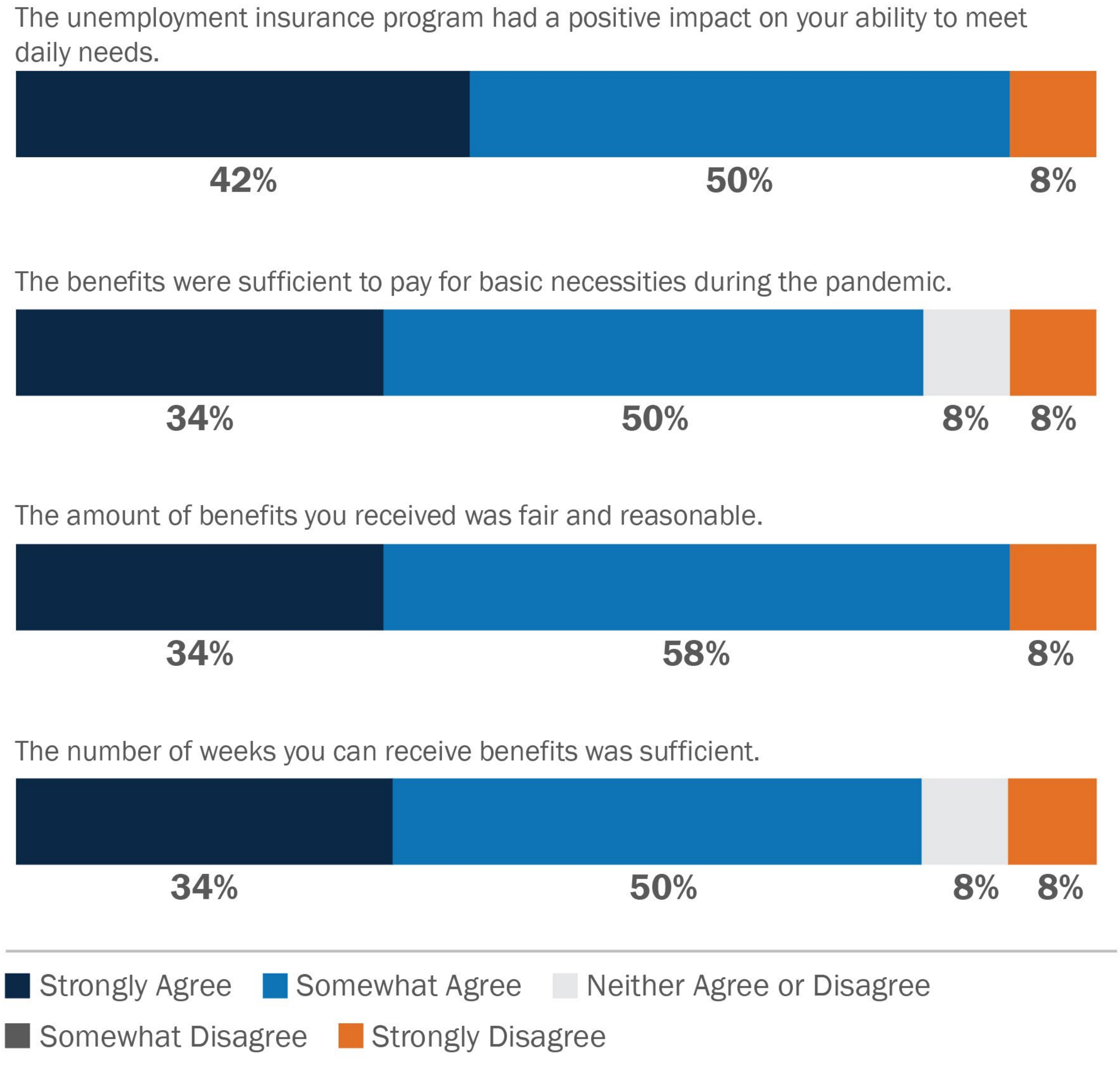
Most surveyed claimants reported either agreeing or strongly agreeing the benefits provided by the CARES Act had a positive impact on their ability to meet their needs, were sufficient to pay for necessities, and were fair and reasonable (see Figure 3).[24] The surveyed claimants also agreed

24 Surveyors offered claimants a series of statements and, for each statement, asked claimants to tell them if they: (a) strongly agreed, (b) somewhat agreed, (c) neither agreed nor disagreed, (d) somewhat disagreed, or (e) strongly disagreed.

or strongly agreed that the number of weeks benefits were provided was sufficient. On average, 8 percent of surveyed claimants felt the benefits did not have a positive impact, were insufficient, or were not fair and reasonable.

The interview with regional state workforce agency officials noted that some employers felt claimants could earn more by collecting UI and, therefore, would not return to work. However, the regional state workforce agency noted there were also labor shortages prior to the pandemic.

Figure 3: Surveyed Claimants Assessment of Benefits



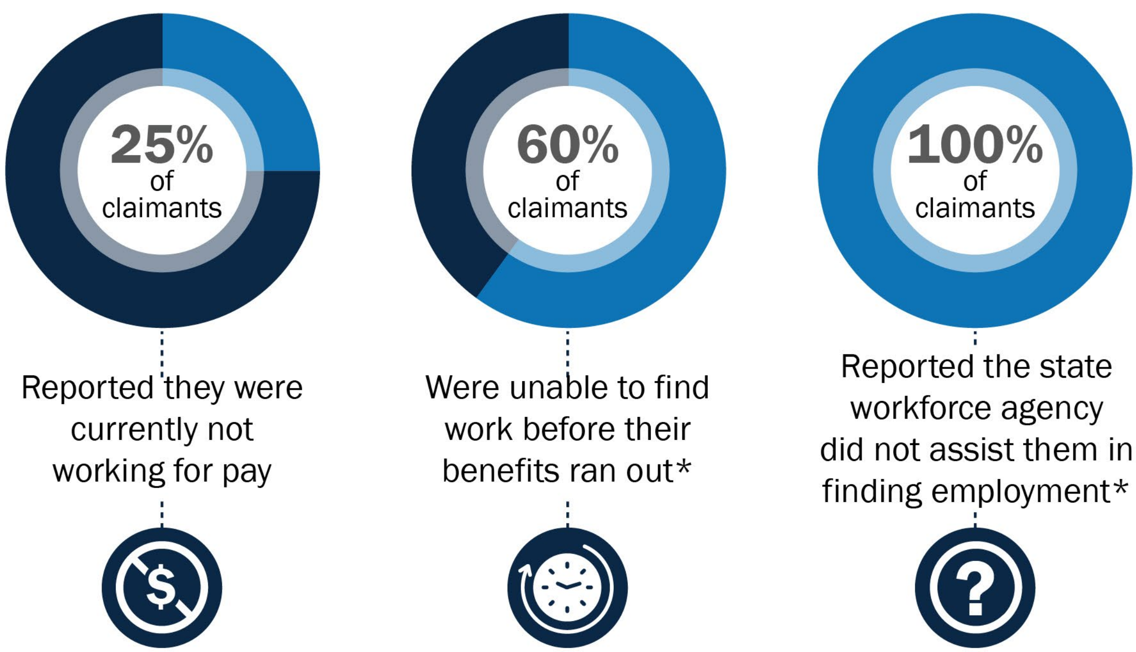
Source: DOL data analysis of claimant surveys conducted November 14–18, 2022.

