

Georgia Student Finance Commission  
State Scholarship and Grant Programs  
Compliance Review Process and Procedures

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## Compliance Review Preparation

### Selection and Notification of Compliance Reviews

Each Georgia postsecondary institution that awards State Scholarship and/or Grant funds is subject to a Compliance Review at least once every three years. This includes but is not limited to HOPE Scholarship, HOPE Grant, Georgia Tuition Equalization Grant (GTEG) and Leveraging Educational Assistance Partnership Grant (LEAP). Selection for a Compliance Review can be based on any one or a combination of factors including, but not limited to, an institution's benchmark score from previous review(s), staffing changes, and regulatory changes that affect the administration of State programs. Each year the institution's president will be notified via letter with regard to whether or not their institution will be reviewed during the upcoming review cycle. Copies of this letter will also be sent to all applicable institutional officers in the Registrar's, Admissions, Financial Aid, and Business offices, as this is considered to be an institutional review.

### Benchmarking Process

Compliance Reviews are conducted in partnership with Georgia postsecondary institutions in an effort to safeguard State funds by identifying training needs and ensuring processes are in place that properly identifies eligible students. In this way, the Georgia Student Finance Commission (GSFC) promotes the good stewardship of State funds and the proper administration of the scholarships and grants programs. One way to chart the progress and effectiveness of the Compliance Review process is through benchmarking. Each finding type is assigned a finding value, based on the severity of the finding as well as the potential award population that might be affected. The number of findings of each type is multiplied by the finding value, resulting in a finding score. The findings scores for all finding types are then added, the sum of which are then divided by the number of students in the sample, then multiplied by 100.

Example:

| <u>Finding Type</u>      | <u>Incidences</u> | <u>Value</u> | <u>Score</u>                                   |
|--------------------------|-------------------|--------------|--|
| INV – Invoicing          | 3                 | 4            | 12   |
| ATM – Missing Transcript | 5                 | 2            | 10   |
|                          |                   | Total        | 22 ÷ 90 (sample size) = .2444 X<br>100 = 24.44 |

Resulting Benchmark Score is 24.44.

A comprehensive list of deficiency codes, descriptions, and values used in calculating benchmark scores may be found at [GACollege411.org](http://GACollege411.org) in the College Administrators section under "GSCFC Compliance Documents". The document is named Compliance Review Deficiency Codes and Ratings.

## **Scheduling**

Once an institution is notified that they will be included in the upcoming review cycle, an e-mail will be sent to the institutional officers advising them of the pending review date. Once the reviews are scheduled, an institution should not expect schedule changes unless circumstances would make it impossible for the review to be performed as scheduled. Only conflicts extraordinary in nature can be considered. Conflicts due to events normally held at your institution (registration, drop/add, orientation, etc.) cannot be accommodated.

## **Engagement Letter**

An Engagement Letter will be sent to the institutional president, with copies e-mailed to the institutional officers, sixty (60) days prior to the Compliance Review. The engagement letter will confirm the scheduled review date.

## **Administrative Questionnaire**

An Administrative Questionnaire will be sent to the institutional officers, along with a copy of the Engagement Letter, Notification Memo and Entrance Interview Packet thirty (30) days prior to the Compliance Review. The completed Administrative Questionnaire and other information, as requested in the Notification Memo, must be submitted within fifteen (15) calendar days of receipt of the request. The review of institutional policies and procedures, calendars, and fee schedules, etc. can be best understood when they are submitted in a timely fashion, allowing the Compliance Team to prepare prior to the on-site portion of the Compliance Review. The Administrative Questionnaire will also request that the institution designate an individual that will act as the institutional contact for purposes of the Compliance Review. A secondary contact person should also be designated in case the primary designee is unavailable.

## **Sample Sizes and Rosters**

Statistically based sample sizes are determined by the number of awards for each program review category and are based on the number of awards made in the fiscal year from which the sample is generated. A sample size calculator is used to determine the sample size necessary to provide a 95% confidence level with a +/- 10% rate of error/variance. This means that the sample size is such that, if a second sample was generated and the review results were compared to the first sample, there would be a 95% chance that the results would only vary by approximately 10%. The sample size calculator used by GSFC Compliance can be found at this link: [Sample Size Calculator](#). The institution will receive their Sample Rosters fifteen (15) business days prior to the program review date. Any changes or corrections made to a student's file after the Sample Rosters are received will not alleviate findings associated with those changes or corrections if they are noted in the Compliance Review.

