

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH**

**COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2007**

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

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2007

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2007

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STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

AGENCY OFFICIALS

Director	Damon T. Arnold, M.D., M.P.H. (10/1/07 through present) Eric E. Whitaker, M.D., M.P.H. (7/1/05 through 9/30/07)
Assistant Director	Jonathan Dopkeen, PhD., (7/1/05 through 1/15/07)
Deputy Directors:	
Office of Policy, Planning & Statistics	David Carvalho
Office of Finance and Administration	Gary T. Robinson
Office of Health Care Regulation	Bill Bell, acting (1/18/08 through present) Enrique Unanue (7/1/05 through 1/18/08)
Office of Women's Health	Shannon Lightner (9/5/07 through present) Pamela Balmer, acting (6/1/07 through 9/4/07) Jan Costello (11/16/05 through 5/31/07) Sharon Green (7/1/05 through 11/15/05)
Office of Human Resources	DiAna McCarter (7/16/07 through present) Siobhan Pitchford - acting (12/1/05 through 7/15/07) Quin Golden, acting (11/1/05 through 11/30/05) Kenya Joyner (7/1/05 through 10/31/05)
Office of Preparedness and Response	Quin Golden - acting (8/26/06 through present) Joseph Bodgan (12/16/05 through 8/25/06) Cathy Stokes - acting (7/1/05 through 12/15/05)
Office of Health Promotion	Tom Schafer - acting (4/1/07 through present) Claude-Alix Jacob (7/1/05 through 3/30/07)
Office of Health Protection	Tom Hughes
Fiscal Officer	Gary T. Robinson
Legal Counsel	Marilyn Thomas (7/8/05 through present) Anne Murphy (7/1/05 through 7/7/05)

Agency offices are located at:

**Headquarters**

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Springfield, IL 62761

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Chicago, IL 60603

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James R. Thompson Center  
Suite 6-600  
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Chicago, IL 60601

**Vital Records**

605 W. Jefferson St.  
Springfield, IL 62702

**Stores and Shipping**

2875 N. Dirksen Parkway  
Springfield, IL 62702

**Regional Offices**

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

*Champaign*  
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Champaign, IL 61820

*Edwardsville*  
22 Kettle River Dr.  
Glen Carbon, IL 62034

*Marion*  
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Marion, IL 62959

*Peoria*  
5415 N. University St.  
Peoria, IL 61614

*Rockford*  
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Rockford, IL 61103

*West Chicago*  
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Building 5  
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Rod R. Blagojevich, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

Sikich LLP  
1000 Churchill Rd.  
Springfield, IL 62702

March 18, 2008

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 Department. We are responsible for and we have established and maintained an effective system of, internal controls over compliance requirements. We have performed an evaluation of the Department's compliance with the following assertions during the two-year period ended June 30, 2007. Based on this evaluation, we assert that during the year(s) ended June 30, 2006 and June 30, 2007, the Department has materially complied with the assertions 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. 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.

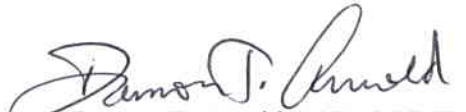
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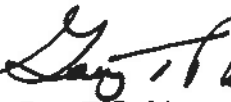
- E. Money or negotiable securities or similar assets handled by the Department on behalf of the State or held in trust by the agency have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate and in accordance with law.

Yours truly,

Illinois Department of Public Health

  
Damon T. Arnold, M.D., M.P.H.  
Director

  
Marilyn Thomas  
Legal Counsel

  
Gary T. Robinson  
Fiscal Officer

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

**COMPLIANCE REPORT**

**SUMMARY**

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

**ACCOUNTANTS' REPORTS**

The Independent Accountants' Report on State Compliance, on Internal Control Over Compliance, and on Supplementary Information for State Compliance Purposes does not contain scope limitations, disclaimers, or other significant non-standard language.

**SUMMARY OF FINDINGS**

<u>Number of</u>	<u>Compliance Report</u>	<u>Prior Compliance Report</u>
Findings	25	16
Repeated findings	12	7
Prior recommendations implemented or not repeated	4	1

Details of findings are presented in a separately tabbed report section.

**SCHEDULE OF FINDINGS**

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
FINDINGS (STATE COMPLIANCE)		
07-1	12	Weaknesses in the documentation noted in the awards and grants programs
07-2	15	Consolidated services payments
07-3	17	Lack of documentation for interagency agreement
07-4	18	GAAP reporting
07-5	20	Inaccurate capital asset reporting
07-6	22	Inaccurate aging of accounts receivable
07-7	24	Failure to reconcile death certificate surcharge revenue and failure to obtain monthly surcharge revenue reports



FINDINGS (STATE COMPLIANCE) - Continued

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
07-8	25	Department receipts not reconciled to Comptroller records
07-9	26	Weaknesses in controls over refunds
07-10	28	Weaknesses in internal control over sharing federal HHS Payment Management System computer user IDs
07-11	30	Computer security deficiencies
07-12	32	Lack of adequate disaster recovery planning or testing to ensure recovery of applications and data
07-13	34	Noncompliance with the State Official and Employees Ethics Act
07-14	35	Employee performance evaluations not performed timely
07-15	36	Failure to obtain approval for out-of-country travel
07-16	37	Failure to file timely and accurate TA-2 Reports
07-17	39	Failure to obtain certification of vehicle insurance coverage
07-18	40	Failure to submit stem cell grant annual reports to the Governor and General Assembly
07-19	41	Reporting requirements
07-20	44	Youth Camp inspections not performed and licenses not issued
07-21	46	Noncompliance with the Illinois Migrant Labor Camp Law
07-22	48	Noncompliance with Innovations in Long-term Care Quality Grants Act
07-23	49	Field sanitation fines not being assessed
07-24	50	Failure to conduct nurse and nurse assistant incentive program studies
07-25	52	Noncompliance with the Home Health, Home Services, and Home Nursing Agency Licensing Act

PRIOR FINDINGS NOT REPEATED (STATE COMPLIANCE)

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
07-26	53	Efficiency initiative payments
07-27	53	Lack of independent reviews of computer systems
07-28	53	Voucher processing weaknesses
07-29	53	Program Audit of the Illinois Health Facilities Planning Board

**EXIT CONFERENCE**

The findings and recommendations appearing in this report were discussed with Department personnel at an exit conference on February 19, 2008. Those in attendance were:

DEPARTMENT OF PUBLIC HEALTH

Damon T. Arnold, M.D., M.P.H.	Director
Gary T. Robinson	Deputy Director – Division of Finance and Administration

OFFICE OF THE AUDITOR GENERAL

Peggy Hartson	Audit Manager
---------------	---------------

SIKICH LLP

Nick Appelbaum	Partner
Amy Sherwood	Senior Manager
Nikki Lanier	Staff Accountant
Erinn Pickford	Staff Accountant

Responses to the recommendations were provided by Gary T. Robinson in correspondence dated February 19, 2008.



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

Honorable William G. Holland  
Auditor General  
State of Illinois

**Compliance**

As Special Assistant Auditors for the Auditor General, we have examined the State of Illinois, Department of Public Health's (the Department) compliance with the requirements listed below, as more fully described in the Audit Guide for Financial Audits and Compliance Attestation Engagements of Illinois State Agencies (Audit Guide) as adopted by the Auditor General, during the two years ended June 30, 2007. The management of the Department is responsible for compliance with these requirements. Our responsibility is to express an opinion on the Department's compliance based on our examination.

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

We conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation

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

As described in findings 07-1, 07-4, and 07-5 in the accompanying schedule of findings, the Department did not comply with requirements regarding:

- 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.

As described in finding 07-8 in the accompanying schedule of findings, the Department did not comply with requirements regarding:

- 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.

Compliance with such requirements is necessary, in our opinion, for the Department to comply with the requirements listed in the first paragraph of this report.

In our opinion, except for the noncompliance described in the preceding paragraph, the Department complied, in all material respects, with the requirements listed in the first paragraph of this report during the two years ended June 30, 2007. However, the results of our procedures disclosed other instances of noncompliance, which are required to be reported in accordance with criteria established by the Audit Guide, issued by the Illinois Office of the Auditor General and which are described in the accompanying schedule of findings as findings 07-2, 07-3, 07-6, 07-7, 07-9, 07-13, 07-14, 07-15, 07-16, 07-17, 07-18, 07-19, 07-20, 07-21, 07-22, 07-23, 07-24, and 07-25.

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

### **Internal Control**

The management of the Department is responsible for establishing and maintaining effective internal control over compliance with the requirements listed in the first paragraph of this report. In planning and performing our examination, we considered the Department's internal control over compliance with the requirements listed in the first paragraph of this report in order to

determine our examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Audit Guide, issued by the Illinois Office of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Department's internal control over compliance.

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

*A control deficiency* in an entity's internal control over compliance 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 noncompliance with the requirements listed in the first paragraph of this report on a timely basis. *A significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to comply with the requirements listed in the first paragraph of this report such that there is more than a remote likelihood that noncompliance with a requirement that is more than inconsequential will not be prevented or detected by the entity's internal control. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings as items 07-2, 07-3, 07-6, 07-7, 07-9, 07-10, 07-11, 07-12, 07-13, 07-14, 07-15, 07-16, 07-17, 07-18, 07-19, 07-20, 07-21, 07-22, 07-23, 07-24, and 07-25 be significant deficiencies.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material noncompliance with a requirement listed in the first paragraph of this report will not be prevented or detected by the entity's internal control. Of the significant deficiencies in internal control over compliance described in the accompanying schedule of findings, we consider items 07-1, 07-4, 07-5, and 07-8 to be material weaknesses.

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

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

### **Supplementary Information for State Compliance Purposes**

Our examination was conducted for the purpose of forming an opinion on compliance with the requirements listed in the first paragraph of this report. The accompanying supplementary information as listed in the table of contents as Supplementary Information for State Compliance Purposes is presented for purposes of additional analysis. We have applied certain limited procedures as prescribed by the Audit Guide as adopted by the Auditor General to the 2007 and

the 2006 Supplementary Information for State Compliance Purposes, except for information on the Memorandums of Understanding, and Service Efforts and Accomplishments on which we did not perform any procedures. However, we do not express an opinion on the supplementary information.

We have not applied procedures to the 2005 Supplementary Information for State Compliance Purposes, and accordingly, we do not express an opinion thereon.

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

A handwritten signature in black ink, appearing to read "L. K. ...".

Springfield, Illinois  
March 18, 2008

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

CURRENT FINDINGS  
(STATE COMPLIANCE)

**07-1 FINDING:** (Weaknesses in the documentation noted in the awards and grants programs)

The Department of Public Health (Department) did not adequately document its procedures and monitoring of its awards and grants programs.

During fiscal years 2006 and 2007, the Department expended \$159,321,862, or 25.2%, of its \$631,051,796 total expenditures for awards and grants. We tested grants from three divisions, the Division of Health Protection, Division of Health Promotion, and the Center for Minority Health within the Director's Office. These Divisions expended \$135,043,400, or 84.8%, of the \$159,321,862 expended by the Department for awards and grants. We tested 157 grant agreements from these three divisions totaling \$50,468,165, or 37.4%, and noted the following weaknesses:

- The Department does not have written procedures established to guide its administration of the awards and grants programs we tested from these divisions. Without written procedures, the Department lacks a consistent methodology for the review of grants and grant expenditures. Without formal procedures, grantee performance and expenditures could go unreviewed. In addition, personnel responsible for these programs are not held to specific criteria for performing and documenting these reviews.
- As there were no formal criteria to measure the Department's degree of monitoring grantee performance and expenditures, we relied on the Department's assertions that it relies heavily on desk reviews of programmatic and financial reports for its monitoring efforts. It performs very few site visits of its grantees to monitor their activities and compliance. Although this is not considered a sufficient control in terms of ensuring proper compliance with grant terms, desk reviews of grantee reports is the current monitoring technique utilized by the Department. We noted the Department did not ensure that the reports for 47 of the 157 (29.9%) grants tested, which total approximately \$47,149,085, were reviewed in this manner. The Department did not follow up on missing program or financial reports, nor did the files contain documentation of any other monitoring activities. One of these grants resulted in a \$14,000 refund due to the Department that was discovered as part of our testing, but the Department did not seek collection of the funds due to poor monitoring efforts.
- The Department awarded \$10 million to hospitals and universities for stem cell grant research. Our sample of 157 grant agreements included 12 (7.6%) to stem cell grantees. 7 of these 12 (58.3%) grantees were awarded a total of \$7,298,299, which exceeded the approved grant budgets of \$6,435,462 by a total of \$862,837. The grant files did not contain documentation indicating the Department approved the additional funds beyond the approved budgets.

Many of the Department's awards and grants are funded by the federal government. Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", Section 400 (d) states, "A pass-through entity shall monitor the activities of Subrecipients as necessary to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and that performance goals are achieved." Good business practice would require the Department to administer the grants funded with State funds in the same manner. Additionally, SAMS procedures 02.50.20, pages 9 and 10, requires grantees to "...maintain sound organizational budgetary and accounting systems that are periodically reviewed and evaluated." The Department is responsible for monitoring its grantees to ensure these systems exist. Finally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal controls to provide assurance funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use and misappropriation.

Department management attributed the weaknesses in grant administration to lack of staff, oversight, and competing priorities.

Failure to properly administer awards and grants decreases the Department's accountability over funds granted and increases the risk of noncompliance with the provisions of the grant agreement, which could result in funds being utilized for activities other than their intended purpose. (Finding Code No. 07-1).

**RECOMMENDATION:**

We recommend the Department develop a comprehensive grant administration program that includes the development and implementation of written procedures over the awarding of all of the Department's grant awards, reviewing the programmatic and financial reports of grant recipients, and scheduling, conducting, and documenting grantee site visits. Additionally, the Department should seek reimbursement of the \$14,000 refund due to the Department.

**RESPONSE:**

The Department concurs in the finding and recommendation. A Department wide grants monitoring protocol will be implemented across all impacted offices. Given the wide array of grants, grantees and funding sources, many offices currently provide a range of stringent monitoring requirements. For example, CDC requirements are closely followed for breast and cervical cancer grant recipients and grantees funded by Ryan White Part B HIV dollars also have specific requirements. With respect to the \$14,000 identified by the auditors, these dollars were used by the grantee (Alzheimer's Association) to administer projects totaling \$686,000. Unfortunately, the budget on file and the grant agreement itself did not identify or specify the utilization of these dollars for administrative purposes and thus it is not a reimbursable amount. The Department will seek its recovery.



On the issue of stem cell grants, the auditors correctly point out that the budgets on file for these impacted grantees do not accurately reflect the total award. The budgets prepared as part of the grant application process contained only direct costs of their respective projects and did not include indirect costs that were permitted in the grant agreement (up to 20%). Combining the two pieces does aggregate to the total award for the selected grantees but the budget should have likewise reconciled to that total amount.

**07-2 FINDING:** (Consolidated services payments)

The Department of Public Health (Department) made payments for information technology and graphic designers (consolidated services) to the Department of Central Management Services (DCMS), without sufficient supporting documentation.

Public Act 93-25 authorized the Department of Central Management Services to consolidate Information Technology (IT) functions of State government. In addition, Public Act 93-839 authorized the Department of Central Management Services to consolidate Professional Services (Graphic Designers) of State government. As a result of the consolidations, the Department of Central Management Services billed the Department for services rendered on their behalf.

During the examination period, the Department was billed a total of \$4,797,693 for IT and \$419,020 for Graphic Designers services. During our testing of 60 detail billing invoices from DCMS totaling \$620,899, we noted there was no specific documentation supporting the charges, including \$345,119 of payroll charges. The support for the payroll charges consisted of a listing of employees and their related payroll and fringe benefit costs for the period. There was no documentation to suggest that these employees worked on Department activities. The support for the remaining charges, which included hardware and software maintenance, data center, licenses, and rent and overhead expenses, also lacked specific documentation to explain the rationale for DCMS charging the Department for the expenses.

The Service Level Agreement (SLA) between the Department and DCMS dated January 27, 2005 outlined the terms and conditions under which the Department will receive specified IT services from DCMS. The objective was to provide a basis and framework for the delivery of high quality services that meet the needs of the Department. The SLA required DCMS to “provide monthly detailed allocation billing statements to the Client (Department) for purposes of Client (Department) internal accounting and federal cost recovery. These billings will be based on actual costs incurred by Supplier (DCMS) on behalf of the Client (Department).”

SAMS procedures 17.10.30 states, “Agency level pre-auditing is defined as an examination by the agency head or designated individual for the purpose of determining the legality and propriety of a proposed transaction or a transaction in process.” Without proper detailed documentation, the Department was unable to determine propriety of the charges.

The Department stated they paid the invoices as billed by DCMS because they considered the information provided by DCMS to be sufficient.

Failure to obtain adequate supporting documentation could lead to the Department paying for goods and services not incurred on their behalf. (Finding Code No. 07-2)

**RECOMMENDATION:**

We recommend the Department obtain and review detailed documentation prior to paying for the consolidated services to ensure it is only paying for services incurred on its behalf by DCMS.

**RESPONSE:**

The Department concurs in the finding and recommendation. The billings in question were based on an interim methodology while CMS worked to develop rates for the consolidated services. These interim billings were for specific contractual items that had been incurred by the Department in the past and for payroll expenses for people that had been transferred to CMS but were still working with Department personnel on a regular basis. As these staff stopped working exclusively on Department work, their related billings were reduced or eliminated. The billings were reviewed for accuracy and reasonableness prior to payment.

Beginning in Fiscal Year 2008, CMS has moved primarily to rate based billing, so this will no longer be an issue. CMS has complied with the recommendation and is now supplying the additional information required for payroll expenses. Support for hardware and software maintenance, data center, licenses, rent and overhead expenses has consistently had specific documentation to support these charges.

**07-3 FINDING:** (Lack of documentation for interagency agreement)

The Department of Public Health (Department) did not have adequate support for an Interagency Agreement with the Office of the Governor detailing the methodology for determining the allocation to be paid by the Department for legal services provided to the State in conjunction with the State's video-game lawsuit.

The Office of the Governor entered into a contract for legal services for advice and representation in anticipation of litigation related to issues involving the video-game industry. The Department, along with four other agencies, entered into an interagency agreement with the Office of the Governor for payment of an allocable share of the legal fees incurred effective June 20, 2006. The Department's allocable share per the agreement was 14%; however, there was no supporting documentation detailing the methodology used for determining the percent allocation to be paid. The Department, pursuant to a memo dated December 19, 2006 from the Office of the Governor to the four agencies, was then instructed to pay \$10,259, or 2% of the approximate judgment award amount of \$511,000, plus the accrued interest on the attorney's fee award which totaled \$10,104.

The Statewide Accounting Management System (SAMS) (Procedure 02.50.10) requires adequate documentation supporting the ordering and receipt of materials or services. Good internal control requires the Department to have adequate supporting documentation, including allocation methodology, prior to entering into an Interagency Agreement.

Department personnel stated the Interagency Agreement outlined the portion to be paid based upon the Department's ability to pay and the fact it administers violence and injury prevention programs. Department personnel further stated additional documentation was not provided to the Department to support the specific allocable percentage in the Interagency Agreement or the amounts paid.

Failure to require and maintain supporting documentation for expenditures does not allow for a determination as to whether the expenditures were reasonable and necessary. In addition, insufficient documentation increases the risk that payments could be made for services not provided. (Finding Code No. 07-3)

**RECOMMENDATION:**

We recommend the Department require interagency agreements to include the methodology supporting the percent allocated and ensure the amount allocated for related billings are in accordance with the agreement.

**RESPONSE:**

The Department concurs in the finding and recommendation. Although a detailed allocation methodology was not available, the Department actually paid less than the contracted allowable amounts, a total of \$20.4 thousand.

**07-4 FINDING:** (GAAP reporting)

The Department of Public Health (Department) did not correctly report financial information on the Grant/Contract Analysis (SCO-563) form to the Office of the State Comptroller. The Department prepares a separate SCO-563 form for five funds. We noted the following errors:

- The Department did not calculate (estimate) deferred revenues correctly for federal grants in two funds. The Department estimated deferred revenues to total \$5.713 million for those two funds. However, after considering the accounts receivable estimated at June 30, 2007 as compared to the receipts collected during the first 60 days of fiscal year 2008, deferred revenue should have been recorded as \$3.218 million. As a result, deferred revenue was overstated and revenues were understated by \$2.495 million.

The Statewide Accounting Management System (SAMS) (Procedure 3.20.20) indicates that the Department should recognize revenues in accordance with Governmental Accounting Standards Board (GASB) Statement No. 33 *Accounting and Financial Reporting for Nonexchange Transactions*. GASB No. 33 sets forth the current procedures, which states that revenues are to be recognized, as they are both measurable and available when they are collected within the current period or soon thereafter to pay liabilities of the current period. For this purpose, the State of Illinois considers revenues to be available if they are collected within 60 days of the end of the current fiscal year.

- The Department inaccurately reported the non-cash award on one SCO-563 form. The Department's Illinois Office of the Comptroller-approved SCO-563 reported \$50.410 million in expenditures and \$53.842 million in receipts. It was then determined that this information was derived from incorrect reports generated by the Department's immunization inventory database. The Department subsequently manually calculated the immunization doses received from the federal government and related doses distributed from July 1, 2006 through June 30, 2007. The corrected expenditures and receipts were \$49.462 million and \$53.955 million, respectively, which resulted in a decrease of \$948 thousand for the program's expenditures and an increase of \$113 thousand for the program's receipts.

The Statewide Accounting Management System (SAMS) (Procedure 27.20.63) indicates that the value of non-cash assistance distributed must be reported as revenues and expenditures on the SCO-563 form. In addition, SAMS (Procedure 27.20.63) also requires those non-cash awards be recognized as revenues and expenditures in the GAAP Package.

Department personnel indicated that they believe that the estimated value of deferred revenue was accurate based upon the information available at the time of the GAAP package submission. In regards to the non-cash award, the Department attributed the error to a flawed reporting mechanism within its immunization inventory database.

Failure to submit correct information to the Office of the State Comptroller increases the risk that the Statewide Financial Statements will not be fairly stated. (Finding Code No. 07-4, 05-3, 03-6)

**RECOMMENDATION:**

We recommend the Department comply with SAMS and the Governmental Accounting Standards Board requirements to ensure accurate financial information is submitted to the Office of the State Comptroller. Further, the Department should review and revise as necessary its current system used to gather and document the financial information that will be reported in the Office of the State Comptroller generally accepted accounting principles (GAAP) Reporting Package Forms.

**RESPONSE:**

The Department concurs with the finding and recommendation. The Department calculated the deferred revenue based on the availability of funds at the time of the GAAP package completion (August 24, 2007) without taking in consideration the funds that could be available during the last seven days of the lapse period. The Department will change the process currently used to project the future cash draw downs to ensure accurate reporting of the deferred revenue. We will draw down all cash earned and available for draw down prior to the GAAP package due date and calculate the projected cash draw down for the last few days of the lapse period based on the expenditures that will be processed and paid during this period. The Department also will reconcile the reports generated from the immunization data base system to reports that manually calculate the doses of vaccine received and distributed to make sure we account for all doses received and distributed accurately.

**07-5 FINDING:** (Inaccurate capital asset reporting)

The Department of Public Health (Department) did not accurately report capital asset information on the Capital Asset Summary (SCO-538) form to the Office of the State Comptroller for fiscal year 2007.

