



Audit Report



OIG-25-026

FINANCIAL MANAGEMENT

AUDIT OF THE GULF COAST ECOSYSTEM RESTORATION COUNCIL'S COMPLIANCE WITH PIIA OF 2019 FOR FISCAL YEAR 2024

May 23, 2025

Office of Inspector General
Department of the Treasury

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Abbreviations

AFR	Agency Financial Report
Council	Gulf Coast Ecosystem Restoration Council
IP	Improper Payment
OIG	Office of Inspector General
OMB	Office of Management and Budget
PIIA	Payment Integrity Information Act of 2019
UP	Unknown Payment

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Audit Report

May 23, 2025

Mary Walker
Executive Director
Gulf Coast Ecosystem Restoration Council

This report presents the results of our audit of the Gulf Coast Ecosystem Restoration Council's (Council) compliance with payment integrity reporting requirements for fiscal year 2024

The objective of our audit was to assess and report on the Council's overall compliance with requirements contained in the Payment Integrity Information Act of 2019 (PIIA)¹, enacted to help Federal agencies improve efforts to identify and reduce Government-wide improper payments, and for other purposes. As part of our audit, we also reviewed the Council's implementation of the Office of Management and Budget's (OMB) payment integrity related guidance contained in Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, Appendix C, "Requirements for Payment Integrity Improvement," and Circular No A-136, Financial Reporting Requirements.

We conducted our fieldwork from March 2025 through April 2025. Appendix 1 contains a more detailed description of our objectives, scope, and methodology.

Results in Brief

The Council complied with applicable PIIA requirements for fiscal year 2024. We determined that the Council (1) published its payment integrity information with its annual financial statement; (2) posted its annual financial statement on the agency website; (3) conducted improper payment (IP) risk assessments for each

¹ Pub. L. No. 116-117, 134 Stat. (March 2, 2020)

program with annual outlays greater than \$10 million at least once in the last three years; and (4) adequately concluded whether the program is likely to make IPs and unknown payments (UPs) above or below the statutory threshold². Six of the ten PIIA requirements were not applicable to the Council because the Council did not have any programs susceptible to significant IPs. This information is outlined in Table 1 below.

Table 1. The Council's Compliance with PIIA Requirements

PIIA Requirements	Comprehensive Plan Program³	Oil Spill Impact Program
Published payment integrity information with the annual financial statement	Yes	Yes
Posted the annual financial statement on the agency website	Yes	Yes
Conducted IP risk assessments	Yes	Yes
Adequately concluded whether the program is likely to make IPs and UPs above or below the statutory threshold	Yes	Yes
Published IP and UP estimates	N/A *	N/A *
Published corrective action plans	N/A *	N/A *
Published IP and UP reduction targets	N/A *	N/A *
Demonstrated improvements to payment integrity	N/A *	N/A *
Developed a plan to meet IP and UP reduction targets	N/A *	N/A *
Reported an IP and UP estimate of less than 10 percent	N/A *	N/A *

Source: OIG's assessment of Council's compliance with PIIA requirements.

* Not susceptible to significant improper payments

² The threshold is the total amount of IPs and UPs estimated either above \$10,000,000 and 1.5 percent of the program's total outlays, or \$100,000,000 (regardless of the associated percentage of the program's total annual outlays that the estimated IPs and UPs represent).

³ Name changed from Council Selected Projects and Programs in fiscal year 2023

We determined that the Council reported its payment integrity information in accordance with OMB Circular A-136 as required by OMB Circular A-123, Appendix C, "Requirements for Payment Integrity Improvement" (OMB M-21-19).

We reviewed the Council's payment integrity information reported in its Agency Financial Report (AFR) and accompanying information and determined that the Council's information reported on PaymentAccuracy.gov was consistent with supporting documentation.

For fiscal year 2024, we noted that the Council did not perform risk assessments of its programs because it was in the third year of a three-year risk assessment cycle and the Council was not required to do so. The Council performed risk assessments of its programs in fiscal year 2022. In addition, the Council did not have any new programs in fiscal year 2024.

The Council did not perform a recovery audit in fiscal year 2024 because the Council determined that conducting recovery audits would not be a cost-effective endeavor. The Council management informed us that the decision is based on historical data showing a low occurrence of improper payments and that the cost associated with conducting a formal recovery audit outweighed the benefits. However, the Council identified improper payments of \$77,423.45 related to grants.

We made no recommendations in this report.

In a written response, Council management concurred with the OIG's assessment and indicated that the Council remains dedicated to upholding legal requirements, adhering to OMB guidance, and proactively preventing, reducing, and recovering improper payments within its programs. Management's written response is provided in its entirety at appendix 2.

