

**State of Illinois  
Department of  
Public Health**

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**STATE COMPLIANCE  
EXAMINATION**

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**FOR THE TWO YEARS ENDED  
JUNE 30, 2021**

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**PERFORMED AS SPECIAL  
ASSISTANT AUDITORS FOR THE  
AUDITOR GENERAL,  
STATE OF ILLINOIS**

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
STATE COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2021**

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

Director (Acting) (03/15/22 – Present)	Dr. Amaal Tokars, Ed.D.
Director (07/01/19 – 03/14/22)	Dr. Ngozi Ezike, M.D.
Assistant Director (06/08/20 – Present)	Dr. Amaal Tokars, Ed.D.
Assistant Director (06/01/20 – 06/07/20)	Vacant
Assistant Director (07/01/19 – 05/31/20)	Ms. Evonda Thomas-Smith
Chief of Staff (04/01/22 – Present)	Ms. Laura Vaught
Chief of Staff (07/01/19 – 05/06/22)	Mr. Justin DeWitt
Chief Operating Officer (04/01/22 – Present)	Ms. Shannon Lightner
Chief Information Officer (03/16/22 – Present)	Ms. Rachel Pevey
Chief Information Officer (02/26/22 – 03/15/22)	Vacant
Chief Information Officer (07/01/19 – 02/25/22)	Mr. Michael McCarten
Chief Internal Auditor (11/18/19 – Present)	Ms. Candice Long
Chief Internal Auditor (07/01/19 – 11/17/19)	Vacant
Chief Fiscal Officer (02/16/22 – Present)	Vacant
Chief Fiscal Officer (07/01/19 – 02/15/22)	Ms. Vicki Wilson
General Counsel (08/20/21 – Present)	Ms. Rukhaya Alikhan
General Counsel (08/14/21 – 08/19/21)	Vacant
General Counsel (08/24/20 – 08/13/21)	Ms. Karyn Bass Ehler
General Counsel (07/20/20 – 08/23/20)	Vacant
General Counsel (07/01/19 – 07/19/20)	Ms. Snigdha Acharya

**DEPARTMENT OFFICES**

The Department of Public Health's primary administrative offices are located at:

525-535 West Jefferson Street  
Springfield, Illinois 62761

69 West Washington Street, Suite 3500  
Chicago, Illinois 60602

524 South 2nd Street, 6th floor  
Springfield, Illinois 62701



MANAGEMENT ASSERTION LETTER

May 9, 2022

Roth & Company LLP  
815 West Van Buren Street, Suite 500  
Chicago, Illinois 60607

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 State of Illinois, Department of Public Health (Department). We are responsible for and we have established and maintained an effective system of internal controls over compliance requirements. We have performed an evaluation of the Department's compliance with the following specified requirements during the two-year period ended June 30, 2021. Based on this evaluation, we assert that during the years ended June 30, 2020 and June 30, 2021, the Department has materially complied with the specified requirements listed below.

- 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. Other than what has been previously disclosed and reported in the Schedule of Findings, 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. Other than what has been previously disclosed and reported in the Schedule of Findings, the Department has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the Department are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate, and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the Department on behalf of the State or held in trust by the Department have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate and in accordance with law.

Yours truly,

State of Illinois, Department of Public Health

**SIGNED ORIGINAL ON FILE**

Amaal Tokars, Ed.D.  
Director (Acting)

**SIGNED ORIGINAL ON FILE**

Laura Vaught  
Chief of Staff

**SIGNED ORIGINAL ON FILE**

Rukhaya Alikhan  
General Counsel

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
STATE COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2021**

**STATE COMPLIANCE REPORT**

**SUMMARY**

The State compliance testing performed during this 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*.

**ACCOUNTANT’S REPORT**

The Independent Accountant’s Report on State Compliance and on Internal Control Over Compliance does not contain scope limitations or disclaimers, but does contain a modified opinion on compliance and identifies material weaknesses over internal control over compliance.

**SUMMARY OF FINDINGS**

<b>Number of</b>	<b><u>Current Report</u></b>	<b><u>Prior Report</u></b>
Findings	31	26
Repeated Findings	21	22
Prior Recommendations Implemented or Not Repeated	5	6

**SCHEDULE OF FINDINGS**

<b><u>Item No.</u></b>	<b><u>Page</u></b>	<b><u>Last/First Reported</u></b>	<b><u>Description</u></b>	<b><u>Finding Type</u></b>
<b>Current Findings</b>				
2021-001	14	2019/2007	Inadequate Controls over the Administration of State Vehicles	Material Weakness and Material Noncompliance
2021-002	19	2019/2013	Property Control Weaknesses	Material Weakness and Material Noncompliance
2021-003	23	2019/2017	Noncompliance with the MC/DD Act	Material Weakness and Material Noncompliance

**STATE OF ILLINOIS  
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**SCHEDULE OF FINDINGS (Continued)**

<u>Item No.</u>	<u>Page</u>	<u>Last/First Reported</u>	<u>Description</u>	<u>Finding Type</u>
<b>Current Findings</b>				
2021-004	28	2019/2013	Lack of Controls over Contracts	Material Weakness and Material Noncompliance
2021-005	31	2019/2007	Inadequate Administration and Monitoring of Awards and Grants Programs	Significant Deficiency and Noncompliance
2021-006	34	2019/2013	Failure to Complete Internal Audits	Significant Deficiency and Noncompliance
2021-007	36	2019/2011	Inadequate Controls over Approval and Reporting of Overtime	Significant Deficiency and Noncompliance
2021-008	38	2019/2013	Failure to Employ an Adequate Number of Surveyors	Significant Deficiency and Noncompliance
2021-009	40	2019/2007	Employee Performance Evaluations Not Conducted Timely	Significant Deficiency and Noncompliance
2021-010	42	2019/2003	Failure to Submit and Accurately File Required Reports	Significant Deficiency and Noncompliance
2021-011	45	2019/2015	Noncompliance with Distressed Facilities Provisions of the Nursing Home Care Act	Significant Deficiency and Noncompliance
2021-012	48	2019/2017	Lack of Controls over Monthly Reconciliations	Significant Deficiency and Noncompliance
2021-013	50	2019/2015	Failure to Establish Policies and Procedures on Alzheimer's Disease and Related Disorders	Significant Deficiency and Noncompliance

**STATE OF ILLINOIS  
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**SCHEDULE OF FINDINGS (Continued)**

<u>Item No.</u>	<u>Page</u>	<u>Last/First Reported</u>	<u>Description</u>	<u>Finding Type</u>
<b>Current Findings</b>				
2021-014	52	2019/2015	Inadequate Controls over Employee Time Reporting	Significant Deficiency and Noncompliance
2021-015	54	2019/2013	Inadequate Internal Controls over Commodities	Significant Deficiency and Noncompliance
2021-016	56	2019/2011	Statutory Committee and Board Requirements	Significant Deficiency and Noncompliance
2021-017	58	2019/2017	Noncompliance with the Breast Cancer Patient Education Program	Significant Deficiency and Noncompliance
2021-018	61	2019/2017	Inadequate Controls over Voucher Processing	Significant Deficiency and Noncompliance
2021-019	63	2019/2017	Formal Department Rules Not Adopted	Significant Deficiency and Noncompliance
2021-020	66	2019/2019	Inadequate Controls over Accounts Receivable	Significant Deficiency and Noncompliance
2021-021	68	New	Noncompliance with the Alzheimer's Disease Assistance Act and Alzheimer's Disease Research, Care, and Support Fund Act	Significant Deficiency and Noncompliance
2021-022	70	New	Noncompliance with the Civil Administrative Code of Illinois Pertaining to Maternal Care	Significant Deficiency and Noncompliance
2021-023	72	New	Noncompliance with the Emergency Medical Services Systems Act	Significant Deficiency and Noncompliance

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**SCHEDULE OF FINDINGS (Continued)**

<u>Item No.</u>	<u>Page</u>	<u>Last/First Reported</u>	<u>Description</u>	<u>Finding Type</u>
<b>Current Findings</b>				
2021-024	73	New	Noncompliance with the Illinois Controlled Substances Act	Significant Deficiency and Noncompliance
2021-025	74	New	Noncompliance with the Equity in Long-term Care Quality Act	Significant Deficiency and Noncompliance
2021-026	76	New	Noncompliance with the Cannabis Regulation and Tax Act	Significant Deficiency and Noncompliance
2021-027	77	New	Noncompliance with the Tobacco Products Compliance Act	Significant Deficiency and Noncompliance
2021-028	79	2019/2015	Weaknesses with Payment Card Industry Data Security Standards	Significant Deficiency and Noncompliance
2021-029	81	New	Weaknesses in Cybersecurity Programs and Practices	Significant Deficiency and Noncompliance
2021-030	83	New	Lack of Adequate Controls over Review of Internal Controls over Service Providers	Significant Deficiency and Noncompliance
2021-031	86	New	Inadequate Controls over I-9 Forms	Significant Deficiency and Noncompliance

**Prior Findings Not Repeated**

A	88	2019/2011	Inadequate Controls over Computer Inventory
B	88	2019/2017	Noncompliance with the Compassionate Use of Medical Cannabis Pilot Program Act
C	88	2019/2019	Failure to Develop and Disseminate Information Mandated by State Law

**STATE OF ILLINOIS  
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**SCHEDULE OF FINDINGS (Continued)**

<u>Item No.</u>	<u>Page</u>	<u>Last/First Reported</u>	<u>Description</u>	<u>Finding Type</u>
<b>Prior Findings Not Repeated</b>				
D	89	2019/2019	Noncompliance with the Health Care Worker Background Check Act	
E	89	2019/2019	Noncompliance with the Plumbing License Law	

**EXIT CONFERENCE**

The findings and recommendations appearing in this report were discussed with Department personnel at an exit conference on April 19, 2022.

Attending were:

Department of Public Health

Dr. Amaal Tokars, MD, Acting Director

Mr. Justin DeWitt, Chief of Staff

Mr. Michael Morthland, Deputy Chief of Staff

Mr. Ted Hasara, Budget Manager, Office of Finance and Administration

Ms. Nicole Hildebrand, Fiscal Services Section Chief, Office of Disease Control

Ms. Robin Tucker, Deputy Director, Office of Human Resources

Ms. Samantha Helton, Personnel Manager, Office of Human Resources

Ms. Rachel Pevey, Chief Information Officer, Deputy Director, Office of Information Technology

Ms. Sylvia Riperton-Lewis, Deputy Director, Office of Performance Management

Ms. Vena Nelson, Chief Accountability Officer

Mr. John Whitaker, Grant Management Auditor, Office of Performance Management

Ms. Becky Dragoo, Deputy Director, Office of Health Care Regulation

Ms. Barbara Gold, Assistant Deputy Director, Office of Health Care Regulation

Mr. George Logan, Division Chief, Administrative Rules and Procedures, Office of Health Care Regulation

Ms. Candice Long, Chief Internal Auditor

Ms. Sarah Rynders, Internal Audit

Mr. Bradley Colantino, External Audit Coordinator

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
STATE COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2021**

Office of the Auditor General

Ms. Peggy Hartson, Senior Audit Manager

Roth & Co. LLP – Special Assistant Auditors

Ms. Elda Arriola, Partner

Ms. Marites Sy, Partner

Mr. Lou Jonathan Cabrera, Supervisor

Ms. Karren Jill Abito, Senior

The responses to the recommendations were provided by Candice Long, Chief Internal Auditor, in a correspondence dated April 29, 2022.



**INDEPENDENT ACCOUNTANT'S REPORT**  
**ON STATE COMPLIANCE AND ON INTERNAL CONTROL OVER COMPLIANCE**

Honorable Frank J. Mautino  
Auditor General  
State of Illinois

**Report on State Compliance**

As Special Assistant Auditors for the Auditor General, we have examined compliance by the State of Illinois, Department of Public Health (Department) with the specified 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, 2021. Management of the Department is responsible for compliance with the specified requirements. Our responsibility is to express an opinion on the Department's compliance with the specified requirements based on our examination.

The specified requirements are:

- 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*. 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 with the specified requirements in all material respects. An examination involves performing procedures to obtain evidence about whether the Department complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risks of material noncompliance with the specified requirements, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our modified opinion.

Our examination does not provide a legal determination on the Department's compliance with the specified requirements.

Our examination disclosed material noncompliance with the following specified requirements applicable to the Department during the two years ended June 30, 2021. As described in the accompanying Schedule of Findings as items 2021-001; 2021-002 and 2021-004, the Department had not 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. As described in the accompanying Schedule of Findings as items 2021-001 through 2021-004, the Department had not complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.

In our opinion, except for the material noncompliance with the specified requirements described in the preceding paragraph, the Department complied with the specified requirements during the two years ended June 30, 2021, in all material respects. However, the results of our procedures disclosed instances of noncompliance with the specified requirements, which are required to be reported in accordance with criteria established by the *Audit Guide* and are described in the accompanying Schedule of Findings as items 2021-005 through 2021-031.

The Department's responses to the compliance 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 examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing and the results of that testing in accordance with the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.



## Report on Internal Control Over Compliance

Management of the Department is responsible for establishing and maintaining effective internal control over compliance with the specified requirements (internal control). In planning and performing our examination, we considered the Department's internal control to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the Department's compliance with the specified requirements and to test and report on the Department's internal control in accordance with the *Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control. Accordingly, we do not express an opinion on the effectiveness of the Department's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying Schedule of Findings, we did identify certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with the specified requirements on a timely basis. A material weakness in internal control is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material noncompliance with the specified requirements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings as items 2021-001 through 2021-004 to be material weaknesses.

A significant deficiency in internal control is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiencies described in the accompanying Schedule of Findings as items 2021-005 through 2021-031 to be significant deficiencies.

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

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 examination and, accordingly, we express no opinion on the responses.



The purpose of this report is solely to describe the scope of our testing of internal control and the results of that testing based on the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

**SIGNED ORIGINAL ON FILE**

Chicago, Illinois  
May 9, 2022



**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF FINDINGS - CURRENT FINDINGS  
For the Two Years Ended June 30, 2021**

2021-001. **FINDING** (Inadequate Controls over the Administration of State Vehicles)

The Illinois Department of Public Health (Department) did not exercise adequate internal controls over State vehicles.

The Department's fleet consisted of 89 vehicles at June 30, 2020 and 77 at June 30, 2021. Of those vehicles, 34 were personally assigned to employees during Fiscal Year 2020 and 41 in Fiscal Year 2021.

During testing, we noted the following:

- The Department was not able to provide the vehicle mileage log reports for six of 89 (7%) vehicles tested, as such, we were not able to determine whether these vehicles were efficiently utilized for the specific operational needs of the Department, properly maintained, and the mileage properly reported.

The Department's Vehicle Policy (Vehicle Policy) requires any employee who drives a State vehicle whether personally assigned or pooled to record the mileage of daily use. The Vehicle Policy also requires all mileage be recorded on a monthly mileage report and submitted to the agency Vehicle Coordinator by the 10th day from the conclusion of the previous month. The State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities.

- One of nine (11%) vehicle accident reports reviewed was submitted 64 days late.

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

- The Department did not ensure its vehicles were properly maintained during the engagement period. We reviewed the maintenance records for 19 vehicles and noted the following:
  - Nine (47%) vehicles tested received oil changes from 100 to 3,215 miles past the allowed oil change interval. Additionally, two (11%) vehicles tested

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DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF FINDINGS – CURRENT FINDINGS  
For the Two Years Ended June 30, 2021**

did not receive oil change during the engagement period.

- Seven (37%) vehicles tested did not receive a tire rotation, as required.
- Five (26%) vehicles tested did not undergo an annual inspection during the engagement period.

The Code (44 Ill. Adm. Code 5040.410(a)) requires agencies to have vehicles inspected at least once per year and to maintain vehicles in accordance with CMS 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 to maintain the vehicles in road worthy, safe, operating condition and appropriate cosmetic condition.

- The Department did not exercise adequate control over the personal use of State vehicles. We noted the following:
  - Eighty of 80 (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. In addition, 17 of 80 (21%) 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 \$36 and \$35 in Fiscal Year 2020 and Fiscal Year 2021, respectively.
  - Fifty-seven of 80 (71%) vehicle use certification forms tested were not submitted to the Payroll Division on the 10th of the month following the usage. The vehicle use certification forms were submitted from 1 to 94 days late. Additionally, eight of 80 (10%) vehicle use certification forms were not submitted.

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

Section III of the Department's Vehicle Policy requires employees to record all days the State vehicle is driven for commuting purposes and report it to the

**STATE OF ILLINOIS  
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SCHEDULE OF FINDINGS – CURRENT FINDINGS  
For the Two Years Ended June 30, 2021**

Payroll Division on the 10th of the month following the usage. No employee should be assigned a State vehicle solely for the purpose of commuting.

- The Department did not exercise adequate control over the required annual certifications of licensure and automobile liability coverage form (certification form). We noted the following:
  - Eleven of 36 (31%) employees tested submitted the certification forms from five to 424 days late.
  - Two of 36 (6%) employees tested did not submit the certification forms during the engagement period.

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.

- The Department did not timely and properly report vehicle assignment to CMS. We noted the following:
  - Three of 26 (12%) vehicle assignments tested were not included in the Individually Assigned Vehicle (IAV) Report submitted to CMS for Fiscal Year 2020.
  - Four of six (67%) vehicle assignment authorization forms (authorization forms) tested were not properly completed. The authorization forms were not signed by the head of the Department. Additionally, the Department was not able to provide a copy of one of six (17%) authorization forms tested.

The Code (44 Ill. Adm. Code 5040.340) requires vehicles to be assigned to specific individuals if authorized in writing by the head of the agency to which the vehicle is assigned and requires agencies to report to CMS annually and when changes occur, the name of each employee assigned a vehicle, the equipment number and license plate number of the assigned vehicle, and the employee's headquarters and residence.

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For the Two Years Ended June 30, 2021**

Department management stated, as they did during the prior engagement period, the deficiencies were due to staff turnover, competing priorities, and a lack of policies and procedures.

The finding was first reported during the period ended June 30, 2007. In the subsequent years, the Department has been unsuccessful in fully implementing appropriate corrective action or procedures.

Failure to maintain daily mileage logs for the usage of State vehicles could prevent the Department's management from monitoring the efficient and effective utilization of State vehicles. The failure to maintain documentation and timely complete and submit accident reports risks forfeiture of coverage under the State's 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 the certification of license and vehicle liability coverage helps to prevent uninsured, underinsured and/or unlicensed drivers operating State vehicles while performing State business. Further, failure to properly report vehicle assignment changes to CMS lessens government oversight for fleet efficiency and accountability for State resources. (Finding Code No. 2021-001, 2019-001, 2017-017, 2015-018, 2013-015, 11-13, 09-14, 07-17)

**RECOMMENDATION**

We recommend the Department:

- Ensure vehicle mileage log reports are maintained to monitor utilization and maintenance of the State vehicle.
- Monitor the submission of accident reports to ensure the reporting requirements are being met as required.
- Enforce vehicle maintenance schedules to ensure vehicle safety, to reduce future year expenditures for repairs, and to extend the useful lives of vehicles.
- Ensure the proper reporting of fringe benefits and documentation related to the personal use of State vehicles.

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DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF FINDINGS – CURRENT FINDINGS  
For the Two Years Ended June 30, 2021**

- 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 properly completed and submitted to CMS by the established due date.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will work with all employees assigned a State vehicle to comply with the Illinois Vehicle Code with respect to monthly vehicle logs, regular maintenance schedules, license and insurance coverage, accident reporting, and changes in vehicle assignments.

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF FINDINGS – CURRENT FINDINGS  
For the Two Years Ended June 30, 2021**

2021-002. **FINDING** (Property Control Weaknesses)

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

During our testing, we noted the following:

Property Additions

- Seven of 60 (12%) property additions tested, totaling \$286,274, were recorded from 14 to 80 days late. The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5010.400) requires the Department to adjust their property records within 90 days of acquisition, change, or deletion of equipment items.
- For two of 60 (3%) property additions tested, totaling \$522,500, the Department did not include the freight charges, totaling \$5,225, in the total cost of the equipment. The Statewide Accounting Management System (SAMS) (Procedure 03.30.20) requires all of the costs necessary to acquire the asset and place it into service be included in the basic cost of equipment. Included in the cost of equipment in addition to the net invoice cost are freight charges, in-transit insurance, applicable taxes, the cost of special foundations or bases, and assembly, installation, and testing costs.

Physical observation

- Fourteen of 60 (23%) items tested, totaling \$69,058, were not included on the listing reported to the Department of Central Management Services (CMS). The Code (44 Ill. Adm. Code 5010.220) requires all equipment with an acquisition value greater than the nominal value and equipment that is subject to theft with a value less than that nominal value be reported to CMS.
- Two of 60 (3%) items tested, totaling \$37,790, 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 its jurisdiction and control.

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Annual Real Property Utilization Report (ARPUR)

The Department submitted the Fiscal Year 2021 ARPUR to CMS eight days late. The State Finance Act (30 ILCS 605/7.1(b)) requires the Department to submit, by July 31 of each year, an ARPUR, or annual update of such report, on forms required by CMS.

Capital Lease Assets

For three of six (50%) capital lease assets tested, totaling \$149,770, the monthly lease terms reported in the Accounting for Leases-Lessee Forms (SCO-560) submitted to the Office of Comptroller did not agree with the lease term per the contractual agreement. SAMS (Procedure 27.20.60) requires the Department to complete a Form SCO-560 for each equipment leased under a multiple period lease in which the asset being leased has a fair market value greater than \$5,000. The Form SCO-560 includes information concerning the lease terms and is used to determine the classification of leases into either capital or operating lease and if disclosure is required in the State's financial statements.

Agency Report of State Property (C-15 Report)

- Eight of eight (100%) quarterly C-15 Reports required to be filed during Fiscal Year 2020 and Fiscal Year 2021 were not reviewed prior to submission. SAMS (Procedure 29.10.10) requires the C-15 Report to be submitted to the agency official responsible for approving it for review and signature before it is submitted to the Office of Comptroller for processing.
- Due to a lack of adequate policies and procedures, the Department was not consistent in classifying equipment that is subject to theft. Equipment totaling \$106,109 and \$158,908 were not properly classified as subject to theft and not reported in the Fiscal Year 2020 and Fiscal Year 2021 C-15 Reports, respectively. SAMS (Procedure 29.10.30) requires agencies to report all assets with an individual value of \$1,000 or greater and any items less than \$1,000 that are highly susceptible to theft in the C-15 Reports. Additionally, the Code (44 Ill. Adm. Code 5010.210(c)) requires the Department to adopt policies clearly delineating categories of equipment considered to be subject to theft.

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- Property deletions totaling \$13,274 were incorrectly netted with property additions in the Fiscal Year 2021 C-15 Report. SAMS (Procedure 29.10.30) requires items to be reported as deletions including reductions, corrections of prior year errors and unplanned terminations of capital lease assets. Reductions can include inventory adjustments down and sales or retirements.
- The Fiscal Year 2020 and Fiscal Year 2021 C-15 Reports were understated by \$4,820 due to an error in the recorded value for five items. SAMS (Procedure 03.30.20) requires all of the costs necessary to acquire the asset and place it into service be included in the basic cost of equipment.

Review of Property Records

- Capital lease assets, totaling \$744,006, were not reported in the property listing submitted to CMS during Fiscal Year 2020.
- Equipment items, totaling \$370,598 were not reported in the property listing submitted to CMS during Fiscal Year 2020.
- The total cost of seven property items were overstated by \$21,465 in the property listing submitted to CMS during Fiscal Year 2020.
- Four vehicles, totaling \$72,661, were sent to surplus during Fiscal Year 2021; however, these vehicles were not deleted from the property listing and C-15 Reports.

SAMS (Procedure 29.10.10) requires the Department's asset records to be reconciled to the results of inventory and updated accordingly. The State Property Control Act (30 ILCS 605/4) requires the Department to be accountable for the supervision, control, and inventory of all property under its jurisdiction and control.

Department management stated the issues were due to clerical errors, competing priorities, and the Property Control Coordinator's position being vacant during a portion of Fiscal Year 2020.

The finding was first reported during the period ended June 30, 2013. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or 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. 2021-002, 2019-003, 2017-003, 2015-005, 2013-007)

**RECOMMENDATION**

We recommend the Department implement procedures to strengthen controls over equipment and ensure accurate recordkeeping, reporting, and accountability for all State owned property is maintained.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will continue its progress in implementing enhanced developed procedures to better control property inventory and ensure accurate recordkeeping. The Department's Property Control Coordinator will work with the Illinois ACTS ERP support team to strengthen reporting procedures for accuracy and accountability.

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2021-003. **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 Department implemented a procedure to conduct interim on-site reviews of large or complex construction projects at the facilities and an expedited process for emergency repairs or replacement of like equipment. However, the Department has not yet adopted the rules for the procedure and expedited process as required. The Act (210 ILCS 46/3-202.5(h)) requires the Department to establish, by rule, a procedure to conduct on site review of large or complex construction projects. Additionally, the Act (210 ILCS 46/3-202.5(i)) requires the Department to establish, by rule, an expedited process for emergency repairs or replacement of like equipment.

Department management stated that proposed rules were published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.

- During testing of the inspections conducted for the State license renewals of the 10 MC/DD facilities during Fiscal Year 2020 and Fiscal Year 2021, we noted the following:
  - Five (50%) facilities tested were inspected by the Department from 33 to 154 days after the effective date of the renewal licenses.
  - Four (40%) facilities tested did not provide comments or documentation within 10 days of receipt of the copy of the inspection report. The facilities submitted the comments or documentation from 11 to 43 days after receipt of the report.
  - Three (30%) facilities tested were issued renewal licenses but were not inspected by the Department.

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The Act (210 ILCS 46/3-212(a)) requires the Department to inspect, survey, and evaluate every facility to determine compliance with applicable licensure requirements and standards. The inspection should occur within 120 days prior to license renewal. The Act (210 ILCS 46/3-212(c)) requires the Department to submit a copy of the report to the licensee upon completion of each inspection, survey, and evaluation and upon exiting the facility. The licensee is required to provide, within 10 days of receipt of the copy of the report, comments, or documentation which may refute findings in the report, which explain extenuating circumstances that the facility could not reasonably have prevented, or which indicate methods and timetables for correction of deficiencies described in the report.

Department management indicated annual licensure surveys and facility comments/documentation were delayed in Fiscal Year 2020 and Fiscal Year 2021 due to the COVID-19 pandemic.

- The Department has not promulgated rules defining the circumstances under which a ban on new admissions to a facility licensed under this Act may be imposed. The Act (210 ILCS 46/3-119.1(b)) requires the Department to promulgate rules defining the circumstances under which a ban on new admissions may be imposed.

Department management stated that proposed rules were published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.

- The Administrative Code was not updated to address the requirement that each policy should include the 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.

Department management stated that proposed rules were published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.

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- 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 U.S. 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 or 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.

Department management stated that proposed rules were published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.

- 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.

Department management stated, as they did during the prior engagement period, 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. Department management 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 in the Department’s annual survey process.

- The Department did not maintain updated information on the facilities database posted on its website. Except for the inspection reports, which were current, the information posted by the Department was for the period December 31, 2014.

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The Act (210 ILCS 46/3-304.1(a)(2)) requires the Department to make available to the public in electronic form information regarding MC/DD facilities. The Act (210 ILCS 46/3-210) requires the facility to retain the following information for inspection: a complete copy of every inspection report of the facility received from the Department during the past 5 years; a copy of every order pertaining to the facility issued by the Department or a court during the past 5 years; a description of the services provided by the facility and the rates charged for those services and items for which a resident may be separately charged; a copy of the statement of ownership; a record of personnel employed or retained by the facility who are licensed, certified or registered by the Department of Financial and Professional Regulation; and a copy of the current Consumer Choice Information Report.

Department management indicated the failure to update the information on their website was due to competing priorities

- 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.

Department management stated that proposed rules were published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.

The finding was first reported during the period ended June 30, 2017. In the subsequent years, the Department has been unsuccessful in fully implementing appropriate corrective action or procedures.

During the prior engagement period, 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 by the Act (210 ILCS 46/2-201.6(f)). Additionally, the Department did not include the verification of the submission of the facility's current Consumer Choice Information Report during their inspections as required by the Act (210 ILCS 46/2-214(c)). During the current engagement period, we noted the Department kept a continuing record of all identified offenders, submitted the 2020 and 2021 Long-term Care Annual Reports to the General Assembly, and included the verification of the submission of the facility's current Consumer Choice Information Report when conducting inspection, survey, and evaluation of the facility's compliance with applicable licensure requirements and

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standards.

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. 2021-003, 2019-002, 2017-024)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation.

- The Department is currently ensuring compliance with all provisions of the Act. The Department drafted proposed rules to bring the Department into compliance with sections of the MC/DD Act cited above. Rules are published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.
- Annual licensure surveys and facility comments/documentation were delayed in Fiscal Year 2020 and Fiscal Year 2021 due to the COVID-19 pandemic. The Department anticipates compliance with the applicable provisions of 210 ILCS 46/3-212(a) and (c) and will monitor scheduling so that inspections occur within the 120-day window of the applicable licensure renewal.
- The Department is posting surveys and applicable plans of correction on the website pursuant to 210 ILCS 46/3-304.1(a)(2).

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2021-004. **FINDING** (Lack of Controls over Contracts)

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

As part of our testing, we requested the Department to provide a population of contractual agreements, emergency purchases, and interagency agreements. In response to our requests, the Department provided populations for emergency purchases and interagency agreements but was not able to provide a listing of all the contractual agreements the Department had entered into during the examination period. Due to these conditions, we 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).

**Even given the population limitations noted above, we performed our testing.**

During testing, we noted the following:

- Thirteen of 34 (38%) interagency agreements tested, totaling \$20,113,636, were executed subsequent to the performance of services. The agreement execution dates ranged from six to 304 days late. Additionally, two of 34 (6%) interagency agreements tested, totaling \$3,860,159, were not signed by all the required parties. Further, the Department was not able to provide the executed agreements for two of 34 (6%) interagency agreements tested, totaling \$725,805. Therefore, we were unable to test those agreements.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that resources are utilized efficiently and effectively and obligations and costs are in compliance with applicable laws. Good internal controls require the approval of agreements prior to their effective dates. In addition, the State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities.

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- Three of 34 (9%) interagency agreements tested, totaling \$5,035,963, were not approved in writing by the Chief Executive Officer, Chief Fiscal Officer, and Chief Legal Counsel as required.

The Department created a three-signature form that must be signed by Department director, chief fiscal officer, and general counsel for any contract or agreement. The State Finance Act (Act) (30 ILCS 105/9.02(a)(1)) 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.

- For five of 11 (45%) emergency purchase contracts tested, totaling \$1,079,942, the Department published the total cost of each emergency purchase in the Illinois Procurement Bulletin from eight to 392 days late.

The Illinois Procurement Code (Code) (30 ILCS 500/20-30(b)) requires the purchasing agency to publish in the Illinois Procurement Bulletin the total cost of each emergency procurement made during the previous month. When the actual total cost is determined, it shall be published before the 10th day of the next succeeding month.

- One of 31 (3%) contractual agreements tested, totaling \$36,238, was executed subsequent to the performance of services. Additionally, an invoice totaling \$1,739 pertaining to this contract was paid before the contract was executed. Further, one of 31 (3%) contractual agreements tested, totaling \$24,775, did not have the required disclosure regarding the Transportation Sustainability Procurement Program Act.

The Code (30 ILCS 500/20-80 (d)) requires that no voucher be submitted to the Comptroller for a warrant to be drawn for the payment of money from the State Treasury or from other funds held by the State Treasurer on account of any contract, unless the contract is reduced to writing and signed by all necessary parties. The Code (30 ILCS 500/20-165) requires appropriate weight be given to the requirements of the Transportation Sustainability Procurement Program Act in the procurement of freight, small package delivery, and other forms of cargo shipping and transportation services.

Department management stated the deficiencies were due to the absence of a centralized monitoring and tracking of contractual agreements and competing priorities especially during the COVID-19 pandemic.

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The finding was first reported during the period ended June 30, 2013. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Without the Department providing a complete and accurate population of contractual agreements entered into during the examination period, we were unable to adequately complete procedures to provide useful and relevant feedback to the General Assembly. Failure to fully execute a contract or interagency agreement prior to commencement of services which contains the material terms of the contract leaves the Department exposed to liabilities and potential legal issues. Failure to obtain proper signatory approvals could lead to the misappropriation of funds or a significant commitment of Department funds without the knowledge of top management. Failure to publish the costs incurred for emergency purchases is noncompliance with State law. (Finding Code No. 2021-004, 2019-005, 2017-005, 2015-004, 2013-006)

**RECOMMENDATION**

We recommend the Department strengthen and monitor controls to ensure:

- appropriate signatory approvals are obtained on all contractual agreements,
- all required contract information is complete,
- accurate and complete listings of contractual agreements, emergency purchases, and interagency agreements are maintained, and
- compliance with the requirements of the Procurement Code and State laws.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. A document has been created to track all contracts to ensure all approvals have been obtained in a timely manner.

