

**STUDENT HEALTH SERVICES**

**SYSTEMWIDE**

**Audit Report 13-58**

**July 17, 2014**

---

**Members, Committee on Audit**

Lupe C. Garcia, Chair  
Adam Day, Vice Chair  
Rebecca D. Eisen    Steven M. Glazer  
Hugo N. Morales

---

**Staff**

Vice Chancellor and Chief Audit Officer: Larry Mandel  
Senior Director: Michelle Schlack  
Audit Manager: Ann Hough  
IT Audit Manager: Greg Dove  
Senior Auditors: Gordon Eng, Kim Pham, Carolyn Phu, Linda Rathfelder  
Internal Auditor: Christina Chen

---

**BOARD OF TRUSTEES**

**THE CALIFORNIA STATE UNIVERSITY**

---

## CONTENTS

Executive Summary .....	1
Introduction.....	2
Background .....	2
Purpose.....	4
Scope and Methodology.....	6

---

## OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

General Control Environment.....	8
Systemwide Oversight .....	8
Policies and Procedures .....	9
Medical Records Privacy .....	10
Fiscal Management .....	12

## **APPENDICES**

APPENDIX A:	Personnel Contacted
APPENDIX B:	Management Response
APPENDIX C:	Chancellor's Acceptance

---

## **ABBREVIATIONS**

CO	Chancellor's Office
CSU	California State University
EMR	Electronic Medical Records
EO	Executive Order
HIPAA	Health Information Portability and Accountability Act
OAAS	Office of Audit and Advisory Services
SAS	Student Academic Support
SHSAC	Student Health Services Advisory Committee
SHC	Student Health Center
SHS	Student Health Services

---

## **EXECUTIVE SUMMARY**

As a result of a systemwide risk assessment conducted by the Office of Audit and Advisory Services (OAAS) during the last quarter of 2012, the Board of Trustees, at its January 2013 meeting, directed that *Student Health Services* (SHS) be reviewed. The OAAS had previously reviewed *Student Health Centers* in 2000.

We visited six campuses from July 29, 2013, to December 13, 2013, and audited the procedures in effect at that time. Campus-specific findings and recommendations have been discussed and reported individually.

In our opinion, except for the effect of the weaknesses described below, the fiscal, operational, and administrative controls for SHS as of December 13, 2013, taken as a whole, were sufficient to meet the objectives stated in the “Purpose” section of this report. Areas of concern include: general control environment and fiscal management.

As a result of changing conditions and the degree of compliance with procedures, the effectiveness of controls changes over time. Specific limitations that may hinder the effectiveness of an otherwise adequate system of controls include, but are not limited to, resource constraints, faulty judgments, unintentional errors, circumvention by collusion, and management overrides. Establishing controls that would prevent all these limitations would not be cost-effective; moreover, an audit may not always detect these limitations.

The following summary provides management with an overview of conditions requiring attention. Areas of review not mentioned in this section were found to be satisfactory. Numbers in brackets [ ] refer to page numbers in the report.

### **GENERAL CONTROL ENVIRONMENT [8]**

Systemwide oversight responsibilities for university health services had not been clearly defined or fully implemented. In addition, systemwide policy relating to university health services needed updating to address contemporary risks and issues. Also, the chancellor’s office had not developed and documented a plan to analyze and address privacy issues regarding campus medical records.

### **FISCAL MANAGEMENT [12]**

Systemwide policy regarding student health center reporting of annual carry-forward funds needed clarification. Specifically, current systemwide policy for carry-forward funds did not specifically mention that student health fees were to be included in the support-budget operating revenues category for the purpose of monitoring carry-forward revenues in excess of expenses, regardless of whether the campus SHC was self-supporting based solely on mandatory fees.

---

## INTRODUCTION

### **BACKGROUND**

The *Policy of the Board of Trustees on Student Health Services* was initially adopted in 1977 as a comprehensive systemwide policy; since then, it has been periodically revised and updated to reflect the changing regulatory, financial, and student demographic environments. In 1993, a task force study recommended that system roles, responsibilities, and expectations be recorded in executive orders (EO) issued by the chancellor, and the policy has been communicated in that format since that time.