## Student Information System Access

The GSFC Compliance Team will conduct portions of the institution's Compliance Review prior to and after the on-site portion of the review. Student records are reviewed through the institution's student information system (i.e., Banner, Datatel, etc.) from the GSFC offices. This allows the GSFC Compliance Review Team to reduce the amount of time the team has to be on-site at institutions. Three (3) options are identified for access to the institution's student information system data by the Compliance Officers. The institution must determine the method that works best for them. Time frames for access are addressed during the Entrance Interview by the Compliance Officers assigned to the review.

1. Submitting a secured password protected disk with all applicable data for each sample with the password sent under separate cover to the Compliance Team via email, or
2. Providing 48 hours "view only" **remote** access to your institution's student information system. Access should be via a secured internet site. Please contact us, your institution's Database Administrator and any other authorizing entity to make arrangements for remote access, or
3. Utilizing OIIT's GSFC Auditing Toolkit (**USG institutions only**). Go to (<https://www.usg.edu/banner/>). Click on "Banner/GaBEST 7.x", then "7.x GaBEST Documentation", then move right to select "User Documentation". Look for GSFC Auditing Toolkit under the "Financial Aid" section. If any problems are encountered, please contact OIIT at (706) 583-2000.

The Compliance Review Team will also need access to the institution's student information system during the on-site portion of the Compliance Review.

## On-Site Compliance Review

### Entrance Interview

Compliance Reviews are institutional and are not primarily focused on only the Financial Aid Office. Because GSFC recognizes that each office of the institution has responsibilities pertaining to the correct eligibility determinations of its State funds recipients, we request a representative from the Admissions, Registrars, and Business offices, as well as the Financial Aid Office, attend the Entrance Interview.

The following topics will be discussed during the Entrance Interview:

- Purpose for the Compliance Review
- GSFC Compliance Mission and Value Statements
- Scope of the Review

- Length of the Review
- Conducting the Review
- Questions or Concerns

The Institutional Officers will be given an informational packet containing Compliance Review related information. The Entrance Interview will last approximately 15 minutes.

## **Residency & Satisfactory Academic Progress Certification Letter**

The Compliance Team will verify receipt of the Residency & Satisfactory Academic Progress Certification letter (BOR & TCSG institutions only). This is an annual certification requirement. If the certification letter has not been submitted to GSFC prior to our arrival, the Compliance Review for the BOR or the TCSG school will also include the review of Residency and Satisfactory Academic Progress eligibility. If, during the Compliance Review, a problem is noted concerning residency or SAP certification, the Review Team will notify the institutional officers and request that the applicable central administrative office further review and resolve the issue. A copy of the Residency & Satisfactory Academic Progress Certification Letter is available on the GAcollge411 website in the College Administrators section under “Compliance Documents”.

## **On-Site File Review**

The primary function of the on-site portion of the Compliance Review is to gather relevant data to make determinations of applicable eligibility elements such as grade point average, residency (for private & proprietary institutions only), citizenship, as well as administrative functions such as determining correct tier, and ensuring proper invoicing and disbursement of funds to each student’s account.

Potential findings must be documented and may require that the Compliance Officers either copy, or scan the documents necessary to support the potential findings. Each laptop is equipped with PGP encryption and all flash drives are password protected with strong passwords.

If files are not ready upon the Compliance Officers arrival, the school will have to provide copies of the unavailable files and send them to GSFC. If the missing files are not received within five (5) business days, the missing files will be considered a finding with the associated liability.

In general, the on-site portion of the Compliance Review will take one or two days (approximately 8-9 hours) with two reviewers present during the review. Extenuating circumstances sometimes require a longer duration for the on-site review, or more than two Compliance Officers being present for the review process.

It is necessary for each Compliance Officer to have ample space in which to work, as well as inquiry access to any student information systems that may house information about each student in the sample.

## **Exit Interview**

While not as formal a function as with the Entrance Interview, attendance from each of the offices is encouraged at the Exit Interview. During the Exit Interview, the Lead Reviewer will provide a file disclosure statement to the institution, a copy of which should be placed in each file that was reviewed. Additionally, a list of missing documentation will be provided and the Compliance Team will reiterate the reporting process timeline and refer to the information in the informational packet given at the Entrance Interview. The Compliance Team will address any questions the institution may have.

## **Expanded Samples**

In the event the reviewer(s) find an error rate of 10% or greater for any one “monetary related” eligibility requirement (Finding Type) and/or if review results in a final, post-appeal “monetary liability” total error rate of 30% or greater for any one Program Group (Scholarship, Grant, GTEG, LEAP or GED) at the school, calculated as the number of student records containing error(s) relative to the number of student records reviewed, GSFC may at its discretion, depending on the severity, population and potential liability for losses in the Program, select an additional random sample of files for review.