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2021-005. **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 2020 and 2021, the Department expended over \$189 million (12%) for awards and grants of its approximately \$1.52 billion total expenditures. We sampled 23 grant programs from the following offices: Health Promotion; Disease Control; Women’s Health; Preparedness and Response; Center for Minority Health Services; and Policy, Planning and Statistics. For the 23 grant programs selected for testing, we examined 60 grant agreements totaling \$24,023,287.

- Sixty of 60 (100%) grant agreements tested were executed subsequent to the start date of the grant term. The agreement execution dates ranged from 12 to 364 days late.
- For 49 of 60 (82%) grant agreements tested, 296 quarterly/monthly program reports were submitted to the Department from 1 to 565 days after the deadline.
- For 13 of 60 (22%) grant agreements tested, 57 quarterly/monthly program reports were not submitted to the Department by the grantee.
- For three of 60 (5%) grant agreements tested, the submission dates of five quarterly/monthly program reports were not indicated; therefore, timeliness of submission could not be determined.
- For 12 of 60 (20%) grant agreements tested, 30 quarterly/monthly program reports did not have evidence of a review by Department personnel.
- For 24 of 60 (40%) grant agreements tested, 44 quarterly/monthly program reports were not reviewed timely. The reviews were made from 31 to 791 days after receipt.

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 that resources are utilized efficiently and effectively, and in compliance with applicable law. The Illinois Administrative Code (44 Ill. Adm. Code 7000.370) requires the State agency issuing a grant to enter into a Grant Agreement with the awardee before any grant funds are transmitted to the recipient. Good internal controls require the approval of grant agreements prior to their

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grant term start dates. The grant agreements require the grantees to submit financial reports and performance reports with frequency and deadlines specified in the executed grant agreements. Additionally, the Grant Accountability and Transparency Act (30 ILCS 708/45(g)) requires each State grantmaking agency to enhance its processes to monitor and address noncompliance with reporting requirements and with program performance standards. Further, the State Records Act (5 ILCS 160/8) requires the Agency to make and preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities.

Department management stated the delay was due to stay at home orders and staffing shortages due to the COVID-19 pandemic and oversight.

The finding was first reported during the period ended June 30, 2007. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Failure to fully execute the grant agreement prior to the start of the grant term could delay the commencement of the grantees' services and its compliance with report submission deadlines. Failure to ensure that grantees timely submit the required reports and document the timely submission date and reviews of grantees' required 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. Further, the untimely receipt of required reports inhibits the Department's ability to effectively track project completeness and milestones. As a result, funds could remain unspent, untimely recovered, or be utilized for activities other than the intended purpose without detection by the Department. Failure to fully execute an agreement prior to the commencement of grant leaves the Agency vulnerable to unnecessary liabilities and potential legal issues. (Finding Code No. 2021-005, 2019-004, 2017-004, 2015-001, 2013-001, 11-1, 09-1, 07-1)

**RECOMMENDATION**

We recommend the Department to strengthen its controls to ensure documentation and timely review of grantee's required quarterly and monthly reports are maintained. In addition, the Department should ensure that grantees timely submit the progress reports and other required reports to comply with the provisions of the grant agreements. Lastly, we recommend the Department ensure grant agreements are timely executed.

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**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will work with the Office of Fiscal Administration, the Office of Performance Management, Internal Audit, and the Office of Legal Affairs to develop clear and consistent standards on grant management across the agency, including a review of associated best practices and system improvements.

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2021-006. **FINDING** (Failure to Complete Internal Audits)

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

During our review of the Department’s internal auditing activities, we noted 7 of 9 (78%) planned audits and reviews during Fiscal Years 2020 and 2021 were not completed. There were five audits in progress at June 30, 2021. In addition, we noted reviews of all major systems of internal accounting and administrative control were not conducted on a periodic basis so that all major systems were reviewed at once every two years. In addition, there were no audits relating to internal accounting and administrative controls for grants received or made by the Department completed during the last two years, and there were also no reviews of the design of major new electronic data processing systems and/or major modifications of those systems completed.

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.

Department management stated the deficiencies noted were due to the timing of hiring and losing staff and additional workloads coordinating the increase in external audits and major federal programs due to COVID-19. The Chief Internal Auditor was hired mid-way through Fiscal Year 2020, and one staff person was hired near the end of Fiscal Year 2020.

The finding was first reported during the period ended June 30, 2013. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Failure to complete all the required audits could result in significant issues in Department operations or internal controls not being timely detected and addressed

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by Department management. (Finding Code No. 2021-006, 2019-006, 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 agrees with the finding and recommendation. The Division of Internal Audit has hired an external audit coordinator and an In-Charge Auditor and plans to re-post three positions that are vacant. In addition, IDPH has entered into an intergovernmental agreement (IGA) with the Department of Central Management Services for staffing assistance. The IGA provides for additional assistance with special audits and information technology pre-implementation audits until qualified staff can be hired to cover the major systems of internal accounting and administrative control at least once every two years to comply with the Act.

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2021-007. **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 \$6,015,982 for 93,064 hours of overtime during Fiscal Year 2021 and \$3,271,885 for 48,871 hours of overtime in Fiscal Year 2020. We tested a sample of 60 pay periods and 60 employees who worked overtime during Fiscal Year 2021 and Fiscal Year 2020. The employees in our sample incurred 1,326 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:

- Twenty-nine of 60 (48%) employees tested worked 309 hours of overtime and did not enter the detail in the timekeeping system, eTime, within two working days as required. The details were submitted and entered from one to 78 days after the overtime was worked.
- For 20 of 60 (33%) employees tested, overtime pre-approval requests totaling 533 hours were not timely submitted by employees. These requests were submitted from one to 78 days after the overtime was worked.
- For 14 of 60 (23%) employees tested, overtime pre-approval requests totaling 264 hours were not pre-approved by the supervisors. These requests were approved from two to 7 days after the overtime was worked.
- Ten of 60 (17%) employees tested had overtime pre-approval requests that exceeded the allowed maximum of 10 hours. These requests ranged from 12 to 30 hours.

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 the timekeeping system within two working days. If the need for overtime is an urgent issue and pre-approval is not possible, the Department's Employee Handbook requires the employee notify their supervisor in writing via email and request the acknowledgement and approval in the same fashion. It then must be noted in the timekeeping system Overtime Pre-approval Request and Overtime Worked comment sections. The Fiscal Control and Internal

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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 effectively.

Department management stated, as they did during the prior engagement, competing work demands contributed to the untimely submission and approval of overtime requests.

The finding was first reported during the period ended June 30, 2011. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Failure to ensure pre-approval overtime requests are submitted and properly approved in advance and overtime worked details are timely submitted undermines accountability controls and increases the risk the Department would pay unnecessary personal service expenditures. (Finding Code No. 2021-007, 2019-007, 2017-007, 2015-007, 2013-009, 11-9)

**RECOMMENDATION**

We recommend the Department ensure overtime pre-approval requests are timely submitted, properly approved in advance, and documentation of pre-approval is maintained.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department has provided guidance documents that outlines the process to follow if pre-approval is not possible and if additional overtime is necessary. IDPH Directive 16-02 provides clarity on the requirements for over-time preapproval, including the level of detail which must be provided to justify the need for overtime and overtime worked. The eTime system is used to request overtime pre-approval as well as report overtime worked. All time worked is reported and approved on a weekly basis.

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2021-008. **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 engagement period, the Department did not employ the required minimum number of surveyors per licensed long term care beds during Fiscal Year 2020 and Fiscal Year 2021, 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 four of six months tested, all seven regional offices (100%) of the Department employed surveyors at the rate of .14% to .28%. For two of six months tested, six of seven (86%) regional offices of the Department employed surveyors at the rate of .14% 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.

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.

Department management stated the Department's imposition of a Medicare or Medicaid certification fee would be a violation of federal law. Specifically, Title XVIII of the Social Security Act (Act), Section 1864(e), prohibits the imposition of fees on any health care facility for any survey activity relating to the determination of compliance of that facility with the Act. In 2018, the Department's Office of Health Care Regulation (OCHR) requested a legislative initiative to strike the first two paragraphs of Section 2310-130 of the Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) to remove the requirement that the Department adopt rules to implement the fee provisions; however, the proposal was not advanced. OCHR has continued to request legislation to remove this requirement. Department management further stated, they implemented several hiring strategies to address the legislatively mandated minimum surveyor/bed ratios including immediate back filling of vacancies and allocating resources to increase the number of surveyors in all regions.

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The finding was first reported during the period ended June 30, 2013. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

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. 2021-008, 2019-008, 2017-008, 2015-008, 2013-010)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department developed a long-term staffing strategy and is working within the Agency and with other agencies to execute this strategy. Since beginning this new program, we have hired 3 Health Facilities Surveillance Nurses (HFSN). This allowed us to move our open HFSN positions through the hiring process faster. We currently have 38 HFSN positions open within OHCR, of those, 17 are backfill positions and 21 are new positions. We have hired 24 HFSNs since July 2021. We are working on our next hiring initiative, which includes retention strategies. Surveyors and Public Service Administrators worked overtime to investigate backlogged complaints due to the COVID-19 pandemic.

The Department's imposition of a Medicare or Medicaid certification fee would be a violation of federal law. Specifically, Title XVIII of the Social Security Act (Act), Section 1864(e), prohibits the imposition of fees on any health care facility for any survey activity relating to the determination of compliance of that facility with the Act. In 2018, OHCR requested a legislative initiative to strike the first two paragraphs of Section 2310-130 of the Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) to remove the requirement that the Department adopt rules to implement the fee provisions. OHCR has continued to request legislation to remove this requirement.

OHCR continues to request approval to advance this legislative initiative.

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2021-009. **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 60 employees for review of performance evaluations conducted during the examination period. A total of 66 evaluations should have been completed for the applicable year tested, including first probationary new hire evaluations, four-month probationary evaluations, six-month probationary evaluations, and annual evaluations.

During testing, we noted the following:

- Thirty-eight of 66 (58%) employees' performance evaluations tested were conducted from one to 606 days late.
- Twenty of 66 (30%) employees' performance evaluations tested were not finalized timely after the supervisor conducted the performance evaluation. The delinquencies ranged from three to 501 days late.
- Five of 60 (8%) employees tested did not have a performance evaluation completed for the evaluation period 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. The Code (80 Ill. Admin. Code 302.270(b)) also requires the Department to conduct two evaluations for any employee serving a six month probationary period, one at the end of the third month of the employee's probationary period and another 15 days before the conclusion thereof. According to the Employee Performance Evaluations Section of the Department's Employee Guidelines, Directive 16-04 (Directive), an employee serving a probationary period is due a first probationary evaluation at the midpoint of the probationary period and a final probationary evaluation 15 days prior to the end of the probationary period. All employees are due an annual evaluation to be completed no later than 30 days of the due date.

Department management stated, as they did during the prior engagement period, the untimely performance evaluations were due to competing priorities.

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The finding was first reported during the period ended June 30, 2007. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Performance evaluations are a systematic and uniform approach used for the development of employees and communication of performance expectations to employees. Performance evaluations should serve as foundation for recommendations of salary adjustments, promotions or demotions, discharge, layoff, recall, and reinstatement decisions. (Finding Code No. 2021-009, 2019-010, 2017-011, 2015-011, 2013-013, 11-10, 09-11, 07-14)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Office of Human Resources (OHR) will review the current policy and determine whether revisions are necessary and will confer with Labor Relations regarding the feasibility and protocol for issuing corrective action and progressive discipline for failing to submit evaluations in a timely manner. OHR has included management support staff to receive the report system.

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2021-010. **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 figures reported on the 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 reported for ten of 16 (63%) employee groups in the 2019 Agency Workforce Report and 13 of 16 (81%) employee groups in the 2020 Agency Workforce Report. Additionally, the Department did not provide documentation to support the contractual and position openings information reported in the Fiscal Year 2019 and Fiscal Year 2020 Agency Workforce Reports; therefore, accuracy of the reported information could not be determined.

The State Employment Records Act (Act) (5 ILCS 410 et seq.) requires the Department to collect, classify, maintain, and report certain employment statistics for women, disabled, and minority groups. In addition, the Act requires the Department to report on the number of position openings and persons employed as professionals and contractual service employees.

- The Department did not properly report the required information on the Agency Fee Imposition Report Form (Report). We noted the following:
  - For nine funds, the Department did not provide the degree to which program goals were met in its Fiscal Year 2020 and 2021 Reports.
  - For one fund, the Department did not provide the general population affected by the fee in both Fiscal Year 2020 and 2021 Reports.
  - One fee was reported with an incorrect fund number in both Fiscal Year 2020 and 2021 Reports.
  - One fee was not segregated into two funds in both Fiscal Year 2020 and 2021 Reports.

The Illinois State Auditing Act (30 ILCS 5/3-8.5) requires the Department to submit the Agency Fee Imposition Report Form containing the following information: (1) a list and description of fees imposed by the agency, (2) the

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purpose of the fees, (3) the statutory or other authority for the imposition of the fees, (4) the amount of revenue generated, (5) the general population affected by the fee, (6) the funds into which the fees are deposited, (7) the use of the funds, if earmarked, and (8) the cost of administration and degree to which the goals of the program are met.

- The Department did not prepare the Fiscal Year 2019 Food Desert Annual Report (Annual Report). Additionally, the Fiscal Year 2020 Annual Report did not contain information about health issues associated with food deserts. Further, the Department failed to provide evidence the Fiscal Year 2020 Annual Report was submitted to the General Assembly.

The Civil Administrative Code of Illinois (20 ILCS 2310/2310-22) requires the Department to provide an annual report to the General Assembly by December of each year that identifies the locations of food deserts within the State and provides information about health issues associated with food deserts.

During the prior engagement period, the Department did not file its Travel Headquarters Report (TA-2) with the Legislative Audit Committee for three reporting periods and submitted one TA-2 Report late. Additionally, the Department did not prepare and submit to the Governor the annual reports of its acts and doings. During the current engagement period, the Department filed its TA-2 Reports and submitted its annual report of its acts and doings as required.

Department management stated, as they did during the prior engagement period, a lack of staff available to work on the reports and oversight resulted in the failure to comply with reporting timelines and requirements.

The finding was first reported during the period ended June 30, 2003. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

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 accurate information is not available. (Finding Code No. 2021-010, 2019-011, 2017-012, 2015-012, 2013-014, 11-12, 09-12, 07-16, 05-12, 03-8)

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**RECOMMENDATION**

We recommend the Department strengthen its controls to ensure required reports are accurately and timely reported and supporting documentation is maintained. 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 agrees with the finding and recommendation.

- For the Agency Fee Imposition Report, the Department will work with appropriate parties to ensure the proper information is tracked, reviewed, and accurately reported.
- Regarding the Food Desert report, the Office acknowledges that the reports did not include information on the health issues associated with food deserts. This information will be included in subsequent reports.

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2021-011. **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.

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 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.

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.

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

Department management stated a Senate Bill (SB0478) has been filed to amend certain requirements as they conflict with federal requirements. Department management also stated they can move forward with the rulemaking and regulation of distressed facilities upon enactment of the changes proposed in the Senate Bill. The bill was introduced on February 23, 2021, but no further action was taken on the bill after being re-referred to the Assignments Committee on April 16, 2021.

The finding was first reported during the period ended June 30, 2015. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

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. 2021-011, 2019-012, 2017-013, 2015-013)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will continue to work with the various interest groups and the General Assembly to pursue a legislative remedy that would remove the provision in the Nursing Home Care Act that ties the Department's administrative rule criteria for determining distressed facilities to outdated federal methodology from 2009 provided in U.S. General Accounting Office (GAO) Report 9-689. The methodology in the GAO was based upon federal Medicare/Medicaid certification requirements and is not appropriate for application to the State licensing requirements of the Nursing Home Care Act.

In addition, the Department will also review the federal criteria and methodology again to determine if it is now possible to do a test run to compare federal criteria

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with alternative criteria in order to satisfy the test run requirement of 210 ILCS 45/3-304.2. Rulemaking is appropriate after corrective legislation is enacted or if it is determined a test run is appropriate.

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2021-012. **FINDING** (Lack of Controls over Monthly Reconciliations)

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

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

- The Department did not perform the required monthly reconciliations of its internal records to the Agency Contract Report (SC14) and Obligation Activity Report (SC15) during Fiscal Year 2020.
- Ten of 12 (83%) required monthly reconciliations of its internal records to either the SC14 or the SC15 were not performed during Fiscal Year 2021.
- Eight of 34 (24%) required monthly reconciliations of the Department expenditure records to the Monthly Appropriation Status Report (SB01) and Object Expense/Expenditures By Quarter Report (SA02) were not performed during the engagement period.
- Two of 34 (6%) SB01 reconciliations tested were reviewed 8 and 11 days late.
- One of 34 (3%) SB01 reconciliations tested was prepared 7 days late.

The Statewide Accounting Management System (SAMS) (Procedure 07.30.20) requires the Department to reconcile its records to the SAMS system on a monthly basis. This reconciliation must be completed within 60 days of the month end. Discrepancies must be reported to the Comptroller's Office immediately for corrections. In addition, SAMS (Procedure 02.50.10) requires supervisors to review and approve the assigned work of their staff to minimize errors.

Department management stated, as they did during the prior engagement period, staff shortages and the changing of positions resulted in the untimely preparation and review of reconciliations.

The finding was first reported during the period ended June 30, 2017. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

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Failure to timely perform and review reconciliations of the Department records to the SAMS system 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. 2021-012, 2019-013, 2017-014)

**RECOMMENDATION**

We recommend the Department ensure reconciliations of its obligations, expenditures, and appropriations are timely performed and reviewed.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department developed a long-term staffing strategy and is working within the Agency and with other agencies to execute this strategy.

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2021-013. **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.

During testing, we noted 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.

During the prior engagement period, the Department failed to inform and educate medical examiners and coroners regarding autopsies to diagnose the disease. During the current engagement period, the Department arranged for education and training for medical examiners and coroners through a webinar on the importance of autopsies in the diagnosis, treatment, and research of Alzheimer’s disease.

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 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.

Department management stated the review process has been time consuming and required examination of two different Acts, as well as internal meetings and dialogue regarding the best course of action as the Dementia Program is being developed.

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The finding was first reported during the period ended June 30, 2015. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Failure to carry out the mandated duty does not achieve the legislative intent for the affected program and results in noncompliance with the Code. (Finding Code No. 2021-013, 2019-014, 2017-015, 2015-015)

**RECOMMENDATION**

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

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department concurs that a legislative remedy should be sought and will work through the State's legislative process to do so.

The Department has informed and educated medical examiners and coroners regarding autopsies to diagnose the disease. A live online educational webinar in collaboration with a University Medical Center was completed on September 14, 2021, via WebEx Events. This Webinar was entitled Alzheimer's Disease: The Importance of Autopsies in Diagnosis, Treatment, and Research. The Dementia Coordinator invited all coroners and medical examiner (s) from the State, also disseminating the webinar flyer through the Alzheimer's Disease Advisory Committee networks. The Illinois Coroners Training Board approved continuing education units (CEUs) to be awarded to the coroners in attendance at the September 14, 2021, Webinar. The Dementia Coordinator compiled and distributed CEU certificates to the attendees who requested CEUs.

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2021-014. **FINDING** (Inadequate Controls over Employee Time Reporting)

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

The Department expended \$150,839,693 and \$171,191,381 for payroll and had an average of 1,172 and 1,206 employees during Fiscal Years 2020 and 2021, 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. During testing, we noted the following:

- Sixteen of 60 (27%) DTRs tested were not timely completed. The employees completed their DTRs from one to 36 days late.
- Two of 60 (3%) DTRs required to be completed were not submitted, and the employees were still paid despite the lack of required time reports.

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 Protocols of the Department's Employee Guidelines, Directive 16-02, all employees are required to submit a complete and accurate weekly timesheet to the supervisor within two days of the start of the following workweek.

Department management stated, as they did during the prior engagement, competing work demands and oversight were the reasons for the untimely submission of DTRs.

The finding was first reported during the period ended June 30, 2015. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Failure to maintain adequate controls over employee time reporting increases the risk of the Department paying for services not rendered by employees. (Finding Code No. 2021-014, 2019-015, 2017-016, 2015-017)

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**RECOMMENDATION**

We recommend the Department strengthen controls to ensure employees' time records are submitted in a timely manner.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department continues to monitor delayed timekeeping entries and supervisor approvals.

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2021-015. **FINDING** (Inadequate Internal Controls over Commodities)

The Illinois Department of Public Health (Department) did not ensure the accuracy of fiscal year-end commodities inventory balance.

During testing of the Department’s June 30, 2021 year-end commodities inventory balance, we noted for five of 63 (8%) commodity items inspected, the count per the Department inventory list did not agree with the auditor’s physical count. The discrepancies resulted in an overstatement of inventory by \$21,643.

The Department reported a commodities inventory balance totaling \$18.6 million at June 30, 2021 to the Office of Comptroller (Comptroller) in its year-end financial reporting packages.

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

Department management stated as they did during the prior engagement period, the discrepancies were due to clerical errors and oversight caused by a lack of staff, competing priorities, and the lack of a system capable of tracking inventory.

The finding was first reported during the period ended June 30, 2013. In the subsequent years, the Department has been unsuccessful in fully implementing appropriate corrective action or procedures.

Failure to ensure accuracy of commodities inventory balance at fiscal year-end results in inaccurate financial reporting. (Finding Code No. 2021-015, 2019-016, 2017-001, 2015-002, 2013-003)

**RECOMMENDATION**

We recommend the Department strengthen its internal controls over commodities to ensure its fiscal year-end inventory balance is accurate.

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**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will review current processes and work to implement procedures to strengthen internal controls over the reporting of commodities inventories including advising programs of the importance of reporting end of fiscal year balances.

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2021-016. **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 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, 2021, the Committee was comprised of 13 members. The Committee lacked a representative from the general public representing consumer of home services or a family member of a consumer of home services and a home services worker.
- 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 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, 2021, the Advisory Board was comprised of 12 members and lacked the representative from the Department of Human Services, a representative from the general public who is not a member of a residents' advisory council, and a member of a residents' advisory council.

Department management stated, as they did during the prior engagement period, the vacant positions remained on the Committee and Advisory Board due to a lack of candidates who were interested that meet the qualifications of vacant positions.

The finding was first reported during the period ended June 30, 2011. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

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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. 2021-016, 2019-018, 2017-019, 2015-020, 2013-018, 11-16)

**RECOMMENDATION**

We recommend the Department timely fill the vacancies on the Committee and Advisory Board as required.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department continues to actively seek new members on the Committee and the Advisory Board and is considering several nominee applications.

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2021-017. **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 and untimely submitted 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 still not updated for the required information for breast cancer patients.
- The Department had 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. However, the special emphasis on African-American and Hispanic populations’ breast reconstructive surgery, and breast prosthesis were not noted in these consultations.
- The Department submitted the report to the General Assembly on June 11, 2021, 18 months late. The report described activities carried out during the period 2018 to 2019 and contained an evaluation of the extent to which the activities have been effective in improving the health of racial and ethnic minority groups, which was not included during the prior year report.

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 has the right to choose the provider of reconstructive care,

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including the potential transfer of care to a surgeon that provides breast reconstructive care.

- e) The patient may opt to undergo breast reconstruction in a delayed fashion for personal reasons or after completion of all other breast cancer treatments.

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, including evaluating the extent to which the activities have been effective in improving the health of racial and ethnic minority groups.

Department management stated the Illinois Breast and Cervical Cancer Program (IBCCP) has contracted with a University to develop new program materials inclusive of the Your Right to Know publication and program materials; however, this process was delayed due to the COVID-19 impact on securing focus group participants pushing out the deliverable timeline.

The finding was first reported during the period ended June 30, 2017. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

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. 2021-017, 2019-019, 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, include a special emphasis on African-American and Hispanic population's breast reconstructive

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surgery, and breast prostheses and breast forms, and ensure required reports to be submitted to the General Assembly are timely filed.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. To meet this requirement, the Department continues to collaborate with stakeholders to develop these materials in accordance with the Act.

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2021-018. **FINDING** (Inadequate Controls over Voucher Processing)

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

The Department utilized the Enterprise Resource Planning (ERP) System of the Department of Innovation and Technology for the processing of vouchers. During testing, we noted the following:

- Ninety-six of 225 (43%) vouchers tested, totaling \$ 7,576,324, were approved from 1 to 159 days late.

The Illinois Administrative Code (74 Ill. Admin. Code 900.70) requires the Department to approve proper bills or deny bills with defects, in whole or in part, within 30 days after receipt.

- Ten of 225 (4%) vouchers tested, totaling \$260,978, were not supported by a purchase requisition or purchase order. In addition, two of 40 (5%) travel vouchers tested, totaling \$3,246, did not include documentation to support submission and approval dates. Therefore, we could not determine if the travel voucher was timely submitted.

The State Records Act (5 ILCS 160/8) requires the Agency make and preserve adequate and proper documentation of the essential transactions of the Agency designed to furnish information to protect the legal and financial rights of the State and of persons directly affected by the Agency's activities.

- For nine of 225 (4%) vouchers tested, totaling \$1,791,728, the Department did not pay \$17,121 in accrued interest.

The State Prompt Payment Act (30 ILCS 540/3-2) requires the Department, when the bill is not paid within 90 days after receipt of a proper bill or invoice, to pay interest at the rate of 1% per month until the bill is paid.

Department management stated the issues noted were due to delay of other offices in submitting the invoices to the Office of Finance and Administration - Fiscal for processing of payment and oversight. Additionally, Department management stated the stay at home order due to the COVID-19 pandemic and staffing shortages contributed to the deficiencies.

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The finding was first reported during the period ended June 30, 2017. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

Failure to timely approve vouchers could result in interest charges. Failure to maintain proper supporting documentation increases the likelihood that errors and irregularities could occur. Failure to pay interest on late vouchers in noncompliance with the State Prompt Payment Act. (Finding Code No. 2021-018, 2019-021, 2017-027)

**RECOMMENDATION**

We recommend the Department strengthen its controls over voucher processing to ensure vouchers are timely and properly processed and approved, interest is paid, and the expenditures are substantiated with proper supporting documentation.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will work to ensure vouchers are processed in a timely manner and with proper approvals. The Department will review procedures over how invoices are dated to assist in determining proper dates for interest accrual.

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2021-019. **FINDING** (Formal Department Rules Not Adopted)

The Illinois Department of Public Health (Department) has not adopted rules required by State laws.

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

- The Department has not yet adopted 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 they have drafted the rules and have received approval from the Governor's Office and the State Board of Health in March 2020; however, due to a considerable number of suggested corrections, the Department is still reviewing and revising the proposed rules.

- The Department has not yet adopted the rules required by the School Code (105 ILCS 5/27-8.1(2)). The School Code, effective June 1, 2017, requires the Department to promulgate rules and regulations specifying the examinations and procedures that constitute a health examination, which shall include an age-appropriate developmental screening, an-age appropriate social and emotional screening, and the collection of data relating to asthma and obesity (including at a minimum, date of birth, gender, height, weight, blood pressure, and date of exam), and a dental examination and may recommend by rule that certain additional examinations be performed. The rules and regulations shall specify that a tuberculosis skin test screening shall be included as a required part of each health examination if the child resides in an area designated by the Department as having a high incidence of tuberculosis. With respect to the developmental screening and the social and emotional screening, the Department must, no later than January 1, 2019, develop rules and appropriate revisions to the Child Health Examination form.

Department management stated they drafted the Illinois Administrative Code which addressed the age-appropriate developmental screening and the age-appropriate social and emotional screening, and the draft rules were approved for Second Notice on March 9, 2022. Department management also stated the delay in drafting the rules was due to COVID-19/remote work issues and the

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Rules Coordinator position being vacant for a while.

- The Department has not yet adopted the rules required by the Specialized Mental Health Rehabilitation Act of 2013 (Act) (210 ILCS 49/3-106(b-5)). Provisions of the Act, effective June 5, 2019, require the Department 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 the consumer or the consumer’s authorized representative and the consumer’s physician, a registered pharmacist who is not a dispensing pharmacist for the facility where the consumer 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.

Department management stated the draft amendments are still under review.

During the prior engagement period, the Department did not adopt the rules required by the Authorized Electronic Monitoring in Long-term Care Facilities Act (Act) (210 ILCS 32/65). During the current engagement period, the rules necessary to administer and enforce the Act were adopted effective January 27, 2022.

The finding was first reported during the period ended June 30, 2017. In the subsequent years, the Department has been unsuccessful in fully implementing appropriate corrective action or procedures.

Formal administrative rules provide a basis for proper implementation and enforcement of State laws, protect the Department from legal challenges, and give additional legitimacy to Department actions. Failure to adopt the required rules is noncompliance with State laws. (Finding Code No. 2021-019, 2019-022, 2017-023)

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**RECOMMENDATION**

We recommend the Department adopt rules required by the State laws or seek legislative remedy.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation.

- The Department has received the response to the Prefiling of the rulemaking. After review, the Department will submit the rules for 1st Notice, per the Administrative Procedure Act.
- The Department established a workgroup constituting the required stakeholders who the Department was specified to develop rules in conjunction with, as specified in Public Act 99-0927. This workgroup met to develop a framework for the draft rules, and the draft rules were then presented to the State Board of Health for approval.
- The Department will draft and adopt rules required by the Specialized Mental Health Rehabilitation Act of 2013.

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2021-020. **FINDING** (Inadequate Controls over Accounts Receivable)

The Illinois Department of Public Health (Department) did not have adequate controls over the administration of its accounts receivable.

The Department reported \$11.6 million in accounts receivable, of which \$7.4 million was over one year past due, as of June 30, 2021, and \$11 million, of which \$7.4 million was over one year past due, as of June 30, 2020. During our testing, we noted the following:

- For 14 of 40 (35%) accounts receivable tested, totaling \$84,725, that were over 30 days to one year past due, the Department did not make active collection efforts. The Department did not send collection letters, or refer the accounts to a collection agency or the Office of Comptroller’s Offset System for collection, or to the Office of the Attorney General for write off or legal action.

The Illinois State Collection Act of 1986 (Act) (30 ILCS 210/3) and the Statewide Accounting Management System (SAMS) (Procedure 26.40.10) require the Department to pursue the collection of accounts or claims due and payable to the State of Illinois through all reasonable and appropriate procedures. The Department’s Accounts Receivable Procedure states that when a payment for an account receivable is not received within 10 days from the initial due date, the Department must send a follow-up notice informing the debtor the debt is now past due and the individual account will be turned over to a collection agency. The Act (30 ILCS 210/5(c-1)) and SAMS (Procedure 26.40.20) require the Department to place all debts over \$250 and more than 90 days past due in the Office of Comptroller’s Offset System. The Uncollected State Claims Act (30 ILCS 205/2(b)) requires the Department, when it is unable to collect any claim or account receivable of \$1,000 or more, request the Attorney General to certify the claim or account receivable to be uncollectible.

- Four of 40 (10%) accounts receivable tested, totaling \$31,207, were not properly aged.

SAMS (Procedure 26.20.20) requires each outstanding receivable due to the State to be “aged” relative to its formal due date for an agency to effectively estimate the collectability of its receivables and properly focus collection efforts.

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Department management stated the delay was due to stay at home orders and staffing shortages in the office due to the COVID-19 pandemic. Department management also stated the incorrect aging classification of accounts receivable was due to oversight.

Failure to send collection letters and timely refer receivables to the Office of Comptroller's Offset System increases the likelihood that past due amounts owed to the Department will not be collected or that collection will be further delayed. Failure to report uncollectible accounts to the Attorney General results in the Department not writing off accounts receivable balances and the corresponding allowance for doubtful accounts, resulting in an overstatement of these balances in the Department's accounts receivable reports. In addition, the failure to properly age accounts receivable could result in inaccurate reporting and is noncompliance with SAMS. (Finding Code No. 2021-020, 2019-026)

**RECOMMENDATION**

We recommend the Department pursue all reasonable and appropriate procedures to collect on outstanding debts as required by State laws and regulations. Further, we recommend the Department ensure accounts receivable are properly aged.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department has implemented a procedure to cross-train additional staff on collection procedures to ensure timely collection of outstanding debts. A procedure has been implemented to ensure that, in the future, accounts receivable reports will reflect the correct aging classification.

