

# BOARD of REGENTS



THE UNIVERSITY OF  
NEW MEXICO.

## AUDIT AND COMPLIANCE COMMITTEE MEETING

*Thursday, August 3, 2023 1:00 PM*

The University of New Mexico  
Board of Regents' Audit and Compliance Committee Meeting  
*August 3, 2023 – 1:00 PM*  
*Roberts' Room*  
**Agenda**

**ACTION ITEMS**

1. Confirmation of a Quorum and Adoption of Agenda
2. Approval of Meeting Minutes from May 4, 2023
3. Audit and Compliance Committee Meeting remaining date for Calendar Year 2023. The following proposed meeting date is presented for Committee approval.

*(NOTE: Upcoming meeting times will now be 1:00 PM)*  
October 19, 2023 (Exit Conference for FY23 Financial Statements Audit)

**INFORMATION ITEMS**

4. Advisors' Comments
5. Director of Internal Audit Status Report (*Victor Griego, Internal Audit Director*)
6. Main Campus Chief Compliance Officer Status Report (*Francie Cordova, Chief Compliance Officer*)
7. Status of Audit Recommendations (*Chien-Chih Yeh, Internal Audit Manager*)  
Implemented  
Pending

**EXECUTIVE SESSION**

8. Vote to close the meeting and to proceed in Executive Session as follows:
  - a. Discussion of draft Internal Audit reports and information subject to attorney-client privilege; risk assessments and audit work plans; and information security and privacy report, pursuant to RPM 1.2;
  - b. Discussion of limited personnel matters pursuant to exception at Section 10-15-1.H(2) NMSA (1978);
  - c. Vote to re-open the meeting.
9. Certification that only those matters described in Agenda item #8 were discussed in Executive Session and ratification of action, if any, taken in Executive Session.
10. Adjournment

THE UNIVERSITY OF NEW MEXICO  
 Board of Regents' Audit and Compliance Committee Quarterly Meeting  
 May 4, 2023 – Draft Meeting Minutes

Members Present: Jack Fortner, Chair, Paula Tackett, Vice Chair, Kim Rael (quorum).

Other Attendees: Garnett Stokes, Norma Allen, Terry Babbitt, Teresa Costantinidis, Bonnie White, Loretta Martinez, Ari Vazquez, Christine Landavazo, James Holloway, Duane Arruti, Jeff Gassaway, Francie Cordova, Susan Rhymer, Jared Udall, Darlene Fernandez, Rick Goshorn, Samuel Dosumu, Amie Ortiz, John Kennedy (KPMG), John Bunnell (KPMG), Josh Lewis (Moss Adams), Lauren Kistin (Moss Adams), Paul Garcia (CRI), Alan Bowers, Jr. (CRI), Ajay Gupta (CLA), Dave Strzyzewski (CLA), Randy Romes (CLA), Sandy Giangreco Brown (CLA), Joseph Lane, Mallory Reviere, Blaine Moffatt, Victor Griego, Chien-chih Yeh, Amy O'Donnell.

Chair Fortner called the meeting to order at 9:02 AM He confirmed there was a quorum.

**ACTION ITEMS:**

- The Committee approved the agenda, as amended during the meeting, with Item #7 postponed to the August meeting.
- The Committee approved the minutes from the Special Meeting of March 31, 2023.
- The Committee approved the upcoming 2023 dates: August 3, and October 19. There will be a new start time of 1:00 PM.

**INFORMATION ITEMS:**

- Advisors' comments: None.
- Norma Allen, University Controller addressed the Committee regarding the external financial statements' FY23 audit entrance conference. John Kennedy, Lead Audit Partner from KPMG introduced the audit team and noted that this entrance conference is a required part of the yearly audit process. KPMG is the lead audit firm. Mr. Kennedy has years of experience auditing higher education for Cal State, SMU and here at UNM. He is excited to be back auditing at UNM. Chris Ray is the concurring partner for KPMG. He heads up the healthcare and higher education practice in the West. He is in Los Angeles. Every audit has a second partner to conduct a review behind the team to make sure they are doing the right things and they are involved in decisions.

Josh Lewis from Moss Adams will be the lead for the clinical entities. He leads the Moss Adams central region's healthcare practice. He has also worked with auditing the clinical entities at UNM back in 2015-2016.

A.J. Bowers from Carr, Riggs, and Ingram (CRI) is a UNM alum. He grew up in New Mexico and oversees their audit practice in New Mexico and West Texas, specifically as relates to local and state government with a focus on higher education. He has worked on most of the colleges in the state of New Mexico. His team will focus on component units at UNM.

Mr. Kennedy explained that they would present a high-level overview of the audit and how the teams will divide up the responsibilities. UNM is the umbrella organization. Although KPMG is the lead, all of the individual team members are available and active. KPMG will sign the opinion overall and all the entities that roll up into it. Each entity has a standalone audit and it is quite the effort. KPMG will have the Main Campus and the Foundation. Moss Adams will have the clinical entities, UNM Hospital, Behavioral Health, Sandoval regional Medical Center, and UNM Medical Group. Stacy Stelzriede will be the quality control reviewer for Moss Adams' portion of the audit. CRI will have the component units. Rob Lemmon will be their quality control reviewer.

President Stokes asked where the academic environment of Health Sciences is in the audit. Ms. Allen responded that falls under KPMG.

Mr. Kennedy introduced and described the experience of the team members in the room. He noted that the audit is prescribed by the New Mexico State Auditor and requires certain audit procedures. The State Auditor has them do some extra steps related to travel, fixed assets, etc. There may also be cases where the State Auditor receives hotline tips about concerns at the University. The audit is also done in accordance with national standards - accepted governmental standards. The external auditors also perform what is called a single audit over Federal grants. They issue a separate opinion on that. There were some COVID-19 funds that UNM received, and that is a part of the audit.

They have just gotten started on the audit for FY23. The contract was recently signed. So, they have not yet scoped in this year's grants. It will probably be less than six (6), but more than three (3) million dollars. The teams will report back to the Committee on the results of that process. They don't audit down to the penny or dollar. They set a materiality level. They set certain thresholds based on where they think it would matter to a user of the financial statements. There are quantitative and qualitative elements to that determination.

Regent Rael asked if there is any type of transaction that is exempt from materiality because it is so risky or is perceived fraud. Mr. Kennedy responded that they consider risk as part of their process. There is nothing that is exempt, but if they identify anything, the State Auditor has said that is material and gets reported. In some case the number might not be material, but the risk could make it material.

Mr. Kennedy reviewed the timeline of the audit. It really starts the week of this Committee meeting for the University side, the academic side. They have one or two individuals working right now and that will be ramped up to three next month. In the summer, they will have five to six, and at times there will be eight staff members, not including the managing partners. The requirement is to deliver to the State Auditor by November 1st. The audit results will be presented to this Committee at the October meeting, currently scheduled for October 19th. Other parts need to be delivered to Norma Allen and her team by September 15th to start the lengthy consolidation process.

For Moss Adams, Mr. Lewis explained that they have multiple, smaller entities. He reported their entrance conferences with all but one of the entities are on this day of this meeting and the following day. Between June and August, they will get their planning done and the test work finished up. They will start with the main 5 areas.

CRI stated they will be a bit flexible early on with deadlines due to the transition of teams but will need to hold tighter to the later deadlines to make sure they are on-time for the consolidation.

Mr. Kennedy stated it is over 7,000 work hours. It is a significant amount of time. Investments are key at the University and at the Foundation, alternative investments in particular. They spend quite a lot of time on those because they are riskier. They will spend time on other post-employment benefits, VEBA and the self-insured healthcare plan. It gets reviewed separately as a part of the process.

Moss Adams will spend a bit of extra time on third-party billing. Chair Fortner asked if they look at Medicare and Medicaid billing, pay and reimbursements. Mr. Lewis explained they do testing of cash receipts. They will pull samples for individual patients and tie-out the payments and adjustments. That could be for Medicare, Medicaid, a managed care plan or a commercial plan. One thing they do specific to Medicare/Medicaid, relates to estimated third-party payer settlements. It's very complex. They have a very robust cost report team within their firm. They spend a lot of time on the valuation of accounts receivable. That is the largest estimate of any healthcare provider. Nobody pays you what you bill them, and everybody pays you something different. UNM staff closes the books, and then the audit team has the benefit of a few

months of hindsight to see how the cash collections are coming through. They also do a look back to the previous year.

Chair Fortner asked what they do as far as auditing malpractice claims. Mr. Lewis replied they will look at actuarial reports that are prepared and get an understanding of the policies that cover the University – state policies and commercial. Malpractice has additional accounting considerations. The risk does not transfer until a claim is made. They tie out what the actuaries are using to actual information from typically the insurance brokers around claims logs over several years. Chair Fortner asked if the date is the date a claim is filed or date of a lawsuit. Mr. Lewis replied it's the date the claim is filed, because if the insurance is dropped today, there is no more coverage after and it's only covering what is filed when the policy is in place. Malpractice works differently.

Mr. Bowers stated that for CRI it is a little different because there are so many entities. They focus on revenue transactions.

KPMG uses actuaries for pricing securities. They use IT professionals for certain elements of the IT environment. That is the same for the other audit teams as well. One thing Mr. Kennedy stated they are introducing this year is a matrix in terms of key milestones as a snapshot to keep tabs on the timeline and communications. They will have weekly team meetings and the all hands meetings throughout the process. After State Auditor approval, the audit gets published on the State Auditor's website.

Regent Rael stated there is a new State Auditor. Are there any new process changes that have been communicated? Mr. Kennedy replied that there are not yet, but he has heard that they want to streamline some processes. They have all new staff. There is some carryover, but there has been a lot of turnover.

Mr. Kennedy stated there are some new accounting standards coming, but from what they have seen so far, they should have limited impact. The one that might, is, subscription-based technology. If you have long-term agreements for software use, you put a liability to be amortized on the books to show you have a legal commitment. It also puts an asset to depreciate on the books. It looks like a loan, essentially. The audit teams want to make sure there is consistency on how it is reported and that there is a standard approach.

The audit teams also have to maintain independence. Mr. Kennedy reviewed the responsibilities of the UNM management and of the audit teams. They ended the presentation with providing the team contact information.

- Chair Fortner introduced Internal Audit Director, Victor Griego. He stated they had a good meeting the previous Saturday. Mr. Griego presented his Director's Report. Mr. Griego noted the October date will accommodate the exit conference for the external audit teams. This Committee approves the external financial audit before it goes to the State auditor for their approval.