Surveyed Claimants Generally Still Experienced Difficulty in the Labor Market

Of those who responded, 25 percent of surveyed claimants reported they were not currently working for pay, and **60 percent reported they were unable to find employment before benefits ran out** (see Figure 4).

Additionally, 100 percent of surveyed claimants reported the state workforce agency did not assist them with finding employment. The survey did not address whether claimants were aware of the state workforce agency's job placement services. However, Employment and Training Administration officials reported that, during the pandemic, initial claims for federal and state programs rose to 10 times pre-pandemic levels, far higher than state systems were designed to handle. Furthermore, an interview with regional state workforce agency officials identified that staff had to switch from employment services to assist with processing claims.

Figure 4: Surveyed Claimants Return to Work Assessment



Source: DOL OIG data analysis of claimant surveys conducted November 14–18, 2022.

Program Integrity

With the passage of the CARES Act and subsequent pandemic legislation, pandemic-related UI programs became a target for fraud. DOL OIG investigators, auditors, and data scientists have created a series of fraud indicators to identify potentially fraudulent UI claims. DOL OIG identified **12.5 percent of the claims submitted from Marion County as potentially fraudulent** (see Table 6).[25]

Table 6: Marion County, GA – Fraud Indicators[26]

Category	*Claimants*	*Percent of Total*	*Amount Paid*
Total Claimants	**824**	**-**	**$7,336,429**
Claimants with Fraud Indicator:			
Multistate	40	4.9%	$521,595
Suspicious Email	73	8.9%	$876,400
State Flagged	- [a]	- [a]	- [a]
Deceased Person	- [a]	- [a]	- [a]
All Preceding Fraud Indicators (claimants with multiple indicators were only included once to avoid duplication)	103	12.5%	$1,273,149

Source: DOL OIG data analysis of state workforce agency claimant claims data for the period March 27, 2020, to June 26, 2021.

[a] No fraud indicator identified.

Prior to the release of this report, potentially fraudulent claims were referred to DOL OIG's Office of Investigations to assess and determine if the claims warrant investigation. If the claims did not warrant investigation, DOL OIG referred them to the state workforce agency.

FOR MORE INFORMATION

For more information about unemployment insurance programs during the pandemic, visit the PRAC's website.

25 Please note that potentially fraudulent claims are based on data analytics and have not been investigated, adjudicated, or confirmed as fraud by a state UI agency. Flagged transactions may not be fraudulent, and not all fraudulent transactions may be flagged. More generally, these types of potential fraud measures can be used to identify transactions that may be indicative of potential fraud. They cannot, though, be interpreted directly as measures of the extent of fraud in any specific geographic area.

26 The DOL OIG created fraud indicators to flag potential incidents of fraud. Multistate claimants applied for benefits in multiple states. Claimants with suspicious emails used the same email for multiple applications, used a temporary email address, or used an email address indicative of common fraud tactics. Also flagged were claimants with Social Security numbers of a person that was deceased. Additionally, the state workforce agency flagged certain claimants as potentially fraudulent. It is important to note that this does not assume the potential fraud was committed by citizens of this area.

PROGRAM SNAPSHOT

Public Housing Operating Funds – CARES Act

U.S. Department of Housing and Urban Development

Marion County in Southern Georgia is about 35 miles east of Columbus, GA. The county seat, Buena Vista, is also home to the county's only public housing agency (PHA), the Buena Vista Housing Authority (the Authority). The Authority did not experience any major challenges due to COVID-19. It was considered an essential function and as such kept its office open with some modifications. The Authority modified some procedures to accommodate residents who preferred to limit their contact with others and potential exposure to the virus. For example, it required appointments for office visits, maintenance employees went into units for emergencies only, and board meetings were conducted virtually. The Authority also protected its employees and residents by installing shields and requiring masks and social distancing.

The Public Housing Operating Fund provides an operating subsidy to assist PHAs in serving low-, very low-, and extremely low-income families in the operation and management of public housing. The operating subsidy amount that a PHA receives each year is determined by a formula. Eligible uses for these funds include, but are not limited to:

- Management and operation of public housing units, including the cost of review by an independent auditor.
- Routine preventive maintenance.
- Anticrime and antidrug activities.
- Rehabilitation and development of public housing units.

The CARES Act, signed into law on March 27, 2020, provided an additional $685 million in supplemental operating funds. The CARES Act required that HUD allocate the funds to PHAs using the same formula as ordinary operating funds. The CARES Act also expanded eligible uses for these funds to include activities to prevent, prepare for, and respond to COVID, including to provide additional funds for PHAs to

CLEAR GUIDANCE AND TECHNICAL SUPPORT

HUD provided PHAs with several resources to ensure that the CARES Act supplemental operating funds were used as intended. HUD issued notices, published frequently asked questions on its website, and held calls with PHAs to provide guidance on the allocation and eligible uses of the funds. The Authority's chief financial officer (CFO) stated that they relied on HUD's Public Indian Housing (PIH) notices for guidance on eligible uses for the funds. They believed that guidance was clear and easy to find.

maintain normal operations and take other necessary actions during the period in which the program was impacted by COVID.

As of September 30, 2021, HUD had provided $36,366 in supplemental operating funds to the Authority, and the Authority had spent all the funds by December 31, 2020.

HUD provided PHAs with several resources to ensure that the CARES Act supplemental operating funds were used as intended. HUD issued notices and published frequently asked questions on its website, and the local field office provided additional guidance and reminders via email. Additionally, HUD provided guidance explaining the flexible uses of CARES Act supplemental operating funds for eligible Public Housing Operating Fund and Capital Fund activities or for coronavirus purposes.[27] Examples of eligible use include, but are not limited to, sourcing and purchasing PPE for PHA staff and costs related to maintaining adequate social distancing.

