



**FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
AUDIT AND COMPLIANCE COMMITTEE**

FIU, Modesto A. Maidique Campus, Graham Center Ballrooms

Thursday, November 21, 2024
9:00 AM

Chair: Alan Gonzalez

Vice Chair: Yaffa Popack

Members: Noël C. Barengo, Carlos A. Duarte, Francis A. Hondal, Chanel T. Rowe, Roger Tovar

AGENDA

- | | |
|--|--------------------|
| 1. Call to Order and Chair's Remarks | Alan Gonzalez |
| 2. Approval of Minutes | Alan Gonzalez |
| 3. Discussion Items <i>(No Action Required)</i> | |
| 3.1 Office of Internal Audit Status Report | Trevor L. Williams |
| 3.2 Office of University Compliance and Integrity Quarterly Report | Jennifer LaPorta |
| 4. New Business | Alan Gonzalez |
| 4.1 Office of Internal Audit Discussion of Audit Processes | |
| 5. Concluding Remarks and Adjournment | Alan Gonzalez |

The next Audit and Compliance Committee Meeting is scheduled for February 13, 2025

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Meeting Book - 11-21-2024 - FIU Board of Trustees Audit and Compliance Committee Meeting

1. Call to Order and Chair's Remarks
Alan Gonzalez

2. Approval of Minutes
Alan Gonzalez

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3. Discussion Items (No Action Required)

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4. New Business
Alan Gonzalez

4.1 Office of Internal Audit Discussion of Audit Processes

5. Concluding Remarks and Adjournment
Alan Gonzalez

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November 21, 2024

Subject: Approval of Minutes of Meeting held September 12, 2024

Proposed Committee Action:

Approval of Minutes of the Audit and Compliance Committee meeting held on September 12, 2024.

Background Information:

Committee members will review and approve the Minutes of the Audit and Compliance Committee meeting held on September 12, 2024.

Supporting Documentation: Minutes: Audit and Compliance Committee meeting, September 12, 2024

Facilitator/Presenter: Alan Gonzalez, *Chair, Audit and Compliance Committee*

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Audit and Compliance Committee
September 12, 2024
FIU, Modesto A. Maidique Campus, Graham Center Ballrooms

MINUTES

1. Call to Order and Chair's Remarks

The Florida International University Board of Trustees' Audit and Compliance Committee meeting was called to order by Committee Chair Alan Gonzalez at 9:00 AM on Thursday, September 12, 2024.

General Counsel Carlos B. Castillo conducted roll call of the Audit and Compliance Committee members and verified a quorum. Present were Trustees Alan Gonzalez, *Chair*; Yaffa Popack, *Vice Chair (Zoom)*; Noël C. Barengo; Francis A. Hondal; and Roger Tovar, *Board Chair*.

Board Vice Chair Carlos A. Duarte and Trustee Chanel T. Rowe were excused.

The following Board members were also in attendance: Trustees Francesca Casanova, Dean C. Colson, Marc D. Sarnoff, and Albert R. Taño.

Committee Chair Gonzalez welcomed all Trustees and members of the University administration. He also welcomed the University community and general public. On behalf of the Committee, he recognized the Committee's past Chair, Chanel T. Rowe, for her service. He also welcomed Trustee Yaffa Popack as the Committee's Vice Chair.

2. Approval of Minutes

Committee Chair Gonzalez asked if there were any additions or corrections to the minutes of the Audit and Compliance Committee meeting held on June 5, 2024. Hearing none, a motion was made and unanimously passed to approve the minutes of the Audit and Compliance Committee meeting held on June 5, 2024.

3. Discussion Items

3.1 Office of Internal Audit Status Report

Chief Audit Executive Mr. Trevor L. Williams presented the Office of Internal Audit Status Report. He indicated that since the Committee last met, the Office of Internal Audit (OIA) issued three final internal audit reports related to the post-tenure faculty review process, student housing, and continuous auditing of selected processes for the period July 1, 2022, through March 31, 2024. He commented on the audit related to the post-tenure faculty review process. He indicated that the audit is required by the Florida Board of Governors (BOG) and has the objective of determining the University's compliance with BOG Regulation 10.003 and Florida Statutes. Mr. Williams referred to the June 5, 2024, meeting of the Board of Trustees Academic Policy and Student Affairs Committee

where Executive Vice President and Provost Elizabeth M. Bejar provided an update on the University's post-tenure review and reported that of the 661 tenured faculty, 40 were selected for review and 38 went through the process given that two (2) faculty members resigned before the review could take place. Mr. Williams indicated that Provost Bejar also reported that of the 38 faculty members who were subject to review, 25 or 66% exceeded expectations, 11 or 29% met expectations, and 2 or 5% did not meet expectations. He stated that the audit created challenges, not unique to FIU, due to the nature of the subject matter and the timing required for implementation and monitoring of the process. He commended the Office of the Provost on the implementation of the post-tenure review process. Mr. Williams noted that the audit found that the post-tenure review process generally complied with BOG Regulation 10.003, with few exceptions, including 11 faculty members mistakenly being excluded from a comprehensive review, exceptions granted to faculty were not communicated to the Board of Trustees as required, all review elements required by BOG Regulation 10.003 were not consistently available for review, and need for clarity related to which tenured faculty in administrative roles could be excluded from the post-tenure faculty review process. He further stated that OIA offered seven (7) recommendations.

Mr. Williams commented on the audit related to student housing. He stated that said audit looked at whether Housing had adequate internal controls over its operations and provided a safe environment for student residents. He added that the period audited was the 18-months ended December 31, 2023. He indicated that, for the fiscal year ended June 30, 2023, Housing ended the year with a small excess of revenues over expenses and transfers of \$42,190 on \$33.5M of revenues. Mr. Williams noted that OIA found that the internal controls and processes pertaining to Housing's financial operations were designed well and functioning effectively. He added that the areas in the audit scope that needed attention revolved around building maintenance and safety. He indicated that nine (9) recommendations were offered to address the issues found and most were quickly acted upon.