The Department is required to report capital asset information to the Comptroller as of June 30 each year in accordance with Generally Accepted Accounting Principles (GAAP). This reporting process is necessary for the Comptroller to complete Statewide financial statements in accordance with GAAP.

We noted the Department's ending capital asset balance and accumulated depreciation at June 30, 2007 did not agree to property records maintained by the Department. These amounts were overstated as follows:

	Total Capital Assets <u>6/30/07</u>	Total Accumulated Depreciation <u>6/30/07</u>
Total as reported Form SCO-538	\$ 11,887,000	\$ 9,394,000
Total per Department records	<u>7,195,000</u>	<u>3,483,000</u>
Difference	<u>\$ 4,692,000</u>	<u>\$ 5,911,000</u>

These differences occurred due to a flawed methodology in preparing the forms. Due to a misunderstanding by Department personnel, commodity expenditures were included as capital assets. Due to this methodology, additions and deletions reported on the SCO-538 were also incorrect by undetermined amounts. The above differences were minimum overstatements as available Department depreciation records may contain additional errors.

According to the Statewide Accounting Management System (SAMS) (Procedure 27.20.38) all capital assets meeting the capitalization threshold (i.e. equipment being \$5,000) are required to be reported on the SCO-538. Additionally, SAMS (Procedure 27.20.38) states that the SCO-538's Capital Outlay Reconciliation section reflect amounts not being capitalized, which are those items that do not meet the capitalization threshold (i.e. expenditures less than \$5,000). (Finding Code No. 07-5, 05-4)

**RECOMMENDATION:**

We recommend the Department report capital assets accurately and in accordance with the procedures outlined in the SAMS manual to ensure that capital asset information is accurately reported to the Office of the State Comptroller. We also recommend the Department correct and resubmit the capital asset forms to the Comptroller.

**RESPONSE:**

The Department concurs with the finding and recommendation. The Department is working with the Comptroller's office to correct our methodology and to correct FY07 to ensure an accurate beginning balance for FY08 and thereafter.



**07-6 FINDING:** (Inaccurate aging of accounts receivable)

The Department of Public Health (Department) did not properly age all of its accounts receivable.

As of June 30, 2007, the Department had \$5,322,000 in 320 delinquent nursing home fine accounts receivable that were not being properly aged and were improperly recorded as current receivables. The Department is also not providing for an allowance for these uncollectible accounts.

The Statewide Accounting Management System (SAMS) (Procedure 26.20.20) requires that each outstanding receivable due the State must be “aged” relative to its formal due date. When the due date passes without full payment, the debt becomes “past due” and must be aged according to the number of days beyond the due date that the debt has been outstanding. SAMS also requires each agency to examine the collection history for each type of receivable that it recognizes in order to establish guidelines for estimating the amount of debt that will be uncollectible.

Department personnel stated the Department does not age accounts that are turned over to the Attorney General’s office or are due from federal government programs, nor do they calculate an allowance for uncollectible accounts. During the examination period, the Department began to age receivables in protest, except for those pertaining to nursing home fines. In accordance with the SAMS manual, the Department submits accounts to the Attorney General so they can be either collected or written off as uncollectible. Many accounts have remained with the Attorney General’s office for several years without collection being made or approval from the Attorney General to write off the accounts as uncollectible. The Department stated that those receivables are not aged because the Department does not know what amount will be settled per the court judgment and it has not developed a mechanism to estimate the settlement or collectability based upon historical collections.

Failure to age accounts receivable or providing for an allowance for uncollectible accounts increases the likelihood of misstating current and past due receivables and therefore, miscalculating estimates of uncollectible accounts. Misstatements of accounts receivable could ultimately lead to misstating net accounts receivable for Statewide financial statement reporting purposes. (Finding Code No. 07-6)

**RECOMMENDATION:**

We recommend the Department age all accounts receivable in accordance with SAMS by using the standard aging periods or another reasonable aging period acceptable by the Comptroller’s Office, such as an analysis of historical collections and settlements, and establish procedures to provide for an allowance for uncollectible accounts.

**RESPONSE:**

The Department concurs in the finding and recommendation. For the reporting period ending December 31, 2007, the Department began aging all accounts receivables, and established procedures to provide an allowance for uncollectible accounts.

**07-7 FINDING:** (Failure to reconcile death certificate surcharge revenue and failure to obtain monthly surcharge revenue reports)

The Department of Public Health (Department) did not reconcile the death certificate surcharge revenue received to that which was collected by the local registrars. In addition, the Department did not ensure all local registrars submitted the monthly Report to State Registrar of Vital Records for all Certified Death Copies Issued (Report) along with monthly fees remitted to the Department.

The Vital Records Act (Act) (410 ILCS 535/25) requires the local registrar or county clerk to charge a \$2 per copy fee for all certified copies of death or fetal death records. The fees must be transmitted to the State Registrar (Department) monthly and deposited into the State's Death Certificate Surcharge Fund. The Department has instructed local registrars and county clerks to submit the Report along with the fees. These reports are not always submitted to the Department.

The Department received approximately \$1.8 million of death certificate surcharge revenue in both fiscal year 2006 and 2007. We noted \$297,513 of the fiscal year 2006 revenue and \$227,952 of the fiscal year 2007 revenue were not accompanied by a report indicating the number and type of death certificates issued by each local governmental unit. It was not possible for the Department to ascertain the completeness of those fees because no supporting document existed as evidence for the surcharges collected by the local registrars.

Department personnel stated the employee previously assigned to perform monthly surcharge fee reconciliations and perform follow-up to ensure all Reports were received in a timely manner left the Department and the task has not been reassigned.

Good business practice dictates the Department receives monthly Reports and performs a monthly reconciliation to ensure that the funds owed the Department were remitted by the local registrar. Failure to perform the monthly reconciliation exposes the Department to the risk that the revenue received is incomplete. (Finding Code No. 07-7)

**RECOMMENDATION:**

We recommend the Department reconcile the death certificate surcharge revenue received each month to the Reports remitted and take the measures necessary to obtain any missing documentation.

**RESPONSE:**

The Department concurs with the finding and recommendation. During the first week of January, the Department conducted a comprehensive monitoring of the records and receipts submitted from July 1, 2007 to November 30, 2007. At the end of each month, beginning with December '07 copies, all submissions will be reviewed monthly and information forwarded to staff concerning payments without the necessary documentation. Staff will follow up with the respective locations to obtain the necessary items.

**07-8 FINDING:** (Department receipts not reconciled to Comptroller records)

The Department of Public Health (Department) did not reconcile its cash receipt records to the Comptroller's Monthly Revenue Status Report as required by the Comptroller's Statewide Accounting Management System (SAMS).

During the engagement period, the Department processed 155,350 receipts totaling \$325,818,535. The Department did not reconcile its cash receipts records to the Comptroller's Monthly Revenue Status Report (SB04) each month; rather, the Department normally reconciled the activity of two to three months at one time. At one point in the engagement period, the reconciliations were seven months in arrears.

SAMS requires the Department to perform monthly reconciliations to the SB04. Section 25.40.20 of SAMS states, "This reconciliation is required to be performed monthly and the Comptroller's Office notified of any unreconcilable differences so that the necessary corrective action can be taken to locate the differences and correct the accounting records."

Department personnel stated low staffing levels and job duties of higher importance and urgency resulted in the reconciliations being completed as time permitted, rather than on a monthly basis.

Failure to reconcile to the Comptroller's Monthly Revenue Status Report on a monthly basis could result in discrepancies between Department records and the Comptroller's Office not being addressed and/or corrected in a timely manner. (Finding Code No. 07-8)

**RECOMMENDATION:**

We recommend the Department establish procedures to reconcile its cash receipts records to the Comptroller's Monthly Revenue Status Report on a monthly basis.

**RESPONSE:**

The Department concurs in the finding and recommendation. We recognize the importance of performing timely reconciliations but significant staff losses have resulted in the necessity of prioritizing work and the ongoing top priority is meeting the 24/48 hour deposit requirements. With additional staff hired which is in process, the Department will be able to perform the necessary reconciliations.

**07-9 FINDING:** (Weaknesses in controls over refunds)

The Department of Public Health (Department) did not have adequate controls over the processing of refunds.

During the engagement period, the Department processed 139 refunds totaling \$1,178,146. We tested 25 refunds totaling \$205,474 and noted the following exceptions:

- 16 of 25 (64%) refunds totaling \$163,172 were not deposited in a timely manner, ranging from 2 to 75 days late.
- 8 of 25 (32%) refunds totaling \$38,583 did not document the date received by the Department. As such, the timeliness of the deposit could not be determined.
- 1 of 25 (4%) refunds totaling \$10 was not supported by a check copy or check stub as corroboration for the amount of the refund.

The State Officers and Employees Money Disposition Act (Act) (30 ILCS 230/2(a)) states, “Every officer...department...shall keep in proper books a detailed itemized account of all moneys received for or on behalf of the State of Illinois, showing the date of receipt, the payor, and purpose and amount, and... shall pay into the State treasury the gross amount of money so received on the day of actual physical receipt with respect to any single item of receipt exceeding \$10,000, within 24 hours of actual physical receipt with respect to an accumulation of receipts exceeding \$10,000 or more, or within 48 hours of actual physical receipt with respect to an accumulation of receipts exceeding \$500 but less than \$10,000...”. The State Records Act (5 ILCS 160/9) requires agencies to establish and maintain a program for agency records management, which shall include effective controls over maintenance of records. In addition, good business practice would require that agencies maintain effective accounting control over revenues and refunds, including maintaining records to ensure all refunds due have been received and properly deposited.

Department management stated the delay in depositing the refunds and the weaknesses in the documentation supporting the refunds occurred because the refunds were initially received by various divisions within the Department. If the refunds were not addressed immediately upon receipt, the deposit deadlines may have passed by the time the refunds were routed to the Division of Accounting Services. Additionally, the Division of Accounting Services cannot ensure the refund documentation is complete if the necessary information is not routed to it with the refund checks.

Failure to timely deposit and support the deposit of refunds results in noncompliance with the Act. (Finding Code No. 07-9)

**RECOMMENDATION:**

We recommend the Department implement controls to ensure its refunds are processed in compliance with the State statute.

**RESPONSE:**

The Department concurs with the finding and recommendation. Many of the refund checks are sent to the program office to determine the origin of the original payment in order to be posted to the proper account. These offices will pay closer attention to the receipt documentation date allowing the timeliness of deposits to be determined.

**07-10 FINDING:** (Weaknesses in internal control over sharing federal HHS Payment Management System computer user IDs)

The Department of Public Health (Department) employees shared user IDs to access the U.S. Department of Health and Human Services' (HHS) Payment Management System (PMS).

The Department requests HHS funds through PMS, which is a federal application that provides disbursement, grant monitoring, reporting, and cash management services to grant recipients. PMS is accessed through the HHS Division of Payment Management (DPM) home page through a secure systems login link. In order to access PMS, the user must provide a user name and password.

During the engagement period, the Department employee responsible for drawing down funds on behalf of the Department was on an extended leave of absence. In her absence, other Department personnel utilized her PMS user ID to perform the draw downs. The documentation produced by these draw down actions showed the name, e-mail address, and telephone number of the employee on leave, rather than the information of the employee who actually performed the draw down.

The sharing of user IDs to access PMS is contrary to the caveat declared on the DPM homepage which states, "This is a U.S. Government System and is for the use of authorized users only. Individuals using this computer system without authority...are subject to having all of their activities on this system monitored and recorded by systems personnel...if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials."

The Department's Information Technology Policy (Guideline 07-01) states that access to Department IT resources is protected by an assigned unique user name (ID). Good business practice dictates that these same security measures would be utilized when accessing resources of the federal government.

Department management stated the employees performing the draw downs did not realize they should or could obtain individual user IDs and used the absent employee's user ID in order to draw down the funds needed by the Department in an expeditious manner. Management further stated this was a one time occurrence and they have instructed staff to no longer share user IDs.

The use of unique user IDs enables the Department to determine what actions were performed by specific employees. It also protects the employees from being suspected of unauthorized activities they did not perform. The practice of sharing user IDs eliminates this monitoring and protective tool. This is especially important as the Department drew down approximately \$252.7 million through PMS during the examination period. (Finding Code No. 07-10)

**RECOMMENDATION:**

We recommend Department users not share user IDs for any application. In order to strengthen internal controls and comply with HHS PMS guidelines, all computer actions should be performed under unique user IDs.

**RESPONSE:**

The Department concurs in the finding and recommendation. During the medical absence of the primary employee assigned to DHHS cash draw down responsibilities, remaining personnel in the unit believed that the user ID established previously was an agency-wide ID. Now, all personnel authorized to perform draw downs have individual user IDs.



**07-11 FINDING:** (Computer security deficiencies)

The Department of Public Health (Department) in conjunction with the Department of Central Management Services (DCMS), had not established adequate controls for securing its computer resources.

The Department had established computer systems throughout the State in order to meet its mission and mandate. The Department processes and maintains critical, confidential and sensitive information on computer systems. Many of the Department's IT functions were consolidated into DCMS, with a physical move of equipment in April 2007. As a result, the Department and DCMS have a shared responsibility over computer security.

Although the Department had developed a security awareness program it had not been fully implemented.

In addition, during our testing of computer security, we noted:

- Servers were not always updated with the current vendor recommended patch levels or security practices.
- An excessive number of users had powerful security administration authority.
- Password change requirements and invalid access attempt limits were lacking.
- Accounts for terminated employees were still active after termination.
- Access rights to Department applications and data were not routinely reviewed.
- Security Access Request forms were not always completed or retained.

Although the Department shares some responsibility with DCMS, the Department has the ultimate responsibility to ensure its applications and data are adequately protected. Since many of these issues were identified in the prior examination (prior to physical consolidation), it was incumbent upon the Department to ensure corrective actions were implemented to remedy the deficiencies.

Management stated that, as a result of staffing shortages, manual auditing and monitoring tasks were not performed as required. In addition, due to the DCMS information technology consolidation initiative, the Department must rely on DCMS staff for administering and securing the servers used to run the Departments applications.

Without the implementation of adequate controls and procedures, there is a greater risk unauthorized access to Department resources may be gained and data destroyed. Prudent business practices dictate the Department identify all assets and strengthen its security to protect its assets and resources against unauthorized access and misuse. (Finding Code No. 07-11, 05-5)

## **RECOMMENDATION:**

The Department should formally communicate to DCMS its security requirements, and establish and document guidelines that outline both the Department's and DCMS responsibilities. Specifically, the Department should work with DCMS to strengthen its security parameters by reducing the number of users with security administration authority, enhancing password change requirements, limiting invalid access attempts, deactivating terminated accounts on a timely basis, routinely reviewing access rights to Department applications and data, ensuring servers are patched in a timely manner, and ensuring Security Access Request forms are properly completed and retained.

In addition, the Department should finalize and implement the security awareness program and ensure employees review security policies and procedures at least annually and sign a statement acknowledging they have read, understand, and agree to comply with the policies and procedures.

## **RESPONSE:**

The Department concurs in the finding and recommendation. Since the audit field work, the Department has communicated with DCMS in regards to server patching. DCMS has now instituted a regular server patching schedule, which includes servers utilized by IDPH. Also as a result of the audit, the Department has enabled intruder lockout and enabled logging of unsuccessful login attempts on all Network accounts.

Regarding the shared responsibility with DCMS, the Department has communicated with DCMS and has requested that DCMS System Administrators correct deficiencies in their IDPH network accounts, such as excessive rights, non-expiring passwords, extended password expiration periods, and excessive concurrent login settings. The Department will themselves audit all network accounts to correct deficiencies in accounts that the Department controls.

Lastly, the Department will review their Security Access Request forms, policies, and procedures with the Human Resources Department (HR). While the actual security of the data is not in question, enhanced security policies and administrative procedures that include a security awareness program that ensures and documents employees ongoing acknowledgement they have read, understand, and agree to comply with Department policies and procedures is very important.

**07-12 FINDING:** (Lack of adequate disaster recovery planning or testing to ensure recovery of applications and data)

The Department of Public Health (Department) did not have a current Disaster Recovery Plan (Plan) and had not performed comprehensive disaster recovery testing.

The Department carries out its daily operations through the use of Information Technology. The Department identified 21 applications as Category One (directly impacts the lives and safety of citizens) on the Statewide Critical Application Listing. One of the criteria for a Category One application is the annual recovery testing at an off-site location. The Department had not conducted recovery testing of all its critical mainframe applications at the off-site location in the last two years.

In addition, the Department would be unable to recover the web-portal (this would impact the ability of local health entities to submit critical public health information to the Department), due to lack of equipment and a recovery site.

To the Department's credit, it did conduct limited recovery testing of its local area network in July and September 2006, which contained three critical applications.

Many of the Department's IT functions were consolidated into DCMS, with a physical move of equipment in April 2007. As a result, the Department and DCMS have a shared responsibility over disaster recovery planning.

The Department established a Plan, which "details the precise instructions and actions required to recover the time critical information technology systems and services." However, the Plan contained outdated information and had not been reviewed or updated in the last year.

Although the Department shares some responsibility with DCMS, the Department has the ultimate responsibility to ensure it has the capability to recover its applications and data. Since this issue was identified in the prior examination (prior to physical consolidation), it was incumbent upon the Department to ensure corrective actions were implemented to ensure its applications and data could be recovered to meet business requirements.

Information technology guidance (including the National Institute of Standards and Technology and Government Accountability Office) endorse the formal testing of disaster recovery plans. Tests of disaster recovery plans (and the associated documentation of the test results) verify that the plan, procedures, and resources provide the capability to recover critical systems within the required timeframe.

Management stated due to staffing and equipment shortages the Department was limited in their ability to adequately test local area network critical applications.

Failure to have an adequately tested and updated disaster recovery plan leaves the Department exposed to the possibility of major disruptions of services. A comprehensive test of the plan across all platforms utilized will assist management in identifying weaknesses to ensure recovery procedures are adequate in the event a disaster. Continuous testing of plans would also assist management to ensure the plan is appropriately modified, as the Department's computing environment and disaster recovery needs change. (Finding Code No. 07-12, 05-6)

**RECOMMENDATION:**

The Department should formally communicate to DCMS its recovery requirements, and establish and document guidelines that outline both the Department's and DCMS responsibilities. Specifically, the Department should review and update its Disaster Recovery Plan. The Department should coordinate with DCMS and perform and document tests of its Plan (in particular, all Category One applications should be subject to annual recovery tests at an off-site location) at least once a year. Additionally, the Plan should be continuously updated to reflect environmental changes and improvements identified from tests.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department will continue to improve its business continuity and disaster recovery planning and testing. The Department does maintain a full Business Continuity Plan (BCP) on the IDPH Intranet which includes documentation of BCP rehearsals.

The Department agrees with the Auditor recommendation that the Department should formally communicate to DCMS its recovery requirements and will comply. The Department provided a list of IDPH Critical Applications to DCMS on November 11, 2007. IDPH will continue to work with DCMS regarding Enterprise Business Continuity and Recovery issues as DCMS makes progress toward that end.

**07-13 FINDING:** (Noncompliance with the State Officials and Employees Ethics Act)

The Department of Public Health (Department) did not comply with the State Officials and Employees Ethics Act (Act).

During the engagement period, the Department did not have written policies and procedures for timekeeping and reporting hours worked on official State business, as prescribed by the Act. In addition, the timekeeping system used by the Department did not document hours spent each day on official State business by employee.

The State Officials and Employees Ethics Act (5 ILCS 430/5-5(c)) requires each State agency to develop a written policy that includes work time requirements and documentation of time worked. Additionally, the Act requires State employees to periodically submit timesheets documenting the time spent each day on official State business to the nearest quarter hour.

During the previous engagement period, Department officials stated they were not aware they were not in compliance with the Act. The Department responded it would issue a comprehensive directive on timekeeping and modify its weekly timesheets to comply with the Act. Subsequent to its response, Department officials stated they believed efforts of the Statewide Shared Services Initiative would eventually resolve the issue. As a result, the Department did not issue a comprehensive directive on timekeeping or modify the weekly timesheet forms it utilizes, as it stated in its response to this finding in the previous engagement.

Not having a written policy addressing timekeeping requirements and failing to periodically submit timesheets documenting the time spent each day on official State business is in noncompliance with State law and increases the potential that the State is paying for services that have not been performed. (Finding Code No. 07-13, 05-2)

**RECOMMENDATION:**

We recommend the Department comply with the State Officials and Employees Ethics Act by developing a written policy regarding timekeeping requirements and requiring employees to submit timesheets recording time spent on official State business to the nearest quarter hour.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department has drafted a Time Reporting System directive and is receiving input from DCMS Labor Relations. In the interim, the Department is utilizing the DCMS Time and Attendance System which involves for our agency decentralized timekeepers who are responsible for maintaining daily attendance records. Also, as part of the Shared Services Initiative, proposals for a statewide timekeeping system are currently being reviewed.

**07-14 FINDING:** (Employee performance evaluations not performed timely)

The Department of Public Health (Department) did not perform employee performance evaluations on a timely basis.

During our review of employee performance evaluations, we noted 21 of 50 (42%) employee performance evaluations tested were not completed in a timely manner. The delinquency ranged from 4 to 446 days late. Five of the 21 delinquent evaluations had not been performed at all as of the date of our testing.

The Illinois Administrative Code (80 Ill. Adm. Code 302.270(d)) requires that, for a certified employee, each agency shall prepare an employee performance evaluation not less often than annually. In addition, the Illinois Administrative Code (80 Ill. Adm. Code 310.450(c)) requires that evaluations be completed prior to when annual merit increases are awarded.

In response to previous immaterial findings, the Department established a procedure ensuring Department staff are sent notification of the upcoming evaluation date approximately 30 to 45 days prior to the evaluation due date. Furthermore, a process was established and implemented to identify and track overdue evaluations. Despite these new procedures and the understanding by management that performance evaluations are important, Department supervisors continue to fail to complete the evaluations in a timely manner. Department management attributed this failure to pressing workload demands that must be handled despite significant staffing limitations.

Performance evaluations are a systematic and uniform approach used for the development of employees and communication of performance expectations to employees. Performance evaluations serve as documentation for recommendations of salary adjustments, promotions or demotions, discharge, layoff, recall, and reinstatement decisions. (Finding Code No. 07-14)

**RECOMMENDATION:**

We recommend the Department ensure annual performance evaluations are completed in a timely manner for all employees in accordance with the Illinois Administrative Code and Department procedures.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department has established a routine monitoring process for delinquent evaluations and applicable notification is made to the supervisor and the Director's Office. As of January 31, 2008 the number of overdue evaluations has dropped significantly.

**07-15 FINDING:** (Failure to obtain approval for out-of-country travel)

The Department of Public Health (Department) failed to obtain prior approval for out-of-country travel from the Governor's Travel Control Board as required by travel regulations.

In September 2006, the Office of the Auditor General completed a management audit of the Flu Vaccine Procurement and I-SaveRx Program. That audit noted the Department did not comply with regulations in the Governor's Travel Control Board Travel Guide for State Employees relative to seeking the necessary prior approval for out-of-country for the I-SaveRx Program.

During the current engagement, while we noted no Department staff traveled out-of-country for the I-SaveRx Program, three staff did travel to Canada for various purposes during the examination period. Costs for this travel totaled \$5,917.

Travel regulations, as set out in the Illinois Administrative Code (80 Ill. Adm. Code 2800.700 (b)), require for travel outside the contiguous United States "the approval of the Chairman of the Governor's Travel Control Board." The request for approval must be in writing and submitted at least 30 days in advance of the departure date. The Department had no such approvals for any of the three out-of-country trips that occurred during the examination period.

