

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH**

**COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

Performed as Special Assistant Auditors for
the Auditor General, State of Illinois

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

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AGENCY OFFICIALS

Director	Nirav D. Shah, M.D., J.D. (1/20/15 through present) LaMar Hasbrouck, M.D., M.P.H. (4/23/12 through 1/15/15)
Assistant Director	Michelle Gentry-Wiseman (3/23/15 through present) Vacant (3/1/14 through 3/22/15) David Gill, M.D. (5/6/13 through 2/28/14)
Chief of Staff	Erik Rayman (1/12/15 through present) Stephen J. Konya, III (9/7/11 through 2/13/15)
Chief Internal Auditor	Joel Meints (10/16/15 through present) Vacant (10/1/15 through 10/15/15) David Price (5/1/15 through 9/30/15) Vacant (8/16/13 through 4/30/15) Marc Gibbs (4/1/11 through 8/15/13)
General Counsel	Kyle Stone (3/2/15 through present) Bob Morgan (10/7/13 through 5/6/15) Vacant (10/1/13 through 10/6/13) Jason Boltz (7/13/09 through 9/30/13)
Office of Men's Health	Ivonne Sambolin (10/1/13 through 9/3/15)
Office of Performance Management	Nicole Griffin (4/16/14 through present) Estrellita Harmon – acting (9/14/13 through 4/15/14) Jerome Richardson (7/1/11 through 9/13/13)
Chief Governmental Affairs	Bryan Clow (2/25/15 through present) Vacant (2/1/15 through 2/24/15) Kiswai Broomfield - acting (7/11/14 through 1/31/15) Kimberly Egonmwan (9/19/11 through 7/10/14)
Chief Minority Health Services	Veronica Halloway (4/16/16 through present) Veronica Halloway - acting (1/1/15 through 4/15/16) Doris Turner (3/1/94 through 12/31/14)

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AGENCY OFFICIALS (Continued)

Deputy Directors:

Office of Policy, Planning and Statistics	Bill Dart (9/27/14 through present) Vacant (9/1/14 through 9/26/14) David Carvalho (8/21/03 through 8/31/14)
Office of Finance and Administration & Fiscal Officer	Vicki Wilson (6/1/15 through present) Vacant (5/16/15 through 5/31/15) Gary T. Robinson (8/1/93 through 5/15/15)
Office of Health Care Regulation	Debra Bryars (6/15/15 through present) Debra Bryars - acting (7/7/14 through 6/14/15) Vacant (6/26/14 through 7/6/14) Toinette Colon (4/18/11 through 6/25/14)
Office of Women's Health Planning and Family Services	Shannon Lightner-Gometz (11/16/15 through present) Michelle Gentry-Wiseman - acting (8/19/15 through 11/15/15) Brenda Jones (10/1/12 through 8/18/15)
Office of Human Resources	Siobhan Johnson
Office of Preparedness and Response	Winfred Rawls
Office of Health Promotion	Conny Moody (6/15/15 through present) Vacant (1/1/15 through 6/14/15) Tom Schafer (4/1/09 through 12/31/14)
Office of Health Protection	David Culp, Ph.D.
Office of Information Technology	Michael McCarten (9/1/15 through present) Charles Hurst - acting (4/16/15 through 8/31/15) Vacant (3/26/15 through 4/15/15) John Sudduth (1/24/13 through 3/25/15)

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AGENCY OFFICIALS (Continued)

Department offices are currently located at:

Headquarters

525-535 W. Jefferson St.
Springfield, IL 62761

122 S. Michigan Ave.
Chicago, IL 60603

Vital Records

925 E. Ridgely Ave.
Springfield, IL 62702

Stores and Shipping

2946 Old Rochester Road
Springfield, IL 62703

**Bioterrorism &
Information Technology**

Bell Building
422 S. Fifth St.
Springfield, IL 62701

Health Alert Network

Illinois Department of Natural Resources
One Natural Resources Way
Springfield, IL 62702

Regional Offices

Bellwood
4212 W. St. Charles Rd.
Bellwood, IL 60104

Champaign
2125 S. First St.
Champaign, IL 61820

Edwardsville
22 Kettle River Dr.
Glen Carbon, IL 62034

Marion
2309 W. Main St.
Marion, IL 62959

Peoria
5415 N. University St.
Peoria, IL 61614

Rockford
4302 N. Main St., Suite 101
Rockford, IL 61103

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AGENCY OFFICIALS (Continued)

Regional Offices - continued

West Chicago
245 W. Roosevelt Rd.
Building 5
West Chicago, IL 60185

Laboratories

Carbondale
1155 S. Oakland St.
P.O. Box 2797
Carbondale, IL 62901

Chicago
2121 W. Taylor St.
Chicago, IL 60612

Springfield
825 N. Rutledge St.
Springfield, IL 62794



MANAGEMENT ASSERTION LETTER

April 26, 2016

E. C. Ortiz & Co., LLP
333 South Des Plaines Street, Suite 2-N
Chicago, Illinois 60661

Ladies and Gentlemen:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the Illinois Department of Public Health (Department). We are responsible for and we have established and maintained an effective system of internal controls over compliance requirements. We have performed an evaluation of the Department's compliance with the following assertions during the two-year period ended June 30, 2015. Based on this evaluation, we assert that during the years ended June 30, 2015 and June 30, 2014, the Department has materially complied with the assertions below, except as identified in the schedule of findings.

- A. The Department has obligated, expended, received and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Department has obligated, expended, received and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use.
- C. The Department has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the Department are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.

E. Money or negotiable securities or similar assets handled by the Department on behalf of the State or held in trust by the Department have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate and in accordance with law.

Yours truly,

Illinois Department of Public Health



Nirav D. Shah, M.D., J.D.
Director



Kyle Stone
Chief Legal Counsel



Vicki Wilson
Chief Fiscal Officer

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DEPARTMENT OF PUBLIC HEALTH
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COMPLIANCE REPORT

SUMMARY

The compliance testing performed during this examination was conducted in accordance with *Government Auditing Standards* and in accordance with the Illinois State Auditing Act.

ACCOUNTANTS' REPORT

The Independent Accountants' Report on State Compliance, on Internal Control Over Compliance and on Supplementary Information for State Compliance Purposes does not contain scope limitations or disclaimers, but does contain a qualified opinion on compliance and material weaknesses over internal control.

SUMMARY OF FINDINGS

<u>Number of</u>	<u>Current</u>	<u>Prior</u>
Findings	<u>Report</u>	<u>Report</u>
Repeated findings	24	19
Prior recommendations implemented or not repeated	16	11
	3	6

SCHEDULE OF FINDINGS

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
FINDINGS (STATE COMPLIANCE)			
2015-001	15	Inadequate administration and monitoring of awards and grants programs	Material Noncompliance and Material Weakness
2015-002	20	Weaknesses in controls over year-end inventory balances	Material Noncompliance and Material Weakness

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SCHEDULE OF FINDINGS (Continued)

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
2015-003	22	Inadequate controls over computer inventory	Material Noncompliance and Material Weakness
2015-004	26	Lack of controls over contracts	Noncompliance and Significant Deficiency
2015-005	29	Inaccurate property and fixed asset record keeping	Noncompliance and Significant Deficiency
2015-006	34	Failure to complete internal audits and undergo a peer review	Material Noncompliance and Material Weakness
2015-007	37	Lack of prior approval of employee overtime	Noncompliance and Significant Deficiency
2015-008	39	Failure to employ an adequate number of surveyors	Noncompliance and Significant Deficiency
2015-009	41	Center for Comprehensive Health Planning not established	Noncompliance and Significant Deficiency
2015-010	43	Failure to establish joint rules to streamline contracting process	Noncompliance and Significant Deficiency

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SCHEDULE OF FINDINGS (Continued)

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
2015-011	45	Employee performance evaluations not performed timely	Noncompliance and Significant Deficiency
2015-012	48	Required reports not filed timely and accurately	Noncompliance and Significant Deficiency
2015-013	51	Noncompliance with Distressed Facilities Provisions of the Nursing Home Care Act	Noncompliance and Significant Deficiency
2015-014	54	Noncompliance with Water Well Construction Code Act	Noncompliance and Significant Deficiency
2015-015	56	Failure to establish policies and procedures on Alzheimer's disease and related disorders	Noncompliance and Significant Deficiency
2015-016	59	Noncompliance with obsolete mandated duties	Noncompliance and Significant Deficiency
2015-017	61	Inadequate controls over employee time reporting	Noncompliance and Significant Deficiency
2015-018	63	Inadequate controls over the administration of State vehicles	Material Noncompliance and Material Weakness

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SCHEDULE OF FINDINGS (Continued)

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
2015-019	70	Field sanitation fines not being assessed	Noncompliance and Significant Deficiency
2015-020	72	Statutory committee and board requirements	Noncompliance and Significant Deficiency
2015-021	75	Reporting requirements	Noncompliance and Significant Deficiency
2015-022	78	Weaknesses with Payment Card Industry data security standards	Noncompliance and Significant Deficiency
2015-023	80	Weaknesses regarding systems development and change control procedures	Noncompliance and Significant Deficiency
2015-024	82	Noncompliance with the Custody Relinquishment Prevention Act	Noncompliance and Significant Deficiency
PRIOR FINDINGS NOT REPEATED			
A	84	GAAP reporting	
B	84	Lack of controls over monthly reconciliations	
C	84	Failure to maintain documentation to support compliance with the provisions of the Lawn Care Products Application and Notice Act	

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EXIT CONFERENCE

The findings and recommendations appearing in this report were discussed with Department personnel at an exit conference on April 12, 2016. Attending were:

Representing the Illinois Department of Public Health

Nirav D. Shah, Director
Michelle Gentry-Wiseman, Assistant Director
Erik Rayman, Chief of Staff
Joel Meints, Chief Internal Auditor
Kyle Stone, General Counsel

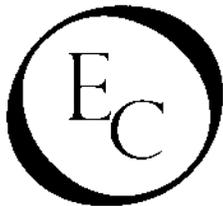
Representing the Office of the Auditor General

Lisa Warden, Senior Audit Manager

Representing E.C. Ortiz & Co., LLP

Gilda Priebe, Partner
Elda Arriola, Manager
Netzyl Miraflores, Manager

The responses to the recommendations were provided by Joel Meints in a letter dated April 26, 2016.



E.C. ORTIZ & CO., LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANT'S REPORT ON STATE COMPLIANCE,
ON INTERNAL CONTROL OVER COMPLIANCE, AND ON
SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES

Honorable Frank J. Mautino
Auditor General
State of Illinois

Compliance

As Special Assistant Auditors for the Auditor General, we have examined the State of Illinois, Department of Public Health's (Department) compliance with the requirements listed below, as more fully described in the Audit Guide for Financial Audits and Compliance Attestation Engagements of Illinois State Agencies (Audit Guide) as adopted by the Auditor General, during the two years ended June 30, 2015. The management of the Department is responsible for compliance with these requirements. Our responsibility is to express an opinion on the Department's compliance based on our examination.

- A. The Department has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Department has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use.
- C. The Department has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the Department are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the Department on behalf of the State or held in trust by the Department have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the Audit Guide as adopted by the Auditor General pursuant to the Act; and, accordingly, included examining, on a test basis, evidence about the Department's compliance with those requirements listed in the first paragraph of this report and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on the Department's compliance with specified requirements.

As described in items 2015-001 to 2015-003, 2015-006 and 2015-018 in the accompanying schedule of findings, the Department did not comply with requirements regarding assertion C. Compliance with such requirements is necessary, in our opinion, for the Department to comply with the requirements listed in the first paragraph of this report.

In our opinion, except for the noncompliance described in the preceding paragraph, the Department complied, in all material respects, with the compliance requirements listed in the first paragraph of this report during the two years ended June 30, 2015. However, the results of our procedures disclosed other instances of noncompliance with the requirements, which are required to be reported in accordance with criteria established by the Audit Guide, issued by the Illinois Office of the Auditor General and which are described in the accompanying schedule of findings as items 2015-004 to 2015-005, 2015-007 to 2015-017, and 2015-019 to 2015-024.

Internal Control

Management of the Department is responsible for establishing and maintaining effective internal control over compliance with the requirements listed in the first paragraph of this report. In planning and performing our examination, we considered the Department's internal control over compliance with the requirements listed in the first paragraph of this report to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Audit Guide, issued by the Illinois Office of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Department's internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their

assigned functions, to prevent, or detect and correct, noncompliance with the requirements listed in the first paragraph of this report on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that a material noncompliance with a requirement listed in the first paragraph of this report will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings as items 2015-001 to 2015-003, 2015-006 and 2015-018 to be material weaknesses.

A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings as items 2015-004 to 2015-005, 2015-007 to 2015-017, and 2015-019 to 2015-024 to be significant deficiencies.

As required by the Audit Guide, immaterial findings excluded from this report have been reported in a separate letter to your office.

The Department's responses to the findings identified in our examination are described in the accompanying schedule of findings. We did not examine the Department's responses and, accordingly, we express no opinion on the responses.

Supplementary Information for State Compliance Purposes

Our examination was conducted for the purpose of forming an opinion on compliance with the requirements listed in the first paragraph of this report. The accompanying supplementary information for the years ended June 30, 2015 and June 30, 2014 in Schedules 1 through 13 and the Analysis of Operations Section is presented for purposes of additional analysis. We have applied certain limited procedures as prescribed by the Audit Guide as adopted by the Auditor General to the June 30, 2015 and June 30, 2014 accompanying supplementary information in Schedules 1 through 13. However, we do not express an opinion on the accompanying supplementary information.

We have not applied procedures to the June 30, 2013 accompanying supplementary information in Schedules 3 through 11 and 13 and in the Analysis of Operations Section, and accordingly, we do not express an opinion or provide any assurance on it.

This report is intended solely for the information and use of the Auditor General, the General Assembly, the Legislative Audit Commission, the Governor, Department management and is not intended to be and should not be used by anyone other than these specified parties.

E. C. Artig, Jr., CPA

Chicago, Illinois
April 26, 2016

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
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CURRENT FINDINGS – STATE COMPLIANCE

2015-001. **FINDING** (Inadequate Administration and Monitoring of Awards and Grants Programs)

The Illinois Department of Public Health (Department) did not adequately administer and monitor its awards and grants programs.

During Fiscal Years 2014 and 2015, the Department expended over \$488 million (56%) of its approximately \$873 million total expenditures for awards and grants. We sampled thirty grant programs from the following offices: Policy, Planning and Statistics; Health Promotion; Health Protection; Women’s Health; Preparedness and Response; and Center for Minority Health. For the thirty grant programs selected for testing, we examined 60 grant agreements totaling \$90,395,704 and noted the following:

- The Department did not have written procedures established to uniformly guide the administration of the awards and grants under its jurisdiction.
- The Department had not established administrative rules for grants with the Joint Committee on Administrative Rules (JCAR).
- The Department did not have a standardized methodology, formal criteria, or mandatory site visits for monitoring grantees.
- The Department did not enforce the submission of audited financial statements required by the grant agreement nor was a review made on all audited financial statements received from grantees. Twenty-five of the 48 (52%) grantees, which received grants totaling \$26,735,724, did not submit their audited financial statements for Fiscal Year 2014. Twelve of the 48 (25%) grantees, which -received grants totaling \$13,362,766, submitted their audited financial statements but there was no evidence of review performed.
- The Department did not sufficiently document its review and receipt of the quarterly and/or monthly reports submitted for grants. For 30 of 517 (6%) quarterly/monthly reports tested, there was no evidence of review. Another 31 of 517 (6%) reports were not reviewed timely, 31 to 150 days after receipt. In addition, 18 of 517 (3%) reports did not indicate the date submitted by the grantee or received by the Department, thus it could not be determined if the grantee submitted the information by the required date.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Many of the Department's awards and grants are funded by the federal government. The Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Government, and Non-Profit Organizations," Section 400(d) states, "A pass-through entity shall...monitor the activities of subrecipients as necessary to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and provisions of contracts or grant agreements and that performance goals are achieved." Good business practice would require the Department to administer the grants funded with State funds in a comparable manner. Additionally, the Statewide Accounting Management System (SAMS) (Procedure 02.50.20) requires grantees in part to "...maintain sound organizational, budgetary and accounting systems that are periodically reviewed and evaluated." The Department is responsible for monitoring its grantees to ensure these systems exist. The State Records Act (5 ILCS 160/8) requires agencies to make and preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities. Finally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use and misappropriation.

During the prior examination period, various other deficiencies were noted as to the monitoring and review of reports and subrecipients' activities which were not repeated in the current examination. In the prior finding response, management stated that they were implementing an agency wide electronic Grant Administration and Management System (eGrAMS) and established a centralized Grants Management Unit. Management further responded that the Department was in the process of updating drafts of both an agency-wide grants review manual and grant administration rules to address the new eGrAMS. Officials also responded it would be necessary to synchronize their grants review process and procedures with any new requirements of the proposed Government Accountability and Transparency Act (GATA), which was rapidly moving through the legislative process at that time.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Department management stated the finalization of the draft grants review manual and grant administration rules were deferred in view of the recent passage of the GATA in July 2014. Management stated they decided to wait for the enactment of GATA's administrative rules so the Department can align its own grants and awards policy with the requirements of GATA. Department management further stated grant administration and monitoring weaknesses were due to individual grant program complexities, turnover of some vital staff responsible for overseeing grants, and limited resources.

Without formal grant administration procedures, the Department lacks a consistent methodology for the review of grantee performance and grant expenditures. In addition, personnel responsible for these programs are not held to specific criteria for performing and documenting these reviews. Administrative rules over grants formally establish expectations for interactions with grantees and protect the legal and financial rights for both grantees and the Department. Failure to properly administer and monitor awards and grants decreases the Department's accountability over funds granted and increases the risk of noncompliance with the provisions of the grant agreement. As a result, funds could remain unspent, untimely recovered or be utilized for activities other than the intended purpose without detection by the Department. (Finding Code Nos. 2015-001, 2013-001, 11-1, 09-1, 07-1)

RECOMMENDATION

We recommend the Department develop and enforce a comprehensive grant administration program that includes the use of GATA rules for grants and development and implementation of written procedures over the awarding and monitoring of all of the Department's grant awards. The comprehensive grant administration program should also include reviewing the programmatic and financial reports of grant recipients; developing a checklist or other method to sufficiently document the monitoring of grantees through quarterly reporting, desk reviews, site reviews and audit report reviews; and scheduling, conducting, and documenting grantee site visits. The Department should also consider implementing a risk-based methodology to determine the level of monitoring that should be performed on each grantee, including on-site reviews of higher risk grantees.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

DEPARTMENT RESPONSE

The Department concurs with the finding. The Grant Accountability and Transparency Act (GATA) became law on July 16, 2014 as Public Act 98-0706. The purpose of GATA is to establish uniform administrative requirements, cost principles, and audit requirements for state and federal pass-through awards to non-federal entities. A Grants Manual will be developed to support GATA implementation. Separate sections will be dedicated to state grant making agencies and the grantee community. Common definitions will be articulated along with instructions to support the use of GATA frameworks, policies and procedures. The Manual will be provided online for ease of reference and maintenance. IDPH will award grants under its jurisdiction in alignment with GATA and the State's Grants Manual.

Administrative rules for grants are being addressed through the State's GATA implementation process. The Governor's Office of Management and Budget's Grant Accountability and Transparency Unit (GATU) has successfully completed the JCAR process for the adoption of the Uniform Federal rules for federally funded grants. In addition, GATU has received unanimous agreement of state agency staff and grantee community subcommittee volunteers on the general state, federal and federal pass-through grant rules. GATU is currently working with JCAR and ready to begin the process of posting the agreed-upon rules for comment on the remaining state rules and the amendments to the federal and federal pass-through rules. Once approved, the rules pertaining to GATA will apply to all grant-making state agencies. Once the GATA rules are adopted, the Department will evaluate to see if any expansion of the GATA rules is necessary. The Department cannot change or override anything in the GATA rules, but if the Department has specific rules it wants to implement it would then work on these additional rules.

Under GATA, the state is required to conduct an assessment of the risk posed by an applicant prior to making an award. Additional monitoring requirements may be imposed based on the risk assessment. The fiscal and administrative portion of this risk assessment will be centralized, conducted once and shared with grant making agencies thereby reducing redundancy among agencies. The risk assessment process will include an internal control questionnaire, review of fiscal stability and methodology to rank the grantee as low, medium and high risk based on the fiscal and administrative risk posed. IDPH must comply with the requirements identified under GATA as it pertains to assessing risk and monitoring grantees in the post-award phase. The Department will work with GATA to ensure the grant

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

administration program includes reviewing the programmatic and financial reports of grant recipients; developing a checklist or other method to sufficiently document the monitoring of grantees through quarterly reporting, desk reviews, site reviews and audit report reviews; and scheduling, conducting, and documenting grantee site visits. Under GATA, several of the aforementioned monitoring functions will be centralized for all state grant-making agencies, including IDPH.

With regards to the Department not enforcing the submission of audited financial statements required by the grant agreement or conducting a review made on all audited financial statements received from grantees, the new manager for the Office which is currently assigned this responsibility, has inadvertently had this repository for this information and has been unable to devote the time and effort needed to conduct basic monitoring of the receipt of the reports as a result of staffing changes. In addition, the Office was unable to locate the written policies and procedures that outline the limited desk review activities the Department previously stated it was following.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-002. **FINDING** (Weaknesses in Controls Over Year-End Inventory Balances)

The Illinois Department of Public Health (Department) did not conduct complete physical inventories and ensure the accuracy of fiscal year-end commodities inventory balances.

During testing of the Department's June 30, 2015 year-end commodities inventory balance, we noted the following:

- The Department's Health Protection Division did not report its media inventory, resulting in an understatement of \$77,799. In addition, the Division's other inventory supplies were overstated by \$161,880.
- There were 11 Department programs or divisions that did not report the dollar amount of their commodities inventory in the June 30 balance. The amount of the understatement was unknown.
- There were 51 of 938 (5%) commodity items in the inventory list whose cost per item was omitted, resulting in the understatement of the inventory. The dollar amount of the error could not be determined.
- Ten of 211 (5%) commodity items inspected by the auditors during the observation of the year-end physical count were not included in the inventory list. The dollar amount of the understatement could not be determined.

The Department reported a commodities inventory balance of \$5,556,650 as of June 30, 2015. The understated inventory balance was reported to the Illinois Office of the Comptroller (IOC) in the Department's year-end financial reporting packages.

During the prior examination period, it was noted that the Department understated the Health Protection Division inventory, did not track the metabolic formula inventory maintained by the Health Promotion Division, and excluded certain printed items from inventory. In the prior finding response, the Department stated that internal controls over physical inventories will be coordinated to ensure that fiscal year-end inventory balances are accurate and complete. The Department further responded they would keep complete details of emergency product and ensure physical inventory on hand is reported through the inventory tracking system. During the current examination period, the Department no longer has an in-house print shop. However, the Department still did not ensure fiscal year-end commodities inventory balance is accurate and complete.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

The Statewide Accounting Management System (SAMS) (Procedure 03.60.20) requires State agencies to perform an annual physical inventory count to ensure the completeness and accuracy of inventory records. Significant inventory balances are required to be reported to the State Comptroller on form SCO-577 as part of the financial reporting process. In addition, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that the accounting and recording of financial data permits the preparation of reliable financial reports. This would include procedures to ensure inventory balances are accurately counted and undergo a thorough supervisory review prior to reporting the balances.

Department personnel indicated that the understatement of the commodities inventory was an oversight.

Failure to ensure accuracy and completeness of inventory balances at fiscal year-end results in inaccurate GAAP reporting to the State Comptroller. (Finding Code Nos. 2015-002, 2013-003)

RECOMMENDATION

We recommend the Department strengthen internal controls over physical inventories to ensure its fiscal year-end inventory balances are accurate and complete.

DEPARTMENT RESPONSE

The Department concurs with the finding. Warehouse space is limited, which causes an inability to store all inventory items together in one location. That can result in inventory items being overlooked when conducting the warehouse inventory. One step OHP staff in the Sexually Transmitted Diseases (STD) Section has taken to avoid overstatement of inventory items is to compare inventory counts with prior years' counts. Large discrepancies will be investigated and the count will be performed again to ensure accuracy. In addition, the OHP Division of Laboratories is currently working on a solution to better track inventories. Currently, the Springfield Laboratory is evaluating a software solution designed to monitor supplies. This software is a free web-based service which is accessible from any internet-connected device. The Division of Laboratories is also developing a standard operating procedure (SOP) to direct laboratory supervisors to use a consistent methodology for inventory maintenance. Depending on the results of the software pilot in Springfield, use of that system may be incorporated into the SOP.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-003. **FINDING** (Inadequate Controls Over Computer Inventory)

The Illinois Department of Public Health (Department) was unable to locate 65 computers during Fiscal Years 2014 and 2015. Some of these computers may have contained confidential information. The Department had no policy regarding clearing of data and software from electronic systems before sale, donation, or transfer.

The Department conducts an annual physical inventory of all equipment with an acquisition cost of \$500 or more and reported that the Department was unable to locate missing computer inventory totaling \$55,986 in Fiscal Year 2014 and \$20,449 in Fiscal Year 2015.

The Department considers all 65 of the computer equipment items (38 desktop computers and 27 laptop computers) to be lost, as none had been reported as stolen prior to the annual physical inventory. Department personnel were unable to provide property transfer forms or any other documentation indicating what happened to the computers. In addition, the Department did not perform a detailed assessment at the time it determined the computers to be missing; and, therefore, had not determined whether the missing computers contained confidential information. We performed inquiries with Department personnel to gain an understanding of the type of information that would have been maintained on the missing computers. However, the Department was unable to determine whether any of the missing computers contained confidential or sensitive information.

Although the Department has established procedures regarding the proper storage of electronic data, there is a possibility that confidential or sensitive information could reside on those computers. The Department had not protected all of its computers with encryption software, thus increasing the risk that confidential or sensitive information could be exposed.

The Department personnel confirmed that there is no process performed to clear data and software from computer equipment before transfer either outside or within the Department. The Information Technology Division of the Department is not involved in any way in the transfer process, hence clearing of data and software was not performed.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

The State Property Control Act (30 ILCS 605/4) requires the Department to be accountable for the supervision, control and inventory of all items under its jurisdiction and control. In addition, the Department had the responsibility to ensure that confidential information is protected from disclosure and that provisions in the Personal Information Protection Act (815 ILCS 530) are followed.

The Data Security on State Computers Act (Act) (20 ILCS 450/20) requires the head of each State agency to establish a system for the protection and preservation of State data on State-owned electronic data processing equipment necessary for the continuity of government functions upon it being relinquished to a successor executive administration. The Act requires agencies to implement a policy to mandate wiping surplus equipment before sale, donation, or transfer and to certify in writing these measures were taken before disposition.

In the prior finding response, officials stated the Department completed an assessment of computer equipment inventory which documented to whom the computer was assigned and what operating system was installed on said computer so they could determine if full disk encryption was installed on each unit. Department officials further stated that processes would be put in place on how to properly report lost or stolen computer equipment as well as to better track computer equipment sent to surplus or transferred between program areas within the Department. Though the Department has implemented a policy on reporting stolen or lost computers during the examination period, it could not be determined if an assessment of computer inventory was performed in 2013 due to management changes and lack of turnover of documents and communication.

Department management stated due to ineffective processes, older computers were not properly transferred to State surplus property. Management stated that older operating systems run slowly after encryption software has been installed, and a determination was made that encryption software would not be installed on older computers which lacked sufficient processing power. Typically, computers were over seven years old and most of them are out of service. Management stated they lacked an internal policy and procedure for data wiping because the Department of Central Management Services performs data wiping for the Department's computers through a vendor and the Department previously believed there was no need to take any measures at the agency level. However, the Department is still ultimately responsible for ensuring data wiping occurs, including preparing or obtaining documentation of compliance.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Failure to follow up on missing computer equipment, assess the existence of confidential information on computers, and failure to clear data and software from electronic systems before sale, donation, or transfer resulted in a lack of control over State property and increased risks associated with the potential exposure of confidential information. (Finding Code Nos. 2015-003, 2013-005, 11-8)

RECOMMENDATION

We recommend the Department:

- Immediately perform a detailed inventory of computer equipment and determine whether confidential information is stored on each unit.
- Review current practices to determine if enhancements can be implemented to prevent the theft or loss of computers.
- Establish procedures to immediately assess if a computer may have contained confidential information whenever it is reported lost, stolen or missing during the annual physical inventory, and document the results of the assessment.
- Establish policies and procedures to ensure compliance with the Data Security on State Computers Act.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department is currently performing an inventory audit of existing PC's and is working with the IT Coordinators. In order to address this finding, IDPH will revise and update its IT Directives and Guidance to reiterate and reinforce the existing requirement that storage of data that may contain sensitive or personally identifiable information on a device drive requires written permission from the agency Chief Information Officer (CIO). Additionally, IDPH will develop a survey document to identify the agency programs where sensitive and/or personally identifiable information would be likely to be accessed as a part of programmatic activities. The Department will purchase and provide to the IT coordinators for those identified programs, software to wipe the drive of any electronic data processing equipment utilized in those identified programs and will require as a part of the process that the IT coordinators wipe those computers prior to transfer or surplus. The Department will continue to complete a CMS Enterprise Service Request (ESR) to surplus equipment which is collected by Central Management Services. Central

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Management Services has implemented a policy to mandate that all hard drives of surplus electronic data processing equipment be erased, wiped, sanitized, or destroyed in a manner that prevents retrieval of sensitive data and software before being sold, donated, or transferred. The Department will ensure they receive the certificates back from CMS documenting the hard drive has been wiped. While the Department's continued control will be to ensure an ESR is completed by authorized Department staff in order to surplus or transfer equipment (etc. an IT Coordinator or IT Security Staff), the added layer of identification and erasure of all data from devices utilized in program areas where sensitive data may be utilized will further ensure compliance with the requirements identified in this finding. Current practices covered under the "Guideline 07-01, 03/27/2012 Information Technology (IT) Policies" and "Division of Information Technology Surplus Inventory Procedures" will be reviewed and revised, as necessary, to enhance and reduce or prevent the theft or loss of computers. Changes to existing guidelines or practices for PC transfers, surplus, or storing of sensitive data on PC's will be documented and communicated to the IT Coordinators.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-004. **FINDING** (Lack of Controls Over Contracts)

The Illinois Department of Public Health (Department) did not ensure contracts were properly approved and reported.

During testing of 60 contractual agreements for Fiscal Years 2014 and 2015, we noted the following:

- Seven (12%) tested contracts over \$250,000, totaling \$6,022,033, were not approved in writing by the Chief Executive Officer, Chief Fiscal Officer and Chief Legal Counsel.
- Fifteen (25%) contract obligation documents (CODs) tested had missing or incorrect information, including the Illinois Procurement Bulletin (IPB) publication date, IPB reference number, IPB exemption, award code, and/or signature by the individual who authorized the obligation.

The State Finance Act (30 ILCS 105/9.02(a)) states that any new contract, contract renewal, order against a master contract, or any contract amendment of \$250,000 or more in a fiscal year, shall be signed or approved in writing by the agency's chief executive officer, chief legal counsel, and chief fiscal officer. No such procurements may be filed with the Comptroller, nor may any authorization for payment pursuant to such documents be filed with the Comptroller, if the required signatures or approvals are lacking.

The Statewide Accounting Management System (SAMS) (Procedure 15.20.10) states the contract obligation document is used to obligate contracts, leases, purchase orders, sub-orders, and printing orders and must contain all of the data elements required by the SAMS Procedure Manual including procurement information from the Department of Central Management Services' Illinois Procurement Bulletin, transaction code to note the type of obligation and processing action to be taken by the State Comptroller, and the signature of the individual who authorized the obligation.

In the prior finding response, the Department stated that they began requiring written approval of all contracts over \$250,000 and had charged the Department's Financial Management Committee to ensure COD's were properly completed.

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Department management stated agency oversight, human error, and lack of attention to detail resulted in contract obligation documents not being completed accurately and contracts not being signed by all parties.

Failure to obtain proper signatory approval on contracts over \$250,000 could lead to the misappropriation of funds or a significant commitment of agency funds without the knowledge of top management. In addition, the lack of proper controls over contract obligation documents could result in inaccurate recording by the Department and the State Comptroller and a lack of accountability by the agency. (Finding Code Nos. 2015-004, 2013-006)

RECOMMENDATION

We recommend the Department strengthen and monitor controls to ensure appropriate signatory approvals are obtained on all contracts over \$250,000 and accurate information is filed on contract obligation documents with the State Comptroller.

DEPARTMENT RESPONSE

The Department concurs with the finding. In reference to the finding that the Department did not ensure contracts were properly approved and reported, in particular contracts over \$250,000, the new administration has taken several steps toward ensuring contracts are properly reviewed and approved by the Director, General Counsel and Chief Fiscal Officer. Current efforts include the following:

- All Deputy Directors and their fiscal managers have been advised that all contracts, regardless of their value, are to be signed by the Director or his documented designee.
- All contracts over the \$250,000 threshold are first reviewed by an attorney within the Division of Legal Services for inclusion of appropriate terms and conditions prior to the Department's General Counsel sign off on the \$250,000 Form. The \$250,000 Form approval packet which includes the contract, fully approved initial Request for Contractual Services or grant application and contract award recommendation form (also referred to as the Section 8 Form), Procurement Business Case printout that includes a note referencing the State Procurement Officer's sign off, and if applicable, Small Business Set-Aside Waiver Form, is then forwarded to the Department's Chief Fiscal Officer (CFO) who checks all documents for consistency, paying particular attention to the

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contract amount, contract term, contract number and appropriation. Once the CFO signs off, the packet is forwarded to the Director for final review and signature on the \$250,000 Form preceded by an email to his assistants and the respective Deputy Director submitting the request for approval of its pending arrival. To orient the Director, the email includes key facts about the request, i.e., vendor name, contract purpose, contract amount, funding source, and requesting Office.