Program Impact on the Community

HUD OIG's review found that the Authority used its CARES Act supplemental operating funds in alignment with program goals and objectives, which were to prevent, prepare for, and respond to COVID. The Columbus Housing Authority contractually manages the Authority. The Authority received $36,366 in supplemental operating funds for its 79 units. Also, the Authority has a local office staffed by a general manager, housing manager, and three maintenance employees.

The CARES Act supplemental operating funds allowed the Authority to maintain normal operations and purchase supplies to reduce the spread of the coronavirus. The Authority stated that its rental income diminished after the county implemented an eviction moratorium. Many residents applied for hardships to reduce their rents or stopped paying altogether. This resulted in a budget shortfall for the Authority as the budget was based on residents paying their pre-pandemic portion of rent. Therefore, the Authority used its CARES Act supplemental operating funds primarily to continue normal operations. Specifically, it used the funds to pay maintenance staff, purchase appliances, and purchase various other supplies necessary to maintain the properties. The Authority also purchased supplies, such as gloves and disinfectant wipes, to help reduce the spread of COVID.

Participant Experience

Overall, the Authority's chief financial officer (CFO) believed the Authority's biggest accomplishment was maintaining normal operations and providing constant communication and reassurance to its residents. The CFO also believed that the Authority could have used additional CARES Act supplemental operating funds. The additional funds could have been used to provide COVID testing for the Authority's residents and to further supplement its operating funds, which were impacted by its inability to collect rents after the county implemented an eviction moratorium. The Authority stated that it relied primarily on HUD's Office of Public and Indian Housing notices for guidance on eligible uses for the funds and believed the guidance was clear and easy to find.

27 The Public Housing Capital Fund program provides funds to PHAs to modernize public housing developments.

PROGRAM SNAPSHOT

Provider Relief Fund Payments to Nursing Homes

U.S. Department of Health and Human Services

Nursing homes and their residents have been among the hardest hit by the COVID-19 pandemic, due in part to residents' ages and underlying medical conditions, close living quarters, and nursing homes' longstanding challenges with staffing and infection control.[28] As of August 7, 2022, more than 1.1 million nursing home residents in the United States had already had a confirmed case of COVID-19, with approximately 155,000 deaths.[29]

The Marion County nursing home in the U.S. Department of Health and Human Services (HHS) OIG's sample has had substantial financial challenges in responding to the pandemic.[30] The nursing home's leaders, including chief executives from the nursing home's chain that included several other facilities, described lost revenue because the facilities had fewer residents during the pandemic. The nursing home Administrator explained that the nursing home closed admissions of new residents during COVID outbreaks. Chief executives said that staffing shortages also limited the number of residents the nursing home chain could admit, and that changes to hospital discharge patterns resulted in fewer short-term stays at the chain's nursing homes following elective procedures.

INCREASED COSTS RELATED TO COVID-19

Staffing shortages increased the use of contracted agency staff who were three times more expensive than in house staff.

Nursing home leaders reported that, while revenue declined, expenses increased. Leaders reported that significant increases in staffing costs were one of the biggest financial challenges. They attributed the increased costs to shortages of nurses and other staff. Leaders and staff explained that the pandemic exacerbated existing staffing shortages because staff left the facility or were unable to come to work while caring for their children during COVID-related school closures. Staffing shortages caused the nursing home to rely on contracted agency

28 HHS OIG, *COVID-19 Had a Devastating Impact on Medicare Beneficiaries in Nursing Homes During 2020*, OEI-02-20-00490, June 2021; GAO, *COVID-19 in Nursing Homes—Most Homes Had Multiple Outbreaks and Weeks of Sustained Transmission from May 2020 through January 2021*, GAO-21-367, May 2021, p. 1.; Centers for Disease Control and Prevention, *People Who Live in a Nursing Home or Long-Term Care Facility*; GAO, *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic,* GAO-20-576R, May 20, 2020, p. 1.; and, Lauren Weber, "Nursing Homes Keep Losing Workers," The Wall Street Journal, August 25, 2021.

29 Centers for Medicare & Medicaid Services (CMS), *COVID-19 Nursing Home Data*.

30 For the purposes of HHS OIG's review, the term "nursing home" refers to the facility in its sample regardless of technical status (i.e., nursing facility and/or skilled nursing facility [SNF]) according to common use.

staff who chief executives said cost $120 per hour compared to $35 per hour for permanent staff working the same shift. They reported incurring other labor-related expenses linked to hazard pay and bonuses for staff. Nursing home leaders and staff also described increased costs for other COVID and care-related needs not related to staffing, such as testing, PPE, and other supplies. For example, the Administrator said the cost of a case of gloves increased from less than $100 to almost $500. Facility staff described significant costs for food, cleaning chemicals, mattresses, and paper products. One staff member said that the cost of linen bags increased from $77 to $177.

Nursing home leaders and staff reported both personal and operational challenges to providing care during the COVID pandemic. Leaders and staff said that early in the pandemic they faced fear and uncertainty surrounding COVID. The Chief Operating Officer explained that the facility's community experienced one of the country's first COVID outbreaks, and the Administrator said staff were afraid of contracting the virus or bringing it home to their families. Leaders and staff said ongoing circumstances created by the pandemic took a physical and emotional toll on them. The Administrator explained that extra COVID-related duties—such as data entry, donning and doffing PPE, and conducting testing during outbreaks—were "a lot of extra work" and anxiety-inducing. The Administrator said that staff struggled emotionally with taking care of and losing long-term residents with whom they had formed close bonds. It was also challenging for staff to keep residents and family members apart when COVID-related visitation restrictions were in place. A staff member explained that nurses were burned out from working long hours during the pandemic, and that some were suffering from post-traumatic stress disorder. Leaders and staff said that some staff left the nursing home as the pandemic continued due to fear and burnout or because they accepted higher paying jobs with staffing agencies or left the health care industry altogether.

Nursing home leaders and staff reported that residents experienced severe strain during the COVID pandemic. Nursing home leaders reported that at times during the pandemic residents were confined to their rooms and unable to participate in social gatherings such as communal dining and activities. A staff member said that isolation and separation from other residents and visitors caused some residents to become depressed, which led to an increase in the dispensing of antidepressants in the facility. One leader said that residents "bore the brunt, sadly, of all of this. The effects of isolation and the decrease in socialization probably had the greatest effect on all the residents." Leaders and staff described facility efforts to lessen the impact of the pandemic on residents' mental health. The Administrator said the facility used laptops so that residents could meet virtually with loved ones. Staff said they worked diligently to provide activities when possible, such as going room to room to do exercises or playing bingo from a hallway to "keep residents motivated."