A Department official noted they were following an electronic system where approval was obtained from the Governor's Office of Management and Budget and that the Department's travel coordinator had been told the additional correspondence (as stated in the travel regulations) was not needed.

Failure to obtain prior approval for out-of-country travel circumvents the controls built in to the travel regulations. (Finding Code No. 07-15)

**RECOMMENDATION:**

The Department should obtain the required prior approval from the Governor's Travel Control Board when staff travel out-of-country or seek changes to the travel regulations.

**RESPONSE:**

The Department concurs with the finding and recommendation. The Governor's Office of Management and Budget implemented an eTravel system for approval of all out-of-state and out-of-country travel. Travel approval is received electronically and with consent from liaisons to the Governor's Travel Control Board. The Department will, however, obtain the additional written correspondence from the Governor's Travel Control Board to ensure compliance with Illinois Administrative Code 2800.700.

**07-16 FINDING:** (Failure to file timely and accurate TA-2 Reports)

The Department of Public Health (Department) did not file its Travel Headquarter Reports (TA-2 Report) with the Legislative Audit Commission in a timely manner. Further, the TA-2 Reports were submitted inaccurately.

The following is a summary of the late reports:

<u>Date Due</u>	<u>Date Filed</u>	<u>Days Late</u>
1/15/06	3/16/06	60 days
7/15/06	8/30/07	380 days
1/15/07	8/30/07	227 days
7/15/07	Not filed as of 8/30/07	

We also noted travel vouchers for 9 of 28 (32.1%) employees tested listed headquarters on the vouchers different than that listed on the TA-2 Report. Further investigation noted the voucher headquarters and corresponding reimbursements were proper, but the TA-2 Reports were incorrect.

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

As it did in its response to the previous finding, Department management stated the employee responsible for filing the TA-2 Reports had prepared them, but failed to transmit them to the Legislative Audit Commission due to an oversight and as a result of workload demands. The Department attributed the errors on the TA-2 Report to miscommunication from the originating office or division.

Failure to file accurate Travel Headquarter Reports decreases the effectiveness of oversight controls. (Finding code No. 07-16, 05-12, 03-8)

**RECOMMENDATION:**

We recommend the Department comply with the requirements of the State Finance Act by filing accurate Travel Headquarter Reports in a timely manner.



**RESPONSE:**

The Department concurs with the finding and recommendation. The Department will submit along with a corresponding transmittal memorandum, the required TA-2 forms to the Legislative Audit Commission by the filing deadlines. The Department has implemented additional procedures to comply with office/division accurately reporting of employee changes in headquarters. The July-December report was submitted by the deadline of 1/15/08.

**07-17 FINDING:** (Failure to obtain certification of vehicle insurance coverage)

The Department of Public Health (Department) did not obtain annual certification of vehicle insurance coverage for 9 of 44 (20.5%) employees assigned State vehicles during the examination period as required by the Illinois Vehicle Code (Code).

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

In response to this immaterial finding in the previous engagement, the Department stated it would ensure that all necessary certificates of vehicle insurance coverage were filed and recorded in a timely manner. However, Department personnel stated that no formal measures were implemented during the engagement period to ensure collection of these forms. The lack of formal procedures impedes this process.

Failure to ensure a proper certification is on file represents noncompliance with a statutory mandate and exposes the State to unnecessary liability risks. (Finding Code No. 07-17)

**RECOMMENDATION:**

We recommend the Department comply with the Illinois Vehicle Code and ensure that all employees assigned a State-owned vehicle certify annually that they are duly licensed and carry the minimum required insurance.

**RESPONSE:**

The Department concurs with the finding and recommendation. Annually, the Department will ensure that all employees complete, sign and submit vehicle insurance liability cards certifying annually that they are duly licensed and carry the minimum required insurance in compliance with the Illinois Vehicle Code with respect to license and insurance coverage.

**07-18 FINDING:** (Failure to submit stem cell grant annual reports to the Governor and General Assembly)

The Department of Public Health (Department) did not submit required annual reports regarding stem cell grants to the Governor and General Assembly.

In fiscal year 2006, the Department was appropriated approximately \$10 million for “grants and related expenses of hospitals and universities for scientific research.” These funds were specifically for stem cell grants. In April 2006, the Department awarded these funds to the selected grantees. Executive Order 3 (2006), “Amendment to Executive Order Number 6 (2005) Which Created the Illinois Regenerative Institute for Stem Cell Research” required the Department to issue an annual report to the Governor, and the appropriate appropriations committee of the General Assembly that sets forth grants awarded, grants in progress, research accomplishments, and future program directions. The Department did not issue such annual reports during the engagement period. Department management stated that it failed to realize that an annual report regarding stem cell grants was required of them as part of Executive Order 3 (2006).

Failure to submit the annual report results in noncompliance with an Executive Order and could impair the decision making ability of the Governor and the General Assembly related to stem cell grants. (Finding Code No. 07-18)

**RECOMMENDATION:**

We recommend the Department submit the stem cell grant annual report to the Governor and General Assembly.

**RESPONSE:**

The Department concurs in the finding and recommendation. This oversight will be corrected soon as Department staff is currently getting information necessary to finalize the report that will be provided to the General Assembly as specified in Executive Order 3.

**07-19 FINDING:** (Reporting requirements)

The Department of Public Health (Department) did not adhere to various reporting requirements established by State law. We noted the following:

- The Illinois Welfare and Rehabilitation Services Planning Act (20 ILCS 10/3 and 4) requires the Department to prepare and submit to the General Assembly a comprehensive plan providing for the best possible use of available resources for the development of the State's human resources and the provision of social services by the Department. The plan is required to be submitted on the first Friday in April of each odd-numbered year.

Department personnel stated, as they did in the prior examination, the report due in April 2007 was not submitted since the Department did not provide direct services as it did prior to the formation of the Department of Human Services. Department personnel stated they have sought modifications to the statutory language to reflect the Department's changing role, but have been unsuccessful.

- The Nursing Home Care Act (210 ILCS 45/3-206.04) requires the Department to convene a task force to assess the feasibility and curriculum for a Certified Nurse Assistant Career Ladders Program. The task force shall report its findings and recommendations to the General Assembly on or before January 1, 2002. The Department has convened a task force; however, the task force has not submitted the report to the General Assembly as required.

Department personnel stated since some of the information was included in the Annual Long Term Care report to the General Assembly, a separate report was not made.

- The Nursing Home Care Act (210 ILCS 45/3-804) requires the Department to report to the General Assembly by April 1 of each year the performance of its State long-term care facility licensure inspections, survey and evaluation duties and its actions in enforcement under this Act, including the number and needs of Department personnel engaged in such activities. The report due April 1, 2006 was filed on August 1, 2006, 122 days late, and the Department did not file the report due April 1, 2007 as of the completion of our testing.

Department personnel stated that the submission of the Long Term Care Annual Report was late because information and data needed to complete the report was not finalized until the end of March, and compiling all the data and the required approvals takes two to three months to complete. As stated in response to this previously issued finding, the Department intends to introduce legislation to change the submission date of the report to July 1, to reflect a more realistic due date, but has not been successful in those efforts.

- The Civil Administrative Code of Illinois (Act) (20 ILCS 2310/2310-372) requires a Stroke Task Force to be created within the Department of Public Health. The Act requires the Stroke Task Force to advise the Department concerning the awarding of grants to providers of emergency medical services and to hospitals for the purpose of improving care to stroke patients. Further, the Act requires the Stroke Task Force to submit an annual report to the Governor and the General Assembly by January 1 of each year. The report due January 1, 2006 was filed on January 26, 2006, 26 days late, and the report due January 1, 2007 was filed on August 16, 2007, 228 days late. In the previous examination, the Department was cited for not creating the Stroke Task Force timely and noncompliance with the reporting requirements. The Stroke Task Force was created in June 2005. The Department attributed the noncompliance with the reporting requirement to the fact that the last three Task Force meetings in 2006 occurred very late in the calendar year.
- The Civil Administrative Code of Illinois (20 ILCS 2310/2310-397) established the Prostate and Testicular Cancer Program within the Department and states, "...the Department shall submit an Annual Report to the General Assembly and the Governor." The last Prostate and Testicular Cancer Program annual report was filed in October 2004. The Department did not file an annual report in fiscal year 2006 or 2007. Department personnel stated the report has not been filed due to competing workloads and demands in other areas.

Failure to report to the General Assembly as required lessens governmental oversight and represents noncompliance with State law. (Finding Code No. 07-19, 05-8, 05-14, 03-2, 01-3, 99-4, 97-7)

**RECOMMENDATION:**

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

**RESPONSE:**

The Department concurs in the finding and recommendation. Regarding the LTC Report, the completed data necessary to complete the annual report is simply not available by April 1 and to meet the statutory reporting date, the Department would have to submit an incomplete report. The Department will seek a legislative remedy to move the report date back to July 1, consistent with statutory requirements under the Abused and Neglected Long Term Care Residents Reporting Act. Historically, the Department has combined both reports into one document.

Regarding the Career Ladder Program, the Career Ladder Task Force has continued to meet and gather information. We are targeting that the basic curriculum writing will be completed by this year. The Department has historically placed Curriculum Task Force reports with the “Annual LTC Report to the General Assembly”. The Department will pull information regarding the Career Ladder Program from that publication and will make it its own separate report to the General Assembly.

Regarding the Illinois Stroke Task Force and the Prostate and Testicular Cancer Annual Reports, staff is aware of the statutory due dates and will need to adjust meeting schedules and data requests in order to comply.

**07-20 FINDING:** (Youth Camp inspections not performed and licenses not issued)

The Department of Public Health (Department) did not perform camp inspections and did not issue license renewals upon expiration of previous licenses as required by State law.

The number of youth camps in operation in fiscal years 2006 and 2007 was 167 and 128, respectively. We tested the licenses issued and inspections performed in fiscal years 2006 and 2007 of 25 youth camps, 13 in operation for the summer months only and 12 in operation year round. We noted the following weaknesses:

- 1 of the 12 (8.3%) year round camps in fiscal year 2006 was issued a renewal license 300 days after the expiration date of December 31, 2005.
- We could not determine when the renewal license was issued for one of the 12 (8.3%) year round camps in fiscal year 2006 because the Department's copy of the record was missing the perforated edge that contained the license renewal date.
- 5 of the 12 (41.7%) year round camps in fiscal year 2007 were issued renewal licenses 36 to 240 days after the expiration date of December 31, 2006.
- 3 of the 12 (25.0%) year round camps in fiscal year 2006 and 1 of the 12 (8.3%) year round camps in fiscal year 2007 were issued licenses prior to an inspection being performed.
- 1 of the 13 (7.7%) summer only camps in fiscal year 2006 was issued a license prior to an inspection being performed.

The Youth Camp Act (Act) (210 ILCS 100/5) requires the Department to inspect the youth camp before issuing any license. All licenses shall expire on December 31 of the year of issue and shall be reissued annually upon application. The Act also indicates that it shall be unlawful for any person to establish, maintain, conduct or operate a youth camp within this State without obtaining a license by making application to the Department on a prescribed form. Such applications shall be made at least 45 days prior to the proposed opening date of the camp.

In response to the prior finding, the Department initiated a licensing data base during the engagement period that allows for immediate access to licensing information, versus an antiquated mainframe system. Department personnel stated that there were still several issues that impacted the youth camp licensing program and caused delays in licensing. In cases where an inspector found violations, the camp was given a period of time to correct the violations which cause the licenses to be issued a significant amount of time after the expiration of the previous license. In some instances, camp owners failed to properly execute the renewals, pay the appropriate fees or accommodate the Department's inspection, resulting in the license being issued after the expiration date. Additionally, Department personnel stated that due to staffing issues in the regional offices, annual inspections are sometimes out of sync with the licensure renewal resulting in licenses being issued before an inspection is performed.

Failure to perform camp inspections could result in the endangerment of campers. In addition, not issuing licenses timely results in camps operating without a license and represents noncompliance with State law. (Finding Code No. 07-20, 05-9, 03-4)

**RECOMMENDATION:**

We recommend the Department perform inspections and issue licenses as required by the Youth Camp Act.

**RESPONSE:**

The Department concurs in the finding and recommendation. During the audit period, some youth camp licenses were issued prior to review of on-site inspection data and this deficiency has since been corrected. The Department has also made significant progress in making the transmission of on-site inspection review data more efficient by utilizing a relational electronic database rather than paper data transmission. The more efficient transmittal of inspection review data from regional locations should ensure timelier issuance of licenses.



**07-21 FINDING:** (Noncompliance with the Illinois Migrant Labor Camp Law)

The Department of Public Health (Department) did not inspect migrant labor camps or issue corresponding licenses as required by the Illinois Migrant Labor Camp Law. We noted the following:

- 26 of 30 (86.7%) migrant labor camps tested were not inspected 30 days prior to the date that the occupancy and use of the camp was to commence. Of the camps tested, inspections were made between 24 days prior to 5 months after the proposed date of camp commencement.
- 24 of 30 (80.0%) migrant labor camps tested were not issued a license 15 days prior to the proposed date of camp commencement. Of the camps tested, licenses were issued between 9 days prior to the proposed date of camp commencement to 5 months after the proposed date of camp commencement.
- 10 of 30 (33.3%) migrant labor camps tested were issued licenses before being inspected by the Department.
- 2 of 30 (6.7%) migrant labor camps tested were issued a license without an official inspection by the Department.

The Illinois Migrant Labor Camp Law (210 ILCS 110/6) requires the Department, upon receipt of an application for license, to inspect the camp site and the facilities described in the application approximately 30 days prior to the date on which occupancy and use of the camp is to commence. If the camp is found to comply with the provisions of this Law, a license shall be issued at least 15 days prior to the date on which the occupancy and use of the camp is to commence. In addition, good business practices would require the Department to inspect the migrant labor camp prior to issuing a license.

As it stated in response to this previous finding, the Department does not always know where the migrant camps are to be located. Camps are established in various types of housing units and the Department has the ability to meet the mandatory inspection timelines only if it knows where the camps are to be located. However, often the housing is secured and the camp location is identified on the date before workers are utilized.

Failure to inspect migrant labor camps and issue licenses in a timely manner represents noncompliance with State law. (Finding Code No. 07-21, 05-10, 03-5)

**RECOMMENDATION:**

We recommend the Department comply with the requirements of the Illinois Migrant Labor Camp Law by inspecting and licensing migrant labor camps in accordance with State law.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department often receives notification of the establishment of migrant worker camp locations with limited notice prior to occupancy and commencement of camp functions. Limited migrant camp notification frequently stems from the seasonal variability of camp locations and the seasonal timing of camp openings. In addition to seasonal dynamics, geographic factors can, on an annual basis, influence camp site and housing factors. As a result of the fluid nature of migrant camp establishments, the Department is often notified of impending camp openings without sufficient time to perform inspection and licensure functions as specified in the Illinois Migrant Labor Camp Law.

**07-22 FINDING:** (Noncompliance with Innovations in Long-term Care Quality Grants Act)

The Department of Public Health (Department) did not comply with the Innovations in Long-term Care Quality Grants Act.

The Department did not provide grants to long-term care facilities even though the Department received \$1 million appropriations in both fiscal years 2006 and 2007 for this purpose. The Department awarded a grant in fiscal year 2007 totaling \$371,448 to a State university's school of nursing.

The Innovations in Long-term Care Quality Grants Act (Act) (30 ILCS 772/5 and 20) requires the Department to establish a long-term grant program that demonstrates the best practices and innovation for long-term care service, delivery and housing. Further, the Act requires that any applications for grants be reviewed, ranked, and recommended by a commission of representatives chosen from recommendations made by organizations representing long-term care facilities in Illinois. Finally, the Act requires the Department to award grants based upon recommendations of the commission after a thorough review of the compliance history of the long-term care facility.

In response to this previous finding, the Department stated the program had not been implemented because of a delay in getting the Commission/Advisory Board appointed. The Office of Health Care Regulation was notified on December 6, 2005 that the members of the Commission had been approved. The Department further stated the time spent establishing the Commission caused delays in reviewing funding requests, which prevented it from awarding grants to long-term care facilities during the engagement period.

Failure to provide grants to long-term care facilities is noncompliance with a State law and could lead to inadequate funding levels for long-term care facilities throughout the State. (Finding Code No. 07-22, 05-11, 03-7)

**RECOMMENDATION:**

We recommend the Department comply with the provisions of the Innovations in Long-term Care Quality Grants Act by providing grants to long-term care facilities.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department established an Advisory Board on December 6, 2005 and made its first innovations grant on October 11, 2006 for \$371,448. For the remainder of FY2007, notices for application submission were sent to nursing home providers, health care organizations and other interested parties. These applications were reviewed by the Advisory Board and there was eight grants awarded for a total amount of \$689,700 in FY2008. New applications have been sent out for the FY09 grant period.

**07-23 FINDING:** (Field sanitation fines not being assessed)

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

We noted 16 of 30 (53.3%) field inspections tested during fiscal year 2006 and 2007 did not include the assessment of fines even though violations were noted on these 16 field inspections.

The Department performed 103 inspections in fiscal year 2006 and 53 in fiscal year 2007, and no fines were assessed for either year.

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

Department personnel stated they did not assess penalties for violations during field sanitation inspections during fiscal year 2006 and 2007. As it responded to this finding in previous engagements, the Department believes its ability to assess fines for violations has served as an effective mechanism to ensure that the violations are immediately corrected, often while the Department's inspector is still on site. Thus, in the Department's view, it has not been necessary to levy actual fines in this program. The Department states that it would use that authority if the violation poses a severe health risk.

Failure to assess fines results in lost revenues to the State and is noncompliance with State law. (Finding Code No. 07-23, 05-15, 03-3)

**RECOMMENDATION:**

We recommend the Department comply with all aspects of the requirements of the Field Sanitation Act.

**RESPONSE:**

The Department concurs in the finding and recommendation. Most violations of this Act are corrected during on-site inspections, and the imposition of fines is not necessary to ensure that corrective sanitation measures are immediately enacted. The assessment of fines, as specified by the Act, has typically been imposed only when violations of the Act result in severe public health risks to workers and the community.

**07-24 FINDING:** (Failure to conduct nurse and nurse assistant incentive program studies)

The Department of Public Health (Department) did not comply with requirements in regards to the nurse incentive program for medically underserved areas and the nurse assistant program for Illinois long-term care facilities as required by the Civil Administrative Code of Illinois.

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-225) states, “The Department shall undertake a study to determine what incentives might be necessary to attract nurses to practice in medically underserved areas of Illinois...Based upon the results of this study, the Department may implement a nurse incentive program, subject to available appropriations.” This Code became effective January 1, 2000. The Department has yet to conduct the study. Department personnel stated the statute does not include a specific date by which the study must be completed nor does it require a report to be filed.

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-227) states, “The Department ... shall undertake a study to determine what incentives might be necessary to attract and retain nurse assistants to work in Illinois long-term care facilities. Based on any available research and the experience of other states and the private sector, a variety of incentive programs shall be examined for their feasibility and possible development and implementation in Illinois. Based upon the results of the study, the Department shall implement a nurse assistant incentive program no later than January 1, 2001, subject to available appropriations.” This Code became effective August 14, 1999. Department personnel explained that the Certified Nurses Aide (CNA) Regulations Update committee determined that the CNA training program regulations first needed to be updated (original regulations published in 1979) before they can begin the study to determine what incentives might be necessary to attract and retain nurse assistants to work in Illinois long-term care facilities. Department personnel stated the curriculum is currently being written and has an expected completion date in spring 2008. Once the review and rewrite is complete, the Department personnel stated they will be ready to start the study for the nurse assistant incentive program.

Failure to conduct a nurse and nurse assistant incentive program study results in noncompliance with State law and hinders the State’s efforts to attract nurses to serve in medically underserved areas and nurse assistants to serve in Illinois long-term care facilities. (Finding Code No. 07-24)

**RECOMMENDATION:**

We recommend the Department conduct a nurse incentive program study for medically underserved areas and a nurse assistant incentive program study for Illinois long-term care facilities by performing the activities required by the Civil Administrative Code of Illinois.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department will conduct a study to determine what incentives may be necessary to attract and retain nurse assistants to work in Illinois long-term care facilities. The Department will utilize the existing Certified Nursing Aide's Career Ladder Task Force to assist in this effort. The development of a nurse assistant career ladder program is a key component to meeting the requirements of this mandate.

**07-25 FINDING:** (Noncompliance with the Home Health, Home Services, and Home Nursing Agency Licensing Act)

The Department of Public Health (Department) did not comply with all of the requirements of the Home Health, Home Services, and Home Nursing Agency Licensing Act (Act) (210 ILCS 55).

The Act mandates the Director of the Department appoint a Home Health and Home Services Advisory Committee (Committee) composed of 15 persons to advise and consult with the Director in the administration of the Act (210 ILCS 55/7(a)). The Act establishes the membership composition of the Committee and, as such, requires one member be a practicing Illinois licensed physician. As of June 30, 2007, the Committee was comprised of 14 members and did not include a practicing Illinois licensed physician.

In addition, the Act (210 ILCS 55/7(e)) states, "On or before July 1, 2007, the Committee shall issue an interim report to the General Assembly on the status of development and implementation of the rules for home services agency and home nursing agency licensure." The Department prepared the report on June 20, 2007, prior to the July 1, 2007 deadline, but as of October 17, 2007, the report had not been submitted to the General Assembly.

Department personnel stated they are actively working to fill the Illinois licensed physician vacancy on the Committee that resulted when the Committee's licensed physician resigned from the committee in June 2006. They further stated that length of the internal review process caused the delinquency in submitting the report to the General Assembly by the July 1, 2007 deadline.

The existence of a vacancy on the Home Health and Home Services Advisory Committee and untimely submission of the required report to the General Assembly results in noncompliance with the Act. (Finding Code No. 07-25)

**RECOMMENDATION:**

We recommend the Department fill the vacancy on the Home Health and Home Services Advisory Committee and submit the required report to the General Assembly as required by the Act.

**RESPONSE:**

The Department concurs with the finding. The Department continues to work aggressively on replacing the physician position on the Home Health and Home Services Advisory Board. However, the Advisory Board continues to perform and act on issues related to Home Health, Home Services and Home Nursing Agencies. The State Medical Society sends a representative to the meetings to assist and advise the Board on any issue that needs a recommendation by a licensed physician. With regard to the past due report, the Department sent the report to the General Assembly on November 2007.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

PRIOR FINDINGS NOT REPEATED  
(STATE COMPLIANCE)

**07-26 FINDING:** (Efficiency initiative payments)

During the prior examination, the Department made payments for efficiency initiative billings from improper line item appropriations.

During the current examination, the Department did not make any efficiency initiative payments. (Finding Code No. 05-1)

**07-27 FINDING:** (Lack of independent reviews of computer systems)

During the prior examination, the Department did not perform independent and mandated reviews of major computer systems.

During the current examination, we noted the Department provides the Illinois Office of Internal Audit (IOIA) with quarterly updates on all of its system development projects, with estimated implementation dates. In 2006, the IOIA performed risk analyses on three Department system development projects, and recently began two additional risk analyses. (Finding Code No. 05-7)

**07-28 FINDING:** (Voucher processing weaknesses)

During the prior examination, the Department did not exercise adequate control over voucher processing.

