

**BOARD OF REGENTS and its  
AUDIT, COMPLIANCE AND TITLE IX COMMITTEE  
NEVADA SYSTEM OF HIGHER EDUCATION**

Members Present            Dr. Patrick R. Carter Chair  
                                 Mr. Trevor Hayes Vice Chair  
                                 Mrs. Carol Del Carlo  
                                 Mr. Donald Sylvantee McMichael Sr.  
                                 Ms. Laura E. Perkins

Others Present:            Mr. Joe Sunbury, Chief Internal Auditor  
                                 Dr. Karin M. Hilgersom, President, TMCC

Ms. Brigette Glynn, System Administration Faculty Senate Chair was in attendance.

For others present please see the attendance roster on file in the Board Office.

Regent Del Carlo called the meeting to order at 11:00am with all members present. Regent Del Carlo was asked to chair the meeting due to Chair Carter and Vice Chair Hayes both attending by phone.

1.     Information Only – Public Comment None.
2.     Approved – Consent Items The Committee recommended approval of the consent items.
  - 2a.    Approved – Minutes- The Committee recommended approval of the June 6, 2019, meeting minutes. (Ref. A2a on file in the Board Office.)
  - 2b.    Approved – Follow-Up: Change in Leadership CSN– The Committee recommended approval and acceptance of the follow up response to the audit report of CSN Change in Leadership for the period July 1, 2016, through January 31, 2018. (Ref. A2b on file in the Board Office.)
  - 2c.    Approved – Follow-Up: Purchasing Card Program, WNC The Committee recommended approval and acceptance of the follow up response to the audit report of WNC Purchasing Card Program for the period July 1, 2017, through June 30, 2018. (Ref. A2c on file in the Board Office.)
  - 2d.    Approved – Follow-Up: Hosting, NSHE– The Committee recommended approval and acceptance of the follow up response to the audit report of NSHE Hosting for the period July 1, 2017, through June 30, 2018. (Ref. A2d on file in the Board Office.)

2. Approved – Consent Items(Continued)

Chair Carter moved approval of the consent items  
Regent McMichael seconded. Motion carried.

(Audit Summary on file in the Board Office).

3. Approved – Foundation, TMCC– The Committee recommended approval of the report  
and institutional response to the TMCC Foundation audit for the period July 1, 2017,  
through November 30, 2018. Ref. A3 on file in the Board Office.

Chief Internal Auditor Sunbury reviewed the Audit Summary Ref A-

5. Approved – Audit Exception Report (Continued)

8. Information Only – Compliance Department Updates, NSHE Chief Internal Auditor Sunbury provided general remarks on the NSHE Compliance Department activities during the past year. He highlighted a memorandum from Ms. Mistee Galicia, Director of Compliance. The scope of compliance obligations in higher education can be staggering. Regulations come from many different sources and cover a wide range of subject matter. Regulators and stakeholders expect effective monitoring and auditing functions at the campus level to prevent, identify and remedy breaches of compliance obligations. The Compliance Department Work Plan was approved last year and includes the submission of a compliance inventory by each campus. Individual campuses are uniquely positioned to assess which individuals based on training, experience and job function hold compliance responsibilities. The task was to prepare a comprehensive document that identifies the compliance obligations of the campus and the corresponding person responsible for compliance. The purpose of the inventory was to provide the System Office a central repository of compliance contacts for each campus and to assess gaps and risks. The campuses will use the inventory as a tool to conduct meaningful risk assessments. Ms. Galicia met with the campuses throughout the year, provided direction, and acted as a resource for the project. Each campus has now submitted their respective inventories.

Chief Internal Auditor Sunbury also provided an update on the Healthcare Activity Compliance Plan submitted by Ms. Galicia. Institutions that engage in the delivery of healthcare aim to do so with excellence and integrity. NSHE institutions that fulfill this role are to be commended. The Board of Regents, through the Compliance Charter, requires NSHE institutions that engage in the clinical practice of medicine and health care to develop and maintain a written compliance plan. The seven elements of an effective compliance plan include:

1. Implement (a) (4) (m) gHÍÍÁ BãÒìB /34\*A .mäÑ<m\$EÜÕ Impliance Pla(de)4 (gde)4 se ovho at3 (e)4 (s)T</MCID T</>/MCIDo ImpS 4ties mpv-2 (c)4 (i)uT</MCID T</>/MCIDoa4 ( )- a(i)-2 (r)3 (c)-6 (;d ( )25.-4 C /LBody <</MCID 5 >>BDC -12.21 -1.15 Td26.66)Tj /TT0 1 a;d ( )2j /9 C /LBody <</MCID 5 >>BDC -12.23 -1.15 Td22.6care t(6f ( )Tj /TT1 1 Tf 1.5 a4 ( . )-12 (a)4 (nc)4 (e)nf Revery nrc;dgisd ( )T5.4EMC /LBody <</MCID 5 >>BDC -12.

10. Information Only – New Business None.

11. Information Only – Public Comment None.