



Auditing and Advisory Services

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Digital Accessibility

#HSC26AS1061

EXECUTIVE SUMMARY

Auditing & Advisory Services (A&AS) has completed an assurance engagement of digital accessibility. This engagement was performed at the request of the UTHealth Houston (UTHealth) Audit Committee and was conducted in accordance with the Global Internal Audit Standards.

Background

In April 2024, the U.S. Department of Justice (DOJ) issued a final rule under Title II of the Americans with Disabilities Act (ADA) that established enforceable digital accessibility standards. The rule requires large public institutions of higher education (serving more than 50,000 people) to ensure web and mobile content conforms to Web Content Accessibility Guidelines 2.1 Level AA (WCAG) by April 24, 2026. On April 20, 2026, the DOJ extended the compliance deadline to April 26, 2027.

On April 26, 2027, UTHealth will be responsible for ensuring that Electronic Information Resources (EIR), including websites, applications, digital documents, and third-party technologies, are accessible to individuals with disabilities and comply with applicable accessibility requirements.

Objectives

Our objective was to assess UTHealth's compliance with digital accessibility standards and related controls. Specifically, to determine if:

- Progress, timelines, and revisions of internal policies and procedures in advance of the original deadline (April 24, 2026) are reasonable.
- A centralized inventory of all EIR exempt from accessibility standards has been established and posted to the accessibility section of the UTHealth website.
- EIR purchases are supported by required accessibility information, accessibility testing, warranty clauses, and Master Services Agreements/Voluntary Product Accessibility Templates.
- Exception requests are properly supported and approved.
- Weekly accessibility scans are conducted and issues addressed.
- Accessibility notifications are adequately resolved.

Scope Period

December 1, 2024 through November 30, 2025

Conclusion

Overall, controls around digital accessibility are adequate and functioning as intended. We noted the following opportunities for improvement:

Digital Accessibility

#	Observation Summary	Risk	Risk Rating
1	For developed EIR, accessibility testing procedures exist within certain groups; however, procedures have not been consistently established or applied university-wide to ensure or certify WCAG compliance.	Noncompliance with federal regulations.	Medium
2	Processes have not been established to ensure a list of exempt EIR is established, maintained, and publicly posted to the accessibility section of the UTHHealth website.	Noncompliance with state regulations.	Medium
3	Lack of clarity around when an EIR Exception Request Form is required.	Noncompliance with state regulations.	Medium
4	Processes have not been established to ensure EIR purchases are assessed for certain criteria that would require additional accessibility testing to validate compliance.	Noncompliance with policies and procedures.	Medium

OBSERVATIONS & MANAGEMENT RESPONSES

#1 - Accessibility Testing (Developed EIR)
Cause For developed Electronic Information Resources (EIR), accessibility testing procedures exist within certain groups; however, procedures have not been consistently established or applied university-wide to ensure or certify Web Content Accessibility Guidelines 2.1 Level AA (WCAG). Risk Noncompliance with federal regulations. Condition For developed EIR, management informed us of the following: • Chatbot developers/owners are unable to provide documented evidence of accessibility testing. • For applications, limited accessibility testing is conducted and developers are relied upon to self-certify WCAG compliance due to the lack of automated tools capable of validating compliance. Criteria <u>WCAG</u> Requires web and mobile content to be perceivable, operable, understandable, and robust. <u>ITPOL-038 EIR Accessibility of Procured and Developed Technology Policy (ITPOL-038)</u> EIR developed, owned, funded, or operated by or for UTHHealth are subject to DIR's Accessibility Rules. Application/system owners and developers are responsible for ensuring EIR developed at UTHHealth meet the Accessibility Rules. <u>ITSOP-013 EIR Accessibility Procedure (ITSOP-013)</u> To ensure all new and/or changed UTHHealth websites and web applications comply with State of Texas mandated website accessibility regulations, web developers must use WCAG 2.0 AA as the method to measure and monitor accessibility compliance.
Recommendation(s) Review current university-wide accessibility processes and practices around developed EIR. Develop and implement a governance framework (in conjunction with the upcoming strategic planning process) that addresses key components such as ownership, stakeholders, roles and responsibilities, training, compliance, and any other areas deemed significant by management. Rating Medium
Management Response #1 The Accessibility team is actively working to ensure compliance with applicable requirements for developed EIR. We acknowledge that there is an absence of standardized governance and consistent tooling, which has resulted in limited availability of documented evidence to demonstrate compliance. In response, the team will develop and implement a corrective action plan to address the identified gaps, including strengthening governance controls and enhancing the deployment and use of accessibility testing tools to support development teams in achieving and evidencing compliance.

Digital Accessibility

Because of the importance of this area, ITPOL-038 will be moved to the HOOP and strengthened. However, changes to the Texas Administrative Code and UT System policy require this effort to be delayed until the regulatory environment is settled. We anticipate about six months before we can finalize the new HOOP policy.