During the current examination, the Department implemented policies to require that vouchers not approved within 30 days be accompanied by an explanation from those employees involved in the untimely processing that details the reason the invoice was incorrect and not a proper bill. Additionally, the Department implemented policies requiring that all invoices for goods and services be verified and signed by the receiving officer prior to being forwarded to the Accounting Department. Our testing noted that the Department satisfactorily implemented these policies. (Finding Code No. 05-13)

**07-29 FINDING:** (Program Audit of the Illinois Health Facilities Planning Board)

During the prior examination, the Department had not fully implemented five of the seven recommendations from the 2001 program audit.

During the current examination, the Department implemented the final five recommendations as follows:



- 1. The Health Facilities Planning Board should assure that when conditions are required of applicants that those conditions relate to the projects being considered and comply with the Health Facilities Planning Act. (Program Audit Recommendation Number 1)**

*Implemented:* During the examination period, the Department completed a comprehensive review of the rules, criteria, and standards related to the Board. On September 1, 2006, the Health Facilities Planning Board (Board) adopted 77 Ill. Adm. Code 1130.660(b) to address the issue of conditional permits and the parameters on the limits of those conditions.

- 2. State agency staff at the Department of Public Health should assure that evaluation criteria are applied consistently in the projects that they review and the State Agency Reports that they prepare. (Program Audit Recommendation Number 3)**

*Partially Implemented:* As part of its comprehensive review of the rules, criteria, and standards related to the Board, the Department significantly revised the Health Facilities Planning Board Processing Classification Policies and Review Criteria (77 Ill. Adm. Code 1110). The revisions addressed the recommendation above. The Department submitted these revisions to the Joint Committee on Administrative Rule (JCAR) and the revisions were published in the Illinois Register on April 20, 2007. The comment period ended June 4, 2007 and the Department is waiting for formal approval of these rules.

- 3. The Health Facilities Planning Board should examine their review criteria and make adjustments to the existing criteria or eliminate duplicative criteria to minimize the domino effect. (Program Audit Recommendation Number 4)**

*Implemented:* The revisions described above resulted in significant reorganization and logical reformatting of the criteria and standards. The Department believes the changes should minimize the domino effect. The revisions are currently awaiting final approval from JCAR as part of 77 Ill. Adm. Code 1110.

- 4. The Board should assure that all applications are treated consistently. This may require reviewing how similar projects were treated and may require comparing similar projects to choose the best one. (Program Audit Recommendation Number 6)**

*Implemented:* Effective September 1, 2006 the Board implemented rule changes (77 Ill. Adm. Code 1130) that will provide parity in the review and processing of applications which will allow the Board to be more consistent in its review and consideration of applications.

5. **The Board should consider issuing a statement of findings for why a project is approved or denied. This should be done for all projects approved as well as projects receiving an intent-to-deny, an initial denial, and a final denial. For denials, this statement should not just reiterate the criteria not met in the State Agency Report since most projects are approved without meeting all criteria. (Program Audit Recommendation Number 7)**

*Implemented:* The Board considered the suggestion to issue a statement of findings for why a project is approved or denied as recommended above. By statute requirement, the Department conducts an application review and produces a written statement of findings. The Board produces a written transcript of its deliberations, which indicates the individual Board members' reasoning for their votes and the Board's summary approval or denial for the project. The Board considers this written transcript of each meeting to be a statement of findings. (Finding Code No. 05-16)

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

**SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES**

**SUMMARY**

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

- Fiscal Schedules and Analysis:
  - Schedule of Expenditures of Federal Awards
    - Year Ended June 30, 2007
    - Year Ended June 30, 2006
  - Notes to the Schedule of Expenditures of Federal Awards
  - Schedule of Appropriations, Expenditures and Lapsed Balances
    - Fiscal Year 2007
    - Fiscal Year 2006
  - Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances - By Object Code
  - Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances - By Fund
  - Comparative Schedule of Receipts, Disbursements and Fund Balance (Cash Basis) - Locally-Held Fund
  - Schedule of Changes in State Property
  - Comparative Schedule of Cash Receipts
  - Reconciliation Schedule of Cash Receipts to Deposits Remitted to the State Comptroller
  - Analysis of Significant Variations in Expenditures
  - Analysis of Significant Variations in Receipts
  - Analysis of Significant Lapse Period Spending
  - Analysis of Accounts Receivable
  - Schedule of Indirect Cost Reimbursements
- Analysis of Operations:
  - Agency Functions and Planning Program
  - Average Number of Employees
  - Emergency Purchases
  - Memorandums of Understanding (Not Examined)
  - Service Efforts and Accomplishments (Not Examined)

The accountants' report that covers the Supplementary Information for State Compliance Purposes presented in the Compliance Report Section states the accountants have applied certain limited procedures as prescribed by the Audit Guide as adopted by the Auditor General, except for information on the Memorandums of Understanding and Service Efforts and Accomplishments on which they did not perform any procedures. However, the accountants do not express an opinion on the supplementary information.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2007  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>Federal CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Agriculture</u></b>			
Passed through the Illinois State Board of Education:			
Summer Food Service Program for Children	10.559	\$ 30	\$ -
State Administrative Expenses for Child Nutrition	10.560	<u>22</u>	<u>-</u>
Total U.S. Department of Agriculture		<u>52</u>	<u>-</u>
<b><u>U.S. Department of Housing and Urban Development</u></b>			
Direct Programs:			
Housing Opportunities for Persons with AIDS	14.241	853	610
Lead-Based Paint Hazard Control in Privately-Owned Housing	14.900	<u>1,022</u>	<u>812</u>
Total U.S. Department of Housing and Urban Development		<u>1,875</u>	<u>1,422</u>
<b><u>U.S. Department of Labor</u></b>			
Direct Programs:			
Compensation and Working Conditions	17.005	<u>177</u>	<u>-</u>
<b><u>U.S. Environmental Protection Agency</u></b>			
Direct Programs:			
Great Lakes Program	66.469	1	-
Beach Monitoring and Notification Program Implementation Grants	66.472	295	163
Surveys, Studies, Investigations and Special Purpose Grants	66.606	1	-
Consolidated Pesticide Enforcement Cooperative Agreements	66.700	102	-
Toxic Substances Compliance Monitoring Cooperative Agreements	66.701	239	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	331	-
Passed through the Illinois Environmental Protection Agency:			
State Grants to Reimburse Operators of Small Water Systems for Training and Certification Costs	66.471	102	-
Performance Partnership Grants	66.605	<u>713</u>	<u>-</u>
Total U.S. Environmental Protection Agency		<u>1,784</u>	<u>163</u>

The accompanying notes are an integral part of this schedule.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2007  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>Federal CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services</u></b>			
Direct Programs:			
Public Health and Social Services Emergency Fund	93.003	\$ 9,457	\$ 7,159
State and Territorial and Technical Assistance Capacity Development Minority HIV/AIDS Demonstration Program	93.006	183	178
Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	162	86
Alzheimer's Disease Demonstration Grants to States	93.051	260	134
Food and Drug Administration Research	93.103	(1)	-
Maternal and Child Health Federal Consolidated Programs	93.110	25	25
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	693	201
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130	278	178
Injury Prevention and Control Research and State and Community Based Programs	93.136	1,722	1,702
Health Program for Toxic Substances and Disease Registry	93.161	453	17
Grants to States for Loan Repayment Program	93.165	222	219
Childhood Lead Poisoning Prevention Projects State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	1,080	141
State Rural Hospital Flexibility Program	93.241	631	631
Immunization Grants	93.268	53,679	577
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	41,296	20,647
Small Rural Hospital Improvement Grant Program	93.301	500	500
Refugee and Entrant Assistance Discretionary Grants	93.576	76	66
State Survey and Certification of Health Care Providers and Suppliers	93.777	14,719	769
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779	923	-
Grants to States for Operation of Offices of Rural Health	93.913	199	136
HIV Care Formula Grants	93.917	40,092	6,163

The accompanying notes are an integral part of this schedule.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2007  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>Federal CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services - Continued</u></b>			
HIV Prevention Activities Health Department Based	93.940	\$ 4,465	\$ 2,176
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	981	115
Assistance Programs for Chronic Disease Prevention and Control	93.945	1,586	1,019
Trauma Care Systems Planning and Development	93.952	7	-
Preventative Health Services Sexually Transmitted Diseases Control Grants	93.977	2,196	426
Preventative Health and Health Services Block Grant	93.991	2,244	586
Maternal and Child Health Services Block Grant to the States	93.994	3,040	1,925
Passed Through the Illinois Department of Human Services:			
Refugee and Entrant Assistance State Administered Programs	93.566	1,226	-
Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	93.988	(3)	-
Total U.S. Department of Health and Human Services		182,391	45,776
<b><u>U.S. Department of Homeland Security</u></b>			
Passed Through the Illinois Emergency Management Agency:			
State Domestic Preparedness Equipment Support Program	97.004	678	-
Chemical Stockpile Emergency Preparedness Program	97.040	129	-
Total U.S. Department of Homeland Security		807	-
Total Expenditures of Federal Awards		\$ 187,086	\$ 47,361

The accompanying notes are an integral part of this schedule.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2006  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Agriculture</u></b>			
Direct Programs:			
State Administrative Expenses for Child Nutrition	10.560	\$ 55	\$ -
Passed Through the Illinois State Board of Education:			
Summer Food Service Program for Children	10.559	<u>60</u>	<u>-</u>
Total U.S. Department of Agriculture		<u>115</u>	<u>-</u>
<b><u>U.S. Department of Housing and Urban Development</u></b>			
Direct Programs:			
Housing Opportunities for Persons with AIDS	14.241	713	710
Lead-Based Paint Hazard Control in Privately-Owned Housing	14.900	<u>1,005</u>	<u>934</u>
Total U.S. Department of Housing and Urban Development		<u>1,718</u>	<u>1,644</u>
<b><u>U.S. Department of Labor</u></b>			
Direct Programs:			
Compensation and Working Conditions	17.005	<u>128</u>	<u>-</u>
<b><u>U.S. Environmental Protection Agency</u></b>			
Direct Programs:			
Beach Monitoring and Notification Program Implementation Grants	66.472	342	154
Surveys, Studies, Investigations and Special Purpose Grants	66.606	18	-
Consolidated Pesticide Enforcement Cooperative Agreements	66.700	246	-
Toxic Substances Compliance Monitoring Cooperative Agreements	66.701	23	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	253	-
Passed Through the Illinois Environmental Protection Agency:			
Capitalization Grants for Drinking Water State Revolving Funds	66.468	3	-
Performance Partnership Grants	66.605	617	-
State Grants to Reimburse Operators of Small Water Systems for Training and Certification Costs	66.471	<u>31</u>	<u>-</u>
Total U.S. Environmental Protection Agency		<u>1,533</u>	<u>154</u>

The accompanying notes are an integral part of this schedule.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2006  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services</u></b>			
Direct Programs:			
Public Health and Social Services Emergency Fund	93.003	\$ 5,785	\$ 2,944
State and Territorial and Technical Assistance Capacity Development			
Minority HIV/AIDS Demonstration Program	93.006	118	28
Special Programs for the Aging Title IV and Title II Discretionary			
Projects	93.048	213	94
Alzheimer's Disease Demonstration Grants to States	93.051	(7)	-
Food and Drug Administration Research	93.103	1	-
Maternal and Child Health Federal Consolidated Programs	93.110	40	36
Project Grants and Cooperative Agreements for Tuberculosis			
Control Programs	93.116	1,541	212
Cooperative Agreements to States/Territories for the Coordination			
and Development of Primary Care Offices	93.130	223	147
Injury Prevention and Control Research and State and Community			
Based Programs	93.136	1,470	1,517
Health Program for Toxic Substances and Disease Registry	93.161	474	-
Grants to States for Loan Repayment Program	93.165	238	238
Childhood Lead Poisoning Prevention Projects State and Local			
Childhood Lead Poisoning Prevention and Surveillance of Blood			
Lead Levels in Children	93.197	951	164
Family Planning Services	93.217	165	-
Loan Repayment Program for General Research	93.232	1	-
State Rural Hospital Flexibility Program	93.241	600	600
Rural Access to Emergency Devices Grant	93.259	163	163
Immunization Grants	93.268	39,597	697
Centers for Disease Control and Prevention Investigations and			
Technical Assistance	93.283	34,808	17,556
Small Rural Hospital Improvement Grant Program	93.301	514	514
Refugee and Entrant Assistance Discretionary Grants	93.576	112	94
State Survey and Certification of Health Care Providers			
and Suppliers	93.777	11,776	964
Centers for Medicare and Medicaid Services (CMS) Research,			
Demonstrations and Evaluations	93.779	33	-
Grants to States for Operation of Offices of Rural Health	93.913	222	113
HIV Care Formula Grants	93.917	36,568	7,214
HIV Prevention Activities Health Department Based	93.940	3,955	1,759

The accompanying notes are an integral part of this schedule.



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2006  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services - Continued</u></b>			
Epidemiologic Research Studies of Acquired Immunodeficiency Virus Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups	93.943	\$ (22)	\$ -
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	872	183
Assistance Programs for Chronic Disease Prevention and Control	93.945	961	767
Trauma Care Systems Planning and Development	93.952	2	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	95	-
Preventative Health Services Sexually Transmitted Diseases Control Grants	93.977	2,937	574
Preventative Health and Health Services Block Grant	93.991	2,019	352
Maternal and Child Health Services Block Grant to the States	93.994	2,930	1,623
Passed Through the Illinois Department of Human Services:			
Refugee and Entrant Assistance State Administered Programs	93.566	854	-
Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	93.988	(1)	-
Total U.S. Department of Health and Human Services		150,208	38,553
<b><u>U.S. Department of Homeland Security</u></b>			
Passed Through the Illinois Emergency Management Agency:			
State Domestic Preparedness Equipment Support Program	97.004	792	-
Chemical Stockpile Emergency Preparedness Program	97.040	73	-
Total U.S. Department of Homeland Security		865	-
Total Expenditures of Federal Awards		\$ 154,567	\$ 40,351

The accompanying notes are an integral part of this schedule.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
Years Ended June 30, 2006 and 2007

1. GENERAL

The Department of Public Health (Department) is a part of the executive branch of government of the State of Illinois operating under the authority and review by the Illinois General Assembly. The Department operates under a budget approved by the General Assembly in which resources of the State's General Revenue Fund are appropriated for the use of the Department. Activities of the Department are subject to the authority of the Office of the Governor, the State's chief executive officer, and other departments of the executive and legislative branches of government (such as the Department of Central Management Services and the State Comptroller's Office) as defined by the General Assembly.

The responsibility of the Department is promotion and protection of health and the prevention of disease among the residents of Illinois through the application of public health practices. Programs administered by the Department are designed to prevent illness and injury, interrupt the transmission of disease, identify and eliminate sources of disease and hazards to the health of the public, provide a more healthful environment, enhance the quality of health-care facilities, and increase public awareness of individual actions which can result in a longer and healthier life. The Department is organized into nine offices (Director; Finance and Administration; Human Resources; Policy, Planning and Statistics; Health Promotion; Health Care Regulations; Health Protection; Women's Health; Health Preparedness and Response) to carry out its responsibilities and administer the Department's services. A significant portion of the services are provided by subrecipient agencies.

The Department receives federal awards in the capacity of a primary recipient and as a pass-through entity.

*Primary Recipient*

The Department has been designated as the primary (or direct) recipient for a majority of federal programs for which it receives federal awards. The primary responsibilities of the Department as a primary recipient are to ensure that all planning, public participation, reporting and auditing requirements associated with the federal awards programs are met and that all available federal awards are received and expended in accordance with the requirements of the related grant or contract.

*Pass-through*

The Department is a pass-through entity of certain federal awards for which the Illinois Environmental Protection Agency, Illinois Emergency Management Agency, Illinois Department of Human Services and Illinois State Board of Education are the primary recipients.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS – Continued

2. SIGNIFICANT ACCOUNTING POLICIES

A. *Basis of Presentation*

The Schedule of Expenditures of Federal Awards presents the activity of all federal programs in which expenditures were made and/or claimed by the Department as a primary recipient or as a pass-through entity for the years ended June 30, 2006 and June 30, 2007.

B. *Basis of Accounting*

The Schedule of Expenditures of Federal Awards has been prepared on the modified accrual basis of accounting.

C. *Program or Award*

Program or award amounts are those which have been approved for program expenditures only in the period either by the applicable federal grantor department or by the State's designated primary recipient. This includes awards remaining from prior periods that are available and awards approved during the period.

D. *Revenue Recognition*

Revenue is recognized when it is earned. Cash balances at year end reflect federal financial awards received but unexpended or the excess of expenditures over cash receipts (overdrafts).

E. *Expenditures*

Expenditures are recognized when goods or services have been received and payment is due during the year or soon thereafter.

3. DESCRIPTION OF GRANT PROGRAMS

The following is a brief description of the significant grant programs included in the Schedule of Expenditures of Federal Awards:

U.S. Department of Housing and Urban Development

- A. Lead-Based Paint Hazard Control in Privately-Owned Housing – CFDA No.14.900 - Lead-Based Paint Hazard Control grants assist State, Tribal, and local governments to identify and control lead-based paint hazards in privately-owned housing that is owned by or rented to low or very low income families.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS – Continued

3. DESCRIPTION OF GRANT PROGRAMS - Continued

U.S. Department of Health and Human Services

- A. Public Health and Social Services Emergency Fund – CFDA No. 93.003 - The objective of this program is to prepare public health systems and hospitals for future emergencies, for an emergency reserve of medical supplies for use in a variety of possible mass casualty events, and to accelerate research into new treatments and diagnostic tools to cope with possible bioterrorism incidents.
- B. Project Grants and Cooperative Agreements for Tuberculosis Control Programs - CFDA No. 93.116 - This program assists State and local health agencies in carrying out tuberculosis control activities designed to prevent transmission of infection and disease.
- C. Injury Prevention and Control Research and State and Community Based Programs – CFDA No. 93.136 - This program consists of two parts. The objectives of the research grants are: (1) to support injury control research on priority issues; (2) to integrate aspects of engineering, public health, behavioral sciences, medicine, and other disciplines in order to prevent and control injuries more effectively; (3) to rigorously apply and evaluate current and new interventions, methods, and strategies that focus on the prevention and control of injuries; (4) to stimulate and support Injury Control Research Centers (ICRC) in academic institutions which will develop a comprehensive and integrated approach to injury control research and training; and (5) to bring the knowledge and expertise of ICRC's to bear on the development of effective public health programs for injury control. The State and community programs are designed: (1) to develop and evaluate new methods or to evaluate existing methods and techniques used in injury surveillance by public health agencies; and (2) to develop, expand, or improve injury control programs to reduce morbidity, mortality, severity, disability, and cost from injuries.
- D. Childhood Lead Poisoning Prevention Projects State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children – CFDA No. 93.197 - The objectives of this program are to (1) develop and/or enhance a surveillance system that monitors all blood lead levels; (2) assure that children who are potentially exposed to lead receive follow up care; (3) assure awareness and action among the general public and affected professionals in relation to preventing childhood lead poisoning in high risk areas in collaboration with other government and community based organizations.
- E. Immunization Grants – CFDA No. 93.268 - These grants assist States and communities in establishing and maintaining preventative health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS – Continued

3. DESCRIPTION OF GRANT PROGRAMS - Continued

U.S. Department of Health and Human Services - Continued

- F. Centers for Disease Control and Prevention Investigations and Technical Assistance – CFDA No. 93.283 - The objective of this program is to assist State and local health authorities and other health related organizations in controlling communicable diseases, chronic diseases, and disorders, and other preventable health conditions. Investigations and evaluation of all methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support; and by providing leadership and coordination of joint national, State, and local efforts.
- G. Refugee and Entrant Assistance State Administered Programs – CFDA No. 93.566 - This program reimburses States for assistance provided to refugees, asylees, Cuban and Haitian entrants, victims of a severe form of trafficking and certain Amerasians from Viet Nam for resettlement throughout the country, by funding maintenance and medical assistance, and social services for eligible designated population. State agencies may purchase training and services from other providers. Refugees in the U.S. may be assisted regardless of national origin.
- H. State Survey and Certification of Health Care Providers and Suppliers – CFDA No. 93.777 - The objective of this program is to provide financial assistance to any State which is able and willing to determine through its State health agency or other appropriate State agency that providers and suppliers of health care services are in compliance with Federal regulatory health and safety standards and conditions of participation.
- I. HIV Care Formula Grants – CFDA No. 93.917 - This program enables States to improve the quality, availability, and organization of health care and support services for individuals and families with Human Immunodeficiency Virus (HIV) disease.
- J. HIV Prevention Activities Health Department Based – CFDA No. 93.940 - This program assists States and political subdivisions of States in meeting the cost of establishing and maintaining Human Immunodeficiency Virus (HIV) prevention programs.
- K. Assistance Programs for Chronic Disease Prevention and Control – CFDA No. 93.945 - The objective of this program is to work with State health agencies and other public and private nonprofit organizations in planning, developing, integrating, coordinating, or evaluating programs to prevent and control chronic diseases such as epilepsy and lupus; assist in monitoring the major behavioral risks associated with the ten leading causes of premature death and disability in the United States including cardiovascular diseases and arthritis; and establish new chronic disease prevention programs like Racial and Ethnic Approaches to Community Health (REACH).

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS – Continued

3. DESCRIPTION OF GRANT PROGRAMS - Continued

U.S. Department of Health and Human Services - Continued

- L. Preventative Health Services Sexually Transmitted Diseases Control Grants – CFDA No. 93.977 - The objective of this program is to reduce morbidity and mortality by preventing cases and complications of sexually transmitted diseases (STD). Project grants under Section 318c awarded to State and local health departments emphasize the development and implementations of nationally uniform prevention and control programs which focus on disease intervention activities designed to reduce the incidence of these diseases, with applied research, demonstration, and public and professional education activities supporting these basic program activities authorized under Section 318b of the Public Health Service Act.
- M. Preventative Health and Health Services Block Grant – CFDA No. 93.991 - This program provides States with the resources to improve the health status of the population of each grantee through: (A) activities leading to the accomplishment of the year 2000/2010 objectives for the nation; (B) rodent control and community-school fluoridation activities; (C) specified emergency medical services excluding most equipment purchases; (D) services for sex offense victims including prevention activities; and (E) for related administration, education, monitoring and evaluation activities.
- N. Maternal and Child Health Services Block Grant to the States – CFDA No. 93.994 - This program enables States to maintain and strengthen their leadership in planning, promoting, coordinating, and evaluating health care for pregnant women, mothers, infants, and children and children with special health care needs in providing health services for mothers and children who do not have access to adequate health care.

4. INTERAGENCY AGREEMENTS

The Department participated in several interagency agreements with the Department of Human Services. The agreements required the Department of Public Health to perform duties and incur the associated costs for the federal Refugee and Entrant Assistance State Administered Program (CFDA No. 93.566) administered by the Department of Human Services. The Department of Public Health prepared and submitted quarterly reports to the Department of Human Services, which detailed costs incurred for this program. The Department of Human Services obtained reimbursements from the U.S. Department of Health and Human Services for these costs. According to the Department of Public Health, the federal share of reimbursements totaling \$995 was reported for fiscal year 2006 and the federal share of reimbursements totaling \$1,100 (in thousands) was reported for fiscal year 2007.

