



FLORIDA INTERNATIONAL UNIVERSITY

BOARD OF TRUSTEES

AUDIT AND COMPLIANCE COMMITTEE

Zoom Meeting

Public access via <http://webcast.fiu.edu/>

Thursday, December 3, 2020
8:00 AM

Chair: Gerald C. Grant, Jr.

Vice Chair: Gene Prescott

Members: Leonard Boord, Natasha Lowell, Joerg Reinhold, Alexandra Valdes

AGENDA

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

The next Audit and Compliance Committee Meeting is scheduled for Tuesday, February 23, 2021

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FIU Board of Trustees Audit and Compliance Committee Meeting

Time: December 03, 2020 8:00 AM - 8:30 AM EST

Location: Zoom

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4.1	<i>Senior Management Discussion of Audit Processes</i>		
5.	Concluding Remarks and Adjournment	Gerald C. Grant, Jr.	

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**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**

Audit and Compliance Committee

December 3, 2020

Subject: Approval of Minutes of Meeting held September 9, 2020

Proposed Committee Action:

Approval of Minutes of the Audit and Compliance Committee meeting held on September 9, 2020, via Zoom.

Background Information:

Committee members will review and approve the Minutes of the Audit and Compliance Committee meeting held on September 9, 2020, via Zoom.

Supporting Documentation: Minutes: Audit and Compliance Committee Meeting,
September 9, 2020

Facilitator/Presenter: Gerald C. Grant, Jr., *Audit and Compliance Committee Chair*

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**FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
AUDIT AND COMPLIANCE COMMITTEE
MINUTES
SEPTEMBER 9, 2020**

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 Gerald C. Grant, Jr. at 8:02 a.m. on Wednesday, September 9, 2020, via Zoom.

General Counsel Carlos B. Castillo conducted roll call of the Audit and Compliance Committee members and verified a quorum. Present were Trustees Gerald C. Grant, Jr., *Chair*; Gene Prescott, *Vice Chair (joined after roll call)*; Leonard Boord; Natasha Lowell; Joerg Reinhold; and Alexandra Valdes.

Board Chair Dean C. Colson, Board Vice Chair Roger Tovar, Trustees Donna J. Hrinak, Claudia Puig, and Marc D. Sarnoff, and University President Mark B. Rosenberg also were in attendance.

Committee Chair Grant welcomed all Trustees and members of the University administration. He explained that Trustees and University administrators and staff were attending via the virtual environment and that the University community and general public had access to the meeting via the University's webcast.

2. Approval of Minutes

Committee Chair Grant asked that the Committee approve the Minutes of the meeting held on June 16, 2020. A motion was made and unanimously passed to approve the Minutes of the Audit and Compliance Committee Meeting held on June 16, 2020.

3. Discussion Items

3.1 Office of Internal Audit Status Report

Chief Audit Executive Mr. Trevor L. Williams presented the Internal Audit Status Report, noting that there are eight (8) audits in various stages of completion. He remarked that the audit recommendation follow-up status report, included as part of the Board materials, provides that of the 105 recommendations due for implementation through August 28, 2020, 79 or 75% of said recommendations were implemented, 15 or 14% were partially implemented, and 11 or 11% were not implemented. He provided an update through the end of August, adding that further activity now demonstrated that 89 or 85% of the audit recommendations were completed and 16 or 15% were partially implemented and that this could be attributed to timing issues relating to the notification and validation process. Mr. Williams remarked that since June 1, 2020, University

management has been able to utilize the Office of Internal Audit Panther Audit Platform to update and report the status of prior audit recommendations. He presented a screenshot and also described the section within the Platform that pertains to the aging of audit recommendations, noting that the average complexity of outstanding recommendations is 2.14, reflecting moderate complexity.

Mr. Williams commented that, at the request of the Chaplin School of Hospitality and Tourism Management, the Office of Internal Audit provided consultation services, and subsequent feedback, pertaining to a \$5M grant agreement with Miami-Dade County to provide financial relief to laid-off and furloughed employees of locally owned and operated restaurants, bars, hotel restaurants, and caterers impacted by the COVID-19 pandemic. Mr. Williams indicated that two of the three vacant positions in the Office of Internal Audit were filled, resulting in a 91% staffing level.

Trustee Leonard Boord remarked on audit recommendations that have been outstanding for longer than 12-18 months and requested, moving forward, greater detail in terms of identifying when interdepartmental dependencies exist. In response, Mr. Williams indicated that the new cycle of reporting will detail the cross-functional cooperation and collaboration that is required for each specific recommendation and will also include a complexity index of the corrective action and related rating scale that further describes audit recommendations in a range beginning with routine through exceptional.