The department currently has two vacant senior auditor positions that the department is trying to fill. The department is also trying to fill a student intern position. So, Internal audit is a bit short-staffed at the moment.

Internal Audit (IA) just completed a full migration of its specialized audit software, *TeamMate*. It was a very comprehensive migration from TeamMate AM to TeamMate+. The process included migrating about 300 projects. So, that was a big process and cost about \$34,000. Funding came from departmental reserves. For non-labor costs, that's a pretty large one for this department.

Mr. Griego provided an overview of the audit plan status for FY23. The department recently completed an audit of the Valencia Branch that will be presented in the closed session of this meeting. Internal Audit has also completed an audit of Project ECHO. It was a substantial audit that is in the report writing process and

quality control. Mr. Griego stated the department and University compliance partners are in the middle of completing the University-Wide Risk Assessment. It will be presented to this Committee in August.

Mr. Griego updated the Committee on the status of complaints as of January 31st. The department has received 40 complaints this fiscal year. The complaints are financial in nature, i.e. misuse of funds, fraud, etc. The department has completed and closed 23 of those complaints. Five of those were substantiated and 18 were unsubstantiated.

Mr. Griego is still assisting CEEO as a system administrator for the Ethics Point system. They are currently trying to strengthen the processes for user management and training. Regent Rael asked how long UNM has been using Ethics Point and is the University satisfied with it? Francie Cordova, Chief Compliance Officer replied that it has been since 2015, and they are satisfied with it. It is an enterprise-wide tool; the Hospital also uses it. The biggest challenge now is user control and consistency of data entry. UNM is getting about 1,000 complaints a year now that are housed in the Ethics Point system. Mr. Griego stated it is a really robust system.

Regarding the afore-mentioned risk assessment, Internal Audit had been working with both the Main Campus and HSC Compliance offices on the FY23 University-Wide Risk Assessment. They distributed a survey which addressed financial compliance, and operational and IT risk. That closed on March 17<sup>th</sup>. The data was exported and provided to the team for analysis. Each area will conduct their own risk assessment methodology and development of work plans. The internal audit work plan is required by IIA standards and Regents Policy 7.2. The work plan is presented to this committee for approval. It is a three-year work plan; the risk assessment is every three years.

The Health System internal audit function is outsourced to a third party, CliftonLarsonAllen. They perform audits on the clinical operations – UNMH, SRMC and UNM Medical Group. They will be presenting audits in closed session.

Mr. Griego reported on the status of external audits and reviews from funding agencies. Internal Audit obtains information on contracts and grants for each external audit process for contracts and grants. For this reporting period, there are two (2) audits in process. One is with Sandia National Labs auditing purchase orders on Main Campus and HSC. The audit period is 7/1/2019 – 6/30/2021. They submitted a final report and UNM is in the process of corrective action. The other external audit is City of Albuquerque. They are auditing various grants that cover various periods. They have issued one finding and UNM is awaiting the final exit letter for the audit to be closed.

- Chien-Chih Yeh, Internal Audit Manager presented the audit recommendation follow-up report for this quarter. Every quarter, Internal Audit uses this report to track any outstanding recommendations from previous reports approved by this Committee. When the Committee approves an audit, recommendations go into a tracking system. Internal Audit reports back to the Committee on where they are at as far as implementing the recommendations.

There is only one report, the “pending” report for this reporting cycle. There were no items implemented since the last report. The first pending recommendation is from the Reserves audit. It is from several years ago. Internal Audit has been monitoring this item regarding a deficit reduction plan, and the goal is to eliminate the deficit in this area. They are hoping to be able to clear it by the end of this year. The item will remain open until Internal Audit can verify the actual result. Then it will be closed.

The second item is from the Los Alamos Branch audit. It was done during COVID. It is the last piece left that is outstanding. They were able to complete a couple of components of the finding. Internal Audit has scheduled a meeting to revisit the remaining one. There will be an update at this Committee's next quarterly

meeting. Regent Rael asked what the columns are on the report. Mr. Yeh reviewed them with the Committee. Los Alamos did request an extension on the due date and Internal Audit approved the extension.

Regent Rael asked a question regarding where Student Publications had a deficit, was a BAR done that year to cover the deficit in that year? Mr. Griego responded that at the end of 2017, they had an accumulated deficit where expenses exceeded revenues. It was about \$270,000. A lot of it was due to a reduction in sales. In accordance with Policy 7000, if you have a deficit, you should have a deficit reduction plan in place. They have been paying it down. It is decreasing. Management at the Provost's Office Shared Services stated that they will either be using one-time funding to eliminate it or continue to pay it down. It is expected to be eliminated at the end of this fiscal year. Ms. Allen added that in the CAR system, a department enters its deficit reduction plan. Either it will be funded with new revenue sources, money coming in from another unit, or by reducing expenditures. The Budget Office oversees the deficit reduction plan. They have a plan, but it might not come to fruition. The plan has to be tweaked and monitored.

By unanimous consent, the meeting went into Executive Session at 9:52 AM per the agenda.

- a. Discussion of draft Internal Audit Reports pursuant to RPM 1.2.
- b. Discussion of limited personnel matters pursuant to exception at Section 10-15-1(H)(2) NMSA (1978) and pursuant to RPM 7.2;
- c. Vote to re-open the meeting.

The meeting returned to open session at 10:57 AM with certification that only those matters described above were discussed in Executive Session.

The Committee unanimously approved the following Board-approved CLA audit reports presented in this meeting:

- Incident to Coding UNMMG
- IT Asset Tracking UNMMG
- HR Onboarding UNMH
- HR Onboarding SRMC

The Committee unanimously approved the following UNM Internal Audit report:

- 2022-04 Audit of UNM Valencia Branch Campus Operations

The meeting adjourned at 11:01 AM.

Approved:

---

Audit and Compliance Committee Chair

There is no  
handout  
required for  
this item



There is no  
handout  
required for  
this item

**Internal Audit Director’s Status Report  
Audit and Compliance Committee Meeting  
August 3, 2023**

**INFORMATION ITEMS**

**Audit Committee Meeting Calendar.** This schedule will accommodate the FY23 External Financial Statements Audit exit conference. The following is the future proposed date for the remainder of Calendar Year 2023.

October 19, 2023 (Exit Conference for FY23 Financial Statements Audit)

**Internal Audit Operations and Staffing.** IA currently has two vacant senior auditor positions. There are current job postings for one senior auditor vacancy and one internal auditor. Internal Audit is continuing to review available budget and department staffing needs in for filling the vacant auditor positions, internal promotions, student intern hiring, etc., while fulfilling non-labor operating costs.

**Risk Assessment and Audit Plan Status.** The project status and hours report for the current audit plan is at Tab #5. The status of the proposed audit plan for the period of July 1, 2022 through June 30, 2023 is:

Completed	3
Committee Presentation	2
Planning/Fieldwork	3
<b>Subtotal</b>	<b>8</b>
Assigned	1
Unassigned	3
<b>Total</b>	<b>12</b>

Internal Audit has completed the audit of Project ECHO and the FY 2023 University-Wide Risk Assessment and Three-Year Audit Plan. The Project ECHO audit and Three-Year Audit Plan will be presented during closed session for approval.

Planning or fieldwork has been initiated for audits of the Office of Medical Investigator (OMI) and the annual audit of President’s Travel and Entertainment expenses for FY23. This audit is required within the terms of the President’s contract.

Assigned and Unassigned audits from the FY23 workplan will be reflected in the Three-Year workplan as a result of the 2023 risk assessment.

**Complaint Status.** The current status of complaints assigned to Internal Audit for FY2023, as of June 30, 2023, is:

Completed/Closed	22
Planning/Fieldwork	16
Unassigned	12
<b>Total</b>	<b>50</b>

**Internal Audit Director's Status Report  
Audit and Compliance Committee Meeting  
August 3, 2023**

Complaints assigned to Internal Audit for review are those of financial related matters (i.e., fraud, theft, misuse of funds, time abuse, etc.). A confidential formal memo of Internal Audit complaint reviews is distributed to applicable UNM management and/or leadership to report outcomes of reviews and IA recommendations, if substantiated.

Of the 22 completed/closed cases, nine (9) complaints were substantiated and 13 were unsubstantiated.

**Risk Assessment**

Risk assessment procedures for the FY 2023 University-Wide Risk Assessment have been completed. Internal Audit, Main Campus Compliance, and UNMH/Compliance offices worked in collaboration to develop a risk assessment survey to address common operational, compliance, financial, and information security risks facing the university. Risk assessment survey data was shared and used as a key component for each office developing their work plans.

In addition to the survey, Internal Audit and the Compliance offices conducted additional risk assessment procedures to identify risks and develop their individual work plans. Internal Audit and Main Campus Compliance will present risk assessment reports in closed session. The Health System risk assessment report requires presentation to each Health System entity and will be presented to the BOR A&C Committee during the October 19<sup>th</sup> scheduled meeting.

In accordance with Internal Auditing Standards (IIA) and Regents Policy 7.2, Internal Audit's Risk Assessment report with the three-year workplan will require approval from the A&C Committee.

**Department Financial Report.** At Tab #5 is the Internal Audit Department's operating ledger report for FY23 for your review. The FY23 final budget was \$1,185,730, and primarily consisted of \$1,115,730 (94%) from general pool funding and \$70,000 (6%) for the department's reserves. Total expenses for the year were \$1,072,716, resulting in I&G funding exceeding expenses by \$43,014. Departmental reserves increased from \$236,012 at the beginning of FY23 to \$279,026 at FY23 year end. Internal Audit's budget savings is due to a vacant senior auditor position for during FY23.

The FY24 adopted budget is \$1,324,265, of which \$1,287,020 is from the general pool, and \$37,245 is from the departmental reserve. Budgeted expenses are primarily labor at \$1,250,973 (95%), and is reflective of a fully staffed budget. Non-labor expenses primarily consist of IT and professional services, software maintenance, and employee trainings and professional development.

**Required Communication.** As required by the Internal Auditing Standards, Internal Audit management determines the following:

- Ongoing monitoring of the performance of the department, as a part of routine activities.
- All staff members are independent and objective in completing Internal Audit responsibilities.
- Internal Audit does not believe it has resource limitations to complete its audits and investigations.

**Health System Internal Audit**

Clifton Larson Allen (CLA) is the contracted Health System Internal Auditor and serves and performs audits of clinical operations for UNMH, SRMC, and the UNM Medical Group. CLA has completed two

**Internal Audit Director's Status Report**  
**Audit and Compliance Committee Meeting**  
**August 3, 2023**

(2) audits, which will be presented and received approval from each applicable Health System Audit and Compliance Committee. The reports will be presented in closed session by the CLA team for BOR A&C Committee approval.