Mr. Williams explained that continuous auditing of selected processes is the first report of its kind. He stated that continuous auditing enables OIA to investigate and resolve potential issues, promptly, with the goal of providing ongoing assurance of effective controls and reducing the risk of errors. He noted that this is done through automated continuous monitoring of transactions and processes to identify and sample red flags and anomalies in real-time. Mr. Williams mentioned that the inaugural cycle covered the period July 1, 2022, through March 31, 2024. He indicated that 10 processes were tested and verified exceptions were noted in three (3). He commented that three (3) processes with 12 exceptions were found across nine (9) business units and the related dollar amount was \$29,651. He introduced Ms. Natalie San Martin, Audit Manager. Ms. San Martin presented on the continuous auditing process and tools.

Board Chair Tovar commended OIA's efforts related to the continuous auditing process.

Mr. Williams commented that there are currently eight (8) audits that are in various stages of completion. He reported that of the 81 recommendations that were due for implementation during the six (6) months ended June 30, 2024, 60 or 74% were completed, 16 or 20% were partially implemented, and 5 or 6% were pending some form of implementation. He also commented on the implementation of audit recommendations for the 18-month period from January 1, 2023, to June

30, 2024. Mr. Williams noted that 68% - 79% were completed, 14% - 26% were partially implemented, and 6% - 7% were pending some form of implementation. He recognized the commitment that management is putting forth in being responsive to the audit recommendations. He mentioned that OIA receives complaints of alleged wrongdoing, including suspected fraud, waste, and abuse. He added that since OIA's last report to the Committee, one (1) such complaint was received and two (2) have been closed.

3.2 Office of University Compliance and Integrity Quarterly Report

Chief Compliance and Privacy Officer Ms. Jennifer LaPorta commented on finalizing the job description for the new position of Foreign Influence Manager. She explained that in its Civil Discourse Report of 2022, the BOG included seven (7) recommendations for implementing civil discourse on State University System (SUS) campuses. Ms. LaPorta added that FIU President Kenneth A. Jessell created a task force charged with periodic review, making recommendations for implementation and reporting to administration, including submitting a report to the Board of Trustees through the Audit and Compliance Committee on the status and activities of the taskforce. She referred to the agenda materials, which include an update on the University's plans for implementing civil discourse recommendations. She indicated that in its third recommendation, the BOG recommended that "the leadership of each university board of trustees, annually review and endorse the Board's Statement of Free Expression and commit to the principles of civil discourse." She pointed out that the BOG's Statement of Free Expression is set for annual endorsement by the Board of Trustees at their meeting later in the day.

Ms. LaPorta noted that the federal government has broadened and refined research security requirements. She added that the Compliance Office, Office of Research and Economic Development (ORED), Human Resources and the Office of Information Security continue to partner closely when implementing research security measures, conferring on a regular basis and, as necessary, with the Office of the Provost on measures which specifically impact faculty hiring and academic affairs. Ms. LaPorta commented that, as measured against prior years, a sustained increase has been observed in the number of activities and transactions that required both export compliance and research security reviews. She added that said increase was reflected in the substantial number of international travel authorization requests. She indicated that of those employees engaging in foreign travel and completing the export control and foreign influence screening, 425 instances were elevated for further review, research, and consideration by the Compliance Office and the Office of Export Controls, which included significant engagement with the international traveler. Ms. LaPorta mentioned that the elevated reviews can take as little as an hour or could take several weeks, requiring ongoing engagement with the traveler, collaboration with ORED regarding the nature of research activities of the traveler, screening additional parties the traveler will be collaborating with, reviewing conference websites, and tailoring additional guidance and restrictions, depending on the travel destination and activities.

Ms. LaPorta indicated that the Compliance Office conducted 654 visual compliance research reviews during the reporting period as part of the visa applicant questionnaire screening, international agreement screening, international shipping review, and travel authorization review processes. She added that, University-wide, a total of 4,831 visual compliance research reviews were conducted by various departments. She commented that ORED conducted the most significant number of visual

compliance research reviews as part of the University's institutional process for vetting foreign national researchers and graduate students in accordance with Florida statute. Ms. LaPorta noted that, in addition to expanded restricted party screening of a candidate's affiliations, the process includes expanded publication and credentials review by ORED's Foreign Influence Manager and an expanded background check by Human Resources.

Ms. LaPorta commented on additional initiatives, including the build out of a new Research Security website that provides more robust guidance and links to existing related webpages addressing export control and foreign influence prevention. She added that the approach reflects the overall federal perspective that research security holistically incorporates numerous compliance elements that inform research, academic and business activities. Ms. LaPorta mentioned that also, in partnership with ORED, the Office of the General Counsel (OGC), and the Chief Information Security Officer, the Compliance Office implemented a drone purchase and utilization review process, that is designed to proactively meet state cybersecurity requirements. She pointed out that the Compliance Office worked with the OGC to submit required federal and state foreign gift and agreement reports for the January 31 and July 31 deadlines. She indicated that, beginning in the July 2024 reporting period, the Compliance Office assumed responsibility for making foreign reporting determinations.

Ms. LaPorta stated that the Compliance Office made significant updates and changes to the University Policy Framework and related documentation. She added that said framework is the governing document setting forth the systematic approach for the development, review, and approval of University policies and procedures. She commented that a significant initiative accomplished this year was the launch of the University-wide three-year review of over 350 policies and procedures. Ms. LaPorta noted that the review process included resourcing policy owners and managing the University-wide initiative, ushering 23 new or significantly revised policies through the formal Deans Advisory Council and Operations Committee review and endorsement process. She noted that non-substantive updates were made to 160 policies to ensure that links and resources were current and that policy language used was clear, concise, and instructive. She added that an additional 168 policies were reviewed by policy owners to ensure they were current and did not require changes.

Ms. LaPorta pointed out that the Compliance Office designed, developed, and issued seven (7) targeted mandatory policy attestation/compliance trainings with a completion rate of 99.97%. She added that there was a 100 percent completion rate for University deans and vice presidents for the training assigned to them during the fiscal year. She noted that the Compliance Office also presented live compliance training and orientation during each New Employee Experience, which is held every two (2) weeks. Ms. LaPorta commented that the Compliance Office implemented the first full year of its three-year communications plan, which included developing or assisting with 12 targeted, time sensitive compliance related communications through employee specific and broadcast e-mail distribution on a variety of topics. She remarked that the Athletics Compliance team completed their comprehensive rules education training and Health Affairs Compliance completed development of and launched a series of targeted Health Insurance Portability and Accountability Act (HIPAA) training modules based on specific job responsibilities.