Program Information

To reimburse health care providers for pandemic-related expenses and lost revenue, Congress appropriated $178 billion to HHS during 2020 and 2021.[31] To administer the funds, HHS established the PRF and related programs.[32] The Health Resources and Services Administration (HRSA) is the HHS agency responsible for administering the PRF program.[33] PRF includes general and targeted distributions. General distributions were broadly available to health care providers, while targeted distributions were for health care providers with added COVID challenges, such as those highly impacted by COVID or serving high-need and vulnerable populations (e.g., nursing homes).[34]

HHS began issuing PRF payments in April 2020, shortly after the CARES Act was enacted. HHS stopped making PRF payments in June 2023 following passage of the Fiscal Responsibility Act of 2023.[35] For reporting purposes, HHS established periods during which recipients of both types of PRF distributions had to use and report on the funds (see Table 7).[36] In general, recipients had to use the funds within one year after the payment period ended and report on their use during a subsequent three-month period.[37]

31 The CARES Act appropriated $100 billion; the Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act appropriated $75 billion; and the Consolidated Appropriations Act, 2021, appropriated $3 billion. See CARES Act, P.L. No. 116-136, Division B, Title VIII, (March 27, 2020); PPPHCE Act, P.L. No. 116-139, Division B, Title I (April 24, 2020); and Consolidated Appropriations Act, 2021, P.L. No. 116-260, Division M, Title III (December 27, 2020).

32 HRSA administered funds for other programs, such as for the Rural Health Clinic COVID-19 Testing and Mitigation Program, alongside PRF. HHS also used $8.5 billion that Congress appropriated through the ARP Act of 2021 to establish the ARP Rural Distribution as a separate program to administer payments to providers and suppliers who serve rural enrollees in Medicaid, the Children's Health Insurance Program, and Medicare, including nursing homes and certified SNFs. See HHS, news release, "Biden-Harris Administration Begins Distributing American Rescue Plan Rural Funding to Support Providers Impacted by Pandemic," November 23, 2021; HHS, news release, "HHS to Begin Immediate Delivery of Initial $30 Billion of CARES Act Provider Relief Funding," April 10, 2020.

33 86 Fed. Reg. 40064 (July 26, 2021).

34 HRSA, *Past General Distributions*, December 2021; and HRSA, *Past Targeted Distributions*, November 2022.

35 HRSA, *Provider Relief*, June 2023.

36 For its analysis, HHS OIG reviewed payments made during the first four periods and nursing home reports on PRF use made during the first two periods.

37 HRSA, *Important Dates for Reporting*, May 2023.

Table 7: Timelines for Facility Receipt, Use, and Reports of PRF Payments

Reporting Period	*Payment Received Period*	*Deadline to Use Funds*	*Reporting Time Period*
1	April 10 to June 30, 2020	June 30, 2021	July 1 to September 30, 2021[a]
2	July 1 to December 31, 2020	December 31, 2021	January 1 to March 31, 2022
3	January 1 to June 30, 2021	June 30, 2022	July 1 to September 30, 2022
4	July 1 to December 31, 2021	December 31, 2022	January 1 to March 31, 2023
5	January 1 to June 30, 2022	June 30, 2023	July 1 to September 30, 2023
6	July 1 to December 31, 2022	December 31, 2023[b]	January 1 to March 31, 2024
7	January 1 to June 30, 2023	June 30, 2024[b]	July 1 to September 30, 2024

Source: HRSA, *Important Dates for Reporting*, December 2023.

a HRSA allowed a grace period for this reporting time period, which ended on November 30, 2021.

b PRF payments not fully expended on expenses attributable to COVID-19 could only be applied to lost revenue up to the end of the quarter in which the public health emergency ended (i.e., June 30, 2023). See HRSA, *How to Calculate Lost Revenues for PRF and ARP Rural Reporting*, February 2023.

HRSA distributed approximately $9.4 billion in targeted PRF payments directly to nursing homes and certified skilled nursing facilities (SNFs).[38] HHS distributed $4.8 billion of this amount to 12,806 nursing homes and certified SNFs, which provide complex care that can only be safely and effectively performed by, or under the supervision of, skilled nursing and therapy professionals.[39] The terms and conditions associated with the SNF distribution required recipients to use the payments for health care expenses and lost revenue attributable to preventing, preparing for, and responding to COVID-19.[40] HHS distributed the other $4.6 billion to facilities through the Nursing Home Infection Control (NHIC) distribution, which included two types of allocations: infection control payments to 12,787 facilities and Quality Incentive Payment (QIP) program

38 In addition to these targeted distributions, some nursing homes may have also qualified for additional funding through general and other PRF distributions. In June 2023, HRSA reported to HHS OIG that HHS had obligated approximately $54.7 billion total to SNFs and nursing homes across all PRF distributions; HRSA, *Past Targeted Distributions*, November 2022.

39 HRSA, *Past Targeted Distributions*, November 2022; CMS, *Medicare Coverage of Skilled Nursing Facility Care*, July 2019.

40 HRSA, *Acceptance of Terms and Conditions, Skilled Nursing Facility Relief Fund Payment Terms and Conditions*.

payments to 11,819 facilities.[41] The terms and conditions for the NHIC distribution, including QIP payments, require the funds to be spent on infection control-related expenses, such as COVID testing and reporting, and recruiting staff.[42]

Program Impact

The Marion County nursing home received both general and targeted PRF payments. As of December 2021, the nursing home had received a total of $504,617 from general and targeted PRF distributions. Targeted payments included $225,000 from the SNF distribution and $186,958 from NHIC distributions (see Table 8).

Table 8: PRF Payments to Nursing Homes[a]

Distribution	*Total Payments Distributed to Nursing Homes Nationally*	*Total Payments Distributed to the Sample Nursing Homes*
SNF	$4.8 billion	$225,000
NHIC	$4.6 billion	$186,958
Other[b]	$45.3 billion[b]	$92,659
Total	$54.7 billion[b]	$504,617

Sources: HRSA, *Past Targeted Distributions*, November 2022; HHS-OIG analysis of PRF payment data.

a The total amounts distributed to nursing homes nationally through the SNF and NHIC distribution are current through September 2022. PRF payment data for HHS OIG's sample nursing home are current through December 2021.

b "Other" includes all other payments to nursing homes (i.e., PRF payments made through distributions that are not SNF and NHIC distributions). HRSA reported to OIG in June 2023 the total amount paid to nursing homes, but it does not publicly report total amounts distributed to specific provider types for general distributions. The figure HRSA reported to OIG includes amounts paid to standalone nursing homes, as well as larger entities that include nursing homes or SNFs, meaning that only a portion of the funds received by the larger entities may have actually been allocated to the entities' nursing homes. As a result, the total amount distributed to nursing homes is less than stated. HRSA also does not publicly report total amounts from other PRF distributions—other than the SNF and NHIC distribution—that may have gone to those facilities.