The most recent version, EO 943, *Policy on University Health Services*, dated April 28, 2005, outlines the health services the campuses may provide, including the conditions that must be met to justify adding additional services or funding sources. It also describes operational expectations for pharmacies, staffing, facility cleanliness and safety, medical records management, and accreditation. The EO focuses primarily on the scope and activities of the student health centers (SHC) but also includes sections that are applicable to other campus programs providing student health care, such as intercollegiate athletics, due to the SHC audits conducted in 2000.

The primary health entity on each California State University (CSU) campus, the SHC, is funded by two mandatory student fees, which are covered in EO 1054, *California State University Fee Policy*, dated January 14, 2011: a health services fee covering basic health services available to students, and a health facilities fee to support the health center facility. These fees can be changed only after a student referendum or a consultation that allows meaningful input and feedback from appropriate campus constituents.

Every three years, each campus SHC and its pharmacy are required to obtain accreditation from a nationally recognized, independent review agency such as the Accreditation Association for Ambulatory Health Care. Pharmacies are also subject to periodic inspections by the California State Board of Pharmacy.

At the chancellor's office, the student academic support department in the Academic Affairs division is responsible for monitoring systemwide SHC activities and ensuring that campus SHCs comply with CSU management and regulatory policies. In addition, a systemwide student health services advisory committee composed of representation from SHC management, vice presidents of student affairs and of administration and finance, the academic senate, athletics, students, and other constituencies meets at least twice per year to provide recommendations to the chancellor regarding revisions to applicable EOs. The committee also identifies and implements corrective measures for issues identified in the systemwide survey and accreditation report reviews.

A majority of CSU campuses have implemented systems and applications that facilitate a transition to electronic medical records (EMR), including some vendor applications designed specifically for university health services. Privacy concerns surrounding these emerging technologies have brought about new regulations, including the Health Insurance Portability and Accountability Act (HIPAA), which establishes national standards for electronic health care transactions, and the Technology for Economic and Clinical Health Act, a part of the American Recovery and Reinvestment Act of 2009 that addresses the privacy and security concerns associated with the electronic transmission of health information.

Although this audit assesses the security of medical records, it does not address HIPAA in depth, as the Office of Audit and Advisory Services (OAAS) reviewed the topic in 2010.

In 2000, the OAAS conducted an audit of SHC at ten campuses and issued a systemwide report. The report noted issues related to centralized oversight of student health activities, revisions to existing policies to clarify reporting and administrative expectations, credentialing of clinical staff in both the SHCs and athletics, and policies regarding the storage and dispensing of over-the-counter and prescription pharmaceuticals outside of campus pharmacies and in the athletics department. Recommendations from this audit were incorporated into EO 814, *Policy on University Health Services*, which was replaced by EO 943.

## **PURPOSE**

Our overall audit objective was to ascertain the effectiveness of existing policies and procedures related to student health services (SHS) activities and to determine the adequacy of controls that ensure compliance with relevant governmental regulations, Trustee policy, Office of the Chancellor directives, and campus procedures.

Within the audit objective, specific goals included determining whether:

- ▶ Administration of SHS is well-defined and includes clear lines of organizational authority and responsibility and documented delegations of authority.
- ▶ Policies and procedures relating to SHS are current and comprehensive, and are effectively communicated to appropriate stakeholders.
- ▶ Management consistently monitors and assesses the risks associated with providing SHS.
- ▶ The SHC is appropriately accredited.
- ▶ SHC clinical staff and other employees providing patient care possess the necessary credentials and qualifications, and designations are maintained in favorable standing with appropriate licensing boards and medical associations.
- ▶ SHS are appropriately defined and approved and are consistently provided to all eligible students and personnel.
- ▶ Health education programs are appropriately developed and communicated.
- ▶ Athletics medicine activities are conducted in accordance with campus and CSU policies.
- ▶ Pharmacy operations in the SHC and other areas providing SHS have obtained the appropriate licenses.
- ▶ Pharmacy formularies are limited to medications that are necessary to provide quality health care and are representative of those medications most effective in terms of treatment.
- ▶ Pharmacy security is maintained in accordance with CSU policy and state regulations.
- ▶ Pharmacy inventories are properly reported, safeguarded, and accounted for, and prescription dispensing and destruction controls are in accordance with CSU policies and state regulations.
- ▶ Medical records, including electronic records, are properly maintained, safeguarded, and retained.
- ▶ The security of student health facilities is maintained in accordance with campus and CSU policy.