Responsible Party

Christina Solis, Senior Director of IT Governance Data and Privacy and Chief Privacy Officer

Implementation Date

January 15, 2027

Management Response #2

University Web Services (UWS) will strengthen governance of centrally managed web properties by requiring appropriate accessibility documentation and validation prior to publication of developed web applications, chatbots, and similar web-based tools. Specifically, UWS will:

- Require submission of accessibility documentation (e.g., testing results, conformance statements, or VPATs where applicable) before approving publication within the university's web environment.
- Establish minimum accessibility expectations aligned with WCAG 2.1 AA for any web-based application integrated into centrally governed websites.
- Implement a review checkpoint within the web publishing process to confirm that accessibility requirements have been addressed prior to launch.
- Maintain documentation evidencing review and approval for deployed web-based applications under its governance.

UWS will not perform full accessibility certification of all developed EIR. Responsibility for testing and remediation remains with the application or product owner. University Web Services' role is to enforce pre-publication requirements and ensure only appropriately documented solutions are deployed within centrally-governed web properties.

Responsible Party

Courtenay Siegfried, Associate Vice President Marketing and Communication

Implementation Date

January 15, 2027

#2 – Exempt EIR List
Cause Processes have not been established to ensure a list of exempt Electronic Information Resources (EIR) is established, maintained, and publicly posted to the accessibility section of the UTHealth website. Risk Noncompliance with state regulations. Condition A list of exempt EIR (along with required information) has not been created and posted on the accessibility section of the UTHealth website. Criteria <u>TAC 213.37 Compliance Exceptions and Exemptions</u> The department shall establish and maintain a list of EIR which are determined to be exempt from the standards and specifications of all or part of TAC 206 and TAC 213. The list of exempt EIR will be posted under the accessibility section of the department’s website. The following information shall be provided for each exemption listed: a. date of expiration or durations of the exemption; b. a plan for alternate means of access for persons with disabilities; c. justification for the exemption including technical barriers, cost of remediation, fiscal impact for bringing the EIR into compliance, and other identified risks; and d. written approval of the department’s executive director.
Recommendation(s) Develop and implement a process to ensure a list of exempt EIR is established, maintained, and publicly posted on the accessibility section of the UTHealth website. Rating Medium
Management Response #1 Currently, the EIR team maintains a centralized Excel tracking file for exempt EIR and is working diligently to ensure exemption records contain as much relevant detail as possible. In addition, a process has been developed within Coupa to help streamline and improve the tracking and monitoring of EIR purchases and related exemptions. We recognize the need to further formalize the process for maintaining and publicly posting the exempt EIR list on the UTHealth accessibility website in accordance with applicable requirements. To address this gap, the EIR team will enhance the existing exemption tracking process to ensure all required exemption details identified in the criteria above are captured, maintained, and published appropriately on the accessibility website. Responsible Party Christina Solis, Senior Director of IT Governance Data and Privacy and Chief Privacy Officer Implementation Date September 15, 2026
Management Response #2 UWS will support institutional compliance by:

Digital Accessibility

- Developing and maintaining the web presence (accessibility webpage) where exempt EIR information is published.
- Coordinating with the Accessibility Coordinator and IT governance teams to ensure submitted exemptions are published in a timely and consistent manner.

UWS will not own the identification, approval, or validation of exempt EIR but will ensure that public-facing web content is accessible and maintained.

Responsible Party

Courtenay Siegfried, Associate Vice President Marketing and Communication

Implementation Date

September 15, 2026

#3 – EIR Exception Request Form
Cause Lack of clarity around when an Electronic Information Resources (EIR) Exception Request Form is required. Risk Noncompliance with state regulations. Condition We selected all four EIR purchases (each under \$1 million) in the scope period and noted no Exception Requests on file. Management informed us EIR Exception Request Forms are only applicable for products costing \$1 million or more; however, this is not reflected in ITPOL-038. Criteria <u>TAC 213.38 Procurements (TAC 213.38)</u> An institution of higher education shall implement a procurement accessibility policy, and supporting business processes and contract terms, for making procurement decisions. The institution of higher education shall monitor the procurement processes and contracts for accessibility compliance. Unless an exception is approved by the president or chancellor of an institution of higher education pursuant to Texas Government Code §2054.460 and 1 Texas Administrative Code §213.37 or unless an exemption is approved by the department, pursuant to Texas Government Code §2054.460 and 1 Texas Administrative Code §213.37, all EIR products developed, procured or materially changed through a procured services contract, and all electronic and information resource services provided through hosted or managed services contracts, shall comply with the provisions of Chapter 206 and Chapter 213 of this title, as applicable. <u>ITPOL-038 EIR Accessibility of Procured and Developed Technology Policy</u> Departments purchasing or developing EIR will work with the Accessibility Coordinator to review any potential exceptions or Statewide exemptions applicable to the EIR being procured or developed. Any request for an exception to the Texas DIR accessibility rules must be submitted to the UTHHealth Accessibility Coordinator for review and processing. Exceptions require the departmental requestor to complete and submit an EEAAP and an EIR Exception Request Form. The Accessibility Coordinator submits the EIR Exception Request Form to the University President for approval.
Recommendation(s) Review and clarify the circumstances under which an EIR Exception Request Form is required. Update policies and procedures to formally reflect any changes. Rating Medium
Management Response

Digital Accessibility

The EIR team agrees with the concern. The current language in ITPOL-038 does not clearly define when a Presidential Exception Request is required, which may cause confusion. To address this issue, the EIR team is reviewing and updating the policy and supporting procedures to clearly define when a Presidential Exception is necessary. In addition, the EIR team will develop guidance and work with respective departments to ensure proper understanding and compliance with TAC 213.38.

