Purpose: **To document the status of the Institutional Compliance Program after its initial implementation.**

Source: **All information has been obtained from institution staff through questionnaires, surveys, and interviews. Each working paper contains specific indications for the source of its information.**

# **Objectives:**

* **To determine the implementation status of the Action Plan to Ensure Institutional Compliance.**
* **To verify the information reported to the System-wide Compliance Officer in the first-year quarterly reports and the revised risk-based audit plan.**
* **To identify "best practices" in the program.**
* **To provide an external, objective assessment of the implementation of the institution compliance program**

**To identify areas of needed improvement with recommendations for action, if appropriate.**

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|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| **INSTITUTIONAL COMPLIANCE COMMITTEE** | | | | | | |
| 1. | Does the Institutional Compliance Committee have a charter or other document detailing its duties and responsibilities?  If yes, please provide copy. |  |  |  |  |  |
| 2. | Does the Compliance Committee consist of a cross-section of the Institution, including executive management, faculty, physicians, researchers, deans, department chairs, in addition to the high-risk areas?  Provide list of members |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 3. | Has the Committee established a mechanism for the Compliance function, if a separate compliance function exists, to report its activity to the Committee?  If yes, please provide copy |  |  |  |  |  |
| 4. | Has the Committee established sub-committees to address each significant compliance area?  If yes, please provide sub-committee names, chairs, and members. |  |  |  |  |  |
| 5. | Has the Committee established a mechanism to monitor activity in each "A" list risk area?  If yes, please provide. |  |  |  |  |  |
| 6. | Does the Compliance Committee meet at least quarterly?  Please provide minutes of each meeting |  |  |  |  |  |
| 7. | Has the Committee performed a Self-Evaluation of its current fiscal year activities?  If yes, please provide. |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 8. | Has the Committee performed an evaluation of the Compliance Officer's performance in the current fiscal year?  If yes, please provide. |  |  |  |  |  |
| 9. | Does the Committee have a mechanism for determining that appropriate corrective, restorative, and/or disciplinary action has been taken for each event of noncompliance?  If yes, please provide. |  |  |  |  |  |
|  | **COMPLIANCE OFFICER AND FUNCTION** |  |  |  |  |  |
| 10. | Is the Compliance Officer a high-ranking administrative officer who has direct access to a chief administrative officer role? |  |  |  |  |  |
| 11. | Has the University provided enough resources for the Compliance Officer to adequately carry out those functions defined in the Action Plan that are applicable to the University?  Budget?  Staff?  Sub-committees?  Please provide organization chart and/or budget |  |  |  |  |  |
| 12. | Do the Compliance Officer and each employee in the Compliance function have a job description?  If yes, please provide. |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 13. | Does the Compliance function provide oversight controls for the high-risk areas?  If yes, please describe the oversight controls performed for each applicable high-risk area. Include oversight inspection programs and the results of performing those programs. |  |  |  |  |  |
| 14. | Have the Compliance function staff received external training related to operating an institutional compliance program?  Provide information on all such training, including  content, presenter, and attendees. |  |  |  |  |  |
| 15. | Does the Compliance Officer provide regular updates on Compliance activities to the chief administrative officer?  If yes, describe how and how often. |  |  |  |  |  |
| 16. | Does the Compliance Officer file all reporting that is required in a timely fashion?  Confidential Reporting Mechanism Activity  Quarterly Activity Report  Annual Risk-Based Compliance Plan |  |  |  |  |  |
| 17. | Has the Compliance Officer ensured that all employees have received General Compliance Training?  If yes, provide the training records.  If no, have any employees received this training? |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 18. | If General Compliance Training has not been provided to all employees, is there a detailed plan to accomplish that?  If yes, please provide the plan. |  |  |  |  |  |
| 19. | Has the Compliance Officer established a Confidential Reporting Mechanism?  If yes, please provide a description and a summary of all activity to date, including the number of reports received to date. |  |  |  |  |  |
| 20. | Has the Compliance Officer developed a compliance manual?  If yes, please provide. |  |  |  |  |  |
|  | **RISK ASSESSMENT PROCESS** |  |  |  |  |  |
| 21. | Has a detailed inventory of all compliance issues applicable to the University been performed?  Federal?  State?  Local?  Regulators/Accreditors?  UToledo?  Component/Division?  If yes, please provide. |  |  |  |  |  |
| 22. | Was the inventory performed by Sub-Committees, Functional Departments, and Management? |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 23. | Were all risks included, even those that the University believes are adequately controlled?  If no, provide a list of those risk not included in the inventory for any reason |  |  |  |  |  |
| 24. | Has the probability of occurrence and the potential impact been estimated for each risk listed?  If yes, provide the methodology for assigning these values. |  |  |  |  |  |
| 25. | Has the inventory of risks been ranked from most critical to least critical?  If yes, provide methodology for determining the rankings. |  |  |  |  |  |
| 26. | Has a methodology been established for determining high-risk or "A" list items?  Please provide the methodology and the resultant "A" list |  |  |  |  |  |
|  | **EACH "A" LIST RISK**  (Please provide details when answers are "yes") |  |  |  |  |  |
| 27. | Has a single responsible person been designated? |  |  |  |  |  |
| 28. | Has a monitoring plan been developed for the risk? |  |  |  |  |  |
| 29. | Does the monitoring plan describe what operating controls will be monitored? |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 30. | Does the monitoring plan detail the actions to be taken to determine whether the operating controls were applied correctly? |  |  |  |  |  |
| 31. | Is there documented evidence that the monitoring controls were performed? |  |  |  |  |  |
| 32. | Is there documented evidence of the results of the monitoring controls? |  |  |  |  |  |
| 33. | Is there documented evidence of actions taken when monitoring controls identify failure of operating controls? |  |  |  |  |  |
| 34. | Are instances of noncompliance documented and dealt with appropriately? |  |  |  |  |  |
| 35. | Are instances of noncompliance or potential noncompliance reported to the Compliance Committee and to the chief administrative officer? |  |  |  |  |  |
| 36. | Has documented specialized training relative to mitigation of this risk been provided to all employees who interact with the risk? |  |  |  |  |  |
| 37. | Has documented specialized training been provided in each case of failure of operating controls or instances of noncompliance? |  |  |  |  |  |
|  | **Question** | **Yes** | **No** | **W/P#** | **Status**  **(Acceptable**  **or NIP)** | **Related**  **Recommendation** |
| 38. | Does the high-risk area responsible person provide quarterly and other reports of all activities to the Compliance Officer and the Compliance Committee? |  |  |  |  |  |
|  | **INTERNAL AUDITING** |  |  |  |  |  |
| 39. | Has an initial audit been performed of the design of the institutional compliance program? |  |  |  |  |  |
| 40. | Has a follow-up to the initial audit been performed? |  |  |  |  |  |
| 41. | Has the internal audit department performed design audits of any high-risk area monitoring plans? |  |  |  |  |  |
| 42. | Has the internal audit department performed a design audit of any Compliance function oversight controls? |  |  |  |  |  |
| 43. | Has internal audit performed any other types of audits involving compliance risks? |  |  |  |  |  |