3.2 University Compliance and Integrity Quarterly Report

Chief Compliance and Privacy Officer Ms. Jennifer LaPorta provided the University Compliance and Integrity quarterly report. She commented that the Global Risk and Foreign Influence Task Force continues to meet quarterly and indicated that at its June 19, 2020, meeting, the Task Force received a legislative update and export controls and global affairs progress updates. She pointed out that the Task Force also reviewed a presentation regarding foreign influence strategic assessment modules. Ms. LaPorta remarked on the development of 10 assessment modules, noting that completion and launch are expected within the 2020-2021 program year and that said modules focus on several key areas designed to build the FIU infrastructure to protect against foreign influence and to educate the University community. She mentioned that the Defense Counterintelligence and Security Agency webinar was assigned to the Task Force members as part of ongoing training.

Ms. LaPorta commented on the three-year policy review process, adding that the University has over 450 policies and that updated policies are on target for uploading into the policy library by the end of the current calendar year. She remarked on the collaboration with the Office of the General Counsel in terms of the University's coordinated response to the Foreign Source reporting requirement, pursuant to Section 117 of the Higher Education Act. Ms. LaPorta indicated that the compliance calendar notification and tracking system, designed to notify compliance owners throughout the University community of federal and state filing requirements, has been updated to include enhanced communication and tracking mechanisms. She commented that the consulting firm, CynergisTek, Inc., was engaged as part of the University's three-year HIPAA compliance program assessment.

Ms. LaPorta pointed out that the 2019-20 University Compliance Program Annual Report responds to Trustee Boord's prior request in that the Report includes metrics and trends related to the Ethical

Panther Hotline. She indicated that, moving forward, related updates and metrics will be incorporated into the quarterly reports. Also responding to Trustee Boord's prior request, Ms. LaPorta described the escalation protocol, commenting that the Division of Human Resources provides support to ensure the appropriate disciplinary actions, up to and including, adversely affecting an employee's personnel file and/or annual performance evaluation, for those individuals who have not completed the required compliance training(s) or other types of attestations.

Ms. LaPorta indicated that the Compliance Manager position is in the final stages of recruitment and is expected to be filled by the end of September 2020.

4. Reports

There were no questions from the Committee members in regards to the annual reports pertaining to the Office of Internal Audit and the Office of Compliance.

5. New Business

General Counsel Castillo provided an update regarding an incident involving Blackbaud, a software solution that is widely used for fundraising and alumni or donor engagement efforts at nonprofits, universities, and healthcare organizations. He explained that on July 16, 2020, Blackbaud notified the FIU Foundation of a security incident affecting educational institutions, foundations, and other nonprofits across the United States and internationally. He commented that the FIU Foundation uses Blackbaud to assist it in analyzing its fundraising efforts and only uses Blackbaud to maintain publicly available information such as constituent names, addresses, and in some instances, birthdays. General Counsel Castillo pointed out that said usage does not include Social Security numbers, credit card numbers, or financial account information. He remarked that upon learning of the issue, the University commenced an investigation, engaged experienced external professionals, and that following FIU protocol, the Incident Response Team was mobilized.

General Counsel Castillo indicated that Blackbaud reported on an attempted ransomware attack in progress on May 28, 2020, and that Blackbaud furthermore advised that said attack was stopped with the help of forensic experts and law enforcement and that the cybercriminal was prevented from blocking or accessing encrypted files that contain sensitive data. He pointed out that Blackbaud's internal investigation concluded that the cybercriminal removed data from Blackbaud systems intermittently between February 7, 2020, and May 20, 2020. He remarked that Blackbaud advised of having paid the cybercriminal to ensure that the backup file was permanently destroyed and that they had no reason to believe that any data went beyond the threat actor, was or will be misused, or will be disseminated or otherwise made available publicly. General Counsel Castillo mentioned that Blackbaud further indicated that it hired a third-party team of experts to continue monitoring for any such activities and that the vulnerability that led to this incident was identified and closed. He pointed out that Blackbaud has assured the University that they are enhancing their security controls and conducting ongoing efforts against similar incidents in the future.

General Counsel Castillo indicated that in collaboration with outside legal counsel, the University assessed quickly and diligently any legal obligations to notify individuals and/or regulators of this incident. He explained that there were two states that required notifications to individuals, specifically, Washington and North Dakota, as full name and date of birth are considered personal

information in those states. He pointed out that on August 11, 2020, FIU determined that the cybercriminal may have been able to access Washington and North Dakota resident names and dates of birth, and that as a result, the University issued notices to approximately 940 individuals residing in those states, adding that said notice included precautionary measures that individuals could take to protect their information. General Counsel Castillo further stated that a toll-free number has been established for any letter recipient to call with questions or concerns about the incident. He mentioned that the required notice was provided to the Attorney General's office for the state of Washington and that no such notice was required by the Attorney General's office in North Dakota. He pointed out that should the University become aware of any subsequent material facts, the matter(s) will be addressed accordingly.