5. NONCASH AWARDS

The Department received non-cash awards in fiscal year 2006 of \$39,292 and in fiscal year 2007 of \$49,462 (in thousands) from the U.S. Department of Health and Human Services.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES

Fourteen Months Ended August 31, 2007

<u>Public Act 94-0798 and 95-0144</u>	Appropriations (Net After Transfers)	Expenditures Through June 30, 2007	Lapse Period Expenditures July 1 to August 31	Total Expenditures	Balances Lapsed
General Revenue Fund - 0001	\$ 149,215,994	\$ 127,001,949	\$ 18,218,922	\$ 145,220,871	\$ 3,995,123
Food and Drug Safety Fund - 0014	1,400,000	687,959	236,252	924,211	475,789
Penny Severns Breast and Cervical Cancer Research Fund - 0015	600,000	344,162	228,138	572,300	27,700
Rural/Downstate Health Access Fund - 0048	100,000	4,000	-	4,000	96,000
Alzheimer's Disease Research Fund - 0060	200,000	131,580	44,142	175,722	24,278
Lou Gehrig's Disease Research Fund - 0061	100,000	100,000	-	100,000	-
Public Health Services Fund - 0063	171,360,500	110,736,563	16,791,800	127,528,363	43,832,137
Community Health Center Care Fund - 0113	1,000,000	90,022	10,000	100,022	899,978
Safe Bottled Water Fund - 0115	75,000	-	-	-	75,000
Facility Licensing Fund - 0118	659,900	299,803	61,317	361,120	298,780
Heartsaver AED Fund - 0135	125,000	70,139	2,985	73,124	51,876
Illinois School Asbestos Abatement Fund - 0175	952,500	359,581	33,678	393,259	559,241
Epilepsy Treatment and Education Grants-In-Aid Fund - 0197	100,000	-	-	-	100,000
Ticket for the Cure Fund - 0208	3,900,000	471,000	14,000	485,000	3,415,000
Illinois Health Facilities Planning Fund - 0238	1,734,500	1,515,377	99,653	1,615,030	119,470
Emergency Public Health Fund - 0240	3,413,600	2,798,903	103,706	2,902,609	510,991
Blindness Prevention Fund - 0250	100,000	22,932	-	22,932	77,068
Public Health Water Permit Fund - 0256	200,000	38,970	11,590	50,560	149,440
Nurse Dedicated and Professional Fund - 0258	1,200,000	1,155,690	10,974	1,166,664	33,336
Illinois Brain Tumor Research Fund - 0264	100,000	39,554	-	39,554	60,446
Sarcoidosis Research Fund - 0268	100,000	14,922	-	14,922	85,078
Vince Demuzio Memorial Colon Cancer Fund - 0275	100,000	-	-	-	100,000
Long-Term Care Monitor/Receiver Fund - 0285	800,000	696,022	103,652	799,674	326
Used Tire Management Fund - 0294	500,000	453,616	16,109	469,725	30,275
African-American HIV/AIDS Response Fund - 0326	3,000,000	25,000	2,725,000	2,750,000	250,000
Public Health Services Revolving Fund - 0340	2,000,000	1,379,763	55,538	1,435,301	564,699
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,240,200	2,010,913	971,607	2,982,520	2,257,680
Tanning Facility Permit Fund - 0370	500,000	126,821	70,252	197,073	302,927
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	1,000,000	371,448	-	371,448	628,552

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES

Fourteen Months Ended August 31, 2007

<u>Public Act 94-0798 and 95-0144</u>	Appropriations (Net After Transfers)	Expenditures Through June 30, 2007	Lapse Period Expenditures July 1 to August 31	Total Expenditures	Balances Lapsed
Plumbing Licensure and Program Fund - 0372	\$ 1,331,400	\$ 1,186,269	\$ 96,026	\$ 1,282,295	\$ 49,105
End Stage Renal Disease Facility Fund - 0381	385,000	-	-	-	385,000
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	16,423	2,941	19,364	130,636
Trauma Center Fund - 0397	6,000,000	89,138	4,488,366	4,577,504	1,422,496
EMS Assistance Fund - 0398	300,000	16,115	56,853	72,968	227,032
Federal Civil Preparedness Administrative Fund - 0497	2,100,000	582,686	666	583,352	1,516,648
Health Facility Plan Review Fund - 0524	2,000,000	952,691	118,251	1,070,942	929,058
Pesticide Control Fund - 0576	200,000	192,074	871	192,945	7,055
Hospice Fund - 0586	25,000	-	-	-	25,000
Prostrate Cancer Research Fund - 0626	200,000	-	50,000	50,000	150,000
Death Certificate Surcharge Fund - 0635	3,082,000	1,344,547	126,583	1,471,130	1,610,870
Assisted Living and Shared Housing Regulatory Fund - 0702	225,000	39,905	6,751	46,656	178,344
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	100,000	98,000	-	98,000	2,000
Tobacco Settlement Recovery Fund - 0733	18,900,000	12,804,486	4,887,756	17,692,242	1,207,758
Pet Population Control Fund - 0764	100,000	15,712	13,160	28,872	71,128
Public Health Federal Projects Fund - 0838	612,000	143,159	6,756	149,915	462,085
Maternal and Child Health Services Block Grant Fund - 0872	3,341,800	1,942,680	891,952	2,834,632	507,168
Preventive Health and Health Services Block Grant Fund - 0873	3,638,500	1,401,557	-	1,401,557	2,236,943
Public Health Special State Projects Fund - 0896	3,550,000	1,593,947	807,998	2,401,945	1,148,055
Metabolic Screening and Treatment Fund - 0920	9,025,200	7,288,225	1,186,087	8,474,312	550,888
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	104,500	71,553	6,483	78,036	26,464
Illinois State Podiatric Disciplinary Fund - 0954	100,000	27,417	-	27,417	72,583
 Total Fiscal Year 2007	 <u>\$ 405,247,594</u>	 <u>\$ 280,753,273</u>	 <u>\$ 52,556,815</u>	 <u>\$ 333,310,088</u>	 <u>\$ 71,937,506</u>

Note: Appropriations, expenditures, and lapsed balances were obtained from Comptroller records and have been reconciled to records of the Department.



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES

Fourteen Months Ended August 31, 2006

<u>Public Act 94-0015 and 94-0798</u>	Appropriations (Net After Transfers)	Expenditures Through June 30, 2006	Lapse Period Expenditures July 1 to August 31	Total Expenditures	Balances Lapsed
General Revenue Fund - 0001	\$ 136,015,400	\$ 117,482,310	\$ 14,449,433	\$ 131,931,743	\$ 4,083,657
Food and Drug Safety Fund - 0014	1,400,000	932,806	214,562	1,147,368	252,632
Penny Severns Breast and Cervical Cancer Research Fund - 0015	600,000	403,565	176,987	580,552	19,448
Rural/Downstate Health Access Fund - 0048	100,000	3,000	-	3,000	97,000
Alzheimer's Disease Research Fund - 0060	200,000	113,196	57,676	170,872	29,128
Lou Gehrig's Disease Research Fund - 0061	100,000	98,000	-	98,000	2,000
Public Health Services Fund - 0063	163,955,400	99,061,666	14,240,751	113,302,417	50,652,983
Community Health Center Care Fund - 0113	1,000,000	133,917	-	133,917	866,083
Safe Bottled Water Fund - 0115	75,000	-	-	-	75,000
Facility Licensing Fund - 0118	659,900	223,380	4,781	228,161	431,739
Illinois School Asbestos Abatement Fund - 0175	952,500	726,957	6,942	733,899	218,601
Illinois Health Facilities Planning Fund - 0238	1,734,500	1,395,026	126,844	1,521,870	212,630
Emergency Public Health Fund - 0240	3,413,600	1,986,140	821,021	2,807,161	606,439
Public Health Water Permit Fund - 0256	200,000	47,735	10,950	58,685	141,315
Nurse Dedicated and Professional Fund - 0258	1,200,000	1,102,449	68,305	1,170,754	29,246
Long-Term Care Monitor/Receiver Fund - 0285	675,000	605,424	54,116	659,540	15,460
Used Tire Management Fund - 0294	500,000	479,180	1,798	480,978	19,022
Public Health Services Revolving Fund - 0340	2,000,000	1,290,825	147,049	1,437,874	562,126
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	4,240,200	2,004,737	380,656	2,385,393	1,854,807
Tanning Facility Permit Fund - 0370	500,000	319,728	54,997	374,725	125,275
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	1,000,000	-	-	-	1,000,000
Plumbing Licensure and Program Fund - 0372	1,331,400	1,087,766	66,792	1,154,558	176,842
End Stage Renal Disease Facility Fund - 0381	385,000	-	-	-	385,000
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	25,371	662	26,033	123,967
Trauma Center Fund - 0397	6,000,000	76,881	5,327,019	5,403,900	596,100
EMS Assistance Fund - 0398	300,000	93,086	9,780	102,866	197,134
Federal Civil Preparedness Administrative Fund - 0497	2,100,000	703,671	175,925	879,596	1,220,404
Health Facility Plan Review Fund - 0524	2,000,000	1,166,791	26,804	1,193,595	806,405
Pesticide Control Fund - 0576	200,000	192,067	2,623	194,690	5,310

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES

Fourteen Months Ended August 31, 2006

<u>Public Act 94-0015 and 94-0798</u>	Appropriations (Net After Transfers)	Expenditures Through June 30, 2006	Lapse Period Expenditures July 1 to August 31	Total Expenditures	Balances Lapsed
Prostate Cancer Research Fund - 0626	\$ 500,000	\$ 62,561	\$ 108,762	\$ 171,323	\$ 328,677
Death Certificate Surcharge Fund - 0635	3,082,000	380,288	6,552	386,840	2,695,160
Assisted Living and Shared Housing Regulatory Fund - 0702	175,000	77,018	3,893	80,911	94,089
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	100,000	-	-	-	100,000
Tobacco Settlement Recovery Fund - 0733	15,900,000	10,528,057	3,610,223	14,138,280	1,761,720
Public Health Federal Projects Fund - 0838	612,000	109,444	267	109,711	502,289
Maternal and Child Health Services Block Grant Fund - 0872	3,341,800	1,875,365	1,094,027	2,969,392	372,408
Preventive Health and Health Services Block Grant Fund - 0873	3,638,500	1,687,728	830,272	2,518,000	1,120,500
Public Health Special State Projects Fund - 0896	3,550,000	711,328	471,962	1,183,290	2,366,710
Metabolic Screening and Treatment Fund - 0920	8,525,200	6,928,152	1,010,237	7,938,389	586,811
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	104,500	63,425	-	63,425	41,075
Illinois State Podiatric Disciplinary Fund - 0954	65,000	-	-	-	65,000
 Total Fiscal Year 2006	 <u>\$ 372,581,900</u>	 <u>\$ 254,179,040</u>	 <u>\$ 43,562,668</u>	 <u>\$ 297,741,708</u>	 <u>\$ 74,840,192</u>

Note: Appropriations, expenditures, and lapsed balances were obtained from Comptroller records and have been reconciled to records of the Department.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES - BY OBJECT CODE

	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>General Revenue Fund - 0001</b>			
Appropriations (net after transfers)	\$ 149,215,994	\$ 136,015,400	\$ 122,787,293
Expenditures			
Personal services	35,270,290	34,048,559	35,435,116
State employee retirement contributions paid by employer	-	186,181	30,743
State contributions to State Employees' Retirement System	4,071,355	2,657,894	5,590,861
State contributions to social security	2,589,504	2,495,077	2,539,977
Contractual services	7,345,963	7,143,072	1,752,375
Travel	1,252,291	1,178,375	1,275,330
Commodities	433,049	449,374	451,157
Printing	211,345	175,934	163,038
Equipment	11,718	538,088	10,108
Electronic data processing	497,495	-	518,815
Telecommunications	692,249	705,359	811,520
Operation of automotive equipment	42,781	42,000	27,138
Lump sums and other purposes	40,005,543	33,166,799	32,090,711
Lump sums, operations	4,694,995	4,883,332	4,363,844
Interfund cash transfers	1,921,840	870,614	928,700
Awards and grants	24,759,926	15,710,510	12,669,606
Medical and food supplies for free education	-	-	3,815,229
Medical services, payments to providers	643,979	608,055	589,333
Grants to local governments	17,033,455	15,932,126	15,408,600
Grants to other state agencies	600,000	1,000,000	-
Awards and grants - lump sums	3,123,869	10,120,478	122,526
Other refunds	19,224	19,916	37,312
Total expenditures	<u>145,220,871</u>	<u>131,931,743</u>	<u>118,632,039</u>
Lapsed balances	<u>\$ 3,995,123</u>	<u>\$ 4,083,657</u>	<u>\$ 4,155,254</u>
<b>Food and Drug Safety Fund - 0014</b>			
Appropriations (net after transfers)	\$ 1,400,000	\$ 1,400,000	\$ 1,727,600
Expenditures			
Lump sums and other purposes	924,211	1,147,368	1,046,510
Total expenditures	<u>924,211</u>	<u>1,147,368</u>	<u>1,046,510</u>
Lapsed balances	<u>\$ 475,789</u>	<u>\$ 252,632</u>	<u>\$ 681,090</u>
<b>Penny Severns Breast and Cervical Cancer Research Fund - 0015</b>			
Appropriations (net after transfers)	\$ 600,000	\$ 600,000	\$ 600,000
Expenditures			
Awards and grants	572,300	580,552	499,136
Total expenditures	<u>572,300</u>	<u>580,552</u>	<u>499,136</u>
Lapsed balances	<u>\$ 27,700</u>	<u>\$ 19,448</u>	<u>\$ 100,864</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES - BY OBJECT CODE

	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Rural/Downstate Health Access Fund - 0048</b>			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 525,000
Expenditures			
Lump sums and other purposes	4,000	3,000	-
Total expenditures	4,000	3,000	-
Lapsed balances	\$ 96,000	\$ 97,000	\$ 525,000
<b>Alzheimer's Disease Research Fund - 0060</b>			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Awards and grants	175,722	170,872	192,485
Total expenditures	175,722	170,872	192,485
Lapsed balances	\$ 24,278	\$ 29,128	\$ 7,515
<b>Lou Gehrig's Disease Research Fund - 0061</b>			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Awards and grants	100,000	98,000	98,000
Total expenditures	100,000	98,000	98,000
Lapsed balances	\$ -	\$ 2,000	\$ 2,000
<b>Public Health Services Fund - 0063</b>			
Appropriations (net after transfers)	\$ 171,360,500	\$ 163,955,400	\$ 157,850,871
Expenditures			
Personal services	12,009,564	10,907,129	10,074,474
State employee retirement contributions paid by employer	-	59,706	176,693
State contributions to State Employees' Retirement System	1,385,690	850,281	1,623,521
State contributions to social security	893,131	811,429	758,573
Employer contributions to group insurance	2,540,448	2,498,727	2,200,589
Contractual services	3,261,438	3,101,807	3,480,368
Travel	1,011,304	962,079	844,200
Commodities	412,509	464,428	411,799
Printing	26,853	12,892	26,153
Equipment	577,404	151,678	339,039
Telecommunications services	196,517	182,800	181,694
Operation of automotive equipment	6,119	6,467	7,130
Lump sums and other purposes	93,207,214	81,833,488	97,929,556
Lump sums, operations	429,672	517,234	595,312
Awards and grants	5,587,478	5,665,643	5,811,053

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	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Public Health Services Fund - 0063 - Continued</b>			
Awards and grants - lump sums	\$ 5,983,022	\$ 5,276,586	\$ 5,325,937
Refunds of federal grants	-	43	40,412
Total expenditures	<u>127,528,363</u>	<u>113,302,417</u>	<u>129,826,503</u>
Lapsed balances	<u>\$ 43,832,137</u>	<u>\$ 50,652,983</u>	<u>\$ 28,024,368</u>
<b>Community Health Center Care Fund - 0113</b>			
Appropriations (net after transfers)	<u>\$ 1,000,000</u>	<u>\$ 1,000,000</u>	<u>\$ 1,185,600</u>
Expenditures			
Lump sums and other purposes	<u>100,022</u>	<u>133,917</u>	<u>144,226</u>
Total expenditures	<u>100,022</u>	<u>133,917</u>	<u>144,226</u>
Lapsed balances	<u>\$ 899,978</u>	<u>\$ 866,083</u>	<u>\$ 1,041,374</u>
<b>Safe Bottled Water Fund - 0115</b>			
Appropriations (net after transfers)	<u>\$ 75,000</u>	<u>\$ 75,000</u>	<u>\$ -</u>
Expenditures			
Lump sums and other purposes	<u>-</u>	<u>-</u>	<u>-</u>
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ 75,000</u>	<u>\$ 75,000</u>	<u>\$ -</u>
<b>Facility Licensing Fund - 0118</b>			
Appropriations (net after transfers)	<u>\$ 659,900</u>	<u>\$ 659,900</u>	<u>\$ 659,651</u>
Expenditures			
Lump sums and other purposes	<u>361,120</u>	<u>228,161</u>	<u>361,870</u>
Total expenditures	<u>361,120</u>	<u>228,161</u>	<u>361,870</u>
Lapsed balances	<u>\$ 298,780</u>	<u>\$ 431,739</u>	<u>\$ 297,781</u>
<b>Heartsaver AED Fund - 0135</b>			
Appropriations (net after transfers)	<u>\$ 125,000</u>	<u>\$ -</u>	<u>\$ -</u>
Expenditures			
Lump sums and other purposes	<u>73,124</u>	<u>-</u>	<u>-</u>
Total expenditures	<u>73,124</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ 51,876</u>	<u>\$ -</u>	<u>\$ -</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

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	Fiscal Year		
	2007	2006	2005
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<b>Illinois School Asbestos Abatement Fund - 0175</b>			
Appropriations (net after transfers)	\$ 952,500	\$ 952,500	\$ 952,500
Expenditures			
Lump sums and other purposes	393,259	733,899	706,355
Total expenditures	393,259	733,899	706,355
Lapsed balances	\$ 559,241	\$ 218,601	\$ 246,145
<b>Epilepsy Treatment and Education Grants-In-Aid Fund - 0197</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 100,000	\$ -	\$ -
<b>Ticket For The Cure Fund - 0208</b>			
Appropriations (net after transfers)	\$ 3,900,000	\$ -	\$ -
Expenditures			
Awards and grants	485,000	-	-
Total expenditures	485,000	-	-
Lapsed balances	\$ 3,415,000	\$ -	\$ -
<b>Illinois Health Facilities Planning Fund - 0238</b>			
Appropriations (net after transfers)	\$ 1,734,500	\$ 1,734,500	\$ 1,809,056
Expenditures			
Personal services	-	662,880	514,446
State employee retirement contributions paid by employer	-	1,675	6,612
State contributions to State Employees' Retirement System	-	51,692	82,900
State contributions to social security	-	59,988	47,002
Employer contributions to group insurance	-	149,021	112,770
Contractual services	-	526,655	334,067
Travel	-	29,846	35,228
Commodities	-	8,883	2,940
Printing	-	86	60
Equipment	-	18,739	18,881
Telecommunications services	-	12,405	9,800
Lump sums and other purposes	1,615,030	-	-
Total expenditures	1,615,030	1,521,870	1,164,706
Lapsed balances	\$ 119,470	\$ 212,630	\$ 644,350

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	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Emergency Public Health Fund - 0240</b>			
Appropriations (net after transfers)	\$ 3,413,600	\$ 3,413,600	\$ 3,413,600
Expenditures			
Lump sums and other purposes	2,902,609	2,807,161	2,122,236
Total expenditures	2,902,609	2,807,161	2,122,236
Lapsed balances	\$ 510,991	\$ 606,439	\$ 1,291,364
<b>Blindness Prevention Fund - 0250</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Awards and grants	22,932	-	-
Total expenditures	22,932	-	-
Lapsed balances	\$ 77,068	\$ -	\$ -
<b>Public Health Water Permit Fund - 0256</b>			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Lump sums and other purposes	50,560	58,685	46,292
Total expenditures	50,560	58,685	46,292
Lapsed balances	\$ 149,440	\$ 141,315	\$ 153,708
<b>Nurse Dedicated and Professional Fund - 0258</b>			
Appropriations (net after transfers)	\$ 1,200,000	\$ 1,200,000	\$ 750,000
Expenditures			
Lump sums and other purposes	1,166,664	1,170,754	595,125
Total expenditures	1,166,664	1,170,754	595,125
Lapsed balances	\$ 33,336	\$ 29,246	\$ 154,875
<b>Illinois Brain Tumor Research Fund - 0264</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	39,554	-	-
Total expenditures	39,554	-	-
Lapsed balances	\$ 60,446	\$ -	\$ -

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	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Sarcoidosis Research Fund - 0268</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	14,922	-	-
Total expenditures	14,922	-	-
Lapsed balances	\$ 85,078	\$ -	\$ -
<b>Vince Demuzio Memorial Colon Cancer Fund - 0275</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 100,000	\$ -	\$ -
<b>Long-Term Care Monitor/Receiver Fund - 0285</b>			
Appropriations (net after transfers)	\$ 800,000	\$ 675,000	\$ 607,800
Expenditures			
Lump sums and other purposes	799,674	659,540	595,622
Total expenditures	799,674	659,540	595,622
Lapsed balances	\$ 326	\$ 15,460	\$ 12,178
<b>Used Tire Management Fund - 0294</b>			
Appropriations (net after transfers)	\$ 500,000	\$ 500,000	\$ 500,000
Expenditures			
Lump sums and other purposes	469,725	480,978	416,675
Total expenditures	469,725	480,978	416,675
Lapsed balances	\$ 30,275	\$ 19,022	\$ 83,325
<b>African-American HIV/AIDS Response Fund - 0326</b>			
Appropriations (net after transfers)	\$ 3,000,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	2,750,000	-	-
Total expenditures	2,750,000	-	-
Lapsed balances	\$ 250,000	\$ -	\$ -



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	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798	P.A. 94-0015	P.A. 93-0681
	P.A. 95-0144	P.A. 94-0798	P.A. 93-0842
			P.A. 93-1070
<b>Public Health Services Revolving Fund - 0340</b>			
Appropriations (net after transfers)	\$ 2,000,000	\$ 2,000,000	\$ 3,078,000
Expenditures			
Lump sums and other purposes	1,435,301	1,437,874	1,006,254
Total expenditures	1,435,301	1,437,874	1,006,254
Lapsed balances	\$ 564,699	\$ 562,126	\$ 2,071,746
<b>Lead Poisoning, Screening, Prevention and Abatement Fund - 0360</b>			
Appropriations (net after transfers)	\$ 5,240,200	\$ 4,240,200	\$ 4,918,540
Expenditures			
Lump sums and other purposes	1,916,799	1,243,706	1,448,344
Lump sums, operations	-	897	24,621
Awards and grants	1,065,721	1,140,790	1,183,745
Total expenditures	2,982,520	2,385,393	2,656,710
Lapsed balances	\$ 2,257,680	\$ 1,854,807	\$ 2,261,830
<b>Tanning Facility Permit Fund - 0370</b>			
Appropriations (net after transfers)	\$ 500,000	\$ 500,000	\$ 500,000
Expenditures			
Lump sums and other purposes	197,073	374,725	313,300
Total expenditures	197,073	374,725	313,300
Lapsed balances	\$ 302,927	\$ 125,275	\$ 186,700
<b>Innovations In Long-term Care Quality Demonstration Grants Fund - 0371</b>			
Appropriations (net after transfers)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Expenditures			
Lump sums and other purposes	371,448	-	-
Total expenditures	371,448	-	-
Lapsed balances	\$ 628,552	\$ 1,000,000	\$ 1,000,000