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2021-021. **FINDING** (Noncompliance with the Alzheimer’s Disease Assistance Act and Alzheimer’s Disease Research, Care, and Support Fund Act)

The Illinois Department of Public Health (Department) did not promote and use as mandated the Alzheimer’s Disease Research, Care, and Support Fund.

During testing, we noted the following:

- The Department has not made reasonable efforts to promote the Alzheimer’s Disease Research, Care, and Support Fund. The Alzheimer’s Disease Assistance Act (410 ILCS 405/8), effective January 1, 2020, requires the Department, in coordination with the members of the Alzheimer’s Disease Advisory Committee, to make reasonable efforts to promote the Alzheimer’s Disease Research, Care, and Support Fund during relevant times.
- The Department paid the salary and benefits of its Dementia Coordinator from the General Revenue Fund, not the Alzheimer’s Disease Research, Care, and Support Fund as required. The Department’s Dementia Coordinator began the new full-time position on February 1, 2021. The Alzheimer’s Disease Research, Care, and Support Fund Act (Act) (410 ILCS 410/3.1) requires the Dementia Coordinator, created within the Department, to be funded out of the Alzheimer’s Disease Research, Care, and Support Fund. Additionally, the Act (410 ILCS 410/3.2(1)-(2)) requires moneys in the Alzheimer’s Disease Research, Care, and Support Fund to be used by the Department to cover the costs associated with the Act, including, but not limited to, the salary and benefits for the full-time position of Dementia Coordinator, and other expenses contingent with the responsibilities of the Dementia Coordinator, including, but not limited to, travel and professional development opportunities.
- During Fiscal Year 2021, the Alzheimer’s Disease Research, Care, and Support Fund was appropriated \$250 thousand but had \$0 expenditures; therefore, the Department did not utilize the moneys in the Fund as mandated. The Act (410 ILCS 410/3.2(3)-(4)) requires, if funding is available after supporting the salary, benefits, and other expenses contingent with the responsibilities of the Dementia Coordinator, moneys in the Alzheimer’s Disease Research, Care, and Support Fund to be used by the Department to execute appropriate modules of the Behavioral Risk Factor Surveillance System and other administering data collection and to implement recommendations outlined in the Alzheimer’s Disease State Plan.

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Department management stated they still need to assess the Department’s ability and options for promoting the Alzheimer’s Disease Research, Care, and Support Fund. Department management also stated, historically, the Alzheimer’s Disease Research Fund was allocated for grants only, with a spending maximum of \$250 thousand.

Failure to carry out these mandated duties is noncompliance with the Act and does not achieve the legislative intent to establish a program for the conduct of research regarding the cause, cure and treatment of Alzheimer's disease and related disorder. (Finding Code No. 2021-021)

**RECOMMENDATION**

We recommend the Department make reasonable efforts to promote the Alzheimer’s Disease Research, Care, and Support Fund and spend the moneys for the program as mandated to comply with the Act.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation.

- The Dementia Coordinator intends to work with Office of Health Promotion leadership, legislative affairs, legal and other leadership members as applicable to discuss the Department’s role in promoting the fund, define actions steps for “reasonable effort,” and next steps for how to collaborate efforts with the Alzheimer’s Disease Advisory Committee.
- In the interim, the Department took several steps to comply with the provisions of this Act, including:
  - Monitoring the balance of the Alzheimer’s Disease Research, Care, and Support fund and funds have been allocated for the Dementia Coordinator’s salary and benefits moving forward.
  - Using funds to reimburse a University Medical Center for grant work performed from October 2021 through the present; the grant fulfills activities in the State Plan to increase awareness of Alzheimer’s Disease and available resources.

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2021-022. **FINDING** (Noncompliance with the Civil Administrative Code of Illinois Pertaining to Maternal Care)

The Illinois Department of Public Health (Department) did not monitor birthing facilities and update the classification system of the levels of maternal care required by the Civil Administrative Code of Illinois.

During testing, we noted the following:

- The Department did not monitor birthing facilities if such conducted continuing education yearly regarding the care for pregnant or postpartum women. The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-222(b)) requires the Department to ensure that all birthing facilities conduct continuing education yearly for providers and staff that may care for pregnant or postpartum women. Additionally, the Code requires the continuing education include yearly educational modules regarding management of severe maternal hypertension and obstetric hemorrhage for units that care for pregnant or postpartum women and the birthing facilities must demonstrate compliance with these education and training requirements

Department management stated they have drafted regulations, which are in the rule process, regarding mandating education. Additionally, Department management stated the Perinatal Division has drafted an annual hospital questionnaire regarding this education.

- The Department has not updated the classification system of the levels of maternal care under the Illinois Administrative Code (77 Ill. Admin. Code 640). The Code (20 ILCS 2310/2310-223(a)) requires the Department to establish a classification system for the following levels of maternal care: (1) basic care: care of uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available; (2) specialty care: basic care plus care of appropriate high-risk antepartum, intrapartum, or postpartum conditions, both directly admitted and transferred to another facility; (3) subspecialty care: specialty care plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions; and (4) regional perinatal health care: subspecialty care plus on-site medical and surgical care of the most complex maternal conditions, critically ill pregnant women, and fetuses throughout antepartum, intrapartum, and postpartum care.

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Department management stated they are still in the process of rewriting and updating the perinatal code to include the current classification of the levels of maternal care. Department management also stated that part of the delay was due to the Department seeking relevant assistance and guidance in revising the code.

Failure to carry out these mandated duties is noncompliance with the Code and does not achieve the legislative intent of the affected program to provide proper care for pregnant and postpartum women. (Finding Code No. 2021-022)

**RECOMMENDATION**

We recommend the Department monitor birthing facilities to ensure they conduct continuing education yearly regarding the care for pregnant or postpartum women. We also recommend the Department update the classification system of the levels of maternal care to comply with the Code.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation.

The Department drafted regulations, which are in the rule process regarding mandating continuing education and an annual hospital questionnaire regarding this education. The hospitals must also follow the Medicare's new Quality Initiative.

The Department created a Maternal Levels of Care Taskforce, per the Perinatal Advisory Committee, to consult on the creation of new rules for maternal levels of care. Since the creation of the task force, they have met monthly since August 2021 and continue to work diligently on a framework for the maternal levels of care rules.

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2021-023. **FINDING** (Noncompliance with the Emergency Medical Services Systems Act)

The Illinois Department of Public Health (Department) did not send Emergency Medical Services license renewal notices timely as required by the Emergency Medical Services Systems Act.

During testing, for four of 40 (10%) license renewal notices tested, the Department did not send the notices to the licensee at least 60 days prior to the expiration date of the license. The notices were sent from two to 14 days late.

The Emergency Medical Services Systems Act (Act) (210 ILCS 50/3.50(f)) requires the Department to send license renewal notices electronically and by mail to all Emergency Medical Services licensees who provide the Department with his or her email address, at least 60 days prior to the expiration date of the license.

Department management stated the issue was due to system error and oversight.

Failure to send license renewal notices timely is noncompliance with the Act and could result in Emergency Medical Services personnel failing to renew their licenses timely. (Finding Code No. 2021-023)

**RECOMMENDATION**

We recommend the Department ensure license renewal notices are sent to all licensees at least 60 days prior to the expiration date of the license as required.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will ensure that license renewal notices are sent at least 60 days prior to the expiration date of the license to ensure timely renewal if the individual chooses to renew their license.

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2021-024. **FINDING** (Noncompliance with the Illinois Controlled Substances Act)

The Illinois Department of Public Health (Department) did not review data in coordination with the Prescription Monitoring Program as required by the Illinois Controlled Substances Act.

The Department did not coordinate a continuous review of the Prescription Monitoring Program (Program) and Department data of patients discharged from a medical facility in relation to a sport or accident injury if they may be at risk of opioid addiction.

The Illinois Controlled Substances Act (Act) (720 ILCS 570/318 (a-2)) requires the Department and the Program of the Department of Human Services (DHS) to coordinate a continuous review of the Program and Department data to determine if a patient may be at risk of opioid addiction. The Act requires each patient discharged from any medical facility with an International Classification of Disease, 10th edition code related to a sport or accident injury to be subject to the data review.

Department management stated implementation of their responsibilities was delayed due to the necessary staff to carry out this duty have been integrally involved with the Department's COVID-19 response. Department management also stated provisioning the data to DHS requires specialized technical expertise, including familiarity with the hospital discharge dataset so this work could not be easily reassigned.

Failure to coordinate a continuous review of the Program and Department data related to sports or accident injuries is noncompliance with the Act and does not achieve the legislative intent of the program to provide a system of control over the distribution and use of controlled substances. (Finding Code No. 2021-024)

**RECOMMENDATION**

We recommend the Department coordinate with DHS to have a review of the Program and Department data to comply with the Act.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department continues to diligently pursue various mechanisms to secure more informatics support as expediently as possible and has met monthly with DHS since September 2021 to provide updates on efforts.

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2021-025. **FINDING** (Noncompliance with the Equity in Long-term Care Quality Act)

The Illinois Department of Public Health (Department) did not establish the nursing home labor force program required by the Equity in Long-term Care Quality Act.

The Department did not establish a nursing home labor force promotion, expansion, and retention program by January 1, 2020.

The Equity in Long-term Care Quality Act (Act) (30 ILCS 772/25) requires the Department, contingent upon approval by the Centers for Medicare and Medicaid Services, to establish a nursing home labor promotion, expansion, and retention program no later than January 1, 2020, using moneys appropriated from the Equity in Long-term Care Quality Fund. The Act requires the program to include, but not limited to: (1) a public relations campaign to encourage people to become nursing home workers; (2) scholarships for certified nursing assistants, licensed practical nurses, and registered nurses; and (3) retention incentives for nursing home workers. The Act also requires the Department establish partnerships with one or more community colleges or universities to execute the program. Additionally, the Act requires the Department to report to the General Assembly: (1) no later than January 30, 2020, the status of the establishment of the program, and (2) no later than January 1, 2021, and each January 1 thereafter, the number of scholarships awarded during the preceding year and the demographics of the awardees.

Department management stated the delay was due to a lack of staffing as well as the Department's response to the ongoing COVID-19 pandemic.

Failure to establish a nursing home labor force program is noncompliance with the Act and does not achieve the legislative intent of the program to provide high-quality nursing home care to residents of nursing home facilities. (Finding Code No. 2021-025)

**RECOMMENDATION**

We recommend the Department establish a nursing home labor force program, approved by the Centers for Medicare and Medicaid Services, and submit the required reports to the General Assembly to comply with the Act.

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**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Office of Health Care Regulation (OHCR) lost several leadership positions in 2021. The Department developed a long-term staffing strategy and is working within the Agency and with other agencies to execute this strategy.

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2021-026. **FINDING** (Noncompliance with the Cannabis Regulation and Tax Act)

The Illinois Department of Public Health (Department) did not make recommendations on appropriate health warnings for cannabis dispensaries and advertising required by the Cannabis Regulation and Tax Act.

During testing, we noted the Department did not make recommendations to the Department of Agriculture and the Department of Financial and Professional Regulation required by the Cannabis Regulation and Tax Act (Act). The Act (410 ILCS 705/5-25(a)) requires the Department to make recommendations to the Department of Agriculture and the Department of Financial and Professional Regulation on appropriate health warnings for dispensaries and advertising, which may apply to all cannabis products, including item-type specific labeling or warning requirements.

Department management stated they were unaware the requirements were not met.

Failure to timely and completely carry out mandated duties is noncompliance with the Act and does not achieve the legislative intent of the program to protect the health and safety of the public by providing appropriate health warnings for cannabis dispensaries and advertising. (Finding Code No. 2021-026)

**RECOMMENDATION**

We recommend the Department make recommendations to the Department of Agriculture and the Department of Financial and Professional Regulation on appropriate health warnings for cannabis dispensaries and advertising to comply with the Act.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation and will work to draft recommended language for submission to the Department of Agriculture and the Department of Financial and Professional Regulation.

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2021-027. **FINDING** (Noncompliance with the Tobacco Products Compliance Act)

The Illinois Department of Public Health (Department) did not require tobacco manufacturers to submit the annual written compliance reports and did not adopt rules required by the Tobacco Products Compliance Act.

During testing, we noted the following:

- The Department did not receive annual written certifications from manufacturers of tobacco products in the State and who distribute or sell the tobacco products in the United States. The Tobacco Products Compliance Act (Act) (410 ILCS 76/10) requires any person who manufactures any tobacco product in the State for distribution or sale in the United States to provide annually to the Department, by June 1, 2020 and by June 1 of each year thereafter, a written certification, including supporting evidence and documentation, of such person's compliance with provisions of the federal Family Smoking Prevention and Tobacco Control Act.
- The Department did not draft and adopt rules required by the Act. The Act (410 ILCS 76/20), effective August 26, 2019, requires the Department to adopt rules for the administration and enforcement of the Act.

Department management stated they have not been involved in tobacco compliance reporting in the past and were unaware of the requirements of the statute.

Formal administrative rules provide the basis for proper implementation and, therefore, would enforce manufacturers to comply with the requirement to submit the annual written compliance certifications to the Department. (Finding Code No. 2021-027)

**RECOMMENDATION**

We recommend the Department adopt rules and require tobacco products manufacturer to submit the required annual written compliance certifications to the Department to comply with the Act.

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**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The tobacco control program will work to draft and adopt administrative rules under the Tobacco Products Compliance Act (Act) to require annual submission of written certification from manufacturers of tobacco products in Illinois for distribution or sale in the United States, indicating compliance with specified federal requirements. In January 2021, the tobacco control program recommended the Tobacco Products Compliance Act be amended to transfer enforcement authority to the Office of the Attorney General.

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2021-028. **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 agreed to use the Illinois State Treasurer’s ePAY program to accept credit card payments. In Fiscal Years 2020 and 2021, the Department handled 88,317 transactions totaling approximately \$11.32 million and 55,022 transactions totaling approximately \$7.25 million, respectively.

We reviewed the efforts of four of the Department’s Divisions to ensure compliance with PCI DSS. During our testing, we noted the Department had not:

- Formally assessed each program accepting credit card payments, the methods in which payments can be made, and match these methods to the appropriate Self-Assessment Questionnaire (SAQ) for two (50%) Divisions tested;
- Completed a SAQ and Attestation of Compliance (AOC) for all programs accepting credit card payments for two (50%) Divisions tested; and
- Completed quarterly vulnerability scan by an approved scanning vendor (ASV) of the servers that provide a path to the cardholder data environment for three (75%) Divisions tested.

This finding was first reported in Fiscal Year 2015. In subsequent years, the Department has been unsuccessful in implementing appropriate procedures to ensure compliance with the PCI DSS.

To assist merchants in the assessments of their environment, the PCI Council has established SAQs 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.

Department management indicated the issues noted were due to competing priorities.

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Cardholder's data or personal information collected by the Department should be adequately secured at all times. Failure to establish and maintain adequate procedures to handle and protect such information could result in identity theft or other unintended use. (Finding Code No. 2021-028, 2019-020, 2017-021, 2015-022)

**RECOMMENDATION**

We recommend the Department:

- At least annually, assess each program accepting credit card payments and match the payment method to the appropriate SAQ.
- Complete the appropriate SAQ(s) and AOC for its environment and maintain documentation supporting its validation efforts.
- Ensure quarterly vulnerability scans are completed by an approved scanning vendor for all environments.
- Maintain contact with the Treasurer's Office to ensure sufficient knowledge and awareness of PCI Compliance status, issues, and guidance surrounding the ePAY program.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department's Office of Finance and Administration provided guidance to the Offices/Programs that accept credit card payments regarding Self-Assessment Questionnaires (SAQs), and a central repository has been created to hold the SAQs. All SAQs have been completed for Fiscal Year 2022. A schedule of quarterly scans has been implemented, and the Department is in contact with the Treasurer's Office regarding PCI Compliance and the ePAY program.

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2021-029. **FINDING** (Weaknesses in Cybersecurity Programs and Practices)

The Illinois Department of Public Health (Department) did not maintain adequate internal controls related to its cybersecurity programs and practices.

The Illinois State Auditing Act (30 ILCS 5/3-2.4) requires the Auditor General to review State agencies and their cybersecurity programs and practices. During our examination of the Department’s cybersecurity program, practices, and control of confidential information, we noted the Department had not:

- Performed a comprehensive risk assessment to identify and ensure adequate protection of information (i.e. confidential or personal information) most susceptible to attack.
- Ensured all employees and contractors completed cybersecurity training upon employment, and annually thereafter.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use and misappropriation and maintain accountability over the State’s resources.

The Data Security on State Computers Act (20 ILCS 450/25) requires every employee to annually undergo training by the Department of Innovation and Technology concerning cybersecurity.

In addition, the *Framework for Improving Critical Infrastructure Cybersecurity* (Framework) published by the National Institute of Standards and Technology (NIST) requires the implementation of the Framework to develop an organizational understanding to manage cybersecurity risk to systems, people, assets, data, and capabilities and implement appropriate safeguards, and activities to identify, detect and respond to any cybersecurity event or incident.

Department management indicated the competing priorities due to COVID-19, employee turnover and shortages of staff contributed to the inability to perform a comprehensive risk assessment and to adequately monitor the timely completion of required trainings.

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The lack of adequate cybersecurity programs and practices could result in unidentified risk and vulnerabilities and ultimately lead to the Department’s volumes of confidential and personal information being susceptible to cyber-attacks and unauthorized disclosure. (Finding Code No. 2021-029)

**RECOMMENDATION**

The Department has the responsibility to ensure that confidential and personal information is adequately protected. Specifically, we recommend the Department:

- Perform a comprehensive risk assessment to identify data to ensure adequate protection of confidential or personal information most susceptible to attack.
- Evaluate identified risks and implement appropriate controls to reduce the risk.
- Ensure all employees and contractors annually complete cybersecurity training as outlined in the Data Security on State Computers Act.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department will perform a comprehensive Risk Assessment with the Department of Innovation Technology’s Governance, Risk and Compliance team under the Division of Cybersecurity. This will begin after the Business Impact Analysis (BIA) refresh is completed, sometime in quarter 3 or 4 of calendar year 2022.

The Department is developing new protocols to track and ensure DPH employee and contractor compliance with the annually mandated cybersecurity trainings as outlined in the Data Security on State Computers Act. The new protocols will be in place by quarter 3 of calendar year 2022.

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2021-030. **FINDING** (Lack of Adequate Controls over Review of Internal Controls over Service Providers)

The Illinois Department of Public Health (Department) did not document independent internal control reviews over service providers.

The Department entered into agreements with various service providers to assist with significant processes such as data collection, rewards program, information technology hosting and shared service, and hosting the Enterprise Resource Planning System.

We requested the Department to provide a population of service providers. In response to this request, the Department provided a listing of service providers. However, our testing noted the listing was not complete. In addition, we identified service providers from testing that were not on the list. Due to this deficiency, we were unable to conclude the Department's 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 controls over service providers.

Even given the population limitation, we selected four of eight service providers from the listing provided by the Department. During our testing, we noted the Department had not:

- Documented its review of the System and Organization Control (SOC) report for one (25%) service provider tested;
- Monitored and documented the operation of the Complementary User Entity Controls (CUECs) relevant to the Department's operations for one (25%) service provider tested;
- Obtained and reviewed SOC reports for subservice organizations or performed alternative procedures to determine the impact on its internal control for one (25%) service provider tested;
- Established a regular review process to monitor specified performance measures, problems encountered, and compliance with contractual terms with the service providers; and
- Established policies and procedures to ensure information assets and resources at the service provider were adequately protected from unauthorized or accidental disclosure, modification, or destruction.

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The Department is responsible for the design, implementation, and maintenance of internal controls related to information systems and operations to ensure resources and data are adequately protected from unauthorized or accidental disclosure, modifications, or destruction. This responsibility is not limited due to the process being outsourced.

The *Security and Privacy Controls for Information Systems and Organizations* (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology (NIST), Maintenance and System and Service Acquisition sections, requires entities outsourcing their Information Technology environment or operations to obtain assurance over the entities internal controls related to the services provided. Such assurance may be obtained via System and Organization Control reports or independent reviews.

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 that 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.

Department management indicated the lack of dedicated staff delayed the timely pursuit of publishing a SOC review procedure and appropriately reviewing and documenting the reviews of SOC reports and CUECs.

Without maintaining a complete list of service providers and proper documentation of its review of the SOC report and CUECs relevant to the Department, the Department does not have assurance the service provider's internal controls are adequate. Failure to include a requirement in the contracts with service providers for independent review and monitoring specified performance, problems encountered, and compliance with contractual terms may result in obligations and services not met and not timely detected and corrected. (Finding Code No. 2021-030)

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**RECOMMENDATION**

We recommend the Department identify all service providers and determine and document if a review of controls is required. If required, the Department should:

- Monitor and document the operation of the CUECs relevant to the Department’s operations.
- Either obtain and review SOC reports for subservice organizations or perform alternative procedures to satisfy itself that the existence of the subservice organization would not impact its internal control environment.
- Document its review of the SOC reports and all significant issues with subservice organizations to ascertain if a corrective action plan exists and when it will be implemented, any impacts to the Department, and any compensating controls.
- Establish a regular review process to monitor specified performance measures, problems encountered, and compliance with contractual terms with the service providers.
- Establish policies and procedures to ensure information assets and resources at the service provider were adequately protected from unauthorized or accidental disclosure, modification, or destruction.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Department, in cooperation with the Department of Innovation and Technology (DoIT) will work to document and review SOC reports in relation to any service provider.

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2021-031. **FINDING** (Inadequate Controls over I-9 Forms)

The Illinois Department of Public Health (Department) did not exercise adequate internal controls over the Employment Eligibility Verification (I-9) forms.

During our testing of 60 employees' personnel files, we noted;

- For two of 15 (13%) new employees tested, Section 2 of the I-9 forms were not timely completed. The forms were completed two and four business days late.
- Four of 60 (7%) I-9 forms tested were not properly completed. Section 1 of three I-9 forms were not signed or dated by the employee and Section 2 of one I-9 form was not completed by the Department.
- Two of 60 (3%) I-9 forms tested were not maintained in employees' personnel files. As such, we could not determine whether the Department examined the identity of employment authorization of those employees.

Federal law (8 U.S.C. § 1324a) requires an employer to complete and maintain an I-9 form to verify an individual's eligibility for employment in the United States.

Federal Immigration Law (8 U.S.C. § 1324a) (Act) requires a hiring entity to attest it has verified an individual it employs is a citizen or otherwise authorized to work in the United States by (a) ensuring the individuals it hires properly complete Section 1 of Form I-9 at the time of hire, and (b) sign Section 2 of Form I-9 within three business days of hire (8 CFR § 274a.2). A paper (with original handwritten signatures), electronic, original paper scanned into an electronic format, or a combination of paper and electronic, or microfilm or microfiche copy of the original signed version of the Form I-9 must be retained by an employer for three years after the date of hire or one year after the date of the individuals' employment is terminated, whichever is later (8 CFR § 274a2(b)(1)(iii)).

Department management stated the issues were due to oversight.

Failure to complete and maintain I-9 forms within the required timeframe is a violation of federal laws. (Finding Code No. 2021-031)

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**RECOMMENDATION**

We recommend the Department enhance its controls over employee verifications to ensure timely completion and retention of I-9 forms.

**DEPARTMENT RESPONSE**

The Department agrees with the finding and recommendation. The Office of Human Resources will work to provide further oversight and communicate the importance of completion and submission of I-9 forms.

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A. **FINDING** (Inadequate Controls over Computer Inventory)

During the prior examination, the Illinois Department of Public Health (Department) did not have adequate controls over computer inventory.

During the current examination, our sample testing noted the Department was able to locate and track all its computers. (Finding Code No. 2019-009, 2017-002, 2015-003, 2013-005, 11-8)

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

During the prior examination, it was noted the Department did not comply with the Compassionate Use of Medical Cannabis Pilot Program Act. The \$125 reduced application fee for a three-year registry card collected by the Department differed from the amount of fee indicated per the Illinois Administrative Code (Code) (77 Ill. Adm. Code 946.210), which was \$124. Additionally, there were no board members appointed to the Medical Cannabis Advisory Board, no meetings, and no annual report issued.

During the current examination, our testing noted the Department revised the fees and the Code was amended, effective April 27, 2021. Additionally, our sample testing disclosed the application fees collected by the Department were in accordance with the Code. However, there were still no board members appointed to the Medical Cannabis Advisory Board, no meetings, and no annual report issued. This exception is reported in the *Report of Immaterial Findings* as IM 2021-008. (Finding Code 2019-017, 2017-018)

C. **FINDING** (Failure to Develop and Disseminate Information Mandated by State Law)

During the prior examination, the Department did not develop and disseminate: (1) information regarding a bone marrow registry required by the Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-341), (2) informational materials for school districts regarding influenza and influenza vaccinations and meningococcal disease and meningococcal vaccinations required by the Code (20 ILCS 2310/2310-700), and (3) educational information for nursing home facilities on all vaccines recommended by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices, including, but not limited to, the risks associated with shingles and how to protect oneself against the varicella-zoster virus required by the Nursing Home Care Act (210 ILCS 45/2-213).

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During the current examination, we noted the Department’s website added a web page for the bone marrow registry which provided information about the need for bone marrow donations, patient populations that would benefit from bone marrow donations, how to join a bone marrow registry, and how to acquire a free buccal swab kit from a bone marrow registry. We also noted the Department provided the school districts the required informational materials on influenza and meningococcal disease and their vaccines and the nursing home facilities the educational information on all vaccines which included shingles. (Finding Code 2019-023)

D. **FINDING** (Noncompliance with the Health Care Worker Background Check Act)

During the prior examination, the Department did not comply with the provisions of the Health Care Worker Background Check Act to prescribe an application form for a petition to remove a finding of neglect and to update the findings in the Health Care Worker Registry.

During the current examination, our sample testing disclosed the Department prescribed a form to petition for removal of a finding of neglect and included the findings on abuse, neglect, or misappropriation of resident assets in the Health Care Worker Registry. (Finding Code No. 2019-024)

E. **FINDING** (Noncompliance with the Plumbing License Law)

During the prior examination, the Department failed to comply with the provision of the Plumbing License Law to require schools to conduct testing for lead from sources of potable water.

During the current examination, our testing disclosed the Department finalized and communicated its recommendation requiring schools to conduct testing for lead from all sources of potable water. (Finding Code No. 2019-025)

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**Illinois Department of Veterans’ Affairs Legionnaires’ Outbreak at the  
Quincy Veterans’ Home**

The Illinois Office of the Auditor General conducted a performance audit of the Illinois Department of Veterans’ Affairs’ and the Department of Public Health's management of the Legionnaires’ disease outbreaks at the Quincy Veterans’ Home pursuant to Senate Resolution Number 1186. The audit was released in March 2019 and contained a total of 4 recommendations, 3 were directed to the Department of Public Health.

**Recommendation #1 – Notification of Disease Outbreak to Quincy Veterans’ Home Staff**

*The Illinois Department of Veterans’ Affairs and the Illinois Department of Public Health should ensure that once a legionella outbreak is confirmed at a State Veterans’ Home, nursing staff and caregivers are given the necessary instructions and guidelines in a timely manner to limit exposure to aerosolized water in order to protect both the staff and residents from contracting Legionnaires’ disease.*

**Status – Implemented**

The audit found that for at least six days, until August 27, 2015, there was limited notification or specific procedures provided to the nursing staff at the Quincy Veterans’ Home that were necessary to protect residents or employees. Allegations of poor communication with staff regarding the outbreak were the focus of several legislative hearings. It was alleged by one nurse from the Quincy Veterans’ Home that she learned of the outbreak via social media. It was also alleged that one of the staff who was eventually diagnosed with Legionnaires’ disease was never informed by IDVA or the Quincy Veterans’ Home that there was an outbreak and was never told to get tested for it.

On August 21, 2015, the Adams County Health Department issued a Health Advisory for Legionella at the Quincy Veterans’ Home to its internal staff, which was forwarded to the Quincy Veterans’ Home management. Based on our review of documentation and emails provided by IDVA and IDPH, this Advisory was not shared with the Quincy Veterans’ Home nursing staff. A document titled “Interim Guidelines for STAFF-Legionella” was distributed. August 27, 2015, was written at the top of the document. No email or other documentation was provided to support how the document was delivered to the staff. This is the first document auditors identified that provided staff with procedures or guidelines necessary to limit the exposure for both the residents and themselves. Public Act [100-0632](#), effective July 27, 2018, established requirements for a Veterans’ Home administrator to notify all residents or next of kin within 24 hours of notification of a second case of Legionnaires’ disease within a month at a Veteran’s Home.

During the current audit, we found that after a confirmed case, specifically at the Manteno and

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Quincy Veterans' Home, press releases confirmed a single positive case. Family Letters issued by the Department support that residents and families were notified at the time of diagnosis of the positive case, within the statutorily required timeframe.

According to IDPH officials, in the event of a positive case, IDPH or the local health department will provide the IDPH Legionella Response Compendium, located on their website, to the affected Veterans Home's Administrator or their designee. This document contains links to resources from the Centers for Disease Control and Prevention (CDC) and other appropriate agencies or organizations which provide relevant Legionella resources and tools.

In their responses, IDPH reported there have been four instances of single cases of Legionnaires' disease at Illinois Veterans' Home since March 2019. Auditors reviewed documentation provided by the Department and determined that in three of the four instances, the Department's environmental health team was deployed within one day of being notified of a positive Legionella case at the homes to perform an onsite assessment. In the other instance, the Department had a team deployed in two days.

The Department reported they will continue to draft an internal document intended to standardize IDPH policies and procedures surrounding the Department's response to investigations of Legionella associated outbreaks. IDPH anticipates having this document finalized and implemented by December 31, 2021.

**Recommendation #3 – Monitoring by IDPH**

*The Department of Public Health should:*

- *Revisit its policies and determine what response timeframe is adequate to conduct on-site monitoring visits in response to a confirmed disease outbreak such as Legionnaires' disease; and*
- *Increase communication with the facility's staff during future outbreaks to ensure that IDPH is aware of the severity of the outbreak.*

**Status – Implemented**

The initial 2015 outbreak was confirmed by IDPH in the late afternoon on Friday, August 21, 2015. Within approximately 30 minutes, a meeting was held between officials from IDPH, the Quincy Veterans' Home, and the Adams County Health Department. Questions were asked about the facility and the specific cases; however, only minimal guidance was given to the Quincy Veterans' Home by IDPH.

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IDPH did not go on-site at the Quincy Veterans’ Home until midday on Monday, August 24th. That was nearly three days (approximately 67 hours) after the 2nd case was confirmed late in the afternoon on August 21st. The site visit focused on one building where the two confirmed cases were located. Environmental samples were taken from a decorative fountain, a cooling tower, and several bathing areas in the Elmore building. It was noted that the results would not be available for up to 14 days. There was no site visit on Tuesday, August 25th. The site visit continued on Wednesday, August 26th, around midday. This was five days after the identification of the initial outbreak.

Based on our review of communications between IDPH and the Quincy Veterans’ Home, auditors determined that there was limited communication between IDPH management and the Quincy Veterans’ Home’s staff. As identified in our timeline, IDPH officials often did not know the seriousness of the problem at the Quincy Veterans’ Home. For example, on Tuesday, August 25, 2015, the IDPH Director emailed, “I honestly didn’t realize that so many other residents and employees at the facility are ill.”

Additionally, on the morning of August 27, 2015, an IDPH official corresponding with the CDC did not know that residents had tested positive from several buildings at the Quincy Veterans’ Home. Without complete knowledge of the actual situation at the Quincy Veterans’ Home regarding the clinical findings, it is not possible for IDPH to make the necessary recommendations to remedy the situation. Additionally, IDPH investigators may have looked for additional causes if they were aware of the high number of sick residents and staff, and that the sick residents were housed in several different buildings.

IDPH adopted CDC guidelines that were disseminated through trainings provided by the Department which outlined when intervention and consultation is appropriate. These guidelines require IDPH or local health department to conduct an on-site investigation within 24-48 hours of receiving notification and confirmation of the following:

- One or more cases of Legionnaires Disease where the resident has spent  $\geq 10$  days at a Veteran’s home during the 14-day period prior to the onset of symptoms; and
- Within the last twelve months more than one case of Legionnaires Disease occurred where the resident has spent a portion of the 14-day period before their onset of symptoms at a Veteran’s Home.