- ▶ Health services fees are approved, used for designated purposes, and properly accounted for in accordance with CSU policy and directives.
- ▶ Senior management demonstrates an awareness of security risks and monitors the computer environment to ensure the security of medical records systems.
- ▶ Methods used to enforce user authentication and appropriate access assignments for EMR systems are effective.
- ▶ Access to electronic medical records systems, programs, and data is appropriately restricted, and facilities are appropriately protected from fire and power outages.
- ▶ Medical records systems purchased from outside vendors are subject to CSU security provisions during procurement, and external access by vendors is controlled.
- ▶ Information technology assets supporting SHS are appropriately protected, and all assets are accounted for and have a nominated owner responsible for their protection.
- ▶ Senior management has a plan to recover all systems supporting the SHC following a major disaster.



## **SCOPE AND METHODOLOGY**

The proposed scope of the audit as presented in Attachment A, Audit Agenda Item 2 of the January 22 and 23, 2013, meeting of the Committee on Audit stated that *Student Health Services* includes the provision of basic and augmented health services through campus student health facilities and pharmacy operations. Proposed audit scope would include, but was not limited to, a review of compliance with federal and state laws, Trustee policy, and chancellor's office directives; establishment of a student health advisory committee; accreditation status; staffing, credentialing, and re-credentialing procedures; safety and sanitation procedures, including staff training; budgeting procedures; fee authorization, cash receipt and disbursement controls, and trust fund management; pharmacy operations, security, and inventory controls; and the integrity and security of medical records.

Our study and evaluation were conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors, and included the audit tests we considered necessary in determining that accounting and administrative controls are in place and operative. This review emphasized, but was not limited to, compliance with state and federal laws, Board of Trustee policies, and Office of the Chancellor policies, letters, and directives. The audit focused on procedures in effect from July 1, 2011, through December 13, 2013.

We focused primarily upon the internal administrative, compliance, and operational controls over SHS activities. Specifically, we reviewed and tested:

- ▶ Campus administration of SHS, including clear reporting lines and defined responsibilities, risk assessment, and current policies and procedures.
- ▶ SHC accreditation status and management responsiveness to recommendations made by the accreditation team.
- ▶ Procedures to confirm credentials and qualifications of clinical staff and other employees providing patient care.
- ▶ The definition and provision of basic and augmented health services in the SHC, including approval and eligibility for services.
- ▶ Health education programs for the student population.
- ▶ Administration of athletics medicine, including proper designation of responsible parties and the establishment of policies and procedures.
- ▶ Licensing and permit requirements for pharmacy operations at the SHC and other areas on campus, including athletics.
- ▶ Pharmacy formulary, dispensing, inventory, and physical security practices.
- ▶ Medical records management, including practices to ensure security and confidentiality.

---

INTRODUCTION

- ▶ Measures to ensure the security of student health facilities.
- ▶ The establishment of and subsequent changes to the mandatory health services fee, and methods to set and justify fees for augmented services.
- ▶ Budgets and financial records, including revenue and expenditure transactions in health fee trust accounts.
- ▶ Policies and procedures to ensure that information technology facilities, hardware, systems, and applications used for SHS are adequately secured, both physically and logically.

During the course of the audit, we visited six campuses: Long Beach, Sacramento, San Diego, San José, Sonoma, and Stanislaus. We interviewed campus personnel and audited procedures in effect at the time of the audit.

---

## OBSERVATIONS, RECOMMENDATIONS, AND MANAGEMENT RESPONSES

### GENERAL CONTROL ENVIRONMENT

#### SYSTEMWIDE OVERSIGHT

Systemwide oversight responsibilities for university health services had not been clearly defined or fully implemented.

