UT San Antonio™
The University of Texas at San Antonio

Internal Audit Annual Report

Fiscal Year
2026

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Section I: Compliance with Posting Requirements

In accordance with Texas Government Code, § 2102.015, the UT San Antonio Office of Internal Audit and Consulting Services (Internal Audit) posts Internal Audit Annual Reports and approved Audit Plans on the following websites:

- http://www.utsa.edu/internalAudit/Audit/Reports.html
- https://ww2.uthscsa.edu/internalaudit/auditreport.asp

Following the merger of UTSA and UT Health San Antonio on September 1, 2025, Internal Audit is actively working with UT San Antonio Marketing, Communications & Media Unified Web team to move forward with a unified website. When the site is active, the sites listed above will be directed to the unified website.

All internal audit reports issued in FY26 and prior are posted on the UT System Audit Office website, unless the information is excepted from public disclosure under Chapter 552 of the Texas Government Code:

- https://www.utsystem.edu/documents/audit-reports-institution

Texas Government Code, § 2102.015 also requires entities to update the Audit Plan information to include the following information on their website:

- "Detailed summary of weaknesses, deficiencies, wrongdoings, or other concerns, if any, raised by the audit plan or annual report."
- "Summary of the action taken by the agency to address the concerns, if any, that are raised by the audit plan or annual report."

The Texas State Auditor's Office (SAO), based on Texas Government Code, § 2102.015, allows entities to include the summaries described above in the annual audit plan. Therefore, Section II of this report includes the required information by summarizing the current year's recommendations and observations as well as the progress towards implementing action plans to address the recommendations and observations.

Section II: Internal Audit Plan for Fiscal Year 2026

FY26 marked the first year of the combined UT San Antonio Internal Audit function following the September 1, 2025, merger. Throughout the year, Internal Audit continued to execute the approved audit plan while adapting coverage to changes in institutional risks, priorities, and the scope and complexity of the combined academic, healthcare, research, and administrative enterprise.

FY26 Assurance Engagements - Reports Issued	
Monitoring of Key Financial Controls - UTS 142	
Engagement Number: SAN26AS1472 Report Date: November 13, 2025	UT San Antonio health campus internal controls surrounding the execution of the UTS 142 Monitoring Plan and the sub-certification process are in place and are operating as intended.
Offboarding Audit (FY25 Carry Forward)	
Engagement Number: SAN25AS0005 Report Date: February 12, 2026	UT San Antonio academic campus offboarding functions are operating effectively and in a timely manner. UT San Antonio has made process enhancements to address findings in network access security groups, automated disabling of physical access and transferred asset records.
Procurement - Contracting Practices (TEC § 51.9337)	
Engagement Number: SAN26AS1473 Report Date: April 22, 2026	UT San Antonio policies and procedures comply with TEC §51.9337. The UT San Antonio health campus transparency reports requirements were promptly corrected.
Course Fees Audit	
Engagement Number: SAN26AS1462 Report Date: July 30, 2026	UT San Antonio academic campus complies with the Texas Education Code, Title 3: Chapter 54.0051, UT System's Guidelines for Assessing Course Fees, and UTSA's student policies. UT San Antonio has begun addressing the identified opportunities to improve the course fee assessment process through strengthening process documentation and improving the timeliness of cross-campus collaboration.
Athletics - Health and Safety	
Engagement Number: SAN26AS1460 Report Date: August 24, 2026	Required certifications, training activities, policy updates, and recurring health and safety meetings were completed. The Athletics department has addressed observations by enhancing documentation and recordkeeping practices to further strengthen the university's ability to demonstrate compliance with NCAA requirements and key health and safety activities.