5.1 Senior Management Discussion of Audit Processes

Committee Chair Grant noted that, as is stipulated in the Audit and Compliance Committee Charter, the Committee must meet with the Office of Internal Audit and senior management, separately, to discuss the audit process. He further noted that because this meeting is conducted in the Sunshine, no one participating via Zoom or accessing the meeting via the webcast was required to exit those platforms during the discussion with senior management, adding that this was strictly voluntary. The Committee met with the Chief Audit Executive to discuss the internal audit process. In response to Committee Chair Grant's inquiry, Mr. Williams commented that while the unprecedented conditions brought about by the COVID-19 pandemic have resulted in the occasional delayed response, he confirmed that management was cooperating fully with the staff of the Office of Internal Audit. Also in response to Committee Chair Grant, Mr. Williams commended the Division of Human Resources in its efforts to fill the vacant positions within the Office of Internal Audit and remarked that the information systems audit team has been in place for approximately one year, adding that an IT-related audit is in the planning stages.

In response to Trustee Natasha Lowell's inquiry regarding the \$5M grant, Mr. Williams explained that while the Office of Internal Audit is not aware of other FIU colleges currently under consideration for similar grants, the Office remains available to provide advisory consultation services as requested. President Rosenberg indicated that, in addition to the Office of Internal Audit, members of the administration also reviewed the grant agreement and that, subsequent to the collective review process, the University made the determination to limit its role to an advisory capacity and identified another agency, the United Way, to manage the grant funds.

6. Concluding Remarks and Adjournment

With no other business, Committee Chair Gerald C. Grant, Jr. adjourned the meeting of the Florida International University Board of Trustees Audit and Compliance Committee on Wednesday, September 9, 2020, at 8:37 a.m.



Office of Internal Audit Status Report

BOARD OF TRUSTEES

December 3, 2020



Office of Internal Audit

FLORIDA INTERNATIONAL UNIVERSITY

Date: December 3, 2020

To: Board of Trustees Audit and Compliance Committee Members

From: Trevor L. Williams, Chief Audit Executive

Subject: OFFICE OF INTERNAL AUDIT STATUS REPORT

I am pleased to provide you with our quarterly update on the status of our office's activities. Since our last update to the Board of Trustees Audit and Compliance Committee on September 9, 2020, the following projects were completed:

Audit of Payroll Irregularities, Fraud Controls, and New Employee Document Verification

We have completed an audit of Payroll Irregularities, Fraud Controls, and New Employee Document Verification for the period September 21, 2019, through October 4, 2019, and an assessment of the current practices through August 2020. The primary objective of the audit was to determine whether there are adequate and effective controls and procedures in place to ensure that new employee documentation is adequately completed and that established processes over data processing and maintenance of employee information in PantherSoft Human Resources are adequate and effective to prevent the creation of fictitious employees and for the hiring and separation of employees. The audit also assessed the Division of Human Resources (HR) compliance with University policies and procedures, and applicable laws, rules, and regulations.

HR centrally administers all hiring and termination functions of the University. For the audit period September 21, 2019, through October 4, 2019, the University paid total gross wages and benefits of \$22,822,272. During this period, 177 employees were hired, 64 employees separated from the University, and 59 employees transferred within departments.

We are pleased to report that our audit found no instances of fictitious employees and found that HR has adequate controls in place for mitigating payroll-related risks. Nevertheless, we identified opportunities for improvement related to the documentation for on-call pay, faculty vacation leave time reporting, completing relevant termination documents, timely terminating employees within PantherSoft, and monitoring data inputs and modifications

performed by Central HR super users for irregularities. The audit resulted in nine recommendations, which management has either already implemented or agreed to implement.

Audit of Compliance with Donor Confidentiality and Intent

At the request of the CEO of the Florida International University Foundation, we completed an audit of Compliance with Donor Confidentiality and Intent for philanthropic gifts managed by the Foundation for the period July 1, 2018, through January 31, 2020, and an assessment of the current practices through July 31, 2020. The primary objective of our audit was to determine whether: a) procedures and controls to ensure compliance with donor confidentiality and intent are adequate, b) philanthropic gifts are used properly and comply with donor intent, and c) appropriate controls are in place to protect donor's personally identifiable information.

The sole purpose of the Foundation is to encourage, solicit, receive, and administer gifts and bequests of property and funds for scientific, educational, and charitable purposes, all for the advancement of FIU and its mission. For the audit period July 1, 2018, through January 31, 2020, the Foundation recognized \$50.2 million, net of the discount, in contribution revenue.

Overall, our audit found that the function was managed well. The Foundation has adequate procedures and controls in place to ensure compliance with donor confidentiality and intent. Notwithstanding these noted controls, opportunities for improvement exist in Information Technology controls, specifically for identity access management, audit logs, and business continuity plan maintenance. The audit resulted in three recommendations, which management has agreed to implement.