In addition, CLA completed its risk assessment and Health System internal audit plan, which will be presented in closed session for approval.

**External Audits and Reviews.** Internal Audit obtains status update information from UNM Contracts and Grants regarding external audits/reviews of various grants and contracts by various grantor agencies. At Tab #5 is the summary information as of June 30, 2023 regarding the external audits/reviews (third party financial audits) of various grants, contracts, and programs by various grantor agencies. There are currently three (3) audits/reviews to report for this reporting period.

The City of Albuquerque is conducting an audit of various grants received by HSC, which covers various grant periods from 7/1/22 through 12/31/23. The City of Albuquerque issued one (1) finding and recommendation as a result of the audit. UNM is currently working on management response to the finding.

Sandia National Labs completed an audit of all Main Campus and HSC Purchase Orders. The audit period covered awards from 7/1/2019 – 6/30/2021. The final audit report was received on 9/28/2022 with multiple findings as a result of the audit. UNM met with SNL on 7/12/23 to discuss potential findings. UNM is in the process of providing documentation to resolve potential findings reported in the audit.

The National Science Foundation (NSF) completed an audit of various contracts and grants awarded to multiple UNM departments/programs. The NSF issued findings of potential questioned costs. However, UNM is working with the NSF Audit Resolution Team for a final determination if the costs are appropriate and to the benefit of the project. Therefore, UNM is not required to return any of the questioned costs at this time.

Organization Level 5: '676A - 676A - Internal Audit Department'

Fiscal Year to Date: Through the Month of June 2023, Actuals Current Month is summarized for both Fiscal Periods 12 and 14.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
<b>Revenue</b>										
1640 - Allocations Pooled Allo!	\$1,115,730.00	\$0.00	\$1,115,730.00	\$0.00	.00%	\$1,115,730.00	100.00%	\$0.00	\$0.00	.00%
1900 - Reserves	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$236,012.16	.00%	\$0.00	(\$236,012.16)	.00%
1901 - Budgeted Use of Rese!	\$70,000.00	\$0.00	\$70,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$70,000.00	100.00%
<b>*TOTAL Revenue</b>	<b>\$1,185,730.00</b>	<b>\$0.00</b>	<b>\$1,185,730.00</b>	<b>\$0.00</b>	<b>.00%</b>	<b>\$1,351,742.16</b>	<b>114.00%</b>	<b>\$0.00</b>	<b>(\$166,012.16)</b>	<b>(14.00%)</b>
<b>Expense</b>										
2020 - Administrative Profess!	\$716,027.00	\$0.00	\$716,027.00	\$49,418.82	6.90%	\$663,065.84	92.60%	\$0.00	\$52,961.16	7.40%
2060 - Support Staff Salary D!	\$52,841.00	\$0.00	\$52,841.00	\$6,096.99	11.54%	\$53,078.19	100.45%	\$0.00	(\$237.19)	(.45%)
20J0 - Student Salaries Gen	\$17,000.00	\$0.00	\$17,000.00	\$0.00	.00%	\$105.30	.62%	\$0.00	\$16,894.70	99.38%
2110 - Fica Gen	\$58,818.00	\$0.00	\$58,818.00	\$3,989.87	6.78%	\$51,183.65	87.02%	\$0.00	\$7,634.35	12.98%
2140 - Retirement Gen	\$131,861.00	\$0.00	\$131,861.00	\$9,541.29	7.24%	\$122,839.18	93.16%	\$0.00	\$9,021.82	6.84%
2160 - Group Insurance Gen	\$99,876.00	\$0.00	\$99,876.00	\$4,785.63	4.79%	\$54,641.70	54.71%	\$0.00	\$45,234.30	45.29%
2180 - Unemployment Comp!	\$538.00	\$0.00	\$538.00	\$38.86	7.22%	\$501.30	93.18%	\$0.00	\$36.70	6.82%
21A0 - Workers Compensatio!	\$707.00	\$0.00	\$707.00	\$66.48	9.40%	\$716.35	101.32%	\$0.00	(\$9.35)	(1.32%)
21J0 - Other Staff Benefits G!	\$32,754.00	\$0.00	\$32,754.00	\$2,351.53	7.18%	\$30,494.02	93.10%	\$0.00	\$2,259.98	6.90%
21L0 - Accrued Annual Leave!	\$77.00	\$0.00	\$77.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$77.00	100.00%
21L1 - Catastrophic Leave Ex!	\$77.00	\$0.00	\$77.00	\$0.00	.00%	\$410.85	533.57%	\$0.00	(\$333.85)	(433.57%)
3100 - Office Supplies Gener!	\$700.00	\$0.00	\$700.00	\$0.00	.00%	\$108.25	15.46%	\$236.94	\$354.81	50.69%
3110 - Books Periodicals Gen	\$150.00	\$0.00	\$150.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$150.00	100.00%
3140 - Computer Software G!	\$223.00	\$0.00	\$223.00	\$0.00	.00%	\$584.10	261.93%	\$0.00	(\$361.10)	(161.93%)
3150 - Computer Supplies <\$!	\$750.00	\$0.00	\$750.00	\$294.54	39.27%	\$2,756.15	367.49%	\$209.68	(\$2,215.83)	(295.44%)
3170 - Custodial Supplies Gen	\$100.00	\$0.00	\$100.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$100.00	100.00%
3180 - Non Capital Equipmen!	\$1,000.00	\$0.00	\$1,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$1,000.00	100.00%
3189 - Tagged Non-Capital E!	\$2,500.00	\$0.00	\$2,500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$2,500.00	100.00%
31A0 - Business Food - Local	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$221.65	44.33%	\$0.00	\$278.35	55.67%
31C0 - Dues Memberships G!	\$5,000.00	\$0.00	\$5,000.00	\$0.00	.00%	\$3,405.00	68.10%	\$0.00	\$1,595.00	31.90%
31J0 - Parking Permits Gen	\$100.00	\$0.00	\$100.00	\$0.00	.00%	\$475.00	475.00%	\$0.00	(\$375.00)	(375.00%)
31K0 - Postage Gen	\$30.00	\$0.00	\$30.00	\$0.00	.00%	\$86.32	287.73%	\$0.00	(\$56.32)	(187.73%)
31P0 - Training Materials Sup!	\$250.00	\$0.00	\$250.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$250.00	100.00%
3800 - In State Travel Gen	\$300.00	\$0.00	\$300.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$300.00	100.00%

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Organization Level 5: '676A - 676A - Internal Audit Department'

Fiscal Year to Date: Through the Month of June 2023, Actuals Current Month is summarized for both Fiscal Periods 12 and 14.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
3805 - Instate Travel-Per Die!	\$125.00	\$0.00	\$125.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$125.00	100.00%
3820 - Out Of State Travel G!	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$3,921.51	.00%	\$0.00	(\$3,921.51)	.00%
3825 - Out State Travel-Per D!	\$900.00	\$0.00	\$900.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$900.00	100.00%
3830 - Out State Trvl-Per Die!	\$300.00	\$0.00	\$300.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$300.00	100.00%
3880 - Vehicle Expense Gen	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$18.93	.00%	\$0.00	(\$18.93)	.00%
6000 - Telecom Charges Gen	\$3,650.00	\$0.00	\$3,650.00	\$292.50	8.01%	\$3,740.00	102.47%	\$0.00	(\$90.00)	(2.47%)
6020 - Long Distance Gen	\$40.00	\$0.00	\$40.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$40.00	100.00%
6060 - Voice Mail Box Gen	\$650.00	\$0.00	\$650.00	\$50.00	7.69%	\$600.00	92.31%	\$0.00	\$50.00	7.69%
6300 - Alarm System Gen	\$300.00	\$0.00	\$300.00	\$11.25	3.75%	\$135.00	45.00%	\$0.00	\$165.00	55.00%
63A0 - Conference Fees Gen	\$6,000.00	\$0.00	\$6,000.00	\$3,885.00	64.75%	\$10,730.00	178.83%	\$0.00	(\$4,730.00)	(78.83%)
63A2 - Seminars/Training Fe!	\$4,000.00	\$0.00	\$4,000.00	\$0.00	.00%	\$986.40	24.66%	\$0.00	\$3,013.60	75.34%
63C0 - Copying Gen	\$75.00	\$0.00	\$75.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$75.00	100.00%
63L1 - Graphic Design Gen	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$375.00	.00%	\$0.00	(\$375.00)	.00%
63V0 - Consultant Fees Gen	\$15,000.00	\$0.00	\$15,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$15,000.00	100.00%
63X0 - Technical Services Ge!	\$0.00	\$0.00	\$0.00	\$30.00	.00%	\$90.00	.00%	\$0.00	(\$90.00)	.00%
69Z0 - Other Professional Ser!	\$12,000.00	\$0.00	\$12,000.00	\$9,614.78	80.12%	\$17,361.57	144.68%	\$6,000.00	(\$11,361.57)	(94.68%)
7000 - Plant Repairs Mainten!	\$300.00	\$0.00	\$300.00	\$0.00	.00%	(\$118.40)	(39.47%)	\$0.00	\$418.40	139.47%
70E0 - Computer Hardware !	\$850.00	\$0.00	\$850.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$850.00	100.00%
70E1 - Computer Software M!	\$11,500.00	\$0.00	\$11,500.00	\$0.00	.00%	\$41,935.73	364.66%	\$0.00	(\$30,435.73)	(264.66%)
70F0 - Equipment Rent Expe!	\$2,661.00	\$0.00	\$2,661.00	\$172.23	6.47%	\$2,040.02	76.66%	\$0.00	\$620.98	23.34%
80K0 - Banner Tax	\$700.00	\$0.00	\$700.00	\$143.50	20.50%	\$894.54	127.79%	\$0.00	(\$194.54)	(27.79%)
80K2 - Foundation Surcharge	\$4,500.00	\$0.00	\$4,500.00	\$453.20	10.07%	\$5,332.44	118.50%	\$0.00	(\$832.44)	(18.50%)
<b>*TOTAL Expense</b>	<b>\$1,185,730.00</b>	<b>\$0.00</b>	<b>\$1,185,730.00</b>	<b>\$91,236.47</b>	<b>7.69%</b>	<b>\$1,072,715.59</b>	<b>90.47%</b>	<b>\$6,446.62</b>	<b>\$106,567.79</b>	<b>8.99%</b>

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Organization Level 5: '676A - 676A - Internal Audit Department'

Fiscal Year to Date: Through the Month of June 2023, Actuals Current Month is summarized for both Fiscal Periods 12 and 14.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
Total Revenue:	\$1,185,730.00	\$ .00	\$1,185,730.00	\$ .00	.00%	\$1,351,742.16	114.00%	\$ .00	(\$166,012.16)	(14.00%)
Total Expense:	\$1,185,730.00	\$ .00	\$1,185,730.00	\$91,236.47	7.69%	\$1,072,715.59	90.47%	\$6,446.62	\$106,567.79	8.99%
Net:	\$ .00	\$ .00	\$ .00	(\$91,236.47)	.00%	\$279,026.57	.00%	(\$6,446.62)	\$272,579.95	.00%

Parameters:

Organization Level 5: '676A - 676A - Internal Audit Department'

Fiscal Year to Date: Through the Month of June 2023, Actuals Current Month is summarized from Fiscal Periods 12 and 14.