Four legionella cases have occurred in Illinois Veterans’ Homes since the audit. These four cases of Legionnaires’ disease were identified and communication of the severity of the outbreak between the Veterans’ Home and IDPH was almost immediate. Auditors were provided with documentation from the four single cases. Two were at Manteno and two were at Quincy. In these cases, after the

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single case was reported, the Department was alerted to the positive cases and provided guidance once notified. The four cases occurred in January 2019 (Manteno), August 2019 (Manteno), December 2019 (Quincy), and December 2020 (Quincy). Due to timely communications, the Department was onsite within a day for three of the cases and within two days for the fourth case to conduct environmental testing and to advise them of next steps to be taken. In three instances, sampling and environmental testing were performed. In one instance, the home was provided with a compendium of resources from the CDC website for responding to cases of Legionnaires' disease and advised of next steps for mitigating risk to staff and residents. This communication happened on the day the cases were identified and helped IDPH to limit exposure and minimize cases at the facilities.

**Recommendation #4 – Recommendations by the Centers for Disease Control**

*The Illinois Department of Public Health and the Illinois Department of Veterans' Affairs should ensure the State facilities, such as the Quincy Veterans' Home, implement all recommendations from the Centers for Disease Control following confirmed outbreaks such as Legionnaires' disease.*

**Status – Implemented**

According to the audit report, the CDC was contacted by IDPH following the outbreaks of Legionnaires' disease in 2015, 2016, 2017, and 2018. During each visit, environmental assessments were conducted to determine how to mitigate risk to employees and staff at the Quincy Veterans' Home. Following its visit, the CDC provided recommendations to possibly decrease the further spread of Legionnaires' disease. The recommendations focused on cooling tower and potable water improvements, and on patient/clinical surveillance.

Most notably, the CDC recommended point-of-use filter installation on all fixtures fed from the potable hot-water system. The Quincy Veterans' Home did not install point-of-use filters on all fixtures, choosing only to install them on showers. It was recommended again in 2017 and 2018 to install point-of-use filters on all fixtures to minimize the risk of exposure to residents, staff, and visitors. According to the Quincy Veterans' Home, filters were not installed on fixtures other than the showers until after the February 2018 outbreak, in April 2018.

The CDC has not been onsite at any Veterans' Home since the audit release in 2019, particularly following the positive cases at Manteno and Quincy. However, the Legionella Response Compendium is provided to facilities following a positive case which includes links to the CDC's general guidance and recommendations.

The Department noted that it accepts this recommendation. Further, IDPH noted it will continue to ensure state facilities are provided, in writing, with CDC recommendations and are provided with the

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opportunity to address any concerns or issues with the CDC as state facilities address recommendations. The Department does not have a mechanism to force state facilities to implement CDC recommendations as that would require legislative action.

Additionally, according to IDPH, it currently sends staff to a facility within 48 hours of confirmation of an outbreak, to conduct an initial environmental assessment and to collect environmental samples when necessary. IDPH typically utilizes the CDC's Legionella Environmental Assessment Form to obtain and assess information relevant to a Legionella investigation.

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**DISCLOSURES REPORT**

**SUMMARY**

A reading of the accompanying report components of the Illinois Department of Public Health (Department) was performed by Roth & Co., LLP.

**ACCOUNTANT'S REPORT**

The accountants did not conclude an omission or uncorrected material misstatement of the other information exists in the Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report.

**EXIT CONFERENCE**

This report was discussed with Department personnel at an exit conference on April 19, 2022.

Attending were:

Department of Public Health

Dr. Amaal Tokars, MD, Acting Director

Mr. Justin DeWitt, Chief of Staff

Mr. Michael Morthland, Deputy Chief of Staff

Mr. Ted Hasara, Budget Manager, Office of Finance and Administration

Ms. Nicole Hildebrand, Fiscal Services Section Chief, Office of Disease Control

Ms. Robin Tucker, Deputy Director, Office of Human Resources

Ms. Samantha Helton, Personnel Manager, Office of Human Resources

Ms. Rachel Pevey, Chief Information Officer, Deputy Director, Office of Information Technology

Ms. Sylvia Riperton-Lewis, Deputy Director, Office of Performance Management

Ms. Vena Nelson, Chief Accountability Officer

Mr. John Whitaker, Grant Management Auditor, Office of Performance Management

Ms. Becky Dragoo, Deputy Director, Office of Health Care Regulation

Ms. Barbara Gold, Assistant Deputy Director, Office of Health Care Regulation

Mr. George Logan, Division Chief, Administrative Rules and Procedures, Office of Health Care Regulation

Ms. Candice Long, Chief Internal Auditor

Ms. Sarah Rynders, Internal Audit

Mr. Bradley Colantino, External Audit Coordinator

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
DISCLOSURES ACCOMPANYING A STATE COMPLIANCE EXAMINATION REPORT  
For the Two Years Ended June 30, 2021**

Office of the Auditor General

Ms. Peggy Hartson, Senior Audit Manager

Roth & Co. LLP – Special Assistant Auditors

Ms. Elda Arriola, Partner

Ms. Marites Sy, Partner

Mr. Lou Jonathan Cabrera, Supervisor

Ms. Karren Jill Abito, Senior



**INDEPENDENT ACCOUNTANT'S REPORT**  
**ON DISCLOSURES ACCOMPANYING A STATE COMPLIANCE EXAMINATION**  
**REPORT**

Honorable Frank J. Mautino  
Auditor General  
State of Illinois

***Disclosures Accompanying a State Compliance Examination Report***

Management of the State of Illinois, Department of Public Health (Department) is responsible for the *Disclosures Accompanying a State Compliance Examination Report* (other information), which consists of the Fiscal Schedules and Analysis and Analysis of Operations report components as listed in the Table of Contents. The other information comprises disclosures which must be presented by management in accordance with *Report Components* memorandum published by the Auditor General of the State of Illinois, but does not include our *Independent Accountant's Report on State Compliance and on Internal Control over Compliance* found in the separate *State Compliance Examination Report* included within this document. Our opinion on the Department's State compliance and internal control over compliance does not cover this other information, and we do not express an opinion or any form of assurance thereon.

In connection with our examination of the Department, our responsibility is to read the other information and consider whether:

- 1) a material inconsistency exists between the other information and our knowledge and facts of the Department we obtained as part of the Department's State compliance examination;
- 2) the other information appears to have been omitted; or,
- 3) the other information appears to be materially misstated.

If, based on the work performed, we concluded an omission or uncorrected material misstatement of the other information exists, we are required to describe it in this report.

**SIGNED ORIGINAL ON FILE**

Chicago, Illinois  
May 9, 2022

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STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES**  
 Expenditure Authority for Fiscal Year 2021

For the Sixteen Months Ended October 31, 2021

Public Act 101-0637 FISCAL YEAR 2021	Expenditure Authority (Net of Transfers)		Lapse Period Expenditures		Total Expenditures 16 Months Ended October 31, 2021	Balances Reappropriated July 1, 2021	Balances Lapsed October 31, 2021
	Expenditure Authority (Net of Transfers)	Expenditures Through June 30, 2021	Expenditures July 1 to October 31, 2021				
<b>APPROPRIATED FUNDS</b>							
General Revenue Fund - 001	\$ 156,840,500	\$ 116,078,979	\$ 25,291,848	\$ 141,370,827	\$ -	\$ 15,469,673	
Food and Drug Safety Fund - 014	300,000	5,436	54,184	59,620	-	240,380	
Penny Saverns Breast, Cervical, and Ovarian Cancer Research Fund - 015	600,000	-	-	-	-	600,000	
Rural/Downstate Health Access Fund - 048	100,000	78,326	7,741	86,067	-	13,933	
Alzheimer's Disease Research Fund - 060	250,000	-	-	-	-	250,000	
Public Health Services Fund - 063	1,857,994,400	568,023,454	93,470,401	661,493,855	-	1,196,500,545	
Hospital Licensure Fund - 068	2,400,000	796,310	88,245	884,555	-	1,515,445	
Compassionate Use of Medical Cannabis Fund - 075	6,772,600	2,956,762	893,416	3,850,178	-	2,922,422	
Stroke Data Collection Fund - 104	150,000	-	-	-	-	150,000	
Community Health Center Care Fund - 113	350,000	-	-	-	-	350,000	
Safe Bottled Water Fund - 115	50,000	4,293	44,204	48,497	-	1,503	
Facility Licensing Fund - 118	3,000,000	2,280,426	259,488	2,539,914	-	460,086	
Heartsaver AED Fund - 135	50,000	-	-	-	-	50,000	
Childhood Cancer Research Fund - 172	75,000	-	-	-	-	75,000	
Illinois School Asbestos Abatement Fund - 175	1,200,000	520,426	41,590	562,016	-	637,984	
Epilepsy Treatment and Education Grants-in-Aid Fund - 197	30,000	-	-	-	-	30,000	
Diabetes Research Checkoff Fund - 198	250,000	-	31,250	31,250	-	218,750	
Carolyn Adams Ticket for the Cure Grant Fund - 208	2,000,000	-	-	-	-	2,000,000	
Illinois Health Facilities Planning Fund - 238	2,800,000	1,356,017	113,140	1,469,157	-	1,330,843	
Emergency Public Health Fund - 240	5,100,000	2,354,052	1,277,277	3,631,329	-	1,468,671	
Public Health Water Permit Fund - 256	100,000	20,108	6,694	26,802	-	73,198	
Nursing Dedicated and Professional Fund - 258	2,000,000	1,296,252	5,299	1,301,551	-	698,449	
Long-Term Care Monitor/Receiver Fund - 285	28,000,000	23,610,482	1,957,205	25,567,687	-	2,432,313	
Home Care Services Agency Licensure Fund - 287	1,546,400	1,528,614	10,159	1,538,773	-	7,627	
Used Tire Management Fund - 294	1,000,000	894,752	105,000	999,752	-	248	
Tattoo and Body Piercing Establishment Registration Fund - 327	550,000	352,400	66,722	419,122	-	130,878	
Public Health Laboratory Services Revolving Fund - 340	5,000,000	2,331,899	607,364	2,939,263	-	2,060,737	
Long Term Care Provider Fund - 345	2,000,000	858,357	241,465	1,099,822	-	900,178	
Lead Poisoning Screening, Prevention, and Abatement Fund - 360	15,312,700	5,870,601	965,001	6,835,602	-	8,477,098	
Tanning Facility Permit Fund - 370	300,000	56,708	10,800	67,508	-	232,492	
Equity in Long-term Care Quality Fund - 371	3,500,000	-	-	-	-	3,500,000	
Plumbing Licensure and Program Fund - 372	3,950,000	2,498,051	1,230,095	3,728,146	-	221,854	
Regulatory Evaluation and Basic Enforcement Fund - 388	150,000	35,895	-	35,895	-	114,105	
Trauma Center Fund - 397	7,000,000	-	1,359,231	1,359,231	-	5,640,769	

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES**  
 Expenditure Authority for Fiscal Year 2021

For the Sixteen Months Ended October 31, 2021

	Expenditure Authority (Net of Transfers)	Expenditures		Lapse Period Expenditures		Total Expenditures 16 Months Ended October 31, 2021	Balances Reappropriated July 1, 2021	Balances Lapsed October 31, 2021
		Through June 30, 2021	October 31, 2021	July 1 to October 31, 2021	October 31, 2021			
Public Act 101-0637								
FISCAL YEAR 2021								
<b>APPROPRIATED FUNDS</b>								
	EMS Assistance Fund - 398	\$ 1,000,000	\$ 79,409	\$ 209,873	\$ 289,282	\$ -	\$ -	\$ 710,718
	Multiple Sclerosis Research Fund - 429	1,000,000	188,046	106,994	295,040	-	-	704,960
	Quality of Life Endowment Fund - 437	1,000,000	-	226,309	226,309	-	-	773,691
	Autoimmune Disease Research Fund - 469	50,000	-	-	-	-	-	50,000
	Health Facility Plan Review Fund - 524	2,227,000	1,666,793	103,269	1,770,062	-	-	456,938
	Renewable Energy Resources Trust Fund - 564	4,000,000	4,000,000	-	4,000,000	-	-	-
	Pesticide Control Fund - 576	481,700	290,457	72,918	363,375	-	-	118,325
	Hospice Fund - 586	30,000	-	-	-	-	-	30,000
	Prostate Cancer Research Fund - 626	30,000	-	-	-	-	-	30,000
	Death Certificate Surcharge Fund - 635	2,500,000	1,218,392	32,956	1,251,348	-	-	1,248,652
	Illinois Adoption Registry and Medical Information Exchange Fund - 638	200,000	-	-	-	-	-	200,000
	Healthy Smiles Fund - 654	400,000	154,050	-	154,050	-	-	245,950
	DHS Private Resource Fund - 690	700,000	-	-	-	-	-	700,000
	Assisted Living and Shared Housing Regulatory Fund - 702	2,800,000	2,650,767	148,962	2,799,729	-	-	271
	Spinal Cord Injury Paralysis Cure Research Trust Fund - 714	500,000	-	-	-	-	-	500,000
	Tobacco Settlement Recovery Fund - 733	17,329,700	4,353,894	5,922,474	10,276,368	-	-	7,053,332
	Private Sewage Disposal Program Fund - 790	250,000	187,448	49,546	236,994	-	-	13,006
	Personal Property Tax Replacement Fund - 802	19,098,500	18,459,306	519,997	18,979,303	-	-	119,197
	Public Health Federal Projects Fund - 838	4,000,000	614,534	18,013	632,547	-	-	3,367,453
	Maternal and Child Health Services Block Grant Fund - 872	28,750,000	10,032,290	8,446,634	18,478,924	-	-	10,271,076
	Preventive Health and Health Services Block Grant Fund - 873	6,231,800	2,309,727	518,683	2,828,410	-	-	3,403,390
	Public Health Special State Projects Fund - 896	60,650,000	8,991,035	1,186,221	10,177,256	-	-	50,472,744
	Cannabis Regulation Fund - 912	500,000	-	500,000	500,000	-	-	-
	Metabolic Screening and Treatment Fund - 920	21,390,400	13,712,267	4,305,147	18,017,414	-	-	3,372,986
	Hearing Instrument Dispenser Examining and Disciplinary Fund - 938	100,000	-	-	-	-	-	100,000
	Illinois State Podiatric Disciplinary Fund - 954	100,000	100,000	-	100,000	-	-	-
	Build Illinois Bond Fund - 971	15,000,000	-	-	-	15,000,000	-	-
	<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$ 2,301,040,700</b>	<b>\$ 802,817,015</b>	<b>\$ 150,505,815</b>	<b>\$ 953,322,830</b>	<b>\$ 15,000,000</b>	<b>\$ 1,332,717,870</b>	

Note 1: Expenditure authority, appropriations, expenditures, reappropriations, and lapsed balances were obtained from the Department's records and have been reconciled to the State Comptroller's records as of October 31, 2021.

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

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES**  
 Expenditure Authority for Fiscal Year 2020

For the Sixteen Months Ended October 31, 2020

Public Acts 101-0007 and 101-0637 FISCAL YEAR 2020	Expenditure Authority (Net of Transfers)	Expenditures Through June 30, 2020	Lapse Period		Total Expenditures 16 Months Ended October 31, 2020	Balances Reappropriated July 1, 2020	Balances Lapsed October 31, 2020
			Expenditures July 1 to October 31, 2020	Expenditures July 1 to October 31, 2020			
<b>APPROPRIATED FUNDS</b>							
General Revenue Fund - 001	\$ 158,149,300	\$ 119,452,645	\$ 23,390,614	\$ 142,843,259	\$ -	\$ 15,306,041	
Food and Drug Safety Fund - 014	500,000	66,679	2,056	68,735	-	431,265	
Penny Serraris Breast, Cervical, and Ovarian Cancer Research Fund - 015	600,000	-	-	-	-	600,000	
Rural/Downstate Health Access Fund - 048	100,000	95,552	633	96,185	-	3,815	
Alzheimer's Disease Research Fund - 060	250,000	10,543	51,391	61,934	-	188,066	
Public Health Services Fund - 063	781,375,900	156,133,458	88,772,006	244,905,464	-	536,470,436	
Hospital Licensure Fund - 068	2,400,000	635,407	26,877	662,284	-	1,737,716	
Compassionate Use of Medical Cannabis Fund - 075	6,500,000	3,353,231	576,402	3,929,633	-	2,570,367	
Stroke Data Collection Fund - 104	150,000	-	-	-	-	150,000	
Community Health Center Care Fund - 113	350,000	-	-	-	-	350,000	
Safe Bottled Water Fund - 115	50,000	15,690	8,364	24,054	-	25,946	
Facility Licensure Fund - 118	3,000,000	1,636,675	328,094	1,964,769	-	1,035,231	
Heartsaver AED Fund - 135	50,000	-	-	-	-	50,000	
Childhood Cancer Research Fund - 172	75,000	-	-	-	-	75,000	
Illinois School Asbestos Abatement Fund - 175	1,200,000	755,601	29,310	784,911	-	415,089	
Epilepsy Treatment and Education Grants-in-Aid Fund - 197	30,000	-	-	-	-	30,000	
Diabetes Research Checkoff Fund - 198	250,000	62,500	187,500	250,000	-	-	
Carolyn Adams Ticket for the Cure Grant Fund - 208	2,000,000	-	-	-	-	2,000,000	
Illinois Health Facilities Planning Fund - 238	2,800,000	1,270,066	94,280	1,364,346	-	1,435,654	
Emergency Public Health Fund - 240	5,100,000	2,134,504	1,411,194	3,545,698	-	1,554,302	
Public Health Water Permit Fund - 256	100,000	19,234	12,021	31,255	-	68,745	
Nursing Dedicated and Professional Fund - 258	2,000,000	1,247,319	98,495	1,345,814	-	654,186	
Long-Term Care Monitor/Receiver Fund - 285	28,000,000	19,525,178	1,067,747	20,592,925	-	7,407,075	
Home Care Services Agency Licensure Fund - 287	1,470,600	1,422,031	2,833	1,424,864	-	45,736	
Used Tire Management Fund - 294	1,000,000	674,120	35,940	710,060	-	289,940	
African-American HIV/AIDS Response Fund - 326	200,000	-	-	-	-	200,000	
Tattoo and Body Piercing Establishment Registration Fund - 327	550,000	256,005	109,125	365,130	-	184,870	
Public Health Laboratory Services Revolving Fund - 340	5,000,000	3,467,126	1,096,176	4,563,302	-	436,698	
Long Term Care Provider Fund - 345	2,000,000	702,731	489,720	1,192,451	-	807,549	
Lead Poisoning Screening, Prevention, and Abatement Fund - 360	11,005,200	5,794,442	1,646,576	7,441,018	-	3,564,182	
Tanning Facility Permit Fund - 370	300,000	176,732	17,100	193,832	-	106,168	
Equity in Long-term Care Quality Fund - 371	3,500,000	-	-	-	-	3,500,000	
Plumbing Licensure and Program Fund - 372	3,950,000	2,522,385	150,602	2,672,987	-	1,277,013	
Regulatory Evaluation and Basic Enforcement Fund - 388	150,000	36,697	-	36,697	-	113,303	
Trauma Center Fund - 397	7,000,000	3,965	2,447,129	2,451,094	-	4,548,906	

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES**  
 Expenditure Authority for Fiscal Year 2020

For the Sixteen Months Ended October 31, 2020

	Expenditure Authority (Net of Transfers)	Expenditures Through June 30, 2020	Lapse Period		Total Expenditures 16 Months Ended October 31, 2020	Balances Reappropriated July 1, 2020	Balances Lapsed October 31, 2020
			Expenditures July 1 to October 31, 2020	Expenditures July 1 to October 31, 2020			
Public Acts 101-0007 and 101-0637							
FISCAL YEAR 2020							
<b>APPROPRIATED FUNDS</b>							
EMS Assistance Fund - 398	\$ 1,000,000	\$ 481,328	\$ 167,577	\$ 648,905	\$ -	\$ 351,095	
Multiple Sclerosis Research Fund - 429	1,500,000	226,738	111,252	337,990	-	1,162,010	
Quality of Life Endowment Fund - 437	1,000,000	334,494	163,653	498,147	-	501,853	
Autoimmune Disease Research Fund - 469	50,000	-	-	-	-	50,000	
Health Facility Plan Review Fund - 524	2,227,000	1,538,626	70,856	1,609,482	-	617,518	
Renewable Energy Resources Trust Fund - 564	4,000,000	4,000,000	-	4,000,000	-	-	
Pesticide Control Fund - 576	481,700	270,556	6,408	276,964	-	204,736	
Hospice Fund - 586	30,000	-	-	-	-	30,000	
Prostate Cancer Research Fund - 626	30,000	-	-	-	-	30,000	
Death Certificate Surcharge Fund - 635	2,500,000	1,873,194	226,118	2,099,312	-	400,688	
Illinois Adoption Registry and Medical Information Exchange Fund - 638	200,000	-	-	-	-	200,000	
Healthy Smiles Fund - 654	400,000	358,088	17,989	376,077	-	23,923	
DHS Private Resource Fund - 690	700,000	29,430	-	29,430	-	670,570	
Assisted Living and Shared Housing Regulatory Fund - 702	1,363,400	1,356,409	4,107	1,360,516	-	2,884	
Spinal Cord Injury Paralysis Cure Research Trust Fund - 714	500,000	-	-	-	-	500,000	
Tobacco Settlement Recovery Fund - 733	12,329,700	4,929,696	4,805,269	9,734,965	-	2,594,735	
Private Sewage Disposal Program Fund - 790	250,000	187,629	12,259	199,888	-	50,112	
Personal Property Tax Replacement Fund - 802	18,098,500	18,098,500	-	18,098,500	-	-	
Public Health Federal Projects Fund - 838	612,000	-	-	-	-	612,000	
Maternal and Child Health Services Block Grant Fund - 872	27,750,000	9,652,799	8,756,734	18,409,533	-	9,340,467	
Preventive Health and Health Services Block Grant Fund - 873	5,431,800	2,262,037	316,293	2,578,330	-	2,853,470	
Public Health Special State Projects Fund - 896	56,150,000	27,133,440	21,244,460	48,377,900	-	7,772,100	
Cannabis Regulation Fund - 912	500,000	-	-	-	-	500,000	
Metabolic Screening and Treatment Fund - 920	21,282,300	14,276,526	3,463,790	17,740,316	-	3,541,984	
Hearing Instrument Dispenser Examining and Disciplinary Fund - 938	100,000	5,498	-	5,498	-	94,502	
Illinois State Podiatric Disciplinary Fund - 954	100,000	100,000	(77)	99,923	-	77	
Build Illinois Bond Fund - 971	15,000,000	-	-	-	15,000,000	-	
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$ 1,204,742,400</b>	<b>\$ 408,585,504</b>	<b>\$ 161,418,873</b>	<b>\$ 570,004,377</b>	<b>\$ 15,000,000</b>	<b>\$ 619,738,023</b>	

Note 1: Expenditure authority, appropriations, expenditures, reappropriations, and lapsed balances were obtained from the Department's records and have been reconciled to the State Comptroller's records as of October 31, 2020.

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

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>General Revenue Fund - 001</b>			
Expenditure Authority	\$ 156,840,500	\$ 158,149,300	\$ 139,571,300
Expenditures:			
Personal Services	\$ 42,319,885	\$ 40,947,680	\$ 36,650,423
Contribution to SERS	-	-	-
Contribution to Social Security	3,081,933	2,993,826	2,687,032
Lump Sums and Other Purposes	43,257,836	39,688,767	38,303,091
Lump Sums, Operations	14,955,845	14,977,716	28,205,184
Interfund Cash Transfers	6,000,000	6,000,000	-
Awards and Grants	25,671,429	36,587,159	20,434,303
Medical Services, Payments to Providers	165,292	343,127	421,959
Awards and Grants - Lump Sums	5,918,607	1,304,984	646,707
Total Expenditures	<u>\$ 141,370,827</u>	<u>\$ 142,843,259</u>	<u>\$ 127,348,699</u>
Balances Lapsed	<u>\$ 15,469,673</u>	<u>\$ 15,306,041</u>	<u>\$ 12,222,601</u>
<b>Food and Drug Safety Fund - 014</b>			
Expenditure Authority	\$ 300,000	\$ 500,000	\$ 2,000,000
Expenditures:			
Lump Sums and Other Purposes	\$ 59,620	\$ 68,735	\$ 83,608
Total Expenditures	<u>\$ 59,620</u>	<u>\$ 68,735</u>	<u>\$ 83,608</u>
Balances Lapsed	<u>\$ 240,380</u>	<u>\$ 431,265</u>	<u>\$ 1,916,392</u>
<b>Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 015</b>			
Expenditure Authority	\$ 600,000	\$ 600,000	\$ 600,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 600,000</u>	<u>\$ 600,000</u>	<u>\$ 600,000</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Rural/Downstate Health Access - 048</b>			
Expenditure Authority	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures:			
Lump Sum, Operations	\$ 86,067	\$ 96,185	\$ 49,266
Total Expenditures	<u>\$ 86,067</u>	<u>\$ 96,185</u>	<u>\$ 49,266</u>
Balances Lapsed	<u>\$ 13,933</u>	<u>\$ 3,815</u>	<u>\$ 50,734</u>
<b>Alzheimer's Disease Research Fund - 060</b>			
Expenditure Authority	\$ 250,000	\$ 250,000	\$ 250,000
Expenditures:			
Awards and Grants	\$ -	\$ 61,934	\$ 15,597
Total Expenditures	<u>\$ -</u>	<u>\$ 61,934</u>	<u>\$ 15,597</u>
Balances Lapsed	<u>\$ 250,000</u>	<u>\$ 188,066</u>	<u>\$ 234,403</u>
<b>Public Health Services Fund - 063</b>			
Expenditure Authority	\$ 1,857,994,400	\$ 781,375,900	\$ 297,324,900
Expenditures:			
Personal Services	\$ 15,024,834	\$ 15,940,622	\$ 15,479,747
Contribution to SERS	8,228,551	8,672,606	7,797,117
Contribution to Social Security	1,098,285	1,163,222	1,137,776
Employer Contributions to Group Insurance	3,800,041	3,567,867	3,876,844
Contractual Services	1,383,157	2,445,640	4,119,306
Travel	321,092	465,316	583,618
Commodities	190,040	674,593	613,614
Printing	82,384	3,583	14,609
Equipment	75,261	139,660	279,583
Telecommunications Services	99,899	75,357	50,755
Operation of Automotive Equipment	261	68	2,044
Lump Sums and Other Purposes	619,765,065	199,963,679	125,187,708
Lump Sums, Operations	320,657	207,904	632,373

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Public Health Services Fund - 063 (Continued)</b>			
Awards and Grants	\$ 6,112,479	\$ 5,531,815	\$ 6,753,243
Awards and Grants - Lump Sums	4,991,849	6,053,532	5,358,866
Total Expenditures	<u>\$ 661,493,855</u>	<u>\$ 244,905,464</u>	<u>\$ 171,887,203</u>
Balances Lapsed	<u>\$ 1,196,500,545</u>	<u>\$ 536,470,436</u>	<u>\$ 125,437,697</u>
<b>Hospital Licensure Fund - 068</b>			
Expenditure Authority	<u>\$ 2,400,000</u>	<u>\$ 2,400,000</u>	<u>\$ 2,400,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ 884,555</u>	<u>\$ 662,284</u>	<u>\$ 749,896</u>
Total Expenditures	<u>\$ 884,555</u>	<u>\$ 662,284</u>	<u>\$ 749,896</u>
Balances Lapsed	<u>\$ 1,515,445</u>	<u>\$ 1,737,716</u>	<u>\$ 1,650,104</u>
<b>Compassion Use of Medical Cannabis Fund - 075</b>			
Expenditure Authority	<u>\$ 6,772,600</u>	<u>\$ 6,500,000</u>	<u>\$ 5,000,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ 3,850,178</u>	<u>\$ 3,929,633</u>	<u>\$ 4,869,979</u>
Total Expenditures	<u>\$ 3,850,178</u>	<u>\$ 3,929,633</u>	<u>\$ 4,869,979</u>
Balances Lapsed	<u>\$ 2,922,422</u>	<u>\$ 2,570,367</u>	<u>\$ 130,021</u>
<b>Stroke Data Collection Fund - 104</b>			
Expenditure Authority	<u>\$ 150,000</u>	<u>\$ 150,000</u>	<u>\$ 150,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 121</u>
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 121</u>
Balances Lapsed	<u>\$ 150,000</u>	<u>\$ 150,000</u>	<u>\$ 149,879</u>

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Community Health Center Care Fund - 113</b>			
Expenditure Authority	\$ 350,000	\$ 350,000	\$ 350,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 350,000</u>	<u>\$ 350,000</u>	<u>\$ 350,000</u>
<b>Safe Bottled Water Fund - 115</b>			
Expenditure Authority	\$ 50,000	\$ 50,000	\$ 50,000
Expenditures:			
Lump Sums and Other Purposes	\$ 48,497	\$ 24,054	\$ 32,100
Total Expenditures	<u>\$ 48,497</u>	<u>\$ 24,054</u>	<u>\$ 32,100</u>
Balances Lapsed	<u>\$ 1,503</u>	<u>\$ 25,946</u>	<u>\$ 17,900</u>
<b>Facility Licensing Fund - 118</b>			
Expenditure Authority	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
Expenditures:			
Lump Sums and Other Purposes	\$ 2,539,914	\$ 1,964,769	\$ 1,276,885
Total Expenditures	<u>\$ 2,539,914</u>	<u>\$ 1,964,769</u>	<u>\$ 1,276,885</u>
Balances Lapsed	<u>\$ 460,086</u>	<u>\$ 1,035,231</u>	<u>\$ 1,723,115</u>
<b>Heartsaver AED Fund - 135</b>			
Expenditure Authority	\$ 50,000	\$ 50,000	\$ 50,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Heartsaver AED Fund - 135 (Continued)</b>			
Balances Lapsed	\$ 50,000	\$ 50,000	\$ 50,000
<b>Childhood Cancer Research Fund - 172</b>			
Expenditure Authority	\$ 75,000	\$ 75,000	\$ 75,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -
Balances Lapsed	\$ 75,000	\$ 75,000	\$ 75,000
<b>Illinois School Asbestos Abatement Fund - 175</b>			
Expenditure Authority	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000
Expenditures:			
Lump Sums and Other Purposes	\$ 562,016	\$ 784,911	\$ 362,630
Total Expenditures	\$ 562,016	\$ 784,911	\$ 362,630
Balances Lapsed	\$ 637,984	\$ 415,089	\$ 837,370
<b>Epilepsy Treatment and Education Grants-in-Aid Fund - 197</b>			
Expenditure Authority	\$ 30,000	\$ 30,000	\$ 30,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -
Balances Lapsed	\$ 30,000	\$ 30,000	\$ 30,000

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Diabetes Research Checkoff Fund - 198</b>			
Expenditure Authority	\$ 250,000	\$ 250,000	\$ 250,000
Expenditures:			
Awards and Grants	\$ 31,250	\$ 250,000	\$ -
Total Expenditures	<u>\$ 31,250</u>	<u>\$ 250,000</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 218,750</u>	<u>\$ -</u>	<u>\$ 250,000</u>
<b>Carolyn Adams Ticket for the Cure Grant Fund - 208</b>			
Expenditure Authority	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 2,000,000</u>	<u>\$ 2,000,000</u>	<u>\$ 2,000,000</u>
<b>Illinois Health Facilities Planning Fund - 238</b>			
Expenditure Authority	\$ 2,800,000	\$ 2,800,000	\$ 3,700,000
Expenditures:			
Lump Sums and Other Purposes	\$ 1,469,157	\$ 1,364,346	\$ 1,478,236
Total Expenditures	<u>\$ 1,469,157</u>	<u>\$ 1,364,346</u>	<u>\$ 1,478,236</u>
Balances Lapsed	<u>\$ 1,330,843</u>	<u>\$ 1,435,654</u>	<u>\$ 2,221,764</u>
<b>Emergency Public Health Fund - 240</b>			
Expenditure Authority	\$ 5,100,000	\$ 5,100,000	\$ 5,100,000
Expenditures:			
Lump Sums and Other Purposes	\$ 3,631,329	\$ 3,545,698	\$ 3,218,321
Total Expenditures	<u>\$ 3,631,329</u>	<u>\$ 3,545,698</u>	<u>\$ 3,218,321</u>

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STATE OF ILLINOIS  
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EXPENDITURES, AND LAPSED BALANCES