FY26 Assurance Engagements - Confidential Reports Issued	
The reports for the following assurance engagements contain confidential information and are exempt from the disclosure requirements of the Texas Public Information Act, as per the exception outlined in Government Code §552.139.	
TX-RAMP: Texas Risk & Authorization Management Program (TGC 2054.0593) - TAC202	
Engagement Number: SAN26AS1449	Report Date: December 10, 2025
Network Segmentation and Firewall Rule Review	
Engagement Number: SAN26AS1465	Report Date: January 19, 2026
Third-Party Security Risk Assessment Review	
Engagement Number: SAN26AS1464	Report Date: February 10, 2026
EPIC Hosting Information Security	
Engagement Number: SAN26AS1463	Report Date: June 24, 2026
EPIC Downtime Management Audit - Clinical, Hospital and Dental School	
Engagement Number: SAN26AS1450	Report Date: July 20, 2026
Disaster Recovery & Business Continuity Audit	
Engagement Number: SAN26AS1454	Report Date: July 20, 2026
Medical Device Network Segmentation Review	
Engagement Number: SAN26AS1451	Report Date: July 27, 2026

FY26 Assurance Engagements - Carried Forward to FY27
Due to changes in the risk landscape and the evolving scope and complexity of other FY26 projects, the Audit Committee approved the carryforward of the following engagements to FY27 to ensure appropriate audit coverage and effective use of available resources.
Americans with Disabilities Act Digital & Web Accessibility
Engagement Number: SAN26AS1471
Controlled Substances (Research) - (CF Audit)
Engagement Number: SAN26ASCF1448
Drug Diversion
Engagement Number: SAN27AS0584
Medication Management
Engagement Number: SAN27AS0585
Physician Credentialing
Engagement Number: SAN26AS1468
Related Parties Audit
Engagement Number: SAN26AS1461
Research Data Access Controls Assessment – Aligned with NSPM-33 Security Requirements
Engagement Number: SAN26AS1452
Revenue Cycle - SoD
Engagement Number: SAN26AS1469

FY26 Assurance Engagements - Carried Forward to FY27 (continued)
School of Dentistry: State-Appropriated Funding Allocation Audit
Engagement Number: SAN26AS0320
Supply Chain Management - Hospital
Engagement Number: SAN26AS1456

FY26 Assurance Engagements – Cancelled
In response to shifts in the risk environment and the increasing scope and complexity of other FY26 engagements, the Audit Committee approved the cancellation of the following projects to ensure audit resources remained focused on the University's highest-priority risks, strategic needs, and other Audit Committee approved engagements included in this report.
Microsoft 365 (M365) Security & Compliance Audit
Engagement Number: SAN26AS1466
Research Data Security
Engagement Number: SAN26AS1457
Revenue Cycle UTHP - Central Verification
Engagement Number: SAN26AS1470
Vulnerability & Patch Management Audit
Engagement Number: SAN26AS1453

FY26 Required Engagements	
FY25 Financial Statement Audit Assistance (Year End)	
Engagement Number: SAN26RQ1450	Completed
FY25 NCAA Agreed Upon Procedures	
Engagement Number: SAN26RQ1449	Completed
FY25 State Auditor's Office Single Audit	
Engagement Number: SAN26RQ1448	Completed
FY26 Financial Statement Audit Assistance (Interim)	
Engagement Number: SAN26RQ1451	Completed
FY25 Annual Internal Auditor’s Report to the State Auditor’s Office	
Engagement Number: SAN26OP1455	Completed

Section III: Consulting Services and Other Activities

FY26 Advisory Engagements	
When needed, management has taken or plans to take appropriate corrective action.	
IT Financial Management System	
Engagement Number: SAN26AD0011 Report Date: February 11, 2026	Evaluated the adequacy and effectiveness of the IT Financial Management System (ITFMS) processes, controls, and supporting technologies—including financial data capture, reporting, and approval workflows—to ensure the integrity, accuracy, and reliability of financial information. At leadership's request, the Audit Committee approved the addition of this project to the FY26 Audit Plan.
School of Dentistry – AEGD Program Financial Review	
Engagement Number: SAN26AD1519 Report Date: February 26, 2026	Assessed the funding, revenue, expenses, and related activities of the AEGD program to ensure financial integrity and operational effectiveness. The Audit Committee was informed of the results of this engagement.
Deployment Framework	
Engagement Number: SAN26AD1552 Report Date: March 18, 2026	Evaluated the effectiveness of the Deployment Framework at the institution to ensure secure, controlled, and reliable deployment of software, system updates, and infrastructure changes. The evaluation was conducted in alignment with business, security, and compliance requirements.
Enrollment Reporting	
Engagement Number: SAN26AS1458 Report Date: May 19, 2026	Assessed the enrollment reporting processes for withdrawn and graduated students and identified opportunities for improvement to promote operational continuity. With Audit Committee approval, this engagement was reclassified from assurance to advisory services to better align with organizational needs and priorities.
Quality Control Enhancements - RTIV Funds Consulting	
Engagement Number: SAN26AD1456 Report Date: May 19, 2026	Assessed the design and effectiveness of the Return of Title IV Funds (R2T4) quality control (QC) review process, including sample selection, documentation, and calculation reviews and identified opportunities to improve consistency and strengthen the QC process.