Ms. LaPorta indicated that in December 2023, the Compliance Office updated the compliance requirements contained in the Compliance Requirements Matrix (CRM) platform to prepare for the new calendar year, and throughout the 2023-2024 fiscal year, oversaw the completion of over 103 legally required submissions and other compliance activities. She stated that during the 2023-2024 work plan year, the Compliance Office conducted or participated in 11 compliance reviews and assessments. Ms. LaPorta remarked that the Compliance Office coordinated the triage of reports by the Hotline Reports Review Committee, which reviewed all reports to determine the University's immediate and initial response and determined what other University personnel, if any, must be involved in the investigation and the ultimate resolution of each report. She commented that the Compliance Office continued administration of the FIU Ethical Panther Hotline to include review, assignment, and tracking of 132 open reports, including 82 new reports. Ms. LaPorta indicated that 45% of reports were filed by students, who are increasingly using the Hotline and the vast majority of said reports were academic related and involved educating the reporter about what other internal options were available to them to resolve academic-related concerns. She pointed out that of the 82 new reports received, 34% of reporters chose to use the call center, 53% used the web form, and 13% of the reports were filed by proxy. She stated that 45% reports were filed anonymously as compared to 73% last year. She commented on vetting new Hotline providers.

4. Reports (*For Information Only*)

There were no questions from the Committee members in terms of the reports included as part of the agenda materials.

5. New Business

5.1 Senior Management Discussion of Audit Processes

Committee Chair Gonzalez noted that, prior to today's meeting and as is the practice prior to every meeting of the Audit and Compliance Committee, he met with Mr. Williams, Ms. LaPorta, and the University's liaison to the Committee, Vice President and Chief of Staff Javier I. Marques regarding matters to be brought before and actions to be taken by the Committee. Committee Chair Gonzalez added that he also met separately with Provost Bejar on behalf of the University's senior leadership. Committee Chair Gonzalez indicated that Provost Bejar spoke about the collaborative relationship that University leadership maintains with the Chief Audit Executive and members of the Office of Internal Audit. Committee Chair Gonzalez pointed out that Provost Bejar did not raise any material concerns about the referenced relationship.

6. Concluding Remarks and Adjournment

With no other business, Committee Chair Alan Gonzalez adjourned the meeting of the Florida International University Board of Trustees Audit and Compliance Committee on Thursday, September 12, 2024, at 9:52 AM.

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**Office of
Internal Audit**




**Office of Internal Audit Status Report
Board of Trustees
November 21, 2024**



Office of Internal Audit

Date: November 21, 2024

To: Board of Trustees Audit and Compliance Committee Members

From: Trevor L. Williams, Chief Audit Executive 

Subject: OFFICE OF INTERNAL AUDIT STATUS REPORT

This report provides you with a quarterly update on the activities of our office since our last update to the Board of Trustees Audit and Compliance Committee on September 12, 2024.

Work in Progress

The following are ongoing audits in various stages of completion, including two audits for which draft audit reports were issued to management for discussion and comments:

Ongoing Audits	
Audits	Status
Background Checks – Volunteers and Third Parties	Fieldwork in progress
Campus Safety	Drafting report
Capital Construction Project Administration and Funding	Draft report issued
Collection of Pledges	Fieldwork in progress
Continuous Auditing	Fieldwork in progress
Prohibited Expenditures Detection Controls	Planning
Foreign Influence Regulatory Compliance	Planning
Grading Integrity Management	Draft report issued
Information Technology Vendor Management	Fieldwork in progress
Performance Based Funding and Preeminent Metrics Data Integrity	Planning
Physician Assistant Program IT Controls	Drafting report
Selected Operations and Partnerships – College of Medicine	Planning

Investigation and Consulting Activities

Investigations

Since our last quarterly update to the Audit and Compliance Committee, we have received three complaints alleging wrongdoing on the part of the University or its employees, and have closed one previously ongoing investigation of alleged wrongdoing, suspected fraud, waste, and abuse. Furthermore, none of the complaints received since our last quarterly report were deemed, by the Chief Audit Executive, to be significant and credible that would require him to inform the University President and Board Chair about said complaints.

Consulting

To add value to the University, the Office of Internal Audit (OIA) provides management advisory services and support to other University units. Our office has been participating in the development of the Risk Tracking Platform, which we believe will be an integral component of the University's enterprise risk management process for managing risks across the University.

Professional Development

Training

Our office has committed to providing 40 hours of job-related continuing professional education credits to each staff member with the aim of maintaining a knowledgeable and competent staff. To that end, on September 15 - 19, 2024, four members of our staff attended the Annual AuditCon Conference hosted by the Association of College and University Auditors. On October 14-16, 2024, a member of our staff attended the ISC2 Security Congress Conference. Additionally, on October 21 - 23, 2024, two members of our staff attended The Institute of Internal Auditors (IIA) 2024 IGNITE Conference. Collectively, these conferences provided training in internal controls, IT controls, cybersecurity awareness, artificial intelligence, fraud, and the regulatory environment.

The Chief Audit Executive attended the Florida Board of Governors (BOG) State University System's (SUS) State University Auditors Consortium (SUAC) Meeting on October 21-23, 2024. The meeting brought together the Chief Audit Executives from the 12 SUS institutions and representatives from the BOG's Office of Inspector General and Director of Compliance for strategic and planning discussions related to audit and risk concerns of the SUS.

Other Matters

Quality Assurance Review

The Quality Assurance Review (QAR) team engaged by the OIA has completed the fieldwork related to their QAR of our office, and will be providing us with a draft report by December 2024. We thank all who participated in the review for their cooperation and input. We will communicate the results of the assessment to the Board of Trustees through the Audit and Compliance Committee upon our receipt of a final report from the QAR team.