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Emergency Public Health Fund - 240</b>			
<b>(Continued)</b>			
Balances Lapsed	<u>\$ 1,468,671</u>	<u>\$ 1,554,302</u>	<u>\$ 1,881,679</u>
<b>Public Health Water Permit Fund - 256</b>			
Expenditure Authority	<u>\$ 100,000</u>	<u>\$ 100,000</u>	<u>\$ 100,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ 26,802</u>	<u>\$ 31,255</u>	<u>\$ 27,645</u>
Total Expenditures	<u>\$ 26,802</u>	<u>\$ 31,255</u>	<u>\$ 27,645</u>
Balances Lapsed	<u>\$ 73,198</u>	<u>\$ 68,745</u>	<u>\$ 72,355</u>
<b>Nursing Dedicated and Professional Fund - 258</b>			
Expenditure Authority	<u>\$ 2,000,000</u>	<u>\$ 2,000,000</u>	<u>\$ 2,000,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ 1,301,551</u>	<u>\$ 1,345,814</u>	<u>\$ 1,211,924</u>
Total Expenditures	<u>\$ 1,301,551</u>	<u>\$ 1,345,814</u>	<u>\$ 1,211,924</u>
Balances Lapsed	<u>\$ 698,449</u>	<u>\$ 654,186</u>	<u>\$ 788,076</u>
<b>Long-Term Care Monitor/Receiver Fund - 285</b>			
Expenditure Authority	<u>\$ 28,000,000</u>	<u>\$ 28,000,000</u>	<u>\$ 28,000,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ 25,567,687</u>	<u>\$ 20,592,925</u>	<u>\$ 23,087,345</u>
Total Expenditures	<u>\$ 25,567,687</u>	<u>\$ 20,592,925</u>	<u>\$ 23,087,345</u>
Balances Lapsed	<u>\$ 2,432,313</u>	<u>\$ 7,407,075</u>	<u>\$ 4,912,655</u>

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Home Care Services Agency Licensure Fund - 287</b>			
Expenditure Authority	\$ 1,546,400	\$ 1,470,600	\$ 1,400,000
Expenditures:			
Lump Sums and Other Purposes	\$ 1,538,773	\$ 1,424,864	\$ 1,377,145
Total Expenditures	<u>\$ 1,538,773</u>	<u>\$ 1,424,864</u>	<u>\$ 1,377,145</u>
Balances Lapsed	<u>\$ 7,627</u>	<u>\$ 45,736</u>	<u>\$ 22,855</u>
<b>Used Tire Management Fund - 294</b>			
Expenditure Authority	\$ 1,000,000	\$ 1,000,000	\$ 500,000
Expenditures:			
Lump Sums and Other Purposes	\$ 999,752	\$ 710,060	\$ 244,128
Total Expenditures	<u>\$ 999,752</u>	<u>\$ 710,060</u>	<u>\$ 244,128</u>
Balances Lapsed	<u>\$ 248</u>	<u>\$ 289,940</u>	<u>\$ 255,872</u>
<b>African-American HIV/AIDS Response Fund - 326</b>			
Expenditure Authority	\$ -	\$ 200,000	\$ 200,000
Expenditures:			
Awards and Grants - Lump Sums	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ -</u>	<u>\$ 200,000</u>	<u>\$ 200,000</u>

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Tattoo and Body Piercing Establishment Registration Fund - 327</b>			
Expenditure Authority	\$ 550,000	\$ 550,000	\$ 300,000
Expenditures:			
Lump Sums and Other Purposes	\$ 419,122	\$ 365,130	\$ 237,701
Total Expenditures	<u>\$ 419,122</u>	<u>\$ 365,130</u>	<u>\$ 237,701</u>
Balances Lapsed	<u>\$ 130,878</u>	<u>\$ 184,870</u>	<u>\$ 62,299</u>
<b>Public Health Laboratory Services Revolving Fund - 340</b>			
Expenditure Authority	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Expenditures:			
Lump Sums and Other Purposes	\$ 2,939,263	\$ 4,563,302	\$ 3,250,300
Total Expenditures	<u>\$ 2,939,263</u>	<u>\$ 4,563,302</u>	<u>\$ 3,250,300</u>
Balances Lapsed	<u>\$ 2,060,737</u>	<u>\$ 436,698</u>	<u>\$ 1,749,700</u>
<b>Long Term Care Provider Fund - 345</b>			
Expenditure Authority	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Expenditures:			
Lump Sums and Other Purposes	\$ 1,099,822	\$ 1,192,451	\$ 1,314,993
Total Expenditures	<u>\$ 1,099,822</u>	<u>\$ 1,192,451</u>	<u>\$ 1,314,993</u>
Balances Lapsed	<u>\$ 900,178</u>	<u>\$ 807,549</u>	<u>\$ 685,007</u>

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Lead Poisoning Screening, Prevention and Abatement Fund - 360</b>			
Expenditure Authority	\$ 15,312,700	\$ 11,005,200	\$ 10,005,200
Expenditures:			
Lump Sums and Other Purposes	\$ 5,464,368	\$ 5,429,218	\$ 7,664,305
Awards and Grants	1,371,234	2,011,800	1,458,865
Total Expenditures	<u>\$ 6,835,602</u>	<u>\$ 7,441,018</u>	<u>\$ 9,123,170</u>
Balances Lapsed	<u>\$ 8,477,098</u>	<u>\$ 3,564,182</u>	<u>\$ 882,030</u>
<b>Tanning Facility Permit Fund - 370</b>			
Expenditure Authority	\$ 300,000	\$ 300,000	\$ 300,000
Expenditures:			
Lump Sums and Other Purposes	\$ 67,508	\$ 193,832	\$ 209,339
Total Expenditures	<u>\$ 67,508</u>	<u>\$ 193,832</u>	<u>\$ 209,339</u>
Balances Lapsed	<u>\$ 232,492</u>	<u>\$ 106,168</u>	<u>\$ 90,661</u>
<b>Equity in Long-term Care Quality Fund - 371</b>			
Expenditure Authority	\$ 3,500,000	\$ 3,500,000	\$ 3,500,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 3,500,000</u>	<u>\$ 3,500,000</u>	<u>\$ 3,500,000</u>

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Plumbing Licensure and Program Fund - 372</b>			
Expenditure Authority	\$ 3,950,000	\$ 3,950,000	\$ 3,950,000
Expenditures:			
Lump Sums and Other Purposes	\$ 3,728,146	\$ 2,672,987	\$ 2,097,116
Total Expenditures	<u>\$ 3,728,146</u>	<u>\$ 2,672,987</u>	<u>\$ 2,097,116</u>
Balances Lapsed	<u>\$ 221,854</u>	<u>\$ 1,277,013</u>	<u>\$ 1,852,884</u>
<b>Regulatory Evaluation and Basic Enforcement Fund - 388</b>			
Expenditure Authority	\$ 150,000	\$ 150,000	\$ 150,000
Expenditures:			
Lump Sums and Other Purposes	\$ 35,895	\$ 36,697	\$ 23,252
Total Expenditures	<u>\$ 35,895</u>	<u>\$ 36,697</u>	<u>\$ 23,252</u>
Balances Lapsed	<u>\$ 114,105</u>	<u>\$ 113,303</u>	<u>\$ 126,748</u>
<b>Trauma Center Fund - 397</b>			
Expenditure Authority	\$ 7,000,000	\$ 7,000,000	\$ 7,000,000
Expenditures:			
Lump Sums and Other Purposes	\$ 1,359,231	\$ 2,451,094	\$ 3,357,715
Total Expenditures	<u>\$ 1,359,231</u>	<u>\$ 2,451,094</u>	<u>\$ 3,357,715</u>
Balances Lapsed	<u>\$ 5,640,769</u>	<u>\$ 4,548,906</u>	<u>\$ 3,642,285</u>
<b>EMS Assistance Fund - 398</b>			
Expenditure Authority	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Expenditures:			
Lump Sums and Other Purposes	\$ 289,282	\$ 648,905	\$ 844,077
Total Expenditures	<u>\$ 289,282</u>	<u>\$ 648,905</u>	<u>\$ 844,077</u>

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>EMS Assistance Fund - 398 (Continued)</b>			
Balances Lapsed	\$ 710,718	\$ 351,095	\$ 155,923
<b>Multiple Sclerosis Research Fund - 429</b>			
Expenditure Authority	\$ 1,000,000	\$ 1,500,000	\$ 1,500,000
Expenditures:			
Awards and Grants	\$ 295,040	\$ 337,990	\$ -
Total Expenditures	\$ 295,040	\$ 337,990	\$ -
Balances Lapsed	\$ 704,960	\$ 1,162,010	\$ 1,500,000
<b>Quality of Life Endowment Trust Fund - 437</b>			
Expenditure Authority	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Expenditures:			
Awards and Grants - Lump Sums	\$ 226,309	\$ 498,147	\$ 480,709
Total Expenditures	\$ 226,309	\$ 498,147	\$ 480,709
Balances Lapsed	\$ 773,691	\$ 501,853	\$ 519,291
<b>Autoimmune Disease Research Fund - 469</b>			
Expenditure Authority	\$ 50,000	\$ 50,000	\$ 50,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -
Balances Lapsed	\$ 50,000	\$ 50,000	\$ 50,000

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Health Facility Plan Review Fund - 524</b>			
Expenditure Authority	\$ 2,227,000	\$ 2,227,000	\$ 2,227,000
Expenditures:			
Lump Sums and Other Purposes	\$ 1,770,062	\$ 1,609,482	\$ 1,656,058
Total Expenditures	<u>\$ 1,770,062</u>	<u>\$ 1,609,482</u>	<u>\$ 1,656,058</u>
Balances Lapsed	<u>\$ 456,938</u>	<u>\$ 617,518</u>	<u>\$ 570,942</u>
<b>Renewable Energy Resources Trust Fund - 564</b>			
Expenditure Authority	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
Expenditures:			
Interfund Cash Transfers	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
Total Expenditures	<u>\$ 4,000,000</u>	<u>\$ 4,000,000</u>	<u>\$ 4,000,000</u>
Balances Lapsed	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Pesticide Control Fund - 576</b>			
Expenditure Authority	\$ 481,700	\$ 481,700	\$ 420,000
Expenditures:			
Lump Sums and Other Purposes	\$ 363,375	\$ 276,964	\$ 366,229
Total Expenditures	<u>\$ 363,375</u>	<u>\$ 276,964</u>	<u>\$ 366,229</u>
Balances Lapsed	<u>\$ 118,325</u>	<u>\$ 204,736</u>	<u>\$ 53,771</u>
<b>Hospice Fund - 586</b>			
Expenditure Authority	\$ 30,000	\$ 30,000	\$ 30,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Hospice Fund - 586 (Continued)</b>			
Balances Lapsed	<u>\$ 30,000</u>	<u>\$ 30,000</u>	<u>\$ 30,000</u>
<b>Prostate Cancer Research Fund - 626</b>			
Expenditure Authority	<u>\$ 30,000</u>	<u>\$ 30,000</u>	<u>\$ 30,000</u>
Expenditures:			
Awards and Grants	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 30,000</u>	<u>\$ 30,000</u>	<u>\$ 30,000</u>
<b>Death Certificate Surcharge Fund - 635</b>			
Expenditure Authority	<u>\$ 2,500,000</u>	<u>\$ 2,500,000</u>	<u>\$ 2,500,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ 1,251,348</u>	<u>\$ 2,099,312</u>	<u>\$ 1,722,516</u>
Total Expenditures	<u>\$ 1,251,348</u>	<u>\$ 2,099,312</u>	<u>\$ 1,722,516</u>
Balances Lapsed	<u>\$ 1,248,652</u>	<u>\$ 400,688</u>	<u>\$ 777,484</u>
<b>Illinois Adoption Registry and Medical Information Exchange Fund - 638</b>			
Expenditure Authority	<u>\$ 200,000</u>	<u>\$ 200,000</u>	<u>\$ 200,000</u>
Expenditures:			
Lump Sums and Other Purposes	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 200,000</u>	<u>\$ 200,000</u>	<u>\$ 200,000</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
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For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Healthy Smiles Fund - 654</b>			
Expenditure Authority	\$ 400,000	\$ 400,000	\$ 400,000
Expenditures:			
Lump Sums and Other Purposes	\$ 154,050	\$ 376,077	\$ 279,557
Total Expenditures	<u>\$ 154,050</u>	<u>\$ 376,077</u>	<u>\$ 279,557</u>
Balances Lapsed	<u>\$ 245,950</u>	<u>\$ 23,923</u>	<u>\$ 120,443</u>
<b>DHS Private Resource Fund - 690</b>			
Expenditure Authority	\$ 700,000	\$ 700,000	\$ 700,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ 29,430	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ 29,430</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ 700,000</u>	<u>\$ 670,570</u>	<u>\$ 700,000</u>
<b>Assisted Living and Shared Housing Regulatory Fund - 702</b>			
Expenditure Authority	\$ 2,800,000	\$ 1,363,400	\$ 1,300,000
Expenditures:			
Lump Sums, Operations	\$ 2,799,729	\$ 1,360,516	\$ 1,299,442
Total Expenditures	<u>\$ 2,799,729</u>	<u>\$ 1,360,516</u>	<u>\$ 1,299,442</u>
Balances Lapsed	<u>\$ 271</u>	<u>\$ 2,884</u>	<u>\$ 558</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Spinal Cord Injury Paralysis Cure Research Trust Fund - 714</b>			
Expenditure Authority	\$ 500,000	\$ 500,000	\$ 500,000
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -
Balances Lapsed	<u>\$ 500,000</u>	<u>\$ 500,000</u>	<u>\$ 500,000</u>
<b>Tobacco Settlement Recovery Fund - 733</b>			
Expenditure Authority	\$ 17,329,700	\$ 12,329,700	\$ 11,694,300
Expenditures:			
Lump Sums and Other Purposes	\$ 1,034,877	\$ 1,134,444	\$ 1,194,049
Awards and Grants	8,042,104	7,718,268	7,040,325
Awards and Grants - Lump Sums	1,199,387	882,253	1,035,666
Total Expenditures	<u>\$ 10,276,368</u>	<u>\$ 9,734,965</u>	<u>\$ 9,270,040</u>
Balances Lapsed	<u>\$ 7,053,332</u>	<u>\$ 2,594,735</u>	<u>\$ 2,424,260</u>
<b>Pet Population Control Fund - 764</b>			
Expenditure Authority	\$ -	\$ -	\$ 250,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ -	\$ -
Total Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 250,000</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Private Sewage Disposal Program</b>			
<b>Fund - 790</b>			
Expenditure Authority	\$ 250,000	\$ 250,000	\$ 250,000
Expenditures:			
Lump Sums and Other Purposes	\$ 236,994	\$ 199,888	\$ 176,003
Total Expenditures	<u>\$ 236,994</u>	<u>\$ 199,888</u>	<u>\$ 176,003</u>
Balances Lapsed	<u>\$ 13,006</u>	<u>\$ 50,112</u>	<u>\$ 73,997</u>
<b>Personal Property Tax Replacement</b>			
<b>Fund - 802</b>			
Expenditure Authority	\$ 19,098,500	\$ 18,098,500	\$ 18,098,500
Expenditures:			
Awards and Grants	\$ 18,979,303	\$ 18,098,500	\$ 18,090,389
Total Expenditures	<u>\$ 18,979,303</u>	<u>\$ 18,098,500</u>	<u>\$ 18,090,389</u>
Balances Lapsed	<u>\$ 119,197</u>	<u>\$ -</u>	<u>\$ 8,111</u>
<b>Public Health Federal Projects Fund - 838</b>			
Expenditure Authority	\$ 4,000,000	\$ 612,000	\$ 612,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ -	\$ 144,171
Awards and Grants - Lump Sums	632,547	-	-
Total Expenditures	<u>\$ 632,547</u>	<u>\$ -</u>	<u>\$ 144,171</u>
Balances Lapsed	<u>\$ 3,367,453</u>	<u>\$ 612,000</u>	<u>\$ 467,829</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Maternal and Child Health Services</b>			
<b>Block Grant Fund - 872</b>			
Expenditure Authority	\$ 28,750,000	\$ 27,750,000	\$ 23,250,000
Expenditures:			
Lump Sums and Other Purposes	\$ 4,946,219	\$ 6,245,862	\$ 5,141,831
Lump Sums, Operations	38,006	87,544	71,880
Awards and Grants	13,494,699	12,076,127	13,340,064
Total Expenditures	<u>\$ 18,478,924</u>	<u>\$ 18,409,533</u>	<u>\$ 18,553,775</u>
Balances Lapsed	<u>\$ 10,271,076</u>	<u>\$ 9,340,467</u>	<u>\$ 4,696,225</u>
<b>Preventive Health and Health Services</b>			
<b>Block Grant Fund - 873</b>			
Expenditure Authority	\$ 6,231,800	\$ 5,431,800	\$ 4,431,800
Expenditures:			
Lump Sums and Other Purposes	\$ 2,321,967	\$ 2,253,028	\$ 2,600,395
Awards and Grants - Lump Sums	506,443	325,302	300,773
Total Expenditures	<u>\$ 2,828,410</u>	<u>\$ 2,578,330</u>	<u>\$ 2,901,168</u>
Balances Lapsed	<u>\$ 3,403,390</u>	<u>\$ 2,853,470</u>	<u>\$ 1,530,632</u>
<b>Public Health Special State Projects</b>			
<b>Fund - 896</b>			
Expenditure Authority	\$ 60,650,000	\$ 56,150,000	\$ 51,150,000
Expenditures:			
Lump Sums and Other Purposes	\$ 7,862,176	\$ 46,820,216	\$ 4,474,385
Lump Sums, Operations	2,315,080	1,557,684	2,611,023
Total Expenditures	<u>\$ 10,177,256</u>	<u>\$ 48,377,900</u>	<u>\$ 7,085,408</u>
Balances Lapsed	<u>\$ 50,472,744</u>	<u>\$ 7,772,100</u>	<u>\$ 44,064,592</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Cannabis Regulation Fund - 912</b>			
Expenditure Authority	\$ 500,000	\$ 500,000	\$ -
Expenditures:			
Lump Sums, Operations	\$ 500,000	\$ -	\$ -
Total Expenditures	<u>\$ 500,000</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Lapsed	<u>\$ -</u>	<u>\$ 500,000</u>	<u>\$ -</u>
<b>Metabolic Screening and Treatment Fund - 920</b>			
Expenditure Authority	\$ 21,390,400	\$ 21,282,300	\$ 19,485,800
Expenditures:			
Lump Sums and Other Purposes	\$ 9,830,340	\$ 9,875,209	\$ 9,919,826
Lump Sums, Operations	3,270,231	2,796,509	2,668,228
Awards and Grants	2,281,462	2,411,751	2,375,903
Medical & Food Supplies for Free Distribution	2,635,381	2,656,847	2,382,049
Total Expenditures	<u>\$ 18,017,414</u>	<u>\$ 17,740,316</u>	<u>\$ 17,346,006</u>
Balances Lapsed	<u>\$ 3,372,986</u>	<u>\$ 3,541,984</u>	<u>\$ 2,139,794</u>
<b>Hearing Instrument Dispenser Examining and Disciplinary Fund - 938</b>			
Expenditure Authority	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures:			
Lump Sums and Other Purposes	\$ -	\$ 5,498	\$ 4,037
Total Expenditures	<u>\$ -</u>	<u>\$ 5,498</u>	<u>\$ 4,037</u>
Balances Lapsed	<u>\$ 100,000</u>	<u>\$ 94,502</u>	<u>\$ 95,963</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>APPROPRIATED FUNDS</b>			
<b>Illinois State Podiatric Disciplinary Fund - 954</b>			
Expenditure Authority	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures:			
Lump Sums and Other Purposes	\$ 100,000	\$ 99,923	\$ 100,000
Total Expenditures	<u>\$ 100,000</u>	<u>\$ 99,923</u>	<u>\$ 100,000</u>
Balances Lapsed	<u>\$ -</u>	<u>\$ 77</u>	<u>\$ -</u>
<b>Build Illinois Bond Fund - 971</b>			
Expenditure Authority	\$ 15,000,000	\$ 15,000,000	\$ 16,091,538
Expenditures:			
Awards and Grants	\$ -	\$ -	\$ -
Total expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Balances Reappropriated	<u>\$ 15,000,000</u>	<u>\$ 15,000,000</u>	<u>\$ 1,091,538</u>
Balances Lapsed	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,000,000</u>
<b>TOTAL APPROPRIATED FUNDS</b>			
Expenditure Authority	<u>\$ 2,301,040,700</u>	<u>\$ 1,204,742,400</u>	<u>\$ 688,977,338</u>
Expenditures	<u>\$ 953,322,830</u>	<u>\$ 570,004,377</u>	<u>\$ 441,253,899</u>
Balances Reappropriated	<u>\$ 15,000,000</u>	<u>\$ 15,000,000</u>	<u>\$ 1,091,538</u>
Balances Lapsed	<u>\$ 1,332,717,870</u>	<u>\$ 619,738,023</u>	<u>\$ 246,631,901</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

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

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE OFFICERS' SALARIES</b>			
<b>General Revenue Fund - 001 (State Comptroller)</b>			
Expenditures:			
For the Director	\$ 176,908	\$ 176,908	\$ 157,856
For the Assistant Director	150,426	146,785	94,792
Total Expenditures	\$ 327,334	\$ 323,693	\$ 252,648

- Note 1: Expenditure authority, appropriations, expenditures, reappropriations, and lapsed balances were obtained from the Department's records and have been reconciled to the State Comptroller's records as of October 31, 2021, and October 31, 2020.
- 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 Department received appropriations during Fiscal Year 2021 from Public Act 101-0637. In addition, the Department received appropriations during Fiscal Year 2020 from Public Acts 101-0007 and 101-0637.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF NET EXPENDITURES**  
**BY MAJOR ACTIVITY**

For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>EXPENDITURE STATISTICS</b>			
<b>All State Treasury Funds</b>			
Total Operations Expenditures:	\$ 860,768,014	\$ 472,854,840	\$ 242,493,891
Percentage of Total Expenditures:	90.3%	83.0%	55.0%
Personal Services	57,344,719	56,888,303	104,727,233
Other Payroll Costs	16,208,811	16,397,521	47,547,392
All Other Operating Expenditures	787,214,484	399,569,016	90,219,266
Total Awards and Grants Expenditures:	\$ 92,554,816	\$ 97,149,537	\$ 198,760,008
Percentage of Total Expenditures:	9.7%	17.0%	45.0%
<b>GRAND TOTAL - ALL EXPENDITURES:</b>	<b><u>\$ 953,322,830</u></b>	<b><u>\$ 570,004,377</u></b>	<b><u>\$ 441,253,899</u></b>

Note 1: Expenditures were obtained from the Department's records and have been reconciled to the State Comptroller's records as of October 31, 2021 and October 31, 2020.

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

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Fiscal Year 2021 Compared to Fiscal Year 2020**

**General Revenue Fund – 001**

Awards and Grants

The decrease was due to the reduction of appropriation in safety net hospital grants by \$14.4 million in Fiscal Year 2021.

Awards and Grants – Lump Sums

The increase was due to the new \$4.9 million appropriation for the Family Planning Program in Fiscal Year 2021.

**Public Health Services Fund – 063**

Contractual Services

The decrease was due to lower federal program payments for the Health Promotion Chronic Disease program and laboratories for testing services during Fiscal Year 2021.

Commodities

The decrease was due to lower purchases of laboratory supplies during Fiscal Year 2021.

Lump Sums – Other Purposes

The increase was due to higher levels of federal funding for expenditures on the COVID-19 response during Fiscal Year 2021.

**Facility Licensing Fund – 118**

The increase was due to increased expenditures in personal services due to more staff employed during Fiscal Year 2021 for this fund. The average number of employees employed for this fund increased from 19 in Fiscal Year 2020 to 38 in Fiscal Year 2021.

**Long Term Care Monitor/Receiver Fund – 285**

The increase was due to increased expenditures in personal services due to more nurse surveyors employed during Fiscal Year 2021 for this fund. The average number of nurse surveyors employed for this fund increased from 196 in Fiscal Year 2020 to 215 in Fiscal Year 2021.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Used Tire Management Fund – 294**

The increase was due to increased contractual spending related to the mosquito and tick surveillance contract with a University during Fiscal Year 2021.

**Public Health Laboratory Services Revolving Fund – 340**

The decrease was due to less spending on laboratory supplies and equipment related to the COVID-19 response due to federal funding being made available during Fiscal Year 2021.

**Lead Poisoning Screening Prevention, and Abatement Fund – 360**

The decrease was due to decreased grant payments due to the cessation of in-person assessments and case management due to COVID-19 restrictions during Fiscal Year 2021.

**Plumbing Licensure and Program Fund – 372**

The increase was due to a large amount of Information Technology billings paid from this fund during Fiscal Year 2021.

**Trauma Center Fund – 397**

The decrease was due to a lower number of grants issued to Trauma Center hospitals during Fiscal Year 2021. Grants to Trauma Center hospitals are based on moneys deposited into this fund, therefore, vary from year to year. The Emergency Medical Services Systems Act requires the Department to distribute 97.5% of 50% of the moneys deposited into the Trauma Center Fund to Illinois hospitals designated as trauma centers.

**EMS Assistance Fund – 398**

The decrease was due to lower contractual spending for licensing system changes and testing services during Fiscal Year 2021.

**Quality of Life Endowment Trust Fund – 437**

The decrease was due to less grant money distributed for HIV/AIDS Prevention and Education due to COVID-19 restrictions during Fiscal Year 2021.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Death Certificate Surcharge Fund – 635**

The decrease was due to less staff being paid from this fund due to a low cash balance in Fiscal Year 2021.

**Assisted Living and Shared Housing Regulatory Fund - 702**

The increase was due to increased expenditures in personal services due to more staff employed during Fiscal Year 2021 for this fund. The number of employees employed for this fund increased from 14 in Fiscal Year 2020 to 24 in Fiscal Year 2021. Additionally, due to cash issues, all the staff were moved to other funds during the last two quarters of Fiscal Year 2020 and were transferred back to this fund in Fiscal Year 2021.

**Tobacco Settlement Recovery Fund – 733**

Awards and Grants – Lump Sums

The increase was due to a higher federal match amount for the physician student loan repayment program due to higher demand in Fiscal Year 2021.

**Public Health Federal Projects Fund – 838**

Awards and Grants – Lump Sums

The increase was due to a new program related to health information technology using this fund for the first time in Fiscal Year 2021.

**Maternal and Child Health Services Block Grant Fund – 872**

Lump Sums and Other Purposes

The decrease was due to decreased expenditures in personal services due to fewer staff employed during Fiscal Year 2021 for this fund. The number of employees employed for this fund decreased from 14 in Fiscal Year 2020 to 12 in Fiscal Year 2021. Additionally, due to cash issues, all the staff were moved to other funds during the last two quarters of Fiscal Year 2021.

As further described in the *Independent Accountant’s Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Public Health Special State Projects Fund – 896**

Lump Sums and Other Purposes

The decrease was due to lower vaccine purchases for the Department of Healthcare and Family Services Children's Health Insurance Program during Fiscal Year 2021.

Lump Sums, Operations

The increase was due to increased expenditures related to lease costs and interns during Fiscal Year 2021.

**Cannabis Regulation Fund – 912**

The increase was due to Fiscal Year 2021 being the first year for this program and appropriation.

**Fiscal Year 2020 Compared to Fiscal Year 2019**

**General Revenue Fund – 001**

Lump Sums and Other Purposes

The decrease was due to the reduction of appropriation in the Director's Office lump sum line item and the \$8.3 million appropriation for union back wages provided in Fiscal Year 2019 and none in Fiscal Year 2020.

Interfund Cash Transfers

The increase was due to a new \$6 million appropriation in Fiscal Year 2020 for deposit into the Lead Poisoning Screening, Prevention, and Abatement Fund (Fund 360).

Awards and Grants

The increase was due to increased appropriation in safety net hospital grants by \$15.5 million in Fiscal Year 2020.

Awards and Grants – Lump Sums

The increase was due to increased grant spending related to the African-American HIV/AIDS program during Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Public Health Services Fund – 063**

Contractual Services

The decrease was due to lower federal program payments for the Health Promotion Chronic Disease program and laboratories for testing services during Fiscal Year 2020.

Lump Sums and Other Purposes

The increase was due to higher levels of federal funding for expenditures on the COVID-19 response during Fiscal Year 2020.

**Facility Licensing Fund – 118**

The increase was due to increased expenditures in personal services due to more staff employed during Fiscal Year 2020 for this fund. The average number of employees employed for this fund increased from 10 in Fiscal Year 2019 to 19 in Fiscal Year 2020.

**Illinois School Asbestos Abatement Fund – 175**

The increase was due to increased expenditures in personal services due to more staff employed during Fiscal Year 2020 for this fund. The average number of employees employed for this fund increased from 9 in Fiscal Year 2019 to 11 in Fiscal Year 2020.

**Diabetes Research Checkoff Fund – 198**

The increase was due to grant payments issued in Fiscal Year 2020 but none in Fiscal Year 2019.

**Used Tire Management Fund – 294**

The increase was due to increased expenditures in personal services due to more staff employed during Fiscal Year 2020 for this fund. The average number of employees employed for this fund increased from 2 in Fiscal Year 2019 to 6 in Fiscal Year 2020.

**Public Health Laboratory Services Revolving Fund – 340**

The increase was due to higher spending on laboratory supplies and equipment related to the COVID-19 response during Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Lead Poisoning Screening, Prevention and Abatement Fund – 360**

Lump Sums and Other Purposes

The decrease was due to decreased grant payments due to the cessation of in-person assessments and case management due to COVID-19 restrictions during Fiscal Year 2020.

Awards and Grants

The increase was due to increased grants to local health departments during Fiscal Year 2020.

**Plumbing Licensure and Program Fund – 372**

The increase was due to increased expenditures in personal services due to more staff employed during Fiscal Year 2020 for this fund. The average number of employees employed for this fund increased from 18 in Fiscal Year 2019 to 22 in Fiscal Year 2020.

**Trauma Center Fund – 397**

The decrease was due to a lower number of grants issued to Trauma Center hospitals during Fiscal Year 2020. Grants to Trauma Center hospitals are based on moneys deposited into this fund, therefore, vary from year to year. The Emergency Medical Services Systems Act requires the Department to distribute 97.5% of 50% of the moneys deposited into the Trauma Center Fund to Illinois hospitals designated as trauma centers.

**Multiple Sclerosis Research Fund – 429**

The increase was due to no research grants were issued in Fiscal Year 2019 due to a low cash balance in the fund. The grants resumed in Fiscal Year 2020.

**Death Certificate Surcharge Fund – 635**

The increase was due to the system maintenance costs related to the birth and death certificate system paid from this fund in Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES  
For the Two Years Ended June 30, 2021

**Maternal and Child Health Services Block Grant Fund – 872**

Lump Sums and Other Purposes

The increase was due to increased grant payments for the Perinatal and School Grant during Fiscal Year 2020.

**Public Health Special State Projects Fund - 896**

Lump Sums and Other Purposes

The increase was due to this fund being used beginning in Fiscal Year 2020 to purchase vaccines for the Department of Healthcare and Family Services Children's Health Insurance Program.

Lump Sums, Operations

The decrease was due to decreased expenditures related to laboratory commodities, contracts, and postage during Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING  
For the Two Years Ended June 30, 2021

**FISCAL YEAR 2021**

**Compassionate Use of Medical Cannabis Fund – 075**

The Lapse Period spending was primarily due to contractual services payments for Information Technology system changes and the purchase of Medical Cannabis identification cards not being paid until the lapse period.

**Emergency Public Health Fund – 240**

The Lapse Period spending was due to Vector Control grants issued in April through June 2021 and not paid until the lapse period.

**Public Health Laboratory Services Revolving Fund – 340**

The Lapse Period spending was due to payments for laboratory commodities purchased towards the end of the fiscal year not being paid until the lapse period.

**Long-Term Care Provider Fund – 345**

The Lapse Period spending was due to payments to a contractual psychologist who performed risk assessments for the Identified Offender program not paid until the lapse period.

**Plumbing Licensure and Program Fund – 372**

The Lapse Period spending was due to the payment of invoices of the Technology Management Revolving Fund being paid during lapse period due to cash shortages in the fund.

**Trauma Center Fund – 397**

The Lapse Period spending 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.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING  
For the Two Years Ended June 30, 2021

**Tobacco Settlement Recovery Fund – 733**

The Lapse Period spending was due to the payment of fourth quarter invoices to the local health departments for the Illinois Tobacco-Free Communities grants and June invoices for the Illinois quit smoking program during the lapse period.

**Maternal and Child Health Services Block Grant Fund – 872**

The Lapse Period spending was due to grantee payments for the Specialized Care For Children Program for the prevention of mortality among pregnant women, children, and adolescents and assisting youth with special needs and the Title V Maternal and Child Health grant program expenditures being paid during the lapse period.

**Cannabis Regulation Fund – 912**

The Lapse Period spending was due to a single payment pertaining to an interagency agreement with the Department of Financial and Professional Regulation being made during lapse period. This was the only expenditure of this fund during Fiscal Year 2021.