- Finally, regardless of the contract value which drives the contracting method, the Department's primary procurement officials which includes the CFO/Agency Procurement Officer (APO), Chief Information Officer (CIO), Alternate APO, Office of Information Procurement Manager, Professional and Artistic Services Procurement Manager, and Fiscal Control Manager who is responsible for the procurement of commodities through coordination with Central Management Services (CMS), have been meeting on a regular basis to review the current procurement processes from request initiation to contract award, and are documenting a step-by-step process so the programs will know exactly what is required and can be held accountable should these written procedures not be followed.

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2015-005. **FINDING** (Inaccurate Property and Fixed Asset Record Keeping)

The Illinois Department of Public Health (Department) did not maintain accurate property and fixed asset records.

During our testing of the Department’s Fiscal Years 2014 and 2015 property records, we noted the following:

- For 82 additions, no cost was recorded in the property records as of June 30, 2015. These assets were added to the property records 30 days before year end. The Illinois Administrative Code (Code) (44 Ill. Admin. Code 5010.230) requires entries on property records must include the purchase price. The Code (44 Ill. Admin. Code 5010.400) also states that “agencies shall adjust property records within 30 days of acquisition, change, or deletion of equipment items.”
- Twenty-four of 60 (40%) items removed from property records with a total cost of \$214,260 did not have the required deletion form properly completed. The Code (44 Ill. Adm. Code 5010.310) details the documentation required for certain deletions from an agency inventory.
- Nine of 60 (15%) asset deletions with a total cost of \$50,720 lacked approval by the Department of Central Management Services (CMS). CMS approval is required for all deletions from property records (44 Ill. Adm. Code 5010.310).
- For one of 16 (6%) vouchers tested, installation costs of \$4,765 were incorrectly recorded under one property item rather than being allocated to the various items purchased for two different locations. As provided in the Statewide Accounting Management System (SAMS) (Procedure 03.30.20), the basic cost of equipment usually is determined by all of the costs necessary to acquire the asset and place it into service, including installation costs.
- Three of 60 (5%) items removed from property records with a total cost of \$41,409 were assigned improper transaction codes. All agencies must furnish the Property Control Division, on a monthly basis, a detailed listing of inventory deletions by transaction code (44 Ill. Adm. Code 5010.310).

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- Thirty of 60 (50%) items removed from property records with a total cost of \$467,920 were delivered to CMS as surplus without prior notice sent to notify all inventory coordinators regarding the available surplus property. The Department's Property Procedures (Procedures) Section 3.6.4 requires notification of available used property to all inventory coordinators.
- For six of 60 (10%) items tested with a total cost of \$6,398, property records were not updated to reflect the current location or transfer to CMS as surplus. Procedures Section 3.3.0 states that the transferring location should establish some type of internal follow up process to ensure required forms are submitted and equipment transferred to the appropriate location code.
- Two of 60 (3%) items with a total cost of \$16,740, and two of 60 (3%) items physically inspected did not have a property tag attached to the items. The Code (Ill. Adm. Code 5010.210) requires agencies to mark each piece of State owned property with a unique identifying number. Procedures Section 2.3.0 requires inventory tags to be issued for all equipment/inventory items with a purchase price of \$100 or more.
- Four of 60 (7%) items found during the physical inspection (two cameras, a postage scale, and a steel cabinet) were not recorded in the property records. The State Property Control Act (30 ILCS 605/6.02) requires each responsible officer maintain a permanent record of all items of property under his jurisdiction and control.
- One vehicle, which cost \$15,288, was recorded twice in the property records. As provided in SAMS (Procedure 29.10.10), asset records should be reconciled to the results of inventory and updated accordingly.
- Twelve of 120 (10%) items with a total cost of over \$12,000 were obsolete or unused during the physical inspection. Further, the Department had no policies and procedures in place for the regular identification of obsolete, damaged or unused equipment.
- We noted 116 surplus wireless devices awaiting transfer to CMS lacked proper documentation and/or timely transfer. Of the 116 items, 28 had improper location codes in the property records, 19 were excluded from the property records, 47 had no transfer forms, and 71 had not been sent to CMS 30 days after receipt by the transfer holding area.

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The Code (44 Ill. Admin. Code 5010.620) requires all agencies to regularly survey their inventories for transferable equipment and report any such equipment on proper forms to the Property Control Division of CMS.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system of internal and fiscal control to provide assurance that funds, property, and other assets are safeguarded against waste, loss, unauthorized use and misappropriation. Furthermore, good internal control procedures require the proper tracking of property and equipment as well as the establishment of checks and balances to detect and correct clerical, technical and other errors.

During our testing of the Department's Fiscal Years 2014 and 2015 annual physical inventory reports submitted to CMS, we noted the following:

- The FY 2015 Agency Inventory Summary was understated by \$298,024.
- The FY 2015 inventory Discrepancy Report excluded seven property items, which were not assigned to a location code or recorded in the property records.
- Four of 60 (7%) property deletions tested with a total cost of \$24,230 that were classified as not located/lost were not reported in the Discrepancy Report.

The State Property Control Act (30 ILCS 605/6.04) requires agencies perform an annual physical inventory check of all items of property under its jurisdiction and control and certify said inventory with a full accounting of all errors or exceptions reported therein. Further, SAMS (Procedure 29.10.10) states that asset records should be reconciled to the results of the inventory and updated accordingly.

We tested all four of the Department's Fiscal Year 2015 capital lease assets and noted the following:

- For all four (100%) of the capital lease assets, fair values at inception and the lease terms were inaccurately reported on the Accounting for Leases-Lessee (SCO-560) Form. The purchase price of the capital lease agreements was understated by \$22,784 and reported lease terms in the SCO-560 Form differed by 12 to 24 months from the lease agreements. Department personnel stated the difference in fair value was due to exclusion of maintenance costs, but no supporting documentation was provided.

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- All (100%) capital lease assets totaling \$76,570 were omitted from property records.
- Capital lease assets reported in the C-15 Report were understated by \$24,723 and did not agree with supporting schedules.

SAMS (Procedure 27.20.60) provides agencies with guidance on how to calculate the fair value at inception of leased property for the SCO-560 Form, including estimating maintenance costs if not specified as a separate maintenance fee in the contract. SAMS (Procedure 29.10.30) provides that a capital lease should be capitalized and recorded as an asset of the leasing State agency and reflected on the Form C-15 at a cost determined by the Comptroller's Office. SAMS (Procedure 29.10.10) requires agencies to maintain supporting detailed property records.

In the prior finding response, officials stated the Department had established a monthly supervisory review to ensure clerical and other errors are detected and corrected. Officials also responded that a full time person had been assigned to handle the duties, maintain accurate and current files, and data entry. Department management stated that current period exceptions on the annual physical inventory reporting were due to oversight. Management stated other exceptions were due to lack of a property control coordinator for most of the period and employees with competing demands and lack of expertise filling in.

Failure to maintain accurate property records increases the risk of equipment theft, loss, or waste occurring without detection and resulted in inaccurate property and fixed asset reporting. (Finding Code Nos. 2015-005, 2013-007)

RECOMMENDATION

We recommend the Department:

- Designate sufficient trained backup staff and strengthen procedures over property and equipment to ensure timely and accurate recordkeeping for all State assets. We further recommend the Department include a supervisory review process in its procedures to ensure clerical, technical, and other errors are promptly detected and corrected.
- Regularly survey inventories for transferable equipment and report any such equipment to the Property Control Division of CMS. Assets that are obsolete,

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

damaged or unused should be identified and, if necessary, removed from the Department's records.

DEPARTMENT RESPONSE

The Department concurs with the finding. The finding regarding the Department's not maintaining accurate property and fixed asset records is driven by the limitations associated with only having one individual dedicated to the Property Control function for several dispersed locations and the extended vacancy in that position, as well as the accountability for ensuring the adequacy of the annual inventory submission not being placed at a high enough level to reinforce the importance of the exercise.

Because of the extended vacancy in the Property Control Coordinator position, efforts to complete property transfer forms were not prioritized given the Unit Manager's primary responsibilities and the associated changes were sometimes not incorporated into the inventory system. Now the Coordinator position has been filled and new management has taken over at both the Unit-level and Deputy Director-level, during the learning process, gaps in the process have been identified and improved. Enhanced and standardized procedures are in the process of being documented such that the Property Control Liaisons for each location can eventually be trained on the new requirement. In doing so, accountability can be enforced. In fact, accountability enhancements began with the annual inventory currently in process, whereby the respective Deputy Director for each location was required to sign off on their inventory submissions for the first time.

In an effort to minimize the number of discrepancies discovered at the end of the year when the annual inventory is conducted, the new procedures developed will require Property Control Liaisons at the various locations to submit quarterly assessments regarding the disposition of individual assets valued at \$10,000 or more.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-006. **FINDING** (Failure to Complete Internal Audits and Undergo a Peer Review)

The Illinois Department of Public Health (Department) failed to comply with the Fiscal Control and Internal Auditing Act and International Standards for the Professional Practice of Internal Auditing. The Department did not complete most planned audits, its Fiscal Year 2014 annual internal audit report, or a peer review by the end of Fiscal Year 2015.

During our review of the Department's internal auditing activities, we noted the following:

- Seventeen of the 18 (94%) audits and reviews included in the approved two-year internal audit plan for Fiscal Years 2014 and 2015 were not completed during Fiscal Year 2015. One other audit was completed which was not included in the audit plan.
- No audits were completed relating to internal accounting and administrative controls, including testing of: (1) the obligation, expenditure, receipt, and use of public funds of the State and of funds held in trust; (2) grants received or made by the Department completed during the last two years; and (3) reviews of the design of major new electronic data processing systems and major modifications of those systems.
- No annual internal audit report for Fiscal Year 2014 was submitted to the Director of the Department.
- The Department's Internal Audit division did not undergo a peer review by June 30, 2015, which was five years after the July 1, 2010 transfer of chief internal auditor responsibilities from the Department of Central Management Services to the Department.

During the examination period, the Department expended over \$488 million (56%) of \$873 million in total expenditures for awards and grants and received over \$505 million. The Department also maintained over 50 computer applications used for all aspects of operations, including billing, recording receipts and inventory, tracking federal funds, producing licenses, recording personal medical information, long term care data, and healthcare worker background checks, and which include critical, confidential, and financially significant data for Department operations.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

During the prior examination, it was noted that the Department failed to perform adequate reviews of new or modified major information technology systems; one annual internal audit report submitted to the Director of the Department omitted the extent to which recommended changes had been implemented; and internal audit did not perform any follow-up procedures on the internal audit findings from the grant administration audit. In the prior finding response, officials stated the Division of Internal Audit will work with the Department’s Chief Information Officer to ensure audit review of major modifications to Department IT systems. The Department’s prior response also stated the Division of Internal Audit would ensure follow-up on all open findings and report the status in the annual report to the Director. However, current year’s testing showed the internal audit division did not conduct any such reviews.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/2003) (Act) states the internal auditing program should include audits of major systems of internal accounting and administrative control conducted on a periodic basis so that all major systems are reviewed at least once every two years. The audits must include testing of the obligation, expenditure, receipt, and use of public funds of the State and of funds held in trust to determine whether those activities are in accordance with applicable laws and regulations and grants received or made by State agency to determine that the grants are monitored, administered, and accounted for in accordance with applicable laws and regulations. The Act also requires the internal auditing program to include reviews of the design of major new electronic data processing systems and major modifications of those systems before their installation to ensure the systems provide for adequate audit trails and accountability. The Act further states, “By September 30 of each year the Chief Internal Auditor shall submit to the Chief Executive Officer a written report detailing how the audit plan for that year was carried out, the significant findings, and the extent to which recommended changes were implemented.”

The Institute of Internal Auditors’ International Standards for the Professional Practice of Internal Auditing (Standards), Attribute 1312-External Assessments, states that external assessments must be conducted at least once every five years by a qualified independent assessor or assessment team from outside the organization.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Department management stated the issues noted are the result of a vacancy in the Chief Internal Auditor position over a significant period of time and staffing issues in the Department.

Failure to implement the audit plan, report required information to the Director of the Department, and undergo an external assessment could result in significant issues in Department operations or internal controls not being timely detected and addressed by Department management. (Finding Code Nos. 2015-006, 2013-008)

RECOMMENDATION

We recommend the Department ensure completion of audits of major systems of internal accounting and administrative control at least once every two years, and report to the Director annually on how the audit plan was carried out, the significant findings, and the extent to which recommended changes were implemented. We also recommend the Department promptly arrange an external assessment of its internal audit activity to comply with the Institute of Internal Auditors' Standards.

DEPARTMENT RESPONSE

The Department concurs with the finding. The division of internal audit will work to complete planned audits related to internal accounting and administrative controls, including testing of: (1) the obligation, expenditure, receipt, and use of public funds of the State and of funds held in trust; (2) grants received or made by the Department completed during the last two years; and (3) reviews of the design of major new electronic data processing systems and major modifications of those systems. In addition, the division of internal audit will submit required reports and complete a peer review.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-007. **FINDING** (Lack of Prior Approval of Employee Overtime)

The Illinois Department of Public Health (Department) employees worked overtime during the examination period without proper prior approval.

The Department paid a total of \$3,039,531 for nearly 67,000 hours of overtime during Fiscal Years 2014 and 2015. We tested a sample of 19 pay periods and 60 employees who worked overtime during Fiscal Years 2014 and 2015. The employees in our sample incurred 2,811 hours of overtime during the pay periods tested. Based upon our review of the overtime requests, we noted 19 of 60 (32%) employees had overtime requests for a total of 507 hours that were not pre-approved by the supervisors. These requests were approved one to 10 days after the overtime was worked.

During the prior examination period, the Department had multiple exceptions concerning the lack of prior approval and documentation of employee overtime. In the prior finding response, the Department stated they implemented a new eTime system, worked to address programming errors in the system, and updated the Employee Handbook to reflect the appropriate documentation steps when prior approval is not possible due to emergency situations. Although the Department has implemented these measures, the Department did not ensure prior approval of overtime during the current period.

According to the Overtime section in the Department's Employee Handbook and Department procedure, in order to receive compensatory time or cash for overtime, appropriate eTime entries must be completed and approved prior to working the additional hours. If the need for overtime is an urgent issue and pre-approval is not possible, the employee shall notify their supervisor in writing via email and should request acknowledgment and approval in the same fashion. This is then to be noted in the eTime system Overtime Pre-approval Request and Overtime Worked comment sections. The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to ensure resources are utilized efficiently and effectively.

Department management stated competing work demands and Department oversight was the reason overtime requests were not approved timely.

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Failure to ensure overtime requests are properly approved in advance undermines accountability controls and may result in unnecessary personal service expenditures. (Finding Code Nos. 2015-007, 2013-009, 11-9)

RECOMMENDATION

We recommend the Department implement controls and enforce its policies and procedures.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department has provided guidance documents which outline the process to follow if pre-approval is not possible. With the implementation of the most recent upgrade to e-time, effective April 1, 2016, employees and supervisors have more stringent guidelines for requesting and approving overtime. Additionally, a new feature allows for comments to be put in on a daily basis rather than only on the weekly report. We anticipate both of these updated features will address the issue of concern.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-008. **FINDING** (Failure to Employ an Adequate Number of Surveyors)

The Illinois Department of Public Health (Department) failed to comply with provisions of the Department of Public Health Powers and Duties Law (Law) related to surveyors for long term care beds and the establishment of administrative rules related to Medicare or Medicaid certification fees.

During the current examination period, the Department did not employ the required minimum number of surveyors per licensed long term care beds during Fiscal Years 2014 and 2015, which is one surveyor for every 300 beds or .33%. We selected a sample of six months during the examination period to determine if the required numbers of surveyors were employed. We noted for all six months tested, the Department employed surveyors at the rate of .11% to .28%.

In addition, the Department still did not create administrative rules for the establishment of Medicare or Medicaid certification fees to be charged to facilities or programs applying to be certified to participate in the Medicare or Medicaid program to cover costs incurred by the Department.

During the prior examination period, the Department employed surveyors at the rate of .19% instead of the required .20% (one for every 500 beds) for two of five (40%) months sampled and .20% to .21% instead of the required .25% (one for every 400 beds) for three of the five (60%) months sampled. The Department also did not create administrative rules for the establishment of Medicare or Medicaid certification fees. In the prior finding response, management stated they would continue to actively hire surveyors as required by the Law. Additionally, management stated the Department would seek a legislative remedy to strike the provision to establish a Medicare or Medicaid certification fee.

The Department of Public Health Powers and Duties Law (20 ILCS 2310/2310-130) (Law) states the Department shall establish a Medicare or Medicaid certification fee by rule to recover costs not reimbursed to the State by the federal government. In addition, the Law states “Beginning July 1, 2013, the Department shall employ a minimum of one surveyor for every 300 licensed long term care beds.”

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Department management stated that although the Department hired 85 surveyors during the examination period, with 76 outstanding Electronic-Personal Action Requests working their way through the hiring process, hiring challenges remain due to staff turnover and transfers within programs, the lengthy hiring process, and often a shortage of registered nurse candidates at the hiring locations. Department management further stated that rules for certification fees were not prepared and filed because the federal government presently reimburses the State for the application, inspection and the survey of facilities applying to participate in the Medicare and Medicaid programs. Officials stated a legislative remedy is needed to strike the provision for the Department to establish a Medicare or Medicaid certification fee, but wasn't made a priority during Fiscal Years 2014-2015.

Failure to hire an adequate number of surveyors could lead to inadequate monitoring at long term care facilities. A lack of administrative rules for Medicare and Medicaid certification fees prevents the Department from assessing fees to recover unreimbursed program costs. (Finding Code Nos. 2015-008, 2013-010)

RECOMMENDATION

We recommend the Department employ the mandated number of surveyors to ensure adequate monitoring of long term care facilities and establish administrative rules for certification fees, as required by statute, or seek legislative remedy.

DEPARTMENT RESPONSE

The Department concurs with this finding. The Office of Health Care Regulation (OHCR) continues to hire surveyors in order to meet the Law. The Department has hired additional surveyors in the past year. Vacancies are posted in accordance with contractual obligations. Hiring is done per contractual obligations. OHCR is seeking a legislative remedy to strike the provision for OHCR to establish a Medicare or Medicaid certification fee as those costs are covered by the federal government and no additional fee is necessary.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-009. **FINDING** (Center for Comprehensive Health Planning Not Established)

The Illinois Department of Public Health (Department) failed to establish a Center for Comprehensive Health Planning.

The Department of Public Health Powers and Duties Law (Law) (20 ILCS 2310/2310-217) created the Center for Comprehensive Health Planning (Center) effective July 1, 2009. The Center was created to “promote the distribution of health care services and improve the healthcare delivery system in Illinois by establishing a statewide Comprehensive Health Plan and ensuring a predictable, transparent, and efficient Certificate of Need process under the Illinois Health Facilities Planning Act. The Center shall comprehensively assess health and mental health services; assess health needs with a special focus on the identification of health disparities; identify State-level and regional needs; and make findings that identify the impact of market forces on the access to high quality services for uninsured and underinsured residents.” The Law requires the Department to establish the Center “to develop a long-range Comprehensive Health Plan, which Plan shall guide the development of clinical services, facilities, and workforce that meet the health and mental health care needs of this State.” (20 ILCS 2310/2310-217)

During the prior examination, the auditors noted that the Department failed to establish a Center for Comprehensive Health Planning. In the prior finding response, officials indicated that steps were being taken to implement the Law. Officials responded that appropriation authority was requested in the Fiscal Year 2015 budget request, draft organizational charts had been created, and draft position descriptions were being developed. In addition, officials also stated that the Department was also engaging the Department of Central Management Services (DCMS) about establishing positions for the new Center. Current year’s testing showed Department personnel did take these initial steps to establish the Center such as organizational charts for the Center were modeled, position description for the chief of the Center and other staff have been written, and Department staff took steps to contact DCMS about establishing position. However, officials stated the new leadership of the Department concluded that seeking the repeal of the mandate would be appropriate, after determining the following: a) the utility of the Center is questionable, b) adequate funding is not secured or sustainable, and c) the demands on general revenue in Fiscal Years 2015-2016 and for the foreseeable future are extraordinary. Management also stated that the administrator and chair of the Health Facilities and Services Review Board have agreed on pursuing a repeal of the mandate after discussion with the Department.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Failure to establish a Center for Comprehensive Health Planning is non-compliance with the statute and may prevent the comprehensive assessment and long-term planning for healthcare delivery in Illinois as directed by the Law. (Finding Code Nos. 2015-009, 2013-011)

RECOMMENDATION

We recommend the Department either comply with the requirements of the Law or promptly seek legislative remedy.

DEPARTMENT RESPONSE

The Department concurs with the finding. Legislation is currently working its way through the legislature that would repeal this requirement. HB 4517 (Davis) has passed the House and is in the Senate committee on assignments as of the writing of this response.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-010. **FINDING** (Failure to Establish Joint Rules to Streamline Contracting Process)

The Illinois Department of Public Health (Department) failed to establish joint rules with other public service agencies on a cross-agency prequalification process, common service taxonomy, and a master service agreement for contracting with human service providers.

Public Act 97-0210 authorized and required the adoption of joint rules to help implement recommendations of a 2011 report to members of the General Assembly titled “Streamlined Auditing and Monitoring for Community Based Services: First Steps Toward a More Efficient System for Providers, State Government, and the Community.” Five State human services agencies were each charged with adopting those joint rules: the Department on Aging, the Department of Children and Family Services, the Department of Human Services, the Department of Healthcare and Family Services, and the Department of Public Health. The Department of Human Services was designated as the lead agency on these matters.

The Department of Human Services Act (Act) (20 ILCS 1305/1-37a(c)-(d)) and the Department of Public Health Powers and Duties Law (Law) (20 ILCS 2310/2310-12a) grant the Department the authority and require the Department to collaborate with other State human services agencies to adopt joint rules establishing a cross-agency prequalification process, a cross-agency master service agreement of standard terms and conditions for contracting with human service providers, and a cross-agency common service taxonomy to streamline the contracting processes with human service providers. However, those joint rules had not been adopted during the examination period.

In the prior examination period, the Department was also unable to provide a copy of the joint rules adopting a cross-agency prequalification process. In the prior finding response, officials stated the Department would work with the Department of Human Services (DHS) as the lead agency and the other human services agencies to ensure statutory compliance. During the prior examination period, the Department had not met all the requirements of the Department of Human Services Act (20 ILCS 1305/1-37b(a)–(h)), but those provisions were subsequently repealed on December 31, 2014.

Department management cited a lack of independent authority for establishment of administrative rules as the reason for failure to meet this requirement. The Department is referenced in the Act as an agency that is required to “collaborate” with DHS in the establishment and adoption of joint rules for pre-qualification of human service providers. Management stated the Department, unlike other “human service” agencies,

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does not generally provide the types of direct services that DHS and other similar agencies provide. Department programs are generally population-based and not direct services. Although the Department has participated in a contracts work group when requested by the lead agency, and common financial grant language was developed and implemented, joint rules were not established due to complexities of aligning the functions and processes of multiple State agencies.

Failure to adopt joint rules for contracting with human service providers does not allow intended governmental streamlining to occur in a timely manner. (Finding Code Nos. 2015-010, 2013-012)

RECOMMENDATION

We recommend the Department continue to work with the other human services agencies to ensure compliance with the requirements of the Act and Law.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department will continue to ensure adequate representation and participation on committees and sub-committees, and work with DHS as the lead agency and the other Human Services agencies to ensure compliance with requirements of the Act.

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2015-011. **FINDING** (Employee Performance Evaluations Not Performed Timely)

The Illinois Department of Public Health (Department) did not perform employee performance evaluations in a timely manner.

We selected 46 employees for review of performance evaluations conducted during the examination period. A total of 60 evaluations should have been completed for the applicable year tested, including three month new hire evaluations, three month probationary evaluations, four month probationary evaluations, six month probationary evaluations, and annual evaluations.

During testing, we noted the following:

- Thirty-three of 60 (55%) employees' performance evaluations were not completed within 30 days of the end of the evaluation period. The delinquencies ranged from 8 to 262 days late. Six of the late performance evaluations represent the probationary evaluation of a new employee. The remaining 27 represent annual evaluations.
- Eight of 46 (17%) employees did not have a performance evaluation performed for the fiscal year tested. Three of these employees required both a three month and six month probationary evaluation that were not completed. Two employees required a six month probationary evaluation and the remaining three required an annual evaluation that was not completed.

During the prior examination period, it was noted that some annual performance evaluations were late and some performance evaluations were not completed. In the prior finding response, the Department stated that the Office of the Director has been included in the notification process for evaluations coming due and for those that are past due in an effort to emphasize the importance of prompt evaluations. Officials also responded the Department was working to identify positions which could be removed from the union, thus, expanding the number of supervisors who can conduct performance evaluations. Although the Department has implemented these measures during the current examination, exceptions were still noted in our testing.

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The Illinois Administrative Code (80 Ill. Adm. Code 302.270(d)) (Code) requires that, for a certified employee, each agency shall prepare an employee performance evaluation not less often than annually. The Code (80 Ill. Adm. Code 302.270(b)) requires each agency to prepare two evaluations for employees serving a six month probationary period, one at the end of the third month of the probationary period and a final probationary evaluation 15 days before the conclusion thereof. Section 300(a) of the Code (80 Ill. Adm. Code 302) requires a probationary period of six months to be served: by employees who enter State employment or begin a new period of uninterrupted service, except for those who are reinstated as allowed by Section 610 of the Code (80 Ill. Adm. Code 302); and by an employee who is appointed from an open competitive eligible list, whether or not it is considered an advancement in rank or grade. The Code (80 Ill. Adm. Code 302.270(c)) requires each agency to prepare a four month evaluation at three and one half months after the commencement of the probationary period for employees serving a four month probationary period.

Department personnel stated the untimely evaluations were due to competing priorities and Department oversight.

Performance evaluations are a systematic and uniform approach used for the development of employees and communication of performance expectations to employees. Performance evaluations serve as documentation for recommendations of salary adjustments, promotions or demotions, discharge, layoff, recall, and reinstatement decisions. (Finding Code Nos. 2015-011, 2013-013, 11-10, 09-11, 07-14)

RECOMMENDATION

We recommend the Department enforce internal controls to ensure performance evaluations are completed and reviewed in a timely manner for all employees in accordance with the Illinois Administrative Code.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department has developed training for supervisors and managers which explains the importance of performance evaluations as well as guidance on how to administer them. Additionally, the Office of Human Resources has made recommendations to the Office of the Director that timely completion of performance evaluations be incorporated into the goals and objectives of all management staff. With regard to evaluations for new employees, the Department has implemented new employee checklists which facilitate a supervisor's ability to track

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when probationary evaluations are due and to document completion. The checklists are submitted to the Office of Human Resources for tracking purposes.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-012. **FINDING** (Required Reports Not Filed Timely and Accurately)

The Illinois Department of Public Health (Department) did not timely and/or accurately file statutorily required reports.

During testing, we noted the following:

- The Department did not file the two Travel Headquarter Reports (TA-2) Reports required for the period July 1, 2013 through June 30, 2014 with the Legislative Audit Commission. Also, the TA-2 Report for the period July 1, 2014 to December 31, 2014 was submitted 162 calendar days late.

For two of 23 (9%) employees tested, the official headquarters was missing on the TA-2 Report.

During the prior examination period, the Department’s TA-2 Reports were untimely filed, inaccurate, and incomplete. In the prior finding response, management stated the Department had improved follow-up, communication with program offices on employee’s headquarters designation, and workload demands to allow timely report filing. Management also stated they would improve verification of changes in personnel information prior to completion of the TA-2 Reports. Although the Department has implemented these measures, the Department did not ensure that TA-2 reports were filed timely and accurately.

The State Finance Act (Act) (30 ILCS 105/12-3) requires State agencies to file Travel Headquarter Reports with the Legislative Audit Commission for all individuals whose official headquarters are located other than where their official duties require them to spend the largest part of their working time. The reports shall be filed no later than July 15 for the period from January 1 through June 30 of that year and no later than January 15 for the period July 1 through December 31 of the preceding year. The report is to list, for each officer or employee, the place designated as his or her official headquarters and the reason for each designation.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

- The Department reported amounts on its Fiscal Year 2013 and 2014 Agency Workforce Reports which did not agree to the supporting documentation provided to the auditors. Discrepancies were noted on the data and statistical percentages presented for 14 of 16 (88%) employee groups within the Reports.

The Department has also incorrectly defined professionals for the purpose of reporting the information within the Department’s Fiscal Years 2013 and 2014 Agency Workforce Reports. Thus, it couldn’t be determined the correct number of professionals for both fiscal years. The Department reported 918 of 1,085 (85%) employees as professional in its Fiscal Year 2013 Report and 955 of 1,143 (84%) employees in its Fiscal Year 2014 Report.

The State Employment Records Act (5 ILCS 410/15(a)(v)) requires State agencies to report the information on the total number of persons employed within the agency work force as professionals, and the number and percentage of minorities, women, and physically disabled persons employed within the agency work force as professional employees. In addition, the State Employment Records Act (5 ILCS 410/10(e)) defines a professional employee as a person employed to perform employment duties requiring academic training, evidenced by a graduate or advanced degree from an accredited institution of higher education, and who, in the performance of those employment duties, may only engage in active practice of the academic training received when licensed or certified by the State of Illinois.

Department management stated that human error and Department oversight are the reasons for the deficiencies.

Failure to accurately and timely submit statutorily required reports prevents the appropriate oversight authorities from receiving relevant feedback for monitoring of programs and can decrease effectiveness of future decisions when accurate information is not available. (Finding Code Nos. 2015-012, 2013-014, 11-12, 09-12, 07-16, 05-12, 03-8)

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

RECOMMENDATION

We recommend the Department strengthen its controls over submission of required Agency reports to ensure reports are accurate and filed in a timely manner. We further recommend the Department file corrected Agency Workforce Reports per the Illinois State Auditing Act (30 ILCS 5/3-2.2) within 30 days of the audit release.

DEPARTMENT RESPONSE

The Department concurs with the finding related to Travel Headquarter Reports (TA-2) Reports. The Department will improve follow-up and communication with program offices on employee's headquarters designation by setting a deadline to submit their information well in advance of the filing deadline sufficient to issue delinquency notices to the respective Deputy Directors for follow up with their staff. The Travel Office will improve verification that the home address for a staff member is in compliance with the documentation submitted as well as complete verification of changes in personnel information with the Department's Office of Human Resources prior to completion of the TA-2 Report's submission to the Legislative Audit Commission. In addition, Regional Administrative Offices will be asked to submit any changes to employee headquarters and commuting mileage on a quarterly basis to the Travel Office. It is anticipated that these additional measures will enable the Department to submit the transmittal memorandum and required TA-2 forms to the Legislative Audit Commission by the filing deadlines.

The Department concurs with the finding related to the Agency Workforce Report. The EEO Officer responsible for preparing the report will: 1) revise statistical calculations to reflect appropriate percentages and; 2) work with the Office of Human Resources to identify the accurate number of employees who fall into the "Professionals" category as referenced in the State Employment Records Act. In addition, the Department will file corrected reports within 30 days of the audit release.

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2015-013. **FINDING** (Noncompliance with Distressed Facilities Provisions of the Nursing Home Care Act)

The Illinois Department of Public Health (Department) did not comply with provisions of the Nursing Home Care Act to publish and notify distressed facilities, establish a mentor program and sanctions, and report on revocation criteria and recommended statutory changes.

The Nursing Home Care Act (Act) (210 ILCS 45/3-304.2(a) through (h) requires the following:

- “By May 1, 2011, and quarterly thereafter, the Department shall generate and publish quarterly a list of distressed facilities. Criteria for inclusion of certified facilities on the list shall be those used by the U.S. General Accounting Office in report 9-689, until such time as the Department by rule modifies the criteria.” It further states that “in deciding whether and how to modify the criteria used by the General Accounting Office, the Department shall complete a test run of any substitute criteria to determine their reliability by comparing the number of facilities identified as distressed against the number of distressed facilities generated using the criteria contained in the General Accounting Office report. The Department may not adopt substitute criteria that generate fewer facilities with a distressed designation than are produced by the General Accounting Office criteria during the test run.”
- “The Department shall, by rule, adopt criteria to identify non-Medicaid-certified facilities that are distressed and shall publish this list quarterly beginning October 1, 2011. The Department shall notify each facility of its distressed designation, and of the calculation on which it is based.”
- The Department shall by rule establish a mentor program for owners of distressed facilities and also establish sanctions against distressed facilities that are not in compliance with this Act and (if applicable) with federal certification requirements.
- “By February 1, 2011, the Department shall report to the General Assembly on the results of negotiations about creating criteria for mandatory license revocations of distressed facilities and make recommendations about any statutory changes it believes are appropriate to protect the health, safety, and welfare of nursing home residents.”