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	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Plumbing Licensure and Program Fund - 0372</b>			
Appropriations (net after transfers)	\$ 1,331,400	\$ 1,331,400	\$ 1,309,582
Expenditures			
Lump sums and other purposes	1,282,295	1,154,558	1,030,080
Total expenditures	1,282,295	1,154,558	1,030,080
Lapsed balances	\$ 49,105	\$ 176,842	\$ 279,502
<b>End Stage Renal Disease Facility Fund - 0381</b>			
Appropriations (net after transfers)	\$ 385,000	\$ 385,000	\$ 385,000
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 385,000	\$ 385,000	\$ 385,000
<b>Regulatory Evaluation and Basic Enforcement Fund - 0388</b>			
Appropriations (net after transfers)	\$ 150,000	\$ 150,000	\$ 150,000
Expenditures			
Lump sums and other purposes	19,364	26,033	30,201
Total expenditures	19,364	26,033	30,201
Lapsed balances	\$ 130,636	\$ 123,967	\$ 119,799
<b>Trauma Center Fund - 0397</b>			
Appropriations (net after transfers)	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000
Expenditures			
Lump sums and other purposes	4,577,504	5,403,900	5,049,139
Total expenditures	4,577,504	5,403,900	5,049,139
Lapsed balances	\$ 1,422,496	\$ 596,100	\$ 950,861
<b>EMS Assistance Fund - 0398</b>			
Appropriations (net after transfers)	\$ 300,000	\$ 300,000	\$ 300,000
Expenditures			
Lump sums and other purposes	72,968	102,866	22,265
Total expenditures	72,968	102,866	22,265
Lapsed balances	\$ 227,032	\$ 197,134	\$ 277,735

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	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Federal Civil Preparedness Administrative Fund - 0497</b>			
Appropriations (net after transfers)	\$ 2,100,000	\$ 2,100,000	\$ 2,100,000
Expenditures			
Lump sums and other purposes	583,352	879,596	438,446
Total expenditures	583,352	879,596	438,446
Lapsed balances	\$ 1,516,648	\$ 1,220,404	\$ 1,661,554
<b>Health Facility Plan Review Fund - 0524</b>			
Appropriations (net after transfers)	\$ 2,000,000	\$ 2,000,000	\$ 2,218,559
Expenditures			
Lump sums and other purposes	1,070,942	1,193,595	1,645,074
Total expenditures	1,070,942	1,193,595	1,645,074
Lapsed balances	\$ 929,058	\$ 806,405	\$ 573,485
<b>Pesticide Control Fund - 0576</b>			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Lump sums and other purposes	192,945	194,690	194,094
Total expenditures	192,945	194,690	194,094
Lapsed balances	\$ 7,055	\$ 5,310	\$ 5,906
<b>Hospice Fund - 0586</b>			
Appropriations (net after transfers)	\$ 25,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 25,000	\$ -	\$ -
<b>Prostate Cancer Research Fund - 0626</b>			
Appropriations (net after transfers)	\$ 200,000	\$ 500,000	\$ 500,000
Expenditures			
Awards and grants	50,000	171,323	181,003
Total expenditures	50,000	171,323	181,003
Lapsed balances	\$ 150,000	\$ 328,677	\$ 318,997

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	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Death Certificate Surcharge Fund - 0635</b>			
Appropriations (net after transfers)	\$ 3,082,000	\$ 3,082,000	\$ 3,082,000
Expenditures			
Lump sums and other purposes	1,471,130	386,840	383,941
Total expenditures	1,471,130	386,840	383,941
Lapsed balances	\$ 1,610,870	\$ 2,695,160	\$ 2,698,059
<b>Leukemia Treatment and Education Fund - 0691</b>			
Appropriations (net after transfers)	\$ -	\$ -	\$ 100,000
Expenditures			
Awards and grants	-	-	64,300
Total expenditures	-	-	64,300
Lapsed balances	\$ -	\$ -	\$ 35,700
<b>Assisted Living and Shared Housing Regulatory Fund - 0702</b>			
Appropriations (net after transfers)	\$ 225,000	\$ 175,000	\$ 100,000
Expenditures			
Lump sums, operations	46,656	80,911	97,865
Total expenditures	46,656	80,911	97,865
Lapsed balances	\$ 178,344	\$ 94,089	\$ 2,135
<b>Asthma and Lung Research Fund - 0713</b>			
Appropriations (net after transfers)	\$ -	\$ -	\$ 100,000
Expenditures			
Awards and grants	-	-	72,882
Total expenditures	-	-	72,882
Lapsed balances	\$ -	\$ -	\$ 27,118
<b>Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714</b>			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Awards and grants	98,000	-	98,000
Total expenditures	98,000	-	98,000
Lapsed balances	\$ 2,000	\$ 100,000	\$ 2,000

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES - BY OBJECT CODE

	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Tobacco Settlement Recovery Fund - 0733</b>			
Appropriations (net after transfers)	\$ 18,900,000	\$ 15,900,000	\$ 15,900,000
Expenditures			
Awards and grants	8,739,517	8,251,608	8,250,626
Grants to other state agencies	1,862,000	1,862,300	1,862,000
Awards and grants - lump sum	7,090,725	2,091,215	482,161
Lump sums and other purposes	-	1,933,157	-
Total expenditures	<u>17,692,242</u>	<u>14,138,280</u>	<u>10,594,787</u>
Lapsed balances	<u>\$ 1,207,758</u>	<u>\$ 1,761,720</u>	<u>\$ 5,305,213</u>
<b>Pet Population Control Fund - 0764</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Awards and grants	28,872	-	-
Total expenditures	<u>28,872</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ 71,128</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Public Health Federal Projects Fund - 0838</b>			
Appropriations (net after transfers)	\$ 612,000	\$ 612,000	\$ 812,000
Expenditures			
Lump sums and other purposes	149,915	109,711	190,804
Total expenditures	<u>149,915</u>	<u>109,711</u>	<u>190,804</u>
Lapsed balances	<u>\$ 462,085</u>	<u>\$ 502,289</u>	<u>\$ 621,196</u>
<b>Maternal and Child Health Services Block Grant Fund - 0872</b>			
Appropriations (net after transfers)	\$ 3,341,800	\$ 3,341,800	\$ 3,541,800
Expenditures			
Lump sums, operations	229,340	290,393	313,466
Awards and grants	2,605,292	2,678,999	2,709,017
Total expenditures	<u>2,834,632</u>	<u>2,969,392</u>	<u>3,022,483</u>
Lapsed balances	<u>\$ 507,168</u>	<u>\$ 372,408</u>	<u>\$ 519,317</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES - BY OBJECT CODE

	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798 P.A. 95-0144	P.A. 94-0015 P.A. 94-0798	P.A. 93-0681 P.A. 93-0842 P.A. 93-1070
<b>Preventive Health and Health Services Block Fund - 0873</b>			
Appropriations (net after transfers)	\$ 3,638,500	\$ 3,638,500	\$ 4,388,500
Expenditures			
Lump sums and other purposes	1,319,474	1,790,626	1,885,097
Awards and grants - lump sum	82,083	727,374	952,853
Total expenditures	<u>1,401,557</u>	<u>2,518,000</u>	<u>2,837,950</u>
Lapsed balances	<u>\$ 2,236,943</u>	<u>\$ 1,120,500</u>	<u>\$ 1,550,550</u>
<b>Public Health Special State Projects Fund - 0896</b>			
Appropriations (net after transfers)	\$ 3,550,000	\$ 3,550,000	\$ 3,625,000
Expenditures			
Lump sums and other purposes	2,401,945	1,183,290	2,087,324
Awards and grants - lump sum	-	-	75,000
Total expenditures	<u>2,401,945</u>	<u>1,183,290</u>	<u>2,162,324</u>
Lapsed balances	<u>\$ 1,148,055</u>	<u>\$ 2,366,710</u>	<u>\$ 1,462,676</u>
<b>Metabolic Screening and Treatment Fund - 0920</b>			
Appropriations (net after transfers)	\$ 9,025,200	\$ 8,525,200	\$ 8,915,200
Expenditures			
Lump sums and other purposes	3,846,842	3,674,523	3,703,243
Lump sums, operations	1,266,218	1,099,580	924,778
Awards and grants	2,123,482	1,971,349	1,956,176
Medical and food supplies for free distribution	1,237,770	1,192,937	1,162,628
Total expenditures	<u>8,474,312</u>	<u>7,938,389</u>	<u>7,746,825</u>
Lapsed balances	<u>\$ 550,888</u>	<u>\$ 586,811</u>	<u>\$ 1,168,375</u>
<b>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</b>			
Appropriations (net after transfers)	\$ 104,500	\$ 104,500	\$ 104,500
Expenditures			
Lump sums and other purposes	78,036	63,425	65,349
Total expenditures	<u>78,036</u>	<u>63,425</u>	<u>65,349</u>
Lapsed balances	<u>\$ 26,464</u>	<u>\$ 41,075</u>	<u>\$ 39,151</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES - BY OBJECT CODE

	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798	P.A. 94-0015	P.A. 93-0681
	P.A. 95-0144	P.A. 94-0798	P.A. 93-0842
			P.A. 93-1070
<b>Illinois State Podiatric Disciplinary Fund - 0954</b>			
Appropriations (net after transfers)	\$ 100,000	\$ 65,000	\$ 65,000
Expenditures			
Lump sums and other purposes	27,417	-	27,062
Total expenditures	27,417	-	27,062
Lapsed balances	\$ 72,583	\$ 65,000	\$ 37,938
<b>Total - All Appropriated Funds</b>			
Appropriations (net after transfers)	\$ 405,247,594	\$ 372,581,900	\$ 357,362,652
Total expenditures	333,310,088	297,741,708	296,378,918
Total lapsed balances	\$ 71,937,506	\$ 74,840,192	\$ 60,983,734

Note: The comparative schedule of net appropriations, expenditures, and lapsed balances does not include the State Officers' salaries paid by the Office of the Comptroller. For the years ended June 30, 2007, 2006, and 2005, State Officers' salaries were as follows:

Director	\$ 133,960	\$ 127,773	\$ 127,600
Assistant Director	61,985	110,042	108,500
Total expenditures	\$ 195,945	\$ 237,815	\$ 236,100

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES - BY OBJECT CODE

	Fiscal Year		
	2007	2006	2005
	P.A. 94-0798	P.A. 94-0015	P.A. 93-0681
	P.A. 95-0144	P.A. 94-0798	P.A. 93-0842 P.A. 93-1070
<b>Total - All Funds</b>			
Appropriations (net after transfers)	\$ 405,247,594	\$ 372,581,900	\$ 357,362,652
Expenditures:			
Personal services	47,279,854	45,618,568	46,024,036
State employee retirement contributions paid by employer	-	247,562	214,048
State contributions to State Employees' Retirement System	5,457,045	3,559,867	7,297,282
State contributions to social security	3,482,635	3,366,494	3,345,552
Group insurance	2,540,448	2,647,748	2,313,359
Contractual services	10,607,401	10,771,534	5,566,810
Travel	2,263,595	2,170,300	2,154,758
Commodities	845,558	922,685	865,896
Printing	238,198	188,912	189,251
Equipment	589,122	708,505	368,028
Electronic data processing	497,495	-	518,815
Telecommunications services	888,766	900,564	1,003,014
Operation of automotive equipment	48,900	48,467	34,268
Lump sums and other purposes	165,891,981	143,576,865	155,575,195
Lump sums, operations	6,666,881	6,872,347	6,319,886
Interfund cash transfers	1,921,840	870,614	928,700
Awards and grants	46,414,242	36,439,646	33,861,029
Medical and food supplies for free education	1,237,770	1,192,937	4,977,857
Medical services, payments to providers	643,979	608,055	589,333
Grants to local governments	17,033,455	15,932,126	15,408,600
Grants to other state agencies	2,462,000	2,862,300	1,862,000
Awards and grants - lump sum	16,279,699	18,215,653	6,883,477
Other refunds	19,224	19,916	37,312
Refunds of federal grants	-	43	40,412
Total expenditures	333,310,088	297,741,708	296,378,918
Total lapsed balances	\$ 71,937,506	\$ 74,840,192	\$ 60,983,734



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES - BY FUND

For the Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
			P.A. 93-0681
P.A. 94-0798		P.A. 94-0015	P.A. 93-0842
P.A. 95-0144		P.A. 94-0798	P.A. 93-1070

APPROPRIATED FUNDS

Appropriations (net after transfers)	\$ 405,247,594	\$ 372,581,900	\$ 357,362,652
Expenditures			
General Revenue Fund - 0001	145,220,871	131,931,743	118,632,039
Food and Drug Safety Fund - 0014	924,211	1,147,368	1,046,510
Penny Severns Breast and Cervical Cancer Research Fund - 0015	572,300	580,552	499,136
Rural/Downstate Health Access Fund - 0048	4,000	3,000	-
Alzheimer's Disease Research Fund - 0060	175,722	170,872	192,485
Lou Gehrig's Disease Research Fund - 0061	100,000	98,000	98,000
Public Health Services Fund - 0063	127,528,363	113,302,417	129,826,503
Community Health Center Care Fund - 0113	100,022	133,917	144,226
Facility Licensing Fund - 0118	361,120	228,161	361,870
Heartsaver AED Fund - 0135	73,124	-	-
Illinois School Asbestos Abatement Fund - 0175	393,259	733,899	706,355
Ticket for the Cure Fund - 0208	485,000	-	-
Illinois Health Facilities Planning Fund - 0238	1,615,030	1,521,870	1,164,706
Emergency Public Health Fund - 0240	2,902,609	2,807,161	2,122,236
Blindness Prevention Fund - 0250	22,932	-	-
Public Health Water Permit Fund - 0256	50,560	58,685	46,292
Nurse Dedicated and Professional Fund - 0258	1,166,664	1,170,754	595,125
Illinois Brain Tumor Research Fund - 0264	39,554	-	-
Sarcoidosis Research Fund - 0268	14,922	-	-
Long-Term Care Monitor/Receiver Fund - 0285	799,674	659,540	595,622
Used Tire Management Fund - 0294	469,725	480,978	416,675
African-American HIV/AIDS Response Fund - 0326	2,750,000	-	-
Public Health Services Revolving Fund - 0340	1,435,301	1,437,874	1,006,254
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	2,982,520	2,385,393	2,656,710
Tanning Facility Permit Fund - 0370	197,073	374,725	313,300
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	371,448	-	-
Plumbing Licensure and Program Fund - 0372	1,282,295	1,154,558	1,030,080
Regulatory Evaluation and Basic Enforcement Fund - 0388	19,364	26,033	30,201
Trauma Center Fund - 0397	4,577,504	5,403,900	5,049,139
EMS Assistance Fund - 0398	72,968	102,866	22,265
Federal Civil Preparedness Administrative Fund - 0497	583,352	879,596	438,446
Health Facility Plan Review Fund - 0524	1,070,942	1,193,595	1,645,074
Pesticide Control Fund - 0576	192,945	194,690	194,094
Prostate Cancer Research Fund - 0626	50,000	171,323	181,003
Death Certificate Surcharge Fund - 0635	1,471,130	386,840	383,941
Leukemia Treatment and Education Fund - 0691	-	-	64,300
Assisted Living and Shared Housing Regulatory Fund - 0702	46,656	80,911	97,865
Asthma and Lung Research Fund - 0713	-	-	72,882
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	98,000	-	98,000
Tobacco Settlement Recovery Fund - 0733	17,692,242	14,138,280	10,594,787
Pet Population Control Fund - 0764	28,872	-	-
Public Health Federal Projects Fund - 0838	149,915	109,711	190,804

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES - BY FUND

For the Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
			P.A. 93-0681
	P.A. 94-0798	P.A. 94-0015	P.A. 93-0842
	P.A. 95-0144	P.A. 94-0798	P.A. 93-1070
Maternal and Child Health Services Block Grant Fund - 0872	\$ 2,834,632	\$ 2,969,392	\$ 3,022,483
Preventive Health and Health Services Block Grant Fund - 0873	1,401,557	2,518,000	2,837,950
Public Health Special State Projects Fund - 0896	2,401,945	1,183,290	2,162,324
Metabolic Screening and Treatment Fund - 0920	8,474,312	7,938,389	7,746,825
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	78,036	63,425	65,349
Illinois State Podiatric Disciplinary Fund - 0954	27,417	-	27,062
Total expenditures - appropriated funds	<u>333,310,088</u>	<u>297,741,708</u>	<u>296,378,918</u>
Total lapsed balances	<u>\$ 71,937,506</u>	<u>\$ 74,840,192</u>	<u>\$ 60,983,734</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF RECEIPTS, DISBURSEMENTS,  
AND FUND BALANCE (CASH BASIS) - LOCALLY HELD FUND

For the Two Years Ended June 30, 2007 and 2006

<u>Vital Records Refund Account Fund - #1322</u>	<u>2007</u>	<u>2006</u>
Balance, beginning of year	\$ -	\$ 17
Deposits and additions	359	318
Checks and deductions	<u>359</u>	<u>335</u>
Balance, end of year	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

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

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF CHANGES IN STATE PROPERTY

For the Two Years Ended June 30, 2007

	<u>Equipment</u>	<u>Land and Land Improvements</u>	<u>Capital Lease Equipment</u>	<u>Total</u>
Balance at July 1, 2005	\$ 29,680,915	\$ 12,331	\$ 15,000	\$ 29,708,246
Additions	2,997,671	-	-	2,997,671
Deletions	(512,151)	-	-	(512,151)
Net Transfers	<u>(2,235,930)</u>	<u>-</u>	<u>-</u>	<u>(2,235,930)</u>
Balance at June 30, 2006	<u>\$ 29,930,505</u>	<u>\$ 12,331</u>	<u>\$ 15,000</u>	<u>\$ 29,957,836</u>
Balance at July 1, 2006	\$ 29,930,505	\$ 12,331	\$ 15,000	\$ 29,957,836
Additions	2,603,542	-	27,724	2,631,266
Deletions	(784,051)	-	(15,000)	(799,051)
Net Transfers	<u>(3,646,257)</u>	<u>(12,331)</u>	<u>-</u>	<u>(3,658,588)</u>
Balance at June 30, 2007	<u>\$ 28,103,739</u>	<u>\$ -</u>	<u>\$ 27,724</u>	<u>\$ 28,131,463</u>

Note: The above schedule is derived from the property records submitted to the Office of the Comptroller which have been reconciled to Agency records.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>General Revenue Fund - 0001</u>			
Fees and licenses			
Vital records	\$ 1,586,472	\$ 1,584,156	\$ 1,607,952
Baccalaureate nursing degree loan repayments	1,073	3,768	2,810
Life Care Facilities Act fees	500	800	1,800
Youth camp fees	2,800	3,100	2,775
Mobile home park fees	221,405	223,067	238,477
Modular safety fees	146,350	149,450	101,525
Water well license fees	17,360	17,795	18,315
Water well license fines	2,000	-	-
Private sewage fees	129,190	129,387	133,880
Recreational area fees	34,025	36,400	32,100
Salvage warehouse fees	11,200	13,790	15,310
Long-term care directory fees	338	522	586
Hospice fees	14,425	14,275	12,100
Home health agency fees	19,050	16,200	13,650
Ambulatory surgical treatment center fees	44,600	42,900	39,100
Health maintenance organization fees	13,001	84,210	72,649
Other revenue			
Freedom of Information Act fees	15,369	15,116	13,186
Copy charges	188	749	4,875
Jury duty / witness fees	9,934	5,914	6,003
Miscellaneous	19,760	948	11,618
Fines/penalties	2,705	1,050	500
Federal indirect cost reimbursement	-	-	39,711
Consumer Product Safety Commission	-	1,025	3,970
Federal grant revenue	8	528,149	890,875
Prior year refund	260,188	257,321	229,133
Total Fund - 0001	2,551,941	3,130,092	3,492,900
<u>Food and Drug Safety Fund - 0014</u>			
Fees and licenses			
Drug residue program	1,424	4,477	10,755
Food managers certification program	1,175,614	1,184,882	1,201,943
Milk licensing program	36,045	36,050	40,670
Formulary subscription program	-	-	200
Health certificate program	43,902	47,810	48,860
Interest income	27,824	40,699	22,415
Prior year refund	-	683	14
Total Fund - 0014	1,284,809	1,314,601	1,324,857

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>Penny Seaverns Breast and Cervical Cancer Research Fund - 0015</u>			
Private organizations or individuals	\$ -	\$ 10	\$ -
Transfer from General Revenue Fund	200,000	200,000	244,400
Total Fund - 0015	200,000	200,010	244,400
<u>Alzheimer's Disease Research Fund - 0060</u>			
Private organizations or individuals	420	210	590
Prior year refund	-	1,784	4,843
Total Fund - 0060	420	1,994	5,433
<u>Lou Gehrig's Disease Research Fund - 0061</u>			
Private organizations or individuals	-	10	-
Total Fund - 0061	-	10	-
<u>Public Health Services Fund - 0063</u>			
Federal grant revenue	124,606,511	115,779,474	129,743,542
Prior year refund	308,576	172,674	53,366
Prior year warrant voids	1,565	-	-
Transfer to Fund 0371	-	-	(6,305)
Total Fund - 0063	124,916,652	115,952,148	129,790,603
<u>Community Health Center Care Fund - 0113</u>			
Residency scholarship collections	292,322	102,204	102,593
Total Fund - 0113	292,322	102,204	102,593
<u>Safe Bottled Water Fund - 0115</u>			
Fees and licenses	23,045	25,150	16,500
Total Fund - 0115	23,045	25,150	16,500
<u>Facility Licensing Fund - 0118</u>			
Fees and licenses			
Migrant camp	3,900	3,600	3,800
Swimming facility	472,945	192,360	120,690
Manufacture home	110,091	115,287	133,780
Total Fund - 0118	586,936	311,247	258,270

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>Heartsaver AED Fund - 0135</u>			
Fees and licenses			
Asbestos	\$ 102,000	\$ 11,500	\$ 145
Total Fund - 0135	102,000	11,500	145
<u>Illinois School Asbestos Abatement Fund - 0175</u>			
Fees and licenses			
Asbestos fees	531,303	541,725	533,816
Asbestos fines	226,712	29,917	13,478
Prior year refund	-	316	-
Prior year warrant voids	-	50	-
Total Fund - 0175	758,015	572,008	547,294
<u>Illinois Health Facilities Planning Fund - 0238</u>			
Certificate of need	3,124,143	2,289,548	2,178,437
Prior year refund	-	-	91
Total Fund - 0238	3,124,143	2,289,548	2,178,528
<u>Emergency Public Health Fund - 0240</u>			
Prior year refund	26,132	-	4,214
Total Fund - 0240	26,132	-	4,214
<u>Public Health Water Permit Fund - 0256</u>			
Fees and licenses			
Water permits	62,700	69,900	65,200
Prior year warrant voids	-	170	-
Total Fund - 0256	62,700	70,070	65,200
<u>Nurse Dedicated and Professional Fund - 0258</u>			
Prior year refund	6,473	-	134
Total Fund - 0258	6,473	-	134
<u>Long-Term Care Monitor/Receiver Fund - 0285</u>			
Fees and licenses			
Long-term care fees	1,176,510	870,475	876,090
Long-term care fines	685,142	712,044	334,193
Total Fund - 0285	1,861,652	1,582,519	1,210,283