New Professional Standards

We have provided the Audit and Compliance Committee with periodic updates regarding The IIA's issuance of revised global standards for the professional practice of internal auditing. Those updates highlighted the prominence the new standards have placed on the board's responsibilities related to the internal audit function as delineated in Domain III, Governing the Internal Audit Function, of said standards. Those standards become effective January 9, 2025, and we are reviewing the OIA and Audit and Compliance Committee Charters, along with the OIA's practice manual to ensure they are updated accordingly. All updates will be provided to the Audit and Compliance Committee and the Board of Trustees for review and approval.

Staffing

There is one vacancy – an Assistant Director Audit. Additionally, two staff members are on extended FMLA leave.



University Compliance and Integrity

FLORIDA INTERNATIONAL UNIVERSITY

Office of University Compliance and Integrity Quarterly Report

First Quarter 2024-2025

November 21, 2024





FLORIDA INTERNATIONAL UNIVERSITY

BOARD OF TRUSTEES
Audit and Compliance Committee
November 21, 2024

Office of University Compliance & Integrity Quarterly Report

The purpose of the Florida International University (“University”) institutional Compliance and Ethics Program (“Program”) is to promote and support a working environment which reflects the University’s commitment to operating with the highest level of integrity while maintaining compliance with applicable laws, regulations, and policies. The Program is designed to prevent, detect, and correct misconduct within the University based on the elements of an effective compliance program as set forth in Chapter 8 of the U.S. Federal Sentencing Guidelines and as required by Florida Board of Governors Regulation 4.003.

The Office of University Compliance and Integrity (the “Compliance Office”) is pleased to present the status update for the Compliance Work Plan. The information reflects progress on the key action items and other compliance activities for the first quarter of FY 2024 - 2025 (July – September).

1. Provide Program Structure and Oversight of Compliance and Ethics and Related Activities

The Compliance Office serves as a point for coordination of and responsibility for activities that promote an organizational culture that encourages ethical conduct and a commitment to compliance with applicable federal, state, and local laws, as well as regulations, rules, policies, and procedures.

2. Standards of Conduct and Policies

The Compliance Office oversees the Florida International University Policies and Procedures Library as well as the University-wide policy development and management process. The Compliance Office provides support to the offices responsible for developing, updating, administering, communicating, training, monitoring, and ensuring compliance with University policy.

3. Training, Education and Communications

The Compliance Office trains, educates, and creates communication pathways to inform the Florida International University Community of its compliance responsibilities, regulatory obligations, and the University compliance and ethics program.

4. Measurement and Monitoring

The Compliance Office identifies and remediates noncompliance through proactive review and monitoring of risk areas. The monitoring plan is typically determined by the evolving risks, new laws, and regulations as well as trends identified by the Compliance Office in partnership with other units. The Compliance Office also measures and evaluates the overall compliance and ethics culture of Florida International University.

5. Enforce and Promote Standards through a System of Investigations, Discipline, Incentives and Corrective Actions

The Compliance Office, in consultation with the University President and FIU Board of Trustees and in partnership with Human Resources, promotes and enforces the Program and University regulations, policies and procedures consistently through appropriate incentives and consequences for noncompliance. The Compliance Office conducts timely reviews and coordinates investigations of allegations of noncompliance and misconduct and provides guidance on corrective actions.

6. Risk Management

The Compliance Office partners with the Office of Internal Audit through the Enterprise Risk Assessment to identify areas of compliance risk for further monitoring and to assist risk owners in mitigating and managing risk.

Office of University Compliance & Integrity Quarterly Report

PROGRAM STRUCTURE & OVERSIGHT

The 2024-2025 Annual Work Plan includes continuation of the multitude of Program activities conducted, coordinated, and facilitated by the Compliance Office that promote an organizational culture and that encourage ethical conduct.

Compliance Internal Operating Procedures

- Continue to engage in process improvement assessment, development, testing, and evaluation of the following internal operating procedures to document and streamline the various processes, programs, and functions undertaken to effectuate the Program:
 - Three Year Policy Review Internal Operating Procedures

Foreign Influence and Global Risk Governance Activities

- Facilitated ad hoc Florida Statute Foreign Influence Sub-committee meetings (Sub-committees: 286.101 Foreign Gifts and Contracts; 288.860 International Cultural Agreements; 1010.25 Foreign Gift Reporting; 1010.35 Screening foreign researchers; 1010.36 Foreign travel; research institutions).
- Submitted required federal and state foreign gift/agreement reports for July 31 deadline. Assumed responsibility for making foreign reporting determinations beginning in the July 2024 reporting period.
- Worked with export control consultant to review and approve international shipments through a centralized international shipping review process that is designed to systematically and timely address export licensing requirements while ensuring that routine (non-controlled) shipping transactions occur without undue delay.
- The Export office classified research projects and developed technology control plans as required to comply with export regulations for a specific project.
- Facilitated and engaged in meetings, discussion, and management of workflow for approvals of the purchase, acquisition, and use of drones at FIU.
- Conducted 221 visual compliance research reviews during the reporting period as part of the visa applicant questionnaire screening, international agreement screening, international shipping review, and travel authorization review processes. Met with key stakeholders to discuss restricted party visual compliance hits. University-wide, a total of 1041 visual compliance research reviews were conducted.
- Continued to work with Office of the Controller and FIU Global regarding process improvements to the Foreign Travel Workflow, including the implementation of consequences for non-compliance.

- Met with faculty upon request to discuss questions regarding the Travel Authorization Request (TAR) processes and foreign travel guidance.
- Participated in ad hoc Travel Committee meetings to determine appropriate consequences for those who submit late Travel Authorization Requests for International Travel.
- Met with Procurement to discuss controls within the Total Contract Manager system regarding foreign influence.
- Reviewed foreign source onboarding of new vendors and requests for purchases. Reviewed foreign source onboarding of new vendors and requests for purchases.
- Met with Research Integrity, the Office of the Provost and Human Resources to discuss workflow for extended research background check for Person of Interest and Courtesy Faculty.
- Met with Foundation to discuss controls and vetting process for international donors.
- Worked with HR to gather information regarding hiring of foreign nationals.
- Coordinated the response to the Florida Board of Governors (BOG) data request regarding activity with Countries of Concern, including communication with and collection of data from various units. Prepared BOG submission, including extensive comments regarding status of agreements for presentation to and approval by the BOT and subsequent submission to the BOG.
- Met with Export Controls regarding development of Research Security Website
- Worked with the Office of the General Counsel (OGC) and Office of Research and Economic Development (ORED) to address specific foreign influence risks.