FY26 Advisory Engagements (continued)	
Texas Education Code §51.3525 (SB 17)	
Engagement Number: SAN26AD1455 Completion Date: May 21, 2026	Facilitated information gathering and communication across the university in support of the information requested by the State Auditor's Office (SAO) to demonstrate enterprise-wide compliance with SB 17 (TEC § 51.3525).
Artificial Intelligence Governance	
Engagement Number: SAN26AS1448 Report Date: May 29, 2026	Evaluated the effectiveness of policies, training, and oversight mechanisms in mitigating ethical, legal, reputational, and academic integrity risks associated with AI use. With Audit Committee approval, this engagement was reclassified from assurance to advisory services to better align with organizational needs and priorities.
Emergency Response Readiness Evaluation – IT Systems	
Engagement Number: SAN26AD1460 Report Date: June 9, 2026	Assessed the adequacy of emergency response planning, coordination, and readiness activities for IT systems in the event of incidents such as cyberattacks, power outages, natural disasters, or other critical disruptions.
IRS Audit Preparation	
Engagement Number: SAN26AD1459 Completion Date: June 9, 2026	Provided independent second-review services to help ensure responses and supporting documentation submitted to external agencies was accurate, complete, and well-supported.
Senate Bill 37 Compliance Status Update– UT San Antonio: Health Campus	
Engagement Number: SAN26AD1454 Report Date: June 26, 2026	Assessed management's monitoring for compliance with SB 37.
Senate Bill 37 Compliance Status Update– UT San Antonio: Academic Campus	
Engagement Number: SAN26AD1454 Report Date: July 24, 2026	Assessed management's monitoring for compliance with SB 37.
Data Analytics/Artificial Intelligence Exploration	
Engagement Number: SAN26AD1466 Completion Date: August 31, 2026	Continued to explore methods to advance process improvement and data analysis capabilities through the strategic exploration of tools such as data analytics (DA), robotic process automation (RPA), and artificial intelligence (AI).
State Comptroller's Post Payment Audit Preparation and Facilitation	
Engagement Number: SAN26AD1459 Completion Date: August 31, 2026	Provided independent second-review services to help ensure responses and supporting documentation submitted to external agencies was accurate, complete, and well-supported.

FY26 Advisory Engagements (continued)	
HIPAA Technical Safeguards Compliance Audit	
Engagement Number: SAN26AD1450 Report Date: October 8, 2026	Evaluate whether technical safeguards required under HIPAA are in place and effective to protect the confidentiality, integrity, and availability of electronic Protected Health Information (ePHI).
Identity and Access Management – Rowdy Pay	
Engagement Number: SAN26AD1524 Report Date: October 12, 2026	Evaluated whether effective IAM controls that promote accountability, restrict access to authorized users, and ensures appropriate segregation of duties exist. With Audit Committee approval, this engagement was reclassified from assurance to advisory services.
Investigations	
Engagement Number: SAN26IV0705	Due to the confidential nature of the work performed, specifics are not included.

FY26 Advisory Engagements - Carried Forward to FY27
Due to changes in the risk landscape and the evolving scope and complexity of other FY26 projects, the Audit Committee approved the carryforward of the following engagements to FY27 to ensure appropriate audit coverage and effective use of available resources.
Be Well, Texas
Engagement Number: SAN26AD1458
Data Center Infrastructure
Engagement Number: SAN26AD0012
Identity & Access Management - Governance, Accountability, and Framework Alignment (Phase 1)
Engagement Number: SAN26AD0013
Student Mental Health Services
Engagement Number: SAN26AS1459
Zero Trust Maturity Assessment
Engagement Number: SAN26AS1449
FY26 Advisory Engagements – Cancelled
In response to shifts in the risk environment and the increasing scope and complexity of other FY26 engagements, the Audit Committee approved the cancellation of the following projects to ensure audit resources remained focused on the University's highest-priority risks, strategic needs, and other Audit Committee approved engagements included in this report.
Criminal Justice Information Systems (CJIS) Consulting
Engagement Number: SAN26AD1452
Information Security Exemption Review
Engagement Number: SAN26AD1461
IT/IS System Consulting
Engagement Number: SAN26AD1451
State Contracting Follow-Up
Engagement Number: SAN26AD1457