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>Public Health Services Revolving Fund - 0340</u>			
Fees and licenses			
Laboratory	\$ 2,321,890	\$ 2,516,035	\$ 830,924
Interest income	74,218	16,190	7,309
Total Fund - 0340	2,396,108	2,532,225	838,233
<u>Lead Poisoning, Screening, Prevention and Abatement Fund - 0360</u>			
Fees and licenses			
Laboratory	48,817	42,019	37,242
Lead inspector	241,030	245,622	266,395
Medicaid - children	2,029,558	1,495,333	1,188,724
Transfer from Fund 0001	822,000	670,614	684,300
Total Fund - 0360	3,141,405	2,453,588	2,176,661
<u>Tanning Facility Permit Fund - 0370</u>			
Fees and licenses			
Tanning facilities	299,375	316,275	337,200
Total Fund - 0370	299,375	316,275	337,200
<u>Innovations in Long-term Care Quality Demonstration Grants Fund - 0371</u>			
Civil monetary penalties	810,707	687,583	773,101
Transfer from Fund 0063	-	-	6,305
Interest income	135,710	73,961	35,109
Total Fund - 0371	946,417	761,544	814,515
<u>Plumbing Licensure and Program Fund - 0372</u>			
Fees and licenses			
Plumbing licenses	1,407,295	1,635,835	1,635,202
Plumbing violations	84,975	7,715	8,565
Total Fund - 0372	1,492,270	1,643,550	1,643,767
<u>Regulatory Evaluation and Basic Enforcement Fund - 0388</u>			
Sub-acute care facilities	45,700	46,900	46,900
Prior year refund	-	998	-
Total Fund - 0388	45,700	47,898	46,900



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>EMS Assistance Fund - 0398</u>			
Fees and licenses			
EMS ambulance fees	\$ 121,959	\$ 79,746	\$ 77,185
EMS ambulance fines	-	1,500	4,500
Total Fund - 0398	121,959	81,246	81,685
<u>Federal Civil Preparedness Administrative Fund - 0497</u>			
Federal grant revenue	942,237	562,071	412,926
Prior year refund	-	-	525
Total Fund - 0497	942,237	562,071	413,451
<u>Health Facility Plan Review Fund - 0524</u>			
Certificate of need - nursing homes	384,790	347,168	357,401
Certificate of need - hospitals	1,619,514	1,341,353	1,298,797
Total Fund - 0524	2,004,304	1,688,521	1,656,198
<u>Pesticide Control Fund - 0576</u>			
Fees and licenses			
Fines and fees	171,992	185,642	153,919
Total Fund - 0576	171,992	185,642	153,919
<u>Prostate Cancer Research Fund - 0626</u>			
Private organizations or individuals	555	-	25
Total Fund - 0626	555	-	25
<u>Death Certificate Surcharge Fund - 0635</u>			
Fees and licenses			
Vital records	1,800,799	1,843,732	1,817,810
Total Fund - 0635	1,800,799	1,843,732	1,817,810
<u>Illinois Adoption Registry and Medical Information</u>			
<u>Exchange Fund - 0638</u>			
Fees and licenses			
Adoption registry	800	760	1,280
Total Fund - 0638	800	760	1,280

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>Assisted Living and Shared Housing Regulatory Fund - 0702</u>			
Fees and licenses	\$ 111,085	\$ 102,476	\$ 85,035
Interest income	5,717	4,196	1,990
Total Fund - 0702	116,802	106,672	87,025
<u>Post Transplant Maintenance Fund - 0712</u>			
Interest income	5,723	6,811	4,442
Total Fund - 0712	5,723	6,811	4,442
<u>Pet Population Control Fund - 0764</u>			
Circuit Clerk	71,640	-	-
Total Fund - 0764	71,640	-	-
<u>Public Health Federal Projects Fund - 0838</u>			
Federal grant revenue	146,823	146,532	173,948
Total Fund - 0838	146,823	146,532	173,948
<u>Maternal and Child Health Services Block Grant Fund - 0872</u>			
Federal grant revenue	3,395,730	2,648,060	1,964,500
Total Fund - 0872	3,395,730	2,648,060	1,964,500
<u>Preventive Health and Health Services Block Grant Fund - 0873</u>			
Federal grant revenue	1,875,995	2,596,198	3,277,856
Prior year refund	5,115	-	-
Total Fund - 0873	1,881,110	2,596,198	3,277,856
<u>Public Health Special State Projects Fund - 0896</u>			
Special State projects	742,468	783,530	70,692
Private organizations or individuals	164,019	183,908	189,201
Federal indirect cost reimbursement	4,125,577	4,558,042	3,881,923
Total Fund - 0896	5,032,064	5,525,480	4,141,816

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2007, 2006, and 2005

	Fiscal Year		
	2007	2006	2005
<u>Metabolic Screening and Treatment Fund - 0920</u>			
Fees and licenses			
Laboratory	\$ 8,358,098	\$ 8,512,179	\$ 8,298,501
Third party payees	111,270	217,082	221,872
Prior year refund	695	-	3,368
Total Fund - 0920	<u>8,470,063</u>	<u>8,729,261</u>	<u>8,523,741</u>
<u>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</u>			
Certify hearing aid dispensers	37,885	41,980	29,185
Interest income	9,452	8,935	6,096
Total Fund - 0938	<u>47,337</u>	<u>50,915</u>	<u>35,281</u>
Total All Funds	<u>\$ 168,328,453</u>	<u>\$ 157,490,082</u>	<u>\$ 167,431,607</u>
 <u>All Funds</u>			
Fees and licenses	\$ 21,862,164	\$ 21,650,765	\$ 19,244,097
Federal grant revenue	130,967,304	122,260,484	136,463,647
Interest income	258,644	150,792	77,361
Prior year refunds	607,179	433,776	295,688
Prior year warrant voids	1,565	220	-
Loan repayments	1,073	3,768	2,810
Third party payees	111,270	217,082	221,872
Circuit clerk	71,640	-	-
Federal indirect cost reimbursement	4,125,577	4,558,042	3,921,634
Private organizations or individuals	164,994	184,138	189,816
Transfers (to)/from other funds	1,022,000	870,614	928,700
Residency scholarship collections	292,322	102,204	102,593
Medicaid - children	2,029,558	1,495,333	1,188,724
Civil monetary penalties	810,707	687,583	773,101
Sub-acute care facilities	45,700	46,900	46,900
Certificate of need	5,128,447	3,978,069	3,834,635
Special State projects	742,468	783,530	70,692
Miscellaneous revenue	47,956	23,777	36,182
Consumer Product Safety Commission	-	1,025	3,970
Certify hearing aid dispensers	37,885	41,980	29,185
Total All Funds	<u>\$ 168,328,453</u>	<u>\$ 157,490,082</u>	<u>\$ 167,431,607</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER

For the Year Ended June 30, 2007

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Adjustments due to differences in treatment *	Receipts per Comptroller Records
			Beginning of Year	End of Year		
General Revenue Fund - 0001	\$ 2,551,941	\$ -	\$ 56,512	\$ (67,486)	\$ -	\$ 2,540,967
Food and Drug Safety Fund - 0014	1,284,809	(27,824)	30,156	(37,371)	-	1,249,770
Penny Severns Breast and Cervical Cancer Research Fund - 0015	200,000	-	-	-	-	200,000
Alzheimer's Disease Research Fund - 0060	420	-	-	-	-	420
Public Health Services Fund - 0063	124,916,652	-	-	(145,868)	-	124,770,784
Community Health Center Care Fund - 0113	292,322	-	1,131	-	-	293,453
Safe Bottled Water Fund - 0115	23,045	-	150	(150)	-	23,045
Facility Licensing Fund - 0118	586,936	-	1,570	(7,395)	(150)	580,961
Heartsaver AED Fund - 0135	102,000	-	-	-	-	102,000
Illinois School Asbestos Abatement Fund - 0175	758,015	-	8,760	(16,414)	-	750,361
Illinois Health Facilities Planning Fund - 0238	3,124,143	-	113,449	(207,873)	-	3,029,719
Emergency Public Health Fund - 0240	26,132	-	-	-	-	26,132
Public Health Water Permit Fund - 0256	62,700	-	2,200	(1,200)	-	63,700
Nurse Dedicated and Professional Fund - 0258	6,473	-	-	-	-	6,473
Long-Term Care Monitor/Receiver Fund - 0285	1,861,652	-	32,528	(68,715)	-	1,825,465
Public Health Services Revolving Fund - 0340	2,396,108	(74,218)	41,272	(6,123)	(270)	2,356,769
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	3,141,405	-	3,567	(2,086)	-	3,142,886
Tanning Facility Permit Fund - 0370	299,375	-	7,450	(7,250)	-	299,575
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	946,417	(135,710)	-	(6,142)	-	804,565
Plumbing Licensure and Program Fund - 0372	1,492,270	-	17,995	(21,670)	-	1,488,595
Regulatory Evaluation and Basic Enforcement Fund - 0388	45,700	-	-	(4,800)	(2,928)	37,972
EMS Assistance Fund - 0398	121,959	-	2,280	(4,765)	-	119,474
Federal Civil Preparedness Administrative Fund - 0497	942,237	-	-	-	-	942,237
Health Facility Plan Review Fund - 0524	2,004,304	-	22,620	(29,291)	-	1,997,633
Pesticide Control Fund - 0576	171,992	-	1,840	(631)	-	173,201
Prostate Cancer Research Fund - 0626	555	-	-	-	-	555
Death Certificate Surcharge Fund - 0635	1,800,799	-	21,332	(32,000)	-	1,790,131
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	800	-	-	-	-	800
Assisted Living and Shared Housing Regulatory Fund - 0702	116,802	(5,717)	1,725	(14,280)	-	98,530
Post Transplant Maintenance Fund - 0712	5,723	(5,723)	-	-	-	-

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER

For the Year Ended June 30, 2007

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Adjustments due to differences in treatment *	Receipts per Comptroller Records
			Beginning of Year	End of Year		
Pet Population Control Fund - 0764	\$ 71,640	\$ -	\$ -	\$ -	\$ -	\$ 71,640
Public Health Federal Projects Fund - 0838	146,823	-	-	-	-	146,823
Maternal and Child Health Services Block Grant Fund - 0872	3,395,730	-	-	-	-	3,395,730
Preventive Health and Health Services Block Grant Fund - 0873	1,881,110	-	-	-	-	1,881,110
Public Health Special State Projects Fund - 0896	5,032,064	-	8,275	(23,320)	-	5,017,019
Metabolic Screening and Treatment Fund - 0920	8,470,063	-	120,939	(186,592)	-	8,404,410
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	47,337	(9,452)	1,000	(1,383)	-	37,502
All Funds	<u>\$ 168,328,453</u>	<u>\$ (258,644)</u>	<u>\$ 496,751</u>	<u>\$ (892,805)</u>	<u>\$ (3,348)</u>	<u>\$ 167,670,407</u>

\* Note: Due to the timing of transactions, the Department and Comptroller classified certain items differently resulting in differences between receipt records. These items have been considered in this schedule to properly reconcile Department records to those of the Comptroller.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER

For the Year Ended June 30, 2006

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Adjustments due to differences in treatment *	Receipts per Comptroller Records
			Beginning of Year	End of Year		
General Revenue Fund - 0001	\$ 3,130,092	\$ -	\$ 51,937	\$ (56,512)	\$ -	\$ 3,125,517
Food and Drug Safety Fund - 0014	1,314,601	(40,699)	27,850	(30,156)	-	1,271,596
Penny Severns Breast and Cervical Cancer Research Fund - 0015	200,010	-	-	-	-	200,010
Alzheimer's Disease Research Fund - 0060	1,994	-	-	-	-	1,994
Lou Gehrig's Disease Research Fund - 0061	10	-	-	-	-	10
Public Health Services Fund - 0063	115,952,148	-	12,106	-	-	115,964,254
Community Health Center Care Fund - 0113	102,204	-	-	(1,131)	-	101,073
Safe Bottled Water Fund - 0115	25,150	-	150	(150)	-	25,150
Facility Licensing Fund - 0118	311,247	-	3,975	(1,570)	150	313,802
Heartsaver AED Fund - 0135	11,500	-	-	-	-	11,500
Illinois School Asbestos Abatement Fund - 0175	572,008	-	5,670	(8,760)	-	568,918
Illinois Health Facilities Planning Fund - 0238	2,289,548	-	141,904	(113,449)	-	2,318,003
Public Health Water Permit Fund - 0256	70,070	-	2,000	(2,200)	-	69,870
Long-Term Care Monitor/Receiver Fund - 0285	1,582,519	-	9,066	(32,528)	-	1,559,057
Public Health Services Revolving Fund - 0340	2,532,225	(16,190)	1,545	(41,272)	270	2,476,578
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	2,453,588	-	4,033	(3,567)	-	2,454,054
Tanning Facility Permit Fund - 0370	316,275	-	4,250	(7,450)	-	313,075
Innovations in Long-term Care Quality Demonstration	761,544	(73,961)	4,520	-	-	692,103
Plumbing Licensure and Program Fund - 0372	1,643,550	-	11,070	(17,995)	-	1,636,625
Regulatory Evaluation and Basic Enforcement Fund - 0388	47,898	-	-	-	2,928	50,826
EMS Assistance Fund - 0398	81,246	-	1,400	(2,280)	-	80,366
Federal Civil Preparedness Administrative Fund - 0497	562,071	-	-	-	-	562,071
Health Facility Plan Review Fund - 0524	1,688,521	-	81,332	(22,620)	-	1,747,233
Pesticide Control Fund - 0576	185,642	-	510	(1,840)	-	184,312
Death Certificate Surcharge Fund - 0635	1,843,732	-	17,966	(21,332)	-	1,840,366
Illinois Adoption Registry and Medical Information	760	-	80	-	-	840
Assisted Living and Shared Housing Regulatory Fund - 0702	106,672	(4,196)	1,680	(1,725)	-	102,431
Post Transplant Maintenance Fund - 0712	6,811	(6,811)	-	-	-	-
Public Health Federal Projects Fund - 0838	146,532	-	-	-	-	146,532
Maternal and Child Health Services Block Grant Fund - 0872	2,648,060	-	-	-	-	2,648,060

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

RECONCILIATION SCHEDULE OF CASH RECEIPTS TO DEPOSITS REMITTED TO THE STATE COMPTROLLER

For the Year Ended June 30, 2006

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Adjustments due to differences in treatment *	Receipts per Comptroller Records
			Beginning of Year	End of Year		
Preventive Health and Health Services Block Grant Fund - 0873	\$ 2,596,198	\$ -	\$ -	\$ -	\$ -	\$ 2,596,198
Public Health Special State Projects Fund - 0896	5,525,480	-	2,070	(8,275)	(5,000)	5,514,275
Metabolic Screening and Treatment Fund - 0920	8,729,261	-	53,202	(120,939)	-	8,661,524
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	50,915	(8,935)	440	(1,000)	-	41,420
All Funds	<u>\$ 157,490,082</u>	<u>\$ (150,792)</u>	<u>\$ 438,756</u>	<u>\$ (496,751)</u>	<u>\$ (1,652)</u>	<u>\$ 157,279,643</u>

\* Note: Due to the timing of transactions, the Department and Comptroller classified certain items differently resulting in differences between receipt records. These items have been considered in this schedule to properly reconcile Department records to those of the Comptroller.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES

The Department of Public Health's (Department) explanations for significant fluctuations in expenditures as presented in the Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances – by Fund are detailed below. For the purpose of this analysis, a significant fluctuation is defined as a variation that equaled or exceeded \$100,000 or 20.0% as compared to the prior year.

Facility Licensing Fund – 0118

In fiscal year 2006, payroll and fringe benefit payments were less mainly due to a decrease in the average number of employees paid out of the fund. As a result, expenditures decreased from fiscal year 2005 to 2006 by \$133,709 or 36.9%. The average number of employees paid out of the fund increased from fiscal year 2006 to 2007 reflecting an increase in expenditures of \$132,959 or 58.3%.

Illinois School Asbestos Abatement Fund - 0175

In fiscal year 2007, payroll and fringe benefits payments were less due to a decrease in the average number of employees paid out of the fund. As a result, expenditures decreased \$340,640 or 46.4% from fiscal year 2006 to 2007.

Ticket for the Cure Fund – 0208

The Ticket for the Cure Fund was established under Public Act 94-120, and the Department received an appropriation for this fund initially during fiscal year 2007. As a result, expenditures increased \$485,000 or 100.0% from fiscal year 2006 to 2007. The entire amount of the expenditures was for grants for breast cancer research and programs, as required by statute.

Illinois Health Facilities Planning Fund – 0238

In fiscal year 2006, payroll and fringe benefits payments increased due to an addition to permanent staff as well as an increase in contractual staff. Also, the expense of advertising public hearings increased. As a result, expenditures increased \$357,164 or 30.7% from fiscal year 2005 to 2006.

Emergency Public Health Fund – 0240

Expenditures increased \$684,925 or 32.3% from fiscal year 2005 to 2006. The Department attributed this increase to the distribution of more grants for West Nile Abatement in fiscal year 2006.



#### Nurse Dedicated and Professional Fund – 0258

In fiscal year 2006, increased funds were appropriated to the Department in order to provide additional nursing scholarships. As a result, expenditures increased \$575,629 or 96.7% from fiscal year 2005 to 2006.

#### Long-Term Care Monitor/Receiver Fund – 0285

In fiscal year 2007, the Department assigned an increased number of contractual monitors to nursing homes in order to review operating conditions, which resulted in a larger number of professional and artistic contracts. As a result, expenditures increased \$140,134 or 21.2% from fiscal year 2006 to 2007.

#### African-American HIV/AIDS Response Fund – 0326

The Department received the initial appropriation for the newly established fund during fiscal year 2007. As a result, expenditures for grants increased \$2,750,000 or 100.0% from fiscal year 2006 to 2007.

#### Public Health Services Revolving Fund – 0340

In fiscal year 2006, the Department reported an increased need for laboratory supplies. As a result, expenditures increased \$431,620 or 42.9% from fiscal year 2005 to 2006.

#### Lead Poisoning, Screening, Prevention and Abatement Fund – 0360

In fiscal year 2007, the General Assembly passed legislation that expanded mandatory lead screenings and authorized additional environmental lead inspections. In order to fund the mandatory requirements, the transfers from the General Revenue Fund into the Fund 0360 were increased. This provided an increase in payments to local public health agencies. As a result, expenditures increased \$597,127 or 25.0% from fiscal year 2006 to 2007.

#### Tanning Facility Permit Fund – 0370

In fiscal year 2007, payroll and fringe benefits payments were less due to a decrease in the average number of employees paid out of the fund. As a result, expenditures decreased \$177,652 or 47.4% from fiscal year 2006 to 2007.

#### Innovations in Long-term Care Quality Demonstration Grants Fund – 0371

The Department implemented a new grant program during fiscal year 2007. As a result, expenditures increased \$371,448 or 100.0% from fiscal year 2006 to 2007.

#### Federal Civil Preparedness Administrative Fund – 0497

In fiscal year 2006, the Department purchased a significant amount of vehicles and scientific equipment. These specific purchases do not occur every year. As a result, expenditures increased \$441,150 or 100.6% from fiscal year 2005 to 2006 and then decreased \$296,244 or 33.7% from fiscal year 2006 to 2007.

#### Health Facility Plan Review Fund – 0524

In fiscal year 2006, payroll and fringe benefits payments were less due to the decrease in the average number of employees paid out of the fund. As a result, expenditures decreased \$451,479 or 27.4% from fiscal year 2005 to 2006.

#### Prostate Cancer Research Fund – 0626

In fiscal year 2006, the Department reported a decrease in revenue from the prostate cancer income tax check-off and a decrease in appropriations for this fund. As a result, expenditures decreased \$121,323 or 70.8% from fiscal year 2006 to 2007.

#### Death Certificate Surcharge Fund – 0635

The purchase of computer software for an Electronic Death Certificate computer application, which will replace the current manual system, and an increase in grant payments resulted in an increase in expenditures of \$1,084,290 or 280.3% from fiscal year 2006 to 2007.

#### Tobacco Settlement Recovery Fund – 0733

During fiscal year 2006, the Department received new grants for minority HIV/AIDS prevention and asthma prevention. This resulted in an increase of expenditures of \$3,543,493 or 33.4% from fiscal year 2005 to 2006. During fiscal year 2007, the Department received new appropriations totaling three million for education, training, and health access with the majority of the appropriation expended for grants. As a result, expenditures increased \$3,553,962 or 25.1% from fiscal year 2006 to 2007.

#### Preventive Health and Health Services Block Grant Fund – 0873

During fiscal year 2007, the Department received a reduction in federal block grants. As a result, expenditures decreased \$1,116,443 or 44.3% from fiscal year 2006 to 2007.

#### Public Health Special State Projects Fund - 0896

Due to the decrease of efficiency initiative payments, lawsuit settlement payments, and grants of medical and food supplies during fiscal year 2006, expenditures decreased \$979,034 or 45.3% from fiscal year 2005 to 2006. The Department reported several additional expenditures in fiscal year 2007 that were not present in fiscal year 2006 including payments for DCMS statistical services charges and medical consultant fees. Additionally, payments for personal services, DCMS facilities management charges and grants of medical and food supplies increased. As a result, expenditures increased \$1,218,655 or 103.0% from fiscal year 2006 to 2007.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

ANALYSIS OF SIGNIFICANT VARIATIONS IN RECEIPTS

The Department of Public Health's (Department) explanations for significant fluctuations in receipts as presented in the Comparative Schedule of Cash Receipts are detailed below. For the purpose of this analysis, a significant fluctuation is defined as a variation that equaled or exceeded \$100,000 and 20.0% as compared to the prior year.

Community Health Center Care Fund - 0113

The number of scholarship loan recipients making payments and the amount of the repayments paid increased in fiscal year 2007 as part of the Department's increased collection efforts. As a result, receipts increased \$190,118 or 186.0% from fiscal year 2006 to 2007.

Facility Licensing Fund - 0118

In fiscal year 2007, the Department was more successful in its collection of fines through its enforcement actions. As a result, receipts increased from fiscal year 2006 to 2007 by \$275,689 or 88.6%.

Illinois School Asbestos Abatement Fund - 0175

In fiscal year 2007, the Department was more successful in its collection of asbestos fines through its enforcement actions. As a result, receipts increased from fiscal year 2006 to 2007 by \$186,007 or 32.5%.

Illinois Health Facilities Planning Fund - 0238

In fiscal year 2007, the number of health care facility applications for permits or certificates of need increased. As a result, receipts increased \$834,595 or 36.5% from fiscal year 2006 to 2007.

Long-Term Care Monitor/Receiver Fund - 0285

In fiscal year 2006, the Department was successful in the stricter enforcement of regulations. As a result, long-term care fines increased resulting in augmented receipts of \$372,236 or 30.8% from fiscal year 2005 to 2006.

Public Health Services Revolving Fund - 0340

The timing of the receipt of laboratory fee payments significantly affects the volume of receipts processed from year to year. A large amount of laboratory fee payments related to fiscal year 2005 was received in fiscal year 2006, which resulted in increased receipts of \$1,693,992 or 202.1% from fiscal year 2005 to 2006. In fiscal year 2007, the Department received laboratory fees from the federal government related to tests for sexually transmitted diseases and the decrease from fiscal year 2006 to 2007 was not substantial.

#### Lead Poisoning, Screening, Prevention and Abatement Fund - 0360

A significant amount of Medicaid reimbursement payments were received from the Department of Healthcare and Family Services (DHFS) in fiscal year 2007 because payments were held by DHFS at the end of fiscal year 2006. As a result, receipts increased \$687,817 or 28.0% from fiscal year 2006 to 2007.

#### Innovations in Long-term Care Quality Demonstration Grants Fund - 0371

In fiscal year 2007, the Department received an increase in nursing home fines levied by the State and federal governments. As a result, receipts increased \$184,873 or 24.3% from fiscal year 2006 to 2007.