Because of the importance of this area, ITPOL-038 will be moved to the HOOP and strengthened. However, changes to the Texas Administrative Code and UT System policy require this effort to be delayed until the regulatory environment is settled. We anticipate about six months before we can finalize the new HOOP policy.

Responsible Party

Christina Solis, Senior Director of IT Governance Data and Privacy and Chief Privacy Officer

Implementation Date

January 15, 2027

#4 – Accessibility Testing (Procured EIR)
Cause Processes have not been established to ensure Electronic Information Resources (EIR) purchases are assessed for certain criteria that would require additional accessibility testing to validate compliance. Risk Noncompliance with policies and procedures. Condition Management informed us EIR purchases are not being assessed for criteria that would require accessibility testing to be conducted and documented by either a knowledgeable staff member or a third-party testing resource to validate compliance. Criteria <u>ITSOP-013 EIR Accessibility Procedure</u> Procurement and departmental requestor work together to determine if the EIR purchase is in conjunction with a major information resources project (MIRP). A MIRP applies if UT System or a UT institution conducts an information resource technology project whose development costs exceed \$1 million and that meets one or more of the following criteria, then it must have accessibility testing of the project conducted and documented by either a knowledgeable member of its staff or by a third-party testing resource to validate compliance: • The project requires one year or longer to reach operational status; • The project involves more than one institution of higher education or state agency; or • The project substantially alters work methods of institution of higher education or agency personal or the delivery of services to clients.
Recommendation(s) Develop and implement a process to ensure EIR purchases are assessed for certain criteria that would require accessibility testing to be conducted and documented by either a knowledgeable staff member or a third-party testing resource to validate compliance. Rating Medium
Management Response While current practices include consideration of accessibility requirements during our new Coupa process, we understand that a formalized process has not been established yet to assess and validate all MIRP purchases for accessibility compliance. In our current process, we primarily rely on vendor-provided documentation and evaluation results to assess accessibility conformance. To address this issue, the EIR team will collaborate with departmental requestors to enhance and formalize the review process for major technology projects. Procedures will be established within the EIR team and LAN Manager groups to identify purchases associated with MIRP initiatives and determine when additional accessibility testing and validation are required in accordance with ITSOP-013 requirements. Because of the importance of this area, ITPOL-038 will be moved to the HOOP and strengthened. However, changes to the Texas Administrative Code and UT System policy require this effort to be delayed until the regulatory environment is settled. We anticipate about six months before we can finalize the new HOOP policy.

Digital Accessibility

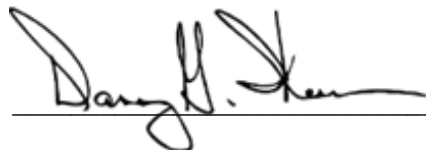
Responsible Party

Christina Solis, Senior Director of IT Governance Data and Privacy and Chief Privacy Officer
Bassel Choucair, Associate Vice President and Deputy Chief Information Officer

Implementation Date

January 15, 2027

We would like to thank the staff and management who assisted us during the engagement.



Daniel G. Sherman, MBA, CPA, CIA
Vice President & Chief Audit Officer

OBSERVATION RATINGS

Priority	An issue that, if not addressed timely, has a high probability to directly impact achievement of a strategic or important operational objective of UTHealth or the UT System as a whole.
High	An issue considered to have a medium to high probability of adverse effects to a significant office or business process or to UTHealth as a whole.
Medium	An issue considered to have a low to medium probability of adverse effects to an office or business process or to UTHealth as a whole.
Low	An issue considered to have minimal probability of adverse effects to an office or business process or to UTHealth as a whole.

NUMBER OF PRIORITY OBSERVATIONS REPORTED TO UT SYSTEM

None

MAPPING TO A&AS FY2026 RISK ASSESSMENT

Reference	Risk
15	Accessibility may not be adequately addressed resulting in noncompliance with university/state accessibility requirements.
80	Accessibility and security review for mobile applications may not be performed resulting in noncompliance with university/state accessibility requirements.

DATA ANALYTICS UTILIZED

None

ENGAGEMENT TEAM

VP/CAO – Daniel G. Sherman, MBA, CPA, CIA

Supervisor – Brook Syers, CPA, CIA, CISA, CFE

Lead – Ricky Phan

Digital Accessibility

END OF FIELDWORK DATE

March 17, 2026

ISSUE DATE

June 1, 2026

REPORT DISTRIBUTION

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