Audit of University Fleet Management

We have completed an audit of University Fleet Management¹ for the period January 1, 2019, through February 29, 2020, and an assessment of current practices through July 31, 2020. Broadly stated, the primary objective of our audit was to determine whether there are adequate and effective controls and procedures in place to ensure that the University fleet is properly accounted for, maintained, and operated under safe conditions.

The University has a diverse fleet of approximately 630 vehicles and other pieces of equipment that includes, but is not limited to, police vehicles, sedans, pickups, SUVs, golf carts, mules, boats, airboats, and trucks. The University has outsourced the repair and maintenance of the fleet to a fleet maintenance vendor. The Division of Fleet Management is

¹ This audit is titled Motor Pool (University Fleet Management) in the approved annual audit plan.

responsible for the long-term strategic management and oversight of the day-to-day services provided by the contracted vendor.

In summary, we noted that the University's Fleet Management has established a robust maintenance program that ultimately expands the lifecycle of vehicles. Moreover, Fleet Management has timely addressed violations noted by official agencies. However, opportunities for improvement exist related to the documentation of fuel policies and procedures, the timeliness of maintenance and inspections, the recording and tracking of accountable property, and the processes that promote safety.

Audit of Athletics Health Services Billing and Collections Process and Contract Performance

This is an audit of the claims billing and collections process for medical services the University's Sports Medicine team provides to FIU student-athletes for injuries incurred. The primary objective of the audit was to determine if established controls and procedures were adequate to ensure that: a) internal medical services provided to student-athletes are accurately and timely billed, collected, and recorded; and b) services provided by the contracted claims billing company are effective and comply with the governing Service Agreement. The audit also evaluated related Information Technology (IT) controls over the software system that connects to electronic medical records and verified they were adequate and effective.

The Sports Medicine team of 13 Board Certified Athletic Trainers work under the supervision of the department's Orthopedic Specialists, General Medical Physicians, Sports Psychologists, and Registered Dietitians to provide medical care to student-athletes who suffer an injury. The University hired a third-party entity to provide full-service management of its athletic health services claims billing and collection function and electronic medical records (EMR) software. Based on the Service Agreement, the company would receive a flat fee of \$10,000 plus 25% of collections, annually. Since October 2016, total claims of 16,694 approximating \$8.3 million in billed charges were submitted, on which Athletics received approximately \$210,100 in revenue. Since June 2014, when the contract became effective, approximately \$112,500 of fees have accrued.

In summary, the audit found that controls over the claims billing and collections process for injuries to student-athlete needs significant improvement. There are control gaps in the process of monitoring the contract revenue that is generated by this activity. Compliance with the terms of the Service Agreement also deserve focused attention. Further, the vendor's contract performance and both parties' fundamental understanding regarding expectations under the terms of the contract are ambiguous, at best.

Audit of COVID-19 Student Assistance Program

This audit of the 2019 Novel Coronavirus (“COVID-19”) Student Financial Assistance Program is the first of a series of audits of the COVID-19 related funds the University received through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This audit covered the period April 1, 2020, through July 31, 2020. The objectives of the audit were to determine whether the University was compliant with the requirements of the CARES Act and the guidance provided by the U.S. Department of Education as it pertained to: a) the eligibility of students receiving distributions; b) how distribution amounts were calculated; and c) the manner of how eligible students were selected.

FIU was awarded \$38,301,957 of the CARES Act Higher Education Emergency Relief Fund, of which it allocated and distributed \$19,150,979, fifty (50) percent of the total funds received, in emergency financial aid grants to students. The grants were distributed to 9,549 students from a total of 13,967 applications submitted between April 22 and June 3, 2020, when funds ran out. Subsequently, 2,362 additional applications were received through July 27, 2020. The grants are to be used to cover expenses directly associated with the disruption of campus operations due to the coronavirus, including food, housing, course materials, technology, health care, and childcare. The tasks of applying, managing, and distributing the funds were handled by the Office of Financial Aid and the Office of Scholarships.

The audit found that the University established an emergency aid awarding process consistent with the guidelines. However, the audit also found instances of the inaccurate calculation of awards and one case where a student received aid for the summer term although being ineligible during that term. Also, opportunities for improvement exist related to the systematic selection of eligible students.

Work in Progress

The following ongoing audits are in various stages of completion:

<i>Audits</i>	<i>Status</i>
Procurement and Competitive Bidding Procedures	Fieldwork in progress
Affiliated Agreement for Student Placement/Rotation	Fieldwork in progress
Performance Based Funding and Emerging Preeminence Metrics Data Integrity	Fieldwork in progress
Lab Safety	Fieldwork in progress
CARES Act Institutional Relief Fund	Planning
Grant Accounting	Planning
Data Privacy/Breach of Protected Information	Planning
Media Sanitation Guidelines and Controls	Planning

Professional Development

Audit staff continue to take advantage of professional development opportunities. Recently, nine staff members attended the Association of College and University Auditors (ACUA) AuditCon Webinar 2020, sponsored by ACUA. The audit staff also participated in a six-part webinar series, titled Battling Employee Misconduct, Theft and Fraud.