The nursing home reported that it spent all the PRF funds distributed to it during the first two payment received periods and used the money for COVID-related expenses. Leaders for the chain of nursing homes that included the sample facility gathered input from facility leaders and determined for which expenses to use PRF. Those leaders also reported the facility's PRF use to HRSA.

At the time of HHS OIG's data collection, the facility was required only to have reported on the use of PRF payments received during the first three periods (April 2020 through June 2021). HHS OIG's

41 HRSA, *Past Targeted Distributions*, November 2022.

42 HRSA, *Acceptance of Terms and Conditions, Skilled Nursing Facility and Nursing Home Infection Control Relief Fund Payment Terms and Conditions*.

analysis included only facility reports made during the first two periods. Leaders reported that the nursing home used all the funds it received during the first two periods. Specifically, the nursing home reported using $457,963 in total PRF payments, including $365,304 in payments targeted to nursing facilities ($225,000 in SNF payments and $140,304 in NHIC payments) and $106 in interest earned on PRF payments.[43]

The nursing home reported using the payments to cover general and administrative expenses and health care-related expenses. HRSA required providers to report the use of NHIC payments and all other payments (including SNF payments) separately:

- The nursing home reported using its NHIC payments ($140,304) for general and administrative expenses ($128,675), such as staffing, and for health care-related expenses ($11,629), such as PPE.
- The nursing home also reported using the other payments it received ($317,659) for general and administrative expenses ($287,428) and for health care-related expenses ($30,231).

Leaders at the Marion County nursing home said HRSA's guidance on allowable uses and reporting requirements was sometimes unclear. The Chief Operating Officer for the nursing home chain said that although there was a "ton of guidance," the guidance was not very specific, and providers often had to infer the allowable uses. An external auditor who conducted audits of the chain agreed that the guidance was unclear and stated that there was so much guidance that it was difficult for her client to figure out which resource was relevant while in the midst of importing data and filling out the report. The CFO explained that "a 90- or 100-page manual [is] a perfect example of . . . saying, 'Here's your manual; it's here to help.' The last thing in the facility [that] you have time to do is sit and try and decipher a technical manual."

HHS OIG reviewed documentation that generally supported that the nursing home's reported use of the funds during the first two reporting periods aligned with PRF goals and objectives. HHS OIG reviewed the reports the nursing home made to HRSA during the first two reporting periods, along with summary supporting documentation. HHS OIG did not audit the facility's financial reports or supporting documents. HHS OIG observed that the information the facility reported to HRSA was generally supported by underlying facility data and appeared to align with allowable uses of the general and targeted distributions. Facility documentation generally supported that the nursing home used NHIC payments for infection control-related expenses, as intended. The nursing home was, however, unable to support its use of $106 in interest earned on infection control payments included in its first report. The CFO told HHS OIG that the staff member who submitted the first report was no longer with the organization, and without his assistance, leadership was unable to determine why the $106 was included.

In 2022, HRSA described its plans to review nursing home reports to assess use of PRF payments. For each reporting period or combination of reporting periods, HRSA planned to select

43 These figures do not match the figures in Table 8 because the nursing home was not yet required to report its use of the remaining approximately $50,000 during the first two reporting periods.

a sample of providers' reports about how they used the funds to be audited, including reports from nursing homes. HRSA contracted with audit firms to audit the reports according to a risk-based strategy to verify compliance with the terms and conditions of the program and recoup any inappropriately used funds. HRSA also planned to conduct an ongoing analysis of providers' reported spending, seeking to identify trends in how providers spent PRF payments to provide services during the pandemic.

Participant Experience

PRF payments have been integral to the nursing home's pandemic response, according to leaders and staff representing the Marion County nursing home. Nursing home leaders reported that the PRF payments were instrumental in responding to the pandemic. They said the PRF payments allowed them to pay for staffing and bonuses, which helped staff feel appreciated. Leaders also indicated that the funding enabled them to focus on "infection control, education, and compliance," which benefited the residents. The facility Administrator said that it "would have been difficult to continue" without the PRF payments, and that staff and residents likely would have been left "unprotected" without the additional funding for purchasing PPE. One leader and a staff member said that the infection control improvements they made during COVID 19, including improvements made using PRF, helped the nursing home during flu and other outbreaks in 2021 and 2022.

Facility leaders reported that PRF payments were not sufficient to address long-term costs related to COVID, and that the facility would benefit from additional relief funding. Leaders reported that, at the time of HHS OIG's data collection, the facility was still experiencing increased costs and lost revenue because of COVID and other factors. For example, the nursing home Administrator said the facility currently had the highest number of contracted agency staff ever. Other leaders and staff described ongoing cost increases related to infection control and resident care, such as mask costs. The CFO added that, at the same time, the nursing home chain was still experiencing a reduction in residents from short-term stays. The CFO stated that additional funding would "absolutely" help address the ongoing financial challenges.

FOR MORE INFORMATION

For more information about Provider Relief Fund program spending across the country, visit the PRAC's website, including an interactive dashboard.

Appendix A: Abbreviations and Acronyms

ARP Act	American Rescue Plan Act of 2021
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CFO	Chief Financial Officer
CIGIE	Council of the Inspectors General on Integrity and Efficiency
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus disease 2019
CRF	Coronavirus Relief Fund
DOL	U.S. Department of Labor
ED	U.S. Department of Education
EMS	Emergency Medical Services
ESSER	Elementary and Secondary School Emergency Relief
Food Box Program	Farmers to Families Food Box Program
FPUC	Federal Pandemic Unemployment Compensation
GAO	U.S. Government Accountability Office
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
NHIC	Nursing Home Infection Control
OIG	Office of Inspector General
PEUC	Pandemic Emergency Unemployment Compensation
PHA	public housing agency
PIH	Public and Indian Housing
PPE	personal protective equipment

PRAC	Pandemic Response Accountability Committee
PRF	Provider Relief Fund
PUA	Pandemic Unemployment Assistance
QIP	Quality Incentive Payment
SNF	skilled nursing facility
Treasury	U.S. Department of the Treasury
UI	unemployment insurance
USDA	U.S. Department of Agriculture

Appendix B: Scope and Methodology

Scope

In October 2021, the PRAC along with 10 of our OIG members, initiated a case-study-based review that sought to identify the federal pandemic response funds provided to select geographic areas, the purpose of those funds, and if the spending aligned with intended goals and objectives. To conduct our work, we divided the review into two phases. Phase one sought to determine how much pandemic funding went to the six selected communities. The final report for phase one, Tracking Pandemic Relief Funds that Went to Local Communities Reveals Persistent Data Gaps and Data Reliability Issues, was issued July 6, 2023. Phase two of the review sought to gain more insight into how the six communities used their pandemic relief funding, if the spending generally aligned with goals and objectives of the programs and subprograms, and whether the funding helped the six communities respond to the pandemic. The final insights report for phase two of this review, Pandemic Relief Experiences: A Focus on Six Communities, was issued March 28, 2024.