Section IV: External Audit Services

- UT San Antonio engaged Weaver and Tidwell, LLP to conduct the required Agreed-Upon Procedures of the Cancer Prevention and Research Institute of Texas (CPRIT) awards for FY 2025.

- The University of Texas System engaged Baker Tilly, LLP to conduct the National Collegiate Athletics Association (NCAA) Agreed Upon Procedures for UTSA for FY 2025.

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Section V: External Quality Assurance Review (Peer Review)

bakertilly

October 2026

John Lazarine, Chief Audit Executive
University of Texas at San Antonio (UT San Antonio)

Internal audit (IA) functions perform their activities in accordance with the Global Internal Audit Standards (GIAS or the Standards) promulgated by the Institute of Internal Auditors (IIA), which were updated and went into effect in January 2025. UT San Antonio IA function, Office of Internal Audit and Consulting Services, is also subject to Generally Accepted Government Auditing Standards (GAGAS) and the Texas Internal Auditing Act (TIAA). As required by these standards, UT San Antonio's IA function completed its triennial external quality assessment by performing a self-assessment in July 2026, and engaged an independent review team to perform independent validation of that assessment. The primary objective of the validation was to verify whether the conclusions made in the quality self-assessment report regarding conformance with the GIAS, GAGAS, and the relevant requirements of the TIAA were adequately supported and reflected due professional care in the performance of the assessment.

In acting as an Independent Assessor, we attest to being fully independent of the organization and have the necessary knowledge and skills to undertake this engagement. The independent validation primarily consisted of interviews with key stakeholders and a review of the procedures and results of the self-assessment performed by UT San Antonio Self-Assessment Team.

The IIA's *Quality Assessment Manual* suggests a scale of four ratings:

Quality Rating	Conclusion Definition
Fully Achieves	"Full achievement" is the top rating and means that an IA function is fully achieving all 15 principles and the Purpose of Internal Auditing.
Generally Achieves	"General Achievement" means that an IA function is not fully achieving at least one principle but is achieving the Purpose of Internal Auditing.
Partially Achieves	"Partial Achievement" means the IA function is not fully achieving at least one principle, and the impact is significant enough to rate the function's overall achievement as partially achieving.
Nonachievement	"Nonachievement" means the IA function is not fully achieving at least one principle, and the impact is significant enough to rate the function's overall conclusion as nonachievement.

Based on our independent validation of the EQA performed by IA, we concur with IA's overall conclusion that the IA function **Fully Achieves** the Standards, Principles, and Purpose of Internal Auditing in its report, as well as IA's conclusions regarding GAGAS and TIAA requirements. Our review noted strengths as well as opportunities for enhancing the IA function.

This information has been prepared pursuant to a client relationship exclusively with, and solely for the use and benefit of, UT San Antonio and is subject to the terms and conditions of our related contract. Baker Tilly disclaims any contractual or other responsibility to others based on its use and, accordingly, this information may not be relied upon by anyone other than UT San Antonio.

The review team appreciates the cooperation, time, and candid feedback of executive leadership, stakeholders, and IA personnel.

Very truly yours,

Baker Tilly Advisory Group, LP

Baker Tilly Advisory Group, LP

Section VI: Internal Audit Plan for Fiscal Year 2027

On September 1, 2025, UTSA and UT Health San Antonio came together as one: UT San Antonio. The FY27 Audit Plan, approved by the UT San Antonio Audit Committee on June 25, 2026, reflects engagements and activities at both the academic and health campuses. The plan is risk-based and will be adjusted throughout the year as strategic priorities and risks change. A summary of the FY27 Audit Plan is provided on the table below. Details of the plan are provided on subsequent pages.