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Third-Party Audits

Granting Agency/Entity	City of Albuquerque	National Science Foundation (NSF)	Sandia National Labs (SNL)
Contract/Grant/Program Title	Various	All NSF Awards	All SNL PO's
Contract/Grant Period	7/1/22-12/31/23	Various; Audit covers 3/1/20 - 9/30/20	Various; Audit covers costs incurred between 7/1/18 - 6/30/21
Contract/Grant Total Amount	\$1,449,832.00	Various	Various
Department	Family & Community Medicine	Various	Various
Agency Audit/Review Notification Date	January 2023	10/1/2020	Original Engagement Letter - 8/5/21 (covered periods FY19 and F20) Revised Engagement Letter - 1/24/22 (added FY21 expenses to audit)
Audit/Review Entrance/Visit Date(s)	1/31/2023	Entrance Conference - 10/15/2020	
Audit/Exit/Final Report Issued	3/22/2023	Discussion Draft Report Conference - 4/13/2021	22-Sep
Audit/Review Major Finding, if any		<ol style="list-style-type: none"> <li>1. Unreasonable Travel Expenses</li> <li>2. Unallowable Expenses</li> <li>3. Incorrect Application of Indirect Cost Rates</li> </ol>	Pre-populated labor hours during holiday/year-end time; Tuition not prorated during last semester; CRSL invoices do not have approved rates; Wrong per diem on one sample; Wrong travel reimbursement on one sample; Other specific fieldwork which had no finding amount as Sandia SPOs approved.



<p>Corrective Action Plan, if any</p>	<p>Department working on responses for programmatic concerns.</p>	<p>Currently working w/NSF Audit Resolution Team. Based on initial meeting, they are backlogged and it will be a while before they have a chance to review UNM's NSF-OIG audit. Until they have a chance to review, we are not to return any of the questioned costs, as they may determine these costs to be appropriate and to the benefit of the project.</p>	<p>More communication has and will be given regarding timesheets, tuition prorations; It is understood rates for CSRL bills need approved by purchasing;</p>
<p>Planned Implementation Date</p>		<p>TBD</p>	<p>Completed; Sandia Internal Discussions are being done regarding the amount UNM must pay on the audit for the non-PO specific findings (CSRL and labor).  Still waiting for Sandia to determine what we need to pay back, as UNM position is that the findings not specific to POs should not go against POs.</p>
<p>Campus</p>	<p>HSC</p>	<p>Main</p>	<p>Main and HSC</p>
<p>Auditor if Different than Grantor</p>		<p>Cotton &amp; Company (C&amp;C)</p>	

<p>Comments</p>	<p>Pending Response</p>	<p>40 transactions were sampled and tested. A final report was issued by NSF-OIG on May 13, 2021. We are now working with the NSF Audit Resolution Team to review the findings and corrective action needed. UNM provided responses on questions received to the NSF Audit Resolution Team on 11/29/21. After some follow up and request for more documentation, we were able to provide all requested items on 12/21/21. We are waiting to hear back from the NSF team on next steps.</p>	<p>UPDATE July 2023: UNM Met with SNL on 7/12/23 to discuss disagreements of charging POs; We sent invoice documentation proving F&amp;A is not charged on tuition; SNL will meet with the SNL auditing team to discuss the extrapolation costs SNL wants to charge to all POs.</p>
-----------------	-------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Note:** Third Party audit information provided by UNM Contracts and Grants.

## Budget to Actual Report July 1, 2022 through June 30, 2023

Description	Status	FY 23 Budgeted Hours (*)	FY 23 Actual Hours	Variance
<b>Audit Plan</b>				
<b>Prior Year</b>				
Children's Campus	Completed	200	138	62
President's Travel and Entertainment FY22	Completed	150	126	24
UNM Valencia	Completed - Follow up	1,200	1,244	(44)
Project ECHO	Committee	900	660	240
Information Security	Planning	300		300
Office of Medical Investigator (OMI)	Fieldwork	175	175	0
Anderson School of Management	Assigned			
Enrollment Management	Unassigned			
Internal Medicine	Unassigned			
<b>FY 2023</b>				
2023 Risk Assessment	Committee	150	135	15
Non-Standard Payment (NSP) audit	Unassigned	100		100
President's Travel and Entertainment FY23	Planning	100		100
<b>Audit Plan Subtotal</b>		3,275	2,478	797
Misconduct and Fraud		3,500	3,312	188
Audit Recommendations Follow-up		125	81	44
Management Requests		100		100
<b>Non Audit Plan Subtotal</b>		3,725	3,393	332
<b>Total Project Hours</b>		7,000	5,871	1,129
<b>Leave and Administrative</b>				
Holiday		784	900	(116)
Annual		1,176	1,035	141
Sick		672	610	62
CPE/Training		350	1,243	(893)
Administrative Time/Management		2,880	2,803	77
Administrative Staff Time		648	635	13
Audit and Compliance Committee, Meetings		550	541	9
IT Support/TeamMate		650	631	19
<b>Total Leave and Administrative Hours</b>		7,710	8,398	(688)
<b>FY23 Total Hours</b>		14,710	14,269	441

\* Including 150 hours of student intern



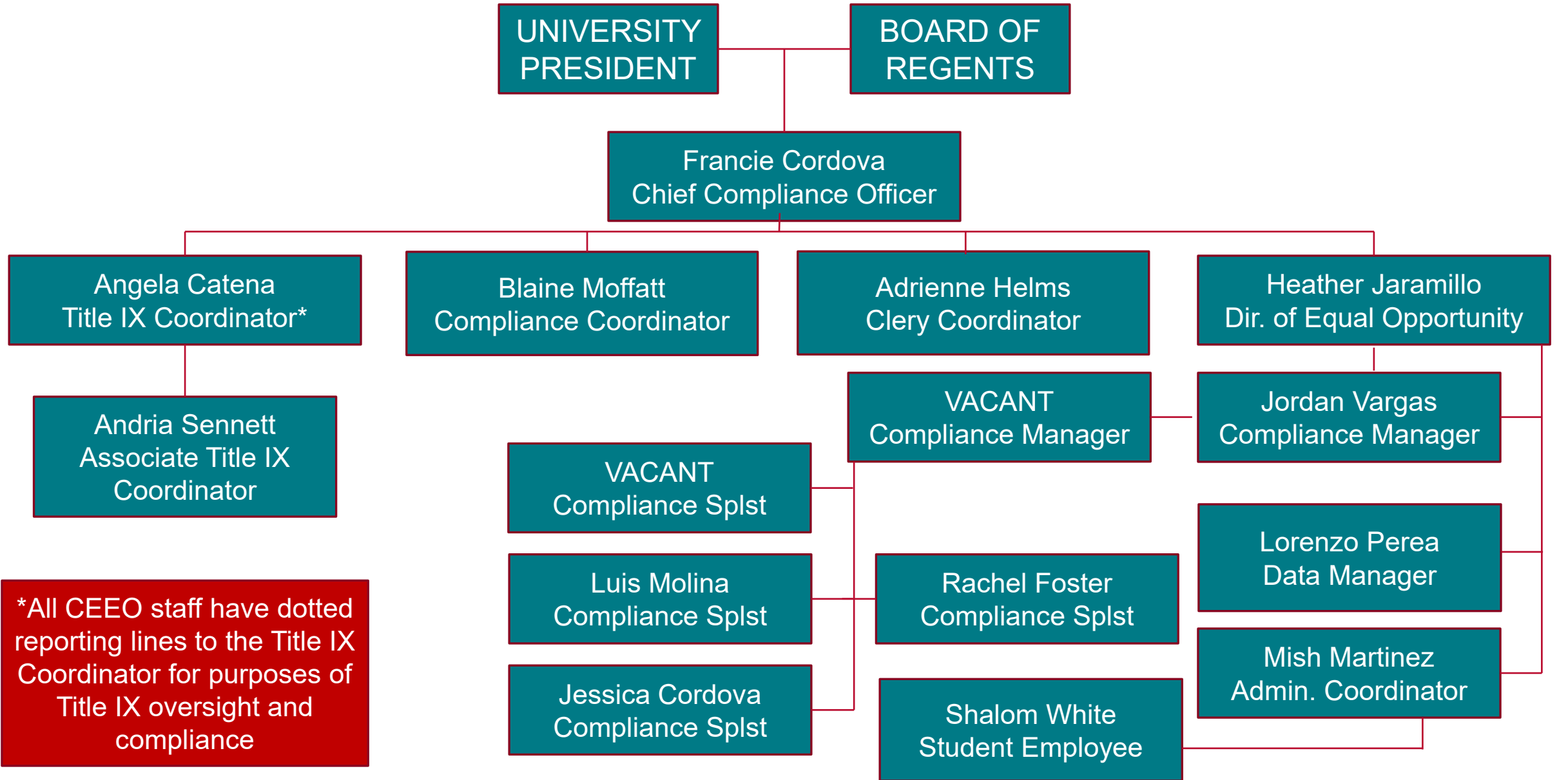
---

REGENTS AUDIT AND COMPLIANCE COMMITTEE  
CEE0 FISCAL YEAR 2022 – 2023 REPORT

# CEEO Update & Workplan

---

AUGUST 2023



\*All CEEO staff have dotted reporting lines to the Title IX Coordinator for purposes of Title IX oversight and compliance



# Risk Assessment Summary

---



INTERNAL AUDIT  
DEPARTMENT



OFFICE OF  
COMPLIANCE, ETHICS  
& EQUAL OPPORTUNITY

# Risk Assessment Summary

---

- Every three (3) years, the University of New Mexico conducts a Risk Assessment Survey that is sent via email to employees of UNM Main, Branch and South campuses, the Health Sciences Center (HSC), and the Health System.
- The Compliance, Ethics & Equal Opportunity office (CEEEO), the HSC/Health system compliance office, and Internal Audit work collaboratively to create survey questions structured around financial, compliance, operational, information technology, privacy, and reputational risk.
- New for 2023, CEEEO conducted additional narrative interviews with 40+ stakeholders on Main, Branch, and South campuses. The purpose of the interviews is to provide additional opportunity to discuss the top 3-4 barriers or challenges to completion of 2040 Goals, and provide any solutions or mitigation they think may reduce these barriers.