To conduct our work, we selected six communities across the United States: Springfield, MA; Coeur d'Alene, ID; Sheridan County, NE; Marion County, GA; White Earth Nation Reservation in Minnesota; and Jicarilla Apache Nation in New Mexico. More information about the selection process can be found in the Scope and Methodology section of our July 2023 report.

For phase two, we worked with the participating OIGs to select a total of 21 pandemic relief programs and subprograms for review. Of those 21 programs, six provided funding to recipients in Marion County. In our review of the six programs, we sought to identify how the recipients used the funds and if the uses generally aligned with respective program goals and objectives. The programs or subprograms selected for Marion County were:

- Coronavirus Relief Fund | U.S. Department of the Treasury
- Elementary and Secondary School Emergency Relief Program | U.S. Department of Education
- Farmers to Families Food Box Program | U.S. Department of Agriculture
- Pandemic Unemployment Insurance | U.S. Department of Labor
- Public Housing Operating Funds – CARES Act | U.S. Department of Housing and Urban Development
- Provider Relief Fund Payments to Nursing Homes | U.S. Department of Health and Human Services

More information about the scope and methodology for phase two of this review can be found in our March 2024 report.

Methodology

We visited Marion County, GA, in December 2022 and conducted interviews with government, community, and business leaders to discuss the community's experiences with the pandemic, federal response and relief funds, federal guidance, best practices, lessons learned, and suggestions for improvement. The overall methods we used to achieve the objectives included working with our OIG partners to review laws, as well as program guidelines and background information. The specific scope and methodology used to review each of the selected programs and subprograms is provided in the program sections below.

Standards

Each OIG and the PRAC conducted this study in accordance with its own respective processes and standards to ensure that all the contributions to this report met quality standards issued in accordance with the generally accepted government auditing standards, the Council of the Inspectors General on Integrity and Efficiency's (CIGIE's) *Quality Standards for Inspection and Evaluation*, and internal OIG guidance. All these standards required that we planned and performed this study to obtain sufficient and appropriate evidence to provide a reasonable basis for the insights and conclusions. This work was completed between November 2022 and February 2024 and complies with the CIGIE's *Quality Standards for Inspection and Evaluation*.

Coronavirus Relief Fund | U.S. Department of the Treasury, Office of Inspector General

Objectives/Scope/Methodology

Treasury OIG's objectives were to determine whether the subrecipients and beneficiary located in Marion County (1) used CRF award funds in alignment with program goals and objectives, and (2) believed that CRF award funds impacted (positively or negatively) their ability to respond to the pandemic.

The scope of Treasury OIG's engagement covered CRF expenditures reported in GrantSolutions from March 1, 2020 (cycle 1) through September 30, 2022 (cycle 10). Treasury OIG selected two subrecipients and one beneficiary for the review, respectively: (1) Marion County, (2) city of Buena Vista, and (3) a nonprofit senior-living campus. Treasury OIG sampled a total of $463,987 of $502,822 (four transactions, or 92 percent) of CRF expenditures, representing all payment types, for the three entities to determine whether they used the CRF award funds in alignment with the program's goals and objectives.[44]

44 Transfers and Grants.

To accomplish these objectives, Treasury OIG performed the following activities during engagement fieldwork conducted from August 2022 through April 2023:

- Reviewed Title VI of the Social Security Act, as amended by Title V of Division A of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).[45]
- Reviewed the Consolidated Appropriations Act, 2021.[46]
- Reviewed Treasury Guidance and Frequently Asked Questions published in the Federal Register, Volume 86, No. 10 (January 15, 2021).
- Reviewed the State of Georgia's policies and procedures for determining CRF eligible use.
- Interviewed subrecipients and beneficiary officials regarding CRF usage, experience, and impact.
- Reviewed the State of Georgia's and the nonprofit senior-living campus's Single Audit Reports for fiscal years 2020 and 2021 to assess findings that may pose risk to the subrecipients' and beneficiaries' eligible uses of CRF; there were no Single Audit Reports completed for Marion County and the city of Buena Vista for fiscal years 2020 and 2021.
- Reviewed the fiscal year 2020 Independent Auditor's Report on Financial Statements for Marion County, which included the city of Buena Vista, to assess findings that may pose risk to the subrecipient's eligible uses of CRF.
- Reviewed media reports associated with the COVID 19 pandemic and CRF impacts within the State of Georgia and Marion County.
- Reviewed supporting documentation to determine if the four sample transactions were (1) necessary expenditures incurred due to the public health emergency with respect to COVID-19; (2) not accounted for in the budget most recently approved as of March 27, 2020; and (3) for costs incurred between March 1, 2020, and December 31, 2021. Supporting documentation included grant agreements, invoices, timesheets, labor distribution reports, and data extracts from the State of Georgia, Marion County, the city of Buena Vista, and the nonprofit senior-living campus, as applicable.

Standards

Treasury OIG conducted this engagement in accordance with CIGIE's *Quality Standards for Inspection and Evaluation*.

45 P.L. 116-136 (March 27, 2020).
46 P.L. 116-260 (December 27, 2020).

Elementary and Secondary School Emergency Relief Program | Pandemic Response Accountability Committee and U.S. Department of Education, Office of Inspector General

Methodology

Scope | The PRAC and ED OIG's review covered Marion County Schools' use of ESSER funds (all three rounds of funding) from program inception through September 30, 2021. Our review objectives were to identify how the local school district used the ESSER funding it received and to determine whether the local school district spent ESSER funds in alignment with program goals and objectives. The PRAC staff coordinated this work with ED OIG.

Methodology | To answer these objectives, we:

- Reviewed applicable ESSER guidance including Frequently Asked Questions, Elementary and Secondary School Emergency Relief Programs and Governor's Emergency Relief Programs issued in May 2021 and revised December 7, 2022.
- Obtained summary descriptions of ESSER spending from the school district.
- Determined if the descriptions of the funding uses aligned with ESSER's objectives of helping the districts prevent, prepare for, and respond to coronavirus, domestically or internationally.
- Interviewed Marion County district officials, local officials, and Georgia Department of Education officials about uses of funds as well as the effects the ESSER funds had on the school district's ability to respond to and recover from the pandemic.

Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by CIGIE.

Farmers to Families Food Box Program | Pandemic Response Accountability Committee and U.S. Department of Agriculture, Office of Inspector General

Methodology

Scope | The PRAC and USDA OIG's review covered the use and impact of the Food Box program implemented by USDA. We included all five rounds of the program in our review—to the extent that the data was available, and when boxes were provided to Marion County community from May 15, 2020, though May 31, 2021. Our review objective was to determine whether the program served producers, distributors, and food recipient organizations in accordance with program goals and objectives.

Methodology | To try to determine if the program served producers, distributors, and food recipient organizations in accordance with program goals and objectives in Marion County, we:

- Reviewed multiple federal reports evaluating the Food Box program.
- Obtained and reviewed data showing the number of food boxes sent to food recipient organizations serving the Marion County community.

We also worked with USDA OIG to obtain data about the total number of food recipients and to ensure that we fully understood the program objectives and structure. However, the PRAC never received responses to our requests to visit a food recipient organization. As a result, we did not visit one for this report.

Data Limitations

We used data collected and analyzed by USDA OIG during part one of this case-study-based review. Part one introduced data limitations that prevented us from determining if the program served producers, distributors, and food recipient organizations in accordance with program goals and objectives.

Standards

We conducted this study in accordance with CIGIE's *Quality Standards for Inspection and Evaluation*.

Pandemic Unemployment Insurance | U.S. Department of Labor, Office of Inspector General

Methodology

Scope | The evaluation covered DOL's UI response to the COVID-19 pandemic. Specifically, DOL OIG reviewed federal UI benefits from the following three key CARES Act UI programs: FPUC, PUA, and PEUC. These three CARES Act UI programs were extended or resumed under the Continued Assistance for Unemployed Workers Act of 2020 and extended by the ARP Act until September 6, 2021. Three states ended the expanded UI programs early. Specifically, Nebraska and Idaho ended their programs on June 19, 2021, and Georgia on June 26, 2021. DOL OIG's evaluation included any benefits that claimants received from these programs as reported by the states. These programs were selected based on federal spending research and program funding amounts.

Data Sources | The DOL OIG team assessed UI payments to individuals in the designated geographic areas based upon UI claims data transfers from state workforce agencies to DOL OIG. Additionally, the DOL OIG team performed on-site surveys of claimants confirmed to have collected benefits from FPUC, PUA, or PEUC.

Methodology | To answer the objective, the DOL OIG team reviewed the CARES Act, the Continued Assistance for Unemployed Workers Act of 2020, the ARP Act, Employment and Training Administration guidance, Federal Emergency Management Agency guidance, state agreements, PandemicOversight.gov, and USAspending data. To determine the amount of fraud flags for the three key CARES Act programs paid in the designated geographic areas, the review team worked with OIG data scientists to assess claimants in the designated area for several key fraud indicators.

To assess the participants' experiences with the three key CARES Act UI programs in the designated geographic areas, DOL OIG judgmentally selected 60 claimants with whom DOL OIG investigators performed on-site interviews.[47] Prior to selection, claimants with fraud indicators were removed to ensure interviews of only eligible UI claimants and to not impact ongoing or future investigations. OIG investigators traveled to the area and performed in-person interviews with the claimants. The survey results were then aggregated to present an overall depiction of the participants' experiences in the area.

Data Limitations

Since the claimants were judgmentally selected, DOL OIG cannot project the results of its audit to larger populations, such as statewide or nationally. This limitation is acceptable based on the objective of this evaluation.

47 Judgmental sampling is a nonprobability sampling technique in which the sample members are chosen based on the auditor's knowledge and judgment.

Standards

DOL OIG conducted this study in accordance with the *Quality Standards for Inspections and Evaluations* issued by CIGIE. Those standards require that DOL OIG plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for its findings and conclusions based on DOL OIG's objective.

Public Housing Operating Fund – CARES Act | U.S. Department of Housing and Urban Development, Office of Inspector General

Methodology

Scope | HUD OIG conducted the review remotely from July 2022 through September 2023. HUD OIG's review covered Marion County's use of supplemental operating funds from program inception through September 30, 2021. HUD OIG's review objectives were to determine whether the county spent the supplemental operating funds in alignment with program goals and objectives and whether the funds positively or negatively impacted the county's ability to respond to the pandemic.

Methodology | To accomplish HUD OIG's review objectives, it:

- Reviewed applicable HUD requirements (HUD notices).
- Interviewed HUD staff to gain an understanding of HUD's goals and objectives for the Public Housing Operating Fund CARES Act funding.
- Interviewed the CFO of the Columbus Housing Authority, who manages the Buena Vista Housing Authority, to obtain an understanding of how the Authority used its CARES Act supplemental operating funds to prepare for, prevent, and respond to the pandemic.
- Reviewed supporting documentation for a sample of Public Housing Operating Fund expenditures, including ledgers, invoices, and payroll.

The Buena Vista Housing Authority received $36,366 in CARES Act supplemental public housing operating funds. It had spent all these funds by December 31, 2020. HUD OIG reviewed a random sample of 52 expenditures totaling $11,883 and reviewed supporting documentation to determine whether the Authority spent CARES Act supplemental public housing operating funds in alignment with the program goals and objectives.

HUD OIG reviewed a random sample of the Authority's operating fund expenditures because it did not account for the supplemental operating funds separately. The Authority drew all its CARES Act supplemental operating funds, and those funds were commingled with its regular operating funds.[48]

48 HUD OIG determined it to be acceptable that the Authority comingled its CARES Act supplemental operating funds with its regular operating funds because the supplemental funds can be used for the same purposes as the regular operating funds. Office of Public and Indian Housing (PIH) Notice PIH-2020-07 states that the supplemental operating funds may also be used to maintain normal operations.

The funds were used to maintain normal operations and to purchase PPE without differentiating between the sources of funds. In its financial statements, the Authority attributed the CARES Act supplemental operating funds to three accounts. Therefore, HUD OIG selected a random sample from a universe of all expenditures made in the three accounts during this audit period.[49]

To achieve HUD OIG's objective, it relied in part on the Authority's computer-processed data. Although HUD OIG did not perform a detailed assessment of the reliability of the data, it determined that the data was sufficiently reliable for the purposes of its review because it corroborated the data for the expenditures against supporting documentation provided.