Other Matters

An Audit Manager position remains vacant. We intend to fill that vacancy when a qualified candidate is identified through the recruitment process.



University Compliance and Integrity

FLORIDA INTERNATIONAL UNIVERSITY

Office of University Compliance and Integrity Quarterly Report

2020-2021

December 3, 2020





BOARD OF TRUSTEES
Audit and Compliance Committee
December 3, 2020

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 2020 – 2021 Compliance Work Plan. The information reflects progress on the key action items and other compliance activities for the first quarter of fiscal year 2020 - 2021 (July 1 – September 30).

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 Responsible Offices charged with 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 Appropriate Incentives and Disciplinary Measures

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.

6. Respond Promptly to Detected Problems and Undertake Corrective Action

The Compliance Office conducts timely reviews and coordinates investigations of allegations of noncompliance and misconduct and provides guidance on corrective actions.

7. 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

Compliance Internal Operating Procedures

- Completed Process Improvement Assessment and developed Internal Operating Procedure for required HIPAA Privacy Training for all employees in the HIPAA Hybrid units
- Completed Process Improvement Assessment and developed Internal Operating Procedure for required Compliance Training and Policy Attestation Escalation Process
- Began Process Improvement Assessment for the Compliance Calendar (tracking University-wide Federal and State filings)
- Began Process Improvement Assessment for monthly reporting to the Deans Advisory Council and the Operations Committee
- Began Process Improvement Assessment for New Policy Development Process

Foreign Influence and Global Risk Governance Activities

- Launched new Export Control Website exportcontrol.fiu.edu which incorporates user-friendly interfaces and interactively linked forms, procedural guidance, materials, definitions, trainings and go-to resources.
- Revised FIU's official Export Control Policy and Procedure and created centralized forms and process improvements to comply with regulatory requirements.
- Issued special Alert regarding new shipping requirements for China, Russia, Venezuela.
- Created a centralized International Shipping Request process to comply with U.S. Government license determination and approval requirements.
- Revised Deemed Export Review forms for incoming foreign nationals (visa holders) to further address technology exposure risk.
- In cooperation with Global Affairs, redesigned the Travel Authorization Request (TAR) process to incorporate export control filters and referral to University Compliance when needed.
- Assigned recommended training (Defense Counterintelligence and Security Agency (DCSA) Webinar) to the Foreign Influence Task Force members during meeting held on July 16, 2020. The briefing discussed how adversaries continue to

target U.S. cleared defense contractors to illegally acquire sensitive information and technology. Particular focus was given to the increasing exploitation of IT systems and social media by foreign intelligence services and the resulting harm to U.S. national security.

- Chaired Foreign Influence and Global Risk Task Force Meeting held on September 23, 2020. The Office of Governmental Relations presented a legislative update to the group. The Chief Compliance Officer summarized FIU's response and actions taken to address several legislative developments and the group was also updated on the launch of the Export Control website. The Office of the General Counsel (OGC) presented to the group regarding the work under way with respect to Conflict of Interest and Commitment and Foreign Nationals on Campus. Finally, the Export Control consultant led the group through a guided overview of ten strategic modules we will be implementing during the next several months to address foreign influence risks.
- Launched first three (of ten) Foreign Influence Assessment Modules - Conflict of Interest and Commitment, Foreign Nationals on Campus (Visa Holders and Visitors) and Compliance with Export Controls. Module-specific subcommittees will be reporting back to the larger task force as we move forward.
- Coordinated FIU's response to Foreign Source reporting requirement pursuant to Section 117 Higher Education Act. Worked with the OGC to communicate requirements, create a reporting system, and develop guidelines for required July 31, 2020 submission.
- Participated in regular Travel Committee meetings to review and issue recommendations regarding employee and student petitions for International (and domestic) travel and student mobility programs.
- Conducted 104 visual compliance research reviews during the reporting period.