**Metabolic Screening and Treatment Fund – 920**

The Lapse Period spending was due to payments to grantees and for laboratory commodities purchased towards the end of the fiscal year not being paid until the lapse period.

**FISCAL YEAR 2020**

**Public Health Services Fund – 063**

The Lapse Period spending was due to appropriations for the COVID-19 response being provided as supplemental towards the end of Fiscal Year 2020.

**Emergency Public Health Fund – 240**

The Lapse Period spending was due to Vector Control grants issued in April through June 2020 and not paid until the lapse period.

As further described in the *Independent Accountant’s Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING  
For the Two Years Ended June 30, 2021

**Public Health Laboratory Services Revolving Fund – 340**

The Lapse Period spending was due to payments for laboratory commodities purchased towards the end of the fiscal year not being paid until the lapse period.

**Long-Term Care Provider Fund – 345**

The Lapse Period spending was due to payments to a contractual psychologist who performed risk assessments for the Identified Offender program not paid until the lapse period.

**Lead Poisoning Screening, Prevention and Abatement Fund – 360**

The Lapse Period spending was due to payments to local health departments for performing environmental assessments and case management when a child was tested a high level of lead in the blood in relation to the Lead Poisoning Prevention and Response grant, not paid until the lapse period.

**Trauma Center Fund – 397**

The Lapse Period spending 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.

**Tobacco Settlement Recovery Fund – 733**

The Lapse Period spending was due to the payment of fourth quarter invoices to the local health departments for the Illinois Tobacco-Free Communities grants and June invoices for the Illinois quit smoking program during the lapse period.

**Maternal and Child Health Service Block Grant Fund – 872**

The Lapse Period spending was due to grantee payments for the Specialized Care For Children Program for the prevention of mortality among pregnant women, children, and adolescents and assisting youth with special needs and Title V Maternal and Child Health grant program being paid during the lapse period.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING  
For the Two Years Ended June 30, 2021

**Public Health Special State Projects Fund – 896**

The Lapse Period spending was due to payments of invoices for vaccine purchases for the Department of Healthcare and Family Services Children's Health Insurance Program not being paid until lapse period.

**Metabolic Screening and Treatment Fund – 920**

The Lapse Period spending was due to payments to grantees and for laboratory commodities purchased towards the end of the fiscal year not being paid until the lapse period.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>General Revenue Fund - 001</b>			
Receipt Sources:			
Federal Operating Grants			
Consumer Product Safety Commission	\$ 5,550	\$ 13,663	\$ 2,750
Health and Human Services	398,860	1,838,987	496,514
Licenses, Fees, or Registrations			
Division of Vital Records	1,156,928	1,049,563	1,083,307
Life Care Facilities Act Fees	-	300	500
Division of Environmental Health	80,100	79,925	94,650
Division of Food, Drugs and Dairies	3,130	4,490	6,570
Health Care Facilities and Programs	276,682	294,218	291,679
Other Revenue			
Smoke Free Illinois Act	-	1,050	2,925
Miscellaneous	3,007	2,887	3,899
Non-Operating			
Prior Year Refund	386	222,710	594
Federal Government	(9,703)	-	-
Total Receipts, per the Department's Records	<u>\$ 1,914,940</u>	<u>\$ 3,507,793</u>	<u>\$ 1,983,388</u>
Receipts, per the Department's Records	\$ 1,914,940	\$ 3,507,793	\$ 1,983,388
Deposits in Transit, Beginning of the Fiscal Year	88,256	67,463	54,402
Deposits in Transit, End of the Fiscal Year	176,997	88,256	67,463
Deposits, Recorded by the State Comptroller	<u>\$ 1,826,199</u>	<u>\$ 3,487,000</u>	<u>\$ 1,970,327</u>
<b>Food and Drug Safety Fund - 014</b>			
Receipt Sources:			
Food Managers - Licenses, Fees, or Registrations	\$ 860	\$ 1,060	\$ 5,820
Milk Licensing	37,246	34,052	38,010
Free Sales, Health Certificates	42,020	48,990	58,050
Federal Government	-	2,000	-
Total Receipts, per the Department's Records	<u>\$ 80,126</u>	<u>\$ 86,102</u>	<u>\$ 101,880</u>
Receipts, per the Department's Records	\$ 80,126	\$ 86,102	\$ 101,880
Deposits in Transit, Beginning of the Fiscal Year	1,040	1,140	2,050
Deposits in Transit, End of the Fiscal Year	3,450	1,040	1,140
Deposits, Recorded by the State Comptroller	<u>\$ 77,716</u>	<u>\$ 86,202</u>	<u>\$ 102,790</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Rural/Downstate Health Access Fund - 048</b>			
Receipt Sources:			
Jl Visa Program Application Fees	\$ 93,000	\$ 114,000	\$ 90,000
Prior Year Refund	92	-	-
Total Receipts, per the Department's Records	<u>\$ 93,092</u>	<u>\$ 114,000</u>	<u>\$ 90,000</u>
Receipts, per the Department's Records	\$ 93,092	\$ 114,000	\$ 90,000
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 93,092</u>	<u>\$ 114,000</u>	<u>\$ 90,000</u>
<b>Public Health Services Fund - 063</b>			
Receipt Sources:			
Federal Operating Grants			
Department of Commerce	\$ 20,841	\$ -	\$ -
Environmental Protection Agency	983,816	367,899	930,734
Emergency Management Agency	-	638,861	52,977
Health and Human Services	325,658,002	154,898,094	136,123,516
Housing and Urban Development	2,622,669	829,300	2,500,781
Department of Labor	193,681	206,868	191,527
Michigan State University	66,284	178,956	354,228
US Environmental Protection Agency	932,324	162,054	788,701
Special Purpose Trust Fund	93,280	54,466	879,044
Other Revenue			
Fines, Penalties, or Violations	763,514	2,046,646	1,528,353
Pharmaceutical Rebates	27,312,489	38,504,720	24,279,199
Non-Operating			
Prior Year Refund	2,010,528	16,165	77,531
Prior Year Warrant Voids	25,000	-	-
Federal Government	(8,804)	(2,000)	-
Licenses and Fees	-	-	(750)
Total Receipts, per the Department's Records	<u>\$ 360,673,624</u>	<u>\$ 197,902,029</u>	<u>\$ 167,705,841</u>
Receipts, per the Department's Records	\$ 360,673,624	\$ 197,902,029	\$ 167,705,841
Deposits in Transit, Beginning of the Fiscal Year	137,650	165,075	-
Deposits in Transit, End of the Fiscal Year	17,980	137,650	165,075
Deposits, Recorded by the State Comptroller	<u>\$ 360,793,294</u>	<u>\$ 197,929,454</u>	<u>\$ 167,540,766</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Hospital Licensure Fund - 068</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 1,515,200	\$ 1,579,545	\$ 1,601,435
Prior Year Refund	1,858	-	-
Total Receipts, per the Department's Records	<u>\$ 1,517,058</u>	<u>\$ 1,579,545</u>	<u>\$ 1,601,435</u>
Receipts, per the Department's Records	\$ 1,517,058	\$ 1,579,545	\$ 1,601,435
Deposits in Transit, Beginning of the Fiscal Year	4,015	-	1,870
Deposits in Transit, End of the Fiscal Year	53,735	4,015	-
Deposits, Recorded by the State Comptroller	<u>\$ 1,467,338</u>	<u>\$ 1,575,530</u>	<u>\$ 1,603,305</u>
<b>Compassionate Use of Medical Cannabis Fund - 075</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 6,649,489	\$ 9,408,561	\$ 7,287,623
Prior Year Refund	4,402	-	-
Total Receipts, per the Department's Records	<u>\$ 6,653,891</u>	<u>\$ 9,408,561</u>	<u>\$ 7,287,623</u>
Receipts, per the Department's Records	\$ 6,653,891	\$ 9,408,561	\$ 7,287,623
Deposits in Transit, Beginning of the Fiscal Year	206,770	154,971	136,410
Deposits in Transit, End of the Fiscal Year	122,365	206,770	154,971
Deposits, Recorded by the State Comptroller	<u>\$ 6,738,296</u>	<u>\$ 9,356,762</u>	<u>\$ 7,269,062</u>
<b>Stroke Data Collection Fund - 104</b>			
Receipt Sources:			
Hospital Fees	\$ 43,196	\$ 38,596	\$ 39,282
Licenses and Fees	-	-	750
Total Receipts, per the Department's Records	<u>\$ 43,196</u>	<u>\$ 38,596</u>	<u>\$ 40,032</u>
Receipts, per the Department's Records	\$ 43,196	\$ 38,596	\$ 40,032
Deposits in Transit, Beginning of the Fiscal Year	3,750	750	1,450
Deposits in Transit, End of the Fiscal Year	2,258	3,750	750
Deposits, Recorded by the State Comptroller	<u>\$ 44,688</u>	<u>\$ 35,596</u>	<u>\$ 40,732</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Community Health Center Care Fund - 113</b>			
Receipt Sources:			
Family Practice Scholarships	\$ 120,643	\$ 117,773	\$ 126,006
Total Receipts, per the Department's Records	<u>\$ 120,643</u>	<u>\$ 117,773</u>	<u>\$ 126,006</u>
Receipts, per the Department's Records	\$ 120,643	\$ 117,773	\$ 126,006
Deposits in Transit, Beginning of the Fiscal Year	3,037	1,037	2,037
Deposits in Transit, End of the Fiscal Year	11,853	3,037	1,037
Deposits, Recorded by the State Comptroller	<u>\$ 111,827</u>	<u>\$ 115,773</u>	<u>\$ 127,006</u>
<b>Safe Bottled Water Fund - 115</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 32,100	\$ 29,850	\$ 33,100
Total Receipts, per the Department's Records	<u>\$ 32,100</u>	<u>\$ 29,850</u>	<u>\$ 33,100</u>
Receipts, per the Department's Records	\$ 32,100	\$ 29,850	\$ 33,100
Deposits in Transit, Beginning of the Fiscal Year	-	800	150
Deposits in Transit, End of the Fiscal Year	300	-	800
Deposits, Recorded by the State Comptroller	<u>\$ 31,800</u>	<u>\$ 30,650</u>	<u>\$ 32,450</u>
<b>Facility Licensing Fund - 118</b>			
Receipt Sources:			
Original and Renewal License	\$ 2,705	\$ 2,400	\$ 2,105
Swimming Facilities Licenses, Fees, or Registrations	1,334,900	1,393,367	1,706,871
Manufactured Home License	61,050	64,099	71,824
Mobile Home Park Spaces	477,305	449,840	251,601
Swimming Facilities - Other Revenue	11,197	18,729	30,631
Prior Year Refund	3,008	-	-
Total Receipts, per the Department's Records	<u>\$ 1,890,165</u>	<u>\$ 1,928,435</u>	<u>\$ 2,063,032</u>
Receipts, per the Department's Records	\$ 1,890,165	\$ 1,928,435	\$ 2,063,032
Deposits in Transit, Beginning of the Fiscal Year	26,154	28,888	48,657
Deposits in Transit, End of the Fiscal Year	90,220	26,154	28,888
Deposits, Recorded by the State Comptroller	<u>\$ 1,826,099</u>	<u>\$ 1,931,169</u>	<u>\$ 2,082,801</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Illinois School Asbestos Abatement Fund - 175</b>			
Receipt Sources:			
Asbestos Removal - Personnel	\$ 456,436	\$ 390,215	\$ 476,423
Fines, Penalties, or Violations	6,293	62,194	21,725
Prior Year Refund	761	-	-
Total Receipts, per the Department's Records	<u>\$ 463,490</u>	<u>\$ 452,409</u>	<u>\$ 498,148</u>
Receipts, per the Department's Records	\$ 463,490	\$ 452,409	\$ 498,148
Deposits in Transit, Beginning of the Fiscal Year	8,225	18,833	3,742
Deposits in Transit, End of the Fiscal Year	19,756	8,225	18,833
Deposits, Recorded by the State Comptroller	<u>\$ 451,959</u>	<u>\$ 463,017</u>	<u>\$ 483,057</u>
<b>Illinois Health Facilities Planning Fund - 238</b>			
Receipt Sources:			
Certification of Need	\$ 1,687,293	\$ 2,085,421	\$ 2,002,143
Prior year Refund	3,037	-	-
Total Receipts, per the Department's Records	<u>\$ 1,690,330</u>	<u>\$ 2,085,421</u>	<u>\$ 2,002,143</u>
Receipts, per the Department's Records	\$ 1,690,330	\$ 2,085,421	\$ 2,002,143
Deposits in Transit, Beginning of the Fiscal Year	11,000	74,077	6,000
Deposits in Transit, End of the Fiscal Year	357,418	11,000	74,077
Deposits, Recorded by the State Comptroller	<u>\$ 1,343,912</u>	<u>\$ 2,148,498</u>	<u>\$ 1,934,066</u>
<b>Emergency Public Health Fund - 240</b>			
Receipt Sources:			
Prior Year Refund	\$ 1,141	\$ 9,515	\$ -
Total Receipts, per the Department's Records	<u>\$ 1,141</u>	<u>\$ 9,515</u>	<u>\$ -</u>
Receipts, per the Department's Records	\$ 1,141	\$ 9,515	\$ -
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 1,141</u>	<u>\$ 9,515</u>	<u>\$ -</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Public Health Water Permit Fund - 256</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 55,975	\$ 57,566	\$ 56,154
Total Receipts, per the Department's Records	<u>\$ 55,975</u>	<u>\$ 57,566</u>	<u>\$ 56,154</u>
Receipts, per the Department's Records	\$ 55,975	\$ 57,566	\$ 56,154
Deposits in Transit, Beginning of the Fiscal Year	1,900	1,435	700
Deposits in Transit, End of the Fiscal Year	2,480	1,900	1,435
Deposits, Recorded by the State Comptroller	<u>\$ 55,395</u>	<u>\$ 57,101</u>	<u>\$ 55,419</u>
<b>Nursing Dedicated and Professional Fund - 258</b>			
Receipt Sources:			
Prior Year Refund	\$ 88	\$ 5,847	\$ 844
Total Receipts, per the Department's Records	<u>\$ 88</u>	<u>\$ 5,847</u>	<u>\$ 844</u>
Receipts, per the Department's Records	\$ 88	\$ 5,847	\$ 844
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 88</u>	<u>\$ 5,847</u>	<u>\$ 844</u>
<b>Long Term Care Monitor/Receiver Fund - 285</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 1,820,594	\$ 1,561,198	\$ 1,778,649
Other Revenue	2,385,373	1,545,039	1,834,706
Licenses and Fees - Non-Operating	53,098	-	-
Total Receipts, per the Department's Records	<u>\$ 4,259,065</u>	<u>\$ 3,106,237</u>	<u>\$ 3,613,355</u>
Receipts, per the Department's Records	\$ 4,259,065	\$ 3,106,237	\$ 3,613,355
Deposits in Transit, Beginning of the Fiscal Year	57,485	157,803	30,080
Deposits in Transit, End of the Fiscal Year	476,012	57,485	157,803
Deposits, Recorded by the State Comptroller	<u>\$ 3,840,538</u>	<u>\$ 3,206,555</u>	<u>\$ 3,485,632</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Home Care Services Agency Licensure Fund - 287</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 1,424,525	\$ 1,352,000	\$ 1,336,525
Fines, Penalties, or Violations	8,000	500	-
Prior Year Refund	3,321	-	-
Total Receipts, per the Department's Records	<u>\$ 1,435,846</u>	<u>\$ 1,352,500</u>	<u>\$ 1,336,525</u>
Receipts, per the Department's Records	\$ 1,435,846	\$ 1,352,500	\$ 1,336,525
Deposits in Transit, Beginning of the Fiscal Year	44,950	23,050	29,600
Deposits in Transit, End of the Fiscal Year	105,250	44,950	23,050
Deposits, Recorded by the State Comptroller	<u>\$ 1,375,546</u>	<u>\$ 1,330,600</u>	<u>\$ 1,343,075</u>
<b>Used Tire Management Fund - 294</b>			
Receipt Sources:			
Prior Year Refund	\$ 594	\$ -	\$ -
Total Receipts, per the Department's Records	<u>\$ 594</u>	<u>\$ -</u>	<u>\$ -</u>
Receipts, per the Department's Records	\$ 594	\$ -	\$ -
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 594</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Tattoo and Body Piercing Establishment Registration Fund - 327</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 570,883	\$ 463,275	\$ 482,250
Prior Year Refund	375	-	-
Total Receipts, per the Department's Records	<u>\$ 571,258</u>	<u>\$ 463,275</u>	<u>\$ 482,250</u>
Receipts, per the Department's Records	\$ 571,258	\$ 463,275	\$ 482,250
Deposits in Transit, Beginning of the Fiscal Year	20,800	4,400	13,100
Deposits in Transit, End of the Fiscal Year	46,058	20,800	4,400
Deposits, Recorded by the State Comptroller	<u>\$ 546,000</u>	<u>\$ 446,875</u>	<u>\$ 490,950</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Public Health Laboratory Services Revolving Fund - 340</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 521,709	\$ 2,208,025	\$ 3,650,153
Private Organizations or Individuals	-	290,041	-
Prior Year Refund	373	-	217
Total Receipts, per the Department's Records	<u>\$ 522,082</u>	<u>\$ 2,498,066</u>	<u>\$ 3,650,370</u>
Receipts, per the Department's Records	\$ 522,082	\$ 2,498,066	\$ 3,650,370
Deposits in Transit, Beginning of the Fiscal Year	-	-	7
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 522,082</u>	<u>\$ 2,498,066</u>	<u>\$ 3,650,377</u>
<b>Long Term Care Provider Fund - 345</b>			
Receipt Sources:			
Prior Year Refund	\$ 1,425	\$ -	\$ -
Total Receipts, per the Department's Records	<u>\$ 1,425</u>	<u>\$ -</u>	<u>\$ -</u>
Receipts, per the Department's Records	\$ 1,425	\$ -	\$ -
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 1,425</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Lead Poisoning Screening, Prevention, and Abatement Fund - 360</b>			
Receipt Sources:			
Laboratory Analysis	\$ -	\$ -	\$ 103
Lead Inspector Fees	239,800	231,460	261,375
General Revenue Fund	10,000,000	10,000,000	4,000,000
Fines	10,028	29,075	35,250
Prior Year Refund	10,063	6,423	-
Total Receipts, per the Department's Records	<u>\$ 10,259,891</u>	<u>\$ 10,266,958</u>	<u>\$ 4,296,728</u>
Receipts, per the Department's Records	\$ 10,259,891	\$ 10,266,958	\$ 4,296,728
Deposits in Transit, Beginning of the Fiscal Year	925	2,350	1,850
Deposits in Transit, End of the Fiscal Year	6,475	925	2,350
Deposits, Recorded by the State Comptroller	<u>\$ 10,254,341</u>	<u>\$ 10,268,383</u>	<u>\$ 4,296,228</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS  
AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Tanning Facility Permit Fund - 370</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 107,751	\$ 107,400	\$ 150,700
Prior Year Refund	364	-	-
Total Receipts, per the Department's Records	<u>\$ 108,115</u>	<u>\$ 107,400</u>	<u>\$ 150,700</u>
Receipts, per the Department's Records	\$ 108,115	\$ 107,400	\$ 150,700
Deposits in Transit, Beginning of the Fiscal Year	4,600	450	2,400
Deposits in Transit, End of the Fiscal Year	7,000	4,600	450
Deposits, Recorded by the State Comptroller	<u>\$ 105,715</u>	<u>\$ 103,250</u>	<u>\$ 152,650</u>
<b>Equity in Long-term Care Quality Fund - 371</b>			
Receipt Sources:			
Civil Penalties - Long Term Care	\$ 763,513	\$ 2,046,646	\$ 1,528,353
Total Receipts, per the Department's Records	<u>\$ 763,513</u>	<u>\$ 2,046,646</u>	<u>\$ 1,528,353</u>
Receipts, per the Department's Records	\$ 763,513	\$ 2,046,646	\$ 1,528,353
Deposits in Transit, Beginning of the Fiscal Year	121,008	93,891	-
Deposits in Transit, End of the Fiscal Year	-	121,008	93,891
Deposits, Recorded by the State Comptroller	<u>\$ 884,521</u>	<u>\$ 2,019,529</u>	<u>\$ 1,434,462</u>
<b>Plumbing Licensure and Program Fund - 372</b>			
Receipt Sources:			
Licences, Fees, or Registrations	\$ 2,618,212	\$ 2,054,667	\$ 2,503,140
Plumbing Violations	2,314	12,925	21,549
Prior Year Refund	4,801	-	-
Total Receipts, per the Department's Records	<u>\$ 2,625,327</u>	<u>\$ 2,067,592</u>	<u>\$ 2,524,689</u>
Receipts, per the Department's Records	\$ 2,625,327	\$ 2,067,592	\$ 2,524,689
Deposits in Transit, Beginning of the Fiscal Year	17,280	31,455	16,240
Deposits in Transit, End of the Fiscal Year	88,054	17,280	31,455
Deposits, Recorded by the State Comptroller	<u>\$ 2,554,553</u>	<u>\$ 2,081,767</u>	<u>\$ 2,509,474</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Regulatory Evaluation and Basic Enforcement Fund - 388</b>			
Receipt Sources:			
Sub-Acute Care Facilities - Licenses, Fees, or Registrations	\$ 41,000	\$ 43,100	\$ 40,300
Total Receipts, per the Department's Records	<u>\$ 41,000</u>	<u>\$ 43,100</u>	<u>\$ 40,300</u>
Receipts, per the Department's Records	\$ 41,000	\$ 43,100	\$ 40,300
Deposits in Transit, Beginning of the Fiscal Year	1,600	1,100	-
Deposits in Transit, End of the Fiscal Year	3,200	1,600	1,100
Deposits, Recorded by the State Comptroller	<u>\$ 39,400</u>	<u>\$ 42,600</u>	<u>\$ 39,200</u>
<b>EMS Assistance Fund - 398</b>			
Receipt Sources:			
EMS Ambulance Companies - Fines, Penalties, or Violations	\$ -	\$ 1,500	\$ 161,250
EMS Ambulance Companies - Licenses, Fees, or Registrations	564,930	644,821	749,818
Prior Year Refund	23	-	-
Total Receipts, per the Department's Records	<u>\$ 564,953</u>	<u>\$ 646,321</u>	<u>\$ 911,068</u>
Receipts, per the Department's Records	\$ 564,953	\$ 646,321	\$ 911,068
Deposits in Transit, Beginning of the Fiscal Year	11,925	33,355	18,975
Deposits in Transit, End of the Fiscal Year	45,020	11,925	33,355
Deposits, Recorded by the State Comptroller	<u>\$ 531,858</u>	<u>\$ 667,751</u>	<u>\$ 896,688</u>
<b>Health Facility Plan Review Fund - 524</b>			
Receipt Sources:			
Certificate of Need - Nursing Home	\$ 233,918	\$ 159,066	\$ 169,213
Certificate of Need - Hospital	968,376	1,209,363	1,190,614
Prior Year Refund	4,258	-	-
Total Receipts, per the Department's Records	<u>\$ 1,206,552</u>	<u>\$ 1,368,429</u>	<u>\$ 1,359,827</u>
Receipts, per the Department's Records	\$ 1,206,552	\$ 1,368,429	\$ 1,359,827
Deposits in Transit, Beginning of the Fiscal Year	39,076	76,128	75,904
Deposits in Transit, End of the Fiscal Year	93,873	39,076	76,128
Deposits, Recorded by the State Comptroller	<u>\$ 1,151,755</u>	<u>\$ 1,405,481</u>	<u>\$ 1,359,603</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Pesticide Control Fund - 576</b>			
Receipt Sources:			
Original and Renewal License	\$ 237,984	\$ 250,290	\$ 257,385
Civil Penalties	1,344	17,861	13,426
Prior Year Refund	858	-	-
Total Receipts, per the Department's Records	<u>\$ 240,186</u>	<u>\$ 268,151</u>	<u>\$ 270,811</u>
Receipts, per the Department's Records	\$ 240,186	\$ 268,151	\$ 270,811
Deposits in Transit, Beginning of the Fiscal Year	-	2,200	2,898
Deposits in Transit, End of the Fiscal Year	6,175	-	2,200
Deposits, Recorded by the State Comptroller	<u>\$ 234,011</u>	<u>\$ 270,351</u>	<u>\$ 271,509</u>
<b>Death Certificate Surcharge Fund - 635</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 2,163,766	\$ 1,513,109	\$ 1,765,341
Prior Year Refund	2,084	-	-
Total Receipts, per the Department's Records	<u>\$ 2,165,850</u>	<u>\$ 1,513,109</u>	<u>\$ 1,765,341</u>
Receipts, per the Department's Records	\$ 2,165,850	\$ 1,513,109	\$ 1,765,341
Deposits in Transit, Beginning of the Fiscal Year	840	87,750	91,614
Deposits in Transit, End of the Fiscal Year	71,596	840	87,750
Deposits, Recorded by the State Comptroller	<u>\$ 2,095,094</u>	<u>\$ 1,600,019</u>	<u>\$ 1,769,205</u>
<b>Illinois Adoption Registry and Medical Information Fund - 638</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 13,470	\$ 13,345	\$ 24,093
Total Receipts, per the Department's Records	<u>\$ 13,470</u>	<u>\$ 13,345</u>	<u>\$ 24,093</u>
Receipts, per the Department's Records	\$ 13,470	\$ 13,345	\$ 24,093
Deposits in Transit, Beginning of the Fiscal Year	1,305	750	1,125
Deposits in Transit, End of the Fiscal Year	945	1,305	750
Deposits, Recorded by the State Comptroller	<u>\$ 13,830</u>	<u>\$ 12,790</u>	<u>\$ 24,468</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Commitment to Human Services Fund - 644</b>			
Receipt Sources:			
Prior Year Refund	\$ -	\$ -	\$ 33
Total Receipts, per the Department's Records	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33</u>
Receipts, per the Department's Records	\$ -	\$ -	\$ 33
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33</u>
<b>Healthy Smiles Fund - 654</b>			
Receipt Sources:			
Prior Year Refund	\$ 756	\$ -	\$ -
Total Receipts, per the Department's Records	<u>\$ 756</u>	<u>\$ -</u>	<u>\$ -</u>
Receipts, per the Department's Records	\$ 756	\$ -	\$ -
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 756</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Assisted Living and Shared Housing Regulatory Fund - 702</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 1,462,440	\$ 1,464,140	\$ 1,333,500
Civil Penalties	65,300	34,000	28,000
Prior Year Refund	3,226	-	-
Total Receipts, per the Department's Records	<u>\$ 1,530,966</u>	<u>\$ 1,498,140</u>	<u>\$ 1,361,500</u>
Receipts, per the Department's Records	\$ 1,530,966	\$ 1,498,140	\$ 1,361,500
Deposits in Transit, Beginning of the Fiscal Year	32,140	20,980	26,340
Deposits in Transit, End of the Fiscal Year	132,880	32,140	20,980
Deposits, Recorded by the State Comptroller	<u>\$ 1,430,226</u>	<u>\$ 1,486,980</u>	<u>\$ 1,366,860</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Tobacco Settlement Recovery Fund - 733</b>			
Receipt Sources:			
Restitution	\$ -	\$ 2,250	\$ -
Prior Year Refund	17,938	61,471	40,506
Total Receipts, per the Department's Records	<u>\$ 17,938</u>	<u>\$ 63,721</u>	<u>\$ 40,506</u>
Receipts, per the Department's Records	\$ 17,938	\$ 63,721	\$ 40,506
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 17,938</u>	<u>\$ 63,721</u>	<u>\$ 40,506</u>
<b>Pet Population Control Fund - 764</b>			
Receipt Sources:			
Circuit Clerk	\$ -	\$ -	\$ 3,780
Total Receipts, per the Department's Records	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,780</u>
Receipts, per the Department's Records	\$ -	\$ -	\$ 3,780
Deposits in Transit, Beginning of the Fiscal Year	-	-	25
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,805</u>
<b>Private Sewage Disposal Program Fund - 790</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 198,400	\$ 181,450	\$ 209,900
Fines	559	541	-
Prior Year Refund	416	-	-
Total Receipts, per the Department's Records	<u>\$ 199,375</u>	<u>\$ 181,991</u>	<u>\$ 209,900</u>
Receipts, per the Department's Records	\$ 199,375	\$ 181,991	\$ 209,900
Deposits in Transit, Beginning of the Fiscal Year	1,250	3,600	1,500
Deposits in Transit, End of the Fiscal Year	5,600	1,250	3,600
Deposits, Recorded by the State Comptroller	<u>\$ 195,025</u>	<u>\$ 184,341</u>	<u>\$ 207,800</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Cemetery Oversight Licensing and Disciplinary Fund - 792</b>			
Receipt Sources:			
Licenses, Fees, or Registrations	\$ 2,163,766	\$ 1,513,109	\$ 1,765,341
Total Receipts, per the Department's Records	<u>\$ 2,163,766</u>	<u>\$ 1,513,109</u>	<u>\$ 1,765,341</u>
Receipts, per the Department's Records	\$ 2,163,766	\$ 1,513,109	\$ 1,765,341
Deposits in Transit, Beginning of the Fiscal Year	840	87,750	91,614
Deposits in Transit, End of the Fiscal Year	71,596	840	87,750
Deposits, Recorded by the State Comptroller	<u>\$ 2,093,010</u>	<u>\$ 1,600,019</u>	<u>\$ 1,769,205</u>
<b>Personal Property Tax Replace Fund - 802</b>			
Receipt Sources:			
Prior Year Refund	\$ 64,582	\$ -	\$ 181,628
Total Receipts, per the Department's Records	<u>\$ 64,582</u>	<u>\$ -</u>	<u>\$ 181,628</u>
Receipts, per the Department's Records	\$ 64,582	\$ -	\$ 181,628
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 64,582</u>	<u>\$ -</u>	<u>\$ 181,628</u>
<b>Public Health Federal Projects Fund - 838</b>			
Receipt Sources:			
Federal Operating Grants - Health and Human Services	\$ -	\$ 30,409	\$ 141,694
Prior Year Refund	321	-	-
Total Receipts, per the Department's Records	<u>\$ 321</u>	<u>\$ 30,409</u>	<u>\$ 141,694</u>
Receipts, per the Department's Records	\$ 321	\$ 30,409	\$ 141,694
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 321</u>	<u>\$ 30,409</u>	<u>\$ 141,694</u>
<b>Maternal and Child Health Services Block Grant Fund - 872</b>			
Receipt Sources:			
Health and Health Services Federal Block Grant	\$ 19,143,652	\$ 16,097,528	\$ 14,134,717
Prior Year Refund	4,737	117	1,470
Total Receipts, per the Department's Records	<u>\$ 19,148,389</u>	<u>\$ 16,097,645</u>	<u>\$ 14,136,187</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Maternal and Child Health Services Block Grant</b>			
<b>Fund - 872 (Continued)</b>			
Receipts, per the Department's Records	\$ 19,148,389	\$ 16,097,645	\$ 14,136,187
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 19,148,389</u>	<u>\$ 16,097,645</u>	<u>\$ 14,136,187</u>
<b>Preventive Health and Health Services Block Grant</b>			
<b>Fund - 873</b>			
Receipt Sources:			
Health and Health Services Federal Block Grant	\$ 3,171,144	\$ 2,442,335	\$ 2,596,579
Prior Year Refund	3,027	-	-
Total Receipts, per the Department's Records	<u>\$ 3,174,171</u>	<u>\$ 2,442,335</u>	<u>\$ 2,596,579</u>
Receipts, per the Department's Records	\$ 3,174,171	\$ 2,442,335	\$ 2,596,579
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ 3,174,171</u>	<u>\$ 2,442,335</u>	<u>\$ 2,596,579</u>
<b>Public Health Special State Projects Fund - 896</b>			
Receipt Sources:			
Federal Operating Grants - Indirect Cost Reimbursement	\$ 8,139,629	\$ 6,378,367	\$ 7,337,456
Healthcare and Family Services	-	43,448,820	-
Private Organizations or Individuals	462,309	397,808	2,067,389
Illinois Emergency Management	127,241	-	-
Prior Year Refund	4,114	-	-
Federal Government	6,507	-	-
Other Revenues	12,000	-	-
Total Receipts, per the Department's Records	<u>\$ 8,751,800</u>	<u>\$ 50,224,995</u>	<u>\$ 9,404,845</u>
Receipts, per the Department's Records	\$ 8,751,800	\$ 50,224,995	\$ 9,404,845
Deposits in Transit, Beginning of the Fiscal Year	37,906	27,773	940
Deposits in Transit, End of the Fiscal Year	10,730	37,906	27,773
Deposits, Recorded by the State Comptroller	<u>\$ 8,778,976</u>	<u>\$ 50,214,862</u>	<u>\$ 9,378,012</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS**  
**AND DEPOSITS INTO THE STATE TREASURY**

For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>STATE TREASURY FUNDS</b>			
<b>Metabolic Screening and Treatment Fund - 920</b>			
Receipt Sources:			
Laboratory Analysis	\$ 19,506,703	\$ 21,569,718	\$ 18,368,503
Prior Year Refund	11,059	845	1,724
Total Receipts, per the Department's Records	<u>\$ 19,517,762</u>	<u>\$ 21,570,563</u>	<u>\$ 18,370,227</u>
Receipts, per the Department's Records	\$ 19,517,762	\$ 21,570,563	\$ 18,370,227
Deposits in Transit, Beginning of the Fiscal Year	717,092	212,318	469,168
Deposits in Transit, End of the Fiscal Year	1,450,363	717,092	212,318
Deposits, Recorded by the State Comptroller	<u>\$ 18,784,491</u>	<u>\$ 21,065,789</u>	<u>\$ 18,627,077</u>
<b>Hearing Instrument Dispenser Examining and Disciplinary Fund - 938</b>			
Receipt Sources:			
Certification - Hearing Aid Dispenser	\$ 51,455	\$ 55,065	\$ 62,120
Total Receipts, per the Department's Records	<u>\$ 51,455</u>	<u>\$ 55,065</u>	<u>\$ 62,120</u>
Receipts, per the Department's Records	\$ 51,455	\$ 55,065	\$ 62,120
Deposits in Transit, Beginning of the Fiscal Year	2,780	2,260	3,660
Deposits in Transit, End of the Fiscal Year	3,345	2,780	2,260
Deposits, Recorded by the State Comptroller	<u>\$ 50,890</u>	<u>\$ 54,545</u>	<u>\$ 63,520</u>
<b>Build Illinois Bond Fund - 971</b>			
Receipt Sources:			
Prior Year Refund	\$ -	\$ -	\$ 5,588
Total Receipts, per the Department's Records	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,588</u>
Receipts, per the Department's Records	\$ -	\$ -	\$ 5,588
Deposits in Transit, Beginning of the Fiscal Year	-	-	-
Deposits in Transit, End of the Fiscal Year	-	-	-
Deposits, Recorded by the State Comptroller	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,588</u>
<b>GRAND TOTAL - ALL FUNDS</b>			
Receipts, per the Department's Records	\$ 454,630,267	\$ 336,762,544	\$ 253,823,964
Deposits in Transit, Beginning of the Fiscal Year	1,605,599	1,383,832	1,134,508
Deposits in Transit, End of the Fiscal Year	3,482,984	1,605,599	1,383,832
Deposits, Recorded by the State Comptroller	<u>\$ 452,752,882</u>	<u>\$ 336,540,777</u>	<u>\$ 253,574,640</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
For the Two Years Ended June 30, 2021

**Fiscal Year 2021 Compared to Fiscal Year 2020**

**General Revenue Fund – 001**

Federal Operating Grants

*Health and Human Services*

The decrease was due to less grant money received from the Department of Health and Human Services for the National Death Index and Vital Statistics system in Fiscal Year 2021.