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These provisions of the Act were first effective on July 29, 2010.

During our testing, we noted the Department did not generate and publish a quarterly list of distressed facilities. However, the Department had conducted multiple test runs of substitute criteria developed to meet the GAO report requirement and had determined reliability of the proposed methodology for designating distressed facilities. In addition, we also noted the Department did not: (1) adopt criteria to identify non-Medicaid-certified facilities that are distressed or publish a quarterly list; (2) establish by rule a mentor program for owners of distressed facilities and sanctions against distressed facilities that are not in compliance with the Act and with federal certification requirements; and (3) report to the General Assembly on the results of negotiations about creating criteria for mandatory license revocations of distressed facilities and making recommendations about any statutory changes. As of June 30, 2015, the Department had identified 47 facilities in the test run for distressed facilities.

Department officials stated, in order to create very specific methodology and to meet the criteria of the GAO report, it took the Department considerable time to define distressed facilities according to the Act. Officials further indicated that rules need to be adopted before the Department can move forward with establishing the criteria for designating distressed facilities for skilled and intermediate facilities, the mentor programs for identified distressed facilities, and fulfilling the rest of the requirements of the Act. In addition, officials stated the Department did not use the GAO criteria while developing its own criteria due to lack of understanding, resources, and staff to implement the GAO criteria in the interim.

Failure to timely and completely carry out mandated duties of the Act does not achieve legislative intent for the affected program. Noncompliance limits the Department's ability to identify, encourage and assist a facility designated as a distressed facility to develop a plan for improvement to bring and keep the facility in compliance with the Act. Failure to establish sanctions, negotiate criteria for license revocations, and make recommendations for statutory changes prevents potential actions which could better protect the health, safety, and welfare of nursing home residents. (Finding Code No. 2015-013)

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RECOMMENDATION

We recommend the Department take measures to ensure timely compliance with all aspects of the distressed facility requirements of the Nursing Home Care Act.

DEPARTMENT RESPONSE

The Department concurs with this finding. Amendments were made to 77 Ill. Adm. Code 300; 77 Ill. Adm. Code 330; 77 Ill. Adm. Code 340. The Office of Health Care Regulation (OHCR) is in the final stages to implement the provisions of Section 3-304.2 of the Nursing Home Care Act (NHCA). OHCR has conducted multiple test runs of substitute criteria developed to meet the GAO report requirement and has determined reliability of the proposed methodology. The methodology has been incorporated into proposed rules. OHCR is awaiting rule adoption to proceed with identification of distressed facilities and fulfill the remainder of the NHCA requirements.

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2015-014. **FINDING** (Noncompliance with Water Well Construction Code Act)

The Illinois Department of Public Health (Department) did not timely comply with certification provisions of the Water Well Construction Code Act.

During our testing of statutory mandates, we noted the Department had not certified any of the 10 closed loop well contractors tested in our sample by the mandated date of August 15, 2013. These certifications were 224 to 640 days late. There were 60 active closed loop well contractors as of our testing date.

The Water Well Construction Code Act (Act) (415 ILCS 30/9.1(a)) states that “within 2 years after the effective date of this amendatory Act of the 97th General Assembly, all closed loop well contractors, shall be certified by the Department.” The Act became effective on August 15, 2011.

Department officials stated once the statute was passed in 2011, it took the Department working with stakeholders to get approved administrative rules through the Joint Committee on Administrative Rules. Officials stated that the development of agreed-upon administrative rules caused the biggest delay to the contractor certification process. The administrative rules (77 Ill. Adm. Code 920) took effect on November 25, 2013, 102 days after certifications were mandated. Management stated additional delays were due to applications submitted by contractors after the statutory deadline for certification.

Failure to certify all closed loop well contractors within the required due date increases the risk of improper construction and modification of water wells which can adversely affect the public’s health. (Finding Code No. 2015-014)

RECOMMENDATION

We recommend the Department adhere to the requirements of the Act.

DEPARTMENT RESPONSE

The Department concurs with this finding. The Department is now in compliance. The OHP Division of Environmental Health currently has 67 active Closed Loop Contractor registrations. Of those, 37 were certified by the Department by successfully passing the Closed Loop Well Contractor’s Certification exam. The remaining 30 individuals had a current Water Well Contractor license and were certified without examination. According to the Administrative Rules, the Department collects a fee of \$175 for the

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Closed Loop Well Contractor's Certification exam. Closed loop well contractors using the open trench method are exempt from Department registration.

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2015-015. **FINDING** (Failure to Establish Policies and Procedures on Alzheimer’s Disease and Related Disorders)

The Illinois Department of Public Health (Department) failed to establish policies and procedures for data gathering on victims of Alzheimer’s disease and related disorders; and failed to inform and educate medical examiners and coroners regarding autopsies to diagnose the disease.

During our testing of statutory mandates, we noted the following:

- The Department did not establish policies, procedures, standards, and criteria for the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer’s disease and related disorders. Included in the policies should be procedures for obtaining the necessary consent of a patient or guardian to the disclosure and exchange of that information among providers of services within an Alzheimer’s disease assistance network and any person identified as a victim of Alzheimer’s disease or a related disorder under the Alzheimer’s Disease Assistance Act shall be provided information regarding the critical role that autopsies play in the diagnosis and in the conduct of research into the cause and cure of Alzheimer’s disease and related disorders.
- The Department did not provide information to medical examiners and coroners in the State regarding the importance of autopsies in the diagnosis and in the conduct of research into the causes and cure of Alzheimer’s disease and related disorders.
- The Department did not arrange for education and training programs that will enable medical examiners and coroners to conduct autopsies necessary for a proper diagnosis of Alzheimer’s disease or related disorders as the cause or a contributing factor to a death.

There are approximately 102 coroners and medical examiners in Illinois.

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-335) states “the Department shall establish policies, procedures, standards, and criteria for the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer’s disease and related disorders and for the conduct of consultation, referral, and treatment through personal

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

physicians, primary Alzheimer’s centers, and regional Alzheimer’s assistance centers provided for in the Alzheimer’s Disease Assistance Act.” It requires that the “requirements shall include procedures for obtaining the necessary consent of a patient or guardian to the disclosure and exchange of that information among providers of services within an Alzheimer’s disease assistance network and for the maintenance of the information in a centralized medical information system administered by a regional Alzheimer’s center. Any person identified as a victim of Alzheimer’s disease or a related disorder under the Alzheimer’s Disease Assistance Act shall be provided information regarding the critical role that autopsies play in the diagnosis and in the conduct of research into the cause and cure of Alzheimer’s disease and related disorders. The person, or the spouse or guardian of the person, shall be encouraged to consent to an autopsy upon the person’s death.” The Code also states “the Department shall provide information to medical examiners and coroners in this State regarding the importance of autopsies in the diagnosis and in the conduct of research into the causes and cure of Alzheimer’s disease and related disorders.” Further, the Code states “the Department shall also arrange for education and training programs that will enable medical examiners and coroners to conduct autopsies necessary for a proper diagnosis of Alzheimer’s disease or related disorders as the cause or a contributing factor to a death.”

Department officials stated the Department does not have the expertise to establish policies, procedures, standards, and criteria for the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer’s disease and related disorders. Officials also stated the Department does not have the funding or expertise to develop education and training programs that will enable medical examiners and coroners to conduct autopsies necessary for a proper diagnosis of Alzheimer’s disease or related disorders as the cause or a contributing factor to a death. Department officials further stated funding for this project was never requested from the General Assembly.

Failure to carry out these mandated duties does not achieve the legislative intent for the affected program, which is the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer’s disease and related disorders. (Finding Code No. 2015-015)

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

RECOMMENDATION

We recommend the Department either comply with the mandate or seek legislative changes.

DEPARTMENT RESPONSE

The Department concurs with the finding. The provisions of the Civil Administrative Code require the Department to establish policies, procedures, standards, and criteria for the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer's disease and related disorders. This was passed by the General Assembly, this was not a Department initiated legislative initiative and it was passed without providing funding to the Department for implementation. Over the subsequent years, the Department has not requested funding nor has the General Assembly appropriated funds for implementation of these statutory requirements. The Department concurs that a legislative remedy should be sought and will work through the State's legislative processes to do so.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-016. **FINDING** (Noncompliance with Obsolete Mandated Duties)

The Illinois Department of Public Health (Department) did not comply with or seek repeal of obsolete duties mandated by State statute.

During our testing of statutory mandates, we noted the following:

- The Department’s administrative rules differ from statutory requirements for notification of new water well pump or equipment installations. The Department has adopted rules and regulations over the installation of water well pumps and equipment which requires the contractor to submit a report of pump installation within 30 days to the Department post installation. The Illinois Water Well Pump Installation Code (415 ILCS 35/6(b)) requires that notification, in such form as the Department prescribes, of any water well pump or equipment to be installed, be sent to the Department prior to the commencement of any such installation. The Department received over 2,500 applications for new water well pump installations annually.

Department management stated final pump installation is dependent upon the existence or installation of power lines and plumbing to serve the building, and prior notification is not a reliable indicator of the actual installation date. Management further indicated notification post-installation is a more accurate indicator to public health agencies of the availability to collect a water sample.

- The Department is mandated by State Law to ensure certain bodies meet as defined. The Department failed to abide by the meeting requirements during the examination period. The Civil Administrative Code of Illinois (20 ILCS 2310/2310-372) (Code) created the Stroke Task Force (task force) within the Department. The Code charged the task force with the responsibility to advise the Department regarding setting priorities for improvements in stroke prevention and treatment efforts and the awarding of grants to improve care to stroke patients. The Code requires the task force to meet at least three times per calendar year. The task force did not meet during calendar years 2014 and 2015.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Department management stated the task force was rendered obsolete and needs legislative change to eliminate the task force requirements with the creation of the Illinois Stroke Advisory Subcommittee (Subcommittee) per Public Act 96-0514. Management stated several members of the task force migrated to participate in the Subcommittee. Officials noted that both the task force and the Subcommittee are advisory groups working on similar issues related to stroke prevention and treatment issues.

Failure to carry out or seek legislative change to mandated duties is noncompliance with statutory requirements and does not achieve legislative intent for the affected programs. (Finding Code No. 2015-016)

RECOMMENDATION

We recommend the Department either comply with mandates or seek legislative changes to eliminate these statutory requirements. Further, the Department should identify all obsolete mandates and continue to seek their repeal.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department will work with stakeholders to seek legislative changes or repeal to eliminate these statutory mandates.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-017. **FINDING** (Inadequate Controls Over Employee Time Reporting)

The Illinois Department of Public Health (Department) did not exercise adequate controls over employee time reporting to ensure employees' work hours were timely reported.

The Department expended \$97,854,689 for payroll and had an average of 1,183 employees during Fiscal Year 2015.

The Department utilizes the eTime system, which is an automated system for reporting and summarizing the employees' work hours and time offs. Each employee is expected to submit a weekly Daily Time Report (DTR) in the eTime system for approval by the supervisor.

We selected 60 employees and reviewed the DTRs for the pay period tested. There are two pay periods each month and a total of 118 DTRs were reviewed.

During testing, we noted the following:

- Forty-two of 118 (36%) DTRs tested were not timely completed. The employees completed their DTRs one to 483 days after they were due.
- Nine of 118 (8%) DTRs required to be completed were not submitted, and the employees were still paid despite the lack of required time reports.
- Three of 118 (3%) DTRs tested were not approved by the employee's supervisor.

The State Officials and Employees Ethics Act (5 ILCS 430/5-5(c)) requires State employees to periodically submit time sheets documenting the time spent each day on official State business to the nearest quarter hour.

According to the Time Reporting section in the Department's Employee Handbook and Department procedure, each employee is expected to complete their Daily Time Report (DTR) in eTime to accurately reflect (a) time spent on official State business; and (b) authorized leave to the nearest quarter hour (15-minute increments). Employees shall submit the completed DTR to his or her supervisor by close of business the following Tuesday.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Department management stated competing work demands and Department oversight were the reasons for the Daily Time Report not being submitted and approved timely.

Failure to maintain adequate controls over employee time reporting increases the risk of the Department paying for services not rendered by employees. (Finding Code No. 2015-017)

RECOMMENDATION

We recommend the Department strengthen controls to ensure employees' time records are completed, submitted in a timely manner and approved by their supervisor.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department has implemented a quarterly report process to monitor the timely submission of Daily Time Reports. Employees with delinquent reports are sent notices which are copied to their supervisors. Employees who remain non-compliant are subject to corrective and progressive discipline.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-018. **FINDING** (Inadequate Controls Over the Administration of State Vehicles)

The Illinois Department of Public Health (Department) did not have adequate controls over reporting of vehicle accidents, fringe benefits for personal use of State vehicles, changes to vehicle assignments, maintaining vehicle records, or obtaining annual certifications of license and vehicle liability coverage.

The Department’s fleet consisted of 87 vehicles at June 30, 2014 and 84 vehicles at June 30, 2015. Of those vehicles, 52 were personally assigned to employees during Fiscal Year 2014 and 54 in Fiscal Year 2015.

During our testing of 13 vehicle accidents involving State vehicles, we noted:

- Five (38%) vehicle accident reports were never filed with the Department of Central Management Services (CMS);
- One (8%) Auto Liability Uniform Cover Letter was not submitted to the CMS Risk Management Division Auto Liability Unit; and
- Two (15%) vehicle accident reports were submitted two days late.

The Illinois Administrative Code (Code) (44 Ill. Admin. Code 5040.520) requires vehicle accidents to be reported to law enforcement, the CMS Auto Liability Unit, and the agency on the vehicle accident form within seven calendar days or the driver and agency risk forfeiture of coverage under the State’s auto liability plan.

During our testing of 37 vehicle maintenance records, we noted the following:

- Eighteen (49%) vehicles did not undergo an annual inspection in FY 2014 and/or FY 2015;
- Thirty-five (95%) vehicles tested received oil changes 100 to 19,100 miles or one to 11 months past the allowed oil change interval; and
- Thirty (81%) vehicles tested did not receive a tire rotation every two oil changes as required.

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The Code (44 Ill. Admin. Code 5040.410(a)) requires agencies to have vehicles inspected at least once per year and shall maintain vehicles in accordance with CMS schedules for proper care and maintenance of vehicles. In addition, the Code (44 Ill. Admin. Code 5040.400) requires all State-owned or leased vehicles to undergo regular service and/or repair in order to maintain the vehicles in road worthy, safe, operating condition and appropriate cosmetic condition. Effective January 1, 2014, CMS required all passenger fleet vehicles 2002 and older to have a standard lube, oil and filter change every 3,000 miles or 6 months, whichever comes first. For passenger fleet vehicles 2003 and newer, interval policy is 5,000 miles or 6 months, whichever comes first. Tire rotation is required every second oil change on all vehicles.

During our testing of personal use of State vehicles, we noted the following:

- Sixty-eight (100%) monthly vehicle logs and vehicle use certification forms tested were not reviewed and reconciled for the determination of the fringe benefit value submitted for tax purposes. The Department only used the commuting days reflected in the certification forms to report fringe benefits.
- Thirty-four of 68 (50%) monthly vehicle logs and vehicle use certification forms tested differed as to the number of commuting days the State vehicle was used, resulting in understatements totaling \$522 and overstatements totaling \$65 of employee fringe benefits reported for taxation purposes.
- Five of 37 (14%) employees assigned State vehicles reported commuting miles of more than 30% of the vehicle's total mileage in FY 2014. The justification for the commuting miles was submitted between 451 and 493 days late.

The Internal Revenue Services' Employer's Tax Guide to Fringe Benefits (Publication 15-B) and Section III of the Department's Vehicle Policy states that any commute that an individual makes with an assigned vehicle is considered a fringe benefit and is to be valued at \$1.50 per one-way commute, or \$3 per day. Fringe benefits are to be included in the employee's wages for tax purposes.

Section III of the Department's Vehicle Policy provides employees must record all days the State vehicle is driven for commuting purposes and report it to the agency Payroll Division on the 10th of the month following the usage. No employee should be assigned to a State vehicle solely for the purpose of commuting. Any employee who at the end of a 12-month period exceeds more than 30% of the vehicle's total mileage as commuting mileage must submit a justification to the Agency Head for review. In

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addition, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that the accounting and recording of financial data permits the preparation of reliable financial reports. This would include procedures to ensure that fringe benefits are calculated accurately and undergo a thorough supervisory review prior to reporting the balances.

We tested 89 required annual certifications of license and automobile liability coverage form (certification form), we noted the following:

- Fifty-four of 89 (61%) required annual certifications were not filed;
- Thirty-two of 46 (70%) FY14 certifications were submitted 230 to 281 days late;
- Timeliness of submission could not be determined for five of 37 (14%) annual certifications because vehicle assignment forms were not prepared to reflect the assignment date to the employee.

The Illinois Vehicle Code (625 ILCS 5/7-601(c)) requires every employee of a State agency who is assigned a specific State-owned or leased vehicle on an ongoing basis to provide annual certification to the chief executive officer of the agency affirming that the employee is duly licensed to drive and that the employee has liability insurance coverage extending to the employee when the assigned vehicle is used for other than official State business. The certification shall be provided during the period July 1 through July 31 of each calendar year or within 30 days of any new vehicle assignment of a vehicle, whichever is later.

During our testing of vehicle assignment reporting to CMS, we noted the following:

- The FY2014 Annual Report on Individually Assigned Vehicles was not fully completed and timely submitted to CMS. An incomplete report, lacking required details and management certifications, was submitted 217 days late.

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- No changes to vehicle assignments were reported to CMS as required by the Illinois Administrative Code. While the exact number of changes that should have been reported could not be determined, we noted at least 11 changes not reported.

The Illinois Administrative Code (44 Ill. Admin. Code 5040.340) provides that State agencies are required to report to CMS annually and when changes occur, the name of each employee assigned a vehicle, the equipment number and license plate number of the assigned vehicle, and the employee's headquarters and residence. The State Records Act requires agencies to make and preserve records containing adequate proper documentation to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities (5 ILCS 160/8).

In the prior finding response, management indicated that the Department would require all employees, as well as the public members of Boards, Commissions and Authorities, to complete a vehicle liability insurance certification form. In addition, management stated the Agency Travel Coordinator would periodically review the Department's documentation in comparison with the new hires, board members, interns and persons assigned vehicles to ensure full compliance. It appears the Department did not implement its corrective action plan for certifications due to oversight.

Department management stated the exceptions noted during the current examination were primarily due to the extended absence of the Department Vehicle Coordinator without reassignment of related responsibilities to an alternative staff member. In addition, the FY14 annual report on individually assigned vehicles was delayed due to the time required to compile months of backlogged employee utilization report submissions and corrections to incomplete monthly reports. Department management stated the exceptions noted relating to the annual certification forms were due to a lack of awareness by various Department divisions that changes to vehicle assignments need official approval by the Director and completion of the certifications. Untimely submission of certifications of license and liability coverage was due to a lack of adequate employee time to monitor missing filings due to other conflicting assignments.

When accident reports are not submitted in a timely manner, facts of the accident may become unclear and it would be difficult to follow up on any possible liability to the Department or the State. In addition, failure to timely complete and submit accident reports risks forfeiture of coverage under the Self-Insured Motor Vehicle Liability Plan. Regular maintenance on State vehicles ensures the safety and efficiency of State vehicles, including better fuel economy and fewer expenditures

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related to the repair or replacement of vehicles, lower fleet operating costs, reduced vehicle down time and conservation of limited State resources. In addition, obtaining certification of license and vehicle liability coverage helps to prevent uninsured, underinsured and/or unlicensed drivers operating State vehicles while performing State business. Untimely reporting of reasons for insufficient use of personally assigned vehicles limits the State's ability to maximize fleet efficiency. Further, failure to properly report vehicle assignment changes to CMS lessens government oversight for fleet efficiency and accountability for State resources. (Finding Code Nos. 2015-018, 2013-015, 11-13, 09-14, 07-17)

RECOMMENDATION

We recommend the Department:

- Designate and train sufficient staff and backup staff to assume responsibilities to ensure continuous compliance with State laws, rules and regulations, as well as continuous enforcement of established controls.
- Monitor the submission of accident reports to ensure the requirements are being met as required by the Illinois Administrative Code and the State of Illinois-Self Insured Motor Vehicle Liability Plan.
- Enforce vehicle maintenance schedules to ensure vehicle safety, to reduce future year expenditures for repairs, and to extend the useful lives of vehicles.
- Enforce controls to ensure proper reporting of fringe benefits related to personal use of a State vehicle.
- Review and enforce procedures over the timely filing of the required annual certifications of license and liability insurance.
- Remind staff of reporting requirements, and develop a monitoring process to ensure all employee vehicle assignment changes, as well as the required annual report on Individually Assigned Vehicles, are submitted to CMS by the established due date.

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DEPARTMENT RESPONSE

The Department concurs with the finding. In response to the finding that controls over reporting of vehicle accidents, fringe benefits for personal use of State vehicles, changes to vehicle assignments, maintaining vehicle records, or obtaining annual certifications of license and vehicle liability coverage, the Department acknowledges these findings and is putting in place the following changes that resulted from previously noted staffing constraints and inadequate communications between all parties involved:

- Reassignment of Vehicle Coordinator responsibilities to the Department’s Travel Coordinator given the logical synergies between the two functions and the observation by the new Deputy Director for Finance and Administration that the workload of the previous Vehicle Coordinator when combined with this individual’s extended leave may have impacted the deficiencies noted in this audit.
- Development of a revised Vehicle Policy that indicates in detail the Department’s implementation of the Statewide vehicle requirements, with documented receipt of the revised policy to all individuals with individually assigned vehicles, and posting of the revised policy on the Department’s intranet for all others. Included in the revised policy will be the following:
 - Standardization of the monthly vehicle usage report forms and timely follow up on missing submissions with notification to the associated staff member’s Deputy Director of delinquencies which should facilitate more timely consolidation of information for annual reports to be submitted to CMS by stated deadline.
 - Vehicle reassignment procedures and final sign off by the Vehicle Coordinator.
 - Accident reporting requirements with stated documentation required and timelines for various requirements and individuals and external entities that must be advised.
 - Log to track notification of required maintenance and documentation to confirm maintenance has been conducted for inclusion in the vehicle’s file.
 - Flow of commuting mileage reporting, i.e., Vehicle Coordinator to advise Payroll to ensure consistency.

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- Senior management is also considering whether several of the vehicles where commuting miles exceed the 30% usage level should be converted to pool vehicles for a more effective use of this limited asset given statewide demand for vehicles during this economically challenging period.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-019. **FINDING** (Field Sanitation Fines Not Being Assessed)

The Illinois Department of Public Health (Department) did not assess fines to violators upon inspection of farm operations as required by the Field Sanitation Act.

During our testing of 22 field inspections for Fiscal Years 2014 and 2015, we noted all seven (100%) field inspections conducted by the Department where violations were cited failed to include an assessment of fines. The Department performed nine inspections in Fiscal Year 2014 and 13 inspections in Fiscal Year 2015, with no fines being assessed for either year.

The Field Sanitation Act (Act) (210 ILCS 105/12) requires the Department to perform random inspections of farm operations as necessary to ensure compliance with the Act. In addition, the Act requires the Department, upon receipt of a complaint or report of a violation, to inspect the farm operation that received the complaint. Any violators of this Act or of the Department's regulations shall be guilty of a petty offense and shall be fined no less than \$100.

During the prior examination period, two field inspections with violations cited did not include an assessment of fines. In the prior finding response, management stated they determined over the past years that the licensee should have some due process in correcting any violations of the Act. Management had also responded that violations are generally both minor in nature and infrequent, and corrections to violations were actually witnessed by field inspectors while still on-site. The Department responded they understood that such actions don't meet the specific language in the Act and stated they would again need to seek a legislative remedy to address the issues.

During the current examination, Department management stated they deemed it unnecessary to assess fees, as violations were corrected on-site with field inspectors present. Management also stated a legislative amendment would be required to more accurately reflect field sanitation activities and regulatory actions.

Failure to assess fines results in fewer disincentives for operations violating the Act and is noncompliance with State law. (Finding Code Nos. 2015-019, 2013-016, 11-14, 09-18, 07-23, 05-15, 03-3)

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RECOMMENDATION

We recommend the Department comply with all aspects of the requirements of the Field Sanitation Act or promptly seek legislative remedy.

DEPARTMENT RESPONSE

The Department concurs with the finding. Violations are corrected on-site with field inspectors present so assessing fines is unnecessary. Additionally, the State's Attorney of the county in which the violation occurs or the Attorney General is responsible for prosecuting such actions; they are unlikely to pursue cases with minimal fines. The Department will seek a legislative remedy to more accurately reflect field sanitation activities and regulatory actions.

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2015-020. **FINDING** (Statutory Committee and Board Requirements)

The Illinois Department of Public Health (Department) did not comply with committee and board requirements mandated by State law.

The Department is required by State law to ensure the composition of certain committees and boards as defined. Our testing noted the Department failed to abide by the following statutory committee and board requirements during the examination period:

- The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-349) creates the Childhood Cancer Research Board as an advisory board within the Department. The Code establishes the membership composition of the Board of 11 members with two members to be appointed by the Director and the Director or his designee shall serve as an ex officio member of the Board. Other members are to be appointed by the Senate President and Minority Leader, the House Speaker and Minority Leader, and the Governor. The Board is required to review grant applications, make recommendations and comments, and consult with the Department in making grants from amounts appropriated from the Childhood Cancer Research Fund to public or private not-for-profit entities for the purpose of conducting childhood cancer research. During our testing, we noted that appointments to the Board had not been made as specified in the Code.
- The Home Health, Home Services, and Home Nursing Agency Licensing Act (210 ILCS 55/7(a)) (Act) mandates the Director of the Department appoint a Home Health and Home Services Advisory Committee (Committee) composed of 15 persons to advise and consult with the Director on the development of rules for the licensure of home services agencies and home nursing agencies operating in the State. The Act establishes the membership composition of the Committee. As of June 30, 2015, the Committee was comprised of 13 members. Two positions were vacant during some part of the examination period for two and 12 months.

During the prior examination period, it was noted that six vacant positions were filled four to 18 months after vacated and one member did not attend any meetings. In the prior finding response, management stated the Office of Health Care Regulation has hired a new staff member to be responsible for all of the office's advisory boards and will be responsible to monitor the

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board membership status, assist with filling vacancies, and preparing documents for re-appointments. During the current examination period, we noted that all members attended the five meetings.

- The Health Maintenance Organization Act (HMO Act) (215 ILCS 125/2-2(a)) mandates the creation within the Department of a Health Maintenance Advisory Board (Board) to consist of 11 members appointed by the Department's Director. The Board "has the power to review and comment on proposed rules and regulations to be promulgated by the Director of the Department... within 30 days after those proposed rules and regulations have been submitted to the Advisory Board." During the current examination period, there was no activity concerning the Board, no meetings and no records of current Board members.

During the prior examination period, it was noted the Board last met in 1989 and the most recent Board member listing maintained by the Department was from 1999 and consisted of only four members. In the prior finding response, Department management stated they were planning to seek legislative action to eliminate the Health Maintenance Organization Board continuation requirement. Officials stated proposed legislation was developed internally, but not pursued due to limited legislative changes approved by the Governor's office.

Department management stated that recruiting and maintaining candidates to serve on non-paying boards can be challenging. In regard to the Childhood Cancer Research Board, the Department cited that the \$70,702 in the special state fund is insufficient to implement a competitive grant application process, review of which is the purpose of the Board. According to officials, as insufficient funding to implement research grants was available, appointment and convening of the advisory board to review and recommend grant applications for funding was illogical at this time. The Board was to be funded by an Illinois income tax check-off, which was discontinued due to failure to achieve the minimum required annual check-off receipt amount. In regard to the Health Maintenance Organization Advisory Board, Department management stated the Board has not met for more than 20 years as there is no statutory requirement to do so. Given the lack of meetings over this long period of time, membership on the Board has not been kept current.

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The existence of vacancies, failure to meet as required, and not appointing representatives to statutorily required positions lessens governmental oversight and limits the input of all members that were intended by the General Assembly. (Finding Code Nos. 2015-020, 2013-018, 11-16)

RECOMMENDATION

We recommend the Department comply with the Code and appoint members to the Childhood Cancer Research Board to use the \$70,702 in the Childhood Cancer Research Fund for the purpose intended or seek legislative remedy. Further, we recommend the Department timely fill the vacancies on the Home Health and Home Services Advisory Committee as required by the statute. In addition, we recommend the Department seek to fill vacancies on the Health Maintenance Advisory Board as required by the HMO Act or seek legislative remedy to eliminate the Board continuation requirement.

DEPARTMENT RESPONSE

The Department concurs with this finding. The Department is actively seeking to fill all vacancies who meet the vacancy criteria. Some of the recommended candidates failed to qualify for membership. The Department has been aggressively reaching out to public and private contacts for recommendations for Board appointments. The Department is continuing to follow up with the Office of Governmental Affairs for status on Governor's Office approvals or recommendations for general public members that may have an interest. Further, the Department will seek legislative remedy when needed.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-021. **FINDING** (Reporting Requirements)

The Illinois Department of Public Health (Department) did not adhere to various reporting requirements established by Law.

During our testing, we noted the following:

- The Specialized Mental Health Rehabilitation Act of 2013 (210 ILCS 49/4-103) required the Department to file emergency rules concerning provisional licensure under this Act within 120 days after the effective date (July 22, 2013) of this Act. The Administrative Code 77 Part 380 Specialized Mental Health Rehabilitation Facilities Code emergency rule was filed by the Department and became effective on May 22, 2014, six months late.
- The Nursing Home Care Act (210 ILCS 45/3-804) requires the Department to report to the General Assembly by July 1 of each year upon the performance of its inspection, survey and evaluation duties and its actions in enforcement under this Act, including the number and needs of Department personnel engaged in such activities. The report shall also include the number of valid and invalid complaints files with the Department within the last calendar year. The report due July 1, 2013 was filed 114 days late and the report due on July 1, 2014 was filed 57 days late.

During the prior examination period, it was noted the reports were filed 87 to 304 days late. In the prior finding response, management stated they had implemented internal procedures for timely submission of all data to meet the statutory requirement.

- The Department of Public Health Powers and Duties Law (Law) (20 ILCS 2310/2310-640(d)) requires the Department prepare and submit to the Governor and General Assembly an annual report by January 1 each year regarding its administration of the Hospital Capital Investment Program. The transmittal of the annual report to the General Assembly indicated that the 2013 annual report due January 1, 2014 was filed on January 28, 2014, 27 days late. The Department, however, was unable to provide documentation supporting the submission of the 2013 report due January 1, 2014 to the General Assembly and the Governor’s Office. The Law also requires the annual report include information as to whether each project is subject to and authorized under the Illinois Health Facilities Planning Act, if applicable.

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The 2014 and 2013 annual reports did not reference the Certificate of Need Determination applicability as required by the Illinois Health Facilities Planning Act.

During the prior examination period, the annual reports were filed 25 and 27 days late. In addition, the Department was unable to provide support that the annual reports were filed with the Governor. In the prior finding response, management stated options for legislative remedy were being considered, as were other means to meet the reporting deadline. The Department had not yet pursued legislative changes as of the end of Fiscal Year 2015.

Department personnel stated that, in addition to staff time necessary to prepare the reports, the importance of verifying and analyzing all the information received in order to produce a quality report is also a reason for the late submissions. Management stated delays in filing emergency rules for provisional licensure were due to additional time needed to reach consensus among nearly three dozen stakeholder groups and three State agencies. For the issue reporting on the Hospital Capital Investment Program, Department officials stated the Certificate of Need Determination was not referenced in the 2013 and 2014 annual reports due to oversight.

During the prior examination period, the Department was late in the submission of the 2012 Prostate and Testicular Cancer report and omitted the age breakdown, geographic information, stages of presentation of those served by the program, and diagnostic and treatment status of those served by the program as required by the Department of Public Health Powers and Duties Law (20 ILCS 2310/2310-397(b)(4)). On January 1, 2014, Public Act 98-0087 became effective and removed the requirements for inclusion of the stages of presentation and diagnostic and treatment status of those served by the program requirements. During the current examination period, the Department filed both the 2014 and 2015 reports before the July 1 deadline and contained the required information on the number screened and the ethnic, geographic and age breakdown.

Failure to timely report to the General Assembly and Governor as required lessens governmental oversight. (Finding Code Nos. 2015-021, 2013-019, 11-17, 09-15, 07-19, 05-8, 05-14, 03-2, 01-3, 99-4, 97-7)

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RECOMMENDATION

We recommend the Department comply with the various reporting requirements or seek legislative remedy for statutory mandate provisions.

DEPARTMENT RESPONSE

The Department concurs with this finding. The final rules for Specialized Mental Health Rehabilitation Facilities (SMHRF) were adopted in November 2014. The 2015 General Assembly Report for 2015 was submitted by July 1, 2015. Internal controls are in place to ensure reports are submitted by due dates.

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For the Two Years Ended June 30, 2015**

CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-022. **FINDING** (Weaknesses with Payment Card Industry Data Security Standards)

The Illinois Department of Public Health (Department) had not completed all requirements to demonstrate full compliance with the Payment Card Industry Data Security Standards (PCI DSS).

The Department accepted credit card payments for multiple programs. In Fiscal Years 2014 and 2015, the Department handled over 21,500 transactions for approximately \$1.96 million and over 25,700 transactions for approximately \$2.9 million, respectively.