Participation in Task Forces, Committees and Other Compliance-Related Initiatives

The Compliance Office continues to lead and/or participate in several task forces, committees and initiatives including, but not limited to:

- Chair of the Global Risk and Foreign Influence Task Force
- Chair of the Institutional Conflict of Interest Committee
- Chair of the Policy Committee
- Chair of the Compliance Liaison Committee
- Co-Chair of the HIPAA (Health Insurance Portability and Accountability Act) Committee
- Co-Chair of the FERPA (Family Educational Rights and Privacy Act) Committee
- Co-Chair of the Enterprise Risk Management Group
- Member of the State University System Compliance Consortium
- Member of the Dean's Advisory Council
- Member of Civil Discourse Taskforce

- Member of the Operations Committee
- Member of the National Collegiate Athletic Association Oversight Committee
- Member of the International Travel Committee
- Member of the University Building Access Controls Committee
- Member of the Drug and Alcohol Task Force
- Member of the Professional Licensure Disclosure Committee
- Member of the Prohibited Expenditures Workgroup
- Member of the Outside Activity/Conflict of Interest Workgroup
- Member of the Digital Accessibility Working Group
- Member of University Safety Committee
- Participant in the Biscayne Bay Leadership Team meetings
- Participant in Information Technology Administrators Committee (ITAC)
- Participant in Veteran's Affairs Workgroup
- Participant in Clinical Informatics Committee
- Participant in the Red Flags/Identity Theft Prevention Program Update Group

Athletics Compliance Oversight and Initiatives

- Confirmed and rolled over Cost of Attendance (COA) for the new academic year.
- Reviewed Student-Athlete Opportunity Fund (SAOF) uses and ensured COA inclusion.
- Posted financial aid for continuing and admitted students; requested sign-off on COA/GIA from Financial Aid.
- Confirmed all on-campus and off-campus housing for student-athletes (for COA purposes); collected off-campus leases.
- Coordinated Fall meal plans and incidental participation meals with senior women's administrator and Chartwells; confirmed start dates with Dining Services.
- Coordinated and confirmed preseason per diem requests for football.
- Completed academic profiles, transfer assessments, and affirmation of eligibility forms for incoming student-athletes.
- Provided certification paperwork, rosters, and squad lists for fall and spring sports; printed squad lists before the first day of competition and distributed to coaches and Student-Athlete Academic Center (SAAC) staff.
- Reviewed Progress Toward Degree (PTD) logic in PantherSoft before fall certification; updated eligibility status weekly with the Eligibility Center.
- Logged student-athletes' 45-day certification limitation and ensured all were enrolled full-time.
- Updated and printed squad lists by sport prior to the first competition, with daily checks on full-time enrollments.
- Monitored holds, final transcripts, and admissions for freshmen and transfers; provided weekly admissions status reports.

- Updated coding for incoming student-athletes and squad list changes.
- Ensured monthly time management plan calendars were submitted.
- Confirmed recruiting liaisons and ensured coaches recruiting off-campus were certified.
- Collected declarations from coaching staff, input season declarations, and reviewed countable contests for participation.
- Collected and reviewed practice logs via JumpForward (with coach and student-athlete signatures).
- Attended practice (three [3] teams per week) for fall sports and generated participation lists.
- Set up beginning-of-year compliance meetings with teams.
- Scheduled coaches' Rules Education meetings.
- Created a yearly education calendar and planned fall schedules for education programs.
- Conducted new hire orientations and rules education meetings with on-campus groups.
- Held all coaches meeting.
- Performed full-time enrollment checks.
- Updated the Athletics Compliance Manual and provided regular updates and reports as needed.

Health Affairs Compliance

- Completed three (3) HIPAA investigations with associated investigative reports.
- Conducted meetings and practice policy review regarding iPad use in the practice by patients.
- Conducted Practice Privacy Audit (using annual policy and procedure audit tool).
- Documented development for HIPAA Committee regarding Office of Civil Rights audits and compliance efforts and participated in the HIPAA Helpline Meeting.
- Presented to HIPAA Committee regarding OCR audits and conducted HIPAA privacy review and approval of Sports Electronic Medical Record (EMR) tool contract.
- Attended Herbert Wertheim College of Medicine (HWCOM) Infomatics Committee meeting.
- Prepared and conducted live training for HWCOM workforce members regarding patient complaints.
- Reviewed and participated in meetings regarding NeighborhoodHELP Thrive Tool.
- Participated in the Clearwater/Intruno meetings regarding contract renewal and weekly access activity reports and reviewed weekly Intruno reports.
- Researched new Reproductive Health Care Rules to create and update policies and procedures impacted by the new rules.
- Researched and developed a document regarding HIPAA and student training.
- Initiated policy and procedure updates.
- Attended Community Privacy Officer Compliance meeting.
- Met to discuss policy and procedure for research using de-identification of PHI (Honest Broker).
- Participated in Alcohol and Other Drug Committee Meeting with presentation of current FIU policies and procedures regarding the same.

- EMR tool training with Risk Management regarding Medical Records notes.
- Met with Revenue Cycle regarding transfer of documentation between facilities.
- Met with Medical Records regarding patient photos, insurance cards and medical records and communicated applicable privacy requirements.
- Prepared PowerPoint presentation regarding authorizations.
- Reviewed patient requests for confidential communications, restrictions, disclosures to insurance and other health care providers. Worked with Medical Records Director to draft responses and approval letters.
- Met with Baptist/Practice Operations Manager.
- Conducted practice facility privacy walkthrough.

Oversight and Accountability

- Compliance Liaison Dashboard – Met with key liaisons to address compliance related issues and initiatives within their division.
- Executive Dashboard – Presented the Vice President/Dean Executive Scorecard each month at the University Operations Committee (OPS) and Deans Advisory Board Meetings indicating the status of required compliance tasks for University leadership (trainings and policy attestations).
- Policy Liaison Dashboard – Developed Policy Checklist for new and substantively updated policies to be submitted to the Policy Liaisons for review and feedback.