**Public Health Services Fund – 063**

Federal Operating Grants

*Environmental Protection Agency*

The increase was due to more grant money received for the Pesticide Enforcement; Asbestos Hazard; Beach Monitoring; Lead Accreditation; Fish Consumption; and Lead Testing programs in Fiscal Year 2021.

*Emergency Management Agency*

The decrease was due to no grants were received in Fiscal Year 2021.

*Health and Human Services*

The increase was due to more COVID-19 grants received for Epidemiology and Laboratory Capacity (ELC) and Immunization programs in Fiscal Year 2021.

*Housing and Urban Development*

The increase was due to more grant money received for Housing Opportunities for Persons with AIDS program in Fiscal Year 2021.

*US Environmental Protection Agency*

The increase was due to more grant money received for the Safe Drinking Water program in Fiscal Year 2021.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
For the Two Years Ended June 30, 2021

Other Revenue

*Fines, Penalties, or Violations*

The decrease was due to a decrease in civil money penalties received from the federal government in Fiscal Year 2021.

*Pharmaceutical Rebates*

The decrease was due to a significant increase in rebates during Fiscal Year 2020 which was directly related to the COVID-19 pandemic which increased drug costs, therefore, increased rebates. The effect of COVID-19 on the program leveled out in Fiscal Year 2021.

Non-Operating

*Prior Year Refund*

The increase was due to the local health departments returning unspent COVID-19 contact-tracing grant funds in Fiscal Year 2021.

**Compassionate Use of Medical Cannabis Fund – 075**

Licenses, Fees, or Registrations

The decrease was due to the decrease in applications for the Medical Cannabis Registry Identification (ID) Card in Fiscal Year 2021.

**Long Term Care Monitor/Receiver Fund – 285**

Other Revenue

The increase was due to more long-term care facility fines received in Fiscal Year 2021.

**Public Health Laboratory Services Revolving Fund – 340**

Licenses, Fees, or Registrations

The decrease was due to less testing conducted and billed in Fiscal Year 2021 due to the COVID-19 pandemic.

Private Organizations or Individuals

The decrease was due to an interagency payment received from the Illinois Emergency Management Agency (IEMA) in Fiscal Year 2020 that was not received in Fiscal Year 2021.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
For the Two Years Ended June 30, 2021

**Equity in Long-term Care Quality Fund – 371**

Civil Penalties – Long Term Care

The decrease was due to less civil monetary penalty revenues received from long-term care facilities in Fiscal Year 2021.

**Plumbing Licensure and Program Fund – 372**

Licenses, Fees, or Registrations

The increase was due to more plumbing licensure fees received in Fiscal Year 2021.

**Death Certificate Surcharge Fund – 635**

Licenses, Fees, or Registrations

The increase was due to more death certificates issued in Fiscal Year 2021.

**Cemetery Oversight Licensing and Disciplinary Fund – 792**

Licenses, Fees, or Registrations

The increase was due to more death certificates issued in Fiscal Year 2021.

**Preventive Health and Health Services Block Grant Fund – 873**

Federal Operating Grants

The increase was due to more federal drawdowns received during Fiscal Year 2021. This revenue will vary from year to year depending on the timing of the federal drawdowns.

**Public Health Special State Projects Fund – 896**

Federal Operating Grants - Indirect Cost Reimbursement

The increase was due to an increase in federal operating grants in Fiscal Year 2021 which increased the indirect cost reimbursements.

Healthcare and Family Services

The decrease was due to revenues received for the Vaccines for Children from the Illinois Department of Healthcare and Family Services Children's Health Insurance Program in Fiscal Year 2020 but none in Fiscal Year 2021.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
For the Two Years Ended June 30, 2021

**Fiscal Year 2020 Compared to Fiscal Year 2019**

**General Revenue Fund – 001**

Federal Operating Grants

*Health and Human Services*

The increase was due to more grant money received from the Department of Health and Human Services for the National Death Index and Vital Statistics system in Fiscal Year 2020.

**Public Health Services Fund – 063**

Federal Operating Grants

*Environmental Protection Agency*

The decrease was due to the timing of deposits in the projects during Fiscal Year 2020.

*Emergency Management Agency*

The increase was due to the receipt of four grants in Fiscal Year 2020 compared to only one grant received in Fiscal Year 2019.

*Housing and Urban Development*

The decrease was due to the COVID-19 pandemic and stay at home orders which created a transition on how housing services were administered in Fiscal Year 2020.

*US Environmental Protection Agency*

The decrease was due to the timing of billings in Fiscal Year 2020.

*Special Purpose Trust Fund*

The decrease was due to the timing of billings of the Refugee grant program in Fiscal Year 2020.

Other Revenue

*Fines, Penalties, or Violations*

The increase was due to an increase in civil money penalties received from the federal government in Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
For the Two Years Ended June 30, 2021

*Pharmaceutical Rebates*

The increase was due to an increase in rebates during Fiscal Year 2020 which was directly related to the COVID-19 pandemic which increased drug costs resulting in increased rebates. The increase was also due to the Ryan White Program not closing out clients in Fiscal Year 2020.

**Compassionate Use of Medical Cannabis Fund – 075**

Licenses, Fees, or Registrations

The increase was due to the increase in applications for the Medical Cannabis Registry Identification (ID) Card in Fiscal Year 2020.

**Public Health Laboratory Services Revolving Fund – 340**

Licenses, Fees, or Registrations

The decrease was due to fewer laboratory fee billings in Fiscal Year 2020.

Private Organizations or Individuals

The increase was due to an interagency payment received from IEMA in Fiscal Year 2020 that was not received in Fiscal Year 2019.

**Lead Poisoning Screening, Prevention, and Abatement Fund – 360**

General Revenue Fund

The increase was due to the \$6 million transfer of funds from the General Revenue Fund (Fund 001) to this fund during Fiscal Year 2020.

**Equity in Long-term Care Quality Fund – 371**

Civil Penalties – Long Term Care

The increase was due to more civil monetary penalty revenues received from long-term care facilities in Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS  
For the Two Years Ended June 30, 2021

**Public Health Special State Projects Fund – 896**

Healthcare and Family Services

The increase was due to revenues received for the Vaccines for Children from the Illinois Department of Healthcare and Family Services Children's Health Insurance Program in Fiscal Year 2020 but none in Fiscal Year 2019.

Private Organizations or Individuals

The decrease was due to monies received for court case settlement in Fiscal Year 2019 but none in Fiscal Year 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF LOCALLY-HELD FUND RECEIPTS AND DISBURSEMENTS

For the Fiscal Year Ended June 30,

**LOCALLY-HELD FUND**

<b>Vital Records Refund Account - 1322</b>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Balance, Beginning of the Fiscal Year	\$ -	\$ -	\$ -
Receipts	383	95	492
Disbursements	<u>383</u>	<u>95</u>	<u>492</u>
Balance, Ending of the Fiscal Year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Note 1: These balances were obtained from the Department's records and have been reconciled to the Department's Report of Receipts and Disbursements for Locally Held Funds for the locally held fund submitted to the Office of State Comptroller as of June 30, 2021, and June 30, 2020.

Note 2: This schedule is presented on the cash basis of accounting.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF CHANGES IN PROPERTY**

For the Two Years Ended June 30, 2021

<b><u>FISCAL YEAR 2021</u></b>	<u>Beginning Balance</u>	<u>Additions</u>	<u>Deletions</u>	<u>Net Transfers</u>	<u>Ending Balance</u>
<b>Property</b>					
Equipment	\$ 14,369,576	\$ 2,894,754	\$ 539,244	\$ (249,187)	\$ 16,475,899
Total	<u>\$ 14,369,576</u>	<u>\$ 2,894,754</u>	<u>\$ 539,244</u>	<u>\$ (249,187)</u>	<u>\$ 16,475,899</u>
<b>Capital Leases</b>					
Equipment	\$ 744,007	\$ 30,537	\$ 430,175	\$ -	\$ 344,369
Total	<u>\$ 744,007</u>	<u>\$ 30,537</u>	<u>\$ 430,175</u>	<u>\$ -</u>	<u>\$ 344,369</u>

Note 1: These balances were obtained from the Department's records and have been reconciled to the Department's quarterly *Agency Report of State Property* reports submitted to the Office of State Comptroller for the year ended June 30, 2021.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF CHANGES IN PROPERTY**

For the Two Years Ended June 30, 2021

<u>FISCAL YEAR 2020</u>	<u>Beginning Balance</u>	<u>Additions</u>	<u>Deletions</u>	<u>Net Transfers</u>	<u>Ending Balance</u>
<b>Property</b>					
Equipment	\$ 14,626,795	\$ 540,393	\$ 526,543	\$ (271,069)	\$ 14,369,576
Total	<u>\$ 14,626,795</u>	<u>\$ 540,393</u>	<u>\$ 526,543</u>	<u>\$ (271,069)</u>	<u>\$ 14,369,576</u>
<b>Capital Leases</b>					
Buildings and Building Improvements	\$ 61,267	\$ -	\$ 61,267	\$ -	\$ -
Equipment	760,587	187,446	204,026	-	744,007
Total	<u>\$ 821,854</u>	<u>\$ 187,446</u>	<u>\$ 265,293</u>	<u>\$ -</u>	<u>\$ 744,007</u>

Note 1: These balances were obtained from the Department's records and have been reconciled to the Department's quarterly *Agency Report of State Property* reports submitted to the Office of State Comptroller for the year ended June 30, 2020.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF INDIRECT COST REIMBURSEMENTS**

For the Fiscal Year Ended June 30,

Federal Projects	2021	2020	2019
Beach Monitoring and Notification Program	\$ 6,271	\$ 9,969	\$ 11,319
Implementation Grants			
Birth Defects and Developmental Disabilities - and Surveillance	28,274	29,428	17,831
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	450,755	493,702	304,561
Centers for Disease Control and Prevention and Technical Assistance	-	11,812	32,989
Child Lead Poisoning Prevention Surveillance financed part by Prevention and Public Health (PPHF) Program	-	-	14,546
Childhood Lead Poisoning Prevention Projects, State Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	40,019	52,316	49,900
Compensation and Working Conditions	35,123	28,297	21,937
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	33,494	24,989	21,834
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	23,782	17,033	16,794
Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	-	-	21,112
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	3,472	-	(50)
Environmental Public Health and Emergency Response	21,712	69,653	36,677
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	1,323,650	320,877	429,402
Family Planning Services	-	38,234	184,300
Flexible Funding Model - Infrastructure Development Maintenance for State Manufactured Food Regulatory Programs	41,187	28,595	18,756
Food and Drug Administration Research	776	7,261	12,600
Grants to States for Operation of State Offices of Rural Health	24,779	23,017	17,475

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**SCHEDULE OF INDIRECT COST REIMBURSEMENTS**

For the Fiscal Year Ended June 30,

Federal Projects	2021	2020	2019
Grants to States to Support Oral Health Workforce Activities	\$ 12,383	\$ 44,237	\$ 1,079
Great Lakes Program	5,783	-	-
Harold Rogers Prescription Drug Monitoring Program	8,359	8,781	7,861
HIV Care Formula Grants	283,872	313,002	482,674
HIV Prevention Activities Health Department Based	448,166	276,434	378,466
Hospital Preparedness Program (HPP) and Public Emergency Preparedness (PHEP) Aligned Cooperative Agreements	67,134	192,230	805,334
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	54,461	37,046	85,916
Immunization Cooperative Agreements	854,771	740,873	559,008
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke	74,273	144,993	32,939
Injury Prevention and Control Research and State and Community Based Programs	30,757	73,451	47,079
Maternal and Child Health Federal Consolidated Programs	-	5,487	12,742
National and State Tobacco Control Program	23,862	-	-
National Bioterrorism Hospital Preparedness Program	156,495	96,413	-
NON-ACA/PPHF—Building Capacity of the Public Health System to Improve Population Health through National Nonprofit Organizations	-	1,163	-
Performance Partnership Grants	64,282	27,797	9,782
PPHF 2018: Office of Smoking and Health-National State-Based Tobacco Control Programs-Financed in part by 2018 Prevention and Public Health funds (PPHF)	35,827	187,265	85,059
Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	37,581	4,062	-

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF INDIRECT COST REIMBURSEMENTS

For the Fiscal Year Ended June 30,

Federal Projects	2021	2020	2019
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	\$ 189,314	\$ 175,322	\$ 171,869
Public Health Emergency Preparedness	551,456	342,679	-
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	199,876	70,579	6,903
Refugee and Entrant Assistance State/Replacement Designee Administered Programs	10,530	363	55,151
Research on Healthcare Costs, Quality and Outcomes	-	-	4,988
Sexually Transmitted Diseases (STD) Prevention and Control Grants	192,681	155,559	184,146
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)	-	-	31,879
State Capacity Building	43,843	-	-
State Commissions	23,075	20,211	49,939
State Rural Hospital Flexibility Program	-	5,165	1,335
State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	2,700,106	2,257,617	2,994,850
Substance Abuse and Mental Health Services Projects Regional and National Significance	15,502	13,087	12,067
The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements; PPHF	-	-	(461)
Toxic Substances Compliance Monitoring Cooperative Agreements	21,171	12,607	17,336
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	7,282	16,761	87,532
Total	<u>\$ 8,146,136</u>	<u>\$ 6,378,367</u>	<u>\$ 7,337,456</u>

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF INDIRECT COST REIMBURSEMENTS

Note 1: 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.

Note 2: 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.

Note 3: The cost base used is direct salaries and wages including fringe benefits exclusive of group insurance premiums.

Note 4: The Department tracks its indirect cost reimbursements by federal project. One federal project could include more than one federal assistance listings (formerly the Catalog of Federal Domestic Assistance) number; and more likely, one assistance listing (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, 2021, 2020, and 2019.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

**Functions**

The Department of Public Health (Department/IDPH), as authorized by the Department of Public Health Act (20 ILCS 2305/1.1) and the Civil Administrative Code of Illinois (20 ILCS 2310/), advocates for and partners with the people of Illinois to re-envision health policy and promote health equity, prevent, and protect against disease and injury, and prepare for health emergencies.

- 1) The Office of Preparedness and Response (OPR) coordinates the Department's operations for statewide public health emergencies and regulates emergency medical systems, including hospital trauma centers and emergency medical technicians/paramedics.
- 2) The Office of Health Protection (OHPT) 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 Laboratory Testing services; and numerous other programs.
- 3) The Office of Health Care Regulation (OHCR) 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.
- 4) The Office of Health Promotion (OHPm) 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 and Family Services (OWHFS) 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 (OPPS) collects and evaluates a broad range of health information and develops state health care policies. The office also promotes access to health care for rural and underserved populations and patient safety measures, including those focused on the reduction of medical errors and health facility acquired infections.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

- 7) The Office of Disease Control (ODC) administers programs to prevent and control infectious and communicable diseases to reduce and eliminate exposure and ensure population health, safety, and wellbeing. Formerly the Office of Health Protection, ODC was born out of necessity on June 21, 2021, as during the COVID-19 pandemic IDPH's efforts became singularly focused on disease control.

The creation of ODC provides IDPH with a platform to build a significantly larger disease control and response team while maintaining appropriate span of control. These former OHPT divisions now make up ODC:

- Infectious Diseases;
- Laboratories;
- Budget/Fiscal;
- Support Services (Grants);
- Contact Tracing; and
- Bureau of Testing.

**Office of Preparedness and Response - Statute Authority 20 ILCS 2310**

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**Mission Statement**

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

**Program Goals and Objectives**

1. To ensure access to and quality of trauma care services. By June 30, 2020, 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.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**FUNCTIONS AND PLANNING**  
For the Two Years Ended June 30, 2021

**Office of Preparedness and Response**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands)	\$40,867.2	\$62,633.2	\$109,650.0
Total expenditures - state appropriated funds (in thousands)	\$40,867.2	\$62,633.2	\$109,650.0
Average monthly full-time equivalents	52	58	59
<b>Output Indicators</b>			
EMS Assistance Grant (in dollars)	\$65,000	\$12,830	\$232,481
Agency and vehicle license	2,661	2,405	2,448
EMS professional licensure (EMTs, TNSs, first responders, et al.) individual licenses	15,175	13,642	12,535
Licensure examination	N/A	6,547	5,054
Number of Hospitals designated as Stroke Centers	159	163	162
Number of Acute Stroke-Ready Hospitals (ASRHs)	21	63	82
Number of Primary Stroke Centers (PSCs)	35	48	61
Number of Comprehensive Stroke Centers	2.3	14.8	19

**Office of Health Protection - Statute Authority 20 ILCS 2310**

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**Mission Statement**

Prevent and control infectious and communicable diseases, reduce and eliminate exposure to environmental hazards, and ensure a safe food supply.

**Program Goals and Objectives**

1. To protect the citizens of Illinois from infectious diseases.
2. To protect the public from diseases and injury due to environmental hazards.
  - a. Reduce childhood lead poisoning.
3. To provide accurate, reliable, and timely state laboratory services and to ensure the quality of environmental and bioterrorism laboratories.
  - a. Increase accuracy of laboratory surveillance data provided to our stakeholders.
  - b. By June 30, 2020, decrease average turnaround time for testing areas by one working day for positive newborn screening results.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**FUNCTIONS AND PLANNING**  
For the Two Years Ended June 30, 2021

**Office of Health Protection**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands) *	\$197,668.2	\$305,847.5	\$766,164.7
Total expenditures - state appropriated funds (in thousands) *	\$197,668.2	\$305,847.5	\$766,164.7
Average monthly full-time equivalents*	341	347	351
<b>Output Indicators</b>			
Number of lab tests requested*	3,093,358	3,363,502	2,645,346
Number of lab tests performed*	3,118,450	3,522,096	4,444,108
Number of Grade A dairy follow-up inspections	2.5	2.5	2.5
Number of lead poisoning cases investigated with confirmed venous level 5 µg/dL	7,023	8,146	2,483
Number of children tested for blood lead poisoning (under 16)	262,480	221,332	202,967
Total newborn screening tests performed*	2,813,338	2,867,117	2,940,012
Number of newborn screening tests reported*	164,619	160,931	154,008
Number of providers enrolled in the Vaccine for Children (VFC) Program*	923	883	785
Number of unduplicated clients who received a service through the AIDS Drug Assistance Program/Continuation of Health Insurance Coverage (ADAP/CHIC) *	22,353	22,320	28,602

*\*Office of Disease Control (ODC) was established on June 21, 2021; all metrics are reported under the Office of Health Protection for the reporting period*

**Office of Health Care Regulation - Statute Authority 20 ILCS 2310**

**Mission Statement**

To ensure a safe and healthy environment and to promote quality care for people who use primary health-care agencies and long-term care support services.

**Program Goals and Objectives**

Ensure compliance with minimum standards/rules for long-term care (LTC) facilities.

- Conduct health and life safety surveillance activities to ensure delivery of quality services to residents.
- Conduct physical plant reviews of new and remodeled facilities.
- Develop administrative rules to protect the health, safety, and welfare of Illinois residents.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

Ensure compliance with minimum standards/rules for health care facilities.

- Conduct surveillance activities to ensure delivery of quality services to patients.
- Conduct physical plant reviews of new and remodeled health-care facilities.

**Office of Health Care Regulation**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands)	\$44,020.0	\$41,472.6	\$65,375.4
Total expenditures - state appropriated funds (in thousands)	\$44,020.0	\$41,472.6	\$65,375.4
Average monthly full-time equivalents	418	405	403
<b>Output Indicators</b>			
Number of LTC facility annual federal certification inspections	735	625	441
Number of LTC facility annual licensure inspections	786	521	865
Number of Home Nursing agency initial licensure applications processed within 60 days as mandated	100	100	75
Number of Home Services agency initial licensure applications processed within 60 days as mandated	100	100	75

**Office of Health Promotion - Statute Authority 410 ILCS 240**

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**Mission Statement**

Promoting health and safety through educating, informing, and partnering with communities to provide quality services.

**Program Goals and Objectives**

1. Protect the health of children in Illinois. 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.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

**Office of Health Promotion**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands)	\$29,451.7	\$31,664	\$56,032.2
Total expenditures - state appropriated funds (in thousands)	\$29,451.7	\$31,664	\$56,032.2
Average monthly full-time equivalents	71	71	69
<b>Output Indicators</b>			
Number of newborn genetic/metabolic screening tests that are abnormal and require follow-up testing or referral to a specialist	37,288	36,702	26,027
Number of individuals provided with metabolic treatment formulas	374	384	399
Number of preschool children vision screens statewide	160,797	33,136	30,699
Total number of dental sealants placed for eligible children by Dental Sealant Program grantees	185,066	90,199	273
Number of persons approved for a medical cannabis registry identification card	36,206	44,980	36,664
Number of debilitating conditions included in the medical cannabis program	52	52	52
Number of online users who visit ILBrainHealth.org	N/A	N/A	N/A
Number of calls to the Illinois Tobacco Quitline referred to a cessation counselor	2,135	2,043	2,011
Number of calls to the Illinois Tobacco Quitline	25,180	24,411	25,876
Number of Enforcement Actions conducted by grantees	N/A	7,495	4,523

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

**Office of Women’s Health and Family Services - Statute Authority 20 ILCS 2305**

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**Mission Statement**

IDPH’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 and Objectives**

1. To improve women's health through screening and early detection programs
  - a. Reduce the diagnosis of late-stage breast and cervical cancer through the provision of breast and cervical cancer screenings to no less than 18,000 women by June 30, 2020.
2. To increase the knowledge of providers and the public about gender-specific health issues and resources.
3. Serve as a leader within the maternal and child health field, convening stakeholders, disseminating data, and implementing best practice programs to improve the population health of women and children in Illinois.
4. Improve women’s health through offering evidence-based programming, including access to quality family planning, breast and cervical cancer screening, and cardiovascular life coaching services.
5. Regulate and provide quality improvement and technical assistance to all of the state’s birthing hospitals to improve maternal and neonatal outcomes.
6. Provide funding and technical assistance to school health centers to improve the health of school-age children.

**Office of Women’s Health and Family Services**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands)	\$38,841.9	\$41,408.7	\$90,205.7
Total expenditures - state appropriated funds (in thousands)	\$38,841.9	\$41,408.7	\$90,205.7
Average monthly full-time equivalents	34	39	38
<b>Output Indicators</b>			
Total number of Breast Cancer screenings	11,863	11,937	13,244
Total number of Cervical Cancer screenings	1,984	2,293	3,624
Number of IBCCP referrals to the Healthline (English and Spanish combined)	1,117	857	781
Number of client visits - IFPP	72,376	74,095	73,370

As further described in the *Independent Accountant’s Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

Output Indicators	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021
Total number of unduplicated clients served through the Illinois Family Planning Program	61,372	62,606	65,658
Number of eligible women screened for cardiovascular disease (CVD) risk factors by the Wisewoman program	354	775	656
Number of women referred to life coaching and/or lifestyle programs through the Wisewoman program	288	545	420
Number of women who completed coaching and/or lifestyle programs through the Wisewoman program	36	271	201
Number of unique clients seen in school-based health centers	51,861	90,420	88,247
Number of tests for chlamydia or gonorrhea provided to clients in school-based health centers	4,624	11,981	12,437
Total number of women served in the Illinois Breast and Cervical Cancer Program (IBCCP)	17,428	14,974	15,688
Number of Women and Girls who have participated in Educational Programs offered through Office of Women's Health mini-grant programming	146	1,141	199

**Office of Policy, Planning and Statistics - Statute Authority 20 ILCS 2310**

**Mission Statement**

This office collects, analyzes, and evaluates information on health status, health needs, and disease occurrence in Illinois residents to conduct epidemiologic studies, advise health policy, and support health assessments. It evaluates data to advise health professional shortage area determinations and administers grant and loan programs to enhance access to health care for rural and underserved areas. The program processes applications for health-care facility construction and modification and acquisition of medical equipment. This office includes the Division of Patient Safety and Quality, which, among many patient safety responsibilities, includes management of the Illinois Hospital Report Card and Consumer Guide to Health Care. The Division of Vital Records and the Division of Health Data and Policy process birth, death, marriage, civil union, and other documents and provide vital statistics.

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

**Program Goals and Objectives**

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

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

**Office of Policy, Planning and Statistics**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands)	\$17,963.3	\$25,264.6	\$45,301.5
Total expenditures - state appropriated funds (in thousands)	\$17,963.3	\$25,264.6	\$45,301.5
Average monthly full-time equivalents	110	108	111
Nursing Education Scholarship Program: total program expenditures (in dollars)	\$1,175,772	\$1,253,708	\$1,226,598
Nursing Education Scholarship Program: total expenditures - all state funds (in dollars)	\$1,175,772	\$1,253,708	\$1,226,598
State Loan Repayment: total expenditures (in dollars)	\$1,857,300	\$1,596,900	\$2,063,000
State Loan Repayment: total expenditures - all state funds (in dollars)	\$960,893	\$1,360,100	\$1,043,400
<b>Output Indicators</b>			
Number of birth certificates issued through Vital Records	95,068	87,140	89,836
Number of walk-in customers served by Vital Records	6,621	5,056	0
Total dollar amount of grants issued to providers and sites in State Loan Repayment Program (in dollars)	\$1,857,300	\$1,596,900	\$2,063,000
Number of continuing nursing scholarship awards	50	65	49
Number of compliant inquiries received by Governmental Affairs	0	0	0
Number of PRAMS mailings to mothers	15	15	15
Number of PRAMS survey calls completed	451	434	413
Percentage of Bureau of Labor and Statistics (BLS) survey questionnaires on nonfatal occupational injuries returned and completed	87%	87%	85%

As further described in the *Independent Accountant's Report on Disclosures Accompanying a State Compliance Examination Report*, the accountants do not express an opinion or any form of assurance on this report component.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
FUNCTIONS AND PLANNING  
For the Two Years Ended June 30, 2021

**Office of Disease Control (Formerly part of the OHPT) Statute Authority 20 ILCS 2310**

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**Mission Statement**

To prevent and control infectious and communicable diseases in reducing and eliminating exposure while ensuring population health, safety, and wellbeing.

**Program Goals and Objectives**

The Office includes the following:

- The Division of Infectious Diseases Communicable Disease Section is responsible for statewide surveillance, reporting, cluster identification, outbreak mitigation and containment, and consultation services and training to public health partners for over 64 diseases/conditions.
- The Bureau of Testing houses the Division of Laboratories and the establishment of COVID-19 screening, testing, and surveillance programs. The three state laboratories support public health programs with accurate and timely environmental and clinical testing data performing tests on a variety of infectious diseases, genetic and metabolic disorders in newborn babies, foodborne illnesses, chemical and bioterrorism agents, and environmental contaminants in milk and water. The data and patient results generated from the labs are used for disease control, prevention, treatment, as well as epidemiological studies.
- The Division of Contact Tracing is a new Division, primarily set up in response to the COVID-19 pandemic. Contact tracing is a key strategy for interrupting chains of transmission. This Division's efforts are cross-cutting through all programs within the Office of Disease Control.
- The Division of HIV/Hepatitis/STI/TB (HHST) responsibilities mirror the Division of Infectious Diseases with a focused integrated response in prevention, access to care, treatment, and supporting people living with HIV/AIDS, Hepatitis, TB and/or STIs.
- The Division of Infectious Diseases' Immunization Section administers the Vaccines For Children (VFC) program to provide vaccines to VFC-eligible children and adolescents outside the City of Chicago. This program impacts residents by improving availability of vaccines, enhancing immunization coverage levels and reducing incidence of vaccine preventable diseases. The Illinois Immunization Program also provides support for diagnostic testing for prevalent vaccine-preventable diseases, disseminates information about vaccine preventable diseases and vaccines, provides educational programming to vaccine providers, promotes routine use of recommended vaccinations to the public, assures public and private access to a statewide immunization registry system and provides technical consultation to providers on control measures to reduce the spread of vaccine preventable diseases and on office-based efficiencies to increase immunization coverage levels to reduce the number of persons with vaccine preventable disease. Each year, provider education and public outreach efforts focus on promoting the need for influenza vaccination.

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STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**FUNCTIONS AND PLANNING**  
For the Two Years Ended June 30, 2021

**Office of Disease Control**

<b>Input Indicators</b>	<b>Fiscal Year 2019</b>	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>
Total expenditures - all sources (in thousands)	*N/A	*N/A	*N/A
Total expenditures - state appropriated funds (in thousands)	*N/A	*N/A	*N/A
Average monthly full-time equivalents	*N/A	*N/A	*N/A
<b>Output Indicators</b>			
<i>ODC was established on June 21, 2021, all metrics are reported under the OHPt for the reporting period.</i>			

*\*ODC used to be a part of the Office of Health Protection, and prior years' expenditures and headcounts are included with Health Protection but is now being reported as its own Office.*

**Planning**

The 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 over 1000 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:**

The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies. The Department works in partnership with local health departments, community stakeholders, health and human services partners, and other agencies, to employ population-based approaches in its prevention programs. The Department carries out its mission through seven major program areas: Health Care Regulation; Health Promotion; Health Protection; Policy, Planning and Statistics; Women's Health and Family Services; Preparedness and Response; and Disease Control.

The Department is responsible for protecting the State's residents, as well as countless visitors, through the prevention and control of disease and unintentional injury. 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

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STATE OF ILLINOIS  
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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's current strategic priorities are:

- Reducing and Eliminating Health Disparities and Advancing Health Equity
- Enhancing Data Gathering, Dissemination, and Actionability
- Reducing Silos to Improve IDPH Collaboration and Effectiveness
- Increasing Organizational and Community Resilience and Preparedness
- Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public
- Strengthening, Supporting, and Developing the IDPH and Illinois Public Health Workforce

The development of the 2025 Strategic Plan began in 2020 with the formal implementation beginning in 2021. Work teams have been developed to adopt planned strategies and team leads should adjust dates within the plan timeframe in order to keep the plan fresh and efficacious.