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

The Office of Compliance continues to lead and/or participate in several Task Forces, Committees and Initiatives including, but not limited to:

- Chair of the State University System Compliance Consortium
- Chair of the Global Risk and Foreign Influence Taskforce
- Chair of the Policy Committee
- Chair of the Compliance Liaison Committee
- Co-Chair of the Health Insurance Portability and Accountability Act Committee
- Co-Chair of the FERPA Committee
- Co-Chair of the Enterprise Risk Management Group

- Member of the Deans Advisory Council
- 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 Policy Committee
- Member of the National Institute of Standards and Technology Compliance Working Group
- Member of the Chosen First Name Policy Working Group
- Member of the Drug and Alcohol Taskforce
- Member of the Digital Accessibility Working Group
- Member of the Conflict of Interest Working Group
- Participant in the Biscayne Bay Leadership Team meetings
- Participation in COVID-19 Response Initiatives
 - Emergency Operations Committee COVID-19 Response Planning Briefings
 - CARES Act Emergency Funding Taskforce
 - Repopulating FIU Campuses/Sites Taskforce
 - Supervisor Guidelines Workgroup

STANDARDS OF CONDUCT & POLICIES

University-wide Three -Year Policy Review

- Managed University-wide substantive policy review of 588 total policies and procedures.
- Removed 99 Policies from the policy library as either repetitive, no longer applicable or because they did not otherwise meet the definition of a University policy.
 - Collaborated with the OGC, Human Resources and Academic Affairs to remove several union policies from the policy library and add language describing the Collective Bargaining Agreement coordination with University policy.
- Submitted 278 policies to the Policy Committee for a “second tier” substantive review to provide feedback and recommendations to the policy owners.
- Communicated second-tier review feedback to policy owners for their consideration to include in their updated policies
- Posted 147 policies to the Policy Library following full review, revision and updating into the new comprehensive policy template.

2020-2021 Policy Development Process

- Managed the Policy Development Process, including ushering 27 new or significantly revised policies through the formal Deans Advisory Council and Operations Committee review and endorsement process.
 1. Representatives Policy and Procedure (New)
 2. Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of their Protected Health Information Policy and Procedure (New)
 3. Use and Disclosure of Protected Health Information for Marketing Purposes and the Sale of Patient Protected Health Information Policy and Procedure (Revised)
 4. Business Associate Agreements Policy and Procedure (Revised)
 5. Authorization for Uses and Disclosures of Patient Protected Health Information Policy and Procedure (Revised)
 6. Use and Disclosure for Which an Authorization or Opportunity to Agree or Object is NOT Required Policy and Procedure (New)
 7. Uses and Disclosures of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object (Facility Directory, Clergy, Individuals in the Patients Care and Notification) Policy and Procedure (New)
 8. Use and Disclosure of Patient Protected Health Information for Fundraising Purposes Policy and Procedure (Revised)
 9. Verification Policy and Procedure (New)
 10. Right of Patients to Request Restriction Regarding the Use and Disclosure of Their Protected Health Information Policy and Procedure (New)
 11. Patient Access to Protected Health Information Policy and Procedure (New)
 12. Amendment of Protected Health Information Policy and Procedure (New)
 13. Accounting of Disclosures of Protected Health Information Policy and Procedure (New)
 14. Complaints Under the HIPAA Privacy Rule, Mitigation, Refraining from Intimidating or Retaliation Policy and Procedure (New)
 15. Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators Policy and Procedure (New)
 16. HIPAA Privacy and Security Rule Training Policy and Procedure (Revised)
 17. Policies and Procedures, Change to Policies and Procedures and Documentation Policy and Procedure (New)
 18. Sanctions Policy and Procedure (Revised)
 19. HIPAA Component Privacy Review and Audit Policy and Procedure (New)
 20. Reporting of HIPAA Incidents and Notification in the Case of a Breach Policy and Procedure (New)
 21. Adjunct Faculty and Graduate Teaching Assistant Policy (New)

- 22. Joint/Combined Graduate Degree Pathways (New)
- 23. Policy Rider: Adjustments or Modifications to Academic Policies during an Emergency (New)
- 24. Transfer Credits (Revised)
- 25. Discipline-Specific (Specialized) Accreditation (Revised)
- 26. Accelerated Bachelor's/Master's Degree (Revised)
- 27. Institutional Accreditation (Revised)

Support and Resource the University Policy Working Group

- Prepared guidance documents for the Policy Working Group to assist in their second-tier substantive review of University policies as part of the Three-Year Policy Review process.
- Managed second tier review and feedback process for revised policies submitted by the Policy Owners.
- Updated Policy Working Group Member Scorecard to reflect the significant contributions of the group members.

Increase University Policy Awareness

- Continued to work with Policy Owners to determine the frequency and appropriate audience for Policy Campaigns through the Three-Year Policy Review process and individually for each Policy Campaign.
- Continued to work with Human Resources to utilize the HR Newsletter as a new/updated policy communication tool.