Upon review of the Department’s efforts to ensure compliance with PCI DSS, we noted the Department had not:

- Formally assessed each program accepting credit card payments, the methods in which payments could be made, matched these methods to the appropriate Self-Assessment Questionnaire (SAQ), and contacted service providers and obtained relevant information and guidance as deemed appropriate.
- Completed a SAQ addressing all elements of its environment utilized to store, process, and transmit cardholder data.
- Submitted compliance documentation to the Treasurer’s E-Pay program vendor.

PCI DSS was developed to detail security requirements for entities that store, process or transmit cardholder data. Cardholder data is any personally identifiable data associated with a cardholder.

To assist merchants in the assessments of their environment, the PCI Council has established Self-Assessment Questionnaires (SAQ) for validating compliance with PCI’s core requirements. At minimum, PCI DSS required completion of SAQ A; which highlights specific requirements to restrict access to paper and electronic media containing cardholder data, destruction of such media when it is no longer needed, and requirements for managing service providers. As additional elements, such as face-to face acceptance of credit cards and point-of-sale solutions, are introduced into the credit card environment being assessed, additional PCI DSS requirements apply.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

Department personnel stated that due to a lack of resources and lack of complete listing of programs processing credit card transactions, PCI requirements were not complied with.

Confidential and personally identifiable information collected by the Department should be adequately secured at all times. Failure to establish and maintain adequate procedures to handle and protect confidential and personally identifiable information could result in identity theft or other unintended use. (Finding Code No. 2015-022)

RECOMMENDATION

We recommend the Department:

- At least annually, assess each program accepting credit card payments, the methods in which payments can be made, and match these methods to the appropriate SAQ.
- Complete the appropriate SAQ(s) for its environment and submit documentation supporting its validation efforts to the Treasurer’s Office and the E-Pay program vendor.
- Maintain contact with the Treasurer’s Office to ensure sufficient knowledge and awareness of PCI Compliance status, issues, and guidance surrounding the E-Pay program.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department is currently working to assess each program accepting credit card payments, the methods in which payments can be made, and match these methods to the appropriate SAQ(s). The appropriate SAQ(s) will be completed and documentation supporting its validation efforts will be submitted to the Treasurer’s Office and the E-Pay program vendor. In addition, the Department will maintain contact with the Treasurer’s Office to ensure sufficient knowledge and awareness of PCI Compliance status, issues, and guidance surrounding the E-Pay program.

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DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-023. **FINDING** (Weaknesses Regarding Systems Development and Change Control Procedures)

The Illinois Department of Public Health (Department) did not have formal System Development Methodology or Change Control Procedures.

The Department had established computer systems in order to meet its mission and mandate. The Department processed and maintained critical, confidential and sensitive information on its computer systems.

The Department had not formally implemented system development methodology and change control procedures to ensure new systems and major changes to existing systems were adequately developed, tested, documented, approved and implemented. In addition, the Department did not have an effective separation of duties for programmers developing or maintaining its computer systems.

Generally accepted information technology guidance endorses the implementation of system development standards that require new system developments and modifications to existing systems be properly approved, thoroughly tested, and consistently documented. These procedures include restricting programmers from making a change and moving it into production.

Department personnel stated that this issue is due to the vacancy of the Chief Information Officer position and lack of knowledge and staff resources constraints.

The lack of a comprehensive system development methodology increases the likelihood of ineffective and inefficient use of resources, systems that fail to meet expectations and requirements, and systems that are difficult to maintain and update. (Finding Code No. 2015-023)

RECOMMENDATION

We recommend the Department develop and implement a comprehensive system development methodology and change control procedures which document its current processes and ensure new system developments and modifications to existing systems are developed and implemented in a manner that ensures they are adequately planned, developed, tested, documented, approved, and implemented. Further, the Department should restrict programmer access to all production programs and data. If the Department determines that programmer access is necessary in some

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

situations, it should establish and enforce compensating controls to ensure appropriate management oversight and approval of changes.

DEPARTMENT RESPONSE

The Department concurs with the finding. The existing development methodology needs to be examined then updated to reflect current practices. Procedures will be followed to ensure involvement with the Internal Auditor along with management approvals being completed for all phases of the process. If the Department determines a programmer needs access to all production programs and data, compensating controls will be in place to ensure appropriate management oversight and approval of changes.

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

2015-024. **FINDING** (Noncompliance with the Custody Relinquishment Prevention Act)

The Illinois Department of Public Health (Department) was not in compliance with the Custody Relinquishment Prevention Act (Act).

During our testing, we noted the Department had not entered into an interagency agreement with the Department of Children and Family Services (DCFS), the Department of Human Services, the Illinois State Board of Education, the Department of Juvenile Justice, and the Department of Healthcare and Family Services as of June 30, 2015 as required by the Act.

The Custody Relinquishment Prevention Act (Act) (20 ILCS 540/15) establishes a pathway for families on the verge of seeking services for their child’s serious mental illness or serious emotional disturbance through the relinquishment of parental custody to DCFS, despite the absence of abuse or neglect, to receive services through the appropriate State child-serving agency. The Act requires an interagency agreement between the above named agencies; such agreement shall require the establishment of an interagency clinical team to identify at risk children and youth and connect them to appropriate services to stabilize the child or youth and thereby avoid the family’s relinquishment of custody to DCFS. The agencies were required to enter into an interagency agreement within 180 days of the Act’s effective date of January 1, 2015.

Department personnel stated they were unaware of the amendments made in the Custody Relinquishment Prevention Act, as the Act is under the purview of DCFS. Department personnel believed that DCFS is naturally charged with initiating an effort to comply with this section of the Act. In addition, officials stated the Department’s role is unclear as the Department does not provide direct clinical services to individuals in any Department programs.

Failure to establish and enter into an interagency agreement addressing the needs of children and youth with serious mental illness or serious emotional disturbance can result in the relinquishment of families’ custody to DCFS that may have otherwise been avoided and is noncompliance with the Act. (Finding Code No. 2015-024)

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CURRENT FINDINGS – STATE COMPLIANCE (Continued)

RECOMMENDATION

We recommend the Department coordinate with the Department of Children and Family Services, the Department of Human Services, the Illinois State Board of Education, the Department of Juvenile Justice, and the Department of Healthcare and Family Services to establish and enter into an interagency agreement as required by the Custody Relinquishment Prevention Act or seek legislative remedy.

DEPARTMENT RESPONSE

The Department concurs with the finding. The Department has since entered into an interagency agreement as required.

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PRIOR FINDINGS NOT REPEATED

A. **FINDING** (GAAP Reporting)

During the prior examination period, the Department did not correctly report financial information for federal grants in the year-end Generally Accepted Accounting Principles (GAAP) Reporting Packages to the Illinois Office of the Comptroller. The following errors were noted: (1) individuals and primary government agencies were improperly reported as subrecipients in the SCO 563 and SCO-563C forms; and reported subrecipient expenditures were understated in these GAAP forms and in the Schedule of Expenditures of Federal Awards; (2) contractual payments on form SCO-568 were improperly reported as third-party reimbursements instead of service type transactions; (3) expenditures reported on form SCO-563 were overstated; and (4) one grant program had Catalog of Federal Domestic Assistance (CFDA) number incorrectly reported.

During the current examination period, our testing results did not identify any material errors or incorrect CFDA numbers of grant programs reported on the SCO-563, SCO-567, and SCO-568 forms. (Finding Code Nos. 2013-002, 11-3, 09-4, 07-4, 05-3, 03-6)

B. **FINDING** (Lack of Controls Over Monthly Reconciliations)

During the prior examination period, the Department did not have adequate documentation to support timely completion of all monthly cash receipt, cash balance, and appropriation reconciliations, and failed to timely complete some cash balance reconciliations.

During the current examination, our testing disclosed that after the prior year compliance report was released, the Department performed and documented timely reconciliation and supervisory review of monthly cash receipts and appropriations. However, exceptions were still noted regarding the timely supervisory review of cash balance reconciliations. This issue has been included in the report of immaterial findings as Finding Code No. IM2015-016. (Finding Code No. 2013-004)

C. **FINDING** (Failure to Maintain Documentation to Support Compliance with the Provisions of the Lawn Care Products Application and Notice Act)

During the prior examination period, the Department failed to maintain documentation to support that school boards and licensed day care centers were notified of the provisions of the Lawn Care Products Application and Notice Act (Act) (415 ILCS 65/6).

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PRIOR FINDINGS NOT REPEATED (Continued)

During the current examination period, we noted no instances in our sample where the Department failed to notify tested school boards and licensed day care centers regarding applicable provisions of the Act. (Finding Code Nos. 2013-017, 11-15)

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CURRENT STATUS OF PERFORMANCE AUDIT RECOMMENDATIONS

As part of the compliance examination of the Illinois Department of Public Health (Department) for the two years ended June 30, 2015, we followed up on the status of the following recommendations from the Illinois Office of the Auditor General's Performance Audit, Funding Provided by State Agencies to Heartland Human Services - May 2009. One recommendation, listed below, applied to the Department.

Recommendation #1 - Health Care Worker Registry

The Department of Human Services (DHS) and the Department of Public Health should work together to ensure that Community Integrated Living Arrangement (CILA) and other mental health workers are being added to the Health Care Worker Registry (Registry) as required by State law.

Status – Not Repeated

During the current examination, we noted that a Task Force for the purpose of developing a process for ensuring that all CILA and other DHS clients are added to the Registry, including the Department and DHS, met in June 2014. The Task Force discussed the status of the Registry reporting requirements and the background check process. The new background check process automated the information being added to the Registry. CILAs are now required to register their employees and prospective employees in the Registry to commence a background check. Once completed, the background check process is downloaded to the Registry. As of the date of our testing, the new process had been implemented and over 200 CILAs are now registered.

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CURRENT STATUS OF PERFORMANCE AUDIT RECOMMENDATIONS (Continued)

As part of the compliance examination of the Illinois Department of Public Health (Department) for the two years ended June 30, 2015, we followed up on the status of the following recommendations from the Illinois Office of the Auditor General's Performance Audit of the Center for Comprehensive Health Planning and Health Facilities and Services Review Board - May 2014. One recommendation, listed below, applied to the Department.

Recommendation #2 - Center for Comprehensive Health Planning

The Department of Public Health should work to establish the Center for Comprehensive Health Planning as required by State statute (20 ILCS 2310/2310-217). The Center and the Comprehensive Health Planner should develop the required Plan.

Status - Not Implemented

As reported in Finding 2015-009, the Department failed to establish a Center for Comprehensive Health Planning. (See pages 41-42 for additional details.)

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SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES

SUMMARY

Supplementary Information for State Compliance Purposes presented in this section of the report includes the following:

- Fiscal Schedules and Analysis:

- Schedule of Appropriations, Expenditures and Lapsed Balances Fiscal Year 2015
- Schedule of Appropriations, Expenditures and Lapsed Balances Fiscal Year 2014
- Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances
- Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances By Fund
- Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances By Object Code
- Comparative Schedule of Receipts, Disbursements and Fund Balance (Cash Basis) - Locally Held Funds
- Schedule of Changes in State Property
- Comparative Schedule of Cash Receipts
- Reconciliation Schedule of Cash Receipts to Deposits Remitted to the State Comptroller
- Analysis of Significant Variations in Expenditures
- Analysis of Significant Variations in Receipts
- Analysis of Significant Lapse Period Spending
- Analysis of Accounts Receivable

- Analysis of Operations (Not Examined):

- Agency Functions and Planning Program (Not Examined)
- Average Number of Employees (Not Examined)
- Emergency Purchases (Not Examined)
- Illinois First Projects (Not Examined)
- Memorandums of Understanding (Not Examined)
- Service Efforts and Accomplishments (Not Examined)
- Schedule of Indirect Cost Reimbursements (Not Examined)

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SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES

SUMMARY (Continued)

The accountant's report that covers the Supplementary Information for State Compliance Purposes presented in the Compliance Report Section states the accountants have applied certain limited procedures as prescribed by the Audit Guide as adopted by the Auditor General to the June 30, 2015 and June 30, 2014 accompanying supplementary information in Schedules 1 through 13. However, the accountants do not express an opinion on the supplementary information. The accountant's report also states that they have not applied procedures to the Analysis of Operations Section, and accordingly, they do not express an opinion or provide any assurance on it.

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DEPARTMENT OF PUBLIC HEALTH
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES
Appropriations for Fiscal Year 2015

Fourteen Months Ended August 31, 2015

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2015	Lapse Period Expenditures July 1 to August 31, 2015	Balances	
				Total Expenditures	Lapsed
Public Acts 99-0001, 98-0680					
APPROPRIATED FUNDS					
General Revenue Fund - 0001	\$ 130,588,498	\$ 94,369,262	\$ 16,323,686	\$ 110,692,948	\$ 19,895,550
Food and Drug Safety Fund - 0014	3,000,000	1,227,946	91,967	1,319,913	1,680,087
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015	600,000	299,828	136,894	436,722	163,278
Fire Prevention Fund - 0047	600,000	564,407	32,094	596,501	3,499
Rural/Downstate Health Access - 0048	100,000	-	-	-	100,000
Alzheimer's Disease Research Fund - 0060	350,000	68,256	21,374	89,630	260,370
Public Health Services Fund - 0063	290,419,600	144,436,302	25,162,231	169,598,533	120,821,067
Hospital Licensure Fund - 0068	1,150,000	14,569	-	14,569	1,135,431
Compassion Use of Medical Cannabis - 0075	4,000,000	2,470,457	673,370	3,143,827	856,173
Community Health Center Care Fund - 0113	1,000,000	46,097	9,880	55,977	944,023
Safe Bottled Water Fund - 0115	100,000	-	-	-	100,000
Facility Licensing Fund - 0118	3,000,000	2,154,121	165,622	2,319,743	680,257
Heartsaver AED Fund - 0135	125,000	19,352	12,116	31,468	93,532
Childhood Cancer Research Fund - 0172	100,000	-	-	-	100,000
Illinois School Asbestos Abatement Fund - 0175	1,200,000	586,913	33,711	620,624	579,376
Diabetes Research Checkoff Fund - 0198	250,000	-	133,000	133,000	117,000
Carolyn Adams Ticket for the Cure Grant Fund - 0208	3,000,000	1,002,817	426,266	1,429,083	1,570,917
Illinois Health Facilities Planning Fund - 0238	3,700,000	1,784,455	78,904	1,863,359	1,836,641
Emergency Public Health Fund - 0240	5,100,000	2,726,071	938,239	3,664,310	1,435,690
Public Health Water Permit Fund - 0256	200,000	14,450	33,782	48,232	151,768
Nursing Dedicated and Professional Fund - 0258	1,200,000	1,151,384	1,253	1,152,637	47,363
Long Term Care Monitor/Receiver Fund - 0285	24,400,000	21,256,118	942,223	22,198,341	2,201,659
Home Care Services Agency Licensure Fund - 0287	1,150,000	955,197	60,484	1,015,681	134,319
Used Tire Management Fund - 0294	500,000	405,070	36,797	441,867	58,133
African-American HIV/AIDS Response Fund - 0326	1,500,000	-	-	-	1,500,000
Tattoo and Body Piercing Establishment Registration Fund - 0327	300,000	118,119	107,817	225,936	74,064

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Fourteen Months Ended August 31, 2015

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2015	Lapse Period Expenditures		Total Expenditures	Balances Lapsed
			July 1 to August 31, 2015	August 31, 2015		
Public Acts 99-0001, 98-0680	\$	\$	\$	\$	\$	\$
Public Health Laboratory Services Revolving Fund - 0340	5,000,000	1,851,998	435,288	2,287,286	2,712,714	
Long Term Care Provider Fund - 0345	2,000,000	1,250,665	71,256	1,321,921	678,079	
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,905,200	1,499,130	219,326	1,718,456	4,186,744	
Tanning Facility Permit Fund - 0370	500,000	183,880	52,750	236,630	263,370	
Equity in Long-term Care Quality Fund - 0371	3,500,000	-	-	-	3,500,000	
Plumbing Licensure and Program Fund - 0372	2,450,000	1,567,871	106,858	1,674,729	775,271	
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	30,447	-	30,447	119,553	
Trauma Center Fund - 0397	7,000,000	22,632	1,410,719	1,433,351	5,566,649	
EMS Assistance Fund - 0398	1,100,000	630,818	82,133	712,951	387,049	
Multiple Sclerosis Research Fund - 0429	3,000,000	1,166,925	754,982	1,921,907	1,078,093	
Quality of Life Endowment Fund - 0437	2,400,000	1,162,795	233,867	1,396,662	1,003,338	
Autoimmune Disease Research Fund - 0469	45,000	-	-	-	45,000	
Health Facility Plan Review Fund - 0524	2,227,000	1,859,283	82,394	1,941,677	285,323	
Pesticide Control Fund - 0576	420,000	355,215	13,091	368,306	51,694	
Hospice Fund - 0586	15,000	-	-	-	15,000	
Prostate Cancer Research Fund - 0626	30,000	-	-	-	30,000	
Death Certificate Surcharge Fund - 0635	2,500,000	1,249,887	335,734	1,585,621	914,379	
Illinois Adoption Registry & Medical Information Exchange Fund - 0638	125,000	-	-	-	125,000	
Healthy Smiles Fund - 0654	400,000	250,570	813	251,383	148,617	
DHS Private Resources Fund - 0690	700,000	6,931	-	6,931	693,069	
Assisted Living and Shared Housing Regulatory Fund - 0702	801,000	711,634	8,603	720,237	80,763	
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	800,000	-	-	-	800,000	
Tobacco Settlement Recovery Fund - 0733	13,694,300	9,278,541	3,218,098	12,496,639	1,197,661	
Pet Population Control Fund - 0764	250,000	187,989	44,133	232,122	17,878	
Private Sewage Disposal Program Fund - 0790	250,000	208,783	9,862	218,645	31,355	
Public Health Federal Projects Fund - 0838	612,000	112,923	8,601	121,524	490,476	
Maternal and Child Health Services Block Grant Fund - 0872	21,750,000	15,029,249	3,324,742	18,353,991	3,396,009	

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	Appropriations (Net After Transfers)	Expenditures Through June 30, 2015	Lapse Period Expenditures		Total Expenditures	Balances Lapsed
			July 1 to August 31, 2015	August 31, 2015		
Public Acts 99-0001, 98-0680						
Preventive Health and Health Services Block Grant Fund - 0873	\$ 3,831,800	\$ 1,912,985	\$ 413,223	\$ 2,326,208	\$ 1,505,592	
Public Health Special State Projects Fund - 0896	23,550,000	17,466,785	1,535,407	19,002,192	4,547,808	
Metabolic Screening and Treatment Fund - 0920	19,485,800	11,856,332	1,686,147	13,542,479	5,943,321	
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	100,000	67,273	2,740	70,013	29,987	
Illinois State Podiatric Disciplinary Fund - 0954	100,000	49,514	-	49,514	50,486	
Build Illinois Bond Fund - 0971	1,749,029	37,580	619,911	657,491	1,091,538	
Grand Total Fiscal Year 2015	\$ 604,074,227	\$ 345,679,826	\$ 60,092,388	\$ 405,772,214	\$ 198,302,013	

Note: Appropriations, expenditures, and lapsed balances were obtained from the State Comptroller records and have been reconciled to records of the Department. Expenditure amounts are vouchers approved for payment by the Department and submitted to the State Comptroller for payment to the vendor.

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 Appropriations for Fiscal Year 2014

Fourteen Months Ended August 31, 2014

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2014	Lapse Period		Total Expenditures	Balances Reappropriated July 1, 2014	Balances Lapsed
			Expenditures July 1 to August 31, 2014				
Public Acts 98-0027, 98-0050, 98-0591, 98-0642, 98-0675	\$	\$	\$	\$	\$	\$	\$
APPROPRIATED FUNDS							
General Revenue Fund - 0001	133,351,200	103,451,920	23,188,598	126,640,518	6,710,682	1,564,526	
Food and Drug Safety Fund - 0014	2,400,000	780,796	54,678	835,474	469,334	26,177	
Penny Serrins Breast, Cervical and Ovarian Cancer Research Fund - 0015	600,000	43,393	87,273	130,666	803,823	255,543	
Fire Prevention Fund - 0047	830,000	713,624	90,199	803,823	94,457	93,963,943	
Alzheimer's Disease Research Fund - 0060	350,000	36,766	57,691	94,457	171,357,857	4,000,000	
Public Health Services Fund - 0063	265,321,800	143,681,670	27,676,187	171,357,857	775,115	60,335	
Compassion Use of Medical Cannabis - 0075	4,000,000	-	-	-	623,015	92,209	
Community Health Center Care Fund - 0113	1,000,000	195,892	28,993	224,885	100,000	310,239	
Safe Bottled Water Fund - 0115	75,000	14,665	-	14,665	60,335	250,000	
Facility Licensing Fund - 0118	3,000,000	2,257,634	119,351	2,376,985	623,015	1,871,076	
Hearsaver AED Fund - 0135	125,000	26,497	6,294	32,791	92,209	100,000	
Childhood Cancer Research Fund - 0172	100,000	-	-	-	100,000	100,000	
Illinois School Asbestos Abatement Fund - 0175	1,200,000	823,105	66,656	889,761	310,239	250,000	
Diabetes Research Checkoff Fund - 0198	250,000	-	-	-	250,000	250,000	
Carolyn Adams Ticket for the Cure Grant Fund - 0208	3,000,000	127,371	195,360	322,731	2,677,269	1,871,076	
Illinois Health Facilities Planning Fund - 0238	3,700,000	1,677,741	151,183	1,828,924	1,871,076	848,563	
Emergency Public Health Fund - 0240	5,100,000	3,075,497	1,175,940	4,251,437	848,563	132,898	
Public Health Water Permit Fund - 0256	200,000	58,272	8,830	67,102	132,898	-	
Nursing Dedicated and Professional Fund - 0258	1,200,000	1,192,375	7,625	1,200,000	-	-	
Long Term Care Monitor/Receiver Fund - 0285	14,400,000	12,253,905	273,195	12,527,100	1,872,900	343,787	
Home Care Services Agency Licensure Fund - 0287	1,050,000	663,932	42,281	706,213	343,787	51,273	
Used Tire Management Fund - 0294	500,000	436,374	12,353	448,727	51,273	308,833	
African-American HIV/AIDS Response Fund - 0326	1,500,000	756,224	434,943	1,191,167	308,833	77,550	
Tattoo and Body Piercing Establishment Registration Fund - 0327	300,000	164,062	58,388	222,450	77,550	2,163,152	
Public Health Laboratory Services Revolving Fund - 0340	5,000,000	2,392,738	444,110	2,836,848	827,677	3,603,767	
Long Term Care Provider Fund - 0345	2,000,000	1,040,438	131,885	1,172,323	827,677	219,815	
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,905,200	2,171,163	130,270	2,301,433	3,603,767	3,500,000	
Tanning Facility Permit Fund - 0370	500,000	238,684	41,501	280,185	219,815	807,685	
Equity in Long-term Care Quality Fund - 0371	3,500,000	-	-	-	3,500,000	124,886	
Plumbing Licensure and Program Fund - 0372	1,950,000	1,009,262	133,053	1,142,315	807,685	-	
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	21,604	3,510	25,114	-	-	

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Appropriations for Fiscal Year 2014

Fourteen Months Ended August 31, 2014

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2014	Lapse Period Expenditures July 1 to August 31, 2014	Total Expenditures	Balances Reappropriated July 1, 2014	Balances Lapsed
Public Acts 98-0027, 98-0050, 98-0591, 98-0642, 98-0675	\$ 7,000,000	\$ 54,315	\$ 4,919,717	\$ 4,974,032	\$ -	\$ 2,025,968
Trauma Center Fund - 0397	1,100,000	382,448	24,246	406,694	-	693,306
EMS Assistance Fund - 0398	2,000,000	936,983	365,885	1,302,868	-	697,132
Multiple Sclerosis Research Fund - 0429	2,400,000	838,719	617,758	1,456,477	-	943,523
Quality of Life Endowment Fund - 0437	45,000	-	-	-	-	45,000
Autoimmune Disease Research Fund - 0469	1,727,000	1,645,574	67,427	1,713,001	-	13,999
Health Facility Plan Review Fund - 0524	420,000	363,676	37,111	400,787	-	19,213
Pesticide Control Fund - 0576	15,000	-	-	-	-	15,000
Hospice Fund - 0586	30,000	-	-	-	-	30,000
Prostate Cancer Research Fund - 0626	2,500,000	1,268,350	57,487	1,325,837	-	1,174,163
Death Certificate Surcharge Fund - 0635	125,000	-	-	-	-	125,000
Illinois Adoption Registry & Medical Information Exchange Fund - 0638	400,000	331,426	22,935	354,361	-	45,639
Healthy Smiles Fund - 0654	700,000	53,509	13,611	67,120	-	632,880
DHS Private Resources Fund - 0690	601,000	533,378	52,050	585,428	-	15,572
Assisted Living and Shared Housing Regulatory Fund - 0702	800,000	-	-	-	-	800,000
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	13,444,300	8,158,659	4,292,431	12,451,090	-	993,210
Tobacco Settlement Recovery Fund - 0733	250,000	367	-	367	-	249,633
Pet Population Control Fund - 0764	250,000	207,380	27,405	234,785	-	15,215
Private Sewage Disposal Program Fund - 0790	612,000	110,359	10,044	120,403	-	491,597
Public Health Federal Projects Fund - 0838	22,300,000	13,228,970	3,709,071	16,938,041	-	5,361,959
Maternal and Child Health Services Block Grant Fund - 0872	3,831,800	1,256,475	146,459	1,402,934	-	2,428,866
Preventive Health and Health Services Block Grant Fund - 0873	19,450,000	10,337,042	3,822,708	14,159,750	-	5,290,250
Public Health Special State Projects Fund - 0896	19,110,800	12,474,733	2,075,563	14,550,296	-	4,560,504
Metabolic Screening and Treatment Fund - 0920	100,000	87,367	7,621	94,988	-	5,012
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	100,000	48,804	-	48,804	-	51,196
Illinois State Podiatric Disciplinary Fund - 0954	61,937,943	60,188,915	116,605	60,305,520	1,632,423	-
Build Illinois Bond Fund - 0971						
Grand Total Fiscal Year 2014	\$ 623,808,043	\$ 391,813,053	\$ 75,006,481	\$ 466,819,534	\$ 1,632,423	\$ 155,356,086

Note: Appropriations, expenditures, and lapsed balances were obtained from the State Comptroller records and have been reconciled to records of the Department. Expenditure amounts are vouchers approved for payment by the Department and submitted to the State Comptroller for payment to the vendor.

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COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
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Schedule 3

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027 P.A. 98-0050 P.A. 98-0591	
	P.A. 99-0001 P.A. 98-0680	P.A. 98-0642 P.A. 98-0675	P.A. 97-0725 P.A. 97-0730
APPROPRIATED FUNDS			
General Revenue Fund - 0001			
Appropriations (net after transfers)	\$ 130,588,498	\$ 133,351,200	\$ 125,415,000
Expenditures			
Personal services	41,707,632	-	37,701,729
Contribution to social security	3,056,168	-	2,791,039
Contractual services	-	-	7,317,608
Travel	-	-	946,588
Commodities	-	-	223,063
Printing	-	-	118,164
Equipment	-	-	761
Electronic data processing	-	-	430,986
Telecommunications services	-	-	588,391
Operation of automotive equipment	-	-	23,835
Lump sums and other purposes	28,587,760	40,277,572	43,922,705
Lump sums, operations	13,338,620	60,525,046	2,766,527
Interfund cash transfers	679,000	679,000	700,000
Awards and grants	5,848,861	7,678,579	6,442,114
Medical services, payments to providers	363,053	369,833	365,320
Grants to local governments	17,098,500	17,098,500	17,098,500
Other refunds	13,354	11,988	13,856
Total expenditures	<u>110,692,948</u>	<u>126,640,518</u>	<u>121,451,186</u>
Lapsed balances	<u>19,895,550</u>	<u>6,710,682</u>	<u>3,963,814</u>
Food and Drug Safety Fund - 0014			
Appropriations (net after transfers)	<u>3,000,000</u>	<u>2,400,000</u>	<u>1,400,000</u>
Expenditures			
Lump sums and other purposes	<u>1,319,913</u>	<u>835,474</u>	<u>1,373,508</u>
Total expenditures	<u>1,319,913</u>	<u>835,474</u>	<u>1,373,508</u>
Lapsed balances	<u>1,680,087</u>	<u>1,564,526</u>	<u>26,492</u>
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015			
Appropriations (net after transfers)	<u>600,000</u>	<u>600,000</u>	<u>600,000</u>
Expenditures			
Awards and grants	<u>436,722</u>	<u>130,666</u>	-
Total expenditures	<u>436,722</u>	<u>130,666</u>	-
Lapsed balances	<u>163,278</u>	<u>469,334</u>	<u>600,000</u>

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Fire Prevention Fund - 0047			
Appropriations (net after transfers)	\$ 600,000	\$ 830,000	\$ 830,000
Expenditures			
Lump sums and other purposes	596,501	803,823	785,421
Total expenditures	596,501	803,823	785,421
Lapsed balances	3,499	26,177	44,579
Rural/Downstate Health Access - 0048			
Appropriations (net after transfers)	100,000	-	-
Expenditures			
Lump sum, operations	-	-	-
Total expenditures	-	-	-
Lapsed balances	100,000	-	-
Alzheimer's Disease Research Fund - 0060			
Appropriations (net after transfers)	350,000	350,000	350,000
Expenditures			
Awards and grants	89,630	94,457	156,692
Total expenditures	89,630	94,457	156,692
Lapsed balances	260,370	255,543	193,308
Public Health Services Fund - 0063			
Appropriations (net after transfers)	290,419,600	265,321,800	216,103,700
Expenditures			
Personal services	14,151,260	14,229,285	14,576,627
Contribution to SERS	6,002,167	5,747,241	5,544,996
Contribution to social security	1,041,825	1,045,507	1,081,004
Employer contributions to group insurance	3,282,682	3,583,139	4,147,023
Contractual services	2,714,421	3,259,578	3,023,274
Travel	916,241	891,920	860,827
Commodities	333,095	543,050	468,582
Printing	13,030	23,117	15,468
Equipment	71,599	94,618	104,754
Telecommunications services	105,094	147,319	114,773
Operation of automotive equipment	2,057	4,185	6,795
Lump sums and other purposes	128,767,785	130,804,650	95,816,834
Lump sums, operations	417,595	431,523	437,514
Awards and grants	7,421,317	6,363,335	6,910,808
Awards and grants - lump sums	4,358,365	4,189,390	5,342,739
Total expenditures	169,598,533	171,357,857	138,452,018
Lapsed balances	120,821,067	93,963,943	77,651,682

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Hospital Licensure Fund - 0068			
Appropriations (net after transfers)	\$ 1,150,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	14,569	-	-
Total expenditures	14,569	-	-
Lapsed balances	1,135,431	-	-
Compassion Use of Medical Cannabis - 0075			
Appropriations (net after transfers)	4,000,000	4,000,000	-
Expenditures			
Lump sums and other purposes	3,143,827	-	-
Total expenditures	3,143,827	-	-
Lapsed balances	856,173	4,000,000	-
Community Health Center Care Fund - 0113			
Appropriations (net after transfers)	1,000,000	1,000,000	1,000,000
Expenditures			
Lump sums and other purposes	55,977	224,885	425,172
Total expenditures	55,977	224,885	425,172
Lapsed balances	944,023	775,115	574,828
Safe Bottled Water Fund - 0115			
Appropriations (net after transfers)	100,000	75,000	75,000
Expenditures			
Lump sums and other purposes	-	14,665	-
Total expenditures	-	14,665	-
Lapsed balances	100,000	60,335	75,000
Facility Licensing Fund - 0118			
Appropriations (net after transfers)	3,000,000	3,000,000	750,000
Expenditures			
Lump sums and other purposes	2,319,743	2,376,985	731,466
Total expenditures	2,319,743	2,376,985	731,466
Lapsed balances	680,257	623,015	18,534

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Heartsaver AED Fund - 0135			
Appropriations (net after transfers)	\$ 125,000	\$ 125,000	\$ 310,000
Expenditures			
Lump sums and other purposes	31,468	32,791	58,056
Total expenditures	<u>31,468</u>	<u>32,791</u>	<u>58,056</u>
Lapsed balances	<u>93,532</u>	<u>92,209</u>	<u>251,944</u>
Childhood Cancer Research Fund - 0172			
Appropriations (net after transfers)	100,000	100,000	-
Expenditures			
Awards and grants	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>100,000</u>	<u>100,000</u>	<u>-</u>
Illinois School Asbestos Abatement Fund - 0175			
Appropriations (net after transfers)	1,200,000	1,200,000	1,000,000
Expenditures			
Lump sums and other purposes	620,624	889,761	997,270
Total expenditures	<u>620,624</u>	<u>889,761</u>	<u>997,270</u>
Lapsed balances	<u>579,376</u>	<u>310,239</u>	<u>2,730</u>
Diabetes Research Checkoff Fund - 0198			
Appropriations (net after transfers)	250,000	250,000	250,000
Expenditures			
Awards and grants	133,000	-	53,755
Total expenditures	<u>133,000</u>	<u>-</u>	<u>53,755</u>
Lapsed balances	<u>117,000</u>	<u>250,000</u>	<u>196,245</u>
Carolyn Adams Ticket for the Cure Grant Fund - 0208			
Appropriations (net after transfers)	3,000,000	3,000,000	3,000,000
Expenditures			
Awards and grants	1,429,083	322,731	160,920
Total expenditures	<u>1,429,083</u>	<u>322,731</u>	<u>160,920</u>
Lapsed balances	<u>1,570,917</u>	<u>2,677,269</u>	<u>2,839,080</u>

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	P.A. 98-0680	P.A. 98-0675	P.A. 97-0730
Illinois Health Facilities Planning Fund - 0238			
Appropriations (net after transfers)	\$ 3,700,000	\$ 3,700,000	\$ 2,800,000
Expenditures			
Lump sums and other purposes	1,863,359	1,828,924	1,675,629
Total expenditures	1,863,359	1,828,924	1,675,629
Lapsed balances	1,836,641	1,871,076	1,124,371
Emergency Public Health Fund - 0240			
Appropriations (net after transfers)	5,100,000	5,100,000	5,100,000
Expenditures			
Lump sums and other purposes	3,664,310	4,251,437	4,183,658
Total expenditures	3,664,310	4,251,437	4,183,658
Lapsed balances	1,435,690	848,563	916,342
Public Health Water Permit Fund - 0256			
Appropriations (net after transfers)	200,000	200,000	100,000
Expenditures			
Lump sums and other purposes	48,232	67,102	44,923
Total expenditures	48,232	67,102	44,923
Lapsed balances	151,768	132,898	55,077
Nursing Dedicated and Professional Fund - 0258			
Appropriations (net after transfers)	1,200,000	1,200,000	1,200,000
Expenditures			
Lump sums and other purposes	1,152,637	1,200,000	1,191,936
Total expenditures	1,152,637	1,200,000	1,191,936
Lapsed balances	47,363	-	8,064
Long-Term Care Monitor/Receiver Fund - 0285			
Appropriations (net after transfers)	24,400,000	14,400,000	14,400,000
Expenditures			
Lump sums and other purposes	22,198,341	12,527,100	11,241,422
Total expenditures	22,198,341	12,527,100	11,241,422
Lapsed balances	2,201,659	1,872,900	3,158,578

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Home Care Services Agency Licensure Fund - 0287			
Appropriations (net after transfers)	\$ 1,150,000	\$ 1,050,000	\$ 950,000
Expenditures			
Lump sums and other purposes	1,015,681	706,213	886,450
Total expenditures	<u>1,015,681</u>	<u>706,213</u>	<u>886,450</u>
Lapsed balances	<u>134,319</u>	<u>343,787</u>	<u>63,550</u>
Used Tire Management Fund - 0294			
Appropriations (net after transfers)	500,000	500,000	500,000
Expenditures			
Lump sums and other purposes	441,867	448,727	473,944
Total expenditures	<u>441,867</u>	<u>448,727</u>	<u>473,944</u>
Lapsed balances	<u>58,133</u>	<u>51,273</u>	<u>26,056</u>
African-American HIV/AIDS Response Fund - 0326			
Appropriations (net after transfers)	1,500,000	1,500,000	1,500,000
Expenditures			
Awards and grants - lump sums	-	1,191,167	-
Total expenditures	<u>-</u>	<u>1,191,167</u>	<u>-</u>
Lapsed balances	<u>1,500,000</u>	<u>308,833</u>	<u>1,500,000</u>
Tattoo and Body Piercing Establishment Registration Fund - 0327			
Appropriations (net after transfers)	300,000	300,000	300,000
Expenditures			
Lump sums and other purposes	225,936	222,450	121,020
Total expenditures	<u>225,936</u>	<u>222,450</u>	<u>121,020</u>
Lapsed balances	<u>74,064</u>	<u>77,550</u>	<u>178,980</u>
Public Health Laboratory Services Revolving Fund - 0340			
Appropriations (net after transfers)	5,000,000	5,000,000	3,000,000
Expenditures			
Lump sums and other purposes	2,287,286	2,836,848	1,244,199
Total expenditures	<u>2,287,286</u>	<u>2,836,848</u>	<u>1,244,199</u>
Lapsed balances	<u>2,712,714</u>	<u>2,163,152</u>	<u>1,755,801</u>

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		P.A. 98-0027 P.A. 98-0050 P.A. 98-0591	
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Long Term Care Provider Fund - 0345			
Appropriations (net after transfers)	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Expenditures			
Lump sums and other purposes	1,321,921	1,172,323	1,127,629
Total expenditures	<u>1,321,921</u>	<u>1,172,323</u>	<u>1,127,629</u>
Lapsed balances	<u>678,079</u>	<u>827,677</u>	<u>872,371</u>
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360			
Appropriations (net after transfers)	5,905,200	5,905,200	5,740,200
Expenditures			
Lump sums and other purposes	913,153	1,389,133	3,400,219
Awards and grants	805,303	912,300	206,584
Total expenditures	<u>1,718,456</u>	<u>2,301,433</u>	<u>3,606,803</u>
Lapsed balances	<u>4,186,744</u>	<u>3,603,767</u>	<u>2,133,397</u>
Tanning Facility Permit Fund - 0370			
Appropriations (net after transfers)	500,000	500,000	500,000
Expenditures			
Lump sums and other purposes	236,630	280,185	261,280
Total expenditures	<u>236,630</u>	<u>280,185</u>	<u>261,280</u>
Lapsed balances	<u>263,370</u>	<u>219,815</u>	<u>238,720</u>
Equity in Long-term Care Quality Fund - 0371			
Appropriations (net after transfers)	3,500,000	3,500,000	2,000,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>3,500,000</u>	<u>3,500,000</u>	<u>2,000,000</u>
Plumbing Licensure and Program Fund - 0372			
Appropriations (net after transfers)	2,450,000	1,950,000	1,950,000
Expenditures			
Lump sums and other purposes	1,674,729	1,142,315	1,551,067
Total expenditures	<u>1,674,729</u>	<u>1,142,315</u>	<u>1,551,067</u>
Lapsed balances	<u>775,271</u>	<u>807,685</u>	<u>398,933</u>

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Regulatory Evaluation and Basic Enforcement Fund - 0388			
Appropriations (net after transfers)	\$ 150,000	\$ 150,000	\$ 150,000
Expenditures			
Lump sums and other purposes	30,447	25,114	23,933
Total expenditures	30,447	25,114	23,933
Lapsed balances	119,553	124,886	126,067
Trauma Center Fund - 0397			
Appropriations (net after transfers)	7,000,000	7,000,000	7,000,000
Expenditures			
Lump sums and other purposes	1,433,351	4,974,032	5,128,995
Total expenditures	1,433,351	4,974,032	5,128,995
Lapsed balances	5,566,649	2,025,968	1,871,005
EMS Assistance Fund - 0398			
Appropriations (net after transfers)	1,100,000	1,100,000	1,100,000
Expenditures			
Lump sums and other purposes	712,951	406,694	348,072
Total expenditures	712,951	406,694	348,072
Lapsed balances	387,049	693,306	751,928
Multiple Sclerosis Research Fund - 0429			
Appropriations (net after transfers)	3,000,000	2,000,000	1,000,000
Expenditures			
Awards and grants	1,921,907	1,302,868	580,514
Total expenditures	1,921,907	1,302,868	580,514
Lapsed balances	1,078,093	697,132	419,486
Quality of Life Endowment Fund -0437			
Appropriations (net after transfers)	2,400,000	2,400,000	2,400,000
Expenditures			
Awards and grants - lump sums	1,396,662	1,456,477	1,262,837
Total expenditures	1,396,662	1,456,477	1,262,837
Lapsed balances	1,003,338	943,523	1,137,163

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Autoimmune Disease Research Fund - 0469			
Appropriations (net after transfers)	\$ 45,000	\$ 45,000	\$ 45,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	45,000	45,000	45,000
Health Facility Plan Review Fund - 0524			
Appropriations (net after transfers)	2,227,000	1,727,000	1,700,000
Expenditures			
Lump sums and other purposes	1,941,677	1,713,001	1,077,613
Total expenditures	1,941,677	1,713,001	1,077,613
Lapsed balances	285,323	13,999	622,387
Pesticide Control Fund - 0576			
Appropriations (net after transfers)	420,000	420,000	400,000
Expenditures			
Lump sums and other purposes	368,306	400,787	306,230
Total expenditures	368,306	400,787	306,230
Lapsed balances	51,694	19,213	93,770
Hospice Fund - 0586			
Appropriations (net after transfers)	15,000	15,000	15,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	15,000	15,000	15,000
Prostate Cancer Research Fund - 0626			
Appropriations (net after transfers)	30,000	30,000	30,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	30,000	30,000	30,000

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Schedule 3
(Continued)

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027 P.A. 98-0050 P.A. 98-0591	
	P.A. 99-0001 P.A. 98-0680	P.A. 98-0642 P.A. 98-0675	P.A. 97-0725 P.A. 97-0730
Death Certificate Surcharge Fund - 0635			
Appropriations (net after transfers)	\$ 2,500,000	\$ 2,500,000	\$ 2,500,000
Expenditures			
Lump sums and other purposes	1,585,621	1,325,837	1,187,468
Total expenditures	<u>1,585,621</u>	<u>1,325,837</u>	<u>1,187,468</u>
Lapsed balances	<u>914,379</u>	<u>1,174,163</u>	<u>1,312,532</u>
Illinois Adoption Registry & Medical Information Exchange Fund - 0638			
Appropriations (net after transfers)	125,000	125,000	125,000
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>125,000</u>	<u>125,000</u>	<u>125,000</u>
Healthy Smiles Fund - 0654			
Appropriations (net after transfers)	400,000	400,000	250,000
Expenditures			
Lump sums and other purposes	251,383	354,361	236,345
Total expenditures	<u>251,383</u>	<u>354,361</u>	<u>236,345</u>
Lapsed balances	<u>148,617</u>	<u>45,639</u>	<u>13,655</u>
DHS Private Resource Fund - 0690			
Appropriations (net after transfers)	700,000	700,000	2,533,000
Expenditures			
Awards and grants - lump sums	6,931	67,120	354,864
Total expenditures	<u>6,931</u>	<u>67,120</u>	<u>354,864</u>
Lapsed balances	<u>693,069</u>	<u>632,880</u>	<u>2,178,136</u>
Assisted Living and Shared Housing Regulatory Fund - 0702			
Appropriations (net after transfers)	801,000	601,000	500,000
Expenditures			
Lump sums, operations	720,237	585,428	443,738
Total expenditures	<u>720,237</u>	<u>585,428</u>	<u>443,738</u>
Lapsed balances	<u>80,763</u>	<u>15,572</u>	<u>56,262</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES

Schedule 3
(Continued)

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027 P.A. 98-0050 P.A. 98-0591	
	P.A. 99-0001 P.A. 98-0680	P.A. 98-0642 P.A. 98-0675	P.A. 97-0725 P.A. 97-0730
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714			
Appropriations (net after transfers)	\$ 800,000	\$ 800,000	\$ 250,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	800,000	800,000	250,000
Tobacco Settlement Recovery Fund - 0733			
Appropriations (net after transfers)	13,694,300	13,444,300	12,464,600
Expenditures			
Lump sums and other purposes	1,229,700	1,079,700	-
Awards and grants	8,944,962	8,004,173	8,113,574
Awards and grants - lump sums	2,321,977	3,367,217	3,773,459
Total expenditures	12,496,639	12,451,090	11,887,033
Lapsed balances	1,197,661	993,210	577,567
Pet Population Control Fund - 0764			
Appropriations (net after transfers)	250,000	250,000	250,000
Expenditures			
Lump sums and other purposes	232,122	367	183,851
Total expenditures	232,122	367	183,851
Lapsed balances	17,878	249,633	66,149
Private Sewage Disposal Program Fund - 0790			
Appropriations (net after transfers)	250,000	250,000	250,000
Expenditures			
Lump sums and other purposes	218,645	234,785	203,878
Total expenditures	218,645	234,785	203,878
Lapsed balances	31,355	15,215	46,122
Public Health Federal Projects Fund - 0838			
Appropriations (net after transfers)	612,000	612,000	612,000
Expenditures			
Lump sums and other purposes	121,524	120,403	118,914
Total expenditures	121,524	120,403	118,914
Lapsed balances	490,476	491,597	493,086

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES

Schedule 3
(Continued)

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027	
		P.A. 98-0050	
		P.A. 98-0591	
	P.A. 99-0001	P.A. 98-0642	P.A. 97-0725
	P.A. 98-0680	P.A. 98-0675	P.A. 97-0730
 Maternal and Child Health Services Block Grant Fund - 0872			
Appropriations (net after transfers)	\$ 21,750,000	\$ 22,300,000	\$ 3,500,000
Expenditures			
Lump sums and other purposes	5,783,696	4,561,084	-
Lump sums, operations	19,998	139,984	135,589
Awards and grants	12,550,297	12,236,973	2,624,962
Total expenditures	18,353,991	16,938,041	2,760,551
Lapsed balances	3,396,009	5,361,959	739,449
 Preventive Health and Health Services Block Fund - 0873			
Appropriations (net after transfers)	3,831,800	3,831,800	3,831,800
Expenditures			
Lump sums and other purposes	2,083,680	1,165,685	1,402,018
Awards and grants - lump sums	242,528	237,249	286,631
Total expenditures	2,326,208	1,402,934	1,688,649
Lapsed balances	1,505,592	2,428,866	2,143,151
 Public Health Special State Projects Fund - 0896			
Appropriations (net after transfers)	23,550,000	19,450,000	14,821,400
Expenditures			
Lump sums and other purposes	16,316,645	12,101,863	4,450,481
Lump sums, operations	2,685,547	2,057,887	1,820,782
Total expenditures	19,002,192	14,159,750	6,271,263
Lapsed balances	4,547,808	5,290,250	8,550,137
 Metabolic Screening and Treatment Fund - 0920			
Appropriations (net after transfers)	19,485,800	19,110,800	17,515,500
Expenditures			
Lump sums and other purposes	6,433,409	7,814,770	7,889,523
Lump sums, operations	2,555,072	2,342,063	2,049,455
Awards and grants	2,327,835	2,223,490	2,206,682
Medical and food supplies for free distribution	2,226,163	2,169,973	1,981,964
Total expenditures	13,542,479	14,550,296	14,127,624
Lapsed balances	5,943,321	4,560,504	3,387,876

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES

Schedule 3
(Continued)

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027 P.A. 98-0050 P.A. 98-0591	
	P.A. 99-0001 P.A. 98-0680	P.A. 98-0642 P.A. 98-0675	P.A. 97-0725 P.A. 97-0730
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Lump sums and other purposes	70,013	94,988	92,793
Total expenditures	70,013	94,988	92,793
Lapsed balances	29,987	5,012	7,207
Illinois State Podiatric Disciplinary Fund - 0954			
Appropriations (net after transfers)	100,000	100,000	100,000
Expenditures			
Lump sums and other purposes	49,514	48,804	-
Total expenditures	49,514	48,804	-
Lapsed balances	50,486	51,196	100,000
Build Illinois Bond Fund - 0971			
Appropriations (net after transfers)	1,749,029	61,937,943	82,391,692
Expenditures			
Awards and grants	-	58,377,219	19,361,898
Awards and grants - lump sums	657,491	1,928,301	1,338,855
Total expenditures	657,491	60,305,520	20,700,753
Reappropriations	-	1,632,423	61,690,939
Lapsed balances	1,091,538	-	-
Total - All Appropriated Funds			
Appropriations (net after transfers)	604,074,227	623,808,043	548,958,892
Expenditures	405,772,214	466,819,534	361,241,342
Reappropriations	-	1,632,423	61,690,939
Lapsed balances	\$ 198,302,013	\$ 155,356,086	\$ 126,026,611

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES

Schedule 3
(Continued)

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027	
		P.A. 98-0050	
		P.A. 98-0591	
	P.A. 99-0001	P.A. 98-0642	P.A. 97-0725
	P.A. 98-0680	P.A. 98-0675	P.A. 97-0730
NONAPPROPRIATED FUNDS			
CMS VS AFSCME Wages Trust - 0168			
Expenditures			
Lump sums, operations	\$ -	\$ -	\$ 2,717,134
Total - All Nonappropriated Funds			
Expenditures	-	-	2,717,134
GRAND TOTAL - ALL FUNDS			
Appropriations (net after transfers)	\$ 604,074,227	\$ 623,808,043	\$ 548,958,892
Expenditures	405,772,214	466,819,534	363,958,476
Reappropriations	-	1,632,423	61,690,939
Lapsed balances	\$ 198,302,013	\$ 155,356,086	\$ 126,026,611

Note: The comparative schedule of net appropriations, expenditures and lapsed balances does not include the State Officers' salaries paid by the Office of the Comptroller. For the years ended June 30, 2015, 2014, and 2013, State Officers' salaries were as follows:

Director	\$ 150,468	\$ 150,228	\$ 150,228
Assistant Director	35,084	85,159	42,084
Total expenditures	\$ 185,552	\$ 235,387	\$ 192,312

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES BY FUND**

Schedule 4

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027	
		P.A. 98-0050	
		P.A. 98-0591	
	P.A. 99-0001	P.A. 98-0642	P.A. 97-0725
	P.A. 98-0680	P.A. 98-0675	P.A. 97-0730

APPROPRIATED FUNDS

Appropriations (net after transfers)	\$ 604,074,227	\$ 623,808,043	\$ 548,958,892
Expenditures			
General Revenue Fund - 0001	\$ 110,692,948	\$ 126,640,518	121,451,186
Food and Drug Safety Fund - 0014	1,319,913	835,474	1,373,508
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015	436,722	130,666	-
Fire Prevention Fund - 0047	596,501	803,823	785,421
Alzheimer's Disease Research Fund - 0060	89,630	94,457	156,692
Public Health Services Fund - 0063	169,598,533	171,357,857	138,452,018
Hospital Licensure Fund - 0068	14,569	-	-
Compassion Use of Medical Cannabis - 0075	3,143,827	-	-
Community Health Center Care Fund - 0113	55,977	224,885	425,172
Safe Bottled Water Fund - 0115	-	14,665	-
Facility Licensing Fund - 0118	2,319,743	2,376,985	731,466
Heartsaver AED Fund - 0135	31,468	32,791	58,056
Illinois School Asbestos Abatement Fund - 0175	620,624	889,761	997,270
Diabetes Research Checkoff Fund - 0198	133,000	-	53,755
Carolyn Adams Ticket for the Cure Grant Fund - 0208	1,429,083	322,731	160,920
Illinois Health Facilities Planning Fund - 0238	1,863,359	1,828,924	1,675,629
Emergency Public Health Fund - 0240	3,664,310	4,251,437	4,183,658
Public Health Water Permit Fund - 0256	48,232	67,102	44,923
Nursing Dedicated and Professional Fund - 0258	1,152,637	1,200,000	1,191,936
Long Term Care Monitor/Receiver Fund - 0285	22,198,341	12,527,100	11,241,422
Home Care Services Agency Licensure Fund - 0287	1,015,681	706,213	886,450
Used Tire Management Fund - 0294	441,867	448,727	473,944
African-American HIV/AIDS Response Fund - 0326	-	1,191,167	-
Tattoo and Body Piercing Establishment Registration Fund - 0327	225,936	222,450	121,020
Public Health Laboratory Services Revolving Fund - 0340	2,287,286	2,836,848	1,244,199
Long Term Care Provider Fund - 0345	1,321,921	1,172,323	1,127,629
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	1,718,456	2,301,433	3,606,803
Tanning Facility Permit Fund - 0370	236,630	280,185	261,280
Plumbing Licensure and Program Fund - 0372	1,674,729	1,142,315	1,551,067
Regulatory Evaluation and Basic Enforcement Fund - 0388	30,447	25,114	23,933
Trauma Center Fund - 0397	1,433,351	4,974,032	5,128,995
EMS Assistance Fund - 0398	712,951	406,694	348,072
Multiple Sclerosis Research Fund - 0429	1,921,907	1,302,868	580,514
Quality of Life Endowment Fund - 0437	1,396,662	1,456,477	1,262,837
Health Facility Plan Review Fund - 0524	1,941,677	1,713,001	1,077,613
Pesticide Control Fund - 0576	368,306	400,787	306,230
Death Certificate Surcharge Fund - 0635	1,585,621	1,325,837	1,187,468
Healthy Smiles Fund - 0654	251,383	354,361	236,345
DHS Private Resources Fund - 0690	6,931	67,120	354,864

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES - BY FUND**

**Schedule 4
(Continued)**

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027	
		P.A. 98-0050	
		P.A. 98-0591	
	P.A. 99-0001	P.A. 98-0642	P.A. 97-0725
	P.A. 98-0680	P.A. 98-0675	P.A. 97-0730
Assisted Living and Shared Housing Regulatory Fund - 0702	\$ 720,237	\$ 585,428	\$ 443,738
Tobacco Settlement Recovery Fund - 0733	12,496,639	12,451,090	11,887,033
Pet Population Control Fund - 0764	232,122	367	183,851
Private Sewage Disposal Program Fund - 0790	218,645	234,785	203,878
Public Health Federal Projects Fund - 0838	121,524	120,403	118,914
Maternal and Child Health Services Block Grant Fund - 0872	18,353,991	16,938,041	2,760,551
Preventive Health and Health Services Block Grant Fund - 0873	2,326,208	1,402,934	1,688,649
Public Health Special State Projects Fund - 0896	19,002,192	14,159,750	6,271,263
Metabolic Screening and Treatment Fund - 0920	13,542,479	14,550,296	14,127,624
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	70,013	94,988	92,793
Illinois State Podiatric Disciplinary Fund - 0954	49,514	48,804	-
Build Illinois Bond Fund - 0971	657,491	60,305,520	20,700,753
Total - All Appropriated Funds			
Expenditures	405,772,214	466,819,534	361,241,342
Reappropriations	-	1,632,423	61,690,939
Lapsed balances	\$ 198,302,013	\$ 155,356,086	\$ 126,026,611
NON-APPROPRIATED FUNDS			
Expenditures			
CMS VS AFSCME Wages Trust Fund - 0168	\$ -	\$ -	\$ 2,717,134
Total - All Nonappropriated Funds			
Expenditures	\$ -	\$ -	\$ 2,717,134
GRAND TOTAL - ALL FUNDS			
Total - All Funds			
Appropriations (net after transfers)	\$ 604,074,227	\$ 623,808,043	\$ 548,958,892
Expenditures	405,772,214	466,819,534	363,958,476
Reappropriations	-	1,632,423	61,690,939
Lapsed balances	\$ 198,302,013	\$ 155,356,086	\$ 126,026,611

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS,
EXPENDITURES AND LAPSED BALANCES BY OBJECT CODE**

Schedule 5

For the Years Ended June 30,

	2015	2014	2013
		P.A. 98-0027	
		P.A. 98-0050	
		P.A. 98-0591	
	P.A. 99-0001	P.A. 98-0642	P.A. 97-0725
	P.A. 98-0680	P.A. 98-0675	P.A. 97-0730
APPROPRIATED FUNDS			
Appropriations (net of transfers)	\$ 604,074,227	\$ 623,808,043	\$ 548,958,892
Expenditures			
Personal services	97,854,689	90,949,175	84,638,726
State contributions to State Employees' Retirement System	21,825,009	17,533,469	16,222,337
State contribution to social security/medicare	7,176,732	6,643,574	6,269,774
Employer contributions to group insurance	11,721,085	10,864,478	12,332,838
Contractual services	46,518,555	40,067,230	35,787,947
Travel	3,185,596	2,922,889	2,648,627
Printing	167,957	179,848	226,396
Commodities	7,981,779	11,002,348	8,091,987
Equipment	537,373	760,506	1,000,302
Electronic data processing	-	228	533
Telecommunications	1,834,634	2,931,136	2,351,865
Operation of automotive equipment	143,887	181,880	187,919
Interest - Prompt Payment Act	2,592	2,550	13,416
Interfund cash transfers	679,000	679,000	700,000
Awards and grants	206,090,978	282,064,262	190,717,115
Remodeling and renovation	-	-	14,339
Refunds	52,348	36,961	37,221
Total appropriated expenditures	405,772,214	466,819,534	361,241,342
Reappropriations	-	1,632,423	61,690,939
Lapsed balances	\$ 198,302,013	\$ 155,356,086	\$ 126,026,611
NON-APPROPRIATED FUNDS			
Expenditures			
Personal services	\$ -	\$ -	\$ 1,866,201
State contributions to State Employees' Retirement System	-	-	708,696
State contribution to social security/medicare	-	-	142,237
Total nonappropriated expenditures	-	-	2,717,134
Total appropriated and nonappropriated expenditures	\$ 405,772,214	\$ 466,819,534	\$ 363,958,476

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF RECEIPTS, DISBURSEMENTS
AND FUND BALANCE (CASH BASIS) - LOCALLY-HELD FUNDS**

Schedule 6

For the Years Ended June 30,

<u>Vital Records Refund Account - #1322</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Balance, beginning of year	\$ -	\$ -	\$ -
Total deposits and additions	276	148	330
Total checks and deductions	<u>276</u>	<u>148</u>	<u>330</u>
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The Vital Records Refund Activity is maintained at Illini Bank and is used to issue refunds to individuals who have submitted payment and a request for a birth certificate or other records but the request cannot be fulfilled.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
SCHEDULE OF CHANGES IN STATE PROPERTY
For the Two Years Ended June 30, 2015**

Schedule 7

	<u>Equipment</u>	<u>Building and Building Improvements</u>	<u>Capital Lease Equipment</u>	<u>Total</u>
Balance at July 1, 2013	\$ 24,203,009	\$ -	\$ -	24,203,009
Additions	1,867,587	-	-	1,867,587
Deletions	(294,119)	-	-	(294,119)
Net Transfers	<u>(2,345,870)</u>	<u>-</u>	<u>-</u>	<u>(2,345,870)</u>
Balance at June 30, 2014	<u>\$ 23,430,607</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,430,607</u>
Balance at July 1, 2014	\$ 23,430,607	\$ -	\$ -	23,430,607
Additions	1,864,285	-	51,847	1,916,132
Deletions	(237,377)	-	-	(237,377)
Net Transfers	<u>(1,373,030)</u>	<u>-</u>	<u>-</u>	<u>(1,373,030)</u>
Balance at June 30, 2015	<u>\$ 23,684,485</u>	<u>\$ -</u>	<u>\$ 51,847</u>	<u>\$ 23,736,332</u>

Note: The above schedule was derived from the property reports (C-15 Agency Report of State Property) submitted to the Office of the Comptroller which have been reconciled to Department records. During auditor testing, we noted misstatements in Department property reports and records, including capital lease and equipment amounts reported in this schedule. See Finding 2015-005 for details.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF CASH RECEIPTS**

Schedule 8

For the Years Ended June 30,

	<u>2015</u>	<u>2014</u>	<u>2013</u>
General Revenue Fund - 0001			
Federal Operating Grants			
Consumer Product Safety Commission	\$ 2,600	\$ 4,200	\$ 1,800
Health & Human Services	1,325,842	2,045,603	127,111
Total Federal Operating Grants	<u>1,328,442</u>	<u>2,049,803</u>	<u>128,911</u>
Licenses, Fees or Registrations			
Division of Vital Records	862,471	896,769	982,434
Life Care Facilities Act Fees	400	300	700
Division of Environmental Health	76,410	69,450	68,450
Division of Food, Drugs & Dairies	12,510	12,240	11,830
Health Care Facilities & Programs	286,759	295,911	218,409
Total Licenses, Fees or Registrations	<u>1,238,550</u>	<u>1,274,670</u>	<u>1,281,823</u>
Other Revenue			
Smoke Free Illinois Act	8,975	7,550	10,388
Miscellaneous	61,181	13,665	47,691
Total Other Revenue	<u>70,156</u>	<u>21,215</u>	<u>58,079</u>
Non-Operating			
Prior Year Refund	120,670	76,754	101,207
Licenses & Fees	-	-	(300)
Total Non-Operating	<u>120,670</u>	<u>76,754</u>	<u>100,907</u>
Total General Revenue Fund	<u>2,757,818</u>	<u>3,422,442</u>	<u>1,569,720</u>
Food and Drug Safety Fund - 0014			
Licenses, Fees or Registrations			
Food Managers	1,071,692	1,210,396	1,284,674
Milk Licensing	36,945	34,085	36,155
Free Sales; Health Certificates	77,040	73,470	60,571
Total Licenses, Fees or Registrations	<u>1,185,677</u>	<u>1,317,951</u>	<u>1,381,400</u>
Non-Operating			
Licenses & Fees	-	(10,000)	-
Interest	5,496	4,132	3,883
Total Non-Operating	<u>5,496</u>	<u>(5,868)</u>	<u>3,883</u>
Total Food and Drug Safety Fund	<u>1,191,173</u>	<u>1,312,083</u>	<u>1,385,283</u>

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPARATIVE SCHEDULE OF CASH RECEIPTS**

**Schedule 8
(Continued)**

For the Years Ended June 30,

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Penny Seaverns Breast, Cervical and Ovarian Cancer Research Fund - 0015			
Other Revenue			
Private Organizations or Individuals	\$ -	\$ -	\$ 50
Total Other Revenue	-	-	50
Total Penny Seaverns Breast, Cervical and Ovarian Cancer Research Fund	-	-	50
Public Health Services Fund - 0063			
Federal Operating Grants			
Department of Commerce	-	-	14,947
Environmental Protection Agency	562,698	896,171	1,188,145
Health & Human Services	128,778,640	143,335,860	126,857,737
Housing & Urban Development	974,560	745,821	336,937
Department of Labor	184,943	117,819	183,772
Federal Stimulus Package	4,249,124	72,537	943,577
Department of Insurance	25,411,636	16,799,512	-
Michigan State University	91,971	53,785	207,816
US Environmental Protection Agency	760,489	698,581	455,334
Special Purpose Trust Fund	1,180,839	1,231,932	935,846
State Board of Education - Federal Department of Agriculture	150,000	142,000	135,000
DHS - Fed Projects Fund	-	-	43,750
Total Federal Operating Grants	162,344,900	164,094,018	131,302,861
Other Revenue			
Fines, Penalties or Violations	1,095,140	793,381	689,579
Pharmaceutical Rebates	3,588,622	6,800,992	3,936,463
Total Other Revenue	4,683,762	7,594,373	4,626,042
Non-Operating			
Prior Year Refund	88,793	46,965	69,200
Prior Year Warrant Voids	39	-	9,315
Federal Government	-	56,255	2,860
Total Non-Operating	88,832	103,220	81,375
Total Public Health Services Fund	167,117,494	171,791,611	136,010,278

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**Schedule 8
(Continued)**

For the Years Ended June 30,

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Hospital Licensure Fund - 0068			
Licenses, Fees or Registrations			
Hospital License Fees	\$ 1,617,440	\$ -	\$ -
Total Licenses, Fees or Registrations	<u>1,617,440</u>	<u>-</u>	<u>-</u>
Non-Operating			
Interest	2,693	-	-
Total Non-Operating	<u>2,693</u>	<u>-</u>	<u>-</u>
Total Hospital Licensure Fund	<u>1,620,133</u>	<u>-</u>	<u>-</u>
Compassionate Use of Medical Cannabis Fund - 0075			
Licenses, Fees or Registrations			
Medical Cannabis Registry ID Card	259,928	-	-
Total Licenses, Fees or Registrations	<u>259,928</u>	<u>-</u>	<u>-</u>
Non-Operating			
Interest	15,180	-	-
Total Non-Operating	<u>15,180</u>	<u>-</u>	<u>-</u>
Total Compassionate Use of Medical Cannabis Fund	<u>275,108</u>	<u>-</u>	<u>-</u>
Community Health Center Care Fund - 0113			
Other Revenue			
Family Practice Scholarships	172,474	264,145	239,642
Total Other Revenue	<u>172,474</u>	<u>264,145</u>	<u>239,642</u>
Total Community Health Center Care Fund	<u>172,474</u>	<u>264,145</u>	<u>239,642</u>
Safe Bottled Water Fund - 0115			
Licenses, Fees or Registrations			
Safe Bottled Water Act Fees	30,050	26,400	25,800
Total Licenses, Fees or Registrations	<u>30,050</u>	<u>26,400</u>	<u>25,800</u>
Total Safe Bottled Water Fund	<u>30,050</u>	<u>26,400</u>	<u>25,800</u>

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**Schedule 8
(Continued)**

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	<u>2015</u>	<u>2014</u>	<u>2013</u>
Facility Licensing Fund - 0118			
Licenses, Fees or Registrations			
Original & Renewal License	\$ 2,400	\$ 2,500	\$ 2,800
Swimming Facilities	1,707,426	1,635,232	1,131,931
Manufactured Home License	64,275	56,576	57,174
Mobile Home Park Spaces	252,721	281,036	257,456
Total Licenses, Fees or Registrations	<u>2,026,822</u>	<u>1,975,344</u>	<u>1,449,361</u>
Other Revenue			
Swimming Facilities	206,270	321,388	264,292
Total Other Revenue	<u>206,270</u>	<u>321,388</u>	<u>264,292</u>
Non-Operating			
Prior Year Refund	-	-	300
Total Non-Operating	<u>-</u>	<u>-</u>	<u>300</u>
Total Facility Licensing Fund	<u>2,233,092</u>	<u>2,296,732</u>	<u>1,713,953</u>
CMS VS AFSCME Wages Trust Fund - 0168			
Other Revenue			
General Revenue Fund	-	-	886,431
Other State Fund	-	-	829,870
Federal Fund	-	-	1,164,720
Total Other Revenue	<u>-</u>	<u>-</u>	<u>2,881,021</u>
Total CMS VS AFSCME Wages Trust Fund	<u>-</u>	<u>-</u>	<u>2,881,021</u>
Illinois School Asbestos Abatement Fund - 0175			
Licenses, Fees or Registrations			
Asbestos Removal - Personnel	498,818	468,886	499,990
Total Licenses, Fees or Registrations	<u>498,818</u>	<u>468,886</u>	<u>499,990</u>
Other Revenue			
Fines, Penalties or Violations	174,406	238,708	355,482
Total Other Revenue	<u>174,406</u>	<u>238,708</u>	<u>355,482</u>
Total Illinois School Asbestos Abatement Fund	<u>673,224</u>	<u>707,594</u>	<u>855,472</u>

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**Schedule 8
(Continued)**

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	<u>2015</u>	<u>2014</u>	<u>2013</u>
Carolyn Adams Ticket for the Cure Grant Fund - 0208			
Non-Operating			
Prior Year Refund	\$ 1,662	\$ -	\$ -
Interest	10,358	9,522	7,767
Total Non-Operating	<u>12,020</u>	<u>9,522</u>	<u>7,767</u>
Total Carolyn Adams Ticket for the Cure Grant Fund	<u>12,020</u>	<u>9,522</u>	<u>7,767</u>
Illinois Health Facilities Planning Fund - 0238			
Licenses, Fees or Registrations			
Certification of Need	1,733,008	2,068,957	2,310,926
Total Licenses, Fees or Registrations	<u>1,733,008</u>	<u>2,068,957</u>	<u>2,310,926</u>
Total Illinois Health Facilities Planning Fund	<u>1,733,008</u>	<u>2,068,957</u>	<u>2,310,926</u>
Emergency Public Health Fund - 0240			
Non-Operating			
Prior Year Refund	3,036	7,308	-
Total Non-Operating	<u>3,036</u>	<u>7,308</u>	<u>-</u>
Total Emergency Public Health Fund	<u>3,036</u>	<u>7,308</u>	<u>-</u>
Public Health Water Permit Fund - 0256			
Licenses, Fees or Registrations			
Water Permit	84,415	57,625	74,670
Total Licenses, Fees or Registrations	<u>84,415</u>	<u>57,625</u>	<u>74,670</u>
Total Public Health Water Permit Fund	<u>84,415</u>	<u>57,625</u>	<u>74,670</u>
Nursing Dedicated and Professional Fund - 0258			
Non-Operating			
Prior Year Refund	15,137	-	18,663
Total Non-Operating	<u>15,137</u>	<u>-</u>	<u>18,663</u>
Total Nursing Dedicated and Professional Fund	<u>15,137</u>	<u>-</u>	<u>18,663</u>

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(Continued)**

For the Years Ended June 30,

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Long-Term Care Monitor/Receiver Fund - 0285			
Licenses, Fees or Registrations			
Long Term Care	\$ 1,742,675	\$ 1,611,576	\$ 1,803,693
Total Licenses, Fees or Registrations	<u>1,742,675</u>	<u>1,611,576</u>	<u>1,803,693</u>
Other Revenue			
Long Term Care	1,253,849	893,948	1,153,053
Total Other Revenue	<u>1,253,849</u>	<u>893,948</u>	<u>1,153,053</u>
Total Long-Term Care Monitor/Receiver Fund	<u>2,996,524</u>	<u>2,505,524</u>	<u>2,956,746</u>
Home Care Services Agency Licensure Fund - 0287			
Licenses, Fees or Registrations			
Licenses, Fees or Registrations	1,161,600	1,139,550	1,074,675
Total Licenses, Fees or Registrations	<u>1,161,600</u>	<u>1,139,550</u>	<u>1,074,675</u>
Total Home Care Services Agency Licensure Fund	<u>1,161,600</u>	<u>1,139,550</u>	<u>1,074,675</u>
Tattoo and Body Piercing Establishment Registration Fund - 0327			
Licenses, Fees or Registrations			
Tattoo & Body Piercing Establishments	271,850	240,350	244,670
Total Licenses, Fees or Registrations	<u>271,850</u>	<u>240,350</u>	<u>244,670</u>
Total Tattoo and Body Piercing Establishment Registration Fund	<u>271,850</u>	<u>240,350</u>	<u>244,670</u>
Public Health Laboratory Services Revolving Fund - 0340			
Licenses, Fees or Registrations			
Laboratory Fees	4,458,308	3,782,787	2,957,484
Total Licenses, Fees or Registrations	<u>4,458,308</u>	<u>3,782,787</u>	<u>2,957,484</u>
Other Revenue			
Private Organizations or Individuals	-	158,549	-
Total Other Revenue	<u>-</u>	<u>158,549</u>	<u>-</u>
Non-Operating			
Prior Year Refund	195	850	-
Interest	18,828	12,911	3,949
Total Non-Operating	<u>19,023</u>	<u>13,761</u>	<u>3,949</u>
Total Public Health Laboratory Services Revolving Fund	<u>4,477,331</u>	<u>3,955,097</u>	<u>2,961,433</u>

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**Schedule 8
(Continued)**

For the Years Ended June 30,

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Long Term Care Provider Fund - 0345			
Non-Operating			
Prior Year Refund	\$ -	\$ 20	\$ -
Total Non-Operating	<u>-</u>	<u>20</u>	<u>-</u>
Total Long Term Care Provider Fund	<u>-</u>	<u>20</u>	<u>-</u>
Lead Poisoning Screening, Prevention and Abatement Fund - 0360			
Licenses, Fees or Registrations			
Eligible Medicaid Children	956,574	1,091,424	1,100,863
Laboratory Analysis	9,012	7,338	5,901
Lead Inspector Fees	284,745	314,050	306,496
Total Licenses, Fees or Registrations	<u>1,250,331</u>	<u>1,412,812</u>	<u>1,413,260</u>
Other Revenue			
General Revenue Fund	679,000	679,000	700,000
Total Other Revenue	<u>679,000</u>	<u>679,000</u>	<u>700,000</u>
Non-Operating			
Prior Year Refund	-	666	-
Total Non-Operating	<u>-</u>	<u>666</u>	<u>-</u>
Total Lead Poisoning Screening, Prevention and Abatement Fund	<u>1,929,331</u>	<u>2,092,478</u>	<u>2,113,260</u>
Tanning Facility Permit Fund - 0370			
Licenses, Fees or Registrations			
Tanning Facilities	174,850	187,353	186,600
Total Licenses, Fees or Registrations	<u>174,850</u>	<u>187,353</u>	<u>186,600</u>
Total Tanning Facility Permit Fund	<u>174,850</u>	<u>187,353</u>	<u>186,600</u>
Equity in Long Term Care Quality Fund - 0371			
Other Revenue			
Civil Penalties - Long Term Care	1,095,139	793,380	689,579
Total Other Revenue	<u>1,095,139</u>	<u>793,380</u>	<u>689,579</u>
Non-Operating			
Interest	23,500	17,589	13,412
Total Non-Operating	<u>23,500</u>	<u>17,589</u>	<u>13,412</u>
Total Equity in Long Term Care Quality Fund	<u>1,118,639</u>	<u>810,969</u>	<u>702,991</u>

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**Schedule 8
(Continued)**

For the Years Ended June 30,

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Plumbing Licensure and Program Fund - 0372			
Licenses, Fees or Registrations			
Plumbing Licensure Program	\$ 2,173,658	\$ 1,544,120	\$ 1,537,783
Total Licenses, Fees or Registrations	<u>2,173,658</u>	<u>1,544,120</u>	<u>1,537,783</u>
Other Revenue			
Plumbing Violations	57,223	27,263	24,293
Total Other Revenue	<u>57,223</u>	<u>27,263</u>	<u>24,293</u>
Non-Operating			
Licenses & Fees	-	-	(4,000)
Other Revenues	-	-	4,000
Total Non-Operating	<u>-</u>	<u>-</u>	<u>-</u>
Total Plumbing Licensure and Program Fund	<u>2,230,881</u>	<u>1,571,383</u>	<u>1,562,076</u>
Regulatory Evaluation and Basic Enforcement Fund - 0388			
Licenses, Fees or Registrations			
Sub-Acute Care Facilities	46,600	44,900	40,900
Total Licenses, Fees or Registrations	<u>46,600</u>	<u>44,900</u>	<u>40,900</u>
Total Regulatory Evaluation and Basic Enforcement Fund	<u>46,600</u>	<u>44,900</u>	<u>40,900</u>
Trauma Center Fund - 0397			
Non-Operating			
Prior Year Refund	6,601	9,200	-
Total Non-Operating	<u>6,601</u>	<u>9,200</u>	<u>-</u>
Total Trauma Center Fund	<u>6,601</u>	<u>9,200</u>	<u>-</u>
EMS Assistance Fund - 0398			
Licenses, Fees or Registrations			
EMS Ambulance Companies	204,000	75,350	12,500
EMS Ambulance Companies	708,568	710,491	566,033
Total Licenses, Fees or Registrations	<u>912,568</u>	<u>785,841</u>	<u>578,533</u>
Total EMS Assistance Fund	<u>912,568</u>	<u>785,841</u>	<u>578,533</u>

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Schedule 8
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For the Years Ended June 30,

	2015	2014	2013
Multiple Sclerosis Research Fund - 0429			
Non-Operating			
Interest	\$ 13,173	\$ 14,364	\$ 12,851
Total Non-Operating	13,173	14,364	12,851
Total Multiple Sclerosis Research Fund	13,173	14,364	12,851
Quality of Life Endowment Fund - 0437			
Non-Operating			
Interest	5,446	9,612	11,014
Total Non-Operating	5,446	9,612	11,014
Total Quality of Life Endowment Fund	5,446	9,612	11,014
Autoimmune Disease Research Fund - 0469			
Non-Operating			
Interest	201	184	173
Total Non-Operating	201	184	173
Total Autoimmune Disease Research Fund	201	184	173
Health Facility Plan Review Fund - 0524			
Licenses, Fees or Registrations			
Certificate of Need - Nursing Home	341,680	380,149	379,741
Certificate of Need - Hospital	1,641,778	1,240,541	1,591,107
Total Licenses, Fees or Registrations	1,983,458	1,620,690	1,970,848
Non-Operating			
Prior Year Refund	-	678	-
Total Non-Operating	-	678	-
Total Health Facility Plan Review Fund	1,983,458	1,621,368	1,970,848
Pesticide Control Fund - 0576			
Licenses, Fees or Registrations			
Original & Renewal License	267,110	252,535	240,355
Total Licenses, Fees or Registrations	267,110	252,535	240,355

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(Continued)**

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	<u>2015</u>	<u>2014</u>	<u>2013</u>
Pesticide Control Fund - 0576 - Continued			
Other Revenue			
Civil Penalties	\$ 47,707	\$ 108,510	\$ 123,846
Total Other Revenue	<u>47,707</u>	<u>108,510</u>	<u>123,846</u>
Total Pesticide Control Fund	<u>314,817</u>	<u>361,045</u>	<u>364,201</u>
Death Certificate Surcharge Fund - 0635			
Licenses, Fees or Registrations			
Vital Records	1,862,031	1,777,565	1,835,997
Total Licenses, Fees or Registrations	<u>1,862,031</u>	<u>1,777,565</u>	<u>1,835,997</u>
Non-Operating			
Prior Year Refund	-	-	6,441
Total Non-Operating	<u>-</u>	<u>-</u>	<u>6,441</u>
Total Death Certificate Surcharge Fund	<u>1,862,031</u>	<u>1,777,565</u>	<u>1,842,438</u>
Illinois Adoption Registry and Medical Information Exchange Fund - 0638			
Licenses, Fees or Registrations			
Adoption Registry	24,645	28,350	46,875
Total Licenses, Fees or Registrations	<u>24,645</u>	<u>28,350</u>	<u>46,875</u>
Total Illinois Adoption Registry and Medical Information Exchange Fund	<u>24,645</u>	<u>28,350</u>	<u>46,875</u>
Assisted Living and Shared Housing Regulatory Fund - 0702			
Licenses, Fees or Registrations			
Licenses, Fees or Registrations	504,481	496,032	440,370
Total Licenses, Fees or Registrations	<u>504,481</u>	<u>496,032</u>	<u>440,370</u>
Other Revenue			
Civil Penalties	53,500	54,500	40,124
Total Other Revenue	<u>53,500</u>	<u>54,500</u>	<u>40,124</u>
Non-Operating			
Interest	1,740	2,080	1,919
Total Non-Operating	<u>1,740</u>	<u>2,080</u>	<u>1,919</u>
Total Assisted Living and Shared Housing Regulatory Fund	<u>559,721</u>	<u>552,612</u>	<u>482,413</u>

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(Continued)**

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	<u>2015</u>	<u>2014</u>	<u>2013</u>
Tobacco Settlement Recovery Fund - 0733			
Non-Operating			
Prior Year Refund	\$ 61,846	\$ -	\$ 199,777
Total Non-Operating	<u>61,846</u>	<u>-</u>	<u>199,777</u>
Total Tobacco Settlement Recovery Fund	<u>61,846</u>	<u>-</u>	<u>199,777</u>
Pet Population Control Fund - 0764			
Other Revenue			
Circuit Clerk	10,046	11,935	15,311
Total Other Revenue	<u>10,046</u>	<u>11,935</u>	<u>15,311</u>
Total Pet Population Control Fund	<u>10,046</u>	<u>11,935</u>	<u>15,311</u>
Private Sewage Disposal Program Fund - 0790			
Licenses, Fees or Registrations			
Private Sewage Disposal Program Fees	257,345	233,912	109,945
Total Licenses, Fees or Registrations	<u>257,345</u>	<u>233,912</u>	<u>109,945</u>
Other Revenue			
Private Sewage Disposal Program Fines	9,621	205	-
Total Other Revenue	<u>9,621</u>	<u>205</u>	<u>-</u>
Non-Operating			
Interest	544	465	502
Total Non-Operating	<u>544</u>	<u>465</u>	<u>502</u>
Total Private Sewage Disposal Program Fund	<u>267,510</u>	<u>234,582</u>	<u>110,447</u>
Cemetery Oversight Licensing and Disciplinary Fund - 0792			
Licenses, Fees or Registrations			
Vital Records	1,862,031	1,777,565	1,670,395
Total Licenses, Fees or Registrations	<u>1,862,031</u>	<u>1,777,565</u>	<u>1,670,395</u>
Total Cemetery Oversight Licensing and Disciplinary Fund	<u>1,862,031</u>	<u>1,777,565</u>	<u>1,670,395</u>
Public Health Federal Projects Fund - 0838			
Federal Operating Grants			
Health & Human Services	130,617	124,731	141,868
Total Federal Operating Grants	<u>130,617</u>	<u>124,731</u>	<u>141,868</u>
Total Public Health Federal Projects Fund	<u>130,617</u>	<u>124,731</u>	<u>141,868</u>

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	<u>2015</u>	<u>2014</u>	<u>2013</u>
Maternal and Child Health Services Block Grant Fund - 0872			
Federal Operating Grants			
HHS Federal Block Grant	\$ 18,829,907	\$ 14,384,564	\$ 2,498,736
Total Federal Operating Grants	<u>18,829,907</u>	<u>14,384,564</u>	<u>2,498,736</u>
Non-Operating			
Prior Year Refund	154	-	-
Total Non-Operating	<u>154</u>	<u>-</u>	<u>-</u>
Total Maternal and Child Health Services Block Grant Fund	<u>18,830,061</u>	<u>14,384,564</u>	<u>2,498,736</u>
Preventive Health and Health Services Block Grant Fund - 0873			
Federal Operating Grants			
HHS Federal Block Grant	2,267,776	1,586,541	1,436,301
Total Federal Operating Grants	<u>2,267,776</u>	<u>1,586,541</u>	<u>1,436,301</u>
Total Preventive Health and Health Services Block Grant Fund	<u>2,267,776</u>	<u>1,586,541</u>	<u>1,436,301</u>
Public Health Special State Projects Fund - 0896			
Federal Operating Grants			
Indirect Cost Reimbursement	4,080,007	4,360,616	6,081,557
Total Federal Operating Grants	<u>4,080,007</u>	<u>4,360,616</u>	<u>6,081,557</u>
Other Revenue			
Healthcare & Family Services	18,268,039	7,415,385	18,874,112
Private Organizations or Individuals	678,295	546,895	674,841
Total Other Revenue	<u>18,946,334</u>	<u>7,962,280</u>	<u>19,548,953</u>
Non-Operating			
Prior Year Refund	4,933	-	18,563
Prior Year Warrant Voids	-	-	78
Federal Government	-	(46,254)	(2,860)
Total Non-Operating	<u>4,933</u>	<u>(46,254)</u>	<u>15,781</u>
Total Public Health Special State Projects Fund	<u>23,031,274</u>	<u>12,276,642</u>	<u>25,646,291</u>
Metabolic Screening and Treatment Fund - 0920			
Licenses, Fees or Registrations			
Laboratory Analysis	14,929,851	14,900,654	14,814,060
Total Licenses, Fees or Registrations	<u>14,929,851</u>	<u>14,900,654</u>	<u>14,814,060</u>
Other Revenue			
Third Party Reimbursement	484,718	471,373	612,576
Total Other Revenue	<u>484,718</u>	<u>471,373</u>	<u>612,576</u>

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	<u>2015</u>	<u>2014</u>	<u>2013</u>
Metabolic Screening and Treatment Fund - 0920 - Continued			
Non-Operating			
Prior Year Refund	\$ 5,992	\$ 7,144	\$ -
Total Non-Operating	<u>5,992</u>	<u>7,144</u>	<u>-</u>
Total Metabolic Screening and Treatment Fund	<u>15,420,561</u>	<u>15,379,171</u>	<u>15,426,636</u>
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938			
Licenses, Fees or Registrations			
Certification - Hearing Aid Dispenser	69,105	76,785	72,235
Total Licenses, Fees or Registrations	<u>69,105</u>	<u>76,785</u>	<u>72,235</u>
Non-Operating			
Interest	64	52	80
Total Non-Operating	<u>64</u>	<u>52</u>	<u>80</u>
Total Hearing Instrument Dispenser Examining and Disciplinary Fund	<u>69,169</u>	<u>76,837</u>	<u>72,315</u>
Illinois State Podiatric Disciplinary Fund - 0954			
Non-Operating			
Prior Year Refund	2,284	-	-
Total Non-Operating	<u>2,284</u>	<u>-</u>	<u>-</u>
Total Illinois State Podiatric Disciplinary Fund	<u>2,284</u>	<u>-</u>	<u>-</u>
Build Illinois Bond Fund - 0971			
Non-Operating			
Prior Year Refund	-	113,613	-
Total Non-Operating	<u>-</u>	<u>113,613</u>	<u>-</u>
Total Build Illinois Bond Fund	<u>-</u>	<u>113,613</u>	<u>-</u>
Total All Funds	<u>\$ 259,961,624</u>	<u>\$ 245,638,365</u>	<u>\$ 211,464,019</u>
All Funds - Revenue Category			
Licenses, Fees or Regulations	\$ 42,627,205	\$ 39,103,210	\$ 38,062,648
Federal Operating Grants	188,981,649	186,600,273	141,590,234
Other Revenue	27,944,205	19,600,772	31,332,343
Non-operating	408,565	334,110	478,794
Total All Funds	<u>\$ 259,961,624</u>	<u>\$ 245,638,365</u>	<u>\$ 211,464,019</u>

Note: The Fiscal Year 2013 Other Revenue and Non-operating totals for All Funds - Revenue Category were corrected. The \$3,883 interest was deducted from the Other Revenue total and added to the Non-operating total.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER
For the Year Ended June 30, 2015**

Fund	Receipts per		Interest collected		Deposits in-transit		Receipts per
	Department Records	by the State Treasury	by the State Treasury	Beginning of Year	End of Year	Comptroller Records	
General Revenue Fund - 0001	\$ 2,757,818	\$ -	\$ -	\$ 51,102	\$ (44,643)	\$	2,764,277
Food and Drug Safety Fund - 0014	1,191,173	(5,496)	(5,496)	50,765	(47,275)		1,189,167
Public Health Services Fund - 0063	167,117,494	-	-	756,028	(263,490)		167,610,032
Hospital Licensure Fund - 0068	1,620,133	(2,693)	(2,693)	-	-		1,617,440
Compassionate Use of Medical Cannabis Fund - 0075	275,108	(15,178)	(15,178)	-	(3,775)		256,155
Community Health Center Care Fund - 0113	172,474	-	-	7,098	(1,037)		178,535
Safe Bottled Water Fund - 0115	30,050	-	-	-	(200)		29,850
Facility Licensing Fund - 0118	2,233,092	-	-	72,517	(43,003)		2,262,606
Illinois School Asbestos Abatement Fund - 0175	673,224	-	-	5,360	(23,795)		654,789
Carolyn Adams Ticket for the Cure Grant Fund - 0208	12,020	(10,358)	(10,358)	-	-		1,662
Illinois Health Facilities Planning Fund - 0238	1,733,008	-	-	111,778	(116,072)		1,728,714
Emergency Public Health Fund - 0240	3,036	-	-	-	-		3,036
Public Health Water Permit Fund - 0256	84,415	-	-	1,010	(2,775)		82,650
Nursing Dedicated and Professional Fund - 0258	15,137	-	-	-	-		15,137
Long-Term Care Monitor/Receiver Fund - 0285	2,996,524	-	-	66,935	(88,360)		2,975,099
Home Care Services Agency Licensure Fund - 0287	1,161,600	-	-	37,875	(50,600)		1,148,875
Tattoo and Body Piercing Establishment Registration Fund - 0327	271,850	-	-	18,050	(13,800)		276,100
Public Health Laboratory Services Revolving Fund - 0340	4,477,331	(18,828)	(18,828)	-	-		4,458,503
Lead Poisoning Screening, Prevention and Abatement Fund - 0360	1,929,331	-	-	2,156	(5,667)		1,925,820
Tanning Facility Permit Fund - 0370	174,850	-	-	6,250	(7,800)		173,300
Equity in Long-term Care Quality Fund - 0371	1,118,639	(23,500)	(23,500)	-	-		1,095,139
Plumbing Licensure and Program Fund - 0372	2,230,881	-	-	11,633	(21,350)		2,221,164
Regulatory Evaluation and Basic Enforcement Fund - 0388	46,600	-	-	-	(700)		45,900
Trauma Center Fund - 0397	6,601	-	-	-	-		6,601
EMS Assistance Fund - 0398	912,568	-	-	18,292	(18,229)		912,631
Multiple Sclerosis Research Fund - 0429	13,173	(13,173)	(13,173)	-	-		-
Quality of Life Endowment Fund - 0437	5,446	(5,446)	(5,446)	-	-		-
Autoimmune Disease Research Fund - 0469	201	(201)	(201)	-	-		-
Health Facility Plan Review Fund - 0524	1,983,458	-	-	44,880	(55,466)		1,972,872
Pesticide Control Fund - 0576	314,817	-	-	2,265	(4,500)		312,582
Death Certificate Surcharge Fund - 0635	1,862,031	-	-	114,334	(43,806)		1,932,559
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	24,645	-	-	1,125	(1,080)		24,690

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER
For the Year Ended June 30, 2015**

Fund	Receipts per		Interest collected		Deposits in-transit		Receipts per
	Department Records	by the State Treasury	by the State Treasury	Beginning of Year	End of Year	Comptroller Records	
Assisted Living and Shared Housing Regulatory Fund - 0702	\$ 559,721	\$ (1,740)		\$ 21,260	\$ (18,791)	\$	560,450
Tobacco Settlement Recovery Fund - 0733	61,846	-		-	-		61,846
Pet Population Control Fund - 0764	10,046	-		-	(600)		9,446
Private Sewage Disposal Program Fund - 0790	267,510	(544)		5,175	(1,650)		270,491
Cemetery Oversight Licensing and Disciplinary Fund - 0792	1,862,031	-		114,334	(43,806)		1,932,559
Public Health Federal Projects Fund - 0838	130,617	-		-	-		130,617
Maternal and Child Health Services Block Grant Fund - 0872	18,830,061	-		-	-		18,830,061
Preventive Health and Health Services Block Grant Fund - 0873	2,267,776	-		-	-		2,267,776
Public Health Special State Projects Fund - 0896	23,031,274	-		10,592	(1,340)		23,040,526
Metabolic Screening and Treatment Fund - 0920	15,420,561	-		414,392	(356,953)		15,478,000
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	69,169	(64)		1,620	(2,480)		68,245
Illinois State Podiatric Disciplinary Fund - 0954	2,284	-		-	-		2,284
Total Fiscal Year 2015	\$ 259,961,624	\$ (97,221)		\$ 1,946,826	\$ (1,283,043)	\$	260,528,186

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER
For the Year Ended June 30, 2014

Fund	Receipts per Department Records	Interest collected by the State Treasury	Beginning of Year	Deposits in-transit to the Comptroller		Receipts per Comptroller Records
				End of Year		
General Revenue Fund - 0001	\$ 3,422,442	\$ -	\$ 32,602	\$ (51,102)	\$	3,403,942
Food and Drug Safety Fund - 0014	1,312,083	(4,132)	28,955	(50,765)		1,286,141
Public Health Services Fund - 0063	171,791,611	-	-	(756,028)		171,035,583
Community Health Center Care Fund - 0113	264,145	-	1,037	(7,098)		258,084
Safe Bottled Water Fund - 0115	26,400	-	300	-		26,700
Facility Licensing Fund - 0118	2,296,732	-	43,976	(72,517)		2,268,191
Illinois School Asbestos Abatement Fund - 0175	707,594	-	17,755	(5,360)		719,989
Carolyn Adams Ticket for the Cure Grant Fund - 0208	9,522	(9,522)	-	-		-
Illinois Health Facilities Planning Fund - 0238	2,068,957	-	97,160	(111,778)		2,054,339
Emergency Public Health Fund - 0240	7,308	-	-	-		7,308
Public Health Water Permit Fund - 0256	57,625	-	1,300	(1,010)		57,915
Long-Term Care Monitor/Receiver Fund - 0285	2,505,524	-	90,705	(66,935)		2,529,294
Home Care Services Agency Licensure Fund - 0287	1,139,550	-	29,800	(37,875)		1,131,475
Tattoo and Body Piercing Establishment Registration Fund - 0327	240,350	-	17,150	(18,050)		239,450
Public Health Laboratory Services Revolving Fund - 0340	3,955,097	(12,911)	12	-		3,942,198
Long-Term Care Provider Fund - 0345	20	-	-	-		20
Lead Poisoning Screening, Prevention and Abatement Fund - 0360	2,092,478	-	1,350	(2,156)		2,091,672
Tanning Facility Permit Fund - 0370	187,353	-	5,000	(6,250)		186,103
Equity in Long-term Care Quality Fund - 0371	810,969	(17,589)	-	-		793,380
Plumbing Licensure and Program Fund - 0372	1,571,383	-	8,440	(11,633)		1,568,190
Regulatory Evaluation and Basic Enforcement Fund - 0388	44,900	-	-	-		44,900
Trauma Center Fund - 0397	9,200	-	-	-		9,200
EMS Assistance Fund - 0398	785,841	-	23,167	(18,292)		790,716
Multiple Sclerosis Research Fund - 0429	14,364	(14,364)	-	-		-
Quality of Life Endowment Fund - 0437	9,612	(9,612)	-	-		-
Autoimmune Disease Research Fund - 0469	184	(184)	-	-		-
Health Facility Plan Review Fund - 0524	1,621,368	-	46,323	(44,880)		1,622,811
Pesticide Control Fund - 0576	361,045	-	4,900	(2,265)		363,680
Death Certificate Surcharge Fund - 0635	1,777,565	-	104,940	(114,334)		1,768,171
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	28,350	-	480	(1,125)		27,705
Assisted Living and Shared Housing Regulatory Fund - 0702	552,612	(2,080)	17,820	(21,260)		547,092

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER
For the Year Ended June 30, 2014**

Fund	Deposits in-transit to the Comptroller				
	Receipts per Department Records	Interest collected by the State Treasury	Beginning of Year	End of Year	Receipts per Comptroller Records
Pet Population Control Fund - 0764	\$ 11,935	\$ -	\$ -	\$ -	\$ 11,935
Private Sewage Disposal Program Fund - 0790	234,582	(465)	585	(5,175)	229,527
Cemetery Oversight Licensing and Disciplinary Fund - 0792	1,777,565	-	104,940	(114,334)	1,768,171
Public Health Federal Projects Fund - 0838	124,731	-	-	-	124,731
Maternal and Child Health Services Block Grant Fund - 0872	14,384,564	-	-	-	14,384,564
Preventive Health and Health Services Block Grant Fund - 0873	1,586,541	-	-	-	1,586,541
Public Health Special State Projects Fund - 0896	12,276,642	-	4,830	(10,592)	12,270,880
Metabolic Screening and Treatment Fund - 0920	15,379,171	-	257,514	(414,392)	15,222,293
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	76,837	(52)	2,460	(1,620)	77,625
Build Illinois Bond - 0971	113,613	-	-	-	113,613
Total Fiscal Year 2014	\$ 245,638,365	\$ (70,911)	\$ 943,501	\$ (1,946,826)	\$ 244,564,129

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES

A comparative schedule of net appropriations, expenditures and lapsed balances by fund is presented on pages 109 through 110. We considered fluctuations in excess of \$250,000 and 10% in expenditures to be significant. Explanations of significant expenditures fluctuations are as follows:

Fiscal Year 2014

Food and Drug Safety Fund – 0014

Decrease of \$538,034 (39%) in Fiscal Year 2014 was due to decreased expenditures in personal services because of lesser staff employed during the fiscal year for this fund.

Public Health Services Fund – 0063

Increase of \$32,905,839 (24%) in Fiscal Year 2014 was due to the implementation of the Illinois Health Insurance Marketplace with a \$30 million appropriation funded from the Department of Insurance.

Facility Licensing Fund - 0118

Increase of \$1,645,519 (225%) in Fiscal Year 2014 was due to higher spending as a result of the increase in revenue pursuant to Public Act 97-957 effective January 1, 2013 which established the inspection fees and changed the fee structure as provided in the Health Facilities and Regulation Swimming Facility Act (210 ILCS 125/8.1).

Long-Term Care Monitor/Receiver Fund - 0285

Increase of \$1,285,678 (11%) in Fiscal Year 2014 was due to increased personal services expenditures related to an increase in long term facility surveyors mandated by Public Act 97-489.

African-American HIV/AIDS Response Fund - 0326

Increase of \$1,191,167 (100%) in Fiscal Year 2014 was due to the total amount of the fund being granted out during the fiscal year.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)

Public Health Laboratory Services Revolving Fund - 0340

Increase of \$1,592,649 (128%) in Fiscal Year 2014 was due to an increase in expenditures in laboratory supplies and personal services. The increase in expenditures was due to higher revenues as a result of an agreement entered into by the Illinois Department of Public Health (Department) with the Department of Healthcare and Family Services for the Department to begin billing for new sexually transmitted disease tests that were not billed before.

Lead Poisoning Screening, Prevention and Abatement Fund - 0360

Decrease of \$1,305,370 (36%) in Fiscal Year 2014 was due to lower spending because lower revenues were obtained from fees for providing testing services and laboratory analysis of blood lead tests and other State and federal funding.

Plumbing Licensure and Program Fund - 0372

Decrease of \$408,752 (26%) in Fiscal Year 2014 was due to decreased expenditures in personal services because of lesser staff employed during the fiscal year for this fund.

Multiple Sclerosis Research Fund – 0429

Increase of \$722,354 (124%) in Fiscal Year 2014 was due to additional grants issued for multiple sclerosis research.

Health Facility Plan Review Fund - 0524

Increase of \$635,388 (59%) in Fiscal Year 2014 was due to increased expenditures in personal services because of more staff employed during the fiscal year for this fund.

DHS Private Resources Fund - 0690

Decrease of \$287,744 (81%) in Fiscal Year 2014 was due to lesser funding available for this fund. The expenditures of this fund are from the diabetes-related grant programs which were transferred to the Department from the Department of Human Services (DHS) in April 2010 per Executive Order 6. The grants are drawn from the Diabetes Research Checkoff Fund which is a special fund in the State Treasury. The grants are awarded to public or private entities in Illinois for the purpose of funding research concerning diabetes. Funding has depleted since the transfer.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)

Maternal and Child Health Services Block Grant Fund - 0872

Increase of \$14,177,490 (514%) in Fiscal Year 2014 was due to the transfer of several Maternal and Child Health programs to the Department from DHS.

Preventive Health and Health Services Block Grant Fund - 0873

Decrease of \$285,715 (17%) in Fiscal Year 2014 was due to decreased expenditures in personal services because of lesser staff employed in the Policy, Planning and Statistics Division during the fiscal year. The decrease in expenditures was also due to a decrease in grantee payments from the Health Promotion Division.

Public Health Special State Projects Fund - 0896

Increase of \$7,888,487 (126%) in Fiscal Year 2014 was due to vaccine purchases during the fiscal year while there were none during the prior year. The increase in expenditures was also due to increased lease payments to the Department of Central Management Services.