Operationalize FIU's Core Values

- Drafted notification to all employees regarding the Employee Code of Conduct.

Compliance Office Planning

- Plans for completion of workplan elements.
- Director of Health Care Compliance attended the Health Care Compliance Association (HCCA) Healthcare Research Compliance Academy.
- Developed position description for new Foreign Influence Manager position.
- Began demo presentations with Ethical Panther Hotline platform providers.

STANDARDS OF CONDUCT & POLICIES

The 2024-2025 Annual Work Plan includes continuation of the support and resources the Compliance Office provides to Policy Owners in enforcing University policies and procedures, launch of the updated Code of Conduct, oversight of the Policy Working Group and updates to the University Policy Framework and the University's ethics policies related to State Employee responsibilities and obligations.

2024-2025 Policy Development Process

- Continued work on FIU policy regarding the use and purchase of drones at FIU.
- Continued to follow up with policy owners to receive policies, process, and publish to the Policy Library as part of the University-wide three-year policy review initiative.
- Met with HWCOC to discuss hosting GMA policies in FIU Policy Library.
- Discussion with Director of Health Affairs Compliance regarding necessary updates to HIPAA policies and procedures.
- Met with Internal Audit to discuss policy revision and recording processes.
- Met with Athletics Sports Administrators Group regarding development and updates to the Athletics Department Alston Policy.
- Met with Americans with Disabilities Act (ADA) workgroup to discuss policy development and approval process for the ADA Events Policy and Procedures.
- Met with Foundation to discuss policy considerations.

Risk Management approach to University Policies

- Identified and coordinated policy campaigns with policy owners using a risk profile lens as new policies are created or substantively updated.

Increase University Policy Awareness

- Continued to work with policy owners to determine the frequency and appropriate audience for policy campaigns.
- Continued to work with policy owners to identify various new methods of communicating policy.
- Continued to work with Human Resources to utilize the HR Newsletter as a new/updated policy and process communication tool (e.g., code of conduct and international shipping processes).
- Included links to relevant policies in all Compliance notifications.

New and Updated University Policies Reviewed and Endorsed by the Operations Committee and Deans Advisory Council

The Office of University Compliance ushered the following policies through the Policy Framework endorsement process:

- 1640.015 Providing Notice of Privacy Practices
- 1710.200 Military Leave
- 1710.215 On-Call Pay
- 1710.103 Domestic Violence Leave
- 1017.035 Bereavement Leave
- 1710.26 Professional Development Leave
- 1710.110 Additional Compensation
- 1710.038 Bonus Policy
- 1710.145 FMLA, Parental, and Medical Leave
- 1710.100 Disciplinary Action
- 380.025 Revisions to Graduate Program Requirements, Policies and Procedures
- 1705.022 Reasonable Accommodations Policy for Events
- 1705.023 Reasonable Accommodations for Faculty, Staff, and Employment Candidates

TRAINING, EDUCATION & COMMUNICATIONS

The 2024-2025 Annual Work Plan includes continuation of robust training, education and communication activities conducted, coordinated, and facilitated by the Compliance Office to increase employee awareness. Efforts include information communicated through mandatory compliance training campaigns, self-enrollment educational opportunities, FIU's Compliance Newsletter, the Compliance and Integrity and Export Control Websites, time-sensitive communications, presentations and compliance updates, and participation in New Employee Orientation.

2024-2025 Annual and Scheduled Training, Education, and Communication

Designed, developed, launched, and escalated five compliance Policy Acknowledgement/Training Campaigns to University faculty and staff including:

- FIU Clery Act Basics Training
 - TBD % completion rate
- FERPA Basics
 - TBD % completion rate

- Reporting of Child Abuse: Your Mandatory Obligations
 - TBD % completion rate
- HIPAA Cluster 1: HIPAA Basics, Complaints, Incident Reporting, and Sanctions
 - TBD % completion rate
- Preventing Identity Theft by Detecting Red Flags
 - TBD % completion rate

Designed, developed, and issued fifteen (15) Training Campaigns that are ongoing and open for self-enrollment:

- HIPAA Cluster 1: HIPAA Basics, Complaints, Incident Reporting, and Sanctions (role based training - enrollment required for access to protected health information)
 - Rolling enrollment
- HIPAA Cluster 2: Notice of Privacy Practices
 - Rolling enrollment
- HIPAA Cluster 3: Representatives, Patient Rights, Communication, Workforce Member Access, Family, Friends and Others, Minimum Necessary, and Sanctions
 - Rolling enrollment
- HIPAA Cluster 4: Psychotherapy Notes
 - Rolling enrollment
- HIPAA Cluster 5: Disclosure, Authorization, Patient Requests and Access, and Court Orders
 - Rolling enrollment
- HIPAA Cluster 6: Marketing, Sale, Fundraising and Media
 - Rolling enrollment
- FERPA Basics
 - Rolling enrollment
- Campus Solutions FERPA Annual Training (enrollment required for Campus Solutions Access)
 - Rolling enrollment
- Export Control for Health Sciences Professionals
 - Open for self-enrollment
- Export Control for Research and Operations Personnel
 - Open for self-enrollment
- Export Control Basics
 - Open for self-enrollment

- FIU Clery Act Basics
 - Open for self-enrollment
- Employee Code of Conduct
 - Open for self-enrollment
- Alcoholic Beverages Regulation
 - Open for self-enrollment
- Records Management Compliance Training
 - Open for self-enrollment

Conducted live New Employee Experience Compliance and Ethics Training Bi-Weekly

Communications Campaigns and Coordination with Key Stakeholders:

- International Shipping Procedures
- Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Notification
- Compliance Notification Regarding International Travel Procedures
- Political Activity Notification
- Foreign Talent Programs Notification

Training and Education Program Activities

- Continued to work with Human Resources to utilize the HR Newsletter as a new/updated policy and process communication tool (e.g., code of conduct and international shipping processes).
- Continued to train new hires bi-weekly through participation in the New Employee Experience orientation session.
- Managed five (5) training courses and policy acknowledgment campaigns, through escalation.
- Worked with FERPA Committee to communicate requirements regarding FERPA's application in various educational contexts.
- Met with HWCAM and Center for Children and Families (CCF) representatives to discuss the processes for the dissemination of role-specific HIPAA training and removal of access to the Electronic Medical Record (EMR) for those that do not complete training. Developed launch plan, escalation templates, and training calendar. Worked with units to effectuate completion throughout the campaign.
- Met with FERPA committee to discuss reported FERPA violations and targeted educational efforts based on root cause analysis trends.
- Updated campaign communications plan for FY2024-2025 training and communications.
- Met with Immigration attorney to determine Name, Image, and Likeness (NIL) application to international students.
- Reviewed NIL/Alston education slides and made recommendations.