Background

Payment Integrity Compliance and Reporting Requirements

PIIA, signed on March 2, 2020, requires agencies to conduct program-specific risk assessments for each program or activity identified by the agency, provide the methodology for identifying and measuring improper payments, and report on actions the agency plans to take to prevent future improper payments.

As a result of PIIA, OMB updated OMB Circular A-123, Appendix C, "Requirements for Payment Integrity Improvement" and issued its revised guidance (OMB M-21-19) on March 5, 2021. The goal of this revision is to transform the payment integrity compliance framework and create a more comprehensive and meaningful set of requirements to allow agencies to spend less time complying with low-value activities and more time researching underlying causes of improper payments, balancing payment integrity risks and controls, and building the capacity to help prevent future IPs.

OMB Circular A-136 includes the financial reporting requirements that federal agencies must follow in reporting its PIIA information in the agency's annual financial statement. Among the requirements are the collection of payment integrity information by OMB through the annual data call and actions taken by the agency to address recovery auditor recommendations to prevent overpayments.

The agency is responsible for ensuring compliance with PIIA each fiscal year. The Office of Inspector General (OIG) is responsible for evaluating the agency's compliance with PIIA each fiscal year and submitting a report on that determination.

Improper Payments Risk Assessment

The Council performs risk assessments for its programs that have outlays over \$10M on a three-year risk assessment cycle. The Council is in the third year of a three-year risk assessment cycle and is therefore not required to perform risk assessments of its programs in fiscal year 2024. The next scheduled risk assessment is planned for fiscal year 2025. For fiscal year 2024, the Council

did not have any programs or activities susceptible to significant improper payments.

Recovery Audits

PIIA requires agencies to conduct recovery audits to prevent, detect, and recover overpayments, if conducting such audits would be cost-effective, for each program and activity that expends \$1 million or more annually. A recovery audit is a review and analysis of an agency's or program's accounting and financial records, supporting documentation, and other pertinent information supporting its payments that is specifically designed to identify overpayments. For fiscal year 2024, the Council did not conduct a recovery audit because the Council determined that conducting such an audit would not be cost effective.

Payment Integrity Reporting

The Council reported its payment integrity information in accordance with OMB Circular A-136. The Council published its fiscal year 2024 AFR and posted it to its website. In addition, the Council provided its payment integrity information during the fiscal year 2024 OMB payment integrity data call, which was then published on [PaymentAccuracy.gov](https://www.paymentaccuracy.gov).

Audit Results

According to OMB Circular A-123, an agency is required to meet ten specific requirements to be compliant with PIIA. The ten requirements are (1) publishing payment integrity information with the annual financial statement; (2) posting the annual financial statement and accompanying materials on the agency website; (3) conducting IP risk assessments for each program with annual outlays greater than \$10 million at least once in three years; (4) concluding on the program's likelihood to make IPs and UPs above or below the statutory threshold; (5) publishing IP and UP estimates; (6) publishing corrective action plans; (7) publishing IP and UP reduction targets; (8) demonstrating improvements to payment integrity; (9) developing a plan to meet IP and UP

reduction targets; and (10) reporting an IP and UP payment rate of less than 10 percent.

We found that the Council complied with all applicable PIIA requirements for fiscal year 2024. The Council (1) published its payment integrity information with its annual financial statement; (2) posted its annual financial statement on the agency website; (3) conducted IP risk assessments for each program with annual outlays greater than \$10 million at least once in the last three years; and (4) adequately concluded whether the program is likely to make IPs and UPs above or below the statutory threshold. Six of the ten PIIA requirements were not applicable to the Council because the Council did not have any programs susceptible to significant IPs.

We reviewed the Council's AFR and any accompanying information and noted that the Council included improper payment information in the PIIA section. We also noted that the Council published its AFR on its website and included a link to [PaymentAccuracy.gov](https://www.paymentaccuracy.gov) in its AFR. We reviewed the Council's payment integrity information on [PaymentAccuracy.gov](https://www.paymentaccuracy.gov) and noted that the Council provided its payment integrity information during the fiscal year 2024 OMB payment integrity data call.