**\*The Completed Risk Assessment Report has been produced as a separate report.**





# CEEO 2023 Workplan

---

# CEEO Workplan

---

- Review of Risk Assessment with Main and Branch Campuses. Identify risk owner and develop mitigation strategies where necessary.
- Implementation of new Title IX and Trans Athlete federal regulations including policy development and training (Coming in October 2023 with required implementation by December 2023).
- Finalization of enterprise-wide Conflict of Interest/Conflict of Commitment and Foreign Contracts/Gifts policies, reporting and management.
- Review of 2021-22 Affirmative Action Plan with departments and units.
- University wide investigator training on UNM investigative SOP, due process and report writing. In conjunction with former UNM law Professor Norman Bay – September 8, 2023.

# CEEO Workplan

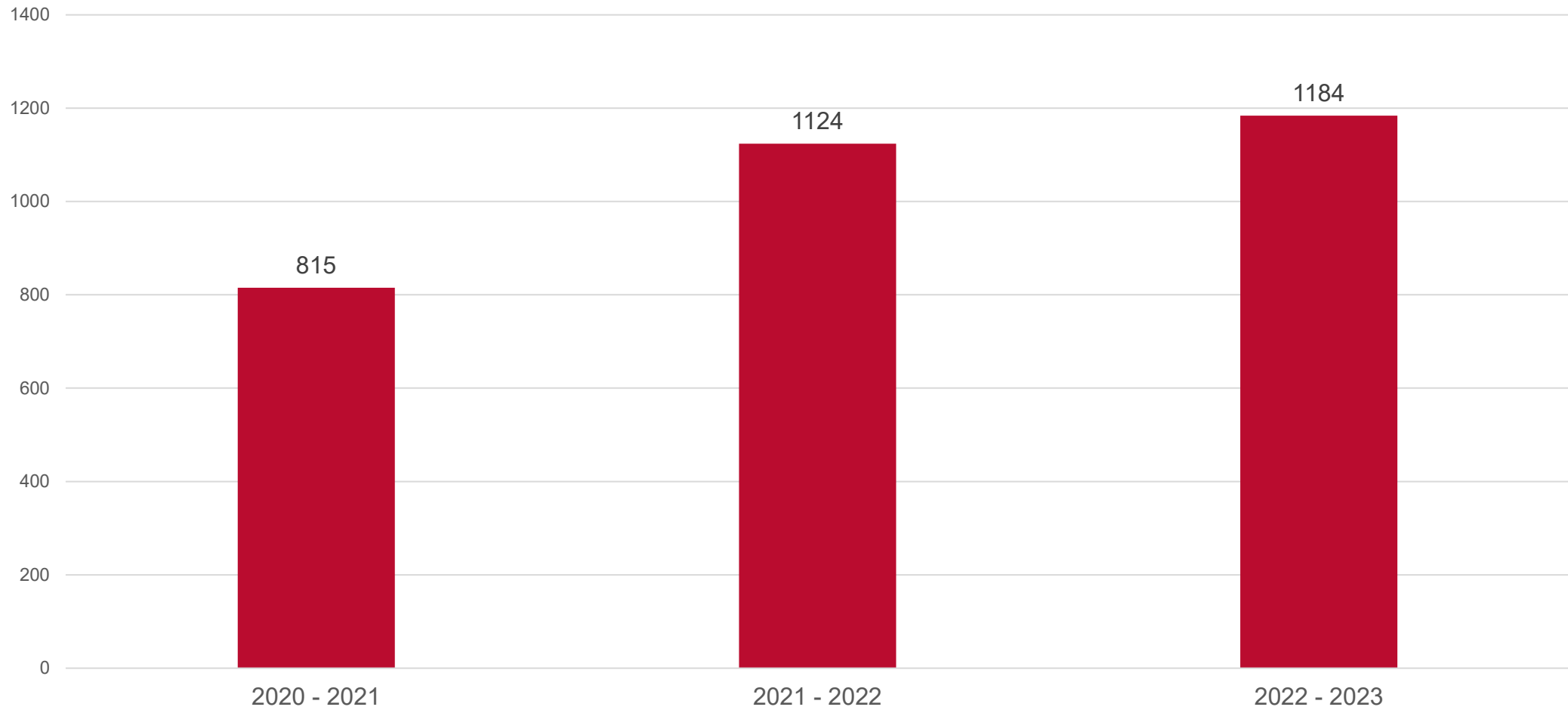
---

- Update policy to reflect Pregnant Workers Fairness Act – In effect June 27, 2023
- University wide trauma informed interview techniques. In conjunction with Dr. Chris Wilson. October 18 and 19, 2023.
- UNM safety month and Main, North and South campus safety walks. September 2023.
- UNM Annual Safety and Fire Report (Clery crime statistics). October 2023
- National Compliance week with UNM compliance partners – November 2023.
- New integration and update of Ethics Point reporting system – Beginning July 2023.
- Bolstering of UNM ADA Accessibility Committee to identify and address campus accessibility needs.

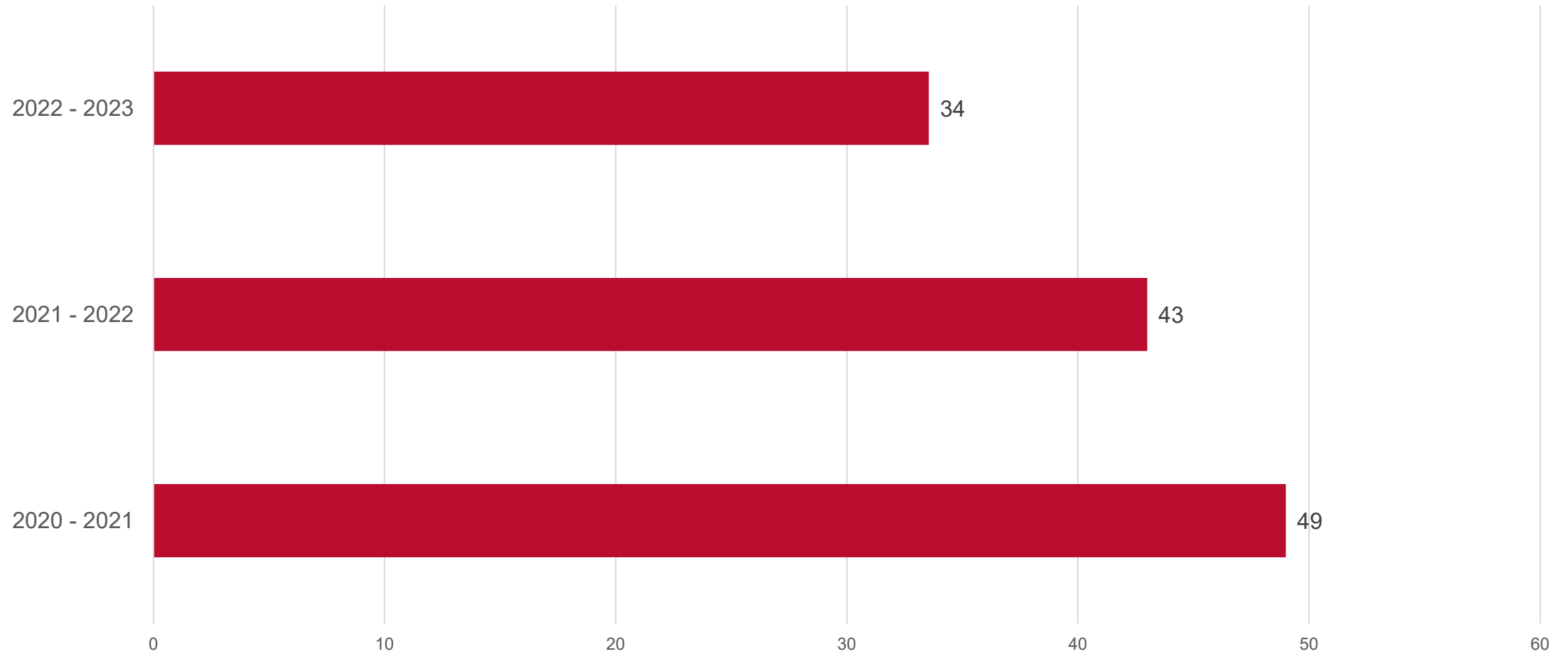
# UNM Hotline Trends for Fiscal Year 2022 – 2023