FY27 Audit Plan Overview

Type of Service	Budget	Percent	Description
Assurance Engagements	11,025	44%	Engagements of operations and processes with Critical and High risks.
Advisory Engagements	6,412	26%	Consulting engagements requested or identified.
Required Engagements	330	1%	Engagements required by statute, external agencies, policies, etc.
Investigations	550	2%	Hours reserved for investigations.
Reserve	200	1%	Hours reserved for unanticipated engagements.
Follow Up	470	2%	Follow-up on the implementation status of past observations.
Development - Operations	4,343	17%	Non-engagement specific activities necessary to execute the internal audit function.
Development – Initiatives and Education	1,839	7%	Non-engagement specific activities that improve the internal audit function's capability and capacity.
Total Budgeted Hours	25,169		

FY27 Audit Plan		
Engagement Title	Budget	Engagement Objective
Assurance Engagements		
Americans with Disabilities Act Digital Accessibility	450	Determine whether the institution's governance, controls, and execution are sufficient to achieve and sustain compliance with ADA Title II digital (web and mobile) accessibility requirements.
Athletics Operations	400	Strengthen operations by validating that gap assessment controls are implemented and operating effectively.
Award Management Finance Lifecyle	350	Assess whether controls over the award management financial lifecycle ensure compliant, accurate, and timely financial management, reporting, and closeout of sponsored awards.
Critical Lab Values & Care Coordination	400	Assess whether processes, controls, and accountability structures for managing critical lab values are effectively designed, implemented, and consistently followed across care settings to ensure timely identification, communication, and resolution of critical results, thereby reducing patient safety risks and liability exposure.
Data Sharing & Data Use Governance Review	300	Assess governance over data sharing agreements, including approvals, data use limitations, and monitoring of data exchanges with third parties, research collaborators, and affiliates.
Decentralized Gift Acceptance Governance and Compliance Review	375	Assess the effectiveness of governance structures and internal controls in ensuring gifts are consistently accepted and processed through required centralized procedures, promoting compliance, accurate reporting, and protection of the university's reputation.
Drug Diversion	400	Evaluate the effectiveness of controls in preventing, detecting, and mitigating drug diversion, ensuring compliance with regulations and safeguarding the integrity of controlled substance management.
EPIC Hosting Information Security	350	Evaluate whether the organization has established and implemented effective governance, policies, and technical controls to secure systems, endpoints, infrastructure, and user access associated with Epic-hosted environments in accordance with organizational security responsibilities, industry cybersecurity practices, and Epic contractual requirements.
Foreign Influence - Visiting Scholars and Foreign Researchers	300	Determine whether processes and controls are in place for visiting scholars and foreign researchers to include appropriate vetting, approval, access controls, and ongoing monitoring.
Hospital - Staff Competency	400	Assess whether the hospital has designed and implemented effective processes to ensure staff competency is defined, documented, monitored, and validated in compliance with Joint Commission, CMS, and other regulatory requirements, in the absence of an integrated electronic competency management platform.
Informed Consent - Clinical Operations / MSRH	450	Determine whether the organization's informed consent processes are compliant with regulatory and accreditation requirements and ensure that patients (or authorized representatives) provide informed, documented, and timely consent prior to treatment or procedures.