We also reviewed the Council's agency survey submission to OMB's annual data call and determined that the information submitted is complete and supports the information published on [PaymentAccuracy.gov](https://www.paymentaccuracy.gov). We noted during our review that the Council did not perform risk assessments for its programs that have outlays over \$10 million because the Council is on its third year of a three-year risk assessment cycle and therefore, was not required to perform risk assessments in fiscal year 2024. In addition, the Council did not have any new programs to assess in fiscal year 2024. The Council plans to perform its next risk assessments in fiscal year 2025. In our report [OIG-23-025, Audit of the Gulf Coast Ecosystem Restoration Council's Compliance with PIIA of 2019 for Fiscal Year 2022](#), we noted that the Council performed a qualitative risk assessment of its programs during fiscal year 2022 utilizing the Bureau of the Fiscal Service Administrative Resource Center's risk assessment questionnaire that resulted in a low-risk rating for the Council's overall fund group.

For fiscal year 2024, we noted the Council did not perform a recovery audit. The Council determined that conducting recovery audits would not be a cost-effective endeavor. The Council's determination was based on historical data showing a low occurrence of improper payments and the fact that the cost associated with conducting a formal recovery audit outweighs the benefits.

However, we noted that the Council identified improper payments of \$77,423.45 during a review of a grant recipient's Federal Financial Report in fiscal year 2024. These improper payments were related to unallowable costs of \$44,372.23, unallowable costs of \$23,651.22 that were eligible for transfer as allowable costs to different grant awards for the same recipient, and an overpayment amount of \$9,400.00 in conjunction with a land acquisition transition for purchase. We verified that the Council recovered all identified fiscal year 2024 improper payment amounts during fiscal year 2025. The disallowed cost of \$44,372.23 and the overpayment amount of \$9,400.00 were remitted to the Council. Additionally, the Council transferred the \$23,651.22 as allowable costs to the appropriate grant award to correct the error.

The Council's total program and activity expenditures for fiscal year 2024 was \$121,369,688 and the total improper payment was \$77,423.45; as a result, the Council's improper payments amount did not meet the statutory threshold for significant improper payments and reporting requirements specified in OMB M-21-19⁴. Additionally, the Council did not have any programs or activities susceptible to significant improper payments or designated as high priority programs. As a result, the Council was not required to publish IP and UP estimates or corrective action plans in the annual financial statement. The Council was also not required to publish IP and UP reduction targets, demonstrate improvements to payment integrity or reach a tolerable IP and UP rate, develop a plan to meet the IP and UP reduction targets, and report an IP and UP estimate of less than 10 percent for each program.

* * * * *

⁴ M-21-19 states the statutory threshold as either (1) both 1.5 percent of program outlays and \$10,00,000 of all program payments made during the fiscal year or (2) \$100,000,000.

We appreciate the courtesies and cooperation extended by your staff during the audit. If you wish to discuss the report, you may contact me at (202) 486-1415. Major contributors to this report are listed in appendix 3. A distribution list for this report is provided as appendix 4.

/s/

Shiela Michel

Acting Director, Financial Statement Audits

Appendix 1: Objectives, Scope, and Methodology

The overall objective of our audit was to determine whether the Gulf Coast Ecosystem Restoration Council (Council) complied with the payment integrity reporting requirements for fiscal year 2024. We assessed the Council's compliance with the reporting requirements set forth in the Payment Integrity Information Act of 2019 (PIIA).

The scope of our audit covered the period from October 1, 2023, through September 30, 2024.

To accomplish our objective, we performed the following activities during audit fieldwork conducted from March 2025 through April 2025:

- We reviewed applicable laws, regulations, and guidance issued by the Office of Management and Budget (OMB), and the Council's supporting documentation for its payment integrity reporting.
- We conducted interviews of the Council's personnel responsible for the payment integrity reporting.
- We reviewed the fiscal year 2024 annual financial statement and any accompanying materials to assess whether the Council:
 - published payment integrity information with the annual financial statement;
 - posted the annual financial statement and accompanying materials on the agency website;
 - conducted improper payment (IP) risk assessments for each program with annual outlays greater than \$10 million at least once in the last three years;
 - adequately concluded whether the program is likely to make IPs and unknown payments (UP) above or below the statutory threshold;
 - published IP and UP estimates for programs susceptible to significant IPs and UPs in the accompanying materials to the annual financial statement;

- published corrective action plans for each program for which an estimate above the statutory threshold was published in the accompanying materials to the annual financial statement;
 - published an IP and UP reduction target for each program for which an estimate above the statutory threshold was published in the accompanying materials to the annual financial statement;
 - demonstrated improvements to payment integrity or reached a tolerable IP and UP rate;
 - developed a plan to meet the IP and UP reduction targets;
 - report an IP and UP estimate of less than 10 percent for each program for which an estimate was published in the accompanying materials to the annual financial statement.
- To assess the Council's risk assessment process, we reviewed supporting documentation to determine the completeness and accuracy of the information reported and compliance with applicable guidance. We also interviewed Council officials involved in the risk assessment process.
 - We interviewed Council officials and reviewed supporting documentation related to the Council's decision not to conduct a recovery audit in fiscal year 2024.