---

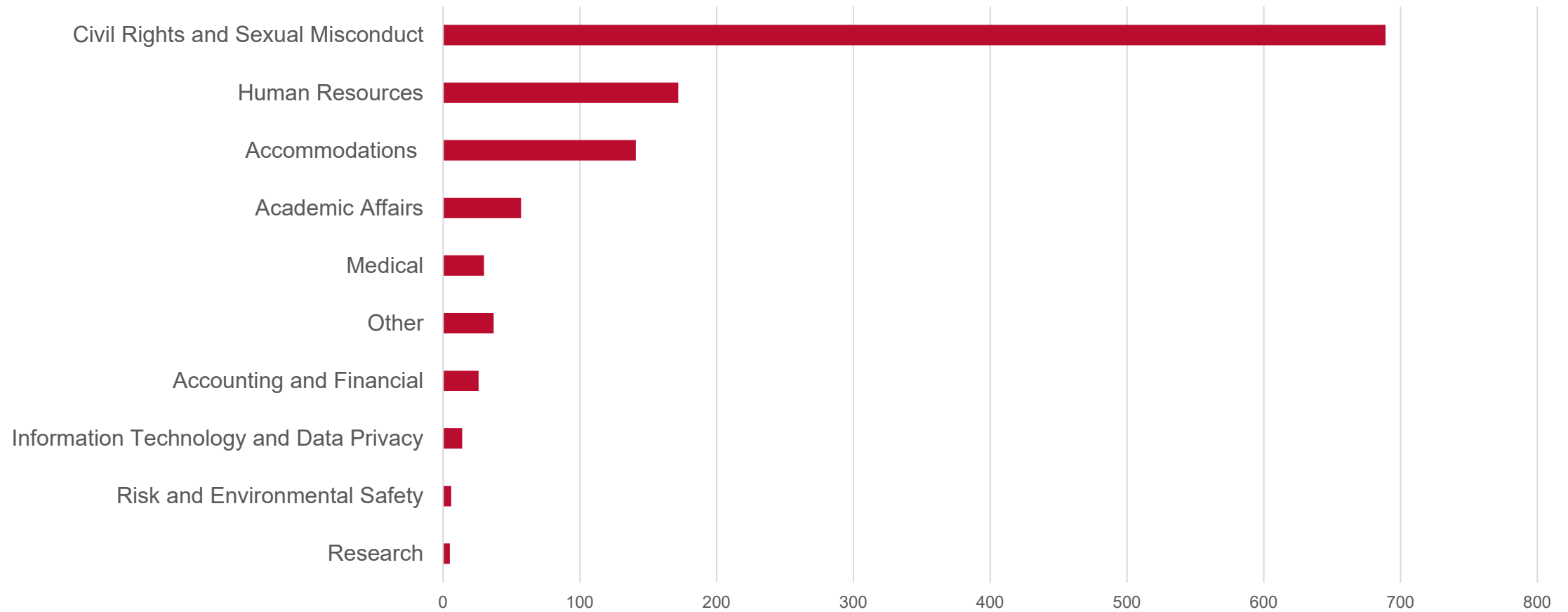
# Total Cases Reported for UNM



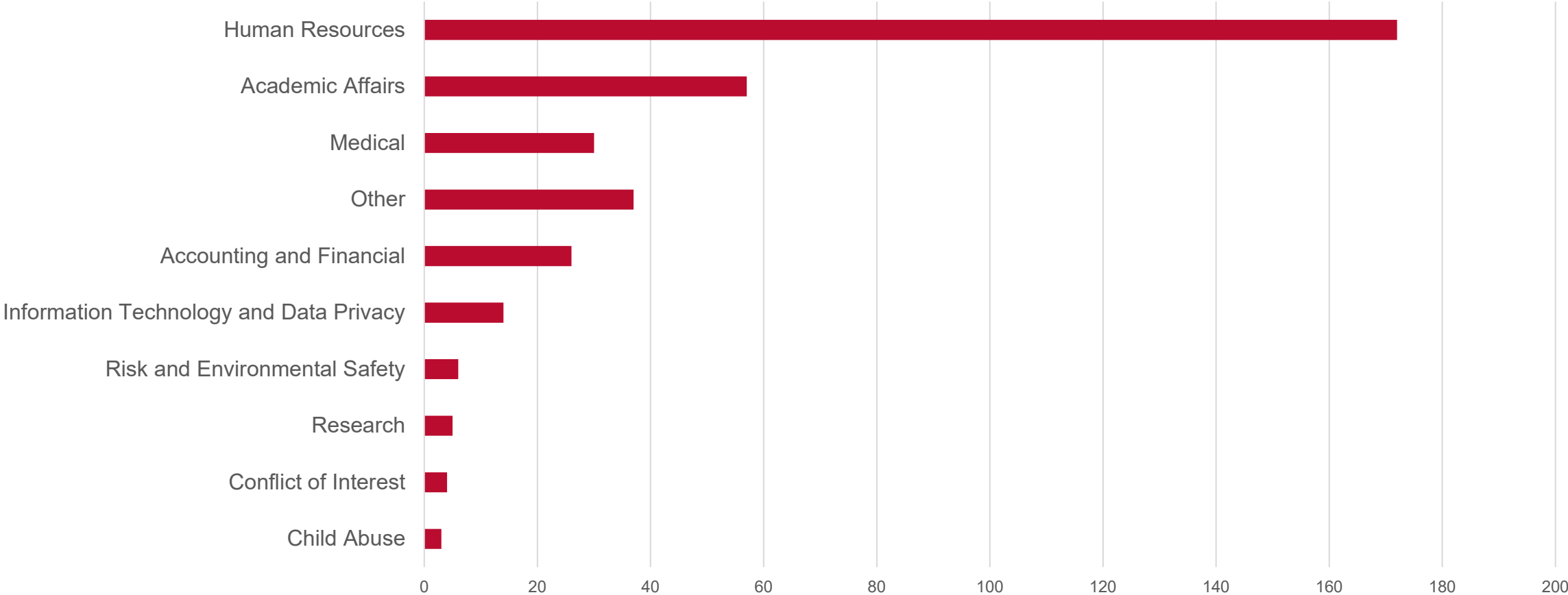
# Average Days Cases are Open (Including CEEO)



# Top Ten Issue Types in Fiscal Year 2022 – 2023 (Including CEEEO)



# Top Ten Issue Types in Fiscal Year 2022 – 2023 (Not Including CEEEO)





# Anonymous Reporting Percentages Over Past 3 Years (Including CEEO)

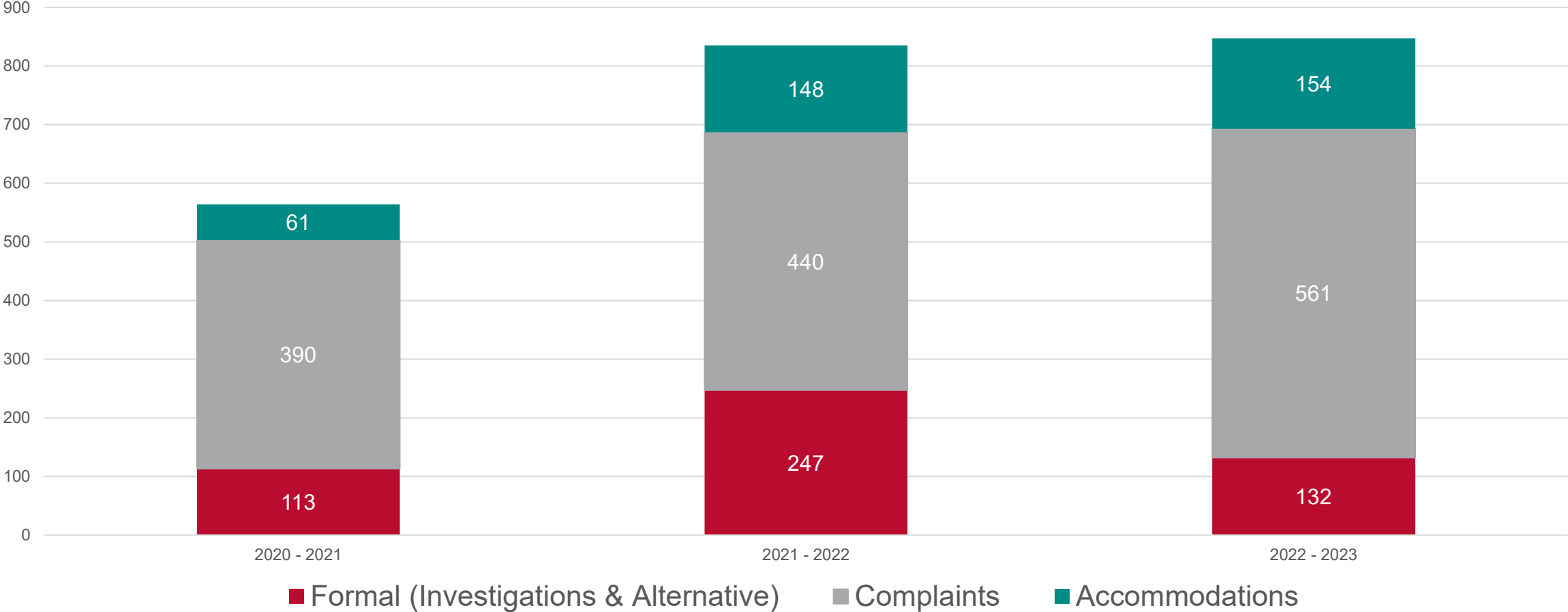
Academic Year	Percentage of Anonymous Reporters
2020 – 2021	20.25%
2021 – 2022	15.79%
2022 – 2023	15.49%

# Anonymous Reporting Percentages Over Past 3 Years (Not Including CEEEO)

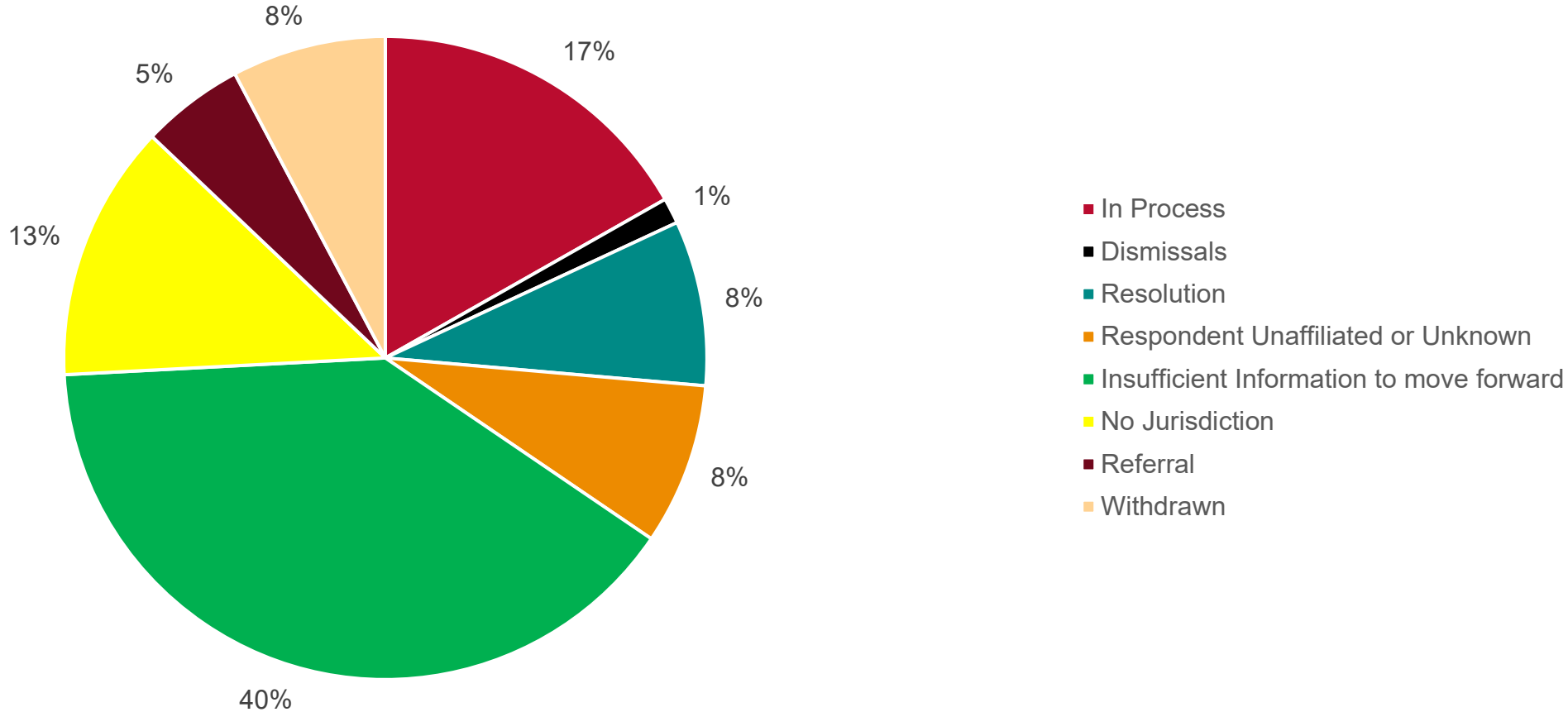
---

Academic Year	Percentage of Anonymous Reporters
2020 – 2021	53.38%
2021 – 2022	51.63%
2022 – 2023	47.99%