HUD OIG determined that internal controls were not relevant to its objective. HUD OIG's objective was not to evaluate or provide assurance of the Authority's internal controls. Therefore, HUD OIG did not assess the Authority's controls or express an opinion on them.

Standards

HUD OIG conducted this review in accordance with generally accepted government auditing standards. Those standards require that it plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for its findings and conclusions based on its objective(s). HUD OIG believes the evidence obtained provides a reasonable basis for its conclusions based on its objectives.

Provider Relief Fund | U.S. Department of Health and Human Services, Office of Inspector General

Scope

HHS OIG examined the use of targeted PRF payments to one nursing home in Marion County during calendar years 2020 and 2021. The selected facility was the only facility within Marion County that received direct PRF payments through distributions that HHS targeted for nursing homes and certified SNFs.[50] HHS OIG conducted its data collection concurrently with the PRAC's site visit to Marion County during December 2022 as part of its larger contributions to the PRAC study on the impact of federal pandemic relief spending in six select locations. HHS OIG used interviews, documentation, and data analysis to identify how the nursing home used the PRF payments and whether it experienced any challenges using these funds. Through its review, HHS OIG also gathered the perspectives of facility leaders, staff, residents, and family members regarding whether the PRF payments helped them prevent, prepare for, and respond to COVID-19, and whether the facility complied with terms and conditions related to PRF use.

49 The universe consisted of 218 expenditures totaling $53,995.

50 To determine the sample of nursing homes, HHS OIG filtered data about PRF payments to nursing homes, which HHS OIG's Division of Data Analytics accessed directly through its data use agreement with HRSA, using ZIP Codes for Marion County provided by the PRAC. HHS OIG also verified the sample by using mapping tools to identify any additional nursing homes that were located within the ZIP Codes but included in the PRF data under another location, such as the location of the facility's owners.

Methodology

Data Sources

Interviews

To evaluate the nursing home's use of PRF payments, HHS OIG interviewed leadership, staff, and a small number of residents and family members from the selected facility. HHS OIG also conducted two group interviews with HRSA officials who were responsible for administering and overseeing the payments. HHS OIG employed adaptable interview protocols that allowed it to modify questions, as needed, and follow up on additional issues as it learned new information and identified key issues.

Nursing Home Interviews | HHS OIG conducted group interviews with corporate and facility leaders and staff in the selected nursing home. Participants included corporate executives, facility leadership, a representative from an external audit firm that conducts single audits of the chain of nursing homes, and a small number of clinical and nonclinical staff. HHS OIG also conducted a small group interview with residents and family members as a way of gathering additional insights and illustrations about facility services and resident perceptions about the effects of the funding.

During these interviews, HHS OIG discussed how the nursing home used the PRF payments and its experiences in using the funds and reporting the information to HRSA. HHS OIG discussed facility leadership and staff perceptions of how the payments helped the facility prevent, prepare for, and respond to COVID, and challenges that hindered their use of the funds. Additionally, HHS OIG discussed nursing home interactions with HRSA officials related to PRF use and oversight, and any additional assistance from HRSA that the facility reported would have been useful. Although HHS OIG'S evaluation focused on targeted PRF distributions to nursing homes and certified SNFs, the responses also included references to other general or targeted payments that the facility received.

HRSA Interviews | HHS OIG conducted a few group interviews with PRF program administrators in HRSA's Provider Relief Bureau. The interviews gathered more detailed information about PRF goals and performance metrics. HHS OIG also discussed HRSA's efforts to manage and oversee the PRF, including the agency's efforts related to PRF payment distribution, provider reporting processes, audits, the recovery of improper or unintended payments, and other efforts.

Document Review

HHS OIG collected available funding receipt attestations and reports to HRSA about how the nursing home used the PRF payments. The documents were extracted directly by HHS OIG's Division of Data Analytics, using a data use agreement it has with HRSA, during late April 2022 in preparation for the PRAC's series of location site visits, which began in May 2022. At that time, only two of four required reporting periods had passed, so the facility had not yet reported on its use of all PRF payments. It had, however, reported on most of the payments it received through the targeted distributions to nursing homes and certified SNFs. HHS OIG also requested and reviewed summary documentation from the facility supporting expenses outlined in those reports. Additionally, HHS OIG requested any correspondence between HRSA officials and the facility about the PRF money and the reports, as well as any documentation of HRSA's actions to assess and enforce terms and conditions related to use of the funds or to rescind funds not used according to those requirements. As of June 8, 2022, HRSA had no documentation of oversight actions related to the facility.

Data

To summarize the PRF payments the nursing home received and kept, HHS OIG reviewed PRF payment data from HRSA for the selected facility, which its Division of Data Analytics accessed directly through its data use agreement with HRSA. HHS OIG collected the PRF payment data in preparation for the PRAC's series of location site visits; the data was extracted on February 28, 2022, and, depending on whether the payments were made electronically or by check, were current through the beginning of January or February 2022. The data therefore included all payments made during HHS OIG's timeframe of calendar years 2020 and 2021 (the first four distribution periods) and was collected in time for HHS OIG to conduct an initial analysis prior to the site visits.

Data Analysis

HHS OIG conducted a qualitative analysis of interview data and documentation from the nursing home and HRSA. HHS OIG used its analysis to gain a deeper understanding of PRF program strengths and weaknesses from the perspective of the nursing home. This analysis also helped HHS OIG to determine how the selected nursing home used targeted payments to improve infection control and address health care expenses and lost revenue related to the pandemic.

HHS OIG conducted a quantitative review of PRF payment data and the nursing home's financial documentation. HHS OIG used its analysis of the data to briefly summarize the types and amounts of PRF payments the facility received and how the funds were used.

Limitations

HHS OIG focused only on the experiences of the selected nursing home. Its findings cannot be extrapolated to all nursing homes that received PRF payments.

Although HHS OIG compared the nursing home's reports to HRSA against supporting documentation and PRF terms and conditions to assess appropriateness, it did not conduct an audit of the facility's financial documentation to verify its reports and supporting material.

Standards

HHS OIG conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by CIGIE.

For more information:

Lisa Reijula
Associate Director of Outreach and Engagement, PRAC
Lisa.Reijula@cigie.gov

Visit us at:

PandemicOversight.gov

Follow us at:

Report Fraud, Waste, Abuse, or Misconduct:

To report allegations of fraud, waste, abuse, or misconduct regarding pandemic relief funds or programs please go to the PRAC website at PandemicOversight.gov.

PANDEMIC RESPONSE ACCOUNTABILITY COMMITTEE

A Committee of the
Council of the Inspectors General
on Integrity and Efficiency