TRAINING EDUCATION & COMMUNICATIONS

2020 - 2021 Annual and Scheduled Training, Education, and Communication

- Designed, developed, and issued 8 compliance trainings to University faculty and staff including:
 - FERPA Basics
 - Currently in Escalation
 - 5,635 employees trained
 - FIU Clery Act Basics
 - 97% campaign completion

- 385 employees trained
- Health Insurance Portability and Accountability (HIPAA) Act Basics
 - rolling enrollment
 - 574 employees trained
- Payment Card Industry Data Security Standard (PCI-DSS) for Merchants
 - rolling enrollment
 - 216 employees trained
- Payment Card Industry Data Security Standard (PCI-DSS) for IT
 - rolling enrollment
 - 43 employees trained
- Red Flags – Preventing ID Theft with Data Security
 - 96% campaign completion
 - 1,028 employees trained
- The FIU Chosen First Name and Pronoun Use Training
 - 97% campaign completion
 - 111 employees trained
- Travel at FIU
 - 94% campaign completion
 - 664 employees trained
- Designed, developed, and issued 7 policy attestation courses including:
 - Acquisition, Assignment and Use of University Vehicles
 - 100% campaign completion
 - 134 employees trained
 - Nepotism
 - 100% campaign completion
 - 106 employees trained
 - Export Control
 - 99% campaign completion

- 422 employees trained
- Environmental Management
 - 100% campaign completion
 - 66 employees trained
- Fraud Prevention and Mitigation
 - 99% campaign completion
 - 698 employees trained
- Firearms and Dangerous Weapons
 - 97% campaign completion
 - 167 employees trained
- Access Control for University Buildings
 - 88% campaign completion
 - 106 employees trained

Process Improvements to Training and Education Program

- Designed trainings customized to FIU with personal messages from the University leader hosting the training, connection to University resources and quiz questions embedded in each policy attestation to improve comprehension.
- Performed a training campaign process improvement assessment and developed an Internal Operating Procedure to ensure efficacy and consistency in Campaign Escalation Protocol.
- Utilized the Announcement and Messaging course notification and reminder functionality within the Canvas platform to maximize campaign completion rates and effectuate the Escalation Protocol.
- Leveraged the improved Escalation Protocol to maximize completion rates for 12 campaigns.
- Completion rates at the final escalation level averaged 97% (this represents an increase from the same period last year where there was an average completion rate of 83% at the final escalation level).
 - Communicated with Deans and Vice Presidents regarding individual department completion rates to leverage their assistance with communicating the importance of completing compliance-related tasks to their teams.
 - Coordinated with Employee and Labor Relations to ensure that for those employees who did not complete a required compliance task following the escalation period, a notification was placed in their personnel file which impacts the Performance Excellence Process (PEP) compliance rating for the applicable year.

- Continued to work with the FIU Develop team to enhance and troubleshoot the learning management system based on campaign feedback and continuous improvement assessment of the platform.
- Continued to work with Human Resources to effectuate phase II of the Canvas/Catalog project to include University-wide tracking and monitoring, communication with PantherSoft and other FIU systems.
- Communicated with Deans and Vice President's regarding their own compliance obligations to be recorded in the Executive Scorecard. Executive leadership maintained a completion rate of 96% for assigned trainings during the reporting period.

New Export Control Website and Updates to University Compliance Website and Policy Library

- Created and launched a new, intuitive, user-friendly Export Control website that fulsomely reflects the Program, and which will be effectively leveraged for training purposes.
- Worked with IT to begin building design and process improvements into the University Compliance Website and the Policy Library.

MEASUREMENT & MONITORING

Health Insurance Portability and Accountability Act (HIPAA) – University-wide HIPAA Assessment

- Completed phase two of the Privacy Program Assessment (PPA), which is an administrative evaluation of the University's HIPAA privacy and security-related policies, procedures, management processes, physical characteristics and workforce awareness.
- Onsite interviews were conducted with personnel from across the organization with the use of a data collection questionnaire to facilitate the interviews.
- Consultants evaluated the organization's privacy related activities and documentation against the HIPAA Privacy Rule and Breach Notification Rule requirements.
- Compliance efforts resulted in significant measurable improvements in the University's HIPAA program. The efforts put forth to cure gaps found in the original assessment will allow us to now focus on:
 - Establishing an action plan that addresses each area of the program considering time estimates, required resources and

- any necessary funding needs.
- Carefully evaluating staffing levels, technology and resources relating to the establishment and maintenance of a more mature privacy program.
- Defining metrics to track the program's performance, keeping leadership apprised about privacy risks and continually assessing existing practices.

Foreign Influence Assessment Modules

- Assessment modules represent a risk-based, comprehensive strategy to identify, assess, mitigate and monitor risk associated with universally identified areas of focus related to foreign influence.
- Launched first three of ten assessment modules to identify measures to minimize foreign influence risk in the overall context of FIUs international academic and research mission.
 - Launched assessment module regarding Foreign Nationals on Campus: Visa-holders and Visitors - assesses preventative measures to selectively detect and avoid undue foreign influence where it could potentially arise in the context of foreign nationals on campus.
 - Launched assessment module regarding Conflicts of Interest and Commitment - assesses Conflicts of Interest and Conflicts of Commitment policies and processes pertaining to global engagement scenarios.
 - Launched assessment module Compliance with Export Controls - assesses the alignment of export control processes to account for and support foreign influence prevention strategies.