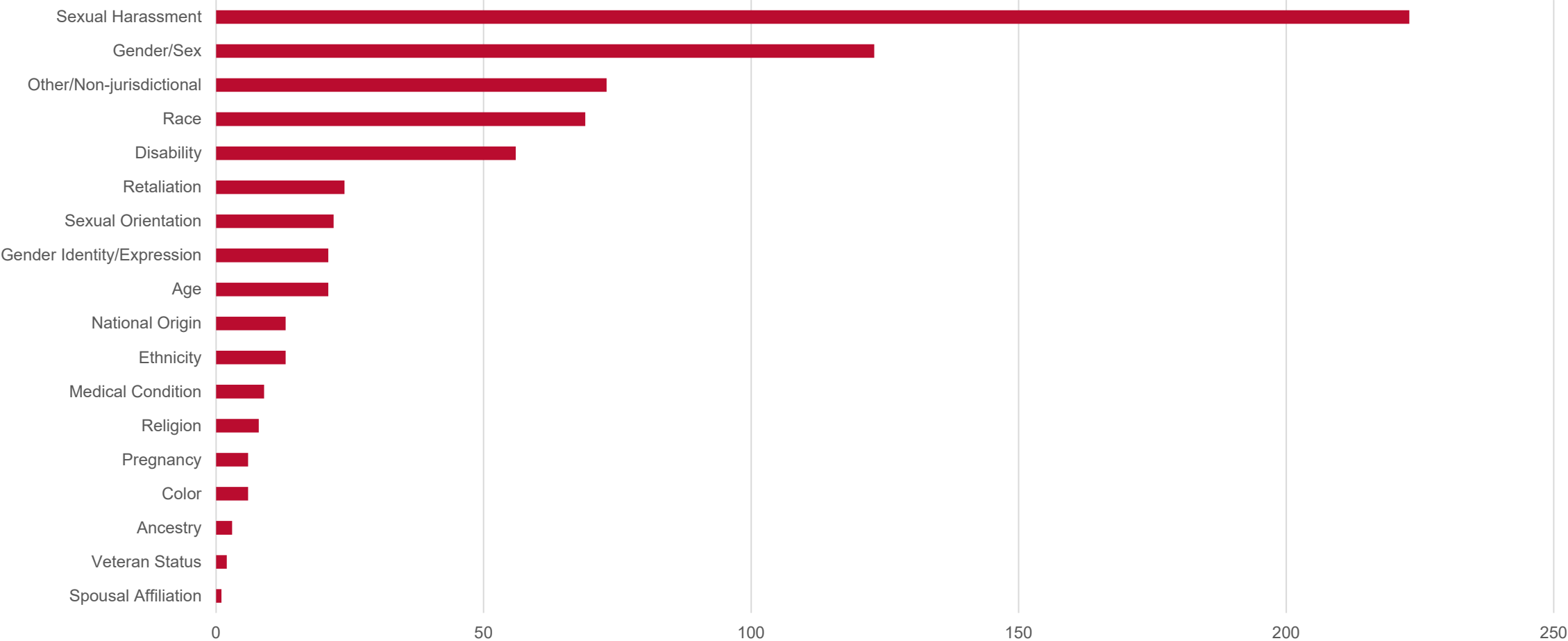
# CEEO Caseload Trend (Fiscal Year 2020 – 2023)



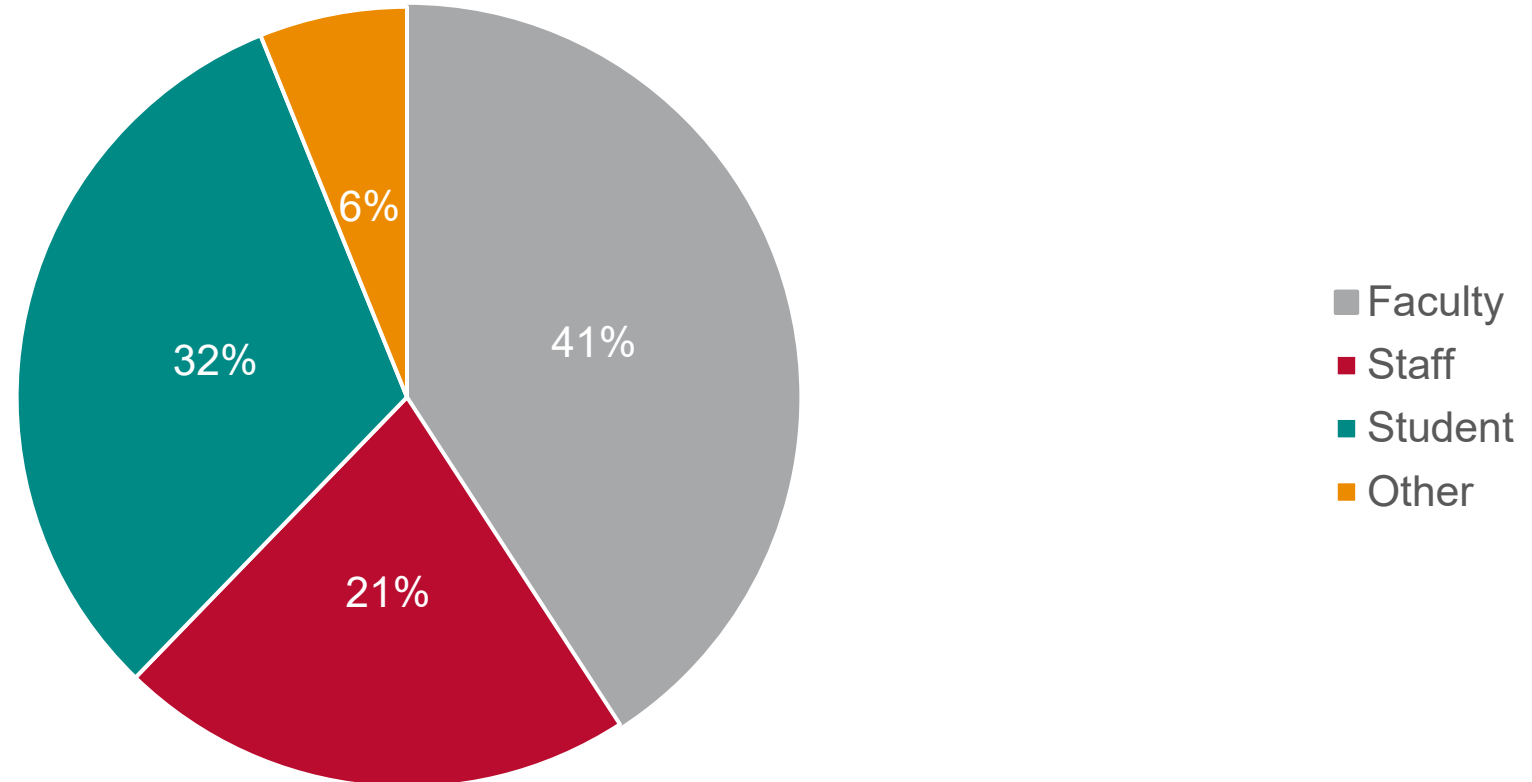
# CEEO Complaints (Fiscal Year 2022 – 2023)