As mandated by statute, the State of Illinois regularly produces a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) that outlines priorities and strategies for health status and public health system improvement, with a focus on prevention. The Plan shall focus on prevention, social determinants of health and promoting health equity as key strategies for long-term health improvement in Illinois. The Plan shall identify priority state health issues and social issues affecting health and shall examine and make recommendations on the contributions and strategies of the public and private sectors for improving health status and the public health system in the State. In addition to recommendations on health status improvement priorities and strategies for the population of the State as a whole, the Plan shall make recommendations regarding priorities and strategies for reducing and eliminating health disparities and health inequities in Illinois, including racial, ethnic, gender, age, socio-economic and geographic disparities. The Plan shall make recommendations regarding social determinants of health such as housing, transportation, educational attainment, employment, and income in equality.

The development and implementation of the SHA and SHIP shall be a collaborative public/private cross-agency effort overseen by the SHA/SHIP Partnership. The Director of the Department of Public Health shall consult with the Governor to ensure participation by the directors of State agencies with public health responsibilities (or their designees) in the SHA/SHIP Partnership, including but not limited to the Department of Public Health, Department of Human Services, Department of Healthcare and Family Services, Department of Children and Family Services, Environmental Protection Agency, Illinois State Board of Education, Department on Aging, Illinois

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For the Two Years Ended June 30, 2021

Criminal Justice Information Authority, Department of Agriculture, Department of Transportation, and Department of Commerce and Economic Opportunity and the Chair of the State Board of Health to serve on the Partnership. A member of the Governors' staff shall participate in the Partnership and serve as a liaison to the Governors' office. The Director of the Illinois Department of Public Health shall appoint other members of the SHA/SHIP Partnership representing a range of public, private, and voluntary sector stakeholders and participants in the public health system. The Partnership members shall serve for five years to oversee the SHA, development of the SHIP and SHIP implementation. At least one year before each subsequent SHA/SHIP is due, the Director shall appoint or renew the terms of the members of the Partnership in order to begin the work of developing the new SHA and SHIP. The Partnership may engage additional individuals and organizations to serve on subcommittees and ad hoc efforts to conduct the SHA and develop and implement the SHIP. The Partnership shall also include:

- Representatives of local health departments,
- Individuals with expertise who represent an array of organizations and constituencies engaged in public health improvement and prevention, including but not limited to non-profit public interest groups, groups serving populations that experience health disparities and health inequities, groups addressing social determinants of health, health issue groups, faith community groups, health care providers, businesses and employers, academic institutions, and community-based organizations.

### **Significant Challenges**

Overall, Fiscal Year 2020 metric goals for each office were met, even as the COVID-19 pandemic consumed much of IDPH's and grantees' attention and activity, especially in the fourth quarter of Fiscal Year 2020. Many offices conducted extensive training, which increased their numbers over target. Insights reported from deputy directors and data managers reflect a conclusion echoed in the Healthy 2021 Illinois State Health Improvement Plan: IDPH continues to strengthen its public health data systems, infrastructure, and capacity; reduce health disparities; and increase health equity for all Illinoisans.

The Office of Health Care Regulation's (OHCR) mission is to ensure a safe and healthy environment and to promote quality care for people who use primary health-care agencies and services. OHCR's goals in Fiscal Year 2020 are to ensure compliance with minimum standards/rules for long-term care facilities. The OHCR results summary shows that, overall, goals were met.

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STATE OF ILLINOIS  
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The Office of Health Promotion (OHPm) has seen an increase in headcount in recent years, which has contributed to its ability to process and approve medical cannabis registry applications and maintain follow-up for abnormal newborn screenings in which 22-23% of infants screened will have an abnormal test requiring follow-up for hearing and genetic disorders. COVID-19 has caused some of OHPm's metrics to be unmet; there have been decreases in dental sealants for eligible children and preschool vision screenings due to school campus closures.

The Office of Health Protection (OHPt) has met or exceeded projected targets in a majority of its indicators. Key reasons are:

- 1) sustaining capacity (funding, skills, and resources) necessary to support programmatic elements to complete goals and objectives;
- 2) having robust surveillance and data systems to collect, analyze, and respond;
- 3) collaborating and coordinating with internal and external stakeholders to enhance public health system response;
- 4) adapting to meet increased demand through policy and system changes; and
- 5) managing and leading to prioritize and conduct evidence-based decision-making across all programs.

The IDPH OHPt Division of Laboratories was the first state public health laboratory to successfully implement COVID-19 PCR testing in the United States. This implementation occurred in the Chicago laboratory and followed shortly in the Springfield and Carbondale laboratories. The pandemic required a rapid, full-scale effort to staff the volume of samples received throughout the state. With support from the Director and Governor, the IDPH Division of Laboratories was successful in acquiring the needed equipment and staff to scale testing to 10,000 samples per day. Outside of the Newborn Screening Section, being asked to become a high-throughput laboratory is outside the normal scope. As the volume of COVID-19 samples increased and the state entered phased mitigation, other areas of the division were impacted as well. The division experienced decreases in test volume in all other areas except newborn screening. This allowed staff to be cross-trained to help with all phases of COVID testing. This level of teamwork and laboratory leadership was a great example of how the 3 state laboratories are adaptable and able to meet surge capacity.

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For the Two Years Ended June 30, 2021

The Communicable Disease Section provided solutions for electronic laboratory reporting for point-of-care services and expanded laboratory reporting, ensuring real time reporting of positives and managed surveillance for nearly 3 million cases of COVID-19, ensuring the quality of reporting of cases and deaths, as well as reinfections and vaccine breakthrough cases. The Section also aided with outbreak investigations, ensuring mitigation measures were in place to contain transmission, and provided guidance documents for a number of settings, including long term care facilities, schools, homeless shelters, daycares, group homes and prisons, along with general public guidance on testing, quarantine and isolation. Section staff provided weekly webinars to schools, local health departments and long-term care facilities to ensure all were equipped with the needed information to address COVID-19 within their respective settings.

The Office of Policy, Planning and Statistics (OPPS) maintained data dissemination goals and met or exceeded most targets to promote access to primary health services in medically underserved areas. Fiscal Year 2020 financial investments to support nursing scholarships and medical provider training were comparable to previous years. All funds were awarded for the State Loan Repayment Program (SLRP) and the Nursing Education Scholarship Program (NESP), which increased the recruitment and retention of health-care providers in medically underserved areas in Illinois.

At the end of Fiscal Year 2020, OPPS actively participated in the State's response to the COVID-19 pandemic. A number of epidemiologists, data scientists, informaticians, statisticians, and program managers were mobilized and assigned to various COVID-19 teams in IDPH, working primarily in the areas of data collection, intelligence gathering, information analyses, data/information dissemination, and epidemic forecasting. Leveraging its capacity and expertise in public health surveillance, OPPS has contributed significantly to the state's effort of "flattening the curve" and the designing of various mitigation efforts.

The Office of Preparedness and Response's (OPR) mission is to promote public health and safety through emergency preparedness and regulation of emergency medical services and providers. OPR's goals in Fiscal Year 2020 were to ensure access to and quality of trauma care services. The OPR results summary shows that some measures were met and exceeded and some underperformed.

With the challenges of COVID-19, the Office of Women's Health and Family Services (OWHFS) programs exceeded half of its targets. Most notably, the number of unique clients seen in school-based health centers increased by 74% from last year and ended the year at 188% of the Fiscal Year 2020 target. The number of tests for chlamydia or gonorrhea more than doubled from the previous year. In addition, the number of cervical cancer screenings increased by 13% from last year, surpassing the Fiscal Year 2020 target. The percentage of Pap tests provided to rarely screened women was twice the Fiscal Year 2020 target. The number of unduplicated clients served through the Illinois Family Planning Program increased by 2% from last year and ended the year at 125% of

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STATE OF ILLINOIS  
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**FUNCTIONS AND PLANNING**  
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the Fiscal Year 2020 target. In other areas, there has been great progress toward meeting high goals. For example, the number of total client visits served through the Illinois Family Planning Program also increased by 2%, but still fell short of the annual target by 4%. The number of women and girls who participated in educational programs through mini-grant programs increased tenfold, making great strides toward reaching the annual goal. OWHFS continues to improve its efforts to address the needs of women, children, and families across Illinois and strives to meet all high standards of health care.

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STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**NUMBER OF EMPLOYEES**  
For the Fiscal Year Ended June 30,

	2021	2020	2019
<b><u>AVERAGE FULL-TIME EMPLOYEES</u></b>			
Director's Office	78	70	63
Office of Preparedness & Response	55	58	52
Office of Finance & Administration (including Information Technology)	71	74	78
Office of Policy, Planning, and Statistics	111	108	110
Office of Health Promotion	75	71	71
Office of Health Care Regulation	412	405	418
Office of Health Protection (including Laboratories)	365	347	341
Office of Women's Health	39	39	34
Total Full-Time Equivalent Employees	1,206	1,172	1,167

Note 1: This schedule presents the average number of employees, by function, at the Department.

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
DISCLOSURE OF EMERGENCY PURCHASES  
For the Two Years Ended June 30, 2021

**Fiscal Year 2021**

**Mitigation of Risks that Exist as a Threat to Public Health and Safety**

Perinatal HIV Hotline

The 24/7 Perinatal HIV Hotline was mandated by the Illinois Perinatal HIV Prevention Act as the State of Illinois' official reporting mechanism for positive rapid HIV tests performed on mothers and infants. The emergency purchase was due to the vendor not meeting the Business Enterprise Program (BEP) goal therefore renewal could not be done. The Illinois Department of Public Health (Department/IDPH) entered into a contract with Mother and Child Alliance, Inc. with an estimated value of \$295,094. As of the completion of fieldwork, this project had not been finished.

**Prevent or Minimize Disruption to Critical State Services**

IDPH Office of Preparedness and Response (OPR) IT Public Health Emergency Preparedness and Response Multi-module System (PHEPHARMS)

The emergency purchase was necessary to prevent or minimize serious disruption in critical State services that affect health, safety, or collection of substantial State revenues. The vendor was the creator of EmResource and EMTrack and the sole provider. The Department entered into a contract with ESI Acquisition, Inc. with an estimated value of \$360,101. As of the completion of fieldwork, this project had not been finished.

**Prevent or Minimize Disruption to Critical State Services**

Long Term Care Consulting Services

To ensure the Department 1) protects the residents of long term care facilities and 2) provides uninterrupted services that affect the health and safety of the residents of long term care facilities, IDPH contracted on an emergency basis with Manatt, Phelps & Phillips, LLC. (Manatt). Manatt will evaluate and review IDPH processes, procedures organizational structure to ensure the Department provides all services required by state and federal law and has the means to conduct all required complaint surveys. The Department ultimately paid its vendor, Manatt Health Strategies, LLC, \$425,000 to complete the project.

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
DISCLOSURE OF EMERGENCY PURCHASES  
For the Two Years Ended June 30, 2021

**Fiscal Year 2021 (Continued)**

**Prevent or Minimize Disruption to Critical State Services**

Forensic Psychologist Identified Offender Program

This emergency procurement ensured the Department continues to meet the provisions of PA 094-0752 that requires a risk analysis of each identified offender residing in a licensed Illinois nursing facility and to issue a security recommendation stating the associated risk for that individual, while the competitive procurement process is complete. The Illinois State Police was to take this project, that fell through which resulted in the need of this emergency to cover services until the competitive process could be completed. The Department entered into a contract with Daniel J. Cuneo, Ph. D. with an estimated value of \$585,540. As of the completion of fieldwork, this project had not been finished.

**Fiscal Year 2020**

**Ensure the Integrity of State Records**

Vital Records System

The previous contract for new development ended in 2017. A maintenance/licensing contract began and is set to expire on December 31, 2020. This procurement was necessary to continue the current maintenance/licensing contract until the Request For Proposal (RFP) to replace the existing system is released in BidBuy and the winning proposal is selected. The Department entered into a contract with Netsmart Technologies, Inc. with an estimated value of \$598,335. As of the completion of fieldwork, this project had not been finished.

**Prevent or Minimize Disruption to Critical State Services**

Office of Health Protection Laboratories IT Emergency EPIC Starlims Conversion

The IDPH Division of laboratories procured this emergency contract to have the ability to make improvements, to keep the database up to date and properly functioning as well as save legacy data from another system to meet legal and regulatory requirements. Local laboratory staff need assistance from Abbott Informatics to set up these modules in STARLIMS. The Department ultimately paid its vendor, Abbott Informatics Corporation, \$38,021 to complete the project.

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
DISCLOSURE OF EMERGENCY PURCHASES  
For the Two Years Ended June 30, 2021

**Fiscal Year 2020 (Continued)**

**Prevent or Minimize Disruption to Critical State Services**

Vital Records Ordering Services

The emergency purchase ensured the Department continues to provide expedited services for birth and death certificate, and credit/debit card services both online and at point of sale until the competitive procurement can be completed. The Department ultimately paid its vendor, Lexis Nexis VitalChek Network, Inc., \$387,487 to complete the project.

**Prevent or Minimize Disruption to Critical State Services**

Office of Women's Health Emergency Family Planning

The Family Planning Program (FPP) is a voluntary program designed to help low-income participants determine the spacing and number of children. This emergency procurement continued the coverage of the Title X data and billing system that captures client and medical service data to document provider payments and program activities for federal funders. On March 25, 2019, the Department published an RFP to competitively bid this contract, but the sole bidder did not meet the mandatory requirements. The Department ultimately paid its vendor, Ahlers and Associates, \$59,850 to complete the project.

**Mitigation of Risks that Exist as a Threat to Public Health and Safety**

OPR Emergency HAN SIREN

IDPH requested software and services for the existing Health Alert Network (HAN) emergency alerting and notification System, State of Illinois Rapid Electronic Notification (SIREN). The Centers for Disease Control and Prevention (CDC) required each state to maintain a fully-functional HAN system that will meet or exceed federal requirements; ensure full operational capabilities 24/7/365 to support Illinois "ready state" requirements and all hazards approach to emergency preparedness, response, and recovery; for the purposes of rapid communication and information sharing, and response to public health emergencies. The Department entered into a contract with ESI Acquisition, Inc. with an estimated value of \$611,903. As of the completion of fieldwork, this project had not been finished.

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STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**ANALYSIS OF OVERTIME AND COMPENSATORY TIME**  
For the Fiscal Year Ended June 30,

<u>OPERATIONAL DIVISION</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>Director's Office</b>			
Overtime Hours Paid	2,351	1,320	510
Compensatory Hours Granted	604	1,046	104
Total	<u>2,955</u>	<u>2,366</u>	<u>614</u>
Value of Overtime Hours Paid	\$ 103,693	\$ 125,325	\$ 25,188
Value of Compensatory Hours Granted	32,989	60,433	5,819
Total Costs	<u>\$ 136,682</u>	<u>\$ 185,758</u>	<u>\$ 31,007</u>
<b>Office of Finance &amp; Administration</b>			
Overtime Hours Paid	1,682	1,363	2,495
Compensatory Hours Granted	445	599	594
Total	<u>2,127</u>	<u>1,962</u>	<u>3,089</u>
Value of Overtime Hours Paid	\$ 96,555	\$ 62,310	\$ 100,503
Value of Compensatory Hours Granted	27,486	36,681	36,698
Total Costs	<u>\$ 124,041</u>	<u>\$ 98,991</u>	<u>\$ 137,201</u>
<b>Information Technology</b>			
Overtime Hours Paid	5,530	1,544	381
Compensatory Hours Granted	1,697	1,434	441
Total	<u>7,227</u>	<u>2,978</u>	<u>822</u>
Value of Overtime Hours Paid	\$ 319,551	\$ 83,722	\$ 11,516
Value of Compensatory Hours Granted	148,147	119,463	33,820
Total Costs	<u>\$ 467,698</u>	<u>\$ 203,185</u>	<u>\$ 45,336</u>

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STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**ANALYSIS OF OVERTIME AND COMPENSATORY TIME**  
For the Fiscal Year Ended June 30,

	2021	2020	2019
<b>Office of Policy, Planning &amp; Statistics</b>			
Overtime Hours Paid	10,479	4,140	1,962
Compensatory Hours Granted	1,895	2,095	954
Total	<u>12,374</u>	<u>6,235</u>	<u>2,916</u>
Value of Overtime Hours Paid	\$ 572,095	\$ 209,394	\$ 92,871
Value of Compensatory Hours Granted	73,827	138,799	52,977
Total Costs	<u>\$ 645,922</u>	<u>\$ 348,193</u>	<u>\$ 145,848</u>
<b>Health Promotion</b>			
Overtime Hours Paid	3,166	840	3,045
Compensatory Hours Granted	420	968	1,389
Total	<u>3,586</u>	<u>1,808</u>	<u>4,434</u>
Value of Overtime Hours Paid	\$ 184,045	\$ 56,613	\$ 162,486
Value of Compensatory Hours Granted	29,205	67,422	80,694
Total Costs	<u>\$ 213,250</u>	<u>\$ 124,035</u>	<u>\$ 243,180</u>
<b>Health Care Regulation</b>			
Overtime Hours Paid	32,724	8,081	6,977
Compensatory Hours Granted	2,450	2,443	2,591
Total	<u>35,174</u>	<u>10,524</u>	<u>9,568</u>
Value of Overtime Hours Paid	\$ 2,157,044	\$ 535,741	\$ 489,426
Value of Compensatory Hours Granted	164,127	158,024	167,118
Total Costs	<u>\$ 2,321,171</u>	<u>\$ 693,765</u>	<u>\$ 656,544</u>
<b>Health Protection</b>			
Overtime Hours Paid	35,393	30,011	7,179
Compensatory Hours Granted	7,446	11,012	4,197
Total	<u>42,839</u>	<u>41,023</u>	<u>11,376</u>
Value of Overtime Hours Paid	\$ 2,376,290	\$ 1,952,786	\$ 520,211
Value of Compensatory Hours Granted	449,487	665,396	262,938
Total Costs	<u>\$ 2,825,777</u>	<u>\$ 2,618,182</u>	<u>\$ 783,149</u>

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STATE OF ILLINOIS  
**DEPARTMENT OF PUBLIC HEALTH**  
**ANALYSIS OF OVERTIME AND COMPENSATORY TIME**  
For the Fiscal Year Ended June 30,

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<b>Women's Health</b>			
Overtime Hours Paid	776	646	826
Compensatory Hours Granted	498	1,231	1,313
Total	<u>1,274</u>	<u>1,877</u>	<u>2,139</u>
Value of Overtime Hours Paid	\$ 56,501	\$ 72,557	\$ 85,594
Value of Compensatory Hours Granted	28,072	83,548	76,429
Total Costs	<u>\$ 84,573</u>	<u>\$ 156,105</u>	<u>\$ 162,023</u>
<b>Preparedness and Response</b>			
Overtime Hours Paid	963	926	449
Compensatory Hours Granted	1,859	3,655	752
Total	<u>2,822</u>	<u>4,581</u>	<u>1,201</u>
Value of Overtime Hours Paid	\$ 150,208	\$ 173,437	\$ 67,245
Value of Compensatory Hours Granted	157,818	298,710	57,605
Total Costs	<u>\$ 308,026</u>	<u>\$ 472,147</u>	<u>\$ 124,850</u>
<b><u>GRAND TOTAL - ENTIRE DEPARTMENT</u></b>			
Overtime Hours Paid	93,064	48,871	23,824
Compensatory Hours Granted	17,314	24,483	12,335
Total	<u>110,378</u>	<u>73,354</u>	<u>36,159</u>
Value of Overtime Hours Paid	\$ 6,015,982	\$ 3,271,885	\$ 1,555,040
Value of Compensatory Hours Granted	1,111,158	1,628,476	774,098
Total Costs	<u>\$ 7,127,140</u>	<u>\$ 4,900,361</u>	<u>\$ 2,329,138</u>

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
DISCLOSURE OF EMERGENCY PURCHASES  
UNDER THE GUBERNATORIAL COVID-19 DISASTER PROCLAMATIONS  
For the Two Years Ended June 30, 2021

The Governor, in response to the COVID-19 pandemic, issued sequential Gubernatorial Disaster Proclamations from March 12, 2020, through June 30, 2021. These proclamations allowed the Illinois Department of Public Health (Department) to waive the requirements of the Illinois Procurement Code to the extent the requirement (1) would have, in any way, prevented, hindered, or delayed necessary action to cope with the COVID-19 pandemic and (2) was not required by federal law. The following procurements were all processed under this waiver granted by the Governor.

**Fiscal Year 2021**

Federal Warehouse

The Department identified a need for storage of COVID-19 supplies and personal protective equipment (PPE). The Department ultimately paid its vendor, Federal Warehouse Company, \$271,060.

COVID-19 Consultants

The Department procured consultation services for COVID-19 contact tracing, American Rescue Plan Act (ARPA) development, vaccination management and distribution, and testing. The Department entered into a contract with Boston Consulting Group, with an estimated cost of \$21,895,000. As of the completion of fieldwork, the final cost was not yet known.

SARS-CoV-2 IgG Reagent Lots

The Department procured SARS-CoV-2 IgG Reagent kits for the Carbondale laboratory. SARS-CoV-2 IgG is used as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. The Department ultimately paid its vendor, Abbott Laboratories Inc, \$22,445.

SARS-CoV-2 IgG Reagent Lots, Maintenance and Repair of Alinity I Test Instrument Equipment

The Department procured SARS-CoV-2 IgG Reagent\_kits for the Chicago laboratory and maintenance and repair of the associated Alinity I testing instrument. The Department ultimately paid its vendor, Abbott Laboratories Inc, \$200,347.

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
DISCLOSURE OF EMERGENCY PURCHASES  
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For the Two Years Ended June 30, 2021

**Fiscal Year 2021 (Continued)**

COVID-19 Warehouse Services

The Department was in need of warehouse services for intake, storage, and distribution of COVID-19 specimen collection materials. The Department entered into a contract with Federal Warehouse Company, with an estimated cost of \$5,369,066. As of the completion of fieldwork, the final cost was not yet known.

COVID-19 Communications Campaign

The Department procured services to design and implement communications campaign for contact tracing to identify individuals who have recently been in contact with someone diagnosed with COVID-19, in order to treat or quarantine them. The Department ultimately paid its vendor, Jascalca Terman Strategic Communications, \$711,994.

COVID-19 Call Center

The procurement of service was necessary for the Department to provide a contact tracing call center for 97 health departments. The Department entered into a contract with Slalom, LLC dba Slalom Consulting, with an estimated cost of \$8,975,728. As of the completion of fieldwork, the final cost was not yet known.

Cleaning Supplies

The emergency procurement was for the purchase of bleach and hydrogen peroxide. The Department ultimately paid its vendor, Fischer Scientific, \$33,302.

PPE - N95 Masks

The emergency procurement was for the purchase of MFR#8210, MFR#8511, and MFR#9500 N-95 masks. The Department ultimately paid its vendor, CIA Central Infusion Alliance, \$43,058.

Powered Air-Purifying Respirator (PAPR)

The Department purchased PAPR kits headgear filters and replacement packs which were necessary to protect the user from particulates such as the COVID-19 virus. The Department ultimately paid its vendor, Fisher Scientific, \$60,367.

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STATE OF ILLINOIS  
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**Fiscal Year 2021 (Continued)**

COVID-19 Hotline

The emergency procurement was necessary to provide COVID-19 hotline to respond to inquiries related to COVID-19. The Department entered into a contract with Group O, with an estimated cost of \$2,052,529. As of the completion of fieldwork, the final cost was not yet known.

Information Technology (IT)

The emergency purchase was for the Epic system services which is an electronic health record platform for COVID-19 cases. The Department entered into a contract with Point Core, with an estimated cost of \$10,831,786. As of the completion of fieldwork, the final cost was not yet known.

COVID-19 Courier Services

The Department procured courier services to provide transportation of the COVID-19 supplies and specimens between the Federal Qualified Healthcare Centers (FQHC) and the Department and/or State contracted testing laboratories. The Department entered into a contract with MedSpeed, LLC, with an estimated cost of \$425,055. As of the completion of fieldwork, the final cost was not yet known.

COVID Testing Services

The emergency procurement was necessary to provide testing services for COVID-19. The Department entered into a contract with Reditus Laboratories, LLC, with an estimated cost of \$254,181,034. As of the completion of fieldwork, the final cost was not yet known.

COVID-19 Ad Buys

The emergency procurement was for the COVID-19 advertisements on television, radio, etc. The Department ultimately paid its vendor, Spurrier, \$40,643,221.

Respirator Fit Testing Machine

The Department procured TSI PortaCount Respirator Fit Testing Machine which was necessary to quantitatively fit test all types of respirators-gas masks, respirators, N95, P1 and P2 disposable (filtering-facepiece) respirators. The Department entered into a contract with Interior Design by a Valentine, with an estimated cost of \$22,675. As of the completion of fieldwork, the final cost was not yet known.

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**Fiscal Year 2021 (Continued)**

COVID Call Center

The emergency procurement was necessary to provide COVID-19 test results reporting services for testing sites. The Department entered into a contract with Reditus Laboratories, LLC, with an estimated cost of \$675,000. As of the completion of fieldwork, the final cost was not yet known.

COVID Testing Services

The emergency procurement was necessary to provide COVID-19 testing services. The Department entered into a contract with Simple Laboratories, LLC, with an estimated cost of \$52,735,469. As of the completion of fieldwork, the final cost was not yet known.

COVID-19 Mass Vaccination Module

The Department procured computer software usage and support for vaccination project necessary to address COVID-19. The Department ultimately paid its vendor, ESI Acquisition, Inc., \$1,210,933.

MapBox Software

The Department procured a software that shows the map of Illinois counties, published on the Department website, which tracks COVID-19 data. The Department ultimately paid its vendor, Carahsoft, \$92,510.

Testing Labels

The Department procured 1" X 1" square labels that fit on the COVID-19 test tubes. The Department ultimately paid its vendor, Avery, \$19,040.

PPE - Fit Testing

The Department entered into an emergency purchase agreement for PPE initial fit testing. The Department ultimately paid its vendor, HSHS Medical Group Occupational, \$23,149.

COVID-19 Consultants

The Department procured consultation services for mass vaccination planning and logistics. The Department entered into a contract with Innovative Emergency Management, with an estimated cost of \$1,375,468. As of the completion of fieldwork, the final cost was not yet known.

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STATE OF ILLINOIS  
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**Fiscal Year 2021 (Continued)**

Hardwood Heights Snow Removal

The emergency procurement was for snow and ice removal at the Harwood Heights COVID-19 community-based testing sites. The Department ultimately paid its vendor, Total Property Management Maintenance & Engineering Services LLC, \$14,400.

Max Up Banner

The Department procured “Step and Repeat” banners necessary for vaccination sites and local health departments. The Department ultimately paid its vendor, Pro Biz Products, \$28,850.

Vaccine Appointment Call Center

The emergency procurement was necessary to provide call center hotline for appointments for the COVID-19 vaccinations. The Department entered into a contract with Xtend Healthcare, with an estimated cost of \$35,904,960. As of the completion of fieldwork, the final cost was not yet known.

COVID-19 Testing instruments

The Department procured five QuantStudio DX Real-time PCR instruments for the COVID-19 testing. The Department entered into a contract with Fisher Scientific, with an estimated cost of \$369,593. As of the completion of fieldwork, the final cost was not yet known.

Contact Tracing Collaborative

The emergency procurement was necessary to provide contact tracing surge capacity call center. The Department entered into a contract with Agility One Outsourcing, with an estimated cost of \$6,638,102. As of the completion of fieldwork, the final cost was not yet known.

COVID-19 Vaccine Delivery Assurance Program

The emergency purchase was necessary to administer the COVID-19 vaccinations. The Department ultimately paid its vendor, HR Support, \$1,000,000.

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STATE OF ILLINOIS  
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**Fiscal Year 2021 (Continued)**

COVID-19 Vaccine Delivery Assurance Program

The emergency purchase was necessary for COVID-19 vaccine delivery assurance. The Department entered into a contract with Walgreens, with an estimated cost of \$1,000,000. As of the completion of fieldwork, the final cost was not yet known.

Test Results Notification Call Center

The emergency purchase was to provide call center hotline service to promptly notify persons with positive cases reporting. The Department entered into a contract with Envolve, Inc, with an estimated cost of \$4,300,000. As of the completion of fieldwork, the final cost was not yet known.

Contact Tracing Surge Center

The emergency procurement was to provide contact tracing surge center necessary for COVID-19. The Department entered into a contract with Deloitte, with an estimated cost of \$7,098,377. As of the completion of fieldwork, the final cost was not yet known.

EpMotion instruments

The Department procured four epMotion instruments used for the COVID-19 testing. The Department ultimately paid its vendor, Eppendorf North America, \$724,428.

COVID-19 Data System for COVID Testing

The Department procured consulting services for the COVID-19 testing data system. The Department entered into a contract with iConnect Consulting, with an estimated cost of \$24,995. As of the completion of fieldwork, the final cost was not yet known.

Equipment, Commodities and Software

The Department procured Illumina NextSeq 550 sequencing instrument analysis of genomic sequences. The Department ultimately paid its vendor, Illumina, Inc, \$924,358.

**Fiscal Year 2020**

Community Based Test Collection

The emergency procurement was to provide snow and ice removal at the COVID-19 testing sites. The Department ultimately paid its vendor, Arlington Park Racecourse, \$16,150.

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**Fiscal Year 2020 (Continued)**

Call Center

The Department entered into an emergency purchase agreement to provide call center hotline service for COVID-19. The Department ultimately paid its vendor, MCHC/Illinois Poison Control, \$1,610,536.

Warehouse

The Department was in need of warehouse for storage and distribution of PPE. The Department entered into a contract with Federal Warehouse Company, with an estimated cost of \$5,369,066. As of the completion of fieldwork, the final cost was not yet known.

Medical Supplies

The Department procured medical supplies for COVID-19. The Department ultimately paid its vendor, Grainger, \$2,489,703.

Roche MagNA Pure Instruments

The Department procured five Roche MagNA pure instruments for the COVID-19 testing. The Department entered into a contract with Roche Diagnostics, with an estimated cost of \$450,000. As of the completion of fieldwork, the final cost was not yet known.

Catering

The Department procured catering services for the Public Health Emergency Operations Centre (PHEOC), the Department laboratories, the Division of Infectious Disease, and the Director's Office. The emergency purchase was to ensure essential staff are fed when unable to take a traditional lunch due to being operationally focused on the Department's COVID-19 responses. The Department ultimately paid its vendor, DNR Cafe, \$66,400.

Hand Sanitizer

The emergency procurement was for the purchase of hand sanitizer. The Department ultimately paid its vendor, The Weinstein Company, \$29,648.

PPE

The Department procured non-contact thermometers. The Department entered into a contract with SE Medical Inc, with an estimated cost of \$20,220. As of the completion of fieldwork, the final cost was not yet known.

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**Fiscal Year 2020 (Continued)**

COVID-19 Drive Thru Testing

The emergency procurement was necessary for the COVID-19 drive thru testing services in Markham and Bloomington. The Department entered into a contract with Reditus Laboratories, LLC, with an estimated cost of \$60,334,000. As of the completion of fieldwork, the final cost was not yet known.

Outbound Call Center

The emergency contract was necessary for outbound call center and for mailing written test results. The Department entered into a contract with Envolve, Inc, with an estimated cost of \$4,412,913. As of the completion of fieldwork, the final cost was not yet known.

Coronavirus Small Hospital Improvement Program

The Department entered into an emergency purchase agreement to manage and administer the Coronavirus Small Hospital Improvement Program (SHIP) grant program. The Department ultimately paid its vendor, ICAHN, \$5,564,922.

COVID-19 Mobile Testing

The Department entered into an emergency purchase agreement for all-inclusive mobile testing for COVID-19. The Department entered into a contract with Reditus Laboratories, LLC, with an estimated cost of \$6,060,000. As of the completion of fieldwork, the final cost was not yet known.

COVID Testing Services

The Department procured clinical testing services including personnel and necessary materials for the COVID-19. The Department entered into a contract with Tempus Labs Inc, with an estimated cost of \$18,641,380. As of the completion of fieldwork, the final cost was not yet known.

Mobile Specimen Collection & Transportation

The emergency contract was necessary to procure COVID-19 mobile specimen collection and transportation. The Department entered into a contract with HR Support, with an estimated cost of \$21,065,110. As of the completion of fieldwork, the final cost was not yet known.

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