We found that current policy assigned systemwide oversight for university health services to Student Academic Support (SAS) in Academic Affairs, with support from the Student Health Services Advisory Committee (SHSAC), a campus-constituent advisory committee. However, the policy did not adequately address principles and guidelines for the oversight of health services initiated in academic curricular areas, a distinct sector of university health services that SHSAC surveys have identified as high-risk and potentially under-monitored.

Though we are addressing systemwide accountability for these programs in this report, it should be noted that at four of the six campuses we reviewed, the campus president had not defined or delegated accountability for the health services provided by academic curricular areas.

In addition, we noted that certain oversight requirements in the policy were not fulfilled. Specifically:

- ▶ Annual health services surveys were not performed between 2009 and 2013.
- ▶ The CO was not tracking receipt of required reports from the campuses or submitting them for SHSAC review.

Executive Order (EO) 943, *Policy on University Health Services*, dated April 28, 2005, states that the division of Academic Affairs, SAS, within the chancellor's office (CO) shall monitor systemwide student health center (SHC) activities. It further states that a systemwide health services advisory committee shall be established to assist the CO with this oversight responsibility, and that among those responsibilities are to review annual campus reports, including campus accreditation reports, to assess potential risks; and to review, revise, and update the EO to ensure compliance with changes in state and/or federal law. In addition, it requires the SAS and the SHSAC to develop an annual campus survey based upon an assessment of potential risks, to include a requirement that campuses provide a written list of health services provided by all campus departments.

Government Code (GC) §13402 and §13403 state that management is responsible for establishing and maintaining a system of internal administrative controls, which includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions. Further, administrative controls are the methods through which reasonable assurance can be given that measures adopted by state agency heads to safeguard assets and promote operational efficiency are being followed.

The director of student programs for SAS stated that the lack of overall oversight was due to the fact that membership on the SHSAC had historically lacked consistent representation from the academic

and athletics areas. He further stated that although the surveys had been delayed due to conflicting priorities, the SHSAC had identified the gap in oversight of health services provided in campus academic curriculum and had initiated a number of changes, including a proposed revision of the EO, to address the risk. In addition, he stated that his office had not tracked reports or submitted them to the committee because the committee had decided there was limited value in the requirement given the other priorities the committee addressed.

Lack of effective oversight for all university health services increases the risk of serious injuries to students or other individuals in the community receiving health services and exposes the system to increased liability.

### **Recommendation 1**

We recommend that the CO:

- a. Address principles and guidelines for the oversight of health services initiated in academic curricular areas.
- b. Conduct all oversight activities required by current policy.

### **Management Response**

We concur. The CO will address principles and guidelines for the oversight of health services initiated in academic curricular areas discussed above and conduct oversight activities required by policy.

This recommendation will be completed by March 2015.

## **POLICIES AND PROCEDURES**

Systemwide policy relating to university health services needed updating to address contemporary risks and issues.

We noted that the current systemwide policy for university health services, EO 943, *Policy on University Health Services*, had not been updated since April 28, 2005, and did not include guidance for the following areas:

- ▶ Campus participation in governmental and other agency programs that provide subsidies for health care, such as Family Pact.
- ▶ Athletic department administration of over-the-counter and prescription medications, particularly when the SHC has no jurisdiction over the activities in athletics.
- ▶ Specific details about the requirement for athletics departments to implement an athletics medicine quality assurance program.

- ▶ Considerations for SHC participation in educational programs, or preceptorships, that involve the provision of healthcare as part of a university medical professional training program, including risk management, training cost justification, supervision, value or benefit to the SHC, and possible prioritization of CSU programs.

Government Code (GC) §13402 and §13403 state that management is responsible for establishing and maintaining a system of internal administrative controls, which includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions. Further, administrative controls are the methods through which reasonable assurance can be given that measures adopted by state agency heads to safeguard assets and promote operational efficiency are being followed.

The director of student programs for SAS stated that most of these issues had been recognized by the SHSAC as areas that needed clarification, and that they were under consideration for revision in a planned update to EO 943. He also stated that the delay in updating the EO was due to the complexities of the issues that were identified as critical and the need to obtain input from the survey before making changes.

Written policies and procedures that are not comprehensive increase the risk of inadequate administration and oversight of student health services and expose the system to increased liability.