FY 2027 Audit Plan		
Engagement Title	Budget	Engagement Objective
Medication Management	400	Determine the adequacy of controls to ensure safe medication practices for high-alert and look-alike/sound-alike (LASA) medications, including sample medications, related to labeling, storage, dispensing, and administration in Hospital Outpatient Department (HOPD) clinics in compliance with Joint Commission requirements.
Name, Image, and Likeness and Revenue Share Review	400	Assess the design and operating effectiveness of controls over NIL and revenue-sharing activities to ensure compliance with regulatory requirements, proper governance, accurate financial reporting, and mitigation of legal and reputational risk.
Physical Access Control Remediation Review	350	Ensure physical access is properly granted, timely removed, and restricted areas are well controlled by confirming prior audit findings have been remediated.
Physician Credentialing	400	Assess the effectiveness of MSRDP credentialing and recredentialing processes for physicians practicing within the clinical practice plan and hospital, including ongoing monitoring of licensure and insurance expirations, to ensure compliance with applicable government regulations and Institutional policies.
Procurement - Payment Request Usage	500	Assess whether payment requests comply with institutional procurement policies and State of Texas requirements and determine whether excessive reliance on payment requests in lieu of purchase orders undermines key purchasing controls, competitive procurement requirements, fiscal oversight, and compliance with funding restrictions.
Procurement and Contracting Practices (TEC §51.9337)	350	Review the procurement and contracting processes within the UT San Antonio Contract Management Handbooks to ensure the controls are working as intended. (Satisfies the review for compliance with the Texas Education Code §51.9337 requirement to allow the CAE to annually certify to the state auditor that the institution has procurement policies in place.) (Due 11/1/26)
Cybersecurity & AI Training (TGC 2054.5191 & 2063.104)	200	Evaluate whether the institution has established and implemented effective processes, controls, and monitoring mechanisms to ensure compliance with the cybersecurity and Artificial Intelligence (AI) training requirements mandated under Texas Government Code (TGC) 2054.5191 and 2063.104.
Research Data Access Controls Assessment-Aligned with NSPM-33 Security Requirements	450	Evaluate whether the institution has established and implemented effective governance, policies, and technical controls to manage and restrict access to sensitive research data in accordance with National Security Presidential Memorandum-33 (NSPM-33) research security requirements.
Research Security and Foreign Influence Compliance Review	400	Evaluate whether the institution has established and is effectively implementing policies, procedures, and controls to ensure compliance with GA-48 and House Bill 127 requirements related to foreign influence, critical infrastructure protection, Research Security Council, etc.

FY27 Audit Plan		
Engagement Title	Budget	Engagement Objective
Athletics IAM & Access Governance Audit	300	Evaluate whether the Athletics Department has established and implemented effective identity and access management (IAM) governance and access control processes over systems, applications (Teamworks), and data supporting athletics operations.
TX-RAMP: Texas Risk & Authorization Management Program (TGC 2063.408)	250	Evaluate whether the institution has established effective governance, procurement controls, and monitoring processes to ensure compliance with the Texas Risk and Authorization Management Program (TX-RAMP) requirements under Texas Government Code (TGC) 2063.408.
IT General Controls Assessment (Access & Change Management)- College of Business- TAC202	200	Evaluate whether the College of Business has established and implemented effective IT general controls over user access management and change management processes for critical business applications, databases, and supporting systems.
IT General Controls Assessment (Access & Change Management)- Procore - TAC202	200	Evaluate whether the academic construction team has established and implemented effective IT general controls over user access management and change management processes for critical business applications, databases, and supporting systems.
Vulnerability & Patch Management	300	Evaluate whether the organization has established and is effectively operating a comprehensive vulnerability and patch management program to ensure that security vulnerabilities are timely identified, risk-ranked, remediated, and monitored across in-scope systems.
Information Security Exception Governance Review	200	Evaluate whether the institution has established and implemented effective governance, processes, and controls for managing information security exceptions in alignment with institutional policies and regulatory requirements.
Sterilization and High-level Disinfection - Instruments	450	Determine whether the sterilization and high-level disinfection processes for reusable medical devices and instruments are designed and operating effectively to ensure patient safety, regulatory compliance, and reliable clinical operations across hospital and clinical practice settings.
Supply Chain Management - Hospital	450	Assess whether the hospital has established and is effectively implementing supply chain management processes and controls to ensure continuous availability of critical supplies necessary for safe and effective patient care and compliance with regulatory requirements.
Operating Systems and Database Security Controls Review	400	Evaluate whether the institution has established and implemented effective security controls over operating systems and database environments to protect institutional systems and sensitive data.