- Met with Information Technology and Office of the Controller to discuss the availability of a new Red Flags training. Reviewed course for potential use in annual campaign.
- Met with External Affairs to discuss transitioning compliance websites to Website Digital Communications template.
- Worked with Prohibited Expenditures Workgroup to develop tools, communications and education for University community. Began training for key units.

MEASUREMENT & MONITORING

The 2024-2025 Annual Work Plan includes continuation of regular measurement and monitoring program elements in addition to conducting several identified assessments informed by evolving risks, new laws, and regulations, as well as trends identified by the Compliance Office in partnership with other units.

Measurement and Monitoring Activities

- Oversight and management of the Compliance Requirements Matrix Platform.
- On a monthly basis, met with Gartner, third party compliance consultant services, to discuss and utilize advisory services and resources for ongoing compliance initiatives (e.g., training, communications, and policy development and framework).
- Various meetings with FERPA team regarding potential breaches.
- Met with Incident Response Team, as needed, to manage response to breach incidents.
- Continued research and planning for a new FIU Privacy Taskforce.
- Coordinated with the Office of General Counsel on process improvements over the collection of information for the biannual reporting of foreign gifts and contracts.
- Met with members of the Civil Discourse Taskforce to assess progress in fulfilling recommendations from the BOG and draft annual report to the FIU Board of Trustees.
- Met with members of Prohibited Expenditures workgroup to respond to PE related questions. Met with units to discuss and assess compliance with PE Regulation and drafted submission to BOG related to PE Compliance efforts.
- Met with COI/OA reviewers to discuss reported activities and monitoring plans.
- Reviewed Institutional COI/OA reports.
- Participated in University Safety Committee in response to recommendations from the Department of Risk Management Audit and provided recommendations for compliance with University safety policies.

Scheduled Compliance Reviews and Assessments

- Participated in Third Party (Gramm-Leach-Bliley Act) GLBA Assessment.
- HIPAA review of patient privacy monitoring reports.
- Internal Operating Procedure process improvement assessments.
- Compliance Requirement Matrix Reminder, Verification, and Monitoring Platform assessment.
- Assessment of Travel Authorization Foreign Influence and Export Control Review.

Ongoing Measurement and Monitoring Program Elements

- Outside Activities/Conflict of Interest Disclosure Process - Continued to work with University partners through this review process to assess risk exposures posed by certain disclosures and take proactive steps to address those risks.
- Ethical Panther Hotline Case Review - Continued to provide administration and oversight of the Ethical Panther Hotline to include review and tracking of all reports submitted. Collaborated with Employee and Labor Relations to identify additional methods for improving the populating of information in the case management system.
- Travel Authorization Monitoring - In cooperation with Global Affairs, the Compliance Office monitors and assesses export control and other risks associated with international travel as a member of the International Travel Committee and as an approver for an export control questionnaire for all international travel authorizations. The Compliance Office reviewed and responded to 132 travel authorizations, foreign travel considerations and export control approvals.
- External Compliance Requests or Investigations - Continued to provide support, coordination, and oversight of external inquiries into compliance with federal and state laws and National Collegiate Athletic Association (NCAA) requirements.
- Participation in Task Forces, Committees and Other Compliance Initiatives - Continued participation in a wide variety of groups to both contribute compliance guidance into University operations and to monitor operational activities for risk mitigation purposes.
- Partnership and Coordination with Internal Audit - Continued to provide guidance to the Office of Internal Audit regarding compliance-related audits and matters. Based on audit findings, (which are communicated as a matter of course to the CCO), the Compliance Office provides guidance, training, and/or assists departments with policy and procedure development and other mitigation strategies. Discussed Office of Compliance contribution to the Risk Assessment.
- Compliance Requirements Matrix - Administered the Compliance Requirements Matrix which includes deadlines for items requested of business partners throughout the campus by regulators and a verification process for required submissions.
- Risk Assessment - The enterprise risk assessment conducted by the Office of Internal Audit continued to serve as a guide for the Compliance Office's risk-based approach to prioritizing and addressing University policy and other Compliance requirements.
- Export Control Visual Compliance Screenings - Conducted 221 visual compliance research reviews during the reporting period as part of the visa applicant questionnaire screening, international agreement screening, international shipping review, and travel

authorization review processes.

- International Travel Committee – Reviewed and provided recommendations related to employee and student travel.
- International Shipment Review – Conducted twelve (12) international shipping reviews during the reporting period as part of the international shipping review process.
- Medical Records Access Monitoring Tool - The Director of Compliance and Privacy for Health Affairs collaborated with key stakeholders to coordinate the externally staffed access auditing tool with the Medical Records Applications utilized by the Faculty Group Medical Practice, NeighborhoodHELP, CCF, and Student Health.
- JumpForward Compliance Platform - The Athletics Compliance Office leveraged the *JumpForward* platform to automate and monitor key compliance functions such as recruiting activities, ticket management, and financial aid. The platform integrates an NCAA rules engine and flexible workflows to effectuate communication and education with athletic staff members.