## **Recommendation 2**

We recommend that the CO review, update, and/or clarify EO 943, *Policy on University Health Services*, to address the issues identified above.

## **Management Response**

We concur. The CO will review, update, and/or clarify CO *Policy on University Health Services*, addressing the issues identified above.

This recommendation will be completed by March 2015.

## **MEDICAL RECORDS PRIVACY**

The CO had not developed and documented a plan to analyze and address privacy issues regarding campus medical records.

We found that SHSAC minutes, as well as discussions conducted during the audit cycle, raised critical questions regarding the applicability of federal and state privacy and confidentiality laws and the circumstances in which accessibility parameters could be revised, such as when public safety is a concern. The following circumstances contribute to the need for increased analysis:

- ▶ Campus SHCs are increasingly converting to electronic medical records. This improves access for healthcare providers but also increases the risk of unauthorized access if the campus has not instituted adequate security measures to maintain privacy.

- ▶ Some campuses are combining health and mental health practices in the same facility in order to provide a holistic health and wellness center, raising questions regarding the advisability of both physical and logical segregation of the records for each area.
- ▶ Legislation intended to facilitate reporting of violent and sexual-based crimes has resulted in an increased sensitivity as to which information is shared, and how, when crime reporting originates in a university health facility.
- ▶ Media and public attention to violent crimes committed on campuses by individuals who were known to have been seen by campus mental health professionals has led to public debate on the merits of privacy versus public safety.

GC §13402 and §13403 state that management is responsible for establishing and maintaining a system of internal administrative controls, which includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions. Further, administrative controls are the methods through which reasonable assurance can be given that measures adopted by state agency heads to safeguard assets and promote operational efficiency are being followed.

The director of student programs for SAS stated that the SHSAC and other accountable committees were aware of the issues with privacy laws and medical records and had been conducting discussions and forming subcommittees for these topics with appropriate related parties, such as general counsel and law enforcement. He further stated that the number of federal, state, and local laws is fairly large, and in some cases these laws conflict, and that the committees had to consider the requirements and effects of the laws on ancillary areas, such as law enforcement and student housing, that could be involved when violent crimes are reported on campus. He also stated that although discussions were under way, adequately addressing the issues would require time because of the complexity and scope involved.

Lack of a thorough analysis of the effect of current legislation and high-profile events affecting medical records accessibility exposes the system to potential litigation and decreases opportunities to identify common issues and efficiencies across the system.

### **Recommendation 3**

We recommend that the CO develop and document a plan to analyze and address privacy issues regarding campus medical records.

### **Management Response**

We concur. The CO will develop and document a plan to analyze and address privacy issues regarding campus medical records.

This recommendation will be completed by January 2015.

## **FISCAL MANAGEMENT**

Systemwide policy regarding SHC reporting of annual carry-forward funds needed clarification.

We noted that current systemwide policy for carry-forward funds did not specifically mention that student health fees were to be included in the support-budget operating revenues category for the purpose of monitoring carry-forward revenues in excess of expenses, regardless of whether the campus SHC was self-supporting based solely on mandatory fees.

The CSU *Carry-Forward Fund Policy*, dated August 28, 2007, states that carry-forward in the support-budget operating balances shall be no more than three percent of actual support-budget operating fund revenues, consisting of general fund plus student fees. It also states that guidelines are still in development for self-support activities, including housing, parking, and health facilities.

The acting deputy assistant vice chancellor for budget stated that SHCs were not considered by the system to be self-supporting entities, even though some campuses could show that the mandatory fees supplied adequate revenues for SHC operations. He also stated that the system directives dictated that SHC mandatory fees were to be deposited into the CSU Operating Fund 485, and that this by default subjected the SHC equity balances to the overall three percent carry-forward limitation within that fund.

Unclear policy regarding the treatment of carry-forward balances for SHCs exposes the university to questions regarding proper stewardship of student-paid fees.

### **Recommendation 4**

We recommend that the CO clarify systemwide policy regarding SHC reporting of annual carry-forward funds.

### **Management Response**

We concur. The CO will clarify systemwide policy regarding SHC reporting of annual carry-forward funds.

This recommendation will be completed by January 2015.

---

## APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
<u>Office of the Chancellor</u>	
Ephraim P. Smith	Executive Vice Chancellor and Chief Academic Officer
Steve Relyea	Executive Vice Chancellor and Chief Financial Officer
Benjamin F. Quillian	Executive Vice Chancellor and Chief Financial Officer (At time of review)
Sally Roush	Interim Vice Chancellor, Business and Finance (At time of review)
Margaret Brady	Doctor of Nursing Practice Coordinator, Academic Affairs
Eric Forbes	Assistant Vice Chancellor, Academic Affairs
Zachary Gifford	Associate Director, Systemwide Risk Management
Ray Murillo	Director of Student Programs, Student Academic Support
Michael Redmond	Acting Assistant Vice Chancellor, Headquarters Building Security and Strategic Initiatives
Rodney Rideau	Acting Deputy Assistant Vice Chancellor for Budget
John Swarbrick	Associate Vice Chancellor, Labor and Employee Relations
<u>California State University, Long Beach</u>	
Donald J. Para	Interim President (At time of review)
Chanel Acker	Assistant Director, Student Health Services (SHS)
James Burkett	Supervisor, Information Technology, SHS
Heidi Burkey	Health Educator/Supervisor, Health Resource Center, SHS
Michael Carbuto	Director/Chief of Medical Staff, SHS
Kathy Chen	Pharmacist-in-Charge, SHS
Brad Compliment	Director, Counseling and Psychological Services
Julie Decker	Administrative Assistant, SHS
Nancy Eckhous	Assistant Vice President, Administrative Systems and Services, Student Services Division
Kristen Fabiszewski	Assistant Director, SHS
Laurinda Fuller	Director, Purchasing and Financial Services
Angela Girard	Associate Director, SHS
Douglas Harris	Assistant Vice President, Finance and Human Resources, Student Services Division
Susie Lopez	Family Pact Coordinator, SHS
Cindy Masner	Senior Associate Athletic Director, Athletics
Cecilia Mendoza-Wong	Health Information Technician, SHS
Carol Monson	Manager, Accounts Payable
Shirleen Noonan	Manager, General Accounting
Cynthia Riley	Manager, Finance and Human Resources, Student Services Division
Jarrod Spanjer	Head Athletic Trainer, Athletics
Aysu Spruill	Director, Internal Auditing Services and Information Security Officer
Mary Stephens	Vice President, Administration and Finance
Mary Ann Takemoto	Vice President, Student Services Division
Stephanie Williams	Risk Manager, Risk Management



---

APPENDIX A: PERSONNEL CONTACTED

California State University, Sacramento

Alexander Gonzalez	President
Robin Carter	Associate Dean, College of Health and Human Services
Kendal Chaney-Buttleman	University Controller
Gina Curry	Director, Student Financial Services Center
Janet Dumonchelle	Pharmacist-in-Charge, Student Health and Counseling Services (SHCS)
Joseph Gengler	Information Technology Services Manager
Yavette Hayward	Senior Management Auditor
Justine Heartt	Associate Vice President for Financial Services
Emilene Holliday	Business Office Administrator, SHCS
Lisa Johnson	Associate Director, Clinical Operations
Ted Koubiar	Senior Director, Operations and System Services
Katherine Ledesma	Assistant to the Executive Director, SHCS
Ming-Tung (Mike) Lee	Vice President for Administration and Business Affairs/ Chief Financial Officer
Lisa Johnson	Associate Director, Clinical Operations
Lois Mattice	Associate Athletics Director
Kaye Milburn	Director, Auditing Services
Darlene Spencer	Accreditation Coordinator and Credentialing
Joy Stewart-James	Executive Director, SHCS
Donald To	Information Technology Consultant, SHCS
Lori Varlotta	Vice President, Student Affairs
Jeff Williams	Information Security Officer

San Diego State University

Elliot Hirshman	President
Juan Abenojar	Financial Analyst, Student Health Services (SHS)
Reginald Blylock	Associate Vice President, Student Affairs
Jenny Bramer	Associate Athletic Director
Valerie Carter	Director, Audit and Tax
Tony Chung	Director, Technology Services, Student Affairs
Gene DeLuc	Technology Security Officer
Netta Glover	Administrative Coordinator, SHS
Susan Henry	Administrative Manager, SHS
Russell Klinkenberg	Director, SHS
Lorretta Leavitt	Associate Vice President, Financial Operations
Gregg Lichtenstein	Director of Clinical Services, SHS
Irma Martinez	Imperial Valley Campus Director, Business and Financial Services
Tom McCarron	Vice President, Business and Financial Affairs
Dana McCoy	Manager, Accounting Services
Kim Reilly	Assistant Controller
Shelby Stanfill	Family Pact Coordinator
Felecia Vlahos	Information Security Officer

---

APPENDIX A: PERSONNEL CONTACTED

San José State University

Mohammad Qayoumi	President
Shawn Bibb	Vice President of Administration and Finance
Shawna Bryant	Assistant Athletic Trainer
Mike Cook	Identity and Information Security Officer
Peter Deutsch	Senior Director of Information Technology, Student Affairs
Roger Elrod	Director, Student Health Center (SHC)
Paula Hernandez	Senior Operations Officer, SHC
Hisashi Imura	Associate Head Athletic Trainer
Cecilia Manibo	Medical Chief of Staff
Anthony Mays	Systems Information Technology Consultant
Carrie Medders	Senior Director, Human Resources Systems and Operations
Laurie Morgan	Associate Director, Wellness and Health Promotion
Ninh Pham-Hi	Director of Internal Control
Scott Shaw	Director of Sports Medicine
John Vo	Pharmacist

Sonoma State University

Ruben Armiñana	President
Bruce Berkowitz	Program Coordinator, Associated Student Productions
Antoinette Boracchia	Registered Nurse and Health Educator, Student Health Center (SHC)
Letitia Coate	Controller and Associate Vice President, Administration and Finance
Jenifer Crist	Purchasing Manager
David Crozier	Deputy Controller
Jo-ann Dapiran	Office Manager and Custodian of Medical Records, SHC
Christopher Dinno	Senior Director, Facilities Management/Capital Planning, Design, and Construction
Laurence Furukawa-Schlereth	Vice President, Administration and Finance and Chief Financial Officer
William Fusco	Director, Athletics
Tyson Hill	Interim Senior Director, Risk Management
Nate Johnson	Police Chief and Executive Director for Risk Management, Internal Control, and Information Security
Allan Klotz	Pharmacist-in-Charge, SHC
Kurt Koehle	Director, Internal Operations
Laura Lupei	Senior Director, Budget
Andru Luvisi	Information Security Officer
Robin Marshall	Director, Computer Operations and Support Services
Jan Reddick	Registered Nurse and Nurse Practitioner, SHC
Julie Rudy	Head Athletic Trainer, Athletics
Georgia Schwartz	Director, SHC
Tracy Smith	X-Ray Technologist, SHC
Jason Wenrick	Chief Information Officer and Associate Vice President, Administration and Finance
Todd Wright	Analyst, Network and Telecom
Lisa Wyatt	Director, Counseling and Psychological Services

---

APPENDIX A: PERSONNEL CONTACTED

California State University, Stanislaus


Joseph F. Sheley	President
Julie Benevedes	Associate Vice President of Financial Services
Pat Clanton	Health Information Technician
Russell Giambelluca	Vice President for Business and Finance
Scott Hennes	Student Health Center Director
Briquel Hutton	Director of Audit Services
Michelle Legg	Budgeting Manager
Regan Linderman	Controller
Michael Matoso	Director of Athletics
Jim Phillips	Director of Student Financial Services
Denise Powel	Pharmacist
Victoria Ramirez	Health Services Assistant
Megan Rowe	Health Educator
Dennis Shimek	Vice President for Faculty Affairs and Human Resources
Carl Whitman	Associate Vice President for Information Technology/ Chief Information Officer

**CSU** The California State University  
 OFFICE OF THE CHANCELLOR  
 Business and Finance  
 401 Golden Shore, 5th Floor  
 Long Beach, CA 90802-4210

[www.calstate.edu](http://www.calstate.edu)

Steve Relyea  
 Executive Vice Chancellor and  
 Chief Financial Officer

562-951-4600  
 srelyea@calstate.edu

**DATE:** August 30, 2014  
**TO:** Larry Mandel  
 Vice Chancellor and Chief Audit Officer  
**FROM:** Steve Relyea   
 Executive Vice Chancellor and  
 Chief Financial Officer

**RECEIVED**  
**AUDIT AND ADVISORY SERVICES**  
 SEP - 2 2014  
 THE CALIFORNIA STATE  
 UNIVERSITY

**SUBJECT: Student Health Services System-wide Audit Report # 13-58**

In response to the "Incomplete Draft" report dated July 17, 2014, we are providing the enclosed revised management response for recommendations 1 and 2.

Should you have any questions, please feel free to contact us.

SR:mpr

Attachment

- c: Ephraim Smith, Executive Vice Chancellor and Chief Academic Officer  
 Ron Vogel, Associate Vice Chancellor, Academic Affairs  
 Eric Forbes, Assistant Vice Chancellor, Student Academic Support  
 Ryan Storm, Interim Assistant Vice Chancellor, System Budget  
 Rodney Rideau, Acting Deputy Assistant Vice Chancellor, System Budget  
 Michael Redmond, Acting Assistant Vice Chancellor, Headquarters Budget,  
 Security and Strategic Initiatives  
 Ray Murillo, Director, Student Academic Support

CSU Campuses  
 Bakersfield  
 Channel Islands  
 Chico  
 Dominguez Hills  
 East Bay

Fresno  
 Fullerton  
 Humboldt  
 Long Beach  
 Los Angeles  
 Maritime Academy

Monterey Bay  
 Northridge  
 Pomona  
 Sacramento  
 San Bernardino  
 San Diego

San Francisco  
 San José  
 San Luis Obispo  
 San Marcos  
 Sonoma  
 Stanislaus

## STUDENT HEALTH SERVICES

### SYSTEMWIDE

#### Audit Report 13-58

## GENERAL CONTROL ENVIRONMENT

### SYSTEMWIDE OVERSIGHT

#### Recommendation 1

We recommend that the CO:

- a. Address principles and guidelines for the oversight of health services initiated in academic curricular areas.
- b. Conduct all oversight activities required by current policy.

#### Management Response

We concur. The CO will address principles and guidelines for the oversight of health services initiated in academic curricular areas discussed above and conduct oversight activities required by policy.

This recommendation will be completed by March 2015.

## POLICIES AND PROCEDURES

#### Recommendation 2

We recommend that the CO review, update, and/or clarify EO 943, *Policy on University Health Services*, to address the issues identified above.

#### Management Response

We concur. The CO will review, update, and/or clarify CO *Policy on University Health Services*, addressing the issues identified above.

This recommendation will be completed by March 2015.

## MEDICAL RECORDS PRIVACY

### **Recommendation 3**

We recommend that the CO develop and document a plan to analyze and address privacy issues regarding campus medical records.

### **Management Response**

We concur. The CO will develop and document a plan to analyze and address privacy issues regarding campus medical records.

This recommendation will be completed by January 2015.

## FISCAL MANAGEMENT

### **Recommendation 4**

We recommend that the CO clarify systemwide policy regarding SHC reporting of annual carry-forward funds.

### **Management Response**

We concur. The CO will clarify systemwide policy regarding SHC reporting of annual carry-forward funds.

This recommendation will be completed by January 2015.

THE CALIFORNIA STATE UNIVERSITY  
OFFICE OF THE CHANCELLOR



BAKERSFIELD

CHANNEL ISLANDS

October 6, 2014

CHICO

DOMINGUEZ HILLS

MEMORANDUM

EAST BAY

TO: Mr. Larry Mandel  
Vice Chancellor and Chief Audit Officer

FRESNO

FULLERTON

FROM: Timothy P. White  
Chancellor

HUMBOLDT

SUBJECT: Draft Final Report 13-58 on *Student Health Services*, Systemwide

LONG BEACH

LOS ANGELES

In response to your memorandum of October 6, 2014, I accept the response as submitted with the draft final report on *Student Health Services*, Systemwide.

MARITIME ACADEMY

MONTEREY BAY

TPW/amd

NORTHRIDGE

POMONA

SACRAMENTO

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS