

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH**

**COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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, 2017**

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**AGENCY OFFICIALS**

Director	Nirav D. Shah, M.D., J.D.
Assistant Director	Don Kauerauf (07/11/16 through present) Vacant (06/20/16 through 07/10/16) Michelle Gentry-Wiseman (03/23/15 through 06/19/16)
Chief of Staff	Erik Rayman (12/06/16 through present) Vacant (12/01/16 through 12/05/16) Michelle Gentry-Wiseman - acting (09/27/16 through 11/30/16) Erik Rayman (01/12/15 through 09/26/16)
Chief Internal Auditor	Thomas Alger (06/09/18 through present) Vacant (03/01/18 through 06/18/18) Joel Meints (10/16/15 through 02/28/18) Vacant (10/01/15 through 10/15/15) David Price (05/01/15 through 9/30/15)
General Counsel	Snigdha Acharya (05/04/18 through present) Snigdha Acharya - acting (04/20/18 through 05/03/18) Kyle Stone (03/02/15 through 04/19/18)
Office of Men's Health	Vacant (09/04/15 through present) Ivonne Sambolin (10/01/13 through 09/03/15)
Office of Performance Management	Ravinder Sahota (09/18/17 through present) Vacant (08/16/17 through 09/17/17) Nicole Curtis (04/16/14 through 08/15/17)
Chief Governmental Affairs	Vacant (06/01/18 through present) Bryan Clow (02/25/15 through 05/31/18)
Chief Minority Health Services	Veronica Halloway (04/16/16 through present) Veronica Halloway - acting (01/01/15 through 04/15/16)
Deputy Directors:	
Office of Policy, Planning and	Bill Dart

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**AGENCY OFFICIALS** (Continued)

Deputy Directors (Continued):

Office of Finance and Administration & Fiscal Officer	Vicki Wilson (10/16/17 through present) Ted Hasara - acting (03/16/17 through 10/15/17) Vicki Wilson (06/01/15 through 03/15/17)
Office of Health Care Regulation	Debra Bryars
Office of Women's Health Planning and Family Services	Shannon Lightner-Gometz (11/16/15 through present) Michelle Gentry-Wiseman - acting (08/19/15 through 11/15/15) Brenda Jones (10/01/12 through 08/18/15)
Office of Human Resources	Siobhan Johnson
Office of Preparedness and Response	Winfred Rawls
Office of Health Promotion	Conny Moody
Office of Health Protection	Molly Lamb (02/06/17 through present) Molly Lamb - acting (02/01/17 through 02/05/17) David Culp, Ph.D. (12/28/09 through 01/31/17)
Office of Information Technology	Michael McCarten (09/01/15 through present) Charles Hurst - acting (04/16/15 through 08/31/15)

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

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**AGENCY OFFICIALS** (Continued)

**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

*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 27, 2018

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. 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 Illinois Department of Public Health's compliance with the following assertions during the two-year period ended June 30, 2017. Based on this evaluation, we assert that during the years ended June 30, 2017 and June 30, 2016, the Illinois Department of Public Health has materially complied with the assertions below, except as identified in the Schedule of Findings.

- A. The Illinois Department of Public Health 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 Illinois Department of Public Health 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 Illinois Department of Public Health 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 Illinois Department of Public Health 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 Illinois Department of Public Health on behalf of the State or held in trust by the Illinois Department of Public Health 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**

**SIGNED ORIGINAL ON FILE**

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

**SIGNED ORIGINAL ON FILE**

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Snigdha Acharya  
Chief Legal Counsel

**SIGNED ORIGINAL ON FILE**

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Vicki Wilson  
Chief Fiscal Officer

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
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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.

**ACCOUNTANT’S REPORT**

The Independent Accountant’s 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 Report</u>	<u>Prior Report</u>
Findings	28	24
Repeated findings	18	16
Prior recommendations implemented or not repeated	6	3

**SCHEDULE OF FINDINGS**

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
FINDINGS (STATE COMPLIANCE)			
2017-001	16	Inadequate Internal Controls over Commodities	Material Noncompliance and Material Weakness
2017-002	17	Inadequate Controls over Computer Inventory	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>
2017-003	19	Property Control Weaknesses	Material Noncompliance and Material Weakness
2017-004	23	Inadequate Administration and Monitoring of Awards and Grants Programs	Noncompliance and Significant Deficiency
2017-005	26	Lack of Controls over Contracts	Noncompliance and Significant Deficiency
2017-006	28	Failure to Complete Internal Audits	Noncompliance and Significant Deficiency
2017-007	30	Inadequate Controls over Approval and Reporting of Overtime	Noncompliance and Significant Deficiency
2017-008	32	Failure to Employ an Adequate Number of Surveyors	Noncompliance and Significant Deficiency
2017-009	34	Inadequate Controls over Receipts	Noncompliance and Significant Deficiency
2017-010	36	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>
2017-011	38	Employee Performance Evaluations Not Conducted Timely	Noncompliance and Significant Deficiency
2017-012	40	Failure to Submit and Accurately File Required Reports	Noncompliance and Significant Deficiency
2017-013	42	Noncompliance with Distressed Facilities Provisions of the Nursing Home Care Act	Noncompliance and Significant Deficiency
2017-014	45	Lack of Controls over Monthly Reconciliations	Noncompliance and Significant Deficiency
2017-015	47	Failure to Establish Policies and Procedures on Alzheimer’s Disease and Related Disorders	Noncompliance and Significant Deficiency
2017-016	50	Inadequate Controls over Employee Time Reporting	Noncompliance and Significant Deficiency
2017-017	52	Inadequate Controls over the Administration of State Vehicles	Material Noncompliance and Material Weakness
2017-018	57	Noncompliance with the Compassionate Use of Medical Cannabis Pilot Program Act	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>
2017-019	59	Statutory Committee and Board Requirements	Noncompliance and Significant Deficiency
2017-020	62	Noncompliance with the Breast Cancer Patient Education Program	Noncompliance and Significant Deficiency
2017-021	65	Weaknesses with Payment Card Industry Data Security Standards	Noncompliance and Significant Deficiency
2017-022	67	Weaknesses Regarding Systems Development and Change Control Procedures	Noncompliance and Significant Deficiency
2017-023	69	Formal Department Rules Not Adopted	Noncompliance and Significant Deficiency
2017-024	71	Noncompliance with the MC/DD Act	Noncompliance and Significant Deficiency
2017-025	74	Noncompliance with the Mandated Duties of the Advisory Committee on Neonatal Abstinence Syndrome	Noncompliance and Significant Deficiency
2017-026	77	Depreciation Expense Not Adequately Calculated and Reported and Access Rights Not Timely Cancelled	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>
2017-027	80	Inadequate Controls over Voucher Processing	Noncompliance and Significant Deficiency
2017-028	82	Insufficient Reimbursements for Vaccines for Children Program	Material Noncompliance and Material Weakness

PRIOR FINDINGS NOT REPEATED

A	86	Center for Comprehensive Health Planning Not Established	
B	86	Noncompliance with Water Well Construction Code Act	
C	86	Noncompliance with Obsolete Mandated Duties	
D	86	Field Sanitation Fines Not Being Assessed	
E	87	Reporting Requirements	
F	87	Noncompliance with the Custody Relinquishment Prevention 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 5, 2018. Attending were:

Representing the Illinois Department of Public Health

Don Kauerauf, Assistant Director (via teleconference)

Joel Meints, Assistant Deputy Director, Office of Finance and Administration

Representing the Office of the Auditor General

Peggy Hartson, Senior Audit Manager

Representing E.C. Ortiz & Co., LLP

Edilberto Ortiz, Partner

Leilani Rodrigo, Partner

Elda Arriola, Partner

The responses to the recommendations were provided by Joel Meints and Thomas Alger in the letters dated April 19, 2018 and July 12, 2018, respectively.



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, 2017. 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 (the Audit Guide). Those standards, the Act, and the Audit Guide require that we plan and perform the examination to obtain reasonable assurance about whether the Department complied, in all material respects, with the specified requirements listed above. An examination involves performing procedures to obtain evidence about whether the Department complied with the specified requirements listed above. The nature, timing and extent of the procedures selected depend on our judgement, including an assessment of the risks of material noncompliance, whether due to fraud or error.

We believe that the evidence we obtained is sufficient and appropriate to provide 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 2017-001 to 2017-003, 2017-017, and 2017-028 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, 2017. 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 2017-004 to 2017-016 and 2017-018 to 2017-027.

The Department's responses to the findings identified in our examination are described in the accompanying schedule of findings. The Department's responses were not subjected to the procedures applied in the compliance examination and, accordingly, we express no opinion on the responses.

The purpose of this report on compliance is solely to describe the scope of our testing and the results of that testing in accordance with the requirements of the Audit Guide issued by the Illinois Office of the Auditor General. Accordingly, this report is not suitable for any other purpose.

### **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 2017-001 to 2017-003, 2017-017, and 2017-028 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 2017-004 to 2017-016 and 2017-018 to 2017-027 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 internal control findings identified in our examination are described in the accompanying schedule of findings. The Department's responses were not subjected to the procedures applied in the compliance examination and, accordingly, we express no opinion on the responses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Audit Guide, issued by the Illinois Office of the Auditor General. Accordingly, this report is not suitable for any other purpose.

### **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, 2017 and June 30, 2016 in Schedules 1 through 8 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, 2017 and June 30, 2016 accompanying supplementary information in Schedules 1 through 8. However, we do not express an opinion on the accompanying supplementary information.

We have not applied procedures to the June 30, 2015 accompanying supplementary information in Schedules 3 through 8 and in the Analysis of Operations Section, and accordingly, we do not express an opinion or provide any assurance on it.

**SIGNED ORIGINAL ON FILE**

Chicago, Illinois

April 27, 2018, except for Finding 2017-028, as to which the date is July 12, 2018.

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

2017-001.     **FINDING** (Inadequate Internal Controls over Commodities)

The Illinois Department of Public Health (Department) did not exercise adequate internal controls over its commodities inventories. The Department reported a commodities inventory balance of \$5,574,641 at June 30, 2017.

During testing, we noted nine of 22 (41%) Department programs or divisions did not report the dollar amount of their commodities inventory in the June 30 balance.

Due to these conditions, the accountants were unable to conclude the Department’s population records were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.35) to test the Department’s commodities inventories.

During the prior examination, Department management stated the Office of Health Care Protection Division of Laboratories was working on a solution to better track inventories and is developing a standard operating procedure to direct laboratory supervisors to use consistent methodology for inventory maintenance. During the current examination, Department management stated a lack of staff, competing priorities, and the lack of systems capable of tracking inventory were all contributors to this deficiency.

Without the Department providing complete and adequate documentation to enable testing, the accountants were unable to complete their procedures and provide useful and relevant feedback to the General Assembly regarding the Department’s commodities. (Finding Code No. 2017-001, 2015-002, 2013-003)

**RECOMMENDATION**

We recommend the Department implement procedures to maintain records of its complete commodities inventories to ensure accurate accounting records and reports.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department will implement procedures to strengthen internal controls over the reporting of commodities inventories. In an effort to accurately report commodities inventories, all programs will be advised of the importance of ensuring that June 30 balances are reported.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-002. **FINDING** (Inadequate Controls over Computer Inventory)

The Illinois Department of Public Health (Department) did not have adequate controls over its purchased and leased computer equipment.

During our review of the Department's computer equipment inventory for the Fiscal Years 2016 and 2017, we noted the following:

- The Department was unable to locate 25 desktop computers and 10 laptop computers during its annual inventories. The Department conducts an annual physical inventory of all equipment with an acquisition cost of \$500 or more and reported it was unable to locate missing computer inventory totaling \$16,019 in Fiscal Year 2016 and \$20,746 in Fiscal Year 2017.
- The Department did not perform a detailed assessment at the time the computers could not be located; and, therefore, had not determined whether the missing computers may have contained confidential information.
- The Department did not have a policy for clearing data and software from computer equipment before transfer either outside or within the Department.
- The Department did not maintain updated purchased and leased computer inventory listings. The computer inventory listing included surplus computers. Twelve of 12 (100%) purchased computers tested were already in surplus, but the items were still listed in the Department's computer inventory. Three of 25 (12%) leased computers tested could not be located because the list was not updated with the correct location. Auditors also noted five stolen/lost laptops were not removed from the leased computer inventory listing.

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 was protected from disclosure and that provisions in the Personal Information Protection Act (815 ILCS 530) were followed. Further, the Data Security on State Computers Act (Act) (20 ILCS 450/20) requires the Department 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 also requires agencies to implement a policy to mandate

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

wiping surplus equipment before sale, donation, or transfer and to certify in writing these measures were taken before disposition.

During the prior examination period, Department management stated due to ineffective processes, older computers were not transferred to State surplus. In addition, management stated they lacked an internal policy for data wiping because the Department of Central Management Services (DCMS) performed data wiping for the Department's computers through a vendor. During the current examination period, Department management stated the deficiencies were due to lack of training, staff turnover, and lack of communication between the inventory coordinators in the program areas and the inventory control coordinator at central office.

Failure to appropriately follow up on missing computer equipment, assess the existence of confidential information on computers, maintain updated computer inventory and the failure to clear data and software from electronic systems before the 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 No. 2017-002, 2015-003, 2013-005, 11-8)

**RECOMMENDATION**

We recommend the Department perform a detailed inventory of computer equipment to ensure accuracy and determine whether confidential information is stored on each unit. We also recommend the Department 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. Further, we recommend the Department establish policies and procedures to ensure compliance with the Data Security on State Computers Act.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. Due to the rapid staff turnover, the Department was without a Property Coordinator for the majority of the Fiscal Year 2016 inventory period. Since hiring a new coordinator, the individual has worked diligently to clean up and maintain better control on the areas listed in this finding. The Department has also been working with DCMS to have them sign and return surpluses in a timely manner. The Department is developing improved procedures and documents so the Location Coordinators can have better instruction, guidance, and more responsibility for the equipment assigned to them.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-003.     **FINDING** (Property Control Weaknesses)

The Illinois Department of Public Health (Department) did not maintain adequate controls over its property and related records. We noted the following:

Property Deletions:

- For 12 of 60 (20%) property deletions tested, totaling \$64,608, the Department did not maintain the required detailed supporting documentation. In addition, four of 60 (7%) property deletions tested, totaling \$16,557, were assigned improper transaction codes. The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5010.310) requires the Department to report to the Department of Central Management Services (DCMS), a detailed list of inventory deletions including the transaction code, on a monthly basis and maintain a copy in Department files, a detailed listing of property deletions including the tag number, description, purchase price, and purchase date.
- Five of 60 (8%) deletions tested, totaling \$13,419, lacked documentation of the approval by the DCMS's Property Control Division. The Code (44 Ill. Adm. Code 5010.310) requires all deletions from property control records to be approved by the Property Control Division prior to completing the transaction.
- Thirty-seven of 60 (62%) deletions tested, totaling \$481,308, were delivered to DCMS as surplus property 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.
- Two of 60 (3%) deletions tested, totaling \$17,170, were recorded 716 and 1,282 days late. The Code (44 Ill. Adm. Code 5010.400) requires the Department to adjust their property records within 30 days of acquisition, change, or deletion of equipment items.
- One of 60 (2%) deletions tested, totaling \$1,107, was classified as not located or lost, and was not included in the Annual Inventory Discrepancy Report submitted to DCMS. The State Property Control Act (30 ILCS 605/6.04) requires the Department to perform an annual physical inventory check of all items of property under its jurisdiction and control and certify said inventory

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with a full accounting of all errors or exceptions reported.

Physical observation of equipment:

- Property records were not updated to reflect the transfer to DCMS as surplus for four of 60 (7%) items tested from the property listing, with a total cost of \$27,100, and the current location of one of 60 (2%) items tested, totaling \$5,624. The Department's Procedures (Section 3.3.0), requires the transferring location to establish some type of internal follow up process to ensure required forms are submitted and equipment is transferred to the appropriate location code.
- Eight of 120 (7%) items tested did not have a property tag. The Code (Ill. Adm. Code 5010.210) requires the Department to mark each piece of State owned property with a unique identifying number. In addition, the Department's 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 120 (3%) items tested, totaling \$4,250, appeared to be obsolete. Further, the Department had no policies and procedures in place for the regular identification of obsolete, damaged or unused equipment. The Code (44 Ill. Adm. Code 5010.620) requires the Department to regularly survey their inventories for transferable equipment and report any such equipment on proper forms to the Property Control Division of DCMS.
- Thirteen of 60 (22%) items tested during the physical inspection were not recorded in the property records. The State Property Control Act (30 ILCS 605/6.02) requires the Department to maintain a permanent record of all items of property under his jurisdiction and control.

Review of property records:

- No cost was recorded in the property records for 48 equipment items purchased in May 2017 as of June 30, 2017. The Code (44 Ill. Adm. Code 5010.230) requires entries on property records to include the purchase price.
- One vehicle, totaling \$15,288, was recorded twice in the property records. Four vehicles, totaling \$60,161, transferred out during Fiscal Year 2015

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through Fiscal Year 2017, were not removed from the property records. Ten vehicles, totaling \$99,123, were transferred to the Department from DCMS during Fiscal Year 2016 and were not added to the property records. The Statewide Accounting Management System (SAMS) Manual, (Procedure 29.10.10) requires asset records to be reconciled to the results of inventory and updated accordingly. In addition, the Code (44 Ill. Adm. Code 5010.400) requires the Department to adjust property records within 30 days of acquisition, change, or deletion of equipment items.

- During our testing of the Department’s Fiscal Years 2016 and 2017 annual physical inventory reports submitted to DCMS, the Department did not report a detailed listing of equipment subject to theft with its annual inventory certifications. The Code (44 Ill. Adm. Code 5010.220) requires all equipment with an acquisition value of \$500 or more and equipment that is subject to theft with a value less than \$500 to be reported to DCMS by the holding agency.

Capital lease assets:

During testing, copies of the Accounting for Leases-Lessee (SCO-560) Forms submitted to the Office of the Comptroller’s during Fiscal Years 2017 and 2016 were not provided to the accountants.

Due to these conditions, the accountants were unable to conclude the Department’s population records were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.35) to test the Department’s capital lease assets. In addition, due to these limitations, the accountants were unable to conclude the Department’s Schedule of Changes in State Property on page 115 was complete and appropriately reported.

During the prior examination, Department management stated the exceptions on the annual physical inventory were due to oversight and the other exceptions were due to a lack of a property control coordinator for most of the period and employees filling in that position with a lack of expertise and competing demands. During the current examination, Department management stated the property control problems were due to rapid turnover in the location coordinator positions and also in the Central Inventory coordinator position. In addition, training was not being passed on and divisions were not following processes and procedures.

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Failure to maintain accurate property records increases the risk of equipment theft, loss, or waste occurring without detection and resulted in inaccurate property recording and reporting. (Finding Code No. 2017-003, 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. In addition, we recommend the Department regularly survey inventories for transferable equipment and report any such equipment to the Property Control Division of DCMS. Assets that are obsolete, damaged or unused should be identified and, if necessary, removed from the Department's records.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. Due to the rapid staff turnover, the Department was without a Property Coordinator for the majority of the Fiscal Year 2016 inventory period. Since hiring a new coordinator, the individual has worked diligently to clean up and maintain better control on the areas listed in this finding. The Department has also been working with DCMS to have them sign and return surpluses in a timely manner. The Department is developing improved procedures and documents so the Location Coordinators can have better instruction, guidance, and more responsibility for the equipment assigned to them.

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2017-004. **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 2016 and 2017, the Department expended over \$257 million (43%) for awards and grants of its approximately \$596 million total expenditures. We sampled eleven grant programs from the following offices: Health Promotion; Health Protection; Women’s Health; Preparedness and Response; and the Center for Minority Health. For the eleven grant programs selected for testing, we examined 60 grant agreements totaling \$15,755,040.

- For 22 of 60 (37%) grant agreements tested, 61 quarterly/monthly program reports did not have evidence of a review by Department personnel.
- For 26 of 60 (43%) grant agreements tested, 65 quarterly/monthly program reports were not reviewed timely. The reviews were made from 31 to 135 days after receipt. In addition, review dates for 12 quarterly program reports were not indicated, so timeliness of review could not be determined.
- For 32 of 60 (53%) grant agreements tested, 136 quarterly/monthly program reports were submitted to the Department from 3 to 320 days after the deadline.

In addition, during the prior examination period, the accountants noted various other deficiencies such as the Department did not have written procedures established to uniformly guide the administration of the awards and grants under its jurisdiction, there were no established administrative rules for grants filed with the Joint Committee on Administrative Rules, and there was no standardized methodology or formal criteria for monitoring grantees. With the implementation of the Grant Accountability and Transparency Act (30 ILCS 708) during the examination period, administrative rules were enacted and the grant agreements required grantees to submit monthly reports within 10 to 30 days following the end of the month and quarterly reports no later than 30 days following the period covered by the report.

The State Records Act (5 ILCS 160/8) requires the Department 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

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affected by the agency’s activities. In addition, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department 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, Department management 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. During the current examination period, Department management stated the deficiencies noted were due to staff vacancies and a lack of training.

Failure to ensure grantees timely submit required reports and document the timely reviews of grantees’ quarterly and monthly reports by Department personnel decreases the Department’s accountability over funds granted and increases the risk of noncompliance with the provisions of the grant agreements. 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 No. 2017-004, 2015-001, 2013-001, 11-1, 09-1, 07-1)

**RECOMMENDATION**

We recommend the Department strengthen its controls to ensure documentation of the timely review of grantee’s quarterly and monthly reports are maintained. In addition, the Department should ensure grantees submit timely programmatic and financial reports as required by the grant agreements.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. In Fiscal Year 2018, the Department standardized periodic reporting using the State’s uniform grant reporting templates and is in the process of moving reporting into its grant management software. This software records and date-stamps all user transactions, including grantee submission and Department’s review of financial and programmatic reports. Therefore, the Department will be able to aggregately track timeliness of report submission and review, and the software will record evidence of review. Additionally, the Department intends to follow the Statewide Grantee Compliance Enforcement System, which requires State agencies to place a “hold” on payments to grantees who fail to timely submit reports. Lastly, when the rules promulgated by the Governor’s Office of

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Management and Budget (GOMB) pursuant to the Grant Accountability and Transparency Act are finalized, the Department intends to establish administrative rules in line with GOMB's rules.

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2017-005. **FINDING** (Lack of Controls over Contracts)

The Illinois Department of Public Health (Department) did not have adequate controls over contracts to ensure they contained all necessary provisions, were properly approved, and accurately reported.

During testing, we noted the following:

- One of 40 (3%) contracts tested, totaling \$358,482, was not approved in writing by the Chief Executive Officer, Chief Fiscal Officer and Chief Legal Counsel as required.

The State Finance Act (30 ILCS 105/9.02(a)) requires any new contract, contract renewal, order against a master contract, or any contract amendment of \$250,000 or more in a fiscal year, to be signed or approved in writing by the agency's chief executive officer, the chief legal counsel, and the chief fiscal officer.

- One of 40 (3%) contracts tested, totaling \$112,131, did not contain the required disclosure of financial interest statement and standard vendor certifications. The contract was for the maintenance of the Department's laboratory software.

The Illinois Procurement Code (Code) (30 ILCS 500/50-35(a)) requires all bids and offers from responsive bidders, offerors, vendors, or contractors with an annual value of more than \$50,000, and all submissions to a vendor portal, to be accompanied by disclosure of the financial interests of the bidder, offeror, potential contractor, or contractor and each subcontractor to be used. The financial disclosure of each successful bidder, offeror, potential contractor, or contractor and its subcontractors should be incorporated as a material term of the contract and shall become part of the publicly available contract or procurement file.

- Eleven of 40 (28%) contract obligation documents (CODs) tested contained incorrect Illinois Procurement Bulletin publication dates, reference numbers, and contract start dates.

The Statewide Accounting Management System (SAMS) (Procedure 15.20.10) requires the contract obligation document to be used to obligate contracts, leases, purchase orders, sub-orders, and printing orders and must contain all of the data elements required by the SAMS Manual including procurement information from

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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 Office of the Comptroller (Comptroller), and the signature of the individual who authorized the obligation.

During the prior examination period, the Department stated oversight, human error and lack of attention to detail resulted in contract obligation documents not being completed accurately. During the current examination period, Department management stated the deficiencies were caused by extreme rates of staff turnover, lack of staff, and a lack of adequate training.

Failure to obtain proper signatory approval on contracts over \$250,000 could lead to the misappropriation of funds or a significant commitment of Department funds without the knowledge of top management. Failure to include all required contract certifications and disclosures could prevent the Department from identifying potential conflicts of interest and possible financial improprieties prior to entering into a contractual relationship with the entity. In addition, the lack of proper controls over contract obligation documents could result in inaccurate recording by the Department and the Comptroller and a lack of accountability by the Department. (Finding Code No. 2017-005, 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, all certifications and disclosures are obtained prior to contract execution, and accurate information is filed on contract obligation documents with the Comptroller.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department is training Central Accounting staff to recognize errors during the Department's pre-audit process prior to sending to the Comptroller. The Central Accounting staff is also working to train division staff to prepare Contract Obligation Documents correctly and include all necessary back-ups giving special focus on disclosures and signatories for \$250,000 contracts.

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2017-006. **FINDING** (Failure to Complete Internal Audits)

The Illinois Department of Public Health (Department) failed to comply with the Fiscal Control and Internal Auditing Act (Act).

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

- Five of the 15 (33%) audits and reviews included in the approved two-year internal audit plan for Fiscal Years 2016 and 2017 were not completed during Fiscal Years 2016 and 2017. One additional audit was completed which was not included in the audit plan.
- Not all major systems of internal accounting and administrative control were conducted on a periodic basis so that all major systems were reviewed at least once every two years. In addition, the internal audits did not include grants received or made by the Department.

The Act (30 ILCS 10/2003) requires the internal auditing program to 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.

In response to this finding in the prior engagement, Department management stated the division of internal audit would 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 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 would submit required reports and complete a peer review. No exceptions were

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noted during the current engagement regarding a peer review or submission of required reports. Related to exceptions noted during the current engagement, Department management stated a lack of staffing and competing priorities led to the deficiencies.

Failure to complete all the required audits could result in significant issues in Department operations or internal controls not being timely detected and addressed by Department management. (Finding Code No. 2017-006, 2015-006, 2013-008)

**RECOMMENDATION**

We recommend the Department ensure completion of planned audits and audits of major systems of internal accounting and administrative control at least once every two years to comply with the Act.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department is currently without a Chief Internal Auditor or auditing staff. The Department is currently in the process of seeking a replacement. When hired, the Chief Internal Auditor will address mandated audit compliance.

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2017-007. **FINDING** (Inadequate Controls over Approval and Reporting of Overtime)

The Illinois Department of Public Health (Department) did not exercise adequate controls over the approval and reporting of overtime to ensure employees' overtime requests were properly approved and overtime worked details were timely reported.

The Department paid \$2,091,118 for nearly 45,000 hours of overtime during Fiscal Years 2016 and 2017. We tested a sample of 48 pay periods and 62 employees who worked overtime during Fiscal Years 2016 and 2017. The employees in our sample incurred 1,498 hours of overtime during the pay periods tested. Based upon our review of the overtime pre-approval requests and overtime worked details, we noted the following:

- For 19 of 62 (31%) employees tested, overtime pre-approval requests totaling 220 hours were not pre-approved by the supervisors. These requests were approved from one to 238 days after the overtime was worked.
- Eleven of 62 (18%) employees tested had overtime pre-approval requests that exceeded the allowed maximum of 10 hours. These requests ranged from 12 to 25 hours.
- Thirteen of 62 (21%) employees tested worked 100 hours of overtime and did not enter the detail in the timekeeping system, eTime, within two workdays as required. The details were submitted and entered from three to 35 days after the overtime was worked.
- One of 62 (2%) employees tested was credited an additional two hours compensation time in error. The Department subsequently corrected the error upon notification.

According to the Timekeeping Protocols of the Department's Employee Guidelines, Directive 16-02, overtime pre-approval requests must be submitted and approved in e-Time prior to the overtime being worked. Overtime pre-approval requests are limited to a maximum of ten hours. If additional time is required, a new overtime pre-approval request may be submitted for the total amount of estimated overtime hours needed. Overtime worked details must be submitted in e-time within two workdays of the overtime having been worked. The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system, or systems, of internal fiscal and administrative controls to ensure resources are utilized efficiently and

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effectively.

During the prior examination period, Department management stated competing work demands and Department oversight was the reason overtime requests were not approved timely. During the current examination, Department management attributed the issues noted due to the insufficient training and monitoring of eTime.

Failure to ensure pre-approval overtime requests are properly approved in advance and overtime worked details are timely submitted undermines accountability controls and may result in unnecessary personal service expenditures. (Finding Code No. 2017-007, 2015-007, 2013-009, 11-9)

**RECOMMENDATION**

We recommend the Department ensure overtime is properly approved in advance and timely and accurately reported.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department has provided guidance documents which outline the process to follow if pre-approval is not possible and if additional overtime is necessary. The updated Directive 16-02, revised on August 24, 2016, provides clarity on the requirements for overtime pre-approval, including the level of detail which must be provided to justify the need for overtime and overtime worked.

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2017-008.     **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 2016 and 2017, 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 .12% to .27%.

In addition, the Department did not have 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, Department management stated they would continue to hire surveyors to meet the requirements of the Law and would seek a legislative remedy to strike the provision to establish a Medicare or Medicaid certification fee. During the current examination period, Department management stated hiring challenges remained due to lack of funding, staff turnover, and transfers within programs. Department management further stated rules for certification fees were not prepared and filed due to Title XVIII of the Social Security Act, Section 1864, not allowing for the imposition of fees on any health care facility for any survey relating to the determination of compliance of such facility.

The Law (20 ILCS 2310/2310-130) requires the Department to 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 requires the Department to employ a minimum of one surveyor for every 300 licensed long term care beds.

Failure to hire an adequate number of surveyors could lead to inadequate monitoring at long term care facilities. Failure to establish a Medicare or Medicaid certification fee is noncompliance with the Law. (Finding Code No. 2017-008, 2015-008, 2013-010)

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**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 a legislative remedy.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department continues to diligently respond to its statutory obligations to meet the required number of surveyors. The Office of Health Care Regulation has hired new staff and has continued to work diligently at posting positions, hiring, and training to increase the number of surveyors for the State.

The Department has drafted a legislative proposal to amend the Law. This amendment would no longer require the Department to establish and charge a fee to any facility or program applying to be certified to participate in the Medicare program under Title XVIII of the federal Social Security Act or in the Medicaid program under Title XIX of the federal Social Security Act to cover the costs associated with the application, inspection, and survey of the facility or program and processing of the application.

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2017-009.     **FINDING** (Inadequate Controls over Receipts)

The Illinois Department of Public Health (Department) did not timely deposit cash receipts and did not timely or adequately follow-up on returned checks.

During our testing, we noted the following:

- Fourteen of 60 (23%) receipts tested, totaling \$8,177,569, were deposited from one to 13 days late.
- For three of 60 (5%) receipts tested, totaling \$9,785, the Department did not maintain documentation of the date when the check was received. Therefore, timeliness of the deposits could not be determined.
- For three of 60 (5%) returned checks tested, totaling \$700, upon notification of the check being returned, the Department did not suspend or revoke the licenses and permits issued. In addition, the Department did not maintain documentation of collection activities performed to ensure a new check was received in a timely manner. These returned checks had been outstanding for up to 535 days and no alternative payment had been received.

The State Officers and Employees Money Disposition Act (Act) (30 ILCS 230/2(a)) requires the Department to deposit receipts collected into the State Treasury within a specific number of business days, depending on the value of receipts on hand and keep a detailed itemized account of all moneys received, including the date of receipt, the payer, the purpose, and the amount. In addition, the Act requires the Department to keep books showing the date of each receipt. In addition, the Illinois State Collection Act of 1986 (30 ILCS 210/3) requires the Department to aggressively pursue the collection of accounts or claims due and payable to the State of Illinois through all reasonable means.

Department management stated the transition of staff in Accounts Receivable and new employee orientation resulted in the issues noted.

The failure to deposit receipts in a timely manner could result in loss of interest revenue and increases the risk of misappropriation of assets. The Department's failure to perform timely or adequate follow-up procedures on returned checks results in delayed receipt of revenue to the State, and increases the risk payment will not be received. (Finding Code No. 2017-009)

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**RECOMMENDATION**

We recommend the Department ensure it maintains documentation and timely deposits receipts into the State Treasury. Further, we recommend the Department promptly pursue payment for all returned checks, including suspending or revoking licenses and permits issued.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department will continue to work with divisions to ensure it maintains documentation and timely deposits receipts into the State Treasury. In addition, the Department will promptly pursue payment for all returned checks, including suspending or revoking licenses and permits issued.

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2017-010.     **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.

During the prior and current examination periods, 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. Department management stated the Department, unlike other human service agencies, 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.

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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 No. 2017-010, 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 and recommendation. Section 1-37a of the Act requires the Department of Human Services to take the lead on these joint rules that are also required by Section 2310-12a of the Law. However, Department of Human Services is moving to repeal the legislative requirement for these joint rules, as the Grant Accountability and Transparency Act (GATA) (30 ILCS 708) is now a law and the Governor's Office of Management and Budget is promulgating rules that include several mandates for State agencies.

GATA requires rulemaking to implement prequalification and uniform contract language that will apply to all state grants. Those rules have been through First Notice in the Illinois Register, and will likely be adopted in 2018. Once adopted, the Department intends to establish administrative rules in line with these rules. Therefore, the Department no longer needs to make joint rules with the Department of Human Services, and supports its effort to repeal the requirement.

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2017-011. **FINDING** (Employee Performance Evaluations Not Conducted Timely)

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

We selected 44 employees for review of performance evaluations conducted during the examination period. A total of 54 evaluations should have been completed for the applicable year tested, including three-month new hire evaluations, four-month probationary evaluations, six-month probationary evaluations, and annual evaluations.

During testing, we noted the following:

- Twenty-five of 54 (46%) employees' performance evaluations tested were not completed within 30 days after the end of the evaluation period. The delinquencies ranged from one to 290 days late.
- Four of 44 (9%) employees tested did not have a performance evaluation performed for the fiscal year tested.

The Illinois Administrative Code (Code) (80 Ill. Adm. Code 302.270(d)) requires the Department to evaluate certified employees no less often than annually.

During the prior examination period, Department management stated the untimely evaluations were due to competing priorities and oversight. During the current examination period, Department management stated its management staff failed to follow policy and conduct the evaluations. Further, budgetary constraints, the management to union staff ratio and competing priorities for management focus contributed to the delinquencies.

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 No. 2017-011, 2015-011, 2013-013, 11-10, 09-11, 07-14)

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**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department has developed training for supervisors and managers which explains the importance of performance evaluations as well as guidance on how to complete them. Additionally, the Office of Human Resources incorporated into the template for management staff performance evaluations, the standard goal that performance evaluations must be completed within 30 days of their due date thereby providing a mechanism to hold management staff accountable.

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2017-012.     **FINDING** (Failure to Submit and Accurately File Required Reports)

The Illinois Department of Public Health (Department) did not file required reports accurately or in a timely manner.

During testing, we noted the following:

- The Department did not file its Travel Headquarter Reports (TA-2) Reports during Fiscal Year 2016 and Fiscal Year 2017 with the Legislative Audit Commission.

The State Finance Act (Act) (30 ILCS 105/12-3) requires the Department 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 required to list, for each officer or employee, the place designated as his or her official headquarters and the reason for each designation.

- The figures reported on the Department’s Agency Workforce Reports, filed during the examination period, did not agree to the supporting documentation provided. Discrepancies were noted on the data and statistical percentages presented for 13 of 16 (81%) employee groups in the Fiscal Year 2015 Report and 10 of 16 (63%) employee groups in the Fiscal Year 2016 Report.

The State Employment Records Act (5 ILCS 410/15(a)(v)) requires the Department to report its total number of professional employees, and the number and percentage of minorities, women, and physically disabled persons employed.

During the prior examination period, Department management attributed the deficiencies to human error and oversight. During the current examination period, Department management stated a lack of staff available to work on the reports resulted in the failure to comply with reporting timelines and requirements.

Failure to submit and accurately report information on statutorily required reports prevents the appropriate oversight authorities from receiving relevant feedback and monitoring of programs and can decrease effectiveness of future decisions when

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accurate information is not available. (Finding Code No. 2017-012, 2015-012, 2013-014, 11-12, 09-12, 07-16, 05-12, 03-8)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Equal Employment Opportunity Officer responsible for preparing the report will: 1) revise statistical calculations to agree with supporting data provided by the Office of Human Resources and; 2) file amended reports for Fiscal Year 2015 and Fiscal Year 2016 within 30 days of the audit release.

The Department will submit along with a corresponding transmittal memorandum, the required TA-2 forms to the Legislative Audit Commission by the filing deadlines. The Department will implement additional procedures to comply with office/division accurately reporting of employee changes in headquarters. Further, to ensure full compliance, each new employee upon hire, must sign a vehicle insurance certification form as part of a condition of employment that defines office, home and headquarters.

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2017-013.     **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) include the following:

- The Department is required to generate and publish quarterly a list of distressed facilities. Criteria for inclusion of certified facilities on the list are those used by the U.S. General Accounting Office (GAO) in report 9-689, until the Department, by rule, modifies the criteria.
- The Department is required, by rule, to adopt criteria to identify non-Medicaid-certified facilities that are distressed and publish this list quarterly. The Department must notify each facility of its distressed designation and the calculation on which it is based.
- The Department is required by rule, to 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.
- The Department is required to 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.

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. 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

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with federal certification requirements; and (3) report to the General Assembly on the results of negotiations regarding creating criteria for mandatory license revocations of distressed facilities and making recommendations regarding statutory changes. However, we noted the Department had drafted rules with regard to distressed facilities which were forwarded to the Long-term Care Advisory Board for discussion and consideration.

Department officials stated, as they did during the prior examination period, 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. 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. Department officials further indicated 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.

Failure to timely and completely carry out mandated duties of the Act does not achieve the 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. 2017-013, 2015-013)

**RECOMMENDATION**

We recommend the Department continue to work to ensure it complies with all aspects of the distressed facility requirements of the Nursing Home Care Act.

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**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Office of Health Care Regulation drafted rules in 2017 for consideration and advisement by the Long Term Care Advisory Board (Advisory Board). The Long Term Care Association requested during the Advisory Board meeting on November 16, 2017 for more time to address the issues through legislation making Distressed Facilities similar to the federal Special Focus Facilities.

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2017-014.     **FINDING** (Lack of Controls over Monthly Reconciliations)

The Illinois Department of Public Health (Department) did not maintain adequate controls over its monthly cash balance and appropriation reconciliations.

During our testing of monthly reconciliations between the Office of the Comptroller (Comptroller) records and Department records, we noted the following:

- Twelve of 24 (50%) reconciliations tested of the ending balance of available cash per the Department’s records to the Comptroller’s Monthly Cash Report (SBO5) were performed from one to 118 days late. In addition, 20 of 24 (83%) SBO5 reconciliations tested were not reviewed in a timely manner. The supervisory reviews were completed from one to 146 days late.
- For nine of 24 (38%) reconciliations tested of the Department’s expenditure records to the Monthly Appropriation Status Report (SBO1), the timeliness of completion could not be determined as the Department did not document the preparation date. In addition, ten of 24 (42%) SBO1 reconciliations tested were prepared from four to 98 days late.
- For 21 of 24 (88%) SBO1 reconciliations tested, there was no documentation of an independent review. In addition, for three of 24 (13%) SBO1 reconciliations tested, the supervisory reviews were completed from 84 to 125 days late.

The Statewide Accounting Management System (SAMS) (Procedure 09.40.30) requires the Department to perform a monthly reconciliation of cash balances on a timely basis and notify the Comptroller of any discrepancies to ensure early detection and correction of errors. SAMS (Procedure 11.40.20) requires the Department to perform a monthly reconciliation of appropriation balances timely and notify the Comptroller of any unreconcilable differences so necessary corrective action can be taken to locate the differences and correct the accounting records. In addition, prudent business practice requires proper internal controls, such as timely supervisory reviews and independence of the preparer or supervisor, be established to ensure the accuracy and reliability of accounting data.

Department management stated staff shortages and changing of positions resulted in the untimely reconciliation and review of cash and appropriation balances.

Failure to timely perform and review cash balance and appropriation reconciliations

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increases the risk of undetected loss or theft, and could lead to unresolved differences between Department and Comptroller records, or inaccurate financial reporting. (Finding Code No. 2017-014)

**RECOMMENDATION**

We recommend the Department ensure cash balance and appropriation reconciliations are promptly performed and timely supervisory review are completed and documented.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. Lack of staffing or continuous roll over of staff has made it nearly impossible to train staff on reconciling procedures which causes them to be set aside. The Department has hired new staff and is working to training them and making deadlines to ensure that the reconciliations are completed in compliance with the SAMS procedures.

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2017-015.     **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.
- 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 would 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. In the prior finding response, Department management stated they would seek a legislative remedy. During the current examination, we noted the Department submitted a legislative proposal to repeal the statutory requirements, but it was not approved.

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-335) requires 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 and for the conduct of consultation, referral, and treatment through personal physicians, primary Alzheimer’s centers, and regional Alzheimer’s assistance centers provided for in the Alzheimer’s Disease Assistance Act. Further, the requirements shall include procedures for obtaining the necessary consent of a patient

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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 must 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 requires the Department to 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. Further, the Code requires the Department to arrange for education and training programs that would 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 management stated, as they did during the prior examination period, the mandate was passed by the General Assembly without providing funding for implementation. Department management further stated funding for this project was never received nor requested from the General Assembly.

Failure to carry out these mandated duties does not achieve the legislative intent for the affected program and results in noncompliance with the Code. (Finding Code No. 2017-015, 2015-015)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The provisions of the 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. The Department’s lack of implementation of these provisions does not impact the provision of or impede access to care for persons with

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Alzheimer’s Diseases and related disorders. 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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2017-016. **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 and leave requests were timely reported and user access rights were reviewed and timely cancelled.

The Department expended \$89,191,519 and \$92,615,713 for payroll and had an average of 1,100 and 1,110 employees during Fiscal Years 2017 and 2016, respectively.

The Department utilizes the eTime system, which is an automated system for reporting and summarizing the employees' work hours and time off. 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 were two pay periods each month and a total of 110 DTRs were reviewed. We also tested ten leave requests during the pay period.

During testing, we noted the following:

- Thirty-five of 110 (32%) DTRs tested were not timely completed. The employees completed their DTRs from one to 34 days late.
- Two of 110 (2%) DTRs required to be completed were not submitted, and the employee was still paid despite the lack of required time reports. One of 110 (1%) DTRs tested was not approved by the employee's supervisor.
- Eight of ten (80%) leave requests tested were not submitted by the employees prior to taking the leave. The leave requests were submitted from one to ten days after leave.

During our review of the eTime users, we noted the Department did not cancel eight terminated employees' access to eTime. One of these employees left the Department in Fiscal Year 2015, two in Fiscal Year 2016, and five in Fiscal Year 2017.

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 *Timekeeping*

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*Protocols* section in the Department’s Employee Guidelines and Directives, all employees are required to submit a complete and accurate weekly timesheet to the supervisor within two days of the start of the following work week. In addition, requests for time off should be approved in advance when possible. In the event leave requests cannot be submitted in eTime prior to the leave, the employee must submit the appropriate leave request within two workdays of returning to work.

Department management stated they did not have a Directive in Fiscal Year 2016 outlining the timeframes within which employees were to submit leave requests when unable to submit them prior to the absence. In Fiscal Year 2017, staff was not yet fully familiar with the newly established Directive. Department management also stated the failure to cancel access to eTime was due to lack of staff and oversight.

Failure to maintain adequate controls over employee time reporting increases the risk of the Department paying for services not rendered by employees. Failure to cancel eTime access of terminated employees could result in unauthorized access to Department’s systems. (Finding Code No. 2017-016, 2015-017)

**RECOMMENDATION**

We recommend the Department strengthen controls to ensure employees’ time records and leave requests are completed, submitted in a timely manner, and approved by their supervisor. We also recommend the Department regularly review the eTime users list and make the necessary access rights cancellation to the Department of Innovation and Technology.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department is exploring the feasibility of an additional bi-monthly review of the Master Timekeeper’s Workbox which will monitor the delay in timekeeping entries and supervisor approvals. Notices will be sent to employees, their supervisors and the Deputy Director of the Office to address delinquencies. Employees who remain non-compliant are subject to corrective and progressive discipline.

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2017-017. **FINDING** (Inadequate Controls over the Administration of State Vehicles)

The Illinois Department of Public Health (Department) did not have adequate controls over the 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 80 vehicles at June 30, 2016 and 2017. Of those vehicles, 47 were personally assigned to employees during Fiscal Year 2016 and 43 in Fiscal Year 2017.

During our review of accidents involving State vehicles, we noted:

- The Department was unable to provide supporting documentation showing submission of two of nine (22%) vehicle accident reports reviewed to the Department of Central Management Services (DCMS).
- One of nine (11%) vehicle accident reports reviewed was submitted two days late.

The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5040.520) requires vehicle accidents to be reported to law enforcement, the DCMS 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 review of vehicle maintenance records, we noted the following:

- Nine of 37 (24%) vehicles tested did not undergo an annual inspection during the examination period;
- Thirty-four of 37 (92%) vehicles tested received oil changes 1,300 to 12,000 miles or one to four months past the allowed oil change interval;
- Twenty of 37 (54%) vehicles tested did not receive a tire rotation, as required.

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The Code (44 Ill. Adm. Code 5040.410(a)) requires agencies to have vehicles inspected at least once per year and shall maintain vehicles in accordance with DCMS schedules for proper care and maintenance of vehicles. In addition, the Code (Ill. Adm. 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, DCMS set maintenance schedules and requirements for oil changes and tire rotations and updated them on July 7, 2016.

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

- Eighty-four (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.
- Twenty of 84 (24%) 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 of reported fringe benefit payments for tax purposes totaling \$47 and \$183 in Fiscal Years 2016 and Fiscal Year 2017, respectively, and overstatements totaling \$35 and \$36 in Fiscal Years 2016 and 2017.
- Sixty of 84 (71%) vehicle use certification forms tested were not submitted to the Payroll Division on the 10<sup>th</sup> of the month following the usage. The vehicle use certification forms were submitted from two to 77 days after the due date.
- For seven of 37 (19%) employees tested who were assigned State vehicles, the Department was unable to provide justification for the commuting miles of more than 30% of the vehicle's total mileage. Five of these employees had commuting miles that ranged from 2,243 to 4,814 miles or 32% to 53% of the vehicles' total mileage during Fiscal Year 2016. Two employees had commuting miles of 3,447 and 4,832 miles or 34% and 42% of the vehicles' total mileage during Fiscal Year 2017.

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.

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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 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.

We reviewed annual certifications of license and automobile liability coverage form (certification forms), and noted the following:

- Thirteen of 91 (14%) annual certification forms tested were not filed;
- Twenty of 46 (43%) Fiscal Year 2016 certification forms tested were submitted from three to 369 days late.

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 is required to 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 DCMS, we noted the following:

- The Fiscal Year 2017 Annual Report on Individually Assigned Vehicles was not fully completed and timely submitted to DCMS. An incomplete report, lacking required details and management certifications, was submitted 35 days late.
- Six changes to vehicle assignments were not reported to DCMS as required by the Illinois Administrative Code.

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The Illinois Administrative Code (44 Ill. Adm. Code 5040.340) requires agencies to report to DCMS 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 (5 ILCS 160/8) 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.

During the prior examination period, Department management stated the exceptions noted were primarily due to the extended absence of the Department Vehicle Coordinator, a lack of awareness by various Department divisions that vehicle assignments need official approval and a lack of adequate employee time to monitor missing filings due to conflicting assignments. During the current examination, Department management stated the deficiencies were due to staff turnover, competing priorities, and a lack of policies and procedures.

The failure to maintain documentation and 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 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 and inadequate reporting of reasons for the insufficient use of personally assigned vehicles limits the State's ability to maximize fleet efficiency. Further, failure to properly report vehicle assignment changes to DCMS lessens government oversight for fleet efficiency and accountability for State resources. (Finding Code No. 2017-017, 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

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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 and documentation related to the personal use of State vehicles.
- 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 DCMS by the established due date.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The new Agency Vehicle Coordinator was assigned duties and responsibilities for vehicles on December 16, 2016, a time frame for the last six months of the audit cycle. Since that timeframe, the new Vehicle Coordinator is in communication with the program offices to timely receive and monitor information relative to vehicle maintenance and inspection schedules. Accident protocols will be placed in vehicle through an employee accident handbook to ensure compliance with reporting. Differentials stated between fringe benefits on logs and mileage reporting are under review with procedures to ensure controls.

The Department will implement procedures to ensure that a complete listing of all employees assigned a State-owned vehicle is maintained in the Travel Control Office. The Travel Coordinator will review annually the Department's Certification of License and Automobile Liability Coverage forms to ensure that each person on the list has signed the aforementioned form and documented compliance with the mandate is kept in the Travel Office and vehicle files.

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2017-018.     **FINDING** (Noncompliance with the Compassionate Use of Medical Cannabis Pilot Program Act)

The Illinois Department of Public Health (Department) did not comply with the Compassionate Use of Medical Cannabis Pilot Program Act.

During our testing, we noted the following:

- The Department did not approve three of 25 (13%) sampled applications for a registry identification card for the use of medical cannabis within 30 days of receipt of a completed application and supporting documentation. The Department approved these applications from two to five days late. The Compassionate Use of Medical Cannabis Pilot Program Act (Act) (410 ILCS 130/60 (a)) requires the Department to verify the information contained in an application or renewal for a registry identification card submitted under this Act, and approve or deny an application or renewal, within 30 days of receiving a completed application or renewal application and all the supporting documentation.

Department management stated the delay was due to re-assignment of the cases due to staff leave.

- The reduced application fee for a three-year registry card of a qualifying patient in the Department’s administrative rules differed from the fee collected by the Department. The adopted rules required a fee of \$150 while the Department charged \$125. The Act (410 ILCS 130/55(a)) requires the Department to issue registry identification cards to qualifying patients and designated caregivers who submit completed applications and required documents. In addition, the Illinois Administrative Code (77 Ill. Adm. Code 946.210 (b)(1) indicates the Department’s reduced qualifying patient application fee valid for three years is \$150.

Department management stated there was an error in their administrative rules.

- There were no board members appointed to the Medical Cannabis Advisory Board (Advisory Board), no meetings, and no annual report issued.

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The Act (410 ILCS 130/45(g)-(l)) requires the Department to convene a Medical Cannabis Advisory Board composed of 16 members appointed by the Governor. The Advisory Board shall convene at the call of the chair, issue an annual report of its activities, and receive administrative support from the Department.

Department management stated the Act requires the Governor to appoint the members of the Medical Cannabis Advisory Board and members have not been appointed yet.

Failure to approve applications within the required timeline is non-compliance with the Act. Failure to ensure administrative rules agree to the amount collected for reduced application fees resulted in fewer fees collected than required by the Illinois Administrative Code. Failure to convene the Advisory Board, meet as required, and issue an annual report is noncompliance with the Act and does not achieve the Board's purposes, including examining debilitating conditions or diseases that would benefit from the medical use of cannabis and to review new medical and scientific evidence pertaining to currently approved conditions. (Finding Code No. 2017-018)

**RECOMMENDATION**

We recommend the Department ensure applications for registry identification cards are approved or denied within 30 days of receipt of a completed application or renewal and supporting documentation and work with the appropriate parties to ensure the Medical Cannabis Advisory Board complies with the Act. We also recommend the Department comply with the administrative rules or update them.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department is reviewing its work flows to improve timelines for reviewing applications for registry identification cards to ensure processing is completed within the mandated time frames. The Department is continuing to follow up with the Governor's Office on advisory board appointments. Additionally, the Department will promulgate amendment to its administrative rules to correct the fee-related issues.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-019.     **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 (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. Our testing disclosed appointments to the Board still had not been made as specified in the Code during the examination period.
- The Home Health, Home Services, and Home Nursing Agency Licensing Act (210 ILCS 55/7(a)) (Act) requires the Director of the Department to 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, 2017, the Committee was comprised of 13 members. The two positions that were vacant during the prior examination period remained vacant during the current examination period. The Committee lacked a representative from an institution-based health agency and an Illinois licensed physician.
- The Nursing Home Care Act (210 ILCS 45/2-204) requires the Director of the Department to appoint a Long-Term Care Facility Advisory Board (Advisory Board) composed of 15 persons to advise and consult with the

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Department in the administration of the Act, including on the format and content of any rules promulgated by the Department. In addition, the Act requires the Advisory Board to meet as frequently as the chairman deems necessary, but not less than four times each year. As of June 30, 2017, the Advisory Board was comprised of 14 members and lacked the representative selected from the recommendations of consumer organizations which engage solely in advocacy or legal representation on behalf of residents and their immediate families.

During the prior examination period, there was no activity related to the Health Maintenance Advisory Board (HMO Board), no meetings and no records of current HMO Board members. During the current examination period, the Act creating the HMO Board was repealed on August 11, 2017 per Public Act 100-0063.

Department management stated, in regard to the Childhood Cancer Research Board, the \$71 thousand dollar balance in the special State fund was insufficient to implement the competitive grant application process required to administer grant funds for childhood cancer research. Department management further stated 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. Department management stated the vacant positions remained on the Committee and Advisory Board due to lack of candidates.

The existence of vacancies 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 No. 2017-019, 2015-020, 2013-018, 11-16)

**RECOMMENDATION**

We recommend the Department comply with the Code and appoint members to the Board or seek legislative remedy. Further, we recommend the Department timely fill the vacancies on the Committee and Advisory Board as required by the statute.

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**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department will seek a legislative remedy to eliminate the mandates associated with the Childhood Cancer Research Board.

The Department continued to seek candidates to fill the vacancies during this timeframe and has been successful in approving a candidate for the advocacy or legal representation on behalf of residents and their immediate families.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-020.     **FINDING** (Noncompliance with the Breast Cancer Patient Education Program)

The Illinois Department of Public Health (Department) failed to provide updated information to breast cancer patients, had not consulted with appropriate medical societies in developing the information disseminated, and did not submit the required report to the General Assembly.

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

- The Department had an existing brochure available on its website entitled “Your Right to Know” which contained recommendations for early detection and diagnosis of breast disease and alternative breast disease treatments. However, the brochure was not updated for the required information for breast cancer patients.
- The Department had not consulted with appropriate medical societies and patient advocates related to breast cancer, patient advocates representing racial and ethnic minority groups, in developing the information disseminated.
- The Department did not submit a report to the General Assembly by January 1, 2016 describing the activities carried out for the period July 1, 2013 through June 30, 2015.

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-670(c)-(e)) requires the Department to provide for the planning and implementation of an educational campaign to inform breast cancer patients, especially those in racial and ethnic minority groups, anticipate surgery regarding the availability and coverage of breast reconstruction, prostheses, and other options. The campaign shall include the dissemination, at a minimum, on relevant State health internet websites, including the Department’s internet website, the following information:

- a) Breast reconstruction is possible at the time of breast cancer surgery or in a delayed fashion.
- b) Prostheses or breast forms may be available.
- c) Federal law mandates both public and private health plans to include coverage of breast reconstruction and prostheses.
- d) The patient may opt to undergo breast reconstruction in a delayed fashion for personal reasons or after completion of all other breast cancer treatments.

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- e) The patient has the right to choose the provider of reconstructive care, including the potential transfer of care to a surgeon that provides breast reconstructive care. The above information was not included in the brochure.

The Code also requires the Director to consult with appropriate medical societies and patient advocates related to breast cancer, patient advocates representing racial and ethnic minority groups, with a special emphasis on African-American and Hispanic population's breast reconstructive surgery, and breast prostheses and breast forms, in developing the information to be disseminated.

In addition, the Code requires, beginning no later than January 1, 2016 (two years after the effective date of Public Act 98-479) and continuing each second year thereafter, the Director to submit to the General Assembly a report describing the activities carried out under this section during the preceding two fiscal years.

Department management stated the Department identified the need to update the "Your Right to Know" brochure pursuant to PA 98-479 and began the process of procuring a consultant to assist with the necessary edits, with an expected start date of July 1, 2015. However, the procurement process under the Illinois Procurement Code is quite long and complicated, and the Department was unable to complete the process prior to Fiscal Year 2016. Subsequently, without a budget for Fiscal Year 2016 or Fiscal Year 2017, the Department was unable to move forward on procuring the necessary services.

Failure to carry out these mandated duties does not achieve the legislative intent for the affected program, which is to inform breast cancer patients anticipating surgery regarding the availability and coverage of breast reconstruction, prostheses, and other options. (Finding Code No. 2017-020)

**RECOMMENDATION**

We recommend the Department update the information disseminated to breast cancer patients, consult with appropriate medical societies and patient advocates related to breast cancer in developing the information to be disseminated, and submit the required report to the General Assembly.

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**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department has started to identify medical professional(s) with expertise in the area of breast cancer, since the expert the Department last used has moved out of State. The Department anticipates entering into a contract or an intergovernmental agreement in the near future and issuing an updated brochure during Fiscal Year 2019.

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2017-021. **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 2016 and 2017 the Department handled over 29,234 transactions totaling approximately \$3.37 million and over 41,151 transactions totaling approximately \$4.57 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 a 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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During the prior examination period, Department management stated a lack of resources and a lack of a complete list of programs processing credit card transactions resulted in a lack of compliance with PCI requirements. During the current examination period, Department management stated a lack of resources and competing priorities were the reason for the deficiency.

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. 2017-021, 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 and recommendation. The Department continues to work closely with each program accepting credit card payments, how those payments are made, and ensure compliance with the appropriate SAQ(s). The Department seeks to complete the appropriate SAQ(s) and submit the necessary documentation to the Treasurer's Office and the E-Pay program vendor. Additionally, the Department will forge continuous communication with the Treasurer's Office to ensure training for program staff about PCI Compliance status, issues, and a thorough understanding of compliance issues.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-022.     **FINDING** (Weaknesses Regarding Systems Development and Change Control Procedures)

The Illinois Department of Public Health (Department) did not comply with the Change Control Procedures, as required. Specifically:

- The Department did not complete a formal Change Control Sign-off form to ensure changes to existing systems were adequately documented and approved.
- The Department did not have an effective segregation of duties for programmers developing or maintaining its computer systems.

The Departmental Standards User Handbook, Paragraph 6.5.14, Change Control Procedures of the Information Technology (IT) requires a formal Change Control Sign-Off by appropriate personnel to be received prior to migrating from test to production. In addition, 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.

During the prior examination period, Department management stated this issue was due to the vacancy of the Chief Information Officer and a lack of knowledge and staff resource constraints. During the current examination period, Department management attributed the deficiencies to oversight and a lack of staff.

Inadequate segregation of duties and the failure to comply with the Department's IT policies and procedures increase 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. 2017-022, 2015-023)

**RECOMMENDATION**

We recommend the Department comply with its change control policies and procedures requiring approval, formal testing plan, change control sign-off form, and developers' segregation of duties. Further, the Department should restrict programmer access to all production program and data. If the Department determines that programmer access is necessary in some situations, it should

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establish and enforce compensating controls to ensure appropriate management oversight and approval of changes.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department determines that programmer access is necessary and will enforce compensating controls to ensure appropriate management oversight and approval for changes. The Department will comply with its change control policies and procedures requiring approval, testing plan, change control sign-off, and appropriate oversight of change control for production systems.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-023. **FINDING** (Formal Department Rules Not Adopted)

The Illinois Department of Public Health (Department) did not adopt rules required by the Counties Code and the Authorized Electronic Monitoring in Long-term Care Facilities Act.

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

- The Department did not draft or adopt rules required by the Counties Code (Code) (55 ILCS 5/3-3013(e)). The Code requires the Department to adopt rules regarding specific information that must be reported to the Department by the coroner or medical examiner in the event of death caused by drug overdose. The Code, effective January 1, 2016, requires, in every case in which a drug overdose is determined to be the cause or a contributing factor to the death, the coroner or medical examiner to report the death to the Department.

Department management stated coroners and medical examiners had already been reporting drug overdose information when completing the medical certification of cause of death. Therefore, Department management determined it did not necessitate the promulgation of rules.

- The Department did not adopt the rules required by the Authorized Electronic Monitoring in Long-term Care Facilities Act (Act) (210 ILCS 32/65). The Act requires the Department to adopt rules necessary to administer and enforce the Act. The Act, effective January 1, 2016, addresses the authorized placement of electronic monitoring devices in the residents' rooms of an intermediate care facility for the developmentally disabled licensed under the Intellectually Disabled/Developmentally Disabled (ID/DD) Community Care Act that has 30 beds, a facility licensed under the Medically Complex for Developmentally Disabled (MC/DD) Act, or a long-term care facility under the Nursing Home Care Act.

Department management stated it determined the Act as self-implementing and does not necessitate the promulgation of rules.

Formal administrative rules provide a basis for proper implementation and enforcement of the Code and the Act, protect the Department from legal challenges, and give additional legitimacy to Department actions. Failure to adopt the required rules is noncompliance with the Code and the Act. (Finding Code No. 2017-023)

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**RECOMMENDATION**

We recommend the Department draft and adopt rules required by the Code and the Act.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. While a longstanding primary responsibility of coroners and medical examiners is completing the medical part of the death certificate, which includes immediate, underlying and condition contributing to the cause of death, the Code was amended to indicate the Department shall adopt rules. The legislation appeared to be aimed at collecting new information to improve the quality of drug information being reported on death certificates for drug overdose deaths, however, given the auditors interpretation that the Department may not determine how to add value to existing reporting but must simply adopt a rule, the Department will proceed with promulgating a rule reflecting the provision cited.

It is the Department's position that the Act is self-executing. A self-executing law is a law that is effective and implemented without the need for any further action, such as the promulgation of administrative rules. The Department will seek a legislative remedy.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-024.     **FINDING** (Noncompliance with the MC/DD Act)

The Illinois Department of Public Health (Department) did not comply with provisions of the MC/DD Act (Act). The Act, effective July 29, 2015, required long-term care facilities for individuals under age 22 to be known and licensed as medically complex for the developmentally disabled under the Act instead of the Intermediate Care Facility/Individual Intellectually Disabled (ID/DD) Community Care Act.

During our testing of certain provisions of the Act, we noted the following:

- The Administrative Code was not updated to address the requirement that each policy should include periodic review of the use of restraints. The Act (210 ILCS 46/2-106(a)) requires the Department to, by rule, designate certain devices as restraints, including at least all those devices which have been determined to be restraints by the United States Department of Health and Human Services in interpretive guidelines issued for the purposes of administering Titles XVIII and XIX of the Social Security Act. The Act (210 ILCS 46/2-106(b)) further requires the Department to establish, by rule, the provisions that the policy must include, to the extent practicable, to be consistent with the requirements for participation in the federal Medicare program. Each policy shall include periodic review of the use of restraints.
  
- The Administrative Code was not updated to address the following requirements: (1) informed consent for psychotropic medication requires, at a minimum, a discussion with the resident’s physician, a registered pharmacist, or a licensed nurse, and (2) the use of standardized consent forms designated by the Department. The Act (210 ILCS 46/2-106.1) requires the Department to adopt, by rule, the standards for unnecessary drugs contained in interpretive guidelines issued by US Department of Health and Human Services for purposes of administering Titles XVIII and XIX of the Social Security Act. The Department is further required to adopt, by rule, a protocol specifying how informed consent for psychotropic medication may be obtained or refused. The protocol shall require, at a minimum, a discussion between (1) the resident of the resident's authorized representative and (2) the resident's physician, a registered pharmacist who is not a dispensing pharmacist of the facility where the resident lives, or a licensed nurse about the possible risks and benefits of a recommended medication and the use of standardized consent forms designated by the Department.

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- The Department did not develop a de-identified database of residents who have injured facility staff, facility visitors, and other residents. The Act (210 ILCS 46/2-201.5(d)) requires the Department to develop and maintain a de-identified database of residents who have injured facility staff, facility visitors, or other residents, and the attendant circumstances, solely for the purposes of evaluating and improving resident pre-screening and assessment procedures and the adequacy of Department requirements concerning the provision of care and services to residents.
- The Department did not keep a continuing record of all residents determined to be identified offenders and did not report the number of identified offender residents to the General Assembly on an annual basis as required. The Act (210 ILCS 46/2-201.6(f)) requires the Department to keep a continuing record of all residents determined to be identified offenders and to report the number of identified offender residents annually to the General Assembly.
- The Administrative Code was not updated to address the requirement which requires submission of a written notification within one day. The Act (210 ILCS 46/2-208(b)) requires the Department to require the facility to submit written notification of any unusual incident, abuse, or neglect within one day after the unusual incident, abuse, or neglect occurring.
- The Department did not file emergency rules with the Office of the Secretary of State's (Office) regarding the provision of services to identified offenders. The Act (210 ILCS 46/3-202.3) requires the Department, no later than 30 days after the effective date of this Act, to file with the Office, pursuant to the Illinois Administrative Procedure Act, emergency rules regarding the provision of services to identified offenders.

Department management stated amendments to the Administrative Code have been drafted by the Department, with the legal division, but they are included with numerous other amendments under review and waiting for approval of revisions. Department officials also stated a de-identified database of residents who have injured facility staff, visitors, and other residents was not developed due to funding not being provided for the development of the database. They further stated such incidents are minimal due to the severity of the residents' disabilities, and all facilities are required to report such incidents to the Department, and review of such incidents are included

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in the Department’s annual survey process. Department officials also stated a continuing record of all residents determined to be identified offenders was not available due to the established management tools not keeping pace with the amendatory acts which segregated these providers from other long term care providers.

Failure to carry out these mandated duties does not achieve the legislative intent for the affected program, which is to provide adequate long term care for the under age 22 MC/DD facilities. (Finding Code No. 2017-024)

**RECOMMENDATION**

We recommend the Department ensure it complies with all provisions of the Act.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department is currently working on the rules to be drafted to meet the provision of the Act and working with industry providers who are seeking legislative remedy by repealing appropriate language to ensure the Department’s compliance.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-025.     **FINDING** (Noncompliance with the Mandated Duties of the Advisory Committee on Neonatal Abstinence Syndrome)

The Illinois Department of Public Health (Department) did not ensure the proper composition of the Committee, the initial Committee meeting was held within the required timeframe, and submission of the annual reports to the General Assembly and Governor’s Office.

The Department of Public Health Powers/Duties Law (Law) (20 ILCS 2310/2310-677) created the Advisory Committee on Neonatal Abstinence Syndrome (NAS). The Advisory Committee is chaired by the Director of the Department and shall advise and assist the Department to (1) develop an appropriate standard clinical definition of NAS; (2) develop a uniform process of identifying NAS; (3) develop protocols for training hospital personnel in implementing an appropriate and uniform process for identifying and treating NAS; (4) identify and develop options for reporting NAS data to the Department by using existing or new data reporting options; and (5) make recommendations to the Department on evidence-based guidelines and programs to improve the outcomes of pregnancies with respect to NAS.

During our testing, we noted the following:

- The Advisory Committee lacked representatives from a local or regional public health agency and the Department of Children and Family Services (DCFS). The Law (20 ILCS 2310/2310-677(b)) requires the Advisory Committee to consist of up to 10 members appointed by the Director of the Department. The members of the Advisory Committee shall represent different racial, ethnic, and geographic backgrounds and consist of: (1) at least one member representing a Statewide association of hospitals; (2) at least one member representing a Statewide organization of pediatricians; (3) at least one member representing a Statewide organization of obstetricians; (4) at least one member representing a Statewide organization that advocates for the health of mothers and infants; (5) at least one member representing a Statewide organization of licensed physicians; (6) at least one member who is a licensed practical nurse, registered professional nurse, or advanced practice nurse with expertise in the treatment of newborns in neonatal intensive care units; (7) at least one member representing a local or regional public health agency; and (8) at least one member with expertise in the treatment of drug dependency and addiction. In addition, the Law (20 ILCS 2310/2310-677(c)) requires the following persons or their designees to serve as ex officio members of the Advisory Committee: the Director of Public Health, the

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Secretary of Human Services, the Director of Healthcare and Family Services, and the Director of Children and Family Services. The Director of Public Health, or his or her designee, shall serve as Chair of the Committee.

Department management stated the Department has contacted a representative from the local or regional public health agency but the application was not completed. In addition, management stated the representative from DCFS was designated but the application was not submitted to the Office of the Governor.

- The Advisory Committee's initial meeting was held on February 10, 2016, 67 days late. The Law (20 ILCS 2310/2310-677(d)) requires the Advisory Committee to meet at the call of the Chair, meet at least three times each year, and its initial meeting was required to take place within 120 days after the effective date of the Law.

Department management stated the delay in scheduling the initial meeting was due to not getting sufficient number of members appointed to the Committee and finding a date on which to achieve a quorum.

- The Advisory Committee issued both the March 31, 2016 and 2017 reports, but the reports were not submitted to the General Assembly and Office of the Governor. The Law (20 ILCS 2310/2310-677(e)) requires the Advisory Committee to provide an annual report of its activities and recommendations to the Director, the General Assembly, and the Governor by March 31 of each year beginning in 2016.

Department management stated the Department failed to submit a copy of the reports to the General Assembly and Office of the Governor due to staffing issues.

Failure to carry out the mandated duties does not achieve the legislative intent of the creation of Advisory Committee and is noncompliance with the statutory requirements. (Finding Code No. 2017-025)

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**RECOMMENDATION**

We recommend the Department ensure the Advisory Committee complies with its mandated duties.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Department has appointed representatives from a local or regional public health agency and the Department of Children and Family Services. The Department will ensure that annual reports are properly submitted to the General Assembly and the Office of the Governor going forward.

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2017-026.     **FINDING** (Depreciation Expense Not Adequately Calculated and Reported and Access Rights Not Timely Cancelled)

The Illinois Department of Public Health (Department) did not ensure depreciation expenses were accurately calculated and reported and system access rights were reviewed and timely cancelled.

The Department used the Central Inventory System (CIS) to maintain its property records including the calculation of depreciation expense, accumulated depreciation and book value of the property. The CIS is a common system supported by the Department of Innovation and Technology (DoIT) that allows agencies to maintain records of State property and equipment, update that information as necessary and order batch reports and updates using on-line screens.

During our review of depreciation for 25 new capital asset additions during Fiscal Years 2016 and 2017, we noted the following:

- Depreciation start dates and asset lives were inaccurately recorded in the CIS Fixed Asset Depreciation Balance Report for 12 of 25 (48%) capital assets tested. The inaccuracies resulted in an understatement of depreciation of a capital asset by \$267 in Fiscal Year 2016 and understatement of depreciation for seven capital assets by \$2,842 as well as overstatement of depreciation for three capital assets by \$2,887 in Fiscal Year 2017. Eleven of the assets had depreciation start dates that did not match the dates these assets were received. Two items tested had asset lives that were recorded as 10 and 95 months instead of the 84 months which the Department uses for laboratory equipment. The Department subsequently corrected the errors upon accountants' notification.
- Depreciation expense of new additions of capital assets during Fiscal Years 2016 and 2017 were not calculated and adjusted in the CIS Fixed Asset Depreciation Balance Report until August 2016 and August 2017, respectively. Therefore, the monthly Fixed Asset Depreciation Balance Reports during Fiscal Years 2016 and 2017 were understated by \$6,071 and \$22,296, respectively. As a result of the late entries in the system, no depreciation was reported for additions in the Fiscal Year 2016 and Fiscal Year 2017 Capital Asset Summary forms (SCO-538) filed with the Office of the Comptroller.

During our review of the CIS users, we noted the Department did not revoke 29 terminated employees' access to CIS. In addition, we noted the Department did not

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revoke full access of three employees who are no longer in Inventory Control positions.

The Statewide Accounting Management System (SAMS) (Procedure 27.20.38) requires State agencies to complete and submit annually SCO-538. The purpose of the SCO-538 is to ensure all capital assets of State agencies are reported in the State of Illinois' GAAP financial statements. The SCO-538 should be used by all State Agencies to report capital assets and related accumulated depreciation. The addition amounts associated with Accumulated Depreciation reported on the SCO-538 include current year depreciation expenses associated with capital assets as predetermined by the original value and useful life using the straight-line depreciation method prescribed by SAMS (Procedure 03.30.40).

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system of internal fiscal and administrative controls to ensure resources are utilized efficiently, effectively, and in compliance with applicable law and to ensure revenues, expenditures, and transfers of assets, resources, or funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and to maintain accountability over State's resources.

Department management stated the issues noted were due to staff turnover in property control positions.

Failure to properly calculate the Department's depreciation expense may result in inaccurate capital asset records and misstatements of the Department's financial statements. Inaccurate property reporting reduces the reliability of the Department's capital asset information. Failure to cancel CIS access of terminated employees and employees who no longer perform the Inventory Control duties could result in unauthorized access to the Department's resources. (Finding Code No. 2017-026)

**RECOMMENDATION**

We recommend the Department ensure capital asset additions are accurately recorded in CIS and the monthly CIS Fixed Asset Depreciation Balance Report is reviewed to assure accuracy of capital asset depreciation calculations and to ensure correct depreciation amounts are reported the SCO-538. In addition, we recommend the Department ensure user rights to CIS are cancelled when appropriate and review the CIS access list for accuracy.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. The Property Control Coordinator has been working to correctly record capital asset records and correctly record depreciation dates and asset lives so depreciation expenses are not overstated or understated. The Department is checking reports for errors and trying to correct the problem. As for the CIS access problems, the Department is reaching out to the Department of Central Management Services for a Master list of users to clear out the unnecessary or obsolete user identifications.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-027.     **FINDING** (Inadequate Controls over Voucher Processing)

The Illinois Department of Public Health (Department) did not have adequate controls over voucher processing.

During testing of invoice vouchers processed during the examination period, we noted the following:

- Sixty-one of 345 (18%) vouchers tested were approved from 2 to 314 days late. The Illinois Administrative Code (Code) (74 Ill. Admin. Code 900.70) requires an agency to approve proper bills or deny bills with defects, in whole or in part, within 30 days after receipt.
- The Department did not submit the request for out of State travel to be approved by the Governor’s Office of Management and Budget (Office) in a timely manner. The Department submitted two of 11 (18%) out of State travel requests tested to the Office from three to nine days late. The Code (80 Ill. Admin. Code 2800.700) requires, for travel outside of Illinois, that all requests be submitted to the Office’s on-line system (eTravel) at least 30 days in advance of the departure date.

The Department uses the Accounting Information System (AIS) of the Department of Innovation and Technology (DoIT) as the official accounting records for the Department. The AIS is an automated expenditure control and invoice/voucher processing system. The AIS processes expenditures from initial receipt of the vendor invoice through vouchering and posting to the book of record and produces invoice vouchers.

During our review of the AIS users, we noted the Department did not cancel the AIS access rights of six terminated employees. The Department subsequently removed the employees’ access rights upon notification. The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system 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 our review of the Department’s compliance with the submission of the aggregate dollar amount of any bills held as of June 30, we noted the Department

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

submitted the information to the Office of the Comptroller (Comptroller) three days late.

The State Finance Act (30 ILCS 105/9.08) requires each State agency to report the aggregate dollar amount of any bills held at the State agency on the previous June 30 to the Comptroller by October 1 of each fiscal year.

Department management stated the deficiencies were due to staff shortages, turnover, competing priorities, and training issues in its fiscal offices.

Untimely approval of invoice vouchers and untimely submission of out of State travel requests may result in inaccurate voucher processing and noncompliance with statutes and regulations. Failure to cancel the AIS access of terminated employees could result in unauthorized access to Department's resources. Untimely submission of the information to the Comptroller pertaining to the dollar amount of bills is noncompliance with the State law. (Finding Code No. 2017-027)

**RECOMMENDATION**

We recommend the Department strengthen its controls over voucher processing to ensure timely approval of invoice vouchers and timely submission of out of State travel requests. We also recommend the Department regularly review the AIS list of users and make the necessary access rights cancellation request to DoIT. In addition, we recommend the Department comply with State law by ensuring timely submission of the aggregate dollar amount of any bills held to the Comptroller as required.

**DEPARTMENT RESPONSE**

The Department concurs with the finding and recommendation. Central Accounting is working to train Fiscal Division staff to get the vouchers processed within 30 days. The Department also will ensure timely approval of out of State travels. The AIS users list has been cleaned up and the Divisions have been told to let the AIS administrator know when staff leave the accounting offices.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

2017-028.     **FINDING** (Insufficient Reimbursements for the Vaccines for Children Program)

The Illinois Department of Public Health (Department) failed to ensure the Vaccines for Children (VFC) program was providing proper reimbursements to the Centers for Disease Control (CDC).

The Department notified auditors on May 2, 2018 of its responsibility to replace vaccine doses to the CDC which was subsequent to the auditor’s original report date, April 27, 2018.

The VFC program is a federally-funded program that provides vaccines at no cost to children ages 18 and younger who might not otherwise be vaccinated because of the inability to pay. In order to utilize the VFC’s vaccine distribution infrastructure for the State-funded Children Health Insurance Program (CHIP), the Department and the Department of Healthcare and Family Services (HFS) entered into an Intergovernmental Agreement (Agreement) beginning July 1, 2012, subject to an annual amendment, that allowed HFS to reimburse the Department for vaccines used for the CHIP program based on the actual costs of vaccines used and handling fees. This Agreement was terminated October 1, 2016.

Prior to October 2013, the CDC allowed healthcare providers to utilize its vaccine stock for both vaccines on children under the VFC program and the CHIP program and reimburse the federal government for the CHIP children; therefore, healthcare providers did not always determine and document whether the children were on the VFC program or the CHIP program. Beginning in October, 2013, the CDC required the Department to purchase vaccines directly from the pharmaceutical companies in advance using the vaccine purchasing estimator tool (VPET), and no longer allowed the reimbursement for the CHIP program.

Between October 2013 and October 2016, the program continued to operate according to the Agreement with HFS. As a result, the Department was ordering and paying for a fraction of the vaccines estimated by VPET.

The CDC issued a letter, dated March 31, 2017, requiring the Department to submit a written dose-for-dose replacement plan that must include:

- Intent to act on behalf of Chicago’s portion or collaborate with Chicago to replace doses;
- Total number of doses, by vaccine type to be purchased;

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

- Beginning and projected completion date of vaccine purchases;
- How the doses will be purchased – using the CDC contracts or other purchase mechanism to make bulk purchases;
- Distribution of vaccines – locations receiving and using vaccines before expiration (e.g., list of providers such as local health departments, number of doses by type distributed to each, approach for documentation and reporting of doses administered);
- If using CDC contracts and centralized distribution mechanism, provider orders intended as replacement doses must be submitted separately from routine vaccine orders and the fund type “state” should be selected. When receiving these doses, awardee must have a process to ensure that providers identify/store the doses as VFC doses. Processes for adjusting spend plan and Cost Affordability Tool (CAT), managing inventory at provider offices and review and approval of provider vaccine ordering; and,
- Policies and protocols put in place to oversee the implementation of the plan as well as inclusion of a no borrowing policy during the repayment.

As of the end of fieldwork, the Department continued to negotiate with the CDC over the specific terms of replacement, and estimates it will need to replace 502,190 vaccines doses totaling \$24,161,267 over a seven year period. The Department submitted a replacement plan for approval to the CDC on June 5, 2018.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department establish and maintain a system, or systems, of fiscal and administrative controls to provide assurance that: (1) resources are utilized efficiently, effectively, and in compliance with applicable law; (2) obligations and costs are in compliance with applicable law; (3) funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use, and misappropriation; (4) revenues, expenditures, and transfers of assets, resources, or funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and to maintain accountability over the State’s resources; and (5) funds held outside the State Treasury are managed, used, and obtained in strict accordance with the terms of their enabling authorities and that no unauthorized funds exist.

Department management stated its prior management team established the Interagency Agreement and had not enforced the arrangements outlined for vaccine payment. They further stated the current management team had to work with old data and the results of

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

prior conversations in which they did not participate and canceled the Interagency Agreement promptly when they realized the issues.

Failure to ensure the vaccines were administered pursuant to federal requirements resulted in a large amount of vaccine doses that will need to be replaced in future years. (Finding Code No. 2017-028)

**RECOMMENDATION**

We recommend the Department monitor its programs to ensure all parties involved are following the required provisions. We also recommend the Department ensure it complies with an approved vaccine replacement plan as required.

**DEPARTMENT RESPONSE**

The Department concurs with the recommendation. However, the following describes the situation and circumstances noted above.

On February 2016, the Department received a letter from the CDC requesting reimbursement for CHIP vaccines purchased during 2013 thru 2015.

During July 2012, the Department entered into an Agreement with HFS. This Agreement allowed the Department to assist HFS in the acquisition and distribution of vaccines through the CDC's vaccine procurement and distribution channels (i.e., VFC).

During 2012, the CDC, through their VFC program, provided vaccines to children qualified under CHIP. At the end of each calendar quarter, VFC providers would report vaccine claim data to HFS. HFS would forward the claim data to the Department. The Department would pay the drug companies based on the claim data. Inventories of vaccines were maintained by VFC and CHIP vaccines were replenished through this process. This process was referred to as the Replenishment Model and was ended by the CDC on September 2013.

After September 2013 and during 2016, the CDC required the Department on behalf of HFS to purchase vaccines directly from the drug companies. Also, the CDC required the Department to pre-purchase the vaccines using a CDC tool (VPET) to determine how many of which vaccines to purchase.

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**CURRENT FINDINGS – STATE COMPLIANCE (Continued)**

The Department requested payment based on VPET estimates from HFS. However, according to State law, invoices can only be paid for services actually provided. Payment was deferred until the vaccines were provided to the children. HFS then reviewed their internal claim data as to who would be eligible for receiving CHIP vaccines vs. the vaccine orders based on VPET. HFS found there to be variances between the two sets of data and paid the Department based on HFS' claim data. The claim data was found to show much lower volumes of vaccine as compared to VPET volumes. Also, the practitioners issuing vaccines to the children were not tracking the participants within each vaccine program. Therefore, there was no definitive data available but the Department's agreement with the CDC to purchase based on VPET estimates.

VPET CDC vaccine (FFY2014-FFY2016)	\$61.3 million
HFS reimbursement based on claim data	<u>\$39.5 million</u>
CDC vaccine short-fall – Amount Owed	<u>\$21.8 million*</u>

As a result, the Department was ordering a fraction of the vaccine estimated by VPET and the CDC was making up for the vaccine short-fall. This was the cause for the February 2016 letter from the CDC.

For the period 2013 thru 2016, the CDC and the Department agreed the vaccine short-fall to be a volume of 502,190 vaccines representing \$24.2 million.

On October 2016, Department's Director ceased providing vaccines on behalf of the HFS' CHIP program.

*\*The difference between the "CDC vaccine short fall – Amount Owed \$21.8 million" and the agreed upon reimbursement of \$24.2 million represents the increased cost of replacing the vaccines.*

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**PRIOR FINDINGS NOT REPEATED**

A. **FINDING** (Center for Comprehensive Health Planning Not Established)

During the prior examination period, the Illinois Department of Public Health (Department) failed to establish a Center for Comprehensive Health Planning as required by the Department's Powers and Duties Law (Law).

During the current examination period, Public Act 99-527 repealed the requirements in the Law effective January 1, 2017. (Finding Code No. 2015-009, 2013-011)

B. **FINDING** (Noncompliance with Water Well Construction Code Act)

During the prior examination period, the Department did not timely comply with the certification provisions of the Water Well Construction Code Act (Act), by certifying all closed loop well contractors within two years after the effective date of the Act.

During the current examination period, our sample testing noted closed loop well contractors were certified as required by the Act. (Finding Code No. 2015-014)

C. **FINDING** (Noncompliance with Obsolete Mandated Duties)

During the prior examination period, the Department did not comply with, or seek repeal of, obsolete duties mandated by State statute. The Department's administrative rules for water well pump installation differed from statutory requirements in the Illinois Water Well Pump Installation Code and the Stroke Task Force did not meet as required by the Civil Administrative Code (Code).

During the current examination, the Department proposed legislative changes for the Water Well Pump Installation Code and the section creating the Stroke Task Force was repealed by Public Act 99-993. (Finding Code No. 2015-016)

D. **FINDING** (Field Sanitation Fines Not Being Assessed)

During the prior examination period, the Department did not assess fines to violators upon inspection of farm operations as required by the Field Sanitation Act (Act).

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**PRIOR FINDINGS NOT REPEATED** (Continued)

During the current examination period, our sample testing showed no fines for violations were assessed as no violations were found during field inspections of farm operators tested. (Finding Code No. 2015-019, 2013-16, 11-14, 09-18, 07-23, 05-15, 03-3)

E. **FINDING** (Reporting Requirements)

During the prior examination period, the Department did not adhere to various reporting requirements by untimely submitting emergency rules relating to provisional licensure and required reports. In addition, the Department did not timely file the reports required by the Nursing Home Care Act, and the annual reports regarding the administration of the Hospital Capital Investment Program were not timely filed and did not contain all required information.

During the current examination period, our sample testing noted the required reports were timely filed and contained the required information. (Finding Code No. 2015-021, 2013-19, 11-17, 09-15, 07-19, 05-8, 05-14, 03-2, 01-3, 99-4, 97-7)

F. **FINDING** (Noncompliance with the Custody Relinquishment Prevention Act)

During the prior examination period, the Department did not comply with the Custody Relinquishment Prevention Act (Act) by entering into an interagency agreement with the Department of Children and Family Services, the Department of the Human Services, the Illinois State Board of Education, the Department of Juvenile Justice, and the Department of Healthcare and Family Services within 180 days of the effective date of the Act.

During the current examination period, the Department worked with other State agencies and entered into an interagency agreement to comply with the Act. (Finding Code No. 2015-024)

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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, 2017, 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 #1 - 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 Repeated

During the current examination period, Public Act 99-527 repealed the section of the Public Health Powers and Duties Law requiring the establishment of the Center for Comprehensive Health Planning.

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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 2017
- Schedule of Appropriations, Expenditures and Lapsed Balances Fiscal Year 2016
- 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 and Reconciliation of Cash Receipts to Deposits Remitted to the State Comptroller

- Analysis of Operations (Not Examined):

- Agency Functions and Planning Program (Not Examined)
- Analysis of Significant Variations in Expenditures (Not Examined)
- Analysis of Significant Variations in Receipts (Not Examined)
- Analysis of Significant Lapse Period Spending (Not Examined)
- Analysis of Accounts Receivable (Not Examined)
- Budget Impasse Disclosures (Not Examined)
- Alternative Financing in Lieu of Appropriations and Programs to Address Untimely Payments to Vendors (Not Examined)
- Interest Costs on Invoices (Not Examined)
- Average Number of Employees (Not Examined)
- Emergency Purchases (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, 2017 and June 30, 2016 accompanying supplementary information in Schedules 1 through 8. 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.

STATE OF ILLINOIS  
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SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Expenditure Authority for Fiscal Year 2017

For the Fifteen Months Ended September 30, 2017

	Expenditure Authority (Net After Transfers)	Expenditures Through June 30	Lapse Period		Total Expenditures 15 Months Ended September 30	Balances Lapsed September 30
			Expenditures July 1 to September 30	Expenditures September 30		
Public Act 99-0524, Public Act 100-0021 and Court-Ordered Expenditures	\$	\$	\$	\$	\$	\$
<b>APPROPRIATED FUNDS</b>						
General Revenue Fund - 0001	97,484,900	64,789,829	7,766,796	72,556,625	24,928,275	
Food and Drug Safety Fund - 0014	2,000,000	348,266	103,176	451,442	1,548,558	
Penny Serrins Breast, Cervical and Ovarian Cancer Research Fund - 0015	600,000	-	-	-	600,000	
Rural/Downstate Health Access Fund - 0048	100,000	6,213	1,055	7,268	92,732	
Alzheimer's Disease Research Fund - 0060	350,000	17,751	71,265	89,016	260,984	
Public Health Services Fund - 0063	291,302,100	135,289,299	20,524,763	155,814,062	135,488,038	
Hospital Licensure Fund - 0068	2,250,000	288,351	16,537	304,888	1,945,112	
Compassionate Use of Medical Cannabis Fund - 0075	5,000,000	1,933,398	63,997	1,997,395	3,002,605	
Stroke Data Collection Fund - 0104	300,000	3,054	-	3,054	296,946	
Community Health Center Care Fund - 0113	500,000	-	-	-	500,000	
Safe Bottled Water Fund - 0115	100,000	-	-	-	100,000	
Facility Licensing Fund - 0118	3,000,000	577,764	42,325	620,089	2,379,911	
Heartsaver AED Fund - 0135	50,000	-	-	-	50,000	
Childhood Cancer Research Fund - 0172	75,000	-	-	-	75,000	
Illinois School Asbestos Abatement Fund - 0175	1,200,000	731,184	12,455	743,639	456,361	
Epilepsy Treatment & Education Grant in Aid Fund - 0197	30,000	-	-	-	30,000	
Diabetes Research Checkoff Fund - 0198	250,000	-	-	-	250,000	
Carolyn Adams Ticket for the Cure Fund - 0208	2,500,000	631,429	(259)	631,170	1,868,830	
Illinois Health Facilities Planning Fund - 0238	3,700,000	1,565,688	27,382	1,593,070	2,106,930	
Emergency Public Health Fund - 0240	5,100,000	1,860,122	549,183	2,409,305	2,690,695	
Public Health Water Permit Fund - 0256	200,000	19,125	22,960	42,085	157,915	
Nursing Dedicated and Professional Fund - 0258	2,000,000	1,010,133	2,438	1,012,571	987,429	
Long Term Care Monitor/Receiver Fund - 0285	28,000,000	20,110,352	484,984	20,595,336	7,404,664	
Home Care Services Agency Licensure Fund - 0287	1,400,000	824,538	10,359	834,897	565,103	
Used Tire Management Fund - 0294	500,000	89,431	5,905	95,336	404,664	
African-American HIV/AIDS Response Fund - 0326	500,000	13,011	200,538	213,549	286,451	
Tattoo and Body Piercing Establishment Registration Fund - 0327	300,000	101,040	46,763	147,803	152,197	

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For the Fifteen Months Ended September 30, 2017

	Expenditure Authority (Net After Transfers)	Expenditures Through June 30	Lapse Period		Total Expenditures 15 Months Ended September 30	Balances Lapsed September 30
			Expenditures July 1 to September 30	Expenditures September 30		
Public Act 99-0524, Public Act 100-0021 and Court-Ordered Expenditures	\$	\$	\$	\$	\$	\$
Public Health Laboratory Services Revolving Fund - 0340	5,000,000	2,019,341	237,588	2,256,929	2,743,071	
Long Term Care Provider Fund - 0345	2,000,000	1,168,716	130,553	1,299,269	700,731	
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,905,200	502,902	222,423	725,325	5,179,875	
Tanning Facility Permit Fund - 0370	400,000	37,350	20,100	57,450	342,550	
Equity in Long-term Care Quality Fund - 0371	3,500,000	-	-	-	3,500,000	
Plumbing Licensure and Program Fund - 0372	2,450,000	1,537,892	46,400	1,584,292	865,708	
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	21,477	-	21,477	128,523	
Trauma Center Fund - 0397	7,000,000	18,450	4,093,826	4,112,276	2,887,724	
EMS Assistance Fund - 0398	1,500,000	1,071,580	109,551	1,181,131	318,869	
Multiple Sclerosis Research Fund - 0429	3,000,000	803,964	272,869	1,076,833	1,923,167	
Quality of Life Endowment Fund - 0437	2,000,000	375,008	149,589	524,597	1,475,403	
Autoimmune Disease Research Fund - 0469	50,000	-	-	-	50,000	
Health Facility Plan Review Fund - 0524	2,227,000	1,253,257	23,860	1,277,117	949,883	
Pesticide Control Fund - 0576	420,000	356,978	11,122	368,100	51,900	
Hospice Fund - 0586	30,000	-	-	-	30,000	
Prostate Cancer Research Fund - 0626	30,000	-	-	-	30,000	
Death Certificate Surcharge Fund - 0635	2,950,000	2,374,537	186,217	2,560,754	389,246	
Illinois Adoption Registry & Medical Information Fund - 0638	400,000	-	-	-	400,000	
Commitment to Human Services Fund - 0644	30,111,400	27,306,867	902,020	28,208,887	1,902,513	
Healthy Smiles Fund - 0654	400,000	287,503	-	287,503	112,497	
Budget Stabilization Fund - 0686	3,000,000	1,859,766	1,119,453	2,979,219	20,781	
DHS Private Resource Fund - 0690	700,000	-	-	-	700,000	
Assisted Living and Shared Housing Regulatory Fund - 0702	801,000	652,044	6,689	658,733	142,267	
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	800,000	-	-	-	800,000	
Tobacco Settlement Recovery Fund - 0733	11,694,300	6,818,381	3,285,121	10,103,502	1,590,798	
Pet Population Control Fund - 0764	250,000	-	-	-	250,000	
Private Sewage Disposal Program Fund - 0790	250,000	195,960	39	195,999	54,001	
Public Health Federal Projects Fund - 0838	612,000	157,279	-	157,279	454,721	

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Expenditure Authority for Fiscal Year 2017

For the Fifteen Months Ended September 30, 2017

Public Act 99-0524, Public Act 100-0021 and Court-Ordered Expenditures	Expenditure Authority (Net After Transfers)	Expenditures Through June 30	Lapse Period		Total Expenditures 15 Months Ended September 30	Balances Lapsed September 30
			Expenditures July 1 to September 30	Expenditures September 30		
Maternal and Child Health Services Block Grant Fund - 0872	\$ 21,750,000	\$ 12,219,293	\$ 4,624,511	\$	16,843,804	\$ 4,906,196
Preventive Health and Health Services Block Grant Fund - 0873	3,831,800	2,081,332	223,483		2,304,815	1,526,985
Public Health Special State Projects Fund - 0896	23,650,000	4,519,208	13,745,625		18,264,833	5,385,167
Metabolic Screening and Treatment Fund - 0920	19,485,800	13,111,712	2,396,388		15,508,100	3,977,700
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	100,000	94,881	1,048		95,929	4,071
Illinois State Podiatric Disciplinary Fund - 0954	100,000	-	-		-	100,000
<b>Grand Total Fiscal Year 2017</b>	<b>\$ 605,340,500</b>	<b>\$ 311,055,656</b>	<b>\$ 61,761,097</b>	<b>\$</b>	<b>\$ 372,816,753</b>	<b>\$ 232,523,747</b>

Note 1: Expenditure authority, appropriations, expenditures, and lapsed balances were obtained from the State Comptroller's records as of September 30, 2017, and have been reconciled to Department records.

Note 2: Expenditure amounts are vouchers approved for payment by the Department and submitted to the State Comptroller for payment to the vendor.

Note 3: The Circuit Court of St. Clair County in AFSCME Council 31 v. Munger (15 CH 475) ordered the State Comptroller, in the absence of enacted annual appropriations, to "draw and issue warrants accomplishing payment of wages [for all State employees] at their normal rates of pay." As Public Act 100-0021 states appropriation authority granted by the General Assembly does not supersede any court order directing the expenditure of funds and states such payments are added to the appropriations granted by the General Assembly, the Department was able to submit vouchers to pay its employees in full from Fund 001 without a maximum expenditure limit for personal service costs during Fiscal Year 2017. Further, the Department incurred non-payroll obligations within Fund 001, which the Department was unable to pay until the passage of Public Act 100-0021.

Note 4: Public Act 99-524 authorized the Department to pay Fiscal Year 2016 costs using its Fiscal Year 2017 appropriations for non-payroll expenditures. The Analysis of Operations section of this report at page 153 includes information from Department management about the number of invoices and the total dollar amount of invoices held by the Department submitted against its Fiscal Year 2017 appropriation.

Note 5: During Fiscal Year 2017, the Department operated without enacted appropriations until Public Act 100-0021 was approved on July 6, 2017. During the impasse, the Department incurred non-payroll obligations within Fund 001, which the Department was unable to pay until the passage of Public Act 100-0021.

Note 6: Notwithstanding anything within Public Act 100-0021 to the contrary, Public Act 100-0021 authorized the Department to pay for all costs incurred prior to July 1, 2018, using either its Fiscal Year 2017 or Fiscal Year 2018 appropriations for non-payroll expenditures. The Analysis of Operations section of this report at page 153 includes information from Department management about the number of invoices and the total dollar amount of invoices from Fiscal Year 2016 and Fiscal Year 2017 held by the Department to be submitted against either its Fiscal Year 2017 or Fiscal Year 2018 appropriation.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Expenditure Authority for Fiscal Year 2016

For the Fourteen Months Ended August 31, 2016

Public Act 99-409, Public Act 99-0491, Public Act 99-0524, and Court-Ordered Expenditures	Expenditure Authority (Net After Transfers)	Expenditures Through June 30	Lapse Period Expenditures		Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
			July 1 to August 31	August 31		
<b>APPROPRIATED FUNDS</b>						
General Revenue Fund - 0001	\$ 72,707,981	\$ 64,825,107	\$ 2,250,397	\$ -	\$ 67,075,504	\$ 5,632,477
Food and Drug Safety Fund - 0014	2,000,000	314,740	84,177	-	398,917	1,601,083
Penny Serrano Breast, Cervical and Ovarian Cancer Research Fund - 0015	600,000	-	-	-	-	600,000
Rural/Downstate Health Access Fund - 0048	100,000	-	9,634	-	9,634	90,366
Alzheimer's Disease Research Fund - 0060	350,000	-	133,223	-	133,223	216,777
Public Health Services Fund - 0063	291,302,100	143,685,167	17,019,211	-	160,704,378	130,597,722
Hospital Licensure Fund - 0068	2,450,000	64,097	8,505	-	72,602	2,377,398
Compassionate Use of Medical Cannabis Fund - 0075	5,000,000	830,854	2,253,217	-	3,084,071	1,915,929
Community Health Center Care Fund - 0113	500,000	-	18,091	-	18,091	481,909
Safe Bottled Water Fund - 0115	100,000	-	-	-	-	100,000
Facility Licensure Fund - 0118	3,000,000	974,768	180,849	-	1,155,617	1,844,383
Heartsaver AED Fund - 0135	50,000	-	12,582	-	12,582	37,418
Childhood Cancer Research Fund - 0172	75,000	-	-	-	-	75,000
Illinois School Asbestos Abatement Fund - 0175	1,200,000	613,276	132,541	-	745,817	454,183
Diabetes Research Checkoff Fund - 0198	250,000	-	-	-	-	250,000
Carolyn Adams Ticket for the Cure Fund - 0208	2,500,000	244,838	146,435	-	391,273	2,108,727
Illinois Health Facilities Planning Fund - 0238	3,700,000	1,488,580	256,683	-	1,745,263	1,954,737
Emergency Public Health Fund - 0240	5,100,000	2,910,302	281,529	-	3,191,831	1,908,169
Public Health Water Permit Fund - 0256	200,000	-	54,059	-	54,059	145,941
Nursing Dedicated and Professional Fund - 0258	2,000,000	-	584,355	-	584,355	1,415,645
Long Term Care Monitor/Receiver Fund - 0285	28,000,000	22,556,885	278,214	-	22,835,099	5,164,901
Home Care Services Agency Licensure Fund - 0287	1,400,000	1,141,987	48,410	-	1,190,397	209,603
Used Tire Management Fund - 0294	500,000	481,317	13,717	-	495,034	4,966
African-American HIV/AIDS Response Fund - 0326	500,000	-	-	-	-	500,000
Tattoo and Body Piercing Establishment Registration Fund - 0327	300,000	147,376	146,925	-	294,301	5,699
Public Health Laboratory Services Revolving Fund - 0340	5,000,000	2,647,286	1,426,775	-	4,074,061	925,939
Long Term Care Provider Fund - 0345	2,000,000	447,589	874,465	-	1,322,054	677,946
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,905,200	982,952	217,050	-	1,200,002	4,705,198
Tanning Facility Permit Fund - 0370	400,000	95,659	74,600	-	170,259	229,741

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Expenditure Authority for Fiscal Year 2016

For the Fourteen Months Ended August 31, 2016

Public Act 99-409, Public Act 99-0491, Public Act 99-0524, and Court-Ordered Expenditures	Expenditure Authority (Net After Transfers)	Expenditures Through June 30	Lapse Period Expenditures		Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
			July 1 to August 31	August 31		
Equity in Long-term Care Quality Fund - 0371	\$ 3,500,000	\$ -	-	-	\$ -	\$ 3,500,000
Plumbing Licensure and Program Fund - 0372	2,450,000	1,704,775	160,916	-	1,865,691	584,309
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	-	22,036	-	22,036	127,964
Trauma Center Fund - 0397	7,000,000	-	4,452,216	-	4,452,216	2,547,784
EMS Assistance Fund - 0398	1,500,000	676,350	666,141	-	1,342,491	157,509
Multiple Sclerosis Research Fund - 0429	3,000,000	1,329,663	620,040	-	1,949,703	1,050,297
Quality of Life Endowment Fund - 0437	2,000,000	405,650	59,845	-	465,495	1,534,505
Autoimmune Disease Research Fund - 0469	45,000	-	-	-	-	45,000
Health Facility Plan Review Fund - 0524	2,227,000	1,260,648	81,749	-	1,342,397	884,603
Pesticide Control Fund - 0576	420,000	290,357	35,470	-	325,827	94,173
Hospice Fund - 0586	15,000	-	-	-	-	15,000
Prostate Cancer Research Fund - 0626	30,000	-	-	-	-	30,000
Death Certificate Surcharge Fund - 0635	2,500,000	708,869	103,960	-	812,829	1,687,171
Illinois Adoption Registry & Medical Information Fund - 0638	400,000	-	-	-	-	400,000
Healthy Smiles Fund - 0654	400,000	173,685	-	-	173,685	226,315
DHS Private Resource Fund - 0690	700,000	-	-	-	-	700,000
Assisted Living and Shared Housing Regulatory Fund - 0702	801,000	580,621	10,351	-	590,972	210,028
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	800,000	-	-	-	-	800,000
Tobacco Settlement Recovery Fund - 0733	11,694,300	334,956	6,358,392	-	6,693,348	5,000,952
Pet Population Control Fund - 0764	250,000	-	190,623	-	190,623	59,377
Private Sewage Disposal Program Fund - 0790	250,000	161,757	61,438	-	223,195	26,805
Public Health Federal Projects Fund - 0838	612,000	149,427	-	-	149,427	462,573
Maternal and Child Health Services Block Grant Fund - 0872	21,750,000	16,670,758	2,034,563	-	18,705,321	3,044,679

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Expenditure Authority for Fiscal Year 2016

For the Fourteen Months Ended August 31, 2016

Public Act 99-409, Public Act 99-0491, Public Act 99-0524, and Court-Ordered Expenditures	Expenditure Authority (Net After Transfers)	Lapse Period Expenditures		Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
		Through June 30	July 1 to August 31		
Preventive Health and Health Services Block Grant Fund - 0873	\$ 3,831,800	\$ 2,874,257	\$ 290,968	\$ 3,165,225	\$ 666,575
Public Health Special State Projects Fund - 0896	23,650,000	619,423	19,186,977	19,806,400	3,843,600
Metabolic Screening and Treatment Fund - 0920	19,485,800	12,896,476	2,048,502	14,944,978	4,540,822
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	100,000	42,177	30,047	72,224	27,776
Illinois State Podiatric Disciplinary Fund - 0954	100,000	-	-	-	100,000
<b>Grand Total Fiscal Year 2016</b>	<b>\$ 546,852,181</b>	<b>285,332,629</b>	<b>62,919,878</b>	<b>\$ 348,252,507</b>	<b>\$ 198,599,674</b>

Note 1: Expenditure authority, appropriations, expenditures, and lapsed balances were obtained from the State Comptroller's records as of August 31, 2016, and have been reconciled to Department records.

Note 2: Expenditure amounts are vouchers approved for payment by the Department and submitted to the State Comptroller for payment to the vendor.

Note 3: The Circuit Court of St. Clair County in AFSCME Council 31 v. Munger (15 CH 475) ordered the State Comptroller, in the absence of enacted annual appropriations, to "draw and issue warrants accomplishing payment of wages [for all State employees] at their normal rates of pay." As the Department never received enacted personal services appropriations for Fund 001, the Department was able to submit vouchers to pay its employees in full without a maximum expenditure limit for personal service costs during Fiscal Year 2016.

Note 4: During Fiscal Year 2016, the Department operated without enacted appropriations until Public Act 99-0409, Public Act 99-0491 and Public Act 99-0524 were signed into law on August 20, 2015, December 7, 2015 and June 30, 2016, respectively. During the impasse, the Circuit Court of St. Clair County in AFSCME Council 31 v. Munger (15 CH 475) ordered the State Comptroller, in the absence of enacted annual appropriations, to "draw and issue warrants accomplishing payment of wages [for all State employees] at their normal rates of pay." As such, the Department's court-ordered payroll payments were merged into the enacted appropriation for Fund 001, Fund 014, Fund 063, Fund 068, Fund 075, Fund 118, Fund 175, Fund 238, Fund 240, Fund 285, Fund 287, Fund 294, Fund 327, Fund 340, Fund 345, Fund 360, Fund 370, Fund 372, Fund 398, Fund 524, Fund 576, Fund 635, Fund 654, Fund 702, Fund 790, Fund 838, Fund 872, Fund 873, Fund 896, Fund 920 and Fund 938. Further, the Department incurred non-payroll obligations within Fund 001, Fund 014, Fund 048, Fund 060, Fund 063, Fund 068, Fund 075, Fund 113, Fund 118, Fund 135, Fund 175, Fund 208, Fund 238, Fund 240, Fund 256, Fund 258, Fund 285, Fund 287, Fund 294, Fund 327, Fund 340, Fund 345, Fund 360, Fund 370, Fund 372, Fund 388, Fund 397, Fund 398, Fund 429, Fund 437, Fund 524, Fund 576, Fund 635, Fund 702, Fund 733, Fund 764, Fund 790, Fund 838, Fund 872, Fund 873, Fund 896, Fund 920 and Fund 938 which the Department was unable to pay until the passage of Public Act 99-0409, Public Act 99-0491 and Public Act 99-0524.

Note 5: Public Act 99-0524 authorized the Department to pay Fiscal Year 2016 costs using its Fiscal Year 2017 appropriations for non-payroll expenditures. The Analysis of Operations section of this report at page 153 includes information from Department management about the number of invoices and the total dollar amount of invoices held by the Department submitted against its Fiscal Year 2017 appropriation.

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

Schedule 3

For the Years Ended June 30,

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>APPROPRIATED FUNDS</b>			
<b>General Revenue Fund - 0001</b>			
Appropriations (net after transfers)	\$ 97,484,900	\$ 72,707,981	\$ 130,588,498
Expenditures			
Personal services	39,549,772	39,375,678	41,707,632
Contribution to social security	2,906,594	2,890,682	3,056,168
Lump sums and other purposes	8,146,134	3,135,984	28,587,760
Lump sums, operations	1,390,054	2,034,253	13,338,620
Interfund cash transfers	679,000	679,000	679,000
Awards and grants	2,786,571	1,861,407	5,848,861
Medical services, payments to providers	-	-	363,053
Grants to local governments	17,098,500	17,098,500	17,098,500
Other refunds	-	-	13,354
Total expenditures	<u>72,556,625</u>	<u>67,075,504</u>	<u>110,692,948</u>
Lapsed balances	<u>24,928,275</u>	<u>5,632,477</u>	<u>19,895,550</u>
<b>Food and Drug Safety Fund - 0014</b>			
Appropriations (net after transfers)	2,000,000	2,000,000	3,000,000
Expenditures			
Lump sums and other purposes	451,442	398,917	1,319,913
Total expenditures	<u>451,442</u>	<u>398,917</u>	<u>1,319,913</u>
Lapsed balances	<u>1,548,558</u>	<u>1,601,083</u>	<u>1,680,087</u>
<b>Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015</b>			
Appropriations (net after transfers)	600,000	600,000	600,000
Expenditures			
Awards and grants	-	-	436,722
Total expenditures	<u>-</u>	<u>-</u>	<u>436,722</u>
Lapsed balances	<u>600,000</u>	<u>600,000</u>	<u>163,278</u>
<b>Fire Prevention Fund - 0047</b>			
Appropriations (net after transfers)	-	-	600,000
Expenditures			
Lump sums and other purposes	-	-	596,501
Total expenditures	<u>-</u>	<u>-</u>	<u>596,501</u>
Lapsed balances	<u>-</u>	<u>-</u>	<u>3,499</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,**

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Rural/Downstate Health Access Fund - 0048</b>			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Lump sum, operations	7,268	9,634	-
Total expenditures	7,268	9,634	-
Lapsed balances	92,732	90,366	100,000
<b>Alzheimer's Disease Research Fund - 0060</b>			
Appropriations (net after transfers)	350,000	350,000	350,000
Expenditures			
Awards and grants	89,016	133,223	89,630
Total expenditures	89,016	133,223	89,630
Lapsed balances	260,984	216,777	260,370
<b>Public Health Services Fund - 0063</b>			
Appropriations (net after transfers)	291,302,100	291,302,100	290,419,600
Expenditures			
Personal services	14,758,354	14,474,332	14,151,260
Contribution to SERS	6,583,485	6,570,863	6,002,167
Contribution to social security	1,085,550	1,066,548	1,041,825
Employer contributions to group insurance	3,879,918	3,774,319	3,282,682
Contractual services	2,838,405	2,758,858	2,714,421
Travel	773,979	1,096,669	916,241
Commodities	264,653	195,459	333,095
Printing	23,769	32,523	13,030
Equipment	79,197	2,128	71,599
Telecommunications services	88,801	99,479	105,094
Operation of automotive equipment	3,496	1,420	2,057
Lump sums and other purposes	112,354,076	116,292,289	128,767,785
Lump sums, operations	806,932	769,848	417,595
Awards and grants	8,396,864	7,968,401	7,421,317
Awards and grants - lump sums	3,876,583	5,601,242	4,358,365
Total expenditures	155,814,062	160,704,378	169,598,533
Lapsed balances	135,488,038	130,597,722	120,821,067
<b>Hospital Licensure Fund - 0068</b>			
Appropriations (net after transfers)	2,250,000	2,450,000	1,150,000
Expenditures			
Lump sums and other purposes	304,888	72,602	14,569
Total expenditures	304,888	72,602	14,569
Lapsed balances	1,945,112	2,377,398	1,135,431





**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,**

	<u>2017</u>	<u>2016</u>	<u>2015</u>
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Carolyn Adams Ticket for the Cure Fund - 0208</b>			
Appropriations (net after transfers)	\$ 2,500,000	\$ 2,500,000	\$ 3,000,000
Expenditures			
Awards and grants	631,170	391,273	1,429,083
Total expenditures	<u>631,170</u>	<u>391,273</u>	<u>1,429,083</u>
Lapsed balances	<u>1,868,830</u>	<u>2,108,727</u>	<u>1,570,917</u>
<b>Illinois Health Facilities Planning Fund - 0238</b>			
Appropriations (net after transfers)	<u>3,700,000</u>	<u>3,700,000</u>	<u>3,700,000</u>
Expenditures			
Lump sums and other purposes	<u>1,593,070</u>	<u>1,745,263</u>	<u>1,863,359</u>
Total expenditures	<u>1,593,070</u>	<u>1,745,263</u>	<u>1,863,359</u>
Lapsed balances	<u>2,106,930</u>	<u>1,954,737</u>	<u>1,836,641</u>
<b>Emergency Public Health Fund - 0240</b>			
Appropriations (net after transfers)	<u>5,100,000</u>	<u>5,100,000</u>	<u>5,100,000</u>
Expenditures			
Lump sums and other purposes	<u>2,409,305</u>	<u>3,191,831</u>	<u>3,664,310</u>
Total expenditures	<u>2,409,305</u>	<u>3,191,831</u>	<u>3,664,310</u>
Lapsed balances	<u>2,690,695</u>	<u>1,908,169</u>	<u>1,435,690</u>
<b>Public Health Water Permit Fund - 0256</b>			
Appropriations (net after transfers)	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>
Expenditures			
Lump sums and other purposes	<u>42,085</u>	<u>54,059</u>	<u>48,232</u>
Total expenditures	<u>42,085</u>	<u>54,059</u>	<u>48,232</u>
Lapsed balances	<u>157,915</u>	<u>145,941</u>	<u>151,768</u>
<b>Nursing Dedicated and Professional Fund - 0258</b>			
Appropriations (net after transfers)	<u>2,000,000</u>	<u>2,000,000</u>	<u>1,200,000</u>
Expenditures			
Lump sums and other purposes	<u>1,012,571</u>	<u>584,355</u>	<u>1,152,637</u>
Total expenditures	<u>1,012,571</u>	<u>584,355</u>	<u>1,152,637</u>
Lapsed balances	<u>987,429</u>	<u>1,415,645</u>	<u>47,363</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,

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Long Term Care Monitor/Receiver Fund - 0285</b>			
Appropriations (net after transfers)	\$ 28,000,000	\$ 28,000,000	\$ 24,400,000
Expenditures			
Lump sums and other purposes	20,595,336	22,835,099	22,198,341
Total expenditures	20,595,336	22,835,099	22,198,341
Lapsed balances	7,404,664	5,164,901	2,201,659
<b>Home Care Services Agency Licensure Fund - 0287</b>			
Appropriations (net after transfers)	1,400,000	1,400,000	1,150,000
Expenditures			
Lump sums and other purposes	834,897	1,190,397	1,015,681
Total expenditures	834,897	1,190,397	1,015,681
Lapsed balances	565,103	209,603	134,319
<b>Used Tire Management Fund - 0294</b>			
Appropriations (net after transfers)	500,000	500,000	500,000
Expenditures			
Lump sums and other purposes	95,336	495,034	441,867
Total expenditures	95,336	495,034	441,867
Lapsed balances	404,664	4,966	58,133
<b>African-American HIV/AIDS Response Fund - 0326</b>			
Appropriations (net after transfers)	500,000	500,000	1,500,000
Expenditures			
Awards and grants - lump sums	213,549	-	-
Total expenditures	213,549	-	-
Lapsed balances	286,451	500,000	1,500,000
<b>Tattoo and Body Piercing Establishment Registration Fund - 0327</b>			
Appropriations (net after transfers)	300,000	300,000	300,000
Expenditures			
Lump sums and other purposes	147,803	294,301	225,936
Total expenditures	147,803	294,301	225,936
Lapsed balances	152,197	5,699	74,064

**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,**

	<u>2017</u>	<u>2016</u>	<u>2015</u>
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Public Health Laboratory Services Revolving Fund - 0340</b>			
Appropriations (net after transfers)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Expenditures			
Lump sums and other purposes	2,256,929	4,074,061	2,287,286
Total expenditures	<u>2,256,929</u>	<u>4,074,061</u>	<u>2,287,286</u>
Lapsed balances	<u>2,743,071</u>	<u>925,939</u>	<u>2,712,714</u>
<b>Long Term Care Provider Fund - 0345</b>			
Appropriations (net after transfers)	2,000,000	2,000,000	2,000,000
Expenditures			
Lump sums and other purposes	1,299,269	1,322,054	1,321,921
Total expenditures	<u>1,299,269</u>	<u>1,322,054</u>	<u>1,321,921</u>
Lapsed balances	<u>700,731</u>	<u>677,946</u>	<u>678,079</u>
<b>Lead Poisoning, Screening, Prevention and Abatement Fund - 0360</b>			
Appropriations (net after transfers)	5,905,200	5,905,200	5,905,200
Expenditures			
Lump sums and other purposes	195,755	551,933	913,153
Lump sums, operations	2,245	-	-
Awards and grants	527,325	648,069	805,303
Total expenditures	<u>725,325</u>	<u>1,200,002</u>	<u>1,718,456</u>
Lapsed balances	<u>5,179,875</u>	<u>4,705,198</u>	<u>4,186,744</u>
<b>Tanning Facility Permit Fund - 0370</b>			
Appropriations (net after transfers)	400,000	400,000	500,000
Expenditures			
Lump sums and other purposes	57,450	170,259	236,630
Total expenditures	<u>57,450</u>	<u>170,259</u>	<u>236,630</u>
Lapsed balances	<u>342,550</u>	<u>229,741</u>	<u>263,370</u>
<b>Equity in Long-term Care Quality Fund - 0371</b>			
Appropriations (net after transfers)	3,500,000	3,500,000	3,500,000
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>3,500,000</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,**

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Budget Stabilization Fund - 0686</b>			
Appropriations (net after transfers)	\$ 3,000,000	\$ -	\$ -
Expenditures			
Awards and grants - lump sums	2,979,219	-	-
Total expenditures	2,979,219	-	-
Lapsed balances	20,781	-	-
<b>DHS Private Resource Fund - 0690</b>			
Appropriations (net after transfers)	700,000	700,000	700,000
Expenditures			
Awards and grants - lump sums	-	-	6,931
Total expenditures	-	-	6,931
Lapsed balances	700,000	700,000	693,069
<b>Assisted Living and Shared Housing Regulatory Fund - 0702</b>			
Appropriations (net after transfers)	801,000	801,000	801,000
Expenditures			
Lump sums, operations	658,733	590,972	720,237
Total expenditures	658,733	590,972	720,237
Lapsed balances	142,267	210,028	80,763
<b>Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714</b>			
Appropriations (net after transfers)	800,000	800,000	800,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	800,000	800,000	800,000
<b>Tobacco Settlement Recovery Fund - 0733</b>			
Appropriations (net after transfers)	11,694,300	11,694,300	13,694,300
Expenditures			
Lump sums and other purposes	1,192,199	1,155,477	1,229,700
Awards and grants	7,311,893	4,907,207	8,944,962
Awards and grants - lump sums	1,599,410	630,664	2,321,977
Total expenditures	10,103,502	6,693,348	12,496,639
Lapsed balances	1,590,798	5,000,952	1,197,661

**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,

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Pet Population Control Fund - 0764</b>			
Appropriations (net after transfers)	\$ 250,000	\$ 250,000	\$ 250,000
Expenditures			
Lump sums and other purposes	-	190,623	232,122
Total expenditures	-	190,623	232,122
Lapsed balances	250,000	59,377	17,878
<b>Private Sewage Disposal Program Fund - 0790</b>			
Appropriations (net after transfers)	250,000	250,000	250,000
Expenditures			
Lump sums and other purposes	195,999	223,195	218,645
Total expenditures	195,999	223,195	218,645
Lapsed balances	54,001	26,805	31,355
<b>Public Health Federal Projects Fund - 0838</b>			
Appropriations (net after transfers)	612,000	612,000	612,000
Expenditures			
Lump sums and other purposes	157,279	149,427	121,524
Total expenditures	157,279	149,427	121,524
Lapsed balances	454,721	462,573	490,476
<b>Maternal and Child Health Services Block Grant Fund - 0872</b>			
Appropriations (net after transfers)	21,750,000	21,750,000	21,750,000
Expenditures			
Lump sums and other purposes	5,109,991	5,245,495	5,783,696
Lump sums, operations	168,232	114,110	19,998
Awards and grants	11,565,581	13,345,716	12,550,297
Total expenditures	16,843,804	18,705,321	18,353,991
Lapsed balances	4,906,196	3,044,679	3,396,009

**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,**

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>Preventive Health and Health Services Block Grant Fund - 0873</b>			
Appropriations (net after transfers)	\$ 3,831,800	\$ 3,831,800	\$ 3,831,800
Expenditures			
Lump sums and other purposes	1,997,102	2,670,835	2,083,680
Awards and grants - lump sums	307,713	494,390	242,528
Total expenditures	<u>2,304,815</u>	<u>3,165,225</u>	<u>2,326,208</u>
Lapsed balances	<u>1,526,985</u>	<u>666,575</u>	<u>1,505,592</u>
<b>Public Health Special State Projects Fund - 0896</b>			
Appropriations (net after transfers)	<u>23,650,000</u>	<u>23,650,000</u>	<u>23,550,000</u>
Expenditures			
Lump sums and other purposes	15,740,691	17,096,321	16,316,645
Lump sums, operations	2,524,142	2,710,079	2,685,547
Total expenditures	<u>18,264,833</u>	<u>19,806,400</u>	<u>19,002,192</u>
Lapsed balances	<u>5,385,167</u>	<u>3,843,600</u>	<u>4,547,808</u>
<b>Metabolic Screening and Treatment Fund - 0920</b>			
Appropriations (net after transfers)	<u>19,485,800</u>	<u>19,485,800</u>	<u>19,485,800</u>
Expenditures			
Lump sums and other purposes	8,523,017	7,852,491	6,433,409
Lump sums, operations	2,292,933	2,341,580	2,555,072
Awards and grants	2,416,134	2,473,101	2,327,835
Medical and food supplies for free distribution	2,276,016	2,277,806	2,226,163
Total expenditures	<u>15,508,100</u>	<u>14,944,978</u>	<u>13,542,479</u>
Lapsed balances	<u>3,977,700</u>	<u>4,540,822</u>	<u>5,943,321</u>
<b>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</b>			
Appropriations (net after transfers)	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>
Expenditures			
Lump sums and other purposes	95,929	72,224	70,013
Total expenditures	<u>95,929</u>	<u>72,224</u>	<u>70,013</u>
Lapsed balances	<u>4,071</u>	<u>27,776</u>	<u>29,987</u>
<b>Illinois State Podiatric Disciplinary Fund - 0954</b>			
Appropriations (net after transfers)	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>
Expenditures			
Lump sums and other purposes	-	-	49,514
Total expenditures	<u>-</u>	<u>-</u>	<u>49,514</u>
Lapsed balances	<u>100,000</u>	<u>100,000</u>	<u>50,486</u>



**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,**

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>APPROPRIATED FUNDS</b>			
Appropriations (net after transfers)	\$ 605,340,500	\$ 546,852,181	\$ 604,074,227
Expenditures			
General Revenue Fund - 0001	72,556,625	67,075,504	110,692,948
Food and Drug Safety Fund - 0014	451,442	398,917	1,319,913
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015	-	-	436,722
Fire Prevention Fund - 0047	-	-	596,501
Rural/Downstate Health Access Fund - 0048	7,268	9,634	-
Alzheimer's Disease Research Fund - 0060	89,016	133,223	89,630
Public Health Services Fund - 0063	155,814,062	160,704,378	169,598,533
Hospital Licensure Fund - 0068	304,888	72,602	14,569
Compassionate Use of Medical Cannabis Fund - 0075	1,997,395	3,084,071	3,143,827
Stroke Data Collection Fund - 0104	3,054	-	-
Community Health Center Care Fund - 0113	-	18,091	55,977
Facility Licensing Fund - 0118	620,089	1,155,617	2,319,743
Heartsaver AED Fund - 0135	-	12,582	31,468
Illinois School Asbestos Abatement Fund - 0175	743,639	745,817	620,624
Diabetes Research Checkoff Fund - 0198	-	-	133,000
Carolyn Adams Ticket for the Cure Fund - 0208	631,170	391,273	1,429,083
Illinois Health Facilities Planning Fund - 0238	1,593,070	1,745,263	1,863,359
Emergency Public Health Fund - 0240	2,409,305	3,191,831	3,664,310
Public Health Water Permit Fund - 0256	42,085	54,059	48,232
Nursing Dedicated and Professional Fund - 0258	1,012,571	584,355	1,152,637
Long Term Care Monitor/Receiver Fund - 0285	20,595,336	22,835,099	22,198,341
Home Care Services Agency Licensure Fund - 0287	834,897	1,190,397	1,015,681
Used Tire Management Fund - 0294	95,336	495,034	441,867
African-American HIV/AIDS Response Fund - 0326	213,549	-	-
Tattoo and Body Piercing Establishment Registration Fund - 0327	147,803	294,301	225,936
Public Health Laboratory Services Revolving Fund - 0340	2,256,929	4,074,061	2,287,286
Long Term Care Provider Fund - 0345	1,299,269	1,322,054	1,321,921
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	725,325	1,200,002	1,718,456
Tanning Facility Permit Fund - 0370	57,450	170,259	236,630
Plumbing Licensure and Program Fund - 0372	1,584,292	1,865,691	1,674,729
Regulatory Evaluation and Basic Enforcement Fund - 0388	21,477	22,036	30,447
Trauma Center Fund - 0397	4,112,276	4,452,216	1,433,351
EMS Assistance Fund - 0398	1,181,131	1,342,491	712,951
Multiple Sclerosis Research Fund - 0429	1,076,833	1,949,703	1,921,907
Quality of Life Endowment Fund - 0437	524,597	465,495	1,396,662
Health Facility Plan Review Fund - 0524	1,277,117	1,342,397	1,941,677
Pesticide Control Fund - 0576	368,100	325,827	368,306
Death Certificate Surcharge Fund - 0635	2,560,754	812,829	1,585,621
Commitment to Human Services Fund - 0644	28,208,887	-	-
Healthy Smiles Fund - 0654	287,503	173,685	251,383
Budget Stabilization Fund - 0686	2,979,219	-	-
DHS Private Resource Fund - 0690	-	-	6,931
Assisted Living and Shared Housing Regulatory Fund - 0702	658,733	590,972	720,237
Tobacco Settlement Recovery Fund - 0733	10,103,502	6,693,348	12,496,639
Pet Population Control Fund - 0764	-	190,623	232,122
Private Sewage Disposal Program Fund - 0790	195,999	223,195	218,645

**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,**

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
Public Health Federal Projects Fund - 0838	\$ 157,279	\$ 149,427	\$ 121,524
Maternal and Child Health Services Block Grant Fund - 0872	16,843,804	18,705,321	18,353,991
Preventive Health and Health Services Block Grant Fund - 0873	2,304,815	3,165,225	2,326,208
Public Health Special State Projects Fund - 0896	18,264,833	19,806,400	19,002,192
Metabolic Screening and Treatment Fund - 0920	15,508,100	14,944,978	13,542,479
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	95,929	72,224	70,013
Illinois State Podiatric Disciplinary Fund - 0954	-	-	49,514
Build Illinois Bond Fund - 0971	-	-	657,491
<b>Total - All Appropriated Funds</b>			
Expenditures	<u>372,816,753</u>	<u>348,252,507</u>	<u>405,772,214</u>
Lapsed balances	<u>\$ 232,523,747</u>	<u>\$ 198,599,674</u>	<u>\$ 198,302,013</u>
<b>GRAND TOTAL - ALL FUNDS</b>			
Appropriations (net after transfers)	<u>\$ 605,340,500</u>	<u>\$ 546,852,181</u>	<u>\$ 604,074,227</u>
Expenditures	<u>372,816,753</u>	<u>348,252,507</u>	<u>405,772,214</u>
Lapsed balances	<u>\$ 232,523,747</u>	<u>\$ 198,599,674</u>	<u>\$ 198,302,013</u>

**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,

	2017	2016	2015
	P.A. 99-0524 P.A. 100-0021 Court-Ordered Expenditures	P.A. 99-0409 P.A. 99-0491 P.A. 99-0524 Court-Ordered Expenditures	P.A. 99-0001 P.A. 98-0680
<b>APPROPRIATED FUNDS</b>			
Appropriations (net of transfers)	\$ 605,340,500	\$ 546,852,181	\$ 604,074,227
Expenditures			
Personal services	89,191,519	92,615,713	97,854,689
State contributions to State Employees' Retirement System	20,764,370	22,159,815	21,825,009
State contribution to social security/Medicare	6,560,907	6,808,151	7,176,732
Employer contributions to group insurance	11,902,300	12,530,234	11,721,085
Contractual services	55,004,716	42,325,239	46,518,555
Travel	2,654,383	2,715,570	3,185,596
Printing	184,761	166,521	167,957
Commodities	11,359,232	8,287,138	7,981,779
Equipment	867,136	108,370	537,373
Telecommunications	1,971,744	908,764	1,834,634
Operation of automotive equipment	139,790	92,704	143,887
Interest - Prompt Payment Act	33,690	165,246	2,592
Interfund cash transfers	679,000	679,000	679,000
Awards and grants	171,435,442	158,668,898	206,090,978
Refunds	67,763	21,144	52,348
<b>Total appropriated expenditures</b>	<b>372,816,753</b>	<b>348,252,507</b>	<b>405,772,214</b>
<b>Lapsed balances</b>	<b>\$ 232,523,747</b>	<b>\$ 198,599,674</b>	<b>\$ 198,302,013</b>

**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>2017</u>	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ -	\$ -	\$ -
Total deposits and additions	15	95	276
Total checks and deductions	<u>15</u>	<u>95</u>	<u>276</u>
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The Vital Records Refund Activity is maintained at Illini Bank through June 25, 2017 and UCB Bank effective June 26, 2017 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, 2017**

Schedule 7

	<u>Equipment</u>	<u>Building and Building Improvements</u>	<u>Capital Lease Equipment</u>	<u>Total</u>
Balance at July 1, 2015	\$ 23,684,485	\$ -	\$ 51,847	\$ 23,736,332
Additions	258,233	-	-	258,233
Deletions	(47,836)	-	-	(47,836)
Net Transfers	<u>(490,578)</u>	<u>-</u>	<u>-</u>	<u>(490,578)</u>
Balance at June 30, 2016	<u>\$ 23,404,304</u>	<u>\$ -</u>	<u>\$ 51,847</u>	<u>\$ 23,456,151</u>
Balance at July 1, 2016	\$ 23,404,304	\$ -	\$ 51,847	\$ 23,456,151
Additions	604,204	-	-	604,204
Deletions	(312,115)	-	-	(312,115)
Net Transfers	<u>(2,358,636)</u>	<u>-</u>	<u>-</u>	<u>(2,358,636)</u>
Balance at June 30, 2017	<u>\$ 21,337,757</u>	<u>\$ -</u>	<u>\$ 51,847</u>	<u>\$ 21,389,604</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 2017-003 for details.

**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND**  
**RECONCILIATION OF CASH RECEIPTS TO**  
**DEPOSITS REMITTED TO THE STATE COMPTROLLER**  
**For the Years Ended June 30, 2017, 2016 and 2015**

	<u>2017</u>	<u>2016</u>	<u>2015</u>
<b>General Revenue Fund - 0001</b>			
Federal Operating Grants			
Consumer Product Safety Commission	\$ -	\$ 2,070	\$ 2,600
Health and Human Services	1,283,119	808,321	1,325,842
Total Federal Operating Grants	<u>1,283,119</u>	<u>810,391</u>	<u>1,328,442</u>
Licenses, Fees or Registrations			
Division of Vital Records	957,858	906,061	862,471
Life Care Facilities Act Fees	-	600	400
Division of Environmental Health	81,150	85,850	76,410
Division of Food, Drugs and Dairies	8,370	10,130	12,510
Health Care Facilities and Programs	256,845	299,322	286,759
Total Licenses, Fees or Registrations	<u>1,304,223</u>	<u>1,301,963</u>	<u>1,238,550</u>
Other Revenue			
Smoke Free Illinois Act	1,750	2,225	8,975
Miscellaneous	26,666	42,791	61,181
Total Other Revenue	<u>28,416</u>	<u>45,016</u>	<u>70,156</u>
Non-Operating			
Prior Year Refund	2,177	297,553	120,670
Total Non-Operating	<u>2,177</u>	<u>297,553</u>	<u>120,670</u>
Total cash receipts per Department Records	2,617,935	2,454,923	2,757,818
Less - In transit at End of Year	268,181	41,744	44,643
Plus - In transit at Beginning of Year	41,744	44,643	51,102
Total cash receipts per State Comptroller's Records	<u>\$ 2,391,498</u>	<u>\$ 2,457,822</u>	<u>\$ 2,764,277</u>

**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND**  
**RECONCILIATION OF CASH RECEIPTS TO**  
**DEPOSITS REMITTED TO THE STATE COMPTROLLER**  
**For the Years Ended June 30, 2017, 2016 and 2015**

**Schedule 8**  
**(Continued)**

	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Food and Drug Safety Fund - 0014</b>			
Licenses, Fees or Registrations			
Federal Department of Agriculture	\$ 11,000	\$ -	\$ -
Food Managers	825,874	1,008,704	1,071,692
Milk Licensing	35,831	36,250	36,945
Free Sales, Health Certificates	63,780	63,452	77,040
Total Licenses, Fees or Registrations	936,485	1,108,406	1,185,677
Non-Operating			
Licenses and Fees	-	(67,000)	-
Total Non-Operating	-	(67,000)	-
Total cash receipts per Department Records	936,485	1,041,406	1,185,677
Less - In transit at End of Year	18,020	29,225	47,275
Plus - In transit at Beginning of Year	29,225	47,275	50,765
Total cash receipts per State Comptroller's Records	\$ 947,690	\$ 1,059,456	\$ 1,189,167
<b>Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015</b>			
Other Revenue			
Private Organizations or Individuals	\$ -	\$ 25	\$ -
Total Other Revenue	-	25	-
Total cash receipts per Department Records	-	25	-
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ -	\$ 25	\$ -
<b>Rural/Downstate Health Access Fund - 0048</b>			
Other Revenue			
J1 Visa Program Application Fees	\$ 99,000	\$ 132,000	\$ -
Total Other Revenue	99,000	132,000	-
Total cash receipts per Department Records	99,000	132,000	-
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 99,000	\$ 132,000	\$ -

**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND**  
**RECONCILIATION OF CASH RECEIPTS TO**  
**DEPOSITS REMITTED TO THE STATE COMPTROLLER**  
**For the Years Ended June 30, 2017, 2016 and 2015**

**Schedule 8**  
**(Continued)**

	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Public Health Services Fund - 0063</b>			
Federal Operating Grants			
Environmental Protection Agency	\$ 768,217	\$ 808,267	\$ 562,698
Emergency Management Agency	3,000	-	-
Health and Human Services	130,027,895	135,370,283	128,778,640
Housing and Urban Development	1,475,669	661,175	974,560
Department of Labor	186,847	148,864	184,943
Federal Stimulus Package	-	5,304,789	4,249,124
Department of Insurance	31,785	12,934,413	25,411,636
Michigan State University	651,964	584,555	91,971
US Environmental Protection Agency	835,121	469,136	760,489
Special Purpose Trust Fund	1,205,533	1,211,541	1,180,839
State Board of Education - Federal Department of Agriculture	-	-	150,000
Total Federal Operating Grants	135,186,031	157,493,023	162,344,900
Other Revenue			
Fines, Penalties or Violations	805,504	1,231,155	1,095,140
Pharmaceutical Rebates	13,937,694	13,252,139	3,588,622
Total Other Revenue	14,743,198	14,483,294	4,683,762
Non-Operating			
Prior Year Refund	34,326	100,367	88,793
Prior Year Warrant Voids	-	-	39
Federal Government	(33,856)	88,253	-
Total Non-Operating	470	188,620	88,832
Total cash receipts per Department Records			
Less - In transit at End of Year	149,929,699	172,164,937	167,117,494
Plus - In transit at Beginning of Year	1,389,501	424,117	263,490
Total cash receipts per State Comptroller's Records	\$ 148,964,315	\$ 172,004,310	\$ 167,610,032
<b>Hospital Licensure Fund - 0068</b>			
Licenses, Fees or Registrations			
Hospital License Fees	\$ 1,494,460	\$ 1,784,915	\$ 1,617,440
Total Licenses, Fees or Registrations	1,494,460	1,784,915	1,617,440
Total cash receipts per Department Records			
Less - In transit at End of Year	1,494,460	1,784,915	1,617,440
Plus - In transit at Beginning of Year	25,520	5,940	-
Total cash receipts per State Comptroller's Records	\$ 1,474,880	\$ 1,778,975	\$ 1,617,440

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	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Compassionate Use of Medical Cannabis Fund - 0075</b>			
Licenses, Fees or Registrations			
Medical Cannabis Registry ID Card	\$ 3,473,247	\$ 625,555	\$ 259,928
Total Licenses, Fees or Registrations	3,473,247	625,555	259,928
Non-Operating			
Prior Year Refund	45,350	-	-
Interest	-	-	2
Total Non-Operating	45,350	-	2
Total cash receipts per Department Records	3,518,597	625,555	259,930
Less - In transit at End of Year	85,950	20,885	3,775
Plus - In transit at Beginning of Year	20,885	3,775	-
Total cash receipts per State Comptroller's Records	\$ 3,453,532	\$ 608,445	\$ 256,155
<b>Stroke Data Collection Fund - 0104</b>			
Licenses, Fees or Registrations			
Hospital Fees	\$ 67,825	\$ -	\$ -
Total Licenses, Fees or Registrations	67,825	-	-
Total cash receipts per Department Records	67,825	-	-
Less - In transit at End of Year	2,250	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 65,575	\$ -	\$ -
<b>Community Health Center Care Fund - 0113</b>			
Other Revenue			
Family Practice Scholarships	\$ 135,114	\$ 190,269	\$ 172,474
Total Other Revenue	135,114	190,269	172,474
Total cash receipts per Department Records	135,114	190,269	172,474
Less - In transit at End of Year	3,037	2,037	1,037
Plus - In transit at Beginning of Year	2,037	1,037	7,098
Total cash receipts per State Comptroller's Records	\$ 134,114	\$ 189,269	\$ 178,535

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	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Safe Bottled Water Fund - 0115</b>			
Licenses, Fees or Registrations			
Safe Bottled Water Act Fees	\$ 28,095	\$ 28,900	\$ 30,050
Total Licenses, Fees or Registrations	28,095	28,900	30,050
Total cash receipts per Department Records	28,095	28,900	30,050
Less - In transit at End of Year	-	-	200
Plus - In transit at Beginning of Year	-	200	-
Total cash receipts per State Comptroller's Records	\$ 28,095	\$ 29,100	\$ 29,850
<b>Facility Licensing Fund - 0118</b>			
Licenses, Fees or Registrations			
Original and Renewal License	\$ 1,500	\$ 3,100	\$ 2,400
Swimming Facilities	1,610,899	1,521,344	1,707,426
Manufactured Home License	69,223	73,829	64,275
Mobile Home Park Spaces	248,786	258,602	252,721
Total Licenses, Fees or Registrations	1,930,408	1,856,875	2,026,822
Other Revenue			
Swimming Facilities	35,076	60,184	206,270
Total Other Revenue	35,076	60,184	206,270
Non-Operating			
Prior Year Refund	5,805	4,817	-
Total Non-Operating	5,805	4,817	-
Total cash receipts per Department Records	1,971,289	1,921,876	2,233,092
Less - In transit at End of Year	38,565	27,347	43,003
Plus - In transit at Beginning of Year	27,347	43,003	72,517
Total cash receipts per State Comptroller's Records	\$ 1,960,071	\$ 1,937,532	\$ 2,262,606

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<b>Illinois School Asbestos Abatement Fund - 0175</b>			
Licenses, Fees or Registrations			
Asbestos Removal - Personnel	\$ 466,085	\$ 481,070	\$ 498,818
Total Licenses, Fees or Registrations	466,085	481,070	498,818
Other Revenue			
Fines, Penalties or Violations	71,523	163,346	174,406
Total Other Revenue	71,523	163,346	174,406
Non-Operating			
Prior Year Refund	25	-	-
Total Non-Operating	25	-	-
Total cash receipts per Department Records	537,633	644,416	673,224
Less - In transit at End of Year	3,980	2,910	23,795
Plus - In transit at Beginning of Year	2,910	23,795	5,360
Total cash receipts per State Comptroller's Records	\$ 536,563	\$ 665,301	\$ 654,789
<b>Carolyn Adams Ticket for the Cure Fund - 0208</b>			
Non-Operating			
Prior Year Refund	\$ -	\$ -	\$ 1,662
Total Non-Operating	-	-	1,662
Total cash receipts per Department Records	-	-	1,662
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ -	\$ -	\$ 1,662

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<b>Illinois Health Facilities Planning Fund - 0238</b>			
Licenses, Fees or Registrations			
Certification of Need	\$ 2,794,298	\$ 1,915,069	\$ 1,733,008
Total Licenses, Fees or Registrations	2,794,298	1,915,069	1,733,008
Non-Operating			
Prior year Warrant Voids	31	-	-
Total Non-Operating	31	-	-
Total cash receipts per Department Records	2,794,329	1,915,069	1,733,008
Less - In transit at End of Year	21,818	21,573	116,072
Plus - In transit at Beginning of Year	21,573	116,072	111,778
Total cash receipts per State Comptroller's Records	\$ 2,794,084	\$ 2,009,568	\$ 1,728,714
 <b>Emergency Public Health Fund - 0240</b>			
Non-Operating			
Prior Year Refund	\$ 1,987	\$ -	\$ 3,036
Total Non-Operating	1,987	-	3,036
Total cash receipts per Department Records	1,987	-	3,036
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 1,987	\$ -	\$ 3,036
 <b>Public Health Water Permit Fund - 0256</b>			
Licenses, Fees or Registrations			
Water Permit	\$ 68,800	\$ 85,416	\$ 84,415
Total Licenses, Fees or Registrations	68,800	85,416	84,415
Total cash receipts per Department Records	68,800	85,416	84,415
Less - In transit at End of Year	4,450	1,060	2,775
Plus - In transit at Beginning of Year	1,060	2,775	1,010
Total cash receipts per State Comptroller's Records	\$ 65,410	\$ 87,131	\$ 82,650

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<b>Nursing Dedicated and Professional Fund - 0258</b>			
Non-Operating			
Prior Year Refund	\$ 6,952	\$ -	\$ 15,137
Total Non-Operating	6,952	-	15,137
Total cash receipts per Department Records	6,952	-	15,137
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 6,952	\$ -	\$ 15,137
<b>Long Term Care Monitor/Receiver Fund - 0285</b>			
Licenses, Fees or Registrations			
Long Term Care	\$ 1,792,088	\$ 1,768,198	\$ 1,742,675
Total Licenses, Fees or Registrations	1,792,088	1,768,198	1,742,675
Other Revenue			
Long Term Care	1,373,579	1,395,373	1,253,849
Total Other Revenue	1,373,579	1,395,373	1,253,849
Total cash receipts per Department Records	3,165,667	3,163,571	2,996,524
Less - In transit at End of Year	51,572	44,964	88,360
Plus - In transit at Beginning of Year	44,964	88,360	66,935
Total cash receipts per State Comptroller's Records	\$ 3,159,059	\$ 3,206,967	\$ 2,975,099
<b>Home Care Services Agency Licensure Fund - 0287</b>			
Licenses, Fees or Registrations			
Licenses, Fees or Registrations	\$ 1,267,225	\$ 1,200,325	\$ 1,161,600
Total Licenses, Fees or Registrations	1,267,225	1,200,325	1,161,600
Total cash receipts per Department Records	1,267,225	1,200,325	1,161,600
Less - In transit at End of Year	32,950	27,250	50,600
Plus - In transit at Beginning of Year	27,250	50,600	37,875
Total cash receipts per State Comptroller's Records	\$ 1,261,525	\$ 1,223,675	\$ 1,148,875

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<b>Tattoo and Body Piercing Establishment Registration Fund - 0327</b>			
Licenses, Fees or Registrations			
Tattoo and Body Piercing Establishments	\$ 334,300	\$ 320,402	\$ 271,850
Total Licenses, Fees or Registrations	334,300	320,402	271,850
Total cash receipts per Department Records	334,300	320,402	271,850
Less - In transit at End of Year	16,200	14,750	13,800
Plus - In transit at Beginning of Year	14,750	13,800	18,050
Total cash receipts per State Comptroller's Records	\$ 332,850	\$ 319,452	\$ 276,100
<b>Public Health Laboratory Services Revolving Fund - 0340</b>			
Licenses, Fees or Registrations			
Laboratory Fees	\$ 4,364,354	\$ 2,226,618	\$ 4,458,308
Total Licenses, Fees or Registrations	4,364,354	2,226,618	4,458,308
Other Revenue			
Private Organizations or Individuals	-	47,525	-
Total Other Revenue	-	47,525	-
Non-Operating			
Prior Year Refund	-	401	195
Licenses and Fees	-	(114,114)	-
Total Non-Operating	-	(113,713)	195
Total cash receipts per Department Records	4,364,354	2,160,430	4,458,503
Less - In transit at End of Year	136,634	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 4,227,720	\$ 2,160,430	\$ 4,458,503

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<b>Lead Poisoning Screening, Prevention and Abatement Fund - 0360</b>			
Licenses, Fees or Registrations			
Eligible Medicaid Children	\$ -	\$ 342,285	\$ 956,574
Laboratory Analysis	2,961	8,034	9,012
Lead Inspector Fees	266,890	290,710	284,745
Total Licenses, Fees or Registrations	269,851	641,029	1,250,331
Other Revenue			
General Revenue Fund	679,000	-	679,000
Fines	-	1,000	-
Total Other Revenue	679,000	1,000	679,000
Non-Operating			
Licenses and Fees	-	114,114	-
Total Non-Operating	-	114,114	-
Total cash receipts per Department Records	948,851	756,143	1,929,331
Less - In transit at End of Year	1,227	875	5,667
Plus - In transit at Beginning of Year	875	5,667	2,156
Total cash receipts per State Comptroller's Records	\$ 948,499	\$ 760,935	\$ 1,925,820
<b>Tanning Facility Permit Fund - 0370</b>			
Licenses, Fees or Registrations			
Tanning Facilities	\$ 132,550	\$ 150,400	\$ 174,850
Total Licenses, Fees or Registrations	132,550	150,400	174,850
Total cash receipts per Department Records	132,550	150,400	174,850
Less - In transit at End of Year	2,200	3,400	7,800
Plus - In transit at Beginning of Year	3,400	7,800	6,250
Total cash receipts per State Comptroller's Records	\$ 133,750	\$ 154,800	\$ 173,300
<b>Equity in Long-term Care Quality Fund - 0371</b>			
Other Revenue			
Civil Penalties - Long Term Care	\$ 805,504	\$ 1,231,156	\$ 1,095,139
Total Other Revenue	805,504	1,231,156	1,095,139
Total cash receipts per Department Records	805,504	1,231,156	1,095,139
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 805,504	\$ 1,231,156	\$ 1,095,139

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<b>Plumbing Licensure and Program Fund - 0372</b>			
Licenses, Fees or Registrations			
Plumbing Licensure Program	\$ 2,424,410	\$ 2,436,899	\$ 2,173,658
Total Licenses, Fees or Registrations	2,424,410	2,436,899	2,173,658
Other Revenue			
Plumbing Violations	13,555	5,772	57,223
Total Other Revenue	13,555	5,772	57,223
Total cash receipts per Department Records	2,437,965	2,442,671	2,230,881
Less - In transit at End of Year	10,050	6,170	21,350
Plus - In transit at Beginning of Year	6,170	21,350	11,633
Total cash receipts per State Comptroller's Records	\$ 2,434,085	\$ 2,457,851	\$ 2,221,164
 <b>Regulatory Evaluation and Basic Enforcement Fund - 0388</b>			
Licenses, Fees or Registrations			
Sub-Acute Care Facilities	\$ 42,900	\$ 48,800	\$ 46,600
Total Licenses, Fees or Registrations	42,900	48,800	46,600
Total cash receipts per Department Records	42,900	48,800	46,600
Less - In transit at End of Year	-	1,700	700
Plus - In transit at Beginning of Year	1,700	700	-
Total cash receipts per State Comptroller's Records	\$ 44,600	\$ 47,800	\$ 45,900
 <b>Trauma Center Fund - 0397</b>			
Non-Operating			
Prior Year Refund	\$ 4,538	\$ -	\$ 6,601
Total Non-Operating	4,538	-	6,601
Total cash receipts per Department Records	4,538	-	6,601
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 4,538	\$ -	\$ 6,601

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<b>EMS Assistance Fund - 0398</b>			
Licenses, Fees or Registrations			
EMS Ambulance Companies - Fines, Penalties or Violations	\$ -	\$ -	\$ 204,000
EMS Ambulance Companies - Licenses, Fees or Registrations	668,162	702,978	708,568
Total Licenses, Fees or Registrations	668,162	702,978	912,568
Non-Operating			
Prior Year Refund	42	1,012	-
Total Non-Operating	42	1,012	-
Total cash receipts per Department Records	668,204	703,990	912,568
Less - In transit at End of Year	10,200	8,366	18,229
Plus - In transit at Beginning of Year	8,366	18,229	18,292
Total cash receipts per State Comptroller's Records	\$ 666,370	\$ 713,853	\$ 912,631
<b>Quality of Life Endowment Fund - 0437</b>			
Non-Operating			
Prior Year Refund	\$ -	\$ 28,498	\$ -
Total Non-Operating	-	28,498	-
Total cash receipts per Department Records	-	28,498	-
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ -	\$ 28,498	\$ -
<b>Health Facility Plan Review Fund - 0524</b>			
Licenses, Fees or Registrations			
Certificate of Need - Nursing Home	\$ 304,712	\$ 358,479	\$ 341,680
Certificate of Need - Hospital	1,327,809	1,270,101	1,641,778
Total Licenses, Fees or Registrations	1,632,521	1,628,580	1,983,458
Total cash receipts per Department Records	1,632,521	1,628,580	1,983,458
Less - In transit at End of Year	21,453	31,061	55,466
Plus - In transit at Beginning of Year	31,061	55,466	44,880
Total cash receipts per State Comptroller's Records	\$ 1,642,129	\$ 1,652,985	\$ 1,972,872

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<b>Pesticide Control Fund - 0576</b>			
Licenses, Fees or Registrations			
Original and Renewal License	\$ 260,885	\$ 273,020	\$ 267,110
Total Licenses, Fees or Registrations	260,885	273,020	267,110
Other Revenue			
Civil Penalties	59,902	35,464	47,707
Total Other Revenue	59,902	35,464	47,707
Total cash receipts per Department Records	320,787	308,484	314,817
Less - In transit at End of Year	5,364	2,765	4,500
Plus - In transit at Beginning of Year	2,765	4,500	2,265
Total cash receipts per State Comptroller's Records	\$ 318,188	\$ 310,219	\$ 312,582
<b>Death Certificate Surcharge Fund - 0635</b>			
Licenses, Fees or Registrations			
Vital Records	\$ 1,854,233	\$ 1,794,047	\$ 1,862,031
Total Licenses, Fees or Registrations	1,854,233	1,794,047	1,862,031
Total cash receipts per Department Records	1,854,233	1,794,047	1,862,031
Less - In transit at End of Year	48,350	20,660	43,806
Plus - In transit at Beginning of Year	20,660	43,806	114,334
Total cash receipts per State Comptroller's Records	\$ 1,826,543	\$ 1,817,193	\$ 1,932,559
<b>Illinois Adoption Registry and Medical Information Fund - 0638</b>			
Licenses, Fees or Registrations			
Adoption Registry	\$ 21,990	\$ 22,710	\$ 24,645
Total Licenses, Fees or Registrations	21,990	22,710	24,645
Total cash receipts per Department Records	21,990	22,710	24,645
Less - In transit at End of Year	1,050	360	1,080
Plus - In transit at Beginning of Year	360	1,080	1,125
Total cash receipts per State Comptroller's Records	\$ 21,300	\$ 23,430	\$ 24,690

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<b>Assisted Living and Shared Housing Regulatory Fund - 0702</b>			
Licenses, Fees or Registrations			
Licenses, Fees or Registrations	\$ 1,162,450	\$ 972,380	\$ 504,481
Total Licenses, Fees or Registrations	1,162,450	972,380	504,481
Other Revenue			
Civil Penalties	43,150	37,575	53,500
Total Other Revenue	43,150	37,575	53,500
Total cash receipts per Department Records	1,205,600	1,009,955	557,981
Less - In transit at End of Year	24,640	29,520	18,791
Plus - In transit at Beginning of Year	29,520	18,791	21,260
Total cash receipts per State Comptroller's Records	\$ 1,210,480	\$ 999,226	\$ 560,450
 <b>Tobacco Settlement Recovery Fund - 0733</b>			
Non-Operating			
Prior Year Refund	\$ 33,638	\$ 22,136	\$ 61,846
Total Non-Operating	33,638	22,136	61,846
Total cash receipts per Department Records	33,638	22,136	61,846
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 33,638	\$ 22,136	\$ 61,846
 <b>Pet Population Control Fund - 0764</b>			
Other Revenue			
Circuit Clerk	\$ 8,291	\$ 9,603	\$ 10,046
Total Other Revenue	8,291	9,603	10,046
Non-Operating			
Prior Year Refund	864	-	-
Total Non-Operating	864	-	-
Total cash receipts per Department Records	9,155	9,603	10,046
Less - In transit at End of Year	-	-	600
Plus - In transit at Beginning of Year	-	600	-
Total cash receipts per State Comptroller's Records	\$ 9,155	\$ 10,203	\$ 9,446

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<b>Private Sewage Disposal Program Fund - 0790</b>			
Licenses, Fees or Registrations			
Private Sewage Disposal Program Fees	\$ 221,050	\$ 233,000	\$ 257,345
Total Licenses, Fees or Registrations	221,050	233,000	257,345
Other Revenue			
Private Sewage Disposal Program Fines	8,220	447	9,621
Total Other Revenue	8,220	447	9,621
Total cash receipts per Department Records	229,270	233,447	266,966
Less - In transit at End of Year	400	800	1,650
Plus - In transit at Beginning of Year	800	1,650	5,175
Total cash receipts per State Comptroller's Records	\$ 229,670	\$ 234,297	\$ 270,491
<b>Cemetery Oversight Licensing and Disciplinary Fund - 0792</b>			
Licenses, Fees or Registrations			
Vital Records	\$ 1,854,232	\$ 1,794,047	\$ 1,862,031
Total Licenses, Fees or Registrations	1,854,232	1,794,047	1,862,031
Total cash receipts per Department Records	1,854,232	1,794,047	1,862,031
Less - In transit at End of Year	48,350	20,660	43,806
Plus - In transit at Beginning of Year	20,660	43,806	114,334
Total cash receipts per State Comptroller's Records	\$ 1,826,542	\$ 1,817,193	\$ 1,932,559
<b>Public Health Federal Projects Fund - 0838</b>			
Federal Operating Grants			
Health and Human Services	\$ 155,941	\$ 157,902	\$ 130,617
Total Federal Operating Grants	155,941	157,902	130,617
Total cash receipts per Department Records	155,941	157,902	130,617
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 155,941	\$ 157,902	\$ 130,617

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**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND**  
**RECONCILIATION OF CASH RECEIPTS TO**  
**DEPOSITS REMITTED TO THE STATE COMPTROLLER**  
**For the Years Ended June 30, 2017, 2016 and 2015**

**Schedule 8**  
**(Continued)**

	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Maternal and Child Health Services Block Grant Fund - 0872</b>			
Federal Operating Grants			
Health and Health Services Federal Block Grant	\$ 14,183,913	\$ 19,893,285	\$ 18,829,907
Total Federal Operating Grants	14,183,913	19,893,285	18,829,907
Non-Operating			
Prior Year Refund	5,321	566	154
Total Non-Operating	5,321	566	154
Total cash receipts per Department Records	14,189,234	19,893,851	18,830,061
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 14,189,234	\$ 19,893,851	\$ 18,830,061
<b>Preventive Health and Health Services Block Grant Fund - 0873</b>			
Federal Operating Grants			
Health and Health Services Federal Block Grant	\$ 2,287,394	\$ 3,547,878	\$ 2,267,776
Total Federal Operating Grants	2,287,394	3,547,878	2,267,776
Total cash receipts per Department Records	2,287,394	3,547,878	2,267,776
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ 2,287,394	\$ 3,547,878	\$ 2,267,776

**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND**  
**RECONCILIATION OF CASH RECEIPTS TO**  
**DEPOSITS REMITTED TO THE STATE COMPTROLLER**  
**For the Years Ended June 30, 2017, 2016 and 2015**

**Schedule 8**  
**(Continued)**

	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Public Health Special State Projects Fund - 0896</b>			
Federal Operating Grants			
Indirect Cost Reimbursement	\$ 6,120,690	\$ 7,617,310	\$ 4,080,007
Total Federal Operating Grants	6,120,690	7,617,310	4,080,007
Other Revenue			
Healthcare and Family Services	5,606,546	13,024,159	18,268,039
Private Organizations or Individuals	453,489	622,241	678,295
Total Other Revenue	6,060,035	13,646,400	18,946,334
Non-Operating			
Prior Year Refund	1,179	53,426	4,933
Federal Government	17,450	(21,253)	-
Other Revenues	16,406	-	-
Total Non-Operating	35,035	32,173	4,933
Total cash receipts per Department Records	12,215,760	21,295,883	23,031,274
Less - In transit at End of Year	41,367	4,000	1,340
Plus - In transit at Beginning of Year	4,000	1,340	10,592
Total cash receipts per State Comptroller's Records	\$ 12,178,393	\$ 21,293,223	\$ 23,040,526
<b>Metabolic Screening and Treatment Fund - 0920</b>			
Licenses, Fees or Registrations			
Laboratory Analysis	\$ 20,284,992	\$ 18,485,995	\$ 14,929,851
Total Licenses, Fees or Registrations	20,284,992	18,485,995	14,929,851
Other Revenue			
Third Party Reimbursement	-	518,512	484,718
Total Other Revenue	-	518,512	484,718
Non-Operating			
Prior Year Refund	2,002	8,952	5,992
Total Non-Operating	2,002	8,952	5,992
Total cash receipts per Department Records	20,286,994	19,013,459	15,420,561
Less - In transit at End of Year	333,071	227,160	356,953
Plus - In transit at Beginning of Year	227,160	356,953	414,392
Total cash receipts per State Comptroller's Records	\$ 20,181,083	\$ 19,143,252	\$ 15,478,000

**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND**  
**RECONCILIATION OF CASH RECEIPTS TO**  
**DEPOSITS REMITTED TO THE STATE COMPTROLLER**  
**For the Years Ended June 30, 2017, 2016 and 2015**

**Schedule 8**  
**(Continued)**

	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</b>			
Licenses, Fees or Registrations			
Certification - Hearing Aid Dispenser	\$ 74,415	\$ 89,630	\$ 69,105
Total Licenses, Fees or Registrations	74,415	89,630	69,105
Total cash receipts per Department Records	74,415	89,630	69,105
Less - In transit at End of Year	800	2,740	2,480
Plus - In transit at Beginning of Year	2,740	2,480	1,620
Total cash receipts per State Comptroller's Records	\$ 76,355	\$ 89,370	\$ 68,245
<b>Illinois State Podiatric Disciplinary Fund - 0954</b>			
Non-Operating			
Prior Year Refund	\$ -	\$ -	\$ 2,284
Total Non-Operating	-	-	2,284
Total cash receipts per Department Records	-	-	2,284
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ -	\$ -	\$ 2,284
<b>Build Illinois Bond Fund - 0971</b>			
Non-Operating			
Prior Year Refund	\$ -	\$ 1,189	\$ -
Total Non-Operating	-	1,189	-
Total cash receipts per Department Records	-	1,189	-
Less - In transit at End of Year	-	-	-
Plus - In transit at Beginning of Year	-	-	-
Total cash receipts per State Comptroller's Records	\$ -	\$ 1,189	\$ -
<b>GRAND TOTAL - ALL FUNDS</b>			
Total cash receipts per Department Records	\$ 234,751,422	\$ 266,018,894	\$ 259,864,403
Less - In transit at End of Year	2,647,150	1,024,039	1,283,043
Plus - In transit at Beginning of Year	1,024,039	1,283,043	1,946,826
Total cash receipts per State Comptroller's Records	\$ 233,128,311	\$ 266,277,898	\$ 260,528,186

Note: Certain items in the June 30, 2015 comparative information have been reclassified to conform with the current presentation.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

Agency Functions

The Illinois Department of Public Health (Department), 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 1,100 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 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 Family Services; and Preparedness and Response.

The Department is responsible for protecting the State's 12.8 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 Department is completing a strategic plan 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

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Two Years Ended June 30, 2017**

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

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 designated disparities

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
3. Enhance regulatory compliance by increasing the awareness and education of IDPH licensees 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.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

As mandated by statute, the State of Illinois regularly produces a State Health Improvement Plan (SHIP) that outlines priorities and strategies for health status and public health system improvement, with a focus on prevention. The SHIP also addresses reducing racial, ethnic, geographic, age and socioeconomic health disparities. The plan is produced by a team of public, private and voluntary sector stakeholders. The current version available is the 2021 Healthy Illinois Plan (SHIP period 2016-2021). The Department recognizes the need to assess the health status of Illinois residents and to establish health improvement strategies that address the identified health issues and disparities. The SHIP details the approaches and strategies that can lead to health improvement in our priority areas: behavioral health, chronic disease, and maternal and child health.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
(Not Examined)**

A comparative schedule of net appropriations, expenditures and lapsed balances by fund is presented on pages 111 through 112. 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 2017**

Compassionate Use of Medical Cannabis Fund - 0075

Decrease of \$1,086,676 (35%) in Fiscal Year 2017 was due to the decrease in information technology costs. The Medical Cannabis Program started during Fiscal Year 2015. The system implementation costs were high during the first years of implementation.

Facility Licensing Fund - 0118

Decrease of \$535,528 (46%) in Fiscal Year 2017 was due to decreased expenditures in personal services due to lower staff employed during the fiscal year for this fund.

Emergency Public Health Fund - 0240

Decrease of \$782,526 (25%) in Fiscal Year 2017 was due to the change in the grant year. The fourth quarter Fiscal Year 2017 grants were paid out in Fiscal Year 2018.

Nursing Dedicated and Professional Fund - 0258

Increase of 428,216 (73%) in Fiscal Year 2017 was due to lower spending in Fiscal Year 2016 as a result of budget impasse.

Home Care Services Agency Licensure Fund - 0287

Decrease of \$355,500 (30%) in Fiscal Year 2017 was due to decreased expenditures in personal services due to lower staff employed during the fiscal year for this fund.

Used Tire Management Fund - 0294

Decrease of \$399,698 (81%) in Fiscal Year 2017 was due to decreased expenditures in personal services due to lower staff employed during the fiscal year for this fund.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)  
(Not Examined)**

Public Health Laboratory Services Revolving Fund - 0340

Decrease of \$1,817,132 (45%) in Fiscal Year 2017 was due to the large amount of laboratory commodities purchased in Fiscal Year 2016 amounting to approximately \$2,600,000. The large purchase in Fiscal Year 2016 was made to stock up in case of another budget impasse in Fiscal Year 2017.

Lead Poisoning, Screening, Prevention and Abatement Fund - 0360

Decrease of \$474,677 (40%) in Fiscal Year 2017 was due to decreased contractual and grant expenditures during the fiscal year for this fund.

Plumbing Licensure and Program Fund - 0372

Decrease of \$281,399 (15%) in Fiscal Year 2017 was due to decreased expenditures in personal services due to lower staff employed during the fiscal year for this fund.

Multiple Sclerosis Research Fund - 0429

Decrease of \$872,870 (45%) in Fiscal Year 2017 was due to fewer grants issued during the fiscal year.

Death Certificate Surcharge Fund - 0635

Increase of \$1,747,925 (215%) in Fiscal Year 2017 was due to fewer grants in Fiscal Year 2016. Grants were issued delay in Fiscal Year 2016 as a result of budget impasse.

Commitment to Human Services Fund - 0644

Increase of \$28,208,887 (100%) in Fiscal Year 2017 was due to the appropriation for this fund during the fiscal year. No appropriation was made for this fund in the prior years. The appropriation was used for the Sudden Infant Death Syndrome program, expenses for the Sickle Cell Clinic, Prostate Cancer Awareness program, HIV/AIDS program, Breast and Cervical Cancer screening and School Health Centers.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)  
(Not Examined)**

Budget Stabilization Fund - 0686

Increase of \$2,979,219 (100%) in Fiscal Year 2017 was due to an appropriation for this fund during the fiscal year. No appropriation was made for this fund in the prior years.

Tobacco Settlement Recovery Fund - 0733

Increase of \$3,410,154 (51%) in Fiscal Year 2017 was due to lower spending in Fiscal Year 2016 as a result of budget impasse.

Preventive Health and Health Services Block Grant Fund - 0873

Decrease of \$860,410 (27%) in Fiscal Year 2017 was due to decreased contractual and grant expenditures during the fiscal year for this fund.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)  
(Not Examined)**

**Fiscal Year 2016**

General Revenue Fund - 0001

Decrease of \$43,617,444 (39%) in Fiscal Year 2016 was due to lower spending as a result of the budget impasse.

Food and Drug Safety Fund - 0014

Decrease of \$920,996 (70%) in Fiscal Year 2016 was due to a fund sweep of \$1,000,000 in late Fiscal Year 2015 that resulted in insufficient cash to spend in Fiscal Year 2016.

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

Decrease of \$436,722 (100%) in Fiscal Year 2016 was due to grants not issued during the budget impasse.

Fire Prevention Fund - 0047

Decrease of \$596,501 (100%) in Fiscal Year 2016 was due to grants not issued during the budget impasse.

Facility Licensing Fund - 0118

Decrease of \$1,164,126 (50%) in Fiscal Year 2016 was due to a fund sweep of \$1,000,000 in late Fiscal Year 2015 that resulted in insufficient cash to spend in Fiscal Year 2016.

Carolyn Adams Ticket for the Cure Fund - 0208

Decrease of \$1,037,810 (73%) in Fiscal Year 2016 was due to lower grant spending as result of budget impasse.

Emergency Public Health Fund - 0240

Decrease of \$472,479 (13%) in Fiscal Year 2016 was due to a fund sweep of \$500,000 in late Fiscal Year 2015 that resulted in insufficient cash to spend in Fiscal Year 2016. There were lower expenditures in personal services and grants issued in Fiscal Year 2016.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)  
(Not Examined)**

Nursing Dedicated and Professional Fund - 0258

Decrease of \$568,282 (49%) in Fiscal Year 2016 was due to lower grant spending for rural health/nursing education scholarship program as result of budget impasse.

Public Health Laboratory Services Revolving Fund - 0340

Increase of \$1,786,775 (78%) in Fiscal Year 2016 was due to large amount of laboratory commodities such as test kits, reagents, media, gasses and laboratory consumables purchased in Fiscal Year 2016 amounting to approximately \$2,600,000. This large purchase was made to stock up in case of another budget impasse.

Lead Poisoning, Screening, Prevention and Abatement Fund - 0360

Decrease of \$518,454 (30%) in Fiscal Year 2016 was due to lower payroll due to less staff being paid from this fund. In addition, the decrease in expenditures was due to lower grant expenses due to the budget impasse.

Trauma Center Fund - 0397

Increase of \$3,018,865 (211%) in Fiscal Year 2016 was due to lower than typical grants awarded and expended for trauma centers in Fiscal Year 2015.

EMS Assistance Fund - 0398

Increase of \$629,540 (88%) in Fiscal Year 2016 was due to increased expenditures in personal services due to more staff being paid from this fund during the fiscal year.

Quality of Life Endowment Fund - 0437

Decrease of \$931,167 (67%) in Fiscal Year 2016 was due to fewer grants issued to organizations that provide quality of life services to HIV/AIDS clients during the fiscal year.

Health Facility Plan Review Fund - 0524

Decrease of \$599,280 (31%) in Fiscal Year 2016 was due to decreased expenditures in personal services due to fewer staff employed during the fiscal year for this fund.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES (Continued)  
(Not Examined)**

Death Certificate Surcharge Fund - 0635

Decrease of \$772,792 (49%) in Fiscal Year 2016 was due to a delay in the issuance of grants as a result of the budget impasse.

Tobacco Settlement Recovery Fund - 0733

Decrease of \$5,803,291 (46%) in Fiscal Year 2016 was due to lower grant spending for smoking cessation programs as a result of the budget impasse.

Preventive Health and Health Services Block Grant Fund - 0873

Increase of \$839,017 (36%) in Fiscal Year 2016 was due to increased contractual and grant expenditures for a behavioral risk factor surveillance system and sexual assault programs during the fiscal year for this fund.

Build Illinois Bond Fund - 0971

Decrease of \$657,491 (100%) was due to the capital program for lead abatement ending in Fiscal Year 2015.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
(Not Examined)**

A comparative schedule of cash receipts is presented on pages 116 through 133. We considered fluctuations in excess of \$250,000 and 10% to be significant. Explanations of significant receipts fluctuations are as follows:

**Fiscal Year 2017**

**Public Health Services Fund - 0063**

Decrease of \$22,235,238 (13%) in Fiscal Year 2017 was due to the ending of the federal stimulus grants and the federal grant passed through from the Department of Insurance to fund navigators who assisted with the signups for the Health Insurance Marketplace.

**Hospital Licensure Fund - 0068**

Decrease of \$290,455 (16%) in Fiscal Year 2017 was due to a lower number of beds. Receipts vary depending on the number of beds and on the timing of payments.

**Compassionate Use of Medical Cannabis Fund - 0075**

Increase of \$2,893,042 (462%) in Fiscal Year 2017 was due to a significant increase in applicants to the medical cannabis program.

**Illinois Health Facilities Planning Fund - 0238**

Increase of \$879,260 (46%) in Fiscal Year 2017 was due to more project applications for health care facility development received during the fiscal year.

**Public Health Laboratory Services Revolving Fund - 0340**

Increase of \$2,203,924 (102%) in Fiscal Year 2017 was due to the receipt of Fiscal Year 2016 billings that were initially rejected in addition to the current fiscal year's billings.

**Equity in Long-term Care Quality Fund - 0371**

Decrease of \$425,652 (35%) in Fiscal Year 2017 was due to lower fines assessed by the federal government for the Medicare program during the fiscal year.

**STATE OF ILLINOIS  
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For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS (Continued)  
(Not Examined)**

Maternal and Child Health Services Block Grant Fund - 0872

Decrease of \$5,704,617 (29%) in Fiscal Year 2017 was due to less federal grant money received in the fiscal year.

Preventive Health and Health Services Block Grant Fund - 0873

Decrease of \$1,260,484 (36%) in Fiscal Year 2017 was due to the timing of federal drawdowns.

Public Health Special State Projects Fund - 0896

Decrease of \$9,080,123 (43%) in Fiscal Year 2017 was due to lower indirect cost rate allocations approved by the Department of Health and Human Services compared to the prior fiscal year.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS (Continued)  
(Not Examined)**

**Fiscal Year 2016**

General Revenue Fund - 0001

Decrease of \$302,895 (11%) in Fiscal Year 2016 was due to the collection of Fiscal Year 2014 delayed billings for the National Death Index data and vital statistics records in Fiscal Year 2015.

Compassionate Use of Medical Cannabis Fund - 0075

Increase of \$365,625 (141%) in Fiscal Year 2016 was due to a significant increase of applicants to the medical cannabis program.

Facility Licensing Fund - 0118

Decrease of \$311,216 (14%) in Fiscal Year 2016 was due to a drop in swimming pool fines which are based on the rate of violations occurred.

Public Health Laboratory Services Revolving Fund - 0340

Decrease of \$2,298,073 (52%) in Fiscal Year 2016 was due to unprocessed billings for various laboratory tests performed by the Department. The Department of Healthcare and Family Services system rejected the Department's billings due to a problem with their system. Such billings were collected in Fiscal Year 2017.

Lead Poisoning, Screening, Prevention and Abatement Fund - 0360

Decrease of \$1,173,188 (61%) in Fiscal Year 2016 was due to a decrease in Medicaid funding and a lower number of license applications received.

Health Facility Plan Review Fund - 0524

Decrease of \$354,878 (18%) in Fiscal Year 2016 was due to the lower number and cost of Hospitals/Ambulatory Surgical Treatment Centers (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.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS (Continued)  
(Not Examined)**

Assisted Living and Shared Housing Regulatory Fund - 0702

Increase of \$451,974 (81%) in Fiscal Year 2016 was due to an increase in application fees from \$1,000 to \$2,000 for an assisted living establishment, from \$10 to \$20 for a licensed unit and from \$500 to \$1,000 for a shared housing establishment.

Preventive Health and Health Services Block Grant Fund - 0873

Increase of \$1,280,102 (56%) in Fiscal Year 2016 was due to more federal funding authorized and received during the fiscal year.

Metabolic Screening and Treatment Fund - 0920

Increase of \$3,592,898 (23%) in Fiscal Year 2016 was due to an increase in fee rate for processing newborn metabolic screening testing samples from \$90 to \$118.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING  
(Not Examined)**

The schedule of net appropriations, expenditures and lapsed balances is presented on pages 91 through 96. 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 2017**

**General Revenue Fund - 0001**

Spending of \$7,766,796 (11%) during the Fiscal Year 2017 lapse period was due to grant payments related to HIV/AIDS and Women's Health totaling \$5,600,000 and \$1,500,000, respectively, not paid until during the lapse period. These grant payments were paid in the lapse period due to employee turnover in the Fiscal Division. Also, the new grant procedures implemented by Grant Accountability and Transparency Act (GATA) delayed the completion of grant agreements resulting in grant payments made during the lapse period.

**Public Health Services Fund - 0063**

Spending of \$20,524,763 (13%) during the Fiscal Year 2017 lapse period was due to the delay in the completion of grant agreements due to the new grant procedures implemented by GATA.

**Emergency Public Health Fund - 0240**

Spending of \$549,183 (23%) during the Fiscal Year 2017 lapse period was due to payments for contractual agreements related to mosquito abatement efforts for the periods of April through June 2017 not being paid until the lapse period.

**Trauma Center Fund - 0397**

Spending of \$4,093,826 (100%) during the Fiscal Year 2017 lapse period was due to grant payments related to Trauma Centers not being paid until the lapse period. These grant payments are typically made at the end of the fiscal year based on a percentage of the revenue received.

**Multiple Sclerosis Research Fund - 0429**

Spending of \$272,869 (25%) during the Fiscal Year 2017 lapse period was due to a grant payment for Multiple Sclerosis research performed up to the end of the fiscal year.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)  
(Not Examined)**

Budget Stabilization Fund - 0686

Spending of \$1,119,453 (38%) during the Fiscal Year 2017 lapse period was due to Information Technology (IT) expenditures made to the Department of Innovation and Technology (DoIT), laboratory commodities and equipment. These expenditures were not paid until during lapse period due to employee turnover in the Office of Health Protection Fiscal Division.

Tobacco Settlement Recovery Fund - 0733

Spending of \$3,285,121 (33%) during the Fiscal Year 2017 lapse period was due to grant payments related to smoking cessation not paid until during the lapse period. The new grant procedures implemented by GATA delayed the completion of grant agreements resulting in grant payments during the lapse period.

Maternal and Child Health Services Block Grant Fund - 0872

Spending of \$4,624,511 (27%) during the Fiscal Year 2017 lapse period was due to grant payments related to Women's Health program not paid until during the lapse period. The new grant procedures implemented by GATA delayed the completion of grant agreements resulting in grant payments made during the lapse period.

Public Health Special State Projects Fund - 0896

Spending of \$13,745,625 (75%) during the Fiscal Year 2017 lapse period was due to payments made to DoIT and CMS for expenditures related to IT, telecommunications and facility leases. The spending was also due to payment made to Southern Illinois University for the Springfield laboratory lease. Payments to non-state vendors were given priority hence, payments to the aforementioned State vendors were made during the lapse period.

Metabolic Screening and Treatment Fund - 0920

Spending of \$2,396,388 (15%) during the Fiscal Year 2017 lapse period was due to payments for laboratory commodities purchased towards the end of fiscal year amounting to approximately \$1,800,000. The spending was also due to grants not paid until during the lapse period.

**STATE OF ILLINOIS  
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**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)  
(Not Examined)**

**Fiscal Year 2016**

Public Health Services Fund - 0063

Spending of \$17,019,211 (11%) during the Fiscal Year 2016 lapse period was due to grant payments related to HIV/AIDS and Emergency Preparedness not paid until during the lapse period. The new grant procedures implemented by the Grant Accountability and Transparency Act (GATA) delayed the completion of grant agreements resulting in grant payments made during the lapse period.

Compassionate Use of Medical Cannabis Fund - 0075

Spending of \$2,253,217 (73%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

Illinois Health Facilities Planning Fund - 0238

Spending of \$256,683 (15%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

Nursing Dedicated and Professional Fund - 0258

Spending of \$584,355 (100%) during the Fiscal Year 2016 lapse period was due to appropriations not received until the end of the fiscal year.

Public Health Laboratory Services Revolving Fund - 0340

Spending of \$1,426,775 (35%) during the Fiscal Year 2016 lapse period was due to payments for laboratory supplies ordered at the end of the fiscal year. Large purchases in Fiscal Year 2016 were made to stock up in case of another budget impasse in Fiscal Year 2017.

Long Term Care Provider Fund - 0345

Spending of \$874,465 (66%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)  
(Not Examined)**

Trauma Center Fund - 0397

Spending of \$4,452,216 (100%) during the Fiscal Year 2016 lapse period was due to appropriations not received until the end of the fiscal year.

EMS Assistance Fund - 0398

Spending of \$666,141 (50%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

Multiple Sclerosis Research Fund - 0429

Spending of \$620,040 (32%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

Tobacco Settlement Recovery Fund - 0733

Spending of \$6,358,392 (95%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

Maternal and Child Health Services Block Grant Fund - 0872

Spending of \$2,034,563 (11%) during the Fiscal Year 2016 lapse period was due to grant payments related to Women's Health program not paid until during the lapse period. The new grant procedures implemented by GATA delayed the completion of grant agreements resulting in grant payments made during the lapse period.

Public Health Special State Projects Fund - 0896

Spending of \$19,186,977 (97%) during the Fiscal Year 2016 lapse period was due to appropriations not enacted until the end of the fiscal year. Expenditures prior to the lapse period pertained only to personal services.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING (Continued)  
(Not Examined)**

Metabolic Screening and Treatment Fund - 0920

Spending of \$2,048,502 (14%) during the Fiscal Year 2016 lapse period was due to grant payments related to Health Promotion program not paid until during the lapse period. The new grant procedures implemented by GATA delayed the completion of grant agreements resulting in grant payments made during the lapse period.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF ACCOUNTS RECEIVABLE  
(Not Examined)**

For the Years Ended June 30,

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

	<u>2017</u>	<u>2016</u>	<u>2015</u>
Current	\$5,365	\$6,180	\$ 4,805
1-30 days	409	527	296
31-90 days	367	617	589
91-180 days	546	836	819
181-1 year	772	710	1,173
Over 1 year	<u>7,373</u>	<u>7,372</u>	<u>8,735</u>
Accounts receivable, gross	14,832	16,242	16,417
Less: Estimated uncollectible accounts	<u>(5,336)</u>	<u>(5,466)</u>	<u>(3,465)</u>
Accounts receivable, net	<u>\$ 9,496</u>	<u>\$ 10,776</u>	<u>\$ 12,952</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  
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**BUDGET IMPASSE DISCLOSURES  
(Not Examined)**

Article 74 of Public Act 99-0524 authorized the Illinois Department of Public Health (Department) to pay Fiscal Year 2016 costs using the Department’s Fiscal Year 2017 appropriations for non-payroll expenditures. In addition, Article 998 of Public Act 100-0021 authorized the Department to pay its unpaid Fiscal Year 2016 and Fiscal Year 2017 costs using either the Department’s Fiscal Year 2017 or Fiscal Year 2018 appropriations to non-payroll expenditures. The following chart shows the Department’s plan to pay its prior costs using future appropriations:

		FISCAL YEAR 2016 INVOICES	
Fund Number	Fund Name	Paid From Fiscal Year 2017 Appropriations	
		Number	Dollar Value
0644	Commitment to Human Services Fund	2,610	\$ 14,695,939
0686	Budget Stabilization Fund	227	133,790
		2,837	\$ 14,829,729

The Department is not aware of any outstanding unpaid invoices from Fiscal Year 2017 after the closure of the Fiscal Year 2017 lapse period on September 30, 2017 that will be paid from Fiscal Year 2018 appropriations.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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**ALTERNATIVE FINANCING IN LIEU OF APPROPRIATIONS AND  
PROGRAMS TO ADDRESS UNTIMELY PAYMENTS TO VENDORS  
(Not Examined)**

Transactions Involving the Illinois Finance Authority

The Illinois Department of Public Health (Department) and its vendors did not participate in alternative financing in lieu of enacted appropriations involving the Illinois Finance Authority during Fiscal Year 2016 and Fiscal Year 2017.

Transactions Involving the Vendor Payment Program and Vendor Support Initiative Program

*Vendor Payment Program (VPP)*

In 2011, the State of Illinois (State) created the voluntary VPP in response to delays in payments for goods and services provided by the State's vendors arising from the State's cash flow deficit. The Department of Central Management Services (CMS) approved third party financing entities to act as "qualified purchasers" of accounts receivable from "participating vendors" who had submitted invoices which had not been paid by the State.

A participating vendor's accounts receivable is eligible for the VPP if it is from an invoice unpaid by the State that is (1) not for medical assistance payments (2) where 90 days have passed since the proper bill date, which is (3) entitled to interest under the State Prompt Payment Act (Act) (30 ILCS 540) and (4) free of any liens or encumbrances. Under the terms of an agreement between a qualified purchaser and the participating vendor, the participating vendor receives payment for 90% of the receivable balance. The participating vendor, in turn, assigns its rights to the interest due under the Act to the qualified purchaser. When the State Comptroller ultimately pays the invoice, the participating vendor receives the remaining 10% due (less any offsets).

Notably, while CMS approved the qualified purchasers and provided information to vendors about VPP, neither CMS nor the State are parties to the assignment agreements.

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**ALTERNATIVE FINANCING IN LIEU OF APPROPRIATIONS AND  
PROGRAMS TO ADDRESS UNTIMELY PAYMENTS TO VENDORS (Continued)  
(Not Examined)**

The following chart shows the Department's VPP transactions for Fiscal Year 2016 and Fiscal Year 2017:

VPP TRANSACTIONS		
	Fiscal Year Ended June 30,	
	2017	2016
Dollar Value	\$ 52,784	\$ 2,184
Vendors	3	2
Invoices	118	26

*Vendor Support Initiative Program (VSI)*

During Fiscal Year 2016 and Fiscal Year 2017, none of the Department's vendors participated in the Vendor Support Initiative Program (VSI).

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**INTEREST COSTS ON INVOICES  
(Not Examined)**

Prompt Payment Interest Cost

The Illinois Department of Public Health (Department) plans to calculate prompt interest due to vendors under the State Prompt Payment Act (30 ILCS 540) using the vendor's proper bill date through the date the State Comptroller issues a warrant to the vendor, regardless of when and if an enacted appropriation existed during Fiscal Year 2016 and Fiscal Year 2017. The Act (30 ILCS 540/3-2) and the Illinois Administrative Code (74 Ill. Admin. Code 900.100) require interest to be paid under a daily simple interest rate of .033% (1% over a 30-day period) for every day elapsed following the 90<sup>th</sup> day after a vendor submits an eligible proper bill to the Department. The following chart shows the Department's prompt interest incurred related to Fiscal Year 2016 and Fiscal Year 2017 invoices, calculated on the accrual basis of accounting, through June 30, 2016 and June 30, 2017, by fund:

**PROMPT PAYMENT INTEREST INCURRED  
Year Ended June 30, 2016**

Fund Number	Fund Name	Invoices	Vendors	Dollar Value
0014	Food and Drug Safety Fund	7	5	\$ 1,285
0048	Rural/Downstate Health Access Fund	1	1	386
0075	Compassionate Use of Medical Cannabis Fund	9	6	56,145
0113	Community Health Center Care Fund	1	1	314
0118	Facility Licensing Fund	6	5	3,156
0175	Illinois School Asbestos Abatement Fund	9	6	1,158
0238	Illinois Health Facilities Planning Fund	40	30	2,259
0240	Emergency Public Health Fund	4	3	123
0256	Public Health Water Permit Fund	1	1	10
0258	Nursing Dedicated and Professional Fund	1	1	401
0285	Long Term Care Monitor/Receiver Fund	22	20	1,976
0287	Home Care Services Agency Licensure Fund	9	6	887
0294	Used Tire Management Fund	1	1	40
0340	Public Health Laboratory Services Revolving Fund	132	20	24,878
0345	Long Term Care Provider Fund	6	3	23,223

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**INTEREST COSTS ON INVOICES (Continued)  
(Not Examined)**

PROMPT PAYMENT INTEREST INCURRED (Continued)  
Year Ended June 30, 2016

Fund Number	Fund Name	Invoices	Vendors	Dollar Value
0360	Lead Poisoning, Screening, Prevention and Abatement Fund	3	3	\$ 1,620
0372	Plumbing Licensure and Program Fund	5	5	863
0397	Trauma Center Fund	3	2	587
0398	EMS Assistance Fund	15	15	19,824
0524	Health Facility Plan Review Fund	20	13	2,307
0576	Pesticide Control Fund	4	4	521
0764	Pet Population Control Fund	132	84	8,910
0790	Private Sewage Disposal Program Fund	2	2	281
0920	Metabolic Screening and Treatment Fund	16	8	12,944
0938	Hearing Instrument Dispenser Examining and Disciplinary Fund	5	5	1,148
		<u>454</u>	<u>250</u>	<u>\$ 165,246</u>

PROMPT PAYMENT INTEREST INCURRED  
Year Ended June 30, 2017

Fund Number	Fund Name	Invoices	Vendors	Dollar Value
0001	General Revenue Fund	9	5	\$ 113
0075	Compassionate Use of Medical Cannabis Fund	2	2	3,639
0340	Public Health Laboratory Services Revolving Fund	7	5	1,213
0644	Commitment to Human Services Fund	23	12	11,227
0920	Metabolic Screening and Treatment Fund	5	3	16,856
0938	Hearing Instrument Dispenser Examining and Disciplinary Fund	10	7	653
		<u>56</u>	<u>34</u>	<u>\$ 33,701</u>

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**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>2017</u>	<u>2016</u>	<u>2015</u>
Director's Office	79	85	97
Office of Preparedness & Response	50	50	49
Office of Finance & Administration (including Information Technology)	71	77	119
Office of Policy, Planning, and Statistics	96	94	69
Office of Health Promotion	54	54	54
Office of Health Care Regulation	401	400	415
Office of Health Protection (including Laboratories)	314	316	341
Office of Women's Health	35	34	39
 Total average full-time employees	 <u>1,100</u>	 <u>1,110</u>	 <u>1,183</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  
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**EMERGENCY PURCHASES  
(Not Examined)**

The Department reported the following emergency purchases during Fiscal Years 2016 and 2017:

Description	Amount
<b>Fiscal Year 2016</b>	
To continue medical leadership and guidance for programs and operations of the Department that protect the health and safety of Illinoisans. The contract will enable the Department to maintain compliance with the Civil Administrative Code of Illinois (20 ILCS 5/5-235).	\$ 30,000
To provide central cancer registry services such as case consolidation, record processing, edit resolution and quality control activities. In addition to preventing the loss of federal or donated funds, this emergency contract will enable the Department to continue the mandated collection of cancer incidence data in Illinois and fulfill the objectives of the National Program of Cancer Registries grant to prevent the loss of future funding.	76,492
<b>Total Fiscal Year 2016</b>	<b>\$ 106,492</b>
<b>Fiscal Year 2017</b>	
To provide central cancer registry services such as case consolidation, record processing, edit resolution and quality control activities. In addition to preventing the loss of federal or donated funds, this emergency contract will enable the Department to continue the mandated collection of cancer incidence data in Illinois and fulfill the objectives of the National Program of Cancer Registries grant to prevent the loss of future funding.	\$ 180,064
To provide electronic testing services, including but not limited to, all levels of Emergency Medical Technician and Trauma Nurse Specialist. Emergency Medical Services testing is mandated by the Emergency Medical Services (EMS) Systems Act (210 ILCS 50/) and necessary to maintain public health and safety.	256,000
To provide clinical consultation, intensive case management, linkage to care and assists with needed social services for delivering mothers with HIV. The Perinatal HIV Prevention Act (410 ILCS 335/) mandates that preliminary rapid HIV tests on mothers and infants are reported to the 24/7 Illinois Perinatal HIV Hotline within 24 hours of birth to ensure medical consultation and linkage to case management.	101,687
To provide development changes to allow Illinois to implement the unique requirements of the Medical Cannabis Pilot Program and allow each agency to meet the mandates required by the Compassionate Use of Medical Cannabis Pilot Program Act, P.A. 98-0122 and 99-0519 (410 ILCS 130).	668,607
<b>Total Fiscal Year 2017</b>	<b>\$ 1,206,358</b>

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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**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 Agency	1
Federal Government	13
Hospital	2
Individual	1
Institution of Learning	7
Local Agency	2
Local Health Department	7
Medical Center	25
Non-Governmental Organization	1
Non-Profit Organization	17
Private Firm	14
Research Entity	59
School District	6
State Agency	18
University	3
Total	<u>176</u>

These MOUs documented the responsibilities between the parties above and the Department concerning business associate (2); data sharing (143); emergency response (2); intergovernmental cooperation (12); internships (2); intra-agency agreement (2); laboratory testing (2) and other areas (11).

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

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

<u>Reporting Programs</u>	<u>FY 2016</u>		<u>FY 2017</u>	
	<u>Expenditures</u>	<u>Headcount</u>	<u>Expenditures</u>	<u>Headcount</u>
Health Protection	\$ 128,767.30	316.0	\$ 151,715.90	314.0
Women's Health	36,414.20	34.0	42,999.80	35.0
Health Care Regulation	42,935.10	400.0	40,059.00	401.0
Preparedness and Response	45,317.80	50.0	38,983.90	50.0
Health Promotion	26,428.90	50.0	25,838.30	54.0
Policy, Planning & Statistics	15,346.80	95.0	16,943.40	97.0
<u>Non-Reporting Programs</u>				
Administration	\$ 51,458.10	122.0	\$ 55,868.60	111.0
Information Technology	1,584.20	40.0	1,676.90	39.0
Hospital Capital Investment Program	-	N/A	-	N/A
Agency Totals	<u>\$ 348,252.40</u>	<u>1,111.0</u>	<u>\$ 374,035.80</u>	<u>1,101.0</u>

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 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 complaint registry.

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

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.
  - <sup>a</sup> 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.
  - <sup>a</sup> Ensure the quality of water by maintaining the percent of non-community public water supplies without a coliform violation at least 95% by June 2017.
  - <sup>b</sup> Reduce childhood lead poisoning.
3. To provide accurate, reliable and timely State laboratory services and to ensure the quality of environmental and bioterrorism laboratories.
  - <sup>a</sup> By June 30, 2017, decrease average turnaround time for testing areas by 1 working day for positive newborn screening results.
  - <sup>b</sup> Increase accuracy of laboratory surveillance data provided to our stakeholders.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Health Protection (Continued)**

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 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$140,135.7	\$128,767.3	\$144,400.0	\$209,369.0	\$207,702.0
Total expenditures - State appropriated funds (in thousands)	\$140,135.7	\$128,767.3	\$144,400.0	\$209,369.0	\$207,702.0
Average monthly full-time equivalents	341.0	308.0	308.0	314.0	324.0
Number of all lab tests requested	N/A	N/A	805,000	2,836,970	805,000
Number of applications received and processed for ADAP/CHIC assistance by program staff	N/A	N/A	4,500	18,927	18,000

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Health Protection (Continued)**

<u>Output Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Number of lead poisoning cases investigated	1,293	656	1,300	1,614	1,100
Number of lead abatement contractors licensed	N/A	164	164	170	170
Number of lead education training performed	N/A	4	8	2	8
Number of children screened for blood lead poisoning	263,230	224,272	224,272	231,783	235,000
Total newborn screening tests performed	1,937,902	2,684,418	2,080,000	2,624,682	2,080,000
Number of newborn screen tests reported	N/A	N/A	170,000	173,419	170,000
Number of Lab Tests performed	N/A	N/A	464,000	3,020,693	464,000
Percent of newborn screen tests reported	100%	100%	100%	100%	100%
On Target Number of provider education outreach events promoting need for influenza vaccination	N/A	14	12	14	12
Number of providers enrolled in VCF program	N/A	4,538	4,000	3,054	4,000
Number of unduplicated clients who received a service through ADAP/CHIC program	N/A	21,042	20,800	21,746	20,800
Number of unduplicated clients who received a service through ADAP/CHIC program	N/A	N/A	11,000	11,582	12,000
Number of unduplicated clients who received a service through the ADAP/CHIC program	N/A	10,695	11,000	11,582	12,000

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

**Health Protection (Continued)**

<u>Output Indicators – (Continued)</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Percent of Grade A dairy re inspections	N/A	16.6%	18.0%	11.8%	18%
<u>Outcome Indicators</u>					
Total newborn screening test results reported	178,040	175,788	170,000	173,419	170,000
Percentage of children tested with blood lead levels exceeding 10 mcg/dl	0.83%	0.84%	0.85%	0.71%	0.75%
Number of children referred for lead follow-up exceeding 10 mcg/dl	N/A	N/A	N/A	1,569	1,600
Percent of newborn screening tests reported	N/A	100%	100%	100%	100%
Percent of ADAP/CHIC applicants enrolled in ADAP/CHIC are virally suppressed	92%	91%	80%	89.25%	80%
Percent of applicants who are enrolled into the ADAP Program receiving antiretroviral medication assistance	99%	96%	81%	94.5%	81%
Percent of ADAP/CHIC applicants are retained in Care	96%	96%	80%	95.3%	80%
Percent of adolescents receiving Tdap (1)	54%	98%	98%	99.3%	98%
Percent of adolescents receiving Meningococcal (1)	49%	50.37%	65%	57.56%	65%
Percent of adolescents receiving HPV(3)	11%	13%	20%	28.75%	20%
Percent of infants receiving Dtap (4) doses	N/A	64.1%	65%	62.6%	65%

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

**Health Protection (Continued)**

<u>Outcome Indicators – (Continued)</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Percent of infants receiving Polio (3) doses	70%	79.5%	75%	79.2%	75%
Percent of infants receiving MMR (1) doses	79%	83.1%	85%	81.7%	85%
Percent of infants receiving Hib (3) doses	71%	81.4%	80%	78.9%	80%
Percent of infants receiving Varicella (1) dose	78%	82.2%	85%	81.4%	85%
Percent of infants receiving Pneumococcal (3) doses	73%	77.3%	80%	74.9%	80%
Immunization rate for all Illinois children under 2 years of age, including Chicago (4:3:1:3:3:1:3 series)	44%	51%	55%	54.9%	55%
Immunization rate for children under 2 years of age, excluding city of Chicago (4:3:1:3:3:1:3 series)	45%	50.7%	55%	54.1%	55%
Percent of infants receiving Hepatitis B (3) doses	64%	66.2%	70%	72.7%	70%

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Two Years Ended June 30, 2017**

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

**Health Protection (Continued)**

<u>Efficiency/Cost- Effectiveness</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Newborn screening turn around time, receipt to report	N/A	8.72%	7%	9%	7%
PFGE Area test turnaround time (in days)	2.3%	2	3%	3%	3%
Cost for Adolescent Vaccines. (in dollars)	N/A	2,075	2,000	1,750	2,000
External Audit: Percent CLIA (Clinical Lab Improvement Amendments)	100%	100%	100%	100%	100%
Approximate cost value of SUPPORTIVE Services sponsored through the Direct Care Unit (in dollars)	\$-	\$-	N/A	\$989,411	\$-
Percent of ADAP applications fully processed within 15 business days of marked as a complete application	100%	100%	100%	100%	100%
Approximate cost value of ADAP (Aids Drug Assistance Program) approved formulary medication provided to applicants through ADAP's direct purchase and coinsurance payment models (in dollars)	\$-	\$-	\$36,346,698	\$26,678,024	\$36,346,698

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Health Protection (Continued)**

Efficiency/Cost- Effectiveness - (Continued)	Fiscal Year 2015 Actual	Fiscal Year 2016 Actual	Fiscal Year 2017 Target/ Projected	Fiscal Year 2017 Actual	Fiscal Year 2018 Target/ Projected
Approximate cost value of Ryan White Legislation Services sponsored through the Direct Care Unit (in dollars)	-	-	N/A	\$2,616,892	-
Approximate cost value of health insurance purchased for applicants via Continuation of Health Insurance Coverage (CHIC) program premium assistance (in dollars).	N/A	\$8,069,827	\$6,432,279	\$11,849,767	\$6,432,279

**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.

<sup>a</sup> By June 30, 2017, 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

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Preparedness and Response (Continued)**

<u>Input Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$35,304.5	\$45,317.8	\$46,500.0	\$95,100.0	\$94,950.0
Total expenditures - State appropriated funds (in thousands)	\$35,304.5	\$45,317.8	\$46,500.0	\$95,100.0	\$94,950.0
Average monthly full-time equivalents	49.0	49.0	49.0	50.0	52.0
<u>Output Indicators</u>					
Number of trauma cases	42,865	46,500	43,000	43,508	43,500
Number of hospitals designated as trauma centers	66.0	66.0	66.0	67.0	67.0
Number of EMS Resource Hospitals	64.0	64.0	64.0	63.0	64.0
Grants to trauma center hospitals (in thousands)	\$4,800.0	\$4,266.0	\$4,200.0	\$4,400.0	\$4,400.0
Percent of local partners that reported requested Essential Elements of Information	99%	97%	100%	99%	100%
Time for pre-identified staff to report for immediate duty	7.0	19.0	60.0	11.0	60.0
<u>Outcome Indicators</u>					
Percent of hospital trauma centers in compliance with state regulations	100%	100%	100%	100%	100%

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**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.
  - <sup>a</sup> Increase percent of long term care facilities in compliance with standards of care at the first revisit to 90% by June 30, 2017.

Funds: General Revenue Fund, Public Health Services Fund, Hospital Licensure 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

<u>Input Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$42,381.6	\$42,935.1	\$46,500.0	\$59,228.0	\$60,320.0
Total expenditures - State appropriated funds (in thousands)	\$42,381.6	\$42,935.1	\$46,500.0	\$59,228.0	\$60,320.0
Average monthly full-time equivalents	415.0	392.0	392.0	401.0	403.0

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Two Years Ended June 30, 2017**

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

**Health Care Regulation (Continued)**

<u>Output Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Number of Long Term Care (LTC) facility annual inspections	1,014	1,003	1,008	974	1,000
Percent of nursing home annual health surveys completed within the mandated timeframe from the last annual health survey of 12.9 months or less	N/A	100%	100%	99.9%	100%
Percent of Nursing Homes surveyed with staggered hours	N/A	N/A	10%	13%	10%
Percentage of Complaint Investigations meeting Imminent Danger Criteria that were investigated within 24 Hours after receipt of the complaint.	N/A	N/A	100%	98%	100%
Percentage of Complaint Investigations meeting the Non-Imminent Criteria that were completed within the 30 day timeframe	N/A	N/A	90%	90%	90%
Percent of Notice of State Licensure Violations issued within the 75 day mandated time for SNF/NF Nursing Home Facilities	N/A	N/A	100%	99%	100%
Percent of Notice of State License Violations issued within the 90 day mandated timeframe for DD Facilities	N/A	N/A	100%	100%	100%

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Health Care Regulation (Continued)**

<u>Output Indicators – (Continued)</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Percent of Complaints uploaded and closed in the federal database by the 70 day mandated timeframe for surveys	N/A	N/A	100%	89%	100%
Percentage of Annual Certification Kits uploaded in ASPEN by the 70 day mandated timeframe for surveys	N/A	N/A	100%	99%	100%
Percent of freedom of information act requests completed within the 5 day mandated timeframe	N/A	N/A	100%	100%	100%
Percent of state hearing requests completed within the 7 day mandated timeframe	N/A	N/A	100%	100%	100%
<u>Outcome Indicators</u>					
Percent of LTC facilities in compliance at first revisit of annuals	90%	88%	100%	90%	100%
Number of Long Term Care facilities in compliance at 2nd follow-up to annual inspections	88%	94%	100%	88%	100%

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**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 Children in Illinois.
  - <sup>a</sup> 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 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$31,855.5	\$26,429.0	\$32,700.0	\$48,397.0	\$47,220.0
Total expenditures - State appropriated funds (in thousands)	\$31,855.5	\$26,429.0	\$32,700.0	\$48,397.0	\$47,220.0
Average monthly full-time equivalents	54.0	52.0	52.0	54.0	56.0
Number of debilitating conditions for medical cannabis program	39.0	40.0	40.0	40.0	40.0

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Health Promotion (Continued)**

<u>Output Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Number of specimens screened for genetic/metabolic disorders	178,812	178,746	165,000	169,787	170,000
Number of newborn genetic/metabolic screening tests that are abnormal and require follow-up testing or referral to a specialist	21,339	25,405	10,000	28,628	30,000
Number of newborn hearing screenings performed for hearing loss by Illinois hospitals	150,432	150,261	15,000	146,750	147,000
Number of individuals provided with metabolic treatment formulas	N/A	1,459	1,400	1,481	1,480
Number of persons approved for a medical cannabis registry identification card	N/A	5,044	10,000	14,439	25,000
Number of calls to the Illinois Tobacco Quitline	79,133	66,583	68,100	62,314	68,550
Numbers of calls to the Illinois Tobacco Quitline which are referred to a cessation counselor	19,138	13,353	12,010	13,130	14,450

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

**Health Promotion (Continued)**

<u>Outcome Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Number of infants confirmed with genetic/metabolic conditions identified through a newborn screening	N/A	127.0	232.0	222.0	200.0
Number of infants confirmed with a hearing loss identified through a newborn screening	312.0	297.0	300.0	306.0	300.0
Number of newborn genetic/metabolic screening tests that are abnormal and require follow-up testing or referral to a specialist	5,058	4,753	4,950	4,667	4,850

**Women's Health**

**Mission Statement:** The Illinois Department of Public Health's Office of Women's Health and Family services strives to improve health outcomes of all Illinoisans by providing preventive education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families.

**Program Goals:**

**Objectives:**

1. To improve women's health through screening and early detection programs.
  - <sup>a</sup> Reduce the diagnosis of late stage breast and cervical cancer, through the provision of breast and cervical cancer screenings to no less than 13,501 women by June 30, 2017.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

**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.

<sup>a</sup> Respond to 200 calls to the Women's Health Helpline by June 30, 2017.

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>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$50,978.2	\$36,414.2	\$49,800.0	\$66,629.0	\$68,450.0
Total expenditures - State appropriated funds (in thousands)	\$50,978.2	\$36,414.2	\$49,800.0	\$66,629.0	\$68,450.0
Average monthly full-time equivalents	39.0	34.0	34.0	35.0	36.0
Number of employees supporting program operations	-	-	N/A	4.5	N/A
Number of women referred to health coaching and/or lifestyle program(s)	N/A	N/A	1,200	680.	1,200
Number of requests to Women's Healthline	N/A	N/A	N/A	490	N/A
Number of eligible women screened for CardioVascular Disease (CVD) risk factors	N/A	N/A	1,580	1,797	1,580

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Women's Health (Continued)**

<u>Output Indicators</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total number of women served in the Illinois Breast Cancer Program (IBCCP)	N/A	N/A	14,701	15,266	15,873
Total Number of Breast Cancer screenings	N/A	N/A	12,961	18,826	14,200
Total number of cervical cancer screenings	N/A	N/A	5,341	2,591	2,700
Percentage of initial program Pap tests provided to never/rarely screened women	N/A	N/A	20%	37.2%	20%
Number of women who completed coaching and/or lifestyle programs	N/A	N/A	700.0	680.0	700.0
Percentage of clients who received HIV education and counseling at the time of an extended exam	N/A	N/A	100%	71%	100%
Percent of users receiving preconception/ education counseling	N/A	N/A	100%	51%	100%
Percent of unduplicated clients who were young adults age 18-19 years old	N/A	N/A	10%	9%	10%
<u>Outcome Indicators</u>					
Percent of final diagnosis of breast cancer where treatment has been started	N/A	N/A	90%	95.95%	90%

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Women's Health (Continued)**

Outcome Indicators – (Continued)	Fiscal Year 2015 Actual	Fiscal Year 2016 Actual	Fiscal Year 2017 Target/ Projected	Fiscal Year 2017 Actual	Fiscal Year 2018 Target/ Projected
Percent of abnormal breast screenings where the time between the screening/referral and final diagnosis was > 60 days	N/A	N/A	25%	8.2%	20%
Percentage of final diagnosis of breast cancer where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	N/A	N/A	20%	13.5%	20%
Percent of abnormal breast screenings with complete follow up	N/A	N/A	90%	97.2%	90%
Percentage of National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded mammograms provided to women 50 years of age and older (goal: >= 75%)	N/A	N/A	75%	83%	75%
Percentage of final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical carcinoma where treatment has been started	N/A	N/A	90%	92.4%	90%

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

**Women's Health (Continued)**

Outcome Indicators – (Continued)	Fiscal Year 2015 Actual	Fiscal Year 2016 Actual	Fiscal Year 2017 Target/ Projected	Fiscal Year 2017 Actual	Fiscal Year 2018 Target/ Projected
Percentage of final diagnosis of HSIL, CIN2, OR CIN3/CIS where time between the date of final diagnosis and the date of treatment initiation is > 90 days	N/A	N/A	20%	7%	20%
Percentage of abnormal Pap tests where the time between the Pap test/referral and final diagnosis was > 90 days (goal: <= 25%)	N/A	N/A %	25%	12.9%	25%
Percentage of abnormal Pap tests with complete follow-up	N/A	96.4%	90%	97.3%	90%
Total number of unduplicated clients	N/A	N/A	65,000	66,572	65,000
Treatment rate of clients at federal poverty level with Chlamydia within 14 days.	N/A	N/A	84%	91%	84%
Treatment rate of clients at federal poverty level with gonorrhea within 14 days	N/A	N/A	79%	92%	79%

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Policy, Planning & Statistics**

Mission Statement: This office collects, analyzes and evaluates information on health status, health needs and disease occurrence in Illinois residents in order 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 and 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 processes birth, death, marriage, civil unions and other documents, and provides vital statistics.

Program Goals:

Objectives:

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

<sup>a</sup> Increase access to health care services available for residents through scholarships, grant awards and shortage designation.

Funds: General Revenue Fund, Public Health Services Fund, Hospital Licensure 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>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Total expenditures - all sources (in thousands)	\$17,275.0	\$15,346.8	\$20,300.0	\$33,328.0	\$22,260.0
Total expenditures - State appropriated funds (in thousands)	\$17,275.0	\$15,346.8	\$20,300.0	\$33,328.0	\$22,260.0

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Policy, Planning & Statistics (Continued)**

<u>Input Indicators – (Continued)</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Average monthly full-time equivalents	69.0	90.0	90.0	697.0	103.0
Nursing Education Scholarship Program: Total program expenditures (in dollars)	N/A	\$584,355	\$1,700,000	\$1,012,571	\$1,770,000
Nursing Education Scholarship Program: Total expenditures - all state funds (in dollars)	N/A	\$584,355	\$1,700,000	\$1,012,571	\$1,770,000
State Loan Repayment: Total Expenditures (in dollars)	N/A	\$1,562,119	\$2,000,000	\$2,526,693	\$2,000,000
State Loan Repayment Total expenditures - all State funds (in dollars)	N/A	\$759,133	\$1,000,000	\$1,271,454	\$1,000,000
<u>Output Indicators</u>					
Number of birth certificates issued through vital records	45,281	61,553	N/A	70,604	80,000
Number of walk in customers served by vital records	N/A	5,637	4,000	6,720	4,000
Total dollar amount of grants issued to providers and sites in State Loan Repayment Program (in dollars)	-	\$1,270,226	\$2,000,000	\$2,519,908	\$2,000,000
Number of continuing nursing scholarship awards	79.0	82.0	70.0	75.0	70.0
Percent of providers in program completing requirements of the program	N/A	100%	100%	100%	100%

**STATE OF ILLINOIS  
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COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

**Policy, Planning & Statistics (Continued)**

<u>Output Indicators – (Continued)</u>	<u>Fiscal Year 2015 Actual</u>	<u>Fiscal Year 2016 Actual</u>	<u>Fiscal Year 2017 Target/ Projected</u>	<u>Fiscal Year 2017 Actual</u>	<u>Fiscal Year 2018 Target/ Projected</u>
Average number of practice hours provided by providers in program (average should always be 40 hours/week)	40.0	40.0	40.0	40.0	40.0
<u>Outcome Indicators</u>					
Estimated number of patients seen by providers in shortage areas	72,000	126,000	60,000	103,500	N/A
Number of hours providers provided care to patients in Healthcare Provider Shortage Areas (HPSAs)	48.0	84.0	40.0	69.0	N/A
Average number of practice hours administered by providers in program	40.0	40.0	40.0	40.0	40.0
<u>Efficiency/Cost-Effectiveness</u>					
Average customer wait time for an associate (in minutes)	N/A	1.0	3.0	4.6	3.0
Average turnaround time for birth records via UPS	6.0	5.0	6.0	4.0	6.0

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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**SCHEDULE OF INDIRECT COST REIMBURSEMENTS  
(Not Examined)**

The Illinois Department of Public Health (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 the authority in Title 2 of the Code of Federal Regulations Part 200 (2 CFR 200), 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, 2017 and 2016 as follows by listed federal project:

Federal Project	2017	2016
Adult Viral Hepatitis Prevention	\$ (1,866)	\$ 22,579
Acquired Immune Deficiency Syndrome (AIDS) Prevention	-	217,484
AIDS Surveillance	78,284	91,362
Asbestos Hazard Emergency Response	17,450	4,459
Beach Monitoring and Notification	8,864	4,021
Behavioral Risk	19,063	21,466
Bioterrorism	469,570	612,561
Bioterrorism Cities Readiness Initiative	35,804	54,053
Bioterrorism Hospital Preparedness	135,714	66,118
Cancer Prevention and Control	98,196	-
Cancer Registry Enhancement	117,201	143,947
Childhood Lead Poisoning	45,804	42,717
Childhood Vaccination	289,802	-
Chronic Disease School Health Initiative	-	(1,370)
Clinical Laboratory Improvement Act	91,618	155,800
Commission Administration	14,518	22,077

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

Federal Project	2017	2016
Comprehensive Cancer	\$ 21,410	\$ 54,028
Comprehensive Human Immunodeficiency Virus (HIV) Prevention Project	158,023	38,776
Core State Violence and Injury Grant	15,618	-
Diabetes	27,647	1,909
Diabetes Enhanced Component	1,770	57,405
Disabilities Prevention	8,705	33,583
Environmental Protection Agency (EPA) - Illinois State Lead Accreditation Program	15,903	16,453
Epidemiology and Laboratory Capacity	-	8,198
Fatal Occupational Injury	20,834	10,150
Food Emergency Response Network Capabilities for Food Testing	-	4,455
Heart Disease	19,192	-
Heart Disease and Stroke	36,660	37,675
HIV Care - Ryan White - AIDS Drug Assistance Program	152,253	149,350
HIV Care - Ryan White	100,352	157,086
HIV Related Morbidity	4,345	84,588
Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement	16,470	64,914
IDPH Manufactured Food Regulatory Program	(1,365)	43,166
Illinois Chronic Disease and School Health	1,040	-
Illinois Maternal Child Health Date Use Academy	-	5,971
Illinois Youth Suicide Prevention	-	19,982
Immunization	240,376	658,111
Infants with Microcephaly/Zika	13,331	-
Lab Quality Management System Food Testing	881	16,100
Maternal Child Health Block Grant Title V	-	337,165
Medicare	2,376,989	2,855,236
Medicare - Hospice	30,994	33,464
Midwest Small Practice Care	15,024	16,406
Comprehensive Cancer Control Grant	7,989	-
Morbidity and Risk Behavior Surveillance	18,078	44,899

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2017**

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

Federal Project	2017	2016
National Syndromic Surveillance	\$ 11,818	\$ 11,896
Non Prevention and Public Health Fund	133,721	20,299
Nutrition Physical Activities	14,810	11,410
Occupational Safety and Health Surveillance	27,012	14,660
Oral Health Workforce Activities	20,541	-
Perinatal Quality Collaborative	2,353	-
Pesticide Enforcement	-	34,560
Pesticide Enforcement - EPA	5,729	-
Preventive Health and Health Services Block Grant	-	218,950
Prevention and Public Health Fund - Epidemiology and Laboratory Capacity	129,747	75,314
Pregnancy Risk Assessment Monitoring System	33,345	14,411
Preventive Health Services	179,136	-
Primary Health Care	60,912	17,266
Public Health Preparedness and Response	11,157	-
Refugee	13,915	-
Rural Health Care	25,390	27,577
Rural Hospital Flexibility Program	3,784	-
Safe Drinking Water Information Systems	734	-
State Asthma Plan	65,244	60,427
State Innovation Models	106,212	4,169
State-Based Birth Defects Surveillance	35,017	56,239
Sexually Transmitted Diseases	106,417	144,662
Tuberculosis Control	110,327	122,646
Title X Family Planning	126,889	131,277
Tobacco Control	168,248	267,061
Vision and Hearing Surveillance	23,140	39,637
WiseWoman	-	93,922
Total	<u>\$ 6,138,139.00</u>	<u>\$ 7,572,727.00</u>