If the error rate remains consistent among the expanded sample, the institution may choose to either have the error rate extrapolated over their entire award population (based on the applicable eligibility requirement or Program Group) for the fiscal year from which the sample was extracted and refund such amounts as this dictates or have their entire applicable fiscal year award portfolio (based on the applicable eligibility requirement or Program Group) subjected to independent review at their expense. If the institution elects to engage an outside reviewer, the reviewer must be approved by GSFC, and the review will be conducted in accordance with guidelines provided by GSFC and completed within six calendar months of the final GSFC report of findings.

## **Post-Review Activities**

### **10 Day Missing Documentation Grace Period**

After the Compliance Team completes the on-site portion of the Compliance Review, the institution will have ten (10) business days to produce any missing documentation that was not available in the student(s) files at the time of the on-site review. The institution will be provided the due date at the time of the Exit Interview. The missing documentation must be received by GSFC by the close of business on the due date provided.

Missing documentation includes information that was not in the student file at the time of review, but does not include correcting errors made to student or GSFC records, such as reporting tier or attempted hours during invoicing. Findings for which missing documentation can be produced during the ten (10) day missing documentation grace period will not appear on the Deficiency Report, but will be used in the calculation of the institutional benchmark score.

Missing documentation can be provided during the ten (10) day grace period for findings such as:

- Missing Transcripts
- Citizenship Status
- Missing Application
- Residency (private and proprietary institutions)

More detailed information about missing documentation may be found at [GACollege411.org](http://GACollege411.org) in the College Administrators section under "GSFC Compliance Documents". The document is named Missing Documentation Guidance. (Note: This should not be confused with "missing files" discussed under On-Site File Review.)

## **Deficiency Report**

The Deficiency Report will be issued forty-five (45) days from the date the Exit Interview is held and will be sent to the institutional officers, as designated by each institution. The institution will be given forty-five (45) days to respond to the Deficiency Report, including the opportunity to concur or not concur to each individual finding. The Deficiency Report contains an explanation of the deficiency and the deficiency's requirements for resolution of the finding. Although potential liability is listed for each finding, the institution should defer remittance for all liabilities until after they have responded to the Deficiency Report and the Final Report has been issued. The institution will have forty-five (45) days to respond to the Deficiency Report with no extensions.

## **Final Report**

The Final Report will be issued thirty (30) days from the original due date for the Deficiency Report response. The original will be sent to the President of the institution, with copies sent to the institutional officers. The Final Report will indicate the disposition of each finding, whether closed or remaining open. The Final Report also explains whether or not the documentation submitted as a response to the Deficiency Report satisfies each finding and, if not, why. The institution will be required to close each finding, either by providing any remaining documentation, or remitting the funds necessary to cover the liability of each finding within thirty (30) days of issuance of the Final Report. The Final Report will also note the required corrective actions needed to be designed and fulfilled by the institution in order to ensure that certain procedures will be adopted which will address the findings listed in the report. These required corrective action plans (CAP) will detail the actions the institution will take to ensure that deficiencies identified in the administration of the scholarships and grants programs

related to the findings category have been adequately addressed and corrected. The Compliance Review Team will subsequently follow up to confirm that these CAPs have been implemented. In some circumstances, the report may also include Management Notes which will document any operational or procedural concerns that may be contributing to systemic issues at the institution with respect to awarding State funds.

## **Appeal Process**

In the event the institution disagrees with a decision made with regard to the disposition of any finding on the Final Report, it may appeal that decision. The remittance for any liability for that finding may be suspended until a final decision is made through the appeal process, but remittance for any findings not involved in the appeal must be remitted as instructed in the Final Report.

Within fifteen (15) days of the issuance of the Final Report, the institution may appeal the finding in writing to the Executive Vice President of Regulatory Affairs & General Council (EVP). The EVP will review all previously submitted documentation and respond in writing within ten (10) days after receiving the institution's appeal. If the EVP approves the appeal, the associated liability will be removed. If the finding is upheld, the institution must immediately remit the associated liability to GSFC or, within ten (10) days after receiving the decision upholding the finding, may make a final appeal of the finding to the President of GSFC. The President will review all previously submitted documentation and respond in writing within ten (10) days after receiving the institution's appeal. If the President approves the appeal, the associated liability will be removed. If the finding is upheld, the institution must immediately remit the associated liability to GSFC.

## **Compliance Review Closure**

Once all findings have been closed, either through remittance of documentation or monetary remittance, and all corrective actions have been addressed, the Compliance Review will be closed. The institution will receive notification of the closure of the Compliance Review within thirty (30) days of their response to the Final Report, unless the appeal process is exercised by the institution.