#### Federal Civil Preparedness Administrative Fund - 0497

In fiscal years 2006 and 2007, the Department received an increase in funding by the federal government. As a result, fund receipts increased \$148,620 or 35.9% from fiscal year 2005 to 2006 and \$380,166 or 67.6% from fiscal year 2006 to 2007.

#### Maternal and Child Health Services Block Grant Fund - 0872

The Department received more in award amounts each year from fiscal year 2005 to 2007. The award expansion resulted in an increase of receipts of \$683,560 or 34.8% from fiscal year 2005 to 2006 and \$747,670 or 28.2% from fiscal year 2006 to 2007.

#### Preventive Health and Health Services Block Grant Fund - 0873

The Department received less in award amounts from fiscal year 2005 to 2007. As a result, the fund receipts decreased \$681,658 or 20.8% from fiscal year 2005 to 2006 and \$715,088 or 27.5% from fiscal year 2006 to 2007.

#### Public Health Special State Projects Fund - 0896

In fiscal year 2006, the Department received more in award amounts in the form of federal indirect cost reimbursements. As a result, receipts increased \$1,383,664 or 33.4% from fiscal year 2005 to 2006.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING

The Department of Public Health's (Department) explanations for significant lapse period spending as presented in the Schedule of Appropriations, Expenditures and Lapsed Balances for fiscal years 2007 and 2006 are detailed below. For purpose of this analysis, significant lapse period spending is defined as \$100,000 and 20.0% or more of the total expenditures for the respective fiscal year.

Food and Drug Safety Fund – 0014

Lapse period spending for the fund totaled \$236,252 or 25.6% of the total fiscal year 2007 expenditures. Earlier in the fiscal year, expenditures were limited due to a lower fund balance created by statutory transfers out of the fund. The lapse period expenditures were primarily for information technology contractual expenditures, payroll and supplemental, and equipment purchases made during the latter months of fiscal year 2007.

Penny Severns Breast and Cervical Cancer Research Fund – 0015

Lapse period spending for the fund totaled \$176,987 or 30.5% of the total fiscal year 2006 expenditures and \$228,138 or 39.9% of the total fiscal year 2007 expenditures. The Department awards research grants to colleges, universities, and hospitals which require grantees to submit monthly claims for reimbursement. In some cases, the grantees are not timely in the submission of reimbursement claim forms. As a result, a significant amount of payments for these grants were made during the lapse period.

Emergency Public Health Fund – 0240

Lapse period spending for the fund totaled \$821,021 or 29.2% of the total fiscal year 2006 expenditures. Expenditures from the fund were for Mosquito Abatement/West Nile Virus Prevention. Most of the spending from the appropriation is for grants to Local Health Departments. The grants are awarded in the spring, which is the beginning of "mosquito season", and most of the fiscal year 2006 grants were paid in the fourth quarter of that year. However, one grant totaling \$627,000 was paid to the Chicago Department of Public Health on July 18, 2006. Additionally, the Department spent \$184,000 from this fund during the fiscal year 2006 lapse period for mosquito abatement commodities to be provided to local health departments. The products were ordered on May 22, 2006, the invoice date was June 20, 2006, and the voucher was prepared on August 14, 2006, after verification of receipt of the products by the local health departments.

#### African-American HIV/AIDS Response Fund – 0326

Lapse period spending for the fund totaled \$2,725,000 or 99.1% of the total fiscal year 2007 expenditures. The fund was established in fiscal year 2007, and the Department was required to promulgate administrative rules defining the grant award process. The rules did not receive final JCAR approval until late in fiscal year 2007. As a result, the majority of the expenditures could not occur until the lapse period for purchases made prior to year end.

#### Lead Poisoning, Screening, Prevention and Abatement Fund – 0360

Lapse period spending for the fund totaled \$971,607 or 32.6% of the total fiscal year 2007 expenditures. During fiscal year 2007, the Department consolidated the childhood lead programs in the Office of Health Protection. The Office undertook an in-depth review of the grant reimbursement methodology and implemented revisions based on their review. As a result of the revisions, reimbursement payments were slowed resulting in more expenditures during the lapse period.

#### Trauma Center Fund – 0397

Lapse period spending for the fund totaled \$5,327,019 or 98.6% of the total fiscal year 2006 expenditures and \$4,488,366 or 98.1% of the total fiscal year 2007 expenditures. Trauma center funds are distributed to hospitals which are designated as trauma centers. The funds are allocated based on revenue collected and actual trauma case data for the fiscal year. The required data is not available until after the fiscal year for the activity prior to June 30; therefore, the payments occur during the lapse period.

#### Federal Civil Preparedness Administrative Fund – 0497

Lapse period spending for the fund totaled \$175,925 or 20.0% of the total fiscal year 2006 expenditures. Vendors were slow in submitting requests for payment of expenses incurred during the fiscal year resulting in the payments being made during the lapse period.

#### Prostate Cancer Research Fund – 0626

Lapse period spending for the fund totaled \$108,762 or 63.5% of the total fiscal year 2006 expenditures. Grants from the fund were not awarded until the third and fourth quarters of the fiscal year resulting in the majority of the payments being made during the lapse period.

#### Tobacco Settlement Recovery Fund – 0733

Lapse period spending for the fund totaled \$3,610,223 or 25.5% of the total fiscal year 2006 expenditures and \$4,877,756 or 27.6% of the total fiscal year 2007 expenditures. In May 2006, the General Assembly passed a supplemental bill appropriating two million dollars for African-American HIV prevention. This resulted in payments of \$1.6 million during the lapse period. Additionally, in fiscal years 2006 and 2007, grantees' reimbursement requests for services provided prior to June 30 were received after the end of the fiscal year.

#### Maternal and Child Health Services Block Grant Fund – 0872

Lapse period spending for the fund totaled \$1,094,027 or 36.8% of the total fiscal year 2006 expenditures and \$891,952 or 31.5% of the total fiscal year 2007 expenditures. The expenditures during the lapse period for both fiscal years were a result of late submission of reimbursement requests by perinatal program grantees.

#### Preventive Health and Health Services Block Grant Fund – 0873

Lapse period spending for the fund totaled \$830,272 or 33.0% of the total fiscal year 2006 expenditures. The expenditures during lapse period were a result of grants that were issued late in the fiscal year for the federal grant which runs through September.

#### Public Health Special State Projects Fund – 0896

Lapse period spending for the fund totaled \$471,962 or 39.9% of the total fiscal year 2006 expenditures due to the issuance of several grants for minority and women's health programs during the last two months of the fiscal year, and payments for those grants made during the lapse period. Lapse period spending for the fund totaled \$807,998 or 33.6% of the total fiscal year 2007 expenditures. The Director's Office issued two grants late in the fiscal year with the payments occurring during the lapse period. Also, DCMS facilities management billings were received in June but not paid until the lapse period. The remaining payments were for computer software, consulting, and legal fees purchased prior to June 30.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
ANALYSIS OF ACCOUNTS RECEIVABLE

For the Years Ended June 30,  
(expressed in thousands)

Aging of accounts receivable, per Department records, were as follows:

	<u>2007</u>	<u>2006</u>	<u>2005</u>
Current	\$ 9,688	\$ 8,132	\$ 4,671
1-30 days	196	110	123
31-90 days	175	197	139
91-180 days	100	27	53
181 days -1 year	190	123	64
Over 1 year	<u>3,200</u>	<u>3,359</u>	<u>5,694</u>
Accounts receivable gross balance	13,549	11,948	10,744
Less: estimated uncollectibles	<u>(446)</u>	<u>(392)</u>	<u>(319)</u>
Accounts receivable net balance	<u>\$ 13,103</u>	<u>\$ 11,556</u>	<u>\$ 10,425</u>

Note: These amounts represent outstanding federal reimbursements, licenses and fees, fine and penalties, and loan repayments. The Department uses the Office of the Comptroller's offset system, the Office of the Attorney General and private collection services to collect overdue receivable balances. Please refer to Finding 07-6 for the weaknesses noted in the Department's aging of accounts receivable



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF INDIRECT COST REIMBURSEMENTS

For the Two Years Ended June 30, 2007

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

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

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

	2007 (Fixed)	2006 (Fixed)
Costs applicable to:		
Office of Epidemiology and Health Systems Development	30.3%	34.1%
Office of Health Promotion	27.7%	23.0%
Office of Health Care Regulation	20.4%	26.1%
Office of Health Protection (excluding Laboratories)	18.9%	24.3%
Office of Health Protection (Laboratories only)	7.9%	20.3%
Office of Women's Health	33.8%	30.9%
Office of the Director – Center for Minority Health	24.0%	19.1%
Office of Health Preparedness (Bioterrorism)	10.4%	15.5%

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

ANALYSIS OF OPERATIONS

AGENCY FUNCTIONS AND PLANNING PROGRAM

Years Ended June 30, 2007 and 2006

Agency Functions

The Department of Public Health (Department) was created in 1877 to regulate medical practitioners and to promote sanitation. General health and sanitation conditions in Illinois are monitored by Department-established standards and regulations.

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

The Department is responsible for protecting the State's 12.8 million residents, as well as countless visitors, through the prevention and control of disease and injury. With more than 200 program components organized in nine offices, the Department provides and 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; collecting and evaluating health statistics to support prevention and regulatory programs; analyzing and shaping public policy; 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.

Planning Program

The Department has established five strategic priorities that the Department uses as the basis of planning activities:

- Renew community engagement
- Enhance preparedness for bioterrorism and emergency events
- Reduce disparities in health care and status
- Strengthen the public health infrastructure
- Improve patient safety

The Department is committed to five key initiatives related to these priorities:

- Assess community needs and improve community ties, including outreach in minority communities
- Improve Illinois' capacity to manage complex/extreme situations related to bioterrorism and emergency readiness
- Make public health information more accessible
- Address health disparities through funding for targeted areas
- Increase knowledge and skill sets of departmental staff to ensure continued provision of programs and services to citizens of Illinois

Since early 1997, the Department has convened a multi-disciplinary State partnership and led a strategic planning effort to strengthen public health in Illinois. In March 2000, the partnership, Public Health Futures Illinois, published a plan entitled *Illinois Plan for Public Health Systems Change*. This plan established public health priorities for the State and a plan for system and performance monitoring. The partnership has evolved to become the Illinois Public Health Futures Institute (IPHFI). At the same time, the State Board of Health adopted a policy agenda that supports the development of a periodic, comprehensive, statewide plan for maintaining and improving the health of Illinois residents and improving public health system performance. The State Board of Health and IPHFI are the major Statewide partners, along with the local health jurisdictions, in crafting the Department's strategic direction with respect to a public health infrastructure. The Department follows the recommendations of the *Illinois Plan for Public Health Systems Change* and it remains a focal point in the Department's priority of strengthening the public health infrastructure.

The Department has established a formal ongoing system for monitoring program performance. The program monitoring system comprises a variety of administrative and reporting systems that enable leadership in the Department to be knowledgeable about program implementation, problems and progress. This system facilitates early detection of problems in program performance and supports prompt administrative action.

The Department has established a State Health Improvement Plan (SHIP) as required by Public Act 93-0975. A planning team appointed by the Director of the Department of Public Health was charged with the development of the SHIP, recommending priorities and strategies to improve the Illinois public health system and Illinois residents' health status. The plan, which was completed in December 2006, developed a vision, six strategic issues with associated long and intermediate-term outcomes, and recommendations of strategies and actions for the sectors that make up the public health system.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

AVERAGE NUMBER OF EMPLOYEES

For the Years Ended June 30, 2007, 2006 and 2005

The following table, prepared from Department records, presents the average number of employees by division, for the fiscal years ended June 30, 2007, 2006, and 2005.

Division	Fiscal Year		
	2007	2006	2005
Director's Office	65	65	63
Office of Preparedness and Response	40	48	42
Office of Finance and Administration (Including Information Technology)	125	124	137
Office of Policy, Planning, and Statistics	71	76	76
Office of Health Promotion	62	65	65
Office of Health Care Regulation	313	309	319
Office of Health Protection (Including Laboratories)	396	391	397
Office of Women's Health	20	20	19
Total average full-time employees	1,092	1,098	1,118

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

EMERGENCY PURCHASES

For the Fiscal Years Ended June 30, 2007 and 2006

The Department reported the following emergency purchases to the Office of the Auditor General during fiscal years 2006 and 2007:

Description	Amount
<b>Fiscal Year 2006</b>	
To design and implement a series of pandemic influenza exercises for the State of Illinois.	\$ 80,500
The contracted payment agent for Continuation of Health Insurance Coverage discontinued its services as of March 31, 2006 and the Department had to re-issue this coverage.	<u>190,371</u>
<b>Total fiscal year 2006</b>	<u><u>\$ 270,871</u></u>
<b>Fiscal Year 2007</b>	
The Contractor will provide the necessary risk analysis and security recommendation for identified offenders residing in an Illinois nursing home.	\$ 162,625
The Contractor will provide the necessary risk analysis and security recommendation for identified offenders residing in an Illinois nursing home.	71,968
Necessary risk analysis and security recommendation for identified offenders residing in an Illinois nursing home.	54,097
Criminal background investigation and criminal history analysis for identified offender residing in an Illinois nursing home to determine whether the person's criminal background has implication for security in the nursing facility.	328,850
Criminal background investigation and criminal history analysis for identified offender residing in an Illinois nursing home to determine whether the person's criminal background has implication for security in the nursing facility.	183,900
The Department does not have sufficient testing areas for EMT's to accommodate the testing that was being done Statewide. The contractor has the ability to offer all of the tests as well as ensure the security of the test information.	<u>198,000</u>
<b>Total fiscal year 2007</b>	<u><u>\$ 999,440</u></u>

Note: All totals are actual amounts.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Illinois Cooperative Extension Service (ICES); Illinois Department of Agriculture; Illinois Department of Natural Resources (IDNR). U.S. Department of Agriculture participant: Animal & Plant Health Inspection Service Wildlife Services (WS)	N/A	Establish a working relationship between participants for the planning, coordination, and implementation of wildlife damage management programs developed to prevent, minimize or alleviate damage caused by wild animal species to agriculture, horticulture, animal husbandry, forestry, wildlife, human health and safety, and other property; and to facilitate exchange of information of mutual interest to MOU participants and the public. Conduct wildlife damage management activities in accordance with applicable federal, State, and local laws and regulations to ensure that unintentional adverse effects on wildlife and fisheries resources, environment, and human health and safety are minimized. Assist IDNR in responding to sightings of potentially dangerous animals on public or private properties and provide attempts to identify and verify existence and location of animals. Also assist with the collection/removal of animals deemed a threat to public health and safety.
C.A. Wilson Title Searchers	N/A	Request of a qualified private agency to receive copies of vital record information which will be limited to the certifiable facts recorded in death and marriage records from DeKalb, Bureau, Ford, DuPage, Grundy, Kane, Kendall, LaSalle, Livingston, Putnam and Will counties. This information may be used only as authorized by the Vital Records Act (410 ILCS 535/1 et. seq.) and 77 Ill. Admin. Code 500.20. Copies may be used only in performance of individual credit or abstract and title responsibilities and cannot be used for any type of commercial solicitation or private gain. These copies may not be reproduced in any form or manner and are not open to public inspection, and will be incinerated or shredded when no longer required.
Southern Illinois School of Medicine	N/A	DPH will identify eligible patients in rural counties in Illinois about possible participation in a survey project entitled, " <i>Exercise and Breast Cancer Survivors</i> ". Patients will be contacted by mail and must be at least 18 years of age and been diagnosed with breast cancer (females only) in the last ten years. If patient is interested in participating in the survey, they will be asked to sign an informed consent form allowing DPH to release the patient's contact information and limited cancer information to the researcher. Contact information will consist of name, address, phone number, cancer information regarding primary site, stage at diagnosis and diagnosis date. The purpose of the study is to determine physical activity correlation and program preferences among breast cancer survivors. The Board of Trustees of the Southern Illinois University School of Medicine will obtain Institutional Review Board approval from the University and DPH; provide the data set which will be linked to the Illinois State Cancer Register (ISCR); state that the ICR was the source of information; include disclaimer for DPH; and will not permit inspection or copying of the data by any person not directly involved in the data use.
Centers for Disease Control and Prevention and Buske Lines, Inc.	5/18/06 - 6/30/09	Centers for Disease Control and Prevention (CDC) will transfer medical supplies and other medical material from the Strategic National Stockpile (SNS) to the State of Illinois upon the request of the State. This transfer will be requested in the event of a disaster as defined in Section 4 of the Illinois Emergency Management Agency Act (20 ILCS 3305/4). In order to assure the State will be prepared for a disaster, DPH desires to establish a Reception Center for receiving medical supplies from the SNS. Buske Lines, Inc. will assist in setting up a Reception Center. Buske Lines, Inc. agrees to provide contact information to DPH; have adequate personnel available necessary for unloading supplies; have sufficient warehouse space available; have loading docks, forklift and other transfer equipment available at all times; cooperate with any and all SNS security plans; keep all information confidential.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Illinois Emergency Management Agency	4/6/06-6/30/09	DPH is required to cooperate with the Center for Disease Control (CDC) in designating a delivery site for receipt of medical supplies and other materials from SNS. DPH will enter into a MOU with the owner of a facility to serve as a reception center for these supplies. The agreement will state that under a Proclamation of State Disaster by the governor pursuant to section 7 of the Illinois Emergency Management Agency Act (20 ILCS 3305/7), State disaster declaration, DPH will compensate the owner of this facility for allowable costs, authorized for payment incurred during the performance of responsibilities described in the MOU. IEMA agrees to make funds available to DPH under this same proclamation.
Federal Warehouse Company	3/27/06 - 6/30/09	DPH has entered into an agreement with the CDC under which the CDC will transfer medical supplies and other medical material from the SNS to the State of Illinois in the event of a disaster. DPH will establish a reception center for receiving these medical supplies. Federal Warehouse Company will provide contact information to DPH who will be available 24/7 with complete authority to fulfill the terms of this MOU. Federal Warehouse Company will provide sufficient warehouse space, 20 loading/unloading docks available at all times, 4 forklifts and other transfer equipment, 6 staff members to operate equipment, and keep confidential all matters relating to this MOU.
EMS Data Systems	N/A	DPH agrees to release a file to EMS Data Systems that contains Illinois Prehospital Run Report data. This data is being provided for the sole purpose of troubleshooting data entry and error issues related to the scanner system software and hardware. EMS Data Systems is to conduct a quality check of the data; develop a summary report detailing reported data errors, outline remedies/strategies to resolve error issues, identify dates of scanning associated with increased/decreased error frequency; submit completed report to the DPH within 60 days after release of data to EMS Data Systems. EMS Data Systems agrees no attempt will be made to release these records, data shall not be copied or reproduced and all data kept confidential.
Illinois Department of Agriculture	N/A	The parties are to share global positioning systems (GPS) information concerning dairy farms that are regulated by DPH to prepare for or respond to an emergency event, including a bioterrorism event, and to facilitate both agencies' regulatory functions. Each agency will designate a liaison to coordinate the transfer of GPS information and ensure that responsible interaction and cooperation between agencies are achieved. The information provided shall include, but not limited to, name of dairy farm and its owner, address of the dairy farm and owner, telephone number, and latitude and longitude of the dairy farm. A map reflecting the location of the dairy farms shall also be included. Each party is responsible for maintaining confidentiality concerning such information.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Illinois Department on Aging	7/1/05 - 9/30/06 and 10/1/06 - 9/30/07 (two agreements)	DPH will act as an agent for the federal government to conduct surveys of all long term care facilities to ensure compliance with federal Medicaid program requirements. DPH has authority to impose civil money penalties for noncompliance with federal Medicaid requirements. These civil money penalties will be used for the protection of the health and property of the residents in Medicaid certified nursing homes and long term care facilities through the expansion of the Illinois Long Term Care Ombudsman Program. These expanded Ombudsman services shall include: (1) increased facility visits and oversight of facility operations; (2) formation of family councils to address resident concerns; (3) promotion of resident centered care philosophies and an expanded role for Ombudsmen in facilitation resolution of resident/family/guardian concerns; and (4) early interventions designed to mitigate the need for regulatory actions. They will also provide support and assistance to DPH's long term care survey.
United Parcel Service, Co.	N/A	DPH has an agreement with the Centers for Disease Control and Prevention (CDC) under which the CDC will transfer medical supplies and other medical material from the SNS to the State of Illinois upon request of the State. This request will be made only in the event of a disaster. DPH desires to establish a reception center for receiving medical supplies at the United Parcel Service Facility (UPS) at the Greater Rockford Airport, Rockford. UPS will provide contact information and 2 UPS personnel who shall be available 24 hours a day, seven days a week and will have complete authority to fulfill the terms of this agreement. UPS shall have adequate personnel available at all times to undertake any reconfiguration of the facility, make available a minimum of 2500 square feet warehouse space for unloading and palletizing SNS medical supplies; 1000 square feet for office functions; a minimum of 10 loading docks available at all times, 2 forklifts and other transfer equipment available to operate on the loading docks; cooperate with any and all security plans; keep confidential all information regarding the MOU.
Dr. Jean K. Lim and Dr. Philip Murphy, National Institute of Health	1/19/07 - 12/31/10	DPH will provide 100 blood and spinal fluid specimens with the following data: patient sex, age, date of specimen collection, date of laboratory testing. These specimens will be used in the research of West Nile Virus.
Javette Orgain, MD MPH and University of Illinois, Chicago	3/28/07 - 6/30/2008	DPH is authorized by the Illinois Health Finance Reform Act to collect from Illinois hospitals and ambulatory surgical treatment centers selected elements from the claim and encounter charge data submitted by Illinois facilities to patients and public and private payors. The objective of this data collection is to ascertain if disparities exist in procedures performed, particularly Fine Needle Aspiration Biopsy (FNAB), Coarse Needle Biopsy (CNB), and Open Surgical Biopsy (OSB), in the clinical Evaluation of a Palpable Breast Mass (EPBM) as associated with a woman's age, race, and insurance. The end result is to determine if African-American women are less likely than white women to undergo certain diagnostic procedures in the EPBM and determine the prevalence of the procedures performed. Data requested is for discharge dates January 1, 1995 through December 31, 2004. All information is to be kept confidential; no attempt will be made to identify individual patients; reselling data in any form is prohibited.



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Chicago Department of Public Health (CDPH)	2/16/07 - 2/16/12	DPH will provide to CDPH a file containing State facility discharge data in the form of the Research Oriented Data Set (RODS) for all discharges of Chicago residents from any Illinois hospital and all discharges from every hospital located in Cook County for discharges occurring in calendar year 2002 through 2004. Discharge data will include: hospital ID number, patient date of birth, sex, admin/discharge date, admit source/type, length of stay, status, principal diagnosis code, secondary diagnosis codes 1-8, principal procedure code, secondary procedure codes 1-5, DRG code, MDC code, total charges including room and board, ancillary, anesthesiology, pharmacy, radiology, clinical lab, labor/delivery, operating room, oncology, other; newborn indicator, payer ID 1, 2 & 3, type code 1, 2 & 3, patient zip code, county, planning area, HSA, control number, hospital HSA, E-codes 1-3. CDPH will use the discharge information in the administration of their health department programs.
Illinois Public Health Institute (IPHI)	4/25/07 - 6/30/12	IPHI will prepare a grant proposal and application for a CDC grant titled Cooperative Agreement to Support State Assessment Initiatives with the guidance and input of DPH. DPH will review the final grant application and proposal. DPH approval is required prior to submission. Upon DPH approval, IPHI will submit