Minutes of the June 4, 2009

TRUSTEES/DIRECTORS PRESENT: P. Barry, C. Chase, P. Drotch, J. Haberland, and D. Nayden


UHY: M. Brooder

STATE AUDITORS: J. Carroll, J. Rasimas and G. Slupecki

The meeting of the Joint Audit and Compliance Committee (JACC) was called to order at 10:03 a.m. by Trustee Nayden.

ON A MOTION made by Trustee Barry and seconded by Trustee Drotch, THE JACC VOTED to revise the agenda by moving the executive session to the first order or business.

ON A MOTION made by Trustee Drotch and seconded by Trustee Barry, THE JACC VOTED to go into executive session pursuant to Connecticut General Statutes Sections 1-210(b)(1) and (20). Trustee Nayden, Trustee Barry, Trustee Drotch, Director Chase, Director Haberland, N. Adams, S. Armstrong, J. Biancamano, S. Brohinsky, N. Bull, J. Caron, C. Chiaputti, D. Clokey, B. Eaton, B. Feldman, K. Grava, C. Gray, R. Gray, President M. Hogan, W. Kleinman, I. Mauriello, P. McDowell, D. Munroe, P. Nicholls, R. Rubin, L. Troyer, R. Urban and K.M. Walker were present during executive session. Executive Session ended at 10:55 a.m. and the JACC returned to open session at 11:00 a.m.

Trustee Nayden informed the JACC that Trustee Barry is stepping down from the Board of Trustees and the Joint Audit and Compliance Committee; this meeting would be his last.

TAB 1: Minutes

ON A MOTION by Trustee Drotch and seconded by Director Haberland, the minutes of the April 2, 2009 JACC meeting were approved.

Significant Compliance Activities

As a result of the Compliance Agreement between the Environmental Protection Agency (EPA) and the University of Connecticut, the Office of Audit, Compliance & Ethics (OACE) is required to submit annual reports to the EPA; the fourth of the required five submissions will be sent to the EPA by July 1, 2009. As part of this agreement, OACE is required to conduct an audit of the compliance area and report those results to the EPA as part of the yearly report. OACE anticipates this audit will be completed within the next couple of weeks. Because of the timing of this submission, R. Rubin asked the JACC to consider this compliance audit report to be the final report in order to meet the reporting requirements of the Compliance Agreement. OACE will forward the audit to all JACC members for their review and response. In order to meet the Compliance Agreement requirements, JACC will respond within 24 hours after receipt of the report.
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OACE in Storrs wrapped up their annual compliance training required under the Compliance Agreement for this year; 99.6% of the required employees have attended the training sessions either in person (42%) or on-line (58%). Due to the increase in on-line participation, OACE plans on monitoring and conducting testing to ensure that the individuals logging on to the system are in fact the ones who are taking the training.

In compliance with the John Dempsey Hospital’s (JDH) Certification of Compliance Agreement, the University of Connecticut Health Center (UCHC) compliance office is required to submit an annual Certification of Compliance Agreement report to the Office of the Inspector General of the Department of Health and Human Services. The second annual report will be issued at the end of June 2009. There are nine required reporting areas. There are two reportable events submitted in this year’s report. However, there should be no problem with the report. UCHC compliance office is working diligently to meet the training/sanction check requirements. If JDH has less than 100% staff trained/sanctions checked, they are required to pay fines and penalties. There is currently a minimal number of staff yet to be trained.

**TAB 2: Establishing and Integrating Monitoring Process**

K.M. Walker provided the JACC with a presentation on OACE’s Monitoring Process. OACE will provide the JACC periodic updates on all monitoring plans.

**TAB 3: Policies and Procedures**

**Non-Retaliation Policy**

The JACC was provided with the final draft Non-Retaliation Policy dated March 19, 2009. This policy defines how the University provides for the protection of any person or group within its community who, in good faith, participate in investigations or report alleged violations of policies, laws, rules or regulations applicable to the University, from retaliation. This policy has been presented to the President’s Office for final review. Pending approval, OACE will communicate to the University community that this policy has been adopted.

**UCHC Institutional Conflicts of Interest Policy (ICol)**

The JACC was presented with the UCHC ICol in Research Policy at the April 2, 2009 meeting. This policy is required by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) and is intended to protect human subjects in clinical trials as well as the University. Given the length and technical nature of this policy, the JACC requested a summary of this policy. In the June 4, 2009 JACC packets, the JACC was provided with a copy of this summary (Primer) that includes frequently asked questions, definitions, applicable laws and websites.

An article co-published by the National Council of University Research Administrator’s and the Atlantic Information Services, Inc. titled “As NIH Debates New COI Regulations, IOM Declares that Institutions must Lead” was handed out to all JACC members.

The University has a host of policies that all employees are required to follow such as the University’s Non-Retaliation Policy, the Code of Conduct, the Sexual Harassment Policy, etc. In some instances employees may be required to sign attestation forms for individual sessions maintained by the department responsible for that policy.
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Trustee Nayden asked the President if he thought that the University should ask employees to certify an annual acknowledgement which would list all policies that the employee must be aware of and adhere to. President Hogan indicated that he would report back to the JACC at the next meeting on the feasibility of this, the desirability of it, and how the University might manage it.

**TAB 4: Status of Audits**

OACE provided the JACC with the status of current audit assignments. The column headed as “final report issued” should state “final draft report issued.”

OACE is in the process of conducting an abbreviated risk assessment process for Fiscal Year 2010. The audit plans, based on the risk assessment, will be presented to the JACC at the September 2009 meeting for review and approval.

**TAB 5: External Engagements**

M. Brooder of UHY provided the JACC with an update on the Fiscal Year 2008 Construction Audit Services and Agreed Upon Procedures. UHY anticipates that their reports will be presented to the JACC at the September 2009 meeting.

**TAB 6: Auditors of Public Accounts – University of Connecticut and University of Connecticut Health Center Statewide Single Audit - 2008**

The Auditors of Public Accounts provided experts from the University of Connecticut and University of Connecticut Health Center Statewide Single Audit for the Fiscal Year Ended June 30, 2008. The Auditors reported two findings regarding the University of Connecticut on:

- Equipment and Real Property Management
- Sub recipient Monitoring

The Auditors reported six findings regarding the University of Connecticut Health Center relating to:

- Time & Effort Reporting
- Cash Management
- Procurement/Suspension and Disbarment
- Reporting
- Special Tests and Provisions – Key Personnel
- Special Tests and Provisions – Committed Effort

J. Rasimas asked K.M. Walker to include the University’s responses to their single audits in future packets.

**TAB 7: Informational/Educational Items**

The JACC was provided with copies of the Faculty Consulting Oversight Board – Summary, OACE Storrs Quarterly Newsletters (Volume 2, Issue 3, Spring 2009), and the American Recovery and Reinvestment Act, 2009 (ARRA).

**ON A MOTION** made by Trustee Drotch and seconded by Trustee Barry, the meeting was adjourned at 11:30am.

Respectfully submitted, Karen Violette – Secretary to the Joint Audit & Compliance Committee