Build Illinois Bond Fund – 0971

Increase of \$ 39,604,767 (191%) in Fiscal Year 2014 was due to increased capital projects during the fiscal year.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)

Fiscal Year 2015

General Revenue Fund - 0001

Decrease of \$15,947,570 (13%) in Fiscal Year 2015 was due to the decrease in HIV/AIDS spending in the Infectious Diseases Division as a result of the Department's active migration of HIV/AIDS patients to the Affordable Care Act (ACA) so that the patients will have comprehensive health insurance. The decrease in expenditures was also due to the decrease in lump sum spending for operations and personal services because lesser staff was employed in the Office of the Director's Division during the fiscal year.

Food and Drug Safety Fund - 0014

Increase of \$484,439 (58%) in Fiscal Year 2015 was due to increased expenditures in personal services because of additional staff employed during the fiscal year for this fund.

Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015

Increase of \$306,056 (234%) in Fiscal Year 2015 was due to increased reimbursement requests from multi-year grantees.

Illinois School Asbestos Abatement Fund – 0175

Decrease of \$269,137 (30%) in Fiscal Year 2015 was due to fewer grants issued during the fiscal year.

Carolyn Adams Ticket for the Cure Grant Fund - 0208

Increase of \$1,106,352 (343%) in Fiscal Year 2015 was due to additional research grants. The Carolyn Adams Ticket for the Cure Grant Fund received monies obtained from amounts collected by the Department of Revenue from a special instant scratch-off game. Monies in the funds may be expended for making grants for breast cancer research and providing services involving breast cancer victims.

Emergency Public Health Fund - 0240

Decrease of \$587,127 (14%) in Fiscal Year 2015 was due to lesser grants issued and a decrease in personal services spending due to fewer staff during the fiscal year.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)

Long-Term Care Monitor/Receiver Fund - 0285

Increase of \$9,671,241 (77%) in Fiscal Year 2015 was due to increased personal services expenditures related to an increase in long term facility surveyors mandated by Public Act 97-489.

Home Care Services Agency Licensure Fund - 0287

Increase of \$309,468 (44%) in Fiscal Year 2015 was due to higher personal services costs because of more staff employed during the fiscal year compared to the prior year.

African-American HIV/AIDS Response Fund - 0326

Decrease of \$1,191,167 (100%) in Fiscal Year 2015 because no grants were issued during the fiscal year. The monies in the fund were entirely granted out during the prior fiscal year.

Public Health Laboratory Services Revolving Fund – 0340

Decrease of \$549,562 (19%) in Fiscal Year 2015 was due to the low level of expenditures during the fiscal year because of the \$500,000 fund sweep out of the Fund authorized by Public Act 099-0002.

Lead Poisoning Screening, Prevention and Abatement Fund - 0360

Decrease of \$582,977 (25%) in Fiscal Year 2015 was due to lower spending because lower revenues were obtained from fees for providing testing services and laboratory analysis of blood lead tests and other State and federal funding.

Plumbing Licensure and Program Fund - 0372

Increase of \$532,414 (47%) in Fiscal Year 2015 was due to higher personal services costs because of more staff employed during the fiscal year compared to the prior year.

Trauma Center Fund - 0397

Decrease of \$3,540,681 (71%) in Fiscal Year 2015 was due to the late issuance of grants during the fiscal year.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)

EMS Assistance Fund - 0398

Increase of \$306,257 (75%) in Fiscal Year 2015 was due to increased revenues allowing for higher grant amounts issued. Revenues collected by the Department from licensing, testing and certification fees and fines pursuant to the Emergency Medical Services (EMS) Systems Act are deposited in this fund.

Multiple Sclerosis Research Fund - 0429

Increase of \$619,039 (48%) in Fiscal Year 2015 was due to additional grants issued for multiple sclerosis research.

Death Certificate Surcharge Fund - 0635

Increase of \$259,784 (20%) in Fiscal Year 2015 was due to higher personal services costs because of more staff employed during the fiscal year compared to the prior year.

Preventive Health and Health Services Block Grant Fund - 0873

Increase of \$923,274 (66%) in Fiscal Year 2015 was due to increased expenditures in personal services because of more staff employed in the Policy, Planning and Statistics Division during the fiscal year. The increase in expenditures was also due to increased grantee payments and contractual spending from the Policy, Planning and Statistics Division.

Public Health Special State Projects Fund - 0896

Increase of \$4,842,442 (34%) in Fiscal Year 2015 was due to an increase in vaccine purchases compared to the prior fiscal year. The increase in expenditures was also due to increased lease payments to CMS.

Build Illinois Bond Fund - 0971

Decrease of \$59,648,029 (99%) in Fiscal Year 2015 was due to completion of capital projects during the fiscal year.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS

A comparative schedule of cash receipts is presented on pages 114 through 126. We considered fluctuations in excess of \$250,000 and 10% to be significant. Explanations of significant receipts fluctuations are as follows:

Fiscal Year 2014

General Revenue Fund - 0001

Increase of \$1,852,722 (118%) in Fiscal Year 2014 was due to delayed billings of vital records data during the prior year. The prior year reimbursements for vital records data were received from the U.S. Department of Health and Human Services during Fiscal Year 2014.

Public Health Services Fund - 0063

Increase of \$35,781,333 (26%) in Fiscal Year 2014 was due to the implementation of the Illinois Health Insurance Marketplace with a \$30 million appropriation funded from the Department of Insurance.

Facility Licensing Fund - 0118

Increase of \$582,779 (34%) in Fiscal Year 2014 was due to increased revenue pursuant to Public Act 97-957 effective January 1, 2013 which established the inspection fees and changed the fee structure as provided in the Health Facilities and Regulation Swimming Facility Act (210 ILCS 125/8.1).

CMS VS AFSCME Wages Trust Fund - 0168

Decrease of \$2,881,021 (100%) in Fiscal Year 2014 was due to the depletion of the AFSCME Wages Trust Fund which was established during the prior fiscal year to receive monies to pay AFSCME wage increases that were not paid. This fund is no longer needed in Fiscal Year 2014.

Long-Term Care Monitor/Receiver Fund - 0285

Decrease of \$451,222 (15%) in Fiscal Year 2014 was due to more two-year applications during the prior fiscal year. Long term care facilities are allowed to renew their licenses for two years.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS (Continued)

Public Health Laboratory Services Revolving Fund - 0340

Increase of \$993,664 (34%) in Fiscal Year 2014 was due to higher revenues as a result of an agreement entered into by the Illinois Department of Public Health (Department) with the Department of Healthcare and Family Services (DHFS) for the Department to begin billing for new sexually transmitted disease tests that were not billed before.

Health Facility Plan Review Fund - 0524

Decrease of \$349,480 (18%) in Fiscal Year 2014 was due to fewer Hospitals/Ambulatory Surgical Treatment Center (ASTCs) built compared to the prior fiscal year. The receipts under this fund are completely dependent on the amount of ASTCs built in a year and how much they cost.

Maternal and Child Health Services Block Grant Fund - 0872

Increase of \$11,885,828 (476%) in Fiscal Year 2014 was due to the transfer of several Maternal and Child Health programs to the Department from DHS.

Public Health Special State Projects Fund - 0896

The decrease of \$13,369,649 (52%) in Fiscal Year 2014 was due to lower indirect cost rate allocations approved by Department of Health and Human Services (DHHS) compared to the prior fiscal year. The decrease in receipts was also due to the receipt of Fiscal Year 2014 vaccine reimbursements from HFS only in Fiscal Year 2015.

Fiscal Year 2015

General Revenue Fund - 0001

Decrease of \$664,624 (19%) in Fiscal Year 2015 was due to a decrease in reimbursements for vital records data from the U.S. Department of Health and Human Services. The Fiscal Year 2014 amount was higher because there were prior year reimbursements received during that year.

Hospital Licensure Fund- 0068

Increase of \$1,620,133 (100%) in Fiscal Year 2015 was due to the establishment of the hospital licensure program pursuant to Public Act 98-0683 effective June 30, 2014.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS (Continued)

Compassionate Use of Medical Cannabis Fund - 0075

Increase of \$275,108 (100%) in Fiscal Year 2015 was due to the establishment of the medical cannabis program pursuant to Public Act 98-0122 effective January 1, 2014.

Illinois Health Facilities Planning Fund - 0238

Decrease of \$335,949 (16%) in Fiscal Year 2015 was due to very few hospital and long-term care facilities modernization projects caused by the increase in construction cost threshold. The construction cost thresholds that trigger application has risen 15.77% over the past 7 years or approximately 2.25% annually.

Long-Term Care Monitor/Receiver Fund - 0285

The increase of \$491,000 (20%) in Fiscal Year 2015 was due to more two-year applications than in Fiscal Year 2014. Long term care facilities are allowed to renew their licenses for two years.

Public Health Laboratory Services Revolving Fund - 0340

Increase of \$522,234 (13%) in Fiscal Year 2015 was due to the new sexually transmitted disease tests that the Department started billing in Fiscal Year 2014 per agreement with DHFS.

Equity in Long-term Care Quality Fund - 0371

Increase of \$307,670 (38%) in Fiscal Year 2015 was due to more fines assessed by the federal government for Medicare program during the fiscal year.

Plumbing Licensure and Program Fund - 0372

Increase of \$659,498 (42%) in Fiscal Year 2015 was due to the increase in various fees for the examination and licensure of plumbers effective January 1, 2015.

Health Facility Plan Review Fund - 0524

Increase of \$362,090 (22%) in Fiscal Year 2015 was due to more Hospitals/Ambulatory Surgical Treatment Center (ASTCs) built than in Fiscal Year 2014. The receipts under this fund are completely dependent on the amount of ASTCs built in a year and how much they cost.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS (Continued)

Maternal and Child Health Services Block Grant Fund - 0872

Increase of \$4,445,497 (31%) in Fiscal Year 2015 was due to the increase in funding of the Maternal and Child Health programs. The Maternal and Child Health programs were transferred to the Department from DHS in Fiscal Year 2014 and the transfer was completed in Fiscal Year 2015.

Preventive Health and Health Services Block Grant Fund - 0873

Increase of \$681,235 (43%) in Fiscal Year 2015 was due to more federal funding authorized and received during the fiscal year.

Public Health Special State Projects Fund - 0896

Increase of \$10,754,632 (88%) in Fiscal Year 2015 was due to higher indirect cost rate allocations approved by DHHS compared to Fiscal Year 2014. The Fiscal Year 2015 receipts were higher because of Fiscal Year 2014 vaccine reimbursements from HFS received during the year.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING

The schedule of net appropriations, expenditures and lapsed balances is presented on pages 90 through 94. We considered spending of \$250,000 and 10% or more of total expenditures to be significant. Explanations of significant lapsed period spending are as follows:

Fiscal Year 2014

General Revenue Fund - 0001

Spending of \$23,188,598 (18%) during Fiscal Year 2014 lapse period was due to grant program payments for the HIV/AIDS program that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th. Also, several pharmaceutical orders related to the treatment of HIV/AIDS were not paid until during the lapse period.

Public Health Services Fund - 0063

Spending of \$27,676,187 (16%) during Fiscal Year 2014 lapse period was due to payments to ACA Navigators grantees, HIV/AIDS grantees, and Preparedness and Response grantees that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Emergency Public Health Fund - 0240

Spending of \$1,175,940 (28%) during Fiscal Year 2014 lapse period was due to payments to West Nile prevention grantees that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

African-American HIV/AIDS Response Fund - 0326

Spending of \$434,943 (37%) during Fiscal Year 2014 lapse period was due to payment to grantees that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)

Public Health Laboratory Services Revolving Fund - 0340

Spending of \$444,110 (16%) during Fiscal Year 2014 lapse period was due to payments for the purchases of laboratory testing supplies to ensure adequate stock for the start of the new fiscal year. These supplies were not paid until during the lapse period.

Trauma Center Fund - 0397

Spending of \$4,919,717 (99%) during Fiscal Year 2014 lapse period was due to grant payments made to hospitals designated as trauma centers. The grants are allocated based on revenue collected and actual trauma case data for the fiscal year. The required data is not available prior to June 30th; therefore, the grant payments occur during the lapse period.

Multiple Sclerosis Research Fund - 0429

Spending of \$365,885 (28%) during Fiscal Year 2014 lapse period was due to grantee payments to the Multiple Sclerosis Society related to multiple sclerosis research that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Quality of Life Endowment Fund - 0437

Spending of \$617,758 (42%) during Fiscal Year 2014 lapse period was due to grant payments related to HIV/AIDS prevention and education that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Tobacco Settlement Recovery Fund - 0733

Spending of \$4,292,431 (34%) during Fiscal Year 2014 lapse period was due to grant payments to the local health departments related to anti-smoking programs and Brothers and Sisters United Against HIV/AIDS (BASUAH) grants that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)

Maternal and Child Health Services Block Grant Fund - 0872

Spending of \$3,709,071 (22%) during Fiscal Year 2014 lapse period was due to grant payments related to the perinatal program that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Public Health Special State Projects Fund - 0896

Spending of \$3,822,708 (27%) during Fiscal Year 2014 lapse period was due to contractual expenditures related to purchases of vaccines. These purchases were not paid until during the lapse period.

Metabolic Screening and Treatment Fund - 0920

Spending of \$2,075,563 (14%) during Fiscal Year 2014 lapse period was due to grant payments related to screening follow-up services and laboratory testing supplies that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Fiscal Year 2015

General Revenue Fund - 0001

Spending of \$16,323,686 (15%) during Fiscal Year 2015 lapse period due to grant program payments related to HIV/AIDS and Breast and Cervical Cancer programs that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th. Also, several pharmaceutical orders related to the treatment of HIV/AIDS were not paid until during the lapse period.

Public Health Services Fund - 0063

Spending of \$25,162,231 (15%) during Fiscal Year 2015 lapse period was due to payments to ACA Navigators grantees, HIV/AIDS grantees, and Preparedness and Response grantees that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)

Compassionate Use of Medical Cannabis - 0075

Spending of \$673,369 (21%) during Fiscal Year 2015 lapse period was due to payments for the purchase of computer system related to the medical cannabis program. The purchase was not paid until during the lapse period.

Carolyn Adams Ticket for the Cure Grant Fund - 0208

Spending of \$426,266 (30%) during Fiscal Year 2015 lapse period was due to grantee payments related to cancer education and services that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Emergency Public Health Fund - 0240

Spending of \$938,239 (26%) during Fiscal Year 2015 lapse period was due to payments to West Nile prevention grantees that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Public Health Laboratory Services Revolving Fund - 0340

Spending of \$435,288 (19%) during Fiscal Year 2015 lapse period was due to payments for the purchases of laboratory testing supplies to ensure adequate stock for the start of the new fiscal year. These supplies were not paid until during the lapse period.

Trauma Center Fund - 0397

Spending of \$1,410,719 (98%) during Fiscal Year 2015 lapse period was due to grant payments made to hospitals designated as trauma centers. The grants are allocated based on revenue collected and actual trauma case data for the fiscal year. The required data is not available prior to June 30th; therefore, the grant payments occur during the lapse period.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)

Multiple Sclerosis Research Fund - 0429

Spending of \$754,982 (39%) during Fiscal Year 2015 lapse period was due to grantee payments to the Multiple Sclerosis Society related to multiple sclerosis research that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Death Certificate Surcharge Fund - 0635

Spending of \$335,734 (21%) during Fiscal Year 2015 lapse period was due to grantee payments to County governments that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Tobacco Settlement Recovery Fund - 0733

Spending of \$3,218,098 (26%) during Fiscal Year 2015 lapse period was due to grant payments to the local health departments related to anti-smoking programs and BASUAH grants that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Maternal and Child Health Services Block Grant Fund - 0872

Spending of \$3,324,742 (18%) during Fiscal Year 2015 lapse period was due to grant payments related to the perinatal program that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Preventive Health and Health Services Block Grant Fund - 0873

Spending of \$413,223 (18%) during Fiscal Year 2015 was due to grant payments to Northern Illinois University for data gathering for Policy, Planning and Statistics Division that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)

Metabolic Screening and Treatment Fund - 0920

Spending of \$1,686,147 (12%) during Fiscal Year 2015 lapse period was due to grant payments related to screening follow-up services and laboratory testing supplies that are made on a reimbursement basis. These grant payments occurred in the lapse period because the requests for reimbursement were not received from grantees until after June 30th.

Build Illinois Bond Fund - 0971

Spending of \$619,911 (94%) during Fiscal Year 2015 lapse period was due to grantee payments to Peoria for lead abatement work. The grant payments occurred during the lapse period because the requests for reimbursement were not received from the grantee until after June 30th.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
ANALYSIS OF ACCOUNTS RECEIVABLE

For the Years Ended June 30,

Aging of accounts receivable, per Department records, were as follows (expressed in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Current	\$ 4,805	\$ 5,113	\$ 5,190
1-30 days	296	347	573
31-90 days	589	852	633
91-180 days	819	1,218	541
181-1 year	1,173	789	776
Over 1 year	<u>8,735</u>	<u>7,283</u>	<u>7,691</u>
Accounts receivable, gross	16,417	15,602	15,404
Less: Estimated uncollectible accounts	<u>(3,465)</u>	<u>(3,019)</u>	<u>(2,886)</u>
Accounts receivable, net	<u>\$ 12,952</u>	<u>\$ 12,583</u>	<u>\$ 12,518</u>

Note: These amounts represent outstanding federal reimbursements, licenses and fees, fines and penalties, and loan repayments. The Department uses the Office of the Comptroller's offset system, the Office of the Attorney General and private collection services to collect overdue receivable balances.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**AGENCY FUNCTIONS AND PLANNING PROGRAM
(Not Examined)**

Agency Functions

The Department of Public Health (Department or IDPH), one of the State's oldest agencies, was created in 1877 to regulate medical practitioners and to promote sanitation. Among other things, general health and sanitation conditions in Illinois are monitored by Department-established standards and regulations. The Department has headquarters in Springfield and Chicago, operates seven regional offices and three laboratories and employs approximately 1,300 employees. Each office operates and supports many ongoing programs and is prepared to respond to emergencies as may be needed.

The mission of the Department is to promote the health and wellness of the people of Illinois through the prevention and control of disease and injury. The Department, in partnership with local health departments and other agencies, employs population-based approaches in its prevention programs. The Department carries out its mission through six major program areas: Health Care Regulation; Health Promotion; Health Protection; Policy, Planning and Statistics; Women's Health; and Preparedness and Response.

The Department is responsible for protecting the State's 12.9 million residents, as well as countless visitors, through the prevention and control of disease and injury. With more than 200 program components organized in 12 offices, the Department provides or supports a broad range of services, including inspecting restaurants; vaccinating children to protect them against disease; testing to assure the safety of food, water, and drugs; licensing to ensure quality health care in hospitals and nursing homes; conducting investigations to control the outbreak of infectious diseases; vital records; collecting and evaluating health statistics to support prevention and regulatory programs; analyzing and shaping public policy; emergency preparedness; screening newborns for genetic diseases; and supporting local efforts to identify breast and cervical cancers in their early, more treatable stages. These programs touch virtually every age, aspect, and cycle of life and make Illinois a safer and healthier place to live.

The State Board of Health advises the Director of the Department in meeting functions such as needs assessment, statewide health objectives, policy development, and assurance of access to necessary services. The Board is composed of 20 individuals, all of whom are appointed by the Governor. Duties of the Board include advising the Department of ways to encourage public understanding and support of its programs; evaluation of boards, councils, committees, and authorities of the Department; advising the Director regarding public health policy; overseeing the periodic development of a State Health Improvement Plan and presentation of public health issues to the Director to make recommendations for the resolution of those issues.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**AGENCY FUNCTIONS AND PLANNING PROGRAM (Continued)
(Not Examined)**

Planning Program

In July 2012, the Department completed the document entitled Five Year Strategy 2014-2018 that identifies five strategic priorities that the Department will use as the basis of planning activities:

- Develop and expand partnerships
- Improve data quality, utilization and dissemination
- Reduce disparities in health care and increase equity in health status
- Improve regulatory compliance
- Brand, market and communicate value

The Department identified 3 objectives for each strategic priority.

Partnerships

1. Inventory and assess existing IDPH public and private partnerships to support a strategic approach to partnership development
2. Disseminate Partnership Development Plans aligned with IDPH's strategic health priorities for 100% of IDPH offices
3. Add or enhance at least one strategic partnership for each IDPH office

Data Utilization

1. Increase utilization of data quality standards
2. Increase data dissemination and utilization
3. Improve the Department's ability to collect and use data by transitioning to emerging technology by creating a public health informatics structure

Disparities

1. Define disparities, establish specific targets for reduction, and monitor progress in reducing disparities based on quantifiable data
2. Embed the promotion of health equity and reduction of designated disparities among all offices
3. Develop and enhance partnerships to address targets

Regulatory Compliance

1. Identify, compile, and assess IDPH statutory and regulatory enforcement authorities
2. Increase operational efficiency of regulatory programs through improvements to inspection, technology, training, prosecution and collaborative activities with regulated entities

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**AGENCY FUNCTIONS AND PLANNING PROGRAM (Continued)
(Not Examined)**

3. Enhance regulatory compliance by increasing the awareness and education of IDPH licensee applicants, and the general public

Branding

1. Develop and recommend branding activities to influence perceptions and increase knowledge of the Department's vision, mission, values, and strategic priorities
2. Consolidate all IDPH communications internally and externally with the news media, key stakeholders, vertically between senior management and employees and horizontally across all offices to optimize the Department's message through increased awareness and understanding of programs and regulatory activities
3. Increase public recognition of IDPH, its programs, and its regulatory activities

The Department committed to twenty key initiatives related to these priorities:

- Assess community needs and improve community ties, including outreach in minority communities
- Examine, review and analyze activities in Illinois communities
- Make public health information and data more accessible
- Enhance health services in medically under-served areas
- Improve Illinois' local health departments capacity to manage complex/extreme situations related to bioterrorism and emergency readiness
- Improve State health department preparedness to manage complex/extreme situations related to bioterrorism and emergency readiness
- Hospital preparedness
- Address health disparities through targeted funding
- Address health disparities through the development of culturally sensitive staff
- Improve the health of women and girls throughout the lifespan
- Increase screenings for newborn metabolic disorders/abnormalities
- Create a more culturally sensitive public health workforce
- Increase knowledge and skill sets of departmental staff to ensure continued provision of programs and services to citizens of Illinois
- Develop and implement training and exercise plans with local health departments for each of their jurisdictions
- Assure the effectiveness and efficiency of inspections of nursing homes
- Expand information accessibility and use with regard to Patient Safety issues
- Reduce medical errors, thereby improving patient safety

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**AGENCY FUNCTIONS AND PLANNING PROGRAM (Continued)
(Not Examined)**

- Develop and implement the Adverse Health Care Events Reporting system
- Reduce the incidence of disease and injury related to the environmental factors of lead poisoning and asbestos
- Ensure the safety of private and non-community water supplies

Monitoring

The Department's Office of Performance Management, a vertically integrated team of leaders and staff members, trained in continuous quality improvement techniques and processes, leads the effort to ensure that the goals and objectives of the strategic plan are fulfilled. This team tracks the Department's progress and assesses and recalibrates the Department's objectives as needed. The Department has a Quality Improvement Committee that oversees performance improvement based on data and best practices. The Department is in the process of establishing a formal ongoing system for monitoring program performance through an online Department dashboard. The program monitoring system will comprise a variety of administrative and reporting systems that enable leadership in the Department to be knowledgeable about status on program implementation, problems and progress. This system will facilitate early detection of problems in program performance and supports prompt administrative action.

State Health Improvement Plan

The Department has established a State Health Improvement Plan (SHIP) process as required by Public Act 93-0975. Two SHIPs have been created, in 2007 and again in 2010. Changes in the State statutes have resulted in the new planning team being a Governor's appointed council, the SHIP Implementation Coordination Council (SHIP ICC). Governor Rauner has appointed a new team for developing the next SHIP, due in 2016. The SHIP recommends priorities and strategies to improve the Illinois public health system and Illinois residents' health status. The most recent plan, which was completed in May 2010, developed fourteen strategic issues with associated long and intermediate-term outcomes, and recommendations of strategies and actions for the sectors that make up the public health system. The SHIP ICC completed an implementation plan in October 2012, *Aligning Illinois for Health Improvement and Equity*. The new SHIP ICC will be working to promote statewide improvements in public health and prevention and also working closely with the planning for healthcare transformation undertaken through the State Innovation Model grant from federal CMS.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**AVERAGE NUMBER OF EMPLOYEES
(Not Examined)**

The average number of employees employed by the Department as of end of fiscal year are as follows:

<u>Division</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Director's Office	97	94	74
Office of Preparedness & Response	49	44	46
Office of Finance & Administration (including Information Technology)	119	117	115
Office of Policy, Planning, and Statistics	69	71	72
Office of Health Promotion	54	52	54
Office of Health Care Regulation	415	399	340
Office of Health Protection (including Laboratories)	341	351	355
Office of Women's Health	39	37	19
 Total average full-time employees	 <u>1,183</u>	 <u>1,165</u>	 <u>1,075</u>

Note: The Average Number of Employees schedule includes only the Department's Offices appropriated by the Illinois General Assembly.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**EMERGENCY PURCHASES
(Not Examined)**

The Department reported the following emergency purchases during Fiscal Years 2014 and 2015:

Description	Amount
Fiscal Year 2014	
To obtain medical treatment formulas critical to the health of individuals diagnosed with certain metabolic disorders for distribution between contracts to comply with 77 Ill. Adm. Code Part 661 Newborn Metabolic Screening Code.	\$ 293,974
To obtain medical treatment formulas critical to the health of individuals diagnosed with certain metabolic disorders for distribution between contracts to comply with 77 Ill. Adm. Code Part 661 Newborn Metabolic Screening Code.	256,690
To obtain medical treatment formulas critical to the health of individuals diagnosed with certain metabolic disorders for distribution between contracts to comply with 77 Ill. Adm. Code Part 661 Newborn Metabolic Screening Code.	263,822
To obtain medical treatment formulas critical to the health of individuals diagnosed with certain metabolic disorders for distribution between contracts to comply with 77 Ill. Adm. Code Part 661 Newborn Metabolic Screening Code.	362,437
To obtain medical treatment formulas critical to the health of individuals diagnosed with certain metabolic disorders for distribution between contracts to comply with 77 Ill. Adm. Code Part 661 Newborn Metabolic Screening Code.	<u>164,974</u>
Total Fiscal Year 2014	<u>\$ 1,341,897</u>
Fiscal Year 2015	
No emergency purchases.	<u>\$ -</u>
Total Fiscal Year 2015	<u>\$ -</u>

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**ILLINOIS FIRST PROJECTS
(Not Examined)**

Appropriation Code	GRANTEE NAME	GRANT AMOUNT	EXPENDED FY12-FY13	EXPENDED FY14-FY15	LAPSED BALANCES	GRANT DESCRIPTION
971-48250-4900-0110	City of Peoria	\$ 1,955,681	\$ 798,749	\$ 1,156,932	\$ -	Installing new, high efficiency windows in low-income homes in Peoria
971-48250-4900-0110	CNT Energy	2,459,981	1,186,900	1,273,081	-	Installing new, high efficiency windows in low-income homes in Chicago
971-48210-4400-0010	Norwegian American Hospital	7,000,000	7,000,000	-	-	Building Renovation / Equipment Upgrades
971-48210-4400-0010	Loretto Hospital	7,000,000	7,000,000	-	-	Renovate Clinical Space & Equipment Upgrades
971-48210-4400-0010	Swedish Covenant Hospital	7,000,000	7,000,000	-	-	Construct Ambulatory Care Building
971-48210-4400-0010	Abraham Lincoln Memorial Hospital	383,650	191,825	191,825	-	New Diagnostic Equipment
971-48210-4400-0010	Adventist Glen Oaks Hospital	637,865	318,932	318,932	-	New Cardiac Monitoring System
971-48210-4400-0010	Advocate BroMenn Medical Center	421,550	210,775	210,775	-	Roof Repair, Acquire Medical Equip
971-48210-4400-0010	Advocate Condell Medical Center	651,050	325,525	325,525	-	New Nurse Call System, New Neuro Microscope
971-48210-4400-0010	Advocate Good Samaritan Hospital	435,000	217,500	217,500	-	Acquire New Generator
971-48210-4400-0010	Allon Memorial Hospital	264,050	132,025	132,025	-	Acquire New Air Handling Unit
971-48210-4400-0010	Anderson Hospital	298,799	149,400	149,399	-	New Canopy Over Emergency Department
971-48210-4400-0010	Blessing Hospital	719,845	359,922	359,923	-	New Laboratory Automation System
971-48210-4400-0010	Carle Foundation Hospital	847,610	423,805	423,805	-	Renovate Clinical Decision Unit, Expand ER
971-48210-4400-0010	Carlinville Area Hospital	345,490	172,745	172,745	-	Electronic Medical Record System
971-48210-4400-0010	Centegra Hospital - McHenry	314,360	157,180	157,180	-	Relocate / Renovate Infusion Center
971-48210-4400-0010	Centegra Hospital - Woodstock	410,030	205,015	205,015	-	Renovate Radiography & Fluoroscopy Rooms
971-48210-4400-0010	Central DuPage Hospital	584,000	292,000	292,000	-	New Bedside Monitors
971-48210-4400-0010	CGH Medical Center	443,815	221,908	221,907	-	Fire Suppression System for Clinic Building
971-48210-4400-0010	Clay County Hospital	337,607	168,804	168,803	-	Replace Rooftop Cooling System
971-48210-4400-0010	Community Memorial Hospital	342,205	171,103	171,102	-	Life / Safety Code Upgrades
971-48210-4400-0010	Crawford Memorial Hospital	381,000	190,500	190,500	-	Renovate / Expand Operating Rooms
971-48210-4400-0010	Decatur Memorial Hospital	565,730	282,865	282,865	-	New Patient Call System
971-48210-4400-0010	Dr. John Warner Hospital	345,130	172,565	172,565	-	Fire Suppression System
971-48210-4400-0010	Fairfield Memorial Hospital	367,360	183,680	183,680	-	Acquire New Generator
971-48210-4400-0010	Fayette County Hospital	356,470	178,235	178,235	-	Acquire Digital Mammography Equipment
971-48210-4400-0010	Ferrell Hospital	362,320	181,160	181,160	-	Electronic Medical Record System
971-48210-4400-0010	Franklin Hospital	352,690	176,345	176,345	-	Replace Water Plumbing System
971-48210-4400-0010	Freeport Memorial Hospital	470,635	235,317	235,318	-	Reconfigure & Resurface Visitor Parking Lot
971-48210-4400-0010	Genesis Medical Center	322,820	161,410	161,410	-	Establish Cardiac Outpatient Unit
971-48210-4400-0010	Gibson Community Hospital	356,785	178,393	178,392	-	Acquire Radiology Equipment
971-48210-4400-0010	Good Samaritan Regional Health Center	515,500	257,750	257,750	-	Operating Room Integration System
971-48210-4400-0010	Graham Hospital	445,795	222,897	222,898	-	Renovate Intensive Care Unit
971-48210-4400-0010	Greenville Regional Hospital	368,350	184,175	184,175	-	Update Wall Suction System
971-48210-4400-0010	Hamilton Memorial Hospital	352,240	176,120	176,120	-	New Fire Suppression System, New Loading Dock
971-48210-4400-0010	Hardin County General Hospital	354,175	177,088	177,087	-	New Lab Equipment, Renovate Clinical Space
971-48210-4400-0010	Harrisburg Medical Center	446,965	223,482	223,483	-	Equipment Upgrades
971-48210-4400-0010	Harrin Hospital	420,460	210,230	210,230	-	Automated Pharmacy Dispensing System
971-48210-4400-0010	Hillsboro Area Hospital	345,355	172,678	172,677	-	New MRI Machine
971-48210-4400-0010	Holy Cross Hospital	7,000,000	3,500,000	3,500,000	-	Equipment Upgrades
971-48210-4400-0010	Hoopston Comm Memorial Hospital	341,440	170,720	170,720	-	Equipment Upgrades for Surgery & ER
971-48210-4400-0010	Illini Community Hospital	344,905	172,452	172,453	-	Renovate Space for Physical Therapy Department
971-48210-4400-0010	Illinois Valley Community Hospital	457,090	228,545	228,545	-	New CT Scanner

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**ILLINOIS FIRST PROJECTS, Continued
(Not Examined)**