# CEEO Complaints by Allegation Type Fiscal Year 2022 – 2023

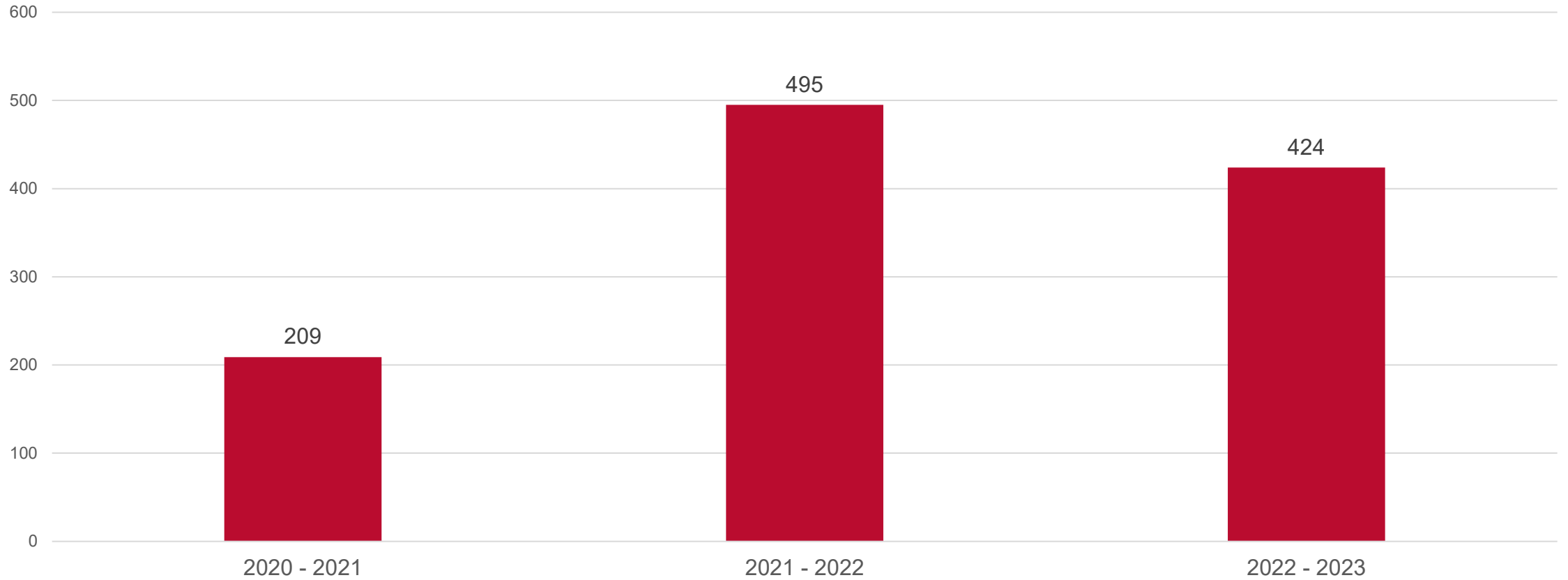


# Formal Investigations by Respondent Affiliation Fiscal Year 2022 – 2023

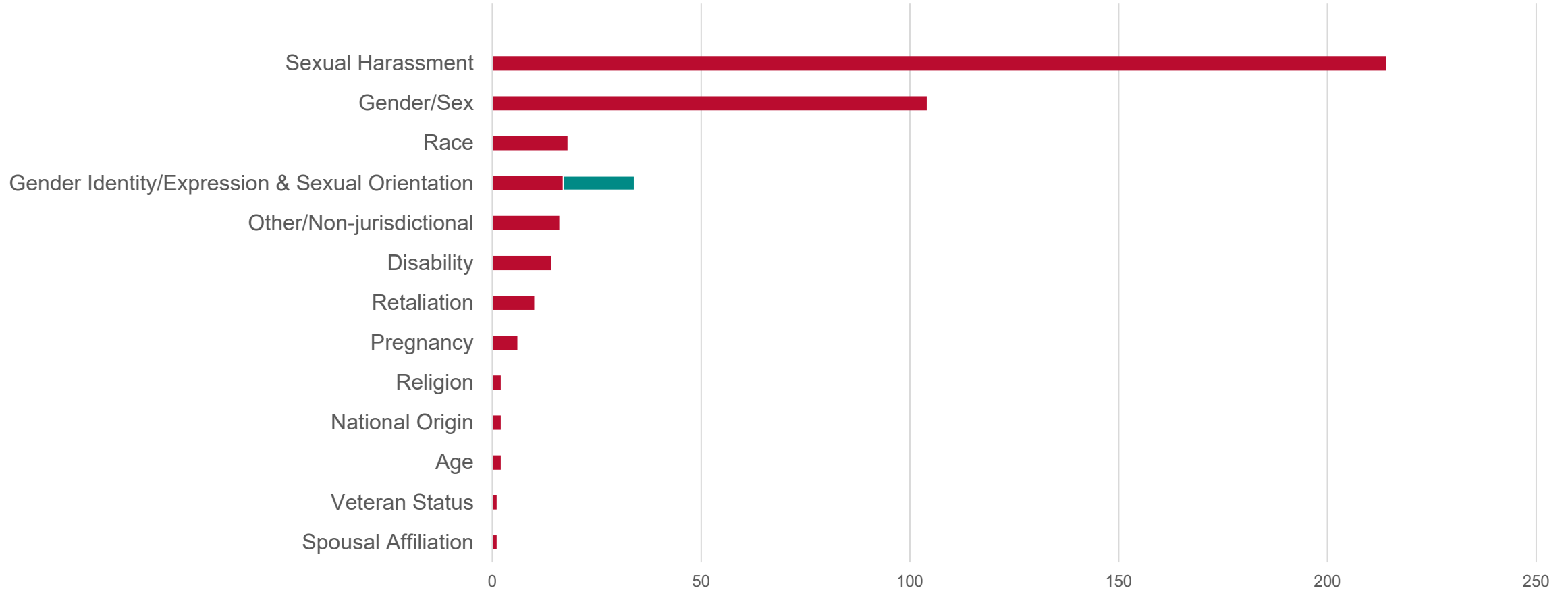


# Title IX Trends

## Fiscal Year 2020 – 2023



# Title IX Complaints 2022 – 2023 Fiscal Year





**Follow Up Report - Implemented  
August 3, 2023 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
1	<u>Reserves</u>	5/23/2019, 7, M	<u>Recommendation 3 - Deficit Reduction Plans (Provost's Office Director of Financial Operations)</u>	The Provost's Office Director of Financial Operations should ensure FY 2018 deficits for Enrollment Management are eliminated prior to the close of FY 2019, and monitor and enforce current deficit reduction plans to ensure existing departments' deficits are reduced and eliminated according to plans.	If it is determined that a deficit reduction plan is needed, units will work with the Provost's Office to establish a reasonable reduction plan within UAP 7000 policy limitations. At this time, all deficit reduction plans are monitored and documented by the Provost's Office. Enrollment management did not have a documented deficit reduction plan because the FY18 deficit was to be eliminated by the end of FY19. Enrollment Management has verified that the accumulated deficit will be eliminated by the end of FY19. The Provost's Office fiscal team will verify that the deficit has been eliminated at the end of the fiscal year and will send the corresponding report to Internal Audit to document that no further action is needed.	6/30/2020	The deficit for Student Publication's continued to decrease by \$60,429 from (\$215,786) at the beginning of FY23 to (\$155,357) at 6/30/23. Internal Audit has noted the deficit has consistently decreased since FY2018 and has determined it is no longer necessary to continue monitoring the reduction and elimination of the deficit.	Nicole Dopson, AVP for Academic Resources Mgt: Provost General Administrative

**Follow Up Report - Pending  
August 3, 2023 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
1	<u>Los Alamos Branch Campus</u>	5/7/2020, 6, M	<u>Recommendation 6 - General Information Technology Security</u>	NM-LA IT department should strengthen its IT security by executing the following: Developing a written information security program, communicating the program's policies and procedures with employees, and monitoring its implementation periodically.	We agree with the auditor's comments and recommendation. The following action will be taken to improve our processes with IT security. UNM-LA IT, with assistance from UNM IT, will review UNM policies with regard to: (1) computer accounts and user identification, (2) access control, (3) acceptable computer use, (4) computer security awareness, and (5) tracking software maintenance and licenses and other recommendations listed. A written program of these policies, and the procedures related to them, will be compiled and communicated to employees during new hire orientation, annually as part of our annual policy awareness process, and through the Operating Procedures manual.	5/31/2023	Partially completed – UNM IT is working on a large network project to assist Los Alamos IT in implementing its remaining audit recommendation components.	Mike Holtzclaw, Chancellor/Branch; Bob Harmon, Dir, Business Opns/Sm Branch: Los Alamos Branch
2	<u>UNM Valencia Branch Campus</u>	5/4/2023, 3, M	<u>Recommendation 1 - General IT Security</u>	UNM-VC IT department should strengthen its IT security by developing policies and procedures to fully implement off-site storage for backups and a disaster recovery plan for UNM-VC's computerized information. UNM-VC should test these systems periodically to ensure they are properly implemented and maintained.	The Chancellor and DBO concur with this finding. All equipment is in hand to create a secondary depository for file systems and network settings at a facility. A fiber-optic connection exists between the campuses and regular scheduled backups of all information on the campus will be replicated on those systems as part of a disaster recovery plan. Policies will be amended to assure these backups take place and are tested on a regular and appropriate schedule.	8/31/2023	Management indicates that Valencia Branch campus has the backup systems up and running since mid-July. All campus networks are now backed up to an off-site facility and held in a fire safe there.	Rick Goshorn, Dir, Business Opns/Lg Branch: Valencia County Branch; Samuel Dosumu, Chancellor: Valencia County Branch

**Follow Up Report - Pending  
August 3, 2023 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
3	<u>UNM Valencia Branch Campus</u>	5/4/2023, 3, M	<u>Recommendation 2 - PCI Compliance</u>	UNM Financial Services and the UNM CIO's office should work with units that process credit cards and all other stakeholders to (1) maintain a complete inventory of all MIDs, with corresponding IT and business contracts; (2) complete the re-grouping of MIDs for SAQ management; (3) monitor the list of users registered on the provider's portal website who are delegated to submit SAQs on behalf of units, by group, for accountability; (4) ensure that each unit within a group retains their own answers to SAQ questions for a paper trail; (5) identify a mechanism to coordinate individual SAQ answers and review and retain a coordinated SAQ; (6) request and maintain the documentation from the merchant bank's compliance partner for MIDs compliance with PCI on at least an annual basis.	UNM-Valencia's Administration, the UNM Controller and CIO concur with this finding and will continue working with UNM's merchant bank and with the bank's PCI partners to restructure how UNM's Merchant IDs are organized, to improve accountability for compliance activities. The restructure will also drive updates to the roles and responsibilities document, and to the corresponding management activities that address these recommendations. UNM Financial Services and CIO's Office will provide MID contacts with the roles and responsibilities document periodically, when there are changes to the MID contact, and/or when the roles and responsibilities document is revised. UNM Financial Services and CIO's Office will develop a system to monitor compliance with SAQ questionnaire completion and retention requirements - both at the unit level and centrally for the coordinated SAQ. While there will be incremental progress on these efforts, we anticipate having the full updated approach well established for the beginning of Fiscal Year 2025.	8/31/2024	Corrective action not yet due.	Duane Arruti, UNM CIO; Norma Allen, University Controller; Jeff Gassaway, Info Security Ofcr
4	<u>UNM Valencia Branch Campus</u>	5/4/2023, 3, M	<u>Recommendation 3 - PCI Compliance</u>	The Director of Business Operations should work with UNM Financial Services and the UNM CIO's office to develop processes and procedures to fulfill Valencia Campus's PCI responsibilities, such as completing SAQs annually and retaining a copy of completed SAQs, in accordance with the proposed updates to the Roles and Responsibilities Document.	UNM Valencia's Chancellor and Director of Business Operations concur with this finding, and will work closely with the CIO and Controller to assure PCI compliance is appropriately tested, reviewed and documented on an annual basis, and that all executed documents (SAQ) are held locally and available for review.	8/31/2024	Corrective action not yet due.	Rick Goshorn, Dir, Business Opns/Lg Branch: Valencia County Branch; Samuel Dosumu, Chancellor: Valencia County Branch

# EXECUTIVE SESSION