Because the Council was not required to perform a risk assessment and did not perform a recovery audit in fiscal year 2024, we did not receive computer processed data and therefore did not perform data reliability testing. We also did not perform statistical sampling as no detailed transaction testing was required for the fiscal year 2024 audit.

Management is responsible for the design, implementation, and operating effectiveness of the agency's internal controls. We assessed the Council's internal controls and compliance with policies and procedures necessary to satisfy the audit objective. Specifically, we determined that the principles of designing and implementing control activities within the control activities component of internal controls, the principle of communicating quality information within the information and communication

component of internal controls, and the principle of performing monitoring activities within the monitoring component of internal controls, were significant to the Council's payment integrity reporting. Additionally, the Council's review and publication of its payment integrity information, response to the OMB payment integrity data call, and risk assessment process of its programs and activities were significant internal controls related to the audit.

We assessed whether internal controls are properly designed and implemented through walkthroughs and review of policies and procedures. In addition, we tested the operating effectiveness of the internal controls by reviewing and inspecting relevant documents and data related to the Council's payment integrity reporting. However, because our review was limited to those internal control components and underlying principles that are significant to the audit objective, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

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

Appendix 2: Management Response



Gulf Coast Ecosystem Restoration Council
500 Poydras Street, Suite 1117
New Orleans, LA 70130

May 19, 2025

Ms. Shiela Michel
Acting Director, Financial Statement Audits
Department of the Treasury

Re: Response to the Draft OIG Audit Report: Audit of the Gulf Coast Ecosystem Restoration Council's Compliance with PIIA of 2019 for Fiscal Year 2024

Thank you for the opportunity to review the draft Audit of the Gulf Coast Ecosystem Restoration Council's Compliance with PIIA of 2019 for Fiscal Year 2024. The Council concurs with the OIG's assessment that the Council complied with all PIIA requirements and had no programs identified as susceptible to significant improper payments or designated as high-priority.

The Council remains dedicated to upholding legal requirements, adhering to OMB guidance, and proactively preventing, reducing, and recovering improper payments within our programs. We would like to thank the Office of Inspector General for the professionalism and courtesy demonstrated throughout the audit process.

Sincerely,

MARY
WALKER

Digitally signed
by MARY WALKER
Date: 2025.05.19
12:13:29 -05'00'

Mary S. Walker
Executive Director

Appendix 3: Major Contributors to This Report

Shiela Michel, Audit Manager/Acting Audit Director
Rufus Etienne, Auditor
Adam Bradley, Auditor
Steven Bitz, Auditor
Wendy Skinner, Auditor
Gerald Kelly, Auditor
Lawrence Delva-Gonzalez, Referencer

Appendix 4: Report Distribution

Gulf Coast Ecosystem Restoration Council

Chairperson
Executive Director
Chief Financial Officer

Department of the Treasury

Deputy Secretary
Under Secretary for Domestic Finance
Fiscal Assistant Secretary
Deputy Assistant Secretary, Fiscal Operations and Policy

Office of Management and Budget

Controller, Office of Federal Financial Management
OIG Budget Examiner

U.S. Senate

Chairman and Ranking Member
Committee on Homeland Security and Governmental Affairs

Chairman and Ranking Member
Subcommittee on Financial Services and General Government
Committee on Appropriations

Chairman and Ranking Member
Committee on Environment and Public Works

Chairman and Ranking Member
Committee on Commerce, Science, and Transportation

Chairman and Ranking Member
Committee on Energy and Natural Resources

U.S. House of Representatives

Chairman and Ranking Member
Committee on Oversight and Accountability

Chairman and Ranking Member
Subcommittee on Financial Services and General Government
Committee on Appropriations

Audit of the Gulf Coast Ecosystem Restoration Council's Compliance
with the Payment Integrity Information Act of 2019 for Fiscal Year 2024
(OIG-25-026)

Chairman and Ranking Member
Subcommittee on Commerce, Justice, Science, and Related
Agencies
Committee on Appropriations

Chairman and Ranking Member
Subcommittee on Energy, Water Development, and Related
Agencies
Committee on Appropriations

Chairman and Ranking Member
Subcommittee on Interior, Environment, and Related Agencies
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U.S. Government Accountability Office

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