Compliance Calendar Monitoring

- Administered the Compliance Requirements Matrix.
- Continued to work with Information Technology to address improvements to the Compliance Requirements Matrix Platform to support this Compliance monitoring function.
- Communicated with business partners to remind them of deadlines and to seek verification of submissions for the following compliance items within this reporting period:
 - Florida Bar Membership Dues
 - Voter Registration Provision in Higher Education Amendments of 1998
 - Legal Requirements Relating to Social Security Number (SSN)
 - Compliance Annual Work Plan Submittal to BOG
 - Florida Commission on Ethics Financial Disclosure
 - Southern Association of Colleges and Schools (SACS) Accreditation Financial Profile and Indicators
 - Office of Federal Affairs Federal Lobbying Disclosure Reports
 - NCAA Sports Sponsorship Demographics Report
 - Patient Protection and Affordable Care Act Requirements
 - Foreign Source Reporting
 - Annual report of foreign travel to countries of concern to BOG
 - Email to Supervisors Regarding Compliance and Accountability Competency PEP Rating
 - Federal Tax and Federal Insurance Contributions Act (FICA) Tax Remittance
 - Student Right to Know Act Publication Requirement
 - Internal Revenue Code (IRC) Employer’s Quarterly Federal Tax Return (Form 941)
 - Student Exchange and Visitor Information System (SEVIS)

- SACS Accreditation Annual Dues
- Email to Supervisors regarding NCAA Compliance and Accountability Competency Performance Excellence Process (PEP) Rating
- Student Assistance Fund (formerly the Special Assistance Fund and Student-Athlete Opportunity Fund) Report
- NCAA Report of Uses for Revenue Distributions
- Institutional Biosafety Committee (IBC)
- Civil Discourse Recommendation 1 - President Fall Welcome Letter
- Federal Contractor Veterans Employment Report (VETS-100) (VETS 4212)
- FL Equity Report
- NCAA Membership Dues
- Student and Employee Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Annual Notification
- Firearms and Dangerous Weapons Policy Biannual Notification
- Statement of Financial Interests - Grace Period
- Political Activity and Political Participation University-Wide Communication
- Foreign Travel Employee Communication
- Civil Discourse Recommendation 4 - Annual Review of HR Policies
- Annual Benefits Open Enrollment
- Constitution Day
- Data Requests to BOG Compliance Verification
- Higher Education Act: Federal Supplemental Educational Opportunity Grant Program
- Compliance Annual Report Submittal to BOG
- Nepotism and Intimate Relationship disclosure requirements communication
- Code of Conduct University-wide communication

ENFORCE AND PROMOTE STANDARDS THROUGH A SYSTEM OF INVESTIGATIONS, DISCIPLINE, INCENTIVES AND CORRECTIVE ACTIONS

The 2024-2025 Annual Work Plan includes continuation of the Compliance Office assisting in investigations and reviews, overseeing the Ethical Panther Hotline, making effective use of "Scorecards" to highlight accountability, awarding professional development credits for completion of compliance tasks, and providing oversight and guidance to compliance partners regarding corrective actions.

Align Completion of Compliance Tasks with the Performance Excellence Process (PEP)

- Continued work with the Division of Human Resources to ensure consequences for employees who fail to complete required compliance tasks following the escalation protocol.
- Continued work with the Division of Human Resources to implement a system to inform supervisors of employees who have not completed compliance tasks for inclusion in the PEP.

Administer, Support, and Promote the Florida International University Ethical Panther Hotline

- Continued administration of the FIU Ethical Panther Hotline to include assignment, review, and tracking of 64 open reports through the end of September (including 16 new reports from July – September), data compilation, trend review, and reporting.
- Continued to partner with the Division of Human Resources and the Office of Civil Rights Compliance and Accessibility to improve case management workflows.
- Coordinated the triage of reports by the Hotline Reports Review Committee, consisting of the Chief Compliance Officer, the Senior Vice President for Human Resources, and the Chief Audit Executive, tasked with reviewing all reports to determine the University's immediate and initial response, whistleblower status, and what other University personnel, if any, must be involved in the investigation and the ultimate resolution of each report.
- Responded or facilitated response to each identified reporter to confirm that the report was received, was being reviewed, and to point the reporter to additional support and resources at FIU that may be relevant given the specific nature of the report.
- Continued regular monitoring of the status of hotline reports and follow up with assigned investigators to ensure reports are assessed and addressed.
- Continued to promote the FIU Ethical Panther Hotline on the Compliance Website, the new Export Control Website, the Policy Library, and in various communications.
- Reviewed automated weekly reports to monitor progress on investigations stemming from Ethical Panther Hotline cases.
- Worked with Human Resources Information Systems to create reports and dashboards to illustrate reporting trends for submissions included in the iSight case management system for Ethical Panther Hotline reports received.
- Met with FIU Police, Office of Internal Audit, Office of Student Conduct and Academic Integrity, and the Office of the Registrar

to coordinate case closures originating with Ethical Panther Hotline reports.

- Disseminated templates to those investigators outside of the iSight case management system to track those cases.

Provide Recommendations for Corrective Actions and Improvement of Ethical Conduct

- Continued providing recommendations for corrective actions and improvements of ethical conduct to the appropriate authorities following investigations or requests for guidance.
- Worked with Human Resources to develop appropriate corrective actions for failure to complete required compliance tasks.
- Worked with Associate Athletic Director of University Compliance to ensure compliance with all NCAA regulatory obligations.
- Worked with Director of Health Affairs Compliance to ensure compliance with HIPAA privacy obligations.
- Met with key stakeholders to discuss consequences for employees non-compliance with foreign influence workflows.
- Worked with the OGC and Human Resources to determine appropriate corrective action related to FIU Hotline reports.
- Worked with FIU Global, ORED and the Office of the Controller to determine additional appropriate consequences for late international TAR submissions.

RISK MANAGEMENT

The 2024-2025 Annual Work Plan includes continuation of the Compliance Office making effective use of the Enterprise Risk Management Framework, including assisting risk owners in making risk informed decisions and responding to key identified risks by implementing proper controls and mitigating measures and facilitating continuous learning.

Risk Management Activities

- Continued to meet with the Chief Audit Executive to further develop a process for mitigating identified risk across the enterprise by educating risk owners and risk managers and developing a system of accountability.
- Updated specifications for the development and management of the Panther Enterprise Risk Management Platform.
- Continued to review and address emerging risks in partnership with OGC and other key stakeholders as they occur through new legislative requirements and institutional initiatives and obligations.
- Disseminated weekly foreign influence risk updates and communications from FIU’s local FBI liaison to key stakeholders.

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