Compliance Calendar Monitoring

- Administered the Compliance monitoring calendar which includes deadlines for items requested of business partners throughout the campus by regulators.
- Built a second step in the process to verify required submissions were made.
- Communicated with business partners to remind them of deadlines and to seek verification of submissions for the following compliance items within this reporting period:
 - University Tuition and Fees for New Students (Cost of Attendance)
 - Social Security Number Verification Report
 - Florida Bar Membership Dues Report

- New Hire Report
- Limited Access Monitoring Report
- Office of Federal Affairs Federal Lobbying Disclosure Reports
- NCAA Sports Sponsorship and Demographics Report
- Internal Revenue Code (IRC) Employer's Quarterly Federal Tax Return (Form 941) Report
- Annual Report for all J-1 Sponsors for the Exchange Visitor Program Report
- Student Exchange and Visitor Information System (SEVIS) Report
- Southern Association of Colleges and Schools (SACS) Accreditation Financial Profile and Indicators
- Grease Disposal Inspections Report
- Student Assistance Fund (formerly the Special Assistance Fund and Student-Athlete Opportunity Fund) Report
- Social Security Number Verification Report
- 2020-21 Legislative Budget Request (LBR) Instructions for Operations Report
- Federal Tax and FICA Tax Remittance Report
- 4TH Q: Shared Initiatives University Savings Report
- NCAA Report of Uses for Revenue Distributions Report
- 2020 Schedule of Expenditures of Federal Awards (SEFA) Submission
- SUS Year-End Financial Reporting – Universities and Component Units
- Fall Johnson Enrollment Verification
- Florida Equity Report
- Statement of Financial Interests
- Annual Benefits Open Enrollment
- Federal Tax and FICA Tax Remittance Report
- Constitution Day Program Requirement
- Affirmative Action Plan (AAP)
- OFCCP FCCM Requirements for VEVRAA & Section 503 of the Rehabilitation Act
- Federal Contractor Veterans Employment Report (VETS-100)
- Student & Employee Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Annual Notification
- Report of J-1 Visitors
- Outside Activity/Conflict of Interest Reporting (Staff & Faculty)

ENFORCE AND PROMOTE STANDARDS THROUGH APPROPRIATE INCENTIVES AND DISCIPLINARY MEASURES

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

- Worked with Human Resources to ensure consequences for employees who fail to complete required compliance tasks following an Escalation Protocol.
- Involved Human Resources Liaisons in the Escalation Protocol to communicate consequences of failure to complete required compliance tasks.
- Worked to build a system to inform supervisors of employees who have not completed compliance tasks for inclusion in the Performance Excellence Process (PEP).

Compliance Liaison, Policy Committee and Executive Scorecards

- Enhanced Scorecard system to serve as an incentive for completing compliance tasks and contributing to a culture of compliance and as a method for communicating non-compliance through the reporting chain for discipline, if appropriate.
- Added all required compliance tasks to the Executive Scorecard to be presented to both DAC and OPS during the monthly meetings and forwarded to the President.
- Added detail to the Policy Workgroup scorecard illustrating participation in the three-year policy review process to be forwarded to each member's supervisor.

RESPOND PROMPTLY TO DETECTED PROBLEMS AND UNDERTAKE CORRECTIVE ACTION

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

- Continued administration of the FIU Ethical Panther Hotline to include review and tracking of all 29 reports (during the review period), data compilation, trend review, and reporting.
- Coordinated the triage of reports by the Hotline Reports Review Committee ("Committee") consisting of the Chief Compliance Officer, the 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 to each identified reporter to confirm that the report had been received, was being reviewed, and to point the reporter to additional support and resources at Florida International University 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.

New and Integrated FIU Ethical Panther Hotline and Case Management System

- Partnered with Employee and Labor Relations and Inclusion, Diversity, Equity and Access to complete wireframing and test new hotline and case management system, including developing supporting documents, hotline scripts and webforms.
- Worked with Employee and Labor Relations and Inclusion, Diversity, Equity and Access and platform vendor to implement system improvements identified as part of the hotline testing process.
- Integrated Hotline and Case Management system to align with FIU's community standards and to enable more sophisticated, in-depth reporting, the alignment of case types across several areas and the ability to better track and respond to trends in reporting and misconduct.
- Began updating communication materials regarding the Hotline to prepare for rollout in early Spring 2021

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.

RISK ASSESSMENT

Educate Risk Owners Regarding Risk Management Principles

- Continued to meet with 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.

- Continued to meet with Internal Audit to discuss development and management of the Panther Enterprise Risk Management Platform.
- Reviewed and addressed emerging risks in partnership with the OGC and other key stakeholders as they occur through new legislative requirements and institutional initiatives and obligations.