Appropriation Code	GRANTEE NAME	GRANT AMOUNT	EXPENDED FY12-FY13	EXPENDED FY14-FY15	LAPSED BALANCES	GRANT DESCRIPTION
971-48210-4400-0010	Ingalls Memorial Hospital	\$ 4,600,000	\$ 2,300,000	\$ 2,300,000	\$ -	New Equipment, HVAC Upgrades
971-48210-4400-0010	Iroquois Memorial Hospital	383,470	191,735	191,735	-	Life / Safety Code Upgrades
971-48210-4400-0010	Jackson Park Hospital	7,000,000	3,500,000	3,500,000	-	Renovate Women's Health Services
971-48210-4400-0010	Jersey Community Hospital	379,375	189,688	189,687	-	Renovate / Expand Emergency Department
971-48210-4400-0010	Katherine Shaw Bethel Hospital	430,000	215,000	215,000	-	New Equipment
971-48210-4400-0010	Kewanee Hospital	380,545	190,272	190,273	-	New Medical Equipment and IT Upgrades
971-48210-4400-0010	Kirby Medical Center	340,855	170,428	170,427	-	Cardiac Catheterization Lab Expansion
971-48210-4400-0010	Kishwaukee Comm Hospital	444,805	222,402	222,403	-	Renovate Patient Registration Area
971-48210-4400-0010	La Rabida Children's Hospital	4,600,000	2,300,000	2,300,000	-	Construct New Building & Renovate Existing Space
971-48210-4400-0010	Lawrence County Memorial Hospital	358,090	179,045	179,045	-	Electronic Medical Record System
971-48210-4400-0010	MacNeal Hospital	4,600,000	2,300,000	2,300,000	-	Renovate Medical / Surgical Units
971-48210-4400-0010	Marshall Browning Hospital	344,815	172,408	172,407	-	Equipment Upgrades, HVAC Upgrades
971-48210-4400-0010	Mason District Hospital	344,275	172,137	172,138	-	New Digital Mammography Equipment
971-48210-4400-0010	Massac Memorial Hospital	347,560	173,780	173,780	-	Renovate Rural Health Clinic Building
971-48210-4400-0010	McDonough District Hospital	406,600	203,300	203,300	-	New CT Scanner
971-48210-4400-0010	Memorial Hospital	551,150	275,575	275,575	-	New MRI Machine
971-48210-4400-0010	Memorial Hospital	356,110	178,055	178,055	-	Equipment Replacement and IT Upgrades
971-48210-4400-0010	Memorial Hospital	347,200	173,600	173,600	-	Upgrade Emergency Generator Backup System
971-48210-4400-0010	Memorial Hospital of Carbondale	676,780	338,390	338,390	-	Automated Pharmacy Dispensing System
971-48210-4400-0010	Memorial Medical Center	797,975	398,988	398,987	-	New Hospital Beds
971-48210-4400-0010	Mendota Community Hospital	348,800	174,400	174,400	-	IT Upgrades
971-48210-4400-0010	Mercer County Hospital	340,720	170,360	170,360	-	Acquire Digital Mammography Equipment
971-48210-4400-0010	Mercy Hospital	7,000,000	3,500,000	3,500,000	-	Patient Tower Renovation
971-48210-4400-0010	Methodist Medical Center	992,060	496,030	496,030	-	New Linear Accelerator
971-48210-4400-0010	Morris Hospital	418,345	209,172	209,173	-	New Cardiac Catheterization Equipment
971-48210-4400-0010	Morrison Community Hospital	340,900	170,450	170,450	-	Fire Suppression System
971-48210-4400-0010	Mt. Sinai Hospital	7,000,000	3,500,000	3,500,000	-	Building Renovation
971-48210-4400-0010	OSF Holy Family Medical Center	348,820	174,410	174,410	-	Renovate Operating Rooms
971-48210-4400-0010	OSF St. Anthony Hospital	335,330	167,665	167,665	-	New Radiology Equipment
971-48210-4400-0010	OSF St. Francis Medical Center	1,666,970	833,485	833,485	-	Create Surgical Holding Area
971-48210-4400-0010	OSF St. James Hospital	383,605	191,803	191,802	-	Establish Sleep Center and Pulmonology Clinic
971-48210-4400-0010	OSF St. Joseph Medical Center	293,885	146,942	146,943	-	Equipment Upgrades
971-48210-4400-0010	OSF St. Mary Medical Center	468,970	234,485	234,485	-	Renovate Fluoroscopy Suites
971-48210-4400-0010	Ottawa Regional Hospital	464,470	232,235	232,235	-	Meditech Patient Care System
971-48210-4400-0010	Pana Community Hospital	344,770	172,385	172,385	-	Electronic Medical Record System
971-48210-4400-0010	Paris Community Hospital	345,625	172,813	172,812	-	Construct Multi-Purpose Building
971-48210-4400-0010	Passavant Area Hospital	443,635	221,817	221,818	-	Acquire New IV and PCA Pumps
971-48210-4400-0010	Pekin Memorial Hospital	425,455	212,728	212,727	-	Renovate 7th Floor of Patient Tower
971-48210-4400-0010	Perry Memorial Hospital	370,015	185,007	185,008	-	Electronic Medical Record System
971-48210-4400-0010	Pinkneyville Community Hospital	345,040	172,520	172,520	-	Roof Replacement, New Fuel Backup System
971-48210-4400-0010	Provena Covenant Medical Center	435,005	217,503	217,502	-	Renovate and Expand Emergency Dept
971-48210-4400-0010	Provena Mercy Medical Center	532,610	266,305	266,305	-	Cardiovascular Equipment Acquisition
971-48210-4400-0010	Provena St. Joseph Hospital	374,435	187,217	187,218	-	New Digital X-Ray Machine

**STATE OF ILLINOIS
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**ILLINOIS FIRST PROJECTS, Continued
(Not Examined)**

Appropriation Code	GRANTEE NAME	GRANT AMOUNT	EXPENDED FY12-FY13	EXPENDED FY14-FY15	LAPSED BALANCES	GRANT DESCRIPTION
971-48210-4400-0010	Provena St. Joseph Medical Center	\$ 615,185	\$ 307,593	\$ 307,592	\$ -	Replace Air Handlers
971-48210-4400-0010	Provena St. Mary's Hospital	394,207	197,103	197,104	-	New Telemetry Unit & Pharmacy Renovation
971-48210-4400-0010	Provena United Samaritans Medical Center	592,585	296,293	296,292	-	Exterior Facade Renovation
971-48210-4400-0010	Richland Memorial Hospital	460,240	230,120	230,120	-	Roof and Facade Repair
971-48210-4400-0010	Riverside Medical Center	607,805	303,902	303,903	-	Acquire Linear Accelerator
971-48210-4400-0010	Rochelle Community Hospital	346,480	173,240	173,240	-	IT Upgrades
971-48210-4400-0010	Rockford Memorial Hospital	1,078,685	539,343	539,342	-	Medical Equipment Upgrades
971-48210-4400-0010	Roseland Comm Hospital	7,000,000	7,000,000	-	-	Renovate OB & Surgery
971-48210-4400-0010	Rush Copley Medical Center	577,835	288,917	288,918	-	Phone System Hardware and Software Upgrades
971-48210-4400-0010	Salem Township Hospital	352,285	176,143	176,142	-	Renovate Clinical Space
971-48210-4400-0010	Sarah Bush Lincoln Health Center	548,935	274,467	274,468	-	New MRI Machine
971-48210-4400-0010	Sarah Culbertson Memorial Hospital	352,600	176,300	176,246	54	Hospital Entrance Renovation, IT Upgrades
971-48210-4400-0010	Shelby Memorial Hospital	356,650	178,325	178,325	-	IT Upgrades
971-48210-4400-0010	Sherman Hospital	614,150	307,075	307,075	-	Laboratory Equipment Upgrades
971-48210-4400-0010	Silver Cross Hospital	702,215	351,108	351,107	-	Surgical Equipment Upgrades
971-48210-4400-0010	Sparta Community Hospital	375,370	187,685	187,685	-	Replace Radiology and Fluoroscopic Equipment
971-48210-4400-0010	St. Anthony's Hospital	7,000,000	3,500,000	3,500,000	-	New Medical and IT Equipment
971-48210-4400-0010	St. Anthony's Health Center	326,645	163,322	163,323	-	Electronic Medical Record System
971-48210-4400-0010	St. Anthony's Memorial Hospital	470,725	235,363	235,362	-	Pharmacy Renovation
971-48210-4400-0010	St. Bernard Hospital	7,000,000	3,500,000	3,500,000	-	Roof Replacement and Building Renovation
971-48210-4400-0010	St. Elizabeth Hospital	532,340	266,170	266,170	-	Patient Room Renovation
971-48210-4400-0010	St. Francis Hospital	410,065	205,032	205,033	-	Emergency Generator Upgrade
971-48210-4400-0010	St. James Hospital	4,600,000	2,300,000	2,300,000	-	Replace Chillers, Air Handlers, Boiler & Generator
971-48210-4400-0010	St. John's Hospital	1,102,445	551,223	551,222	-	Establish Neuro-Interventional Lab
971-48210-4400-0010	St. Joseph Memorial Hospital	359,170	179,585	179,585	-	Automated Pharmacy Dispensing System
971-48210-4400-0010	St. Joseph's Hospital	381,445	190,722	190,723	-	Roof Repair, Equipment Upgrades
971-48210-4400-0010	St. Margaret's Hospital	400,300	200,150	200,150	-	Pharmacy Renovation
971-48210-4400-0010	St. Mary of Nazareth Hospital Center	7,000,000	3,500,000	3,500,000	-	Equipment Upgrades
971-48210-4400-0010	St. Mary's Hospital	591,000	295,500	295,500	-	New Radiology & Nuclear Medicine Equip
971-48210-4400-0010	St. Mary's Hospital	522,395	261,198	261,197	-	New Cardiac Catheterization Lab
971-48210-4400-0010	St. Mary's Hospital	390,580	195,290	195,290	-	New Heating & Cooling Pumps
971-48210-4400-0010	Swedish American Hospital	863,630	431,815	431,815	-	Upgrade Linear Accelerator
971-48210-4400-0010	Taylorville Memorial Hospital	375,955	187,977	187,978	-	Radiology Equipment Replacement
971-48210-4400-0010	Thomas Boyd Memorial Hospital	340,990	170,495	170,495	-	Electronic Medical Record System
971-48210-4400-0010	Southern Illinois Health Foundation / Touchette Regional	4,600,000	4,600,000	-	-	Emergency Department Expansion
971-48210-4400-0010	Trinity Medical Center	631,790	315,895	315,895	-	Exterior Building Repairs
971-48210-4400-0010	Valley West Community Hospital	366,640	183,320	183,320	-	Equipment Acquisition
971-48210-4400-0010	Wabash General Hospital	346,975	173,488	173,487	-	New Surgical Equipment
971-48210-4400-0010	Washington County Hospital	347,020	173,510	173,510	-	Construct Storage Building & IT Server Room

Total \$ 153,770,210 \$ 92,962,923 \$ 60,807,233 \$ 54

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**MEMORANDUMS OF UNDERSTANDING
(Not Examined)**

The Illinois Department of Public Health (Department) had memorandums of understanding (MOUs) during the examination period with the following types of organizations:

<u>Types of Organizations</u>	<u>Number of MOUs</u>
Federal Government	10
Individual	1
Institution of Learning	9
Local Health Department	5
Medical Center	25
Non-Government Organization	1
Non-Profit	14
Private Firm	16
Research Entity	50
School District	6
State Agency	<u>15</u>
Total	<u><u>152</u></u>

These MOUs documented the responsibilities between the parties above and the Department concerning business associate (2); data sharing (119); emergency response (2); intergovernmental cooperation (11); internships (5); intra-agency agreement (2); laboratory testing (1) and other areas (10).

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
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**SERVICE EFFORTS AND ACCOMPLISHMENTS
(Not Examined)**

**Department of Public Health
(Appropriated Spending in Thousands)**

Reporting Programs	FY 2014		FY 2015	
	Expenditures	Headcount	Expenditures	Headcount
Health Protection	\$ 149,800.30	353.0	\$ 40,135.70	341.0
Women's Health	47,682.10	32.0	50,978.20	39.0
Health Care Regulation	32,211.60	371.0	42,381.60	415.0
Preparedness and Response	41,240.30	46.0	35,304.50	49.0
Health Promotion	30,390.20	51.0	31,855.50	54.0
Policy, Planning & Statistics	19,806.20	70.0	17,275.00	69.0
Non-Reporting Programs				
Administration	\$ 85,596.80	160.0	\$ 86,164.80	177.0
Information Technology	1,714.80	38.0	1,676.90	39.0
Hospital Capital Investment Program	58,377.20	N/A	0.00	N/A
Agency Totals	\$ 466,819.50	1,121.0	\$ 305,772.20	1,183.0

The mission of the Illinois Department of Public Health is to protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.

1. The Office of Health Protection prevents the spread of infectious disease and illness through: Childhood Immunization program; Childhood Lead Poisoning Prevention; HIV/AIDS prevention and drug treatment; Prevention and control of food borne illnesses; Clinical and Environmental Lab Testing services; and numerous other programs.
2. The Office of Preparedness and Response coordinates the Department's operations for statewide public health emergencies and regulates emergency medical systems, including hospital trauma centers and emergency medical technicians/paramedics.
3. The Office of Health Care Regulation promotes quality of care and patient safety in health care facilities throughout the State. The Office conducts annual licensure inspections of long-term care facilities, as well as complaint investigations, and operates a 24-hour central

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

complaint registry. The Office also regulates other health care facilities, including hospitals, ambulatory care facilities, and assisted living facilities, to ensure compliance with State and federal standards.

4. The Office of Health Promotion provides preventive health services with respect to chronic diseases as well as to metabolic and genetic disorders in newborns, vision and hearing disorders in children, oral health and injury. Services include health education, screening, counseling and follow-up.
5. The Office of Women's Health promotes women's health through the provision of free screenings for breast and cervical cancer for at-risk women in the State. The Office also promotes awareness and education on women's health issues and operates the Women's Health Helpline.
6. The Office of Policy, Planning and Statistics promotes access to health care for rural and underserved populations. The Office also promotes patient safety measures, including those focused on the reduction of medical errors and health facility acquired infections. In addition, the office collects and evaluates a broad range of health information and develops state health care policies.

Health Protection

Mission Statement: Prevent and control infectious and communicable diseases; reduce and eliminate exposure to environmental hazards; and to ensure a safe food supply.

Program Goals:

Objectives:

1. To protect the citizens of Illinois from infectious diseases.
 - ^a Increase percentage of children between age 19 to 36 months who receive the recommended vaccination doses to 80% by 2020.
2. To protect the public from diseases and injury due to environmental hazards.
 - ^a Ensure the quality of water by maintaining the percent of non-community public water supplies without a coliform violation at least 95% by June 2016.
 - ^b Reduce childhood lead poisoning.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Health Protection (Continued)

3. To provide accurate, reliable and timely State laboratory services and to ensure the quality of environmental and bioterrorism laboratories.

^a By June 30, 2016, decrease average turnaround time for testing areas by 1 day working days for positive newborn screening results.

^b Increase accuracy of laboratory surveillance data provided to our stakeholders.

Funds: General Revenue Fund, Food and Drug Safety Fund, Public Health Services Fund, Safe Bottled Water Fund, Facility Licensing Fund, Illinois School Asbestos Abatement Fund, Emergency Public Health Fund, Public Health Water Permit Fund, Used Tire Management Fund, Tattoo and Body Piercing Establishment Registration Fund, Public Health Laboratory Services Revolving Fund, Lead Poisoning, Screening, Prevention and Abatement Fund, Tanning Facility Permit Fund, Plumbing Licensure and Program Fund, Quality of Life Endowment Fund, Pesticide Control Fund, Pet Population Control Fund, Private Sewage Disposal Program Fund, Public Health State Projects Fund, Metabolic Screening and Treatment Fund, Build Illinois Bond Fund

Statutory Authority: 20 ILCS 2310/

<u>Input Indicators</u>	<u>Fiscal Year 2013 Actual</u>	<u>Fiscal Year 2014 Actual</u>	<u>Fiscal Year 2015 Target/ Projected</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$158,188.4	\$149,800.3	\$151,500.0	\$140,135.7	-
Total expenditures - State appropriated funds (in thousands)	\$158,188.4	\$149,800.3	\$151,500.0	\$140,135.7	-
Average monthly full-time equivalents	344.0	353.0	362.0	341.0	-
<u>Output Indicators</u>					
Number of prescriptions filled through AIDS Drug Assistance Program (ADAP)	138,049	152,199	156,765	115,186	N/A
Number of lead poisoning cases investigated	2,296	1,520	1,500	1,293	1,300
Total newborn screening tests performed	1,893,457	1,910,000	2,080,000	1,937,902	1,960,000

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Health Protection (Continued)

Output Indicators - (Continued)	Fiscal Year 2013 Actual	Fiscal Year 2014 Actual	Fiscal Year 2015 Target/ Projected	Fiscal Year 2015 Actual	Fiscal Year 2016 Target/ Projected
Number of all other lab tests performed	851,807	610,000	500,000	483,995	464,000
Number of children screened for blood lead poisoning	291,153	277,669	290,000	263,230	275,000
Number of children referred for lead follow-up exceeding 10 mcg/dl	3,035	3,055	3,000	2,279	2,200
<u>Outcome Indicators</u>					
Immunization Rate for all Illinois children under two years of age, including Chicago (4:3:1:3:3:1:3 series)	83%	76%	85%	45%	55%
Percent of non-community public water supplies with no coliform positive samples	97.6%	98%	95%	99.5%	95%
Total newborn screening test results reported	1,578,740	1,600,000	1,700,000	178,040	44,000
Turn-around time for positive newborn screening results (working days)	2.8	2.5	2.5	8.8	7.0
Percentage of children tested with blood lead levels exceeding 10 mcg/dl	1%	0.9%	0.9%	0.83%	0.85%

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Preparedness and Response

Mission Statement: To promote public health and safety through emergency preparedness and regulation of emergency medical services and providers.

Program Goals:

Objectives:

1. To ensure access to and quality of trauma care services.

^a By June 30, 2015, assure that Illinois' trauma system maximizes survival and functional outcomes of trauma patients through distribution of targeted funding to maintain the trauma care network and by ensuring designated trauma hospitals are in compliance with State regulations.

Funds: General Revenue Fund, Fire Prevention Fund, Public Health Services Fund, Heartsaver AED Fund, Trauma Center Fund, EMS Assistance Fund, Spinal Cord Injury Paralysis Cure Research Trust Fund, Public Health State Projects Fund

Statutory Authority: 20 ILCS 2310/2310-610, 615, 620

<u>Input Indicators</u>	Fiscal Year 2013 Actual	Fiscal Year 2014 Actual	Fiscal Year 2015 Target/ Projected	Fiscal Year 2015 Actual	Fiscal Year 2016 Target/ Projected
Total expenditures - all sources (in thousands)	\$40,125.5	\$41,240.3	\$44,700.0	\$35,304.5	0
Total expenditures - State appropriated funds (in thousands)	\$40,125.5	\$41,240.3	\$44,700.0	\$35,304.5	0
Average monthly full-time equivalents	43.0	46.0	46.0	49.0	0
<u>Output Indicators</u>					
Grants to trauma center hospitals (in thousands)	\$5,100.0	\$4,900.0	\$5,100.0	\$1,407.8	\$4,500.0
Number of trauma cases	50,724	48,811	48,000	42,865	43,000
Number of hospitals designated as trauma centers	66.0	66.0	66.0	66.0	66.0
Number of EMS Resource Hospitals	55.0	55.0	55.0	64.0	64.0

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Preparedness and Response (Continued)

<u>Outcome Indicators</u>	<u>Fiscal Year 2013 Actual</u>	<u>Fiscal Year 2014 Actual</u>	<u>Fiscal Year 2015 Target/ Projected</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Target/ Projected</u>
Percent of hospital trauma centers in compliance with State regulations	100%	100%	100%	100%	100%

Health Care Regulation

Mission Statement: To ensure a safe and healthy environment and to promote quality care for people who use primary health care agencies and services.

Program Goals:

Objectives:

1. Compliance with minimum standards/rules for long term care facilities.

^a Increase percent of long term care facilities in compliance with standards of care at the first revisit to 75% by 6/30/16.

Funds: General Revenue Fund, Public Health Services Fund, Long Term Care Monitor/Receiver Fund, Home Care Services Agency Licensure Fund, Equity in Long-term Care Quality Fund, Regulatory Evaluation and Basic Enforcement Fund, Health Facility Plan Review Fund, Hospice Fund, Assisted Living and Shared Housing Regulatory Fund, Public Health State Projects Fund

Statutory Authority: 20 ILCS 2310

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Health Care Regulation (Continued)

<u>Input Indicators</u>	Fiscal Year 2013 Actual	Fiscal Year 2014 Actual	Fiscal Year 2015 Target/ Projected	Fiscal Year 2015 Actual	Fiscal Year 2016 Target/ Projected
Total expenditures - all sources (in thousands)	\$44,988.0	\$32,211.6	\$33,177.9	\$42,381.6	0
Total expenditures - State appropriated funds (in thousands)	\$44,988.0	\$32,211.6	\$33,177.9	\$42,381.6	0
Average monthly full-time equivalents	366.0	371.0	388.0	415.0	0
<u>Output Indicators</u>					
Number of complaints received against LTC facilities	4,068	4,137	4,200	5,471	6,565
Number of LTC facility annual inspections	1,079	977.0	1,000	993.0	1,000
Number of LTC state licensed facilities (as of 07/01)	1,114	1,097	1,060	1,424	1,450
Number of long term care facility 1st follow-ups to annual inspections	N/A	N/A	0	863.0	875.0
Number of long term care facility 2nd follow-ups to annual inspections	N/A	N/A	N/A	37.0	30.0
Number of residents served in a long term facility	0	0	N/A	72,841	72,000
<u>Outcome Indicators</u>					
Percent of LTC facilities in compliance at annual inspection	32%	39%	40%	7%	10%
Percent of LTC facilities in compliance at first revisit of annuals	80%	70%	75%	86%	90%
Number of LTC facilities with licensure Type "A" violation	56.0	64.0	75.0	88.0	90.0
Percent of LTC facilities with a licensure Type "A" violation	5%	6%	7%	1.4%	2%

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Health Promotion

Mission Statement: Promoting health and safety through education, information and partnering with communities to provide quality services.

Program Goals:

Objectives:

1. Protect the health of Illinois' children.
 - ^a Ensure that 100% of all newborns receive appropriate metabolic newborn screening and follow-up as necessary.
2. Reduce the burden of chronic disease on Illinoisans of all ages.
3. Decrease premature death and disability resulting from unintentional injury and violence.

Funds: General Revenue Fund, Alzheimer's Disease Research Fund, Public Health Services Fund, Childhood Cancer Research, Diabetes Research Checkoff Fund, Multiple Sclerosis Research Fund, Autoimmune Disease Research Fund, Prostate Cancer Research Fund, Healthy Smiles Fund, DHS Private Resources Fund, Tobacco Settlement Recovery Fund, Maternal and Child Health Services Block Grant Fund, Preventive Health and Health Services Block Grant Fund, Public Health State Projects Fund, Metabolic Screening and Treatment Fund, Hearing Instrument Dispenser Examining and Disciplinary Fund

Statutory Authority: 410 ILCS 240

<u>Input Indicators</u>	<u>Fiscal Year 2013 Actual</u>	<u>Fiscal Year 2014 Actual</u>	<u>Fiscal Year 2015 Target/ Projected</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$31,859.0	\$30,390.2	\$32,821.4	\$31,855.5	0
Total expenditures - State appropriated funds (in thousands)	\$31,859.0	\$30,390.2	\$32,821.4	\$31,855.5	0
Average monthly full-time equivalents	51.0	51.0	53.0	54.0	0

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Health Promotion (Continued)

<u>Output Indicators</u>	Fiscal Year 2013 Actual	Fiscal Year 2014 Actual	Fiscal Year 2015 Target/ Projected	Fiscal Year 2015 Actual	Fiscal Year 2016 Target/ Projected
Number of newborns screened for genetic/metabolic disorders	N/A	157,500	160,000	177,994	0
Number of hearing screenings performed	N/A	N/A	160,000	150,899	150,000
Number of preschool children vision screens statewide	N/A	N/A	N/A	157,267	157,000
<u>Outcome Indicators</u>					
Number of infants confirmed with genetic/metabolic conditions identified through a newborn screening	366.0	307.0	400.0	350.0	350.0
Number of newborn genetic/metabolic screening tests that are abnormal and require follow-up testing or referral to a specialist	N/A	N/A	N/A	20,711	20,000

Women's Health

Mission Statement: Address needs of Illinois women through education and awareness efforts by focusing on six major health conditions: breast cancer, cardiovascular disease, cervical cancer, osteoporosis, menopause and mental health. Major functions include grants to community agencies to improve access to general women's health services; breast and cervical cancer early detection; and the women's health helpline.

Program Goals:

Objectives:

1. To improve women's health through screening and early detection programs.

^a Reduce the diagnosis of late stage breast and cervical cancer, through the provision of breast and cervical cancer screenings to no less than 25,150 women by June 30, 2016.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Women's Health (Continued)

2. To increase the knowledge of providers and the public about gender specific health issues and resources.

^a Respond to 5,000 calls to the Women's Health Helpline.

Funds: General Revenue Fund, Penny Severns Breast Cervical and Ovarian Cancer Research Fund, Public Health Services Fund, Carolyn Adams Ticket for the Cure Grant Fund, Tobacco Settlement Recovery Fund, Maternal and Child Health Services Block Grant Fund, Public Health State Projects Fund

Statutory Authority: 20 ILCS 2305/

<u>Input Indicators</u>	Fiscal Year 2013 Actual	Fiscal Year 2014 Actual	Fiscal Year 2015 Target/ Projected	Fiscal Year 2015 Actual	Fiscal Year 2016 Target/ Projected
Total expenditures - all sources (in thousands)	\$23,131.6	\$47,682.1	\$48,200.0	\$50,978.2	0
Total expenditures - State appropriated funds (in thousands)	\$23,131.6	\$47,682.1	\$48,200.0	\$50,978.2	0
Average monthly full-time equivalents	20.0	32.0	33.0	39.0	0
<u>Output Indicators</u>					
Number of requests to Women's Health Helpline	6,145	4,600	5,000	202.0	200.0
Number of women receiving screening services	34,442	27,142	25,150	25,000	13,501
<u>Outcome Indicators</u>					
Percent of women who received breast cancer diagnosis and began treatment	N/A	N/A	N/A	95.4%	75%
Percent of women with abnormal breast screening results who received diagnostic follow-up	N/A	N/A	100%	97.8%	98%

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Women’s Health (Continued)

<u>Outcome Indicators – (Continued)</u>	<u>Fiscal Year 2013 Actual</u>	<u>Fiscal Year 2014 Actual</u>	<u>Fiscal Year 2015 Target/ Projected</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Target/ Projected</u>
Percent of women with abnormal Pap screening results who received diagnostic follow-up	N/A	N/A	100%	98.4%	100%
<u>Efficiency/Cost-Effectiveness</u>					
Average turn-around time for requests received through the Women’s Health Helpline (business days)	3.0	3.0	2.0	1.7	1.5

Policy, Planning & Statistics

Mission Statement: This office collects, analyzes and evaluates information on health status, health needs and disease occurrence in Illinois residents to conduct epidemiologic studies and support health assessments. It also focuses on identifying future needs for health care facilities, services and personnel. The program processes applications for health care facility construction, modification and acquisition of medical equipment; administers grant and loan programs to enhance access to health care for rural and underserved areas. This office includes the Division of Patient Safety and Quality, which manages the Illinois Hospital Report Card and Consumer Guide to Health Care. The Division of Vital Records and Center for Health Statistics process birth, death, marriage, civil unions and other documents and produce vital statistics.

Program Goals:

Objectives:

1. Improve access to primary health services for residents of medically underserved areas of Illinois.

^a Increase access to health care services available for residents through scholarships, grant awards and shortage designation.

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SERVICE EFFORTS AND ACCOMPLISHMENTS (Continued)
(Not Examined)**

Policy, Planning & Statistics (Continued)

Funds: General Revenue Fund, Public Health Services Fund, Community Health Center Care Fund, Illinois Health Facilities Planning Fund, Nursing Dedicated and Professional Fund, Long Term Care Provider Fund, Regulatory Evaluation and Basic Enforcement Fund, Tobacco Settlement Recovery Fund, Public Health Federal Projects Fund, Preventive Health and Health Services Block Grant Fund, Public Health State Projects Fund, Illinois State Podiatric Disciplinary Fund

Statutory Authority: 20 ILCS 2310/

<u>Input Indicators</u>	Fiscal Year 2013 Actual	Fiscal Year 2014 Actual	Fiscal Year 2015 Target/ Projected	Fiscal Year 2015 Actual	Fiscal Year 2016 Target/ Projecte d
Total expenditures - all sources (in thousands)	\$19,666.3	\$19,806.2	\$20,600.0	\$17,275.0	0
Total expenditures - state appropriated funds (in thousands)	\$19,666.3	\$19,806.2	\$20,600.0	\$17,275.0	0
Average monthly full-time equivalents	71.0	70.0	70.0	69.0	0
<u>Output Indicators</u>					
Number of new students awarded nursing scholarship award	N/A	N/A	0	31.0	100.0
Number of continuing nursing scholarship award	N/A	N/A	0	79.0	100.0
Total dollar amount of scholarship grants provided to students in Nursing Education Scholarship Program (in thousands)	0	0	N/A	\$1,200.0	\$2,000.0
<u>Outcome Indicators</u>					
Estimated number of patients seen by providers in shortage areas	0	0	0	72,000	72,000
Number of hours providers provided care to patients in Healthcare Provider Shortage Areas (HPSAs)	704.0	640.0	720.0	1,536	1,536

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SCHEDULE OF INDIRECT COST REIMBURSEMENTS
(Not Examined)**

The Department negotiates indirect cost reimbursement rates with the U.S. Department of Health and Human Services (DHHS). These indirect cost rates are used to support claims for indirect costs pertaining to grants and contracts with the federal government. The Department contracts the rate proposal and negotiation process to a professional consultant.

The rates are approved by DHHS in accordance with OMB Circular A-87, subject to any statutory or administrative limitations. Initially, provisional rates are determined and used. Final rates are eventually determined, generating possible over/under recovery of indirect costs, which are considered in finalizing future years' rates.

Cost base: Direct salaries and wages including fringe benefits exclusive of group insurance premiums.

The Department tracks its indirect cost reimbursements by federal project. One federal project could include more than one Catalog of Federal Domestic Assistance (CFDA) number; and more likely, one CFDA number includes more than one federal project. Indirect cost reimbursements were deposited into the Public Health Special State Projects Fund (0896) for the years ended June 30, 2015 and 2014 as follows by listed federal project:

Federal Project	2015	2014
Adult Viral Hepatitis Prevention	\$ 1,816	\$ 12,927
AIDS Prevention	150,777	178,542
AIDS Surveillance	50,079	54,398
Asbestos Hazard Emergency Response	-	914
Beach Monitoring & Notification	12,412	1,272
Bioterrorism	246,730	215,973
Bioterrorism Cities Readiness Initiative	23,576	23,378
Bioterrorism Hospital Preparedness	64,548	75,588
Cancer Registry Enhancement	100,263	106,751
Chronic Disease School Hlth Initiative	19,243	67,246
Clinical Laboratory Improvement Act	73,097	80,065
Collaborative Chronic Disease	-	27,323
Comprehensive Cancer	26,691	36,684
Diabetes	20,642	26,404
Disabilities Prevention	16,812	22,113
Fatal Occupational Injury	9,144	-

**STATE OF ILLINOIS
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COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2015**

**SCHEDULE OF INDIRECT COST REIMBURSEMENTS, Continued
(Not Examined)**

Federal Project	2015	2014
FERN Capabilities for Food Testing	\$ 4,087	\$ 2,128
Health Education & Health Assessment	4,923	29,530
Heart Disease & Stroke	15,036	-
HIV Care - Ryan White	131,086	68,530
HIV Care - Ryan White - ADAP	144,406	71,835
HIV Related Morbidity	28,628	11,097
IDPH Manufactured Food Regulatory Prog	1,028	-
Illinois Fish Advisories	-	409
Illinois MDH Data Use Academy	18,494	-
Illinois Youth Suicide Prevention	13,250	26,935
Immunization	233,483	284,940
Lab Capacity for Infectious Disease	-	1,019
Lab Quality Mgmt System Food Testing	1,732	10,295
MCH Block Grant Title 5	136,397	-
MCHS Block Grant	-	41,002
Medicare	1,477,239	1,934,682
Morbidity & Risk Behavior Surveillance	12,967	18,829
National Breast & Cervical Cancer	29,066	135,890
New Affordable Care Act	11,377	29,178
New Community Transformation Grant	20,154	18,930
Non PPHF	36,479	-
Occupational Safety & Health Surveillance	11,721	13,169
Pesticide Enforcement	16,793	11,099
PHHS Services Block Grant	292,470	74,181
PPHF-ELC	20,914	-
Pregnancy Risk Assessment Monitor	9,989	14,233
Primary Health Care	21,300	17,686
Rape Prevention	-	12,267
Refugee Health	17,752	13,907
Rural Health Care	21,601	14,683
Safe Drinking Water Information Systems	-	10,578
State Asthma Plan	32,315	51,282
State Cardiovascular	-	11,314
State Lead Accreditation Program	8,378	35,962

**STATE OF ILLINOIS
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**SCHEDULE OF INDIRECT COST REIMBURSEMENTS, Continued
(Not Examined)**

Federal Project	2015	2014
State Primary Care - ARRA	\$ -	\$ 18,658
State-Based Birth Defects Surveillance	5,551	15,968
STD	64,973	59,965
Strengthening Public Hlth Infrastructure	-	3,559
Strengthening Refugee Health Assessment	520	1,554
TB Control	80,990	57,451
Title X Family Planning	-	15,290
Title X Family Planning IDC	163,707	23,117
Tobacco Control	134,485	203,270
Vision & Hearing Surveillance	19,633	22,271
Wise Woman	-	44,346
	<u> </u>	<u> </u>
Total	<u>\$ 4,058,754</u>	<u>\$ 4,360,617</u>