FY27 Audit Plan		
Engagement Title	Budget	Engagement Objective
Use of Prohibited Technologies	250	Evaluate whether the institution has established and implemented effective policies, technical controls, and monitoring mechanisms to ensure compliance with the State of Texas prohibited technologies requirements.
Third-Party Security Risk Management	300	Evaluate whether the institution has established and implemented effective governance, processes, and controls for identifying, assessing, and managing third-party security risks throughout the vendor lifecycle.
Research - (Controlled Substances) - Carry Forward	100	This is a project carried forward from the FY26 Audit Plan. Assess the process and procedures in place to ensure compliance with pertinent federal, state, and Institutional policy.
Assurance Engagements	**11,025**	**44%**
Required Engagements		
Audit Assistance to External Agencies	20	Coordinate external agency audits (SAO, THECB, etc.).
FY26 Financial Statement Audit	139	Review of UT San Antonio financial statements (academic and health campuses) in support of Deloitte's UT System Consolidated Financial Statement work for FY 2026.
FY26 State Auditor's Office Single Audit	50	Assist and coordinate with the State Auditor's Office for the FY 2026 Statewide Single Audit of Student Financial Aid. (Due Feb. 2027)
FY27 Financial Statement Audit (Interim)	96	Perform interim testing in support of Deloitte's UT System Consolidated Financial Statement work for FY 2027.
NCAA Agreed Upon Procedures	25	Assist with the required NCAA Agreed Upon Procedures (AUP) for FY 2026. The UT System Audit Office will use a 3rd-party service provider to perform the NCAA AUP. (Due 1/15/27)
Required Engagements	**330**	**1%**
Advisory Engagements	**6,412**	**26%**
Investigations	**550**	**2%**
Reserve	**200**	**1%**
Follow Up	**470**	**2%**
Development - Operations	**4,343**	**17%**
Development – Initiatives and Education	**1,839**	**7%**
Total Budgeted Hours	**25,169**	**100%**

Risk Assessment Methodology to Develop the FY27 Audit Plan

The annual risk assessment was conducted using the methodology developed by the UT System Audit Office, which complies with responsibilities established by the University of Texas System Policy 129 – Internal Audit Activities, the Texas Internal Auditing Act, the Institute of Internal Auditors Global Internal Audit Standards, and Generally Accepted Government Auditing Standards.

The risk assessment employed a top-down approach, based on the institution's strategic objectives and priorities, to identify areas and activities with the highest risks for consideration in the audit. The risk assessment included consideration of risks associated with (1) the applicable information technology risks related to Title 1, Texas Administrative Code, Chapter 202, Information Security Standards, (2) benefits proportionality, and (3) methods for ensuring compliance with contract processes and controls and for monitoring agency contracts, according to the Texas Government Code, Section 2102.005(b).

Internal Audit also considered potential risk areas based on external inputs from other academic healthcare institutions, external firms, and other professional organizations such as the Association of College and University Auditors and the Association of Healthcare Internal Auditors. Internal Audit completed a significant number of interviews and surveyed key institutional leadership, stakeholders, and risk collaborators to solicit their input regarding key strategic objectives and associated risks. Internal Audit determined residual risks to the institution and included areas of higher risk in the annual internal audit plan. The assessment process was standardized by creating common terms and criteria, enabling trending of risk and System-wide comparisons. An emphasis was placed on collaboration with other functions that assess, handle, or manage risk. In addition to the audits derived from the risk assessment, the audit plan includes other required, recurring, and/or requested projects as directed by the University of Texas System, external regulatory agencies, and UT San Antonio management.

Additional “high” risks identified but not included in the FY 2027 Audit Plan are found in the following areas. Many of these risks are mitigated by other initiatives throughout the institution.

- Back-End Revenue Cycle
- Clery Act
- Construction
- Grants
- Organizational Structure and Accountability
- Other Compliance and Regulatory Matters
- Payroll
- Physician and Staffing Management
- Publications and Intellectual Property
- Title IX

Section VII: Reporting Suspected Fraud and Abuse

To comply with the fraud reporting requirements of the General Appropriations Act (89th Legislature), Section 7.09, page IX-41 and the investigation coordination requirements of the Texas Government Code Section 321.022, UT San Antonio has implemented the following:

- At the bottom of the home page of The University of Texas at San Antonio, a link to Report Fraud at:
  - UT San Antonio's Compliance Hotline website or via phone,
  - UT Health San Antonio Schools or Health Clinics hotline website, or
  - The State Auditor's Office hotline website.

- The University of Texas at San Antonio reports applicable activities to the State Auditor's Office Fraud Hotline Website.

- The UT Health San Antonio Handbook of Operating Procedures Policy 2.5.5 Fraud, Abuse and False Claims Act provides information on the coordination of investigations and reporting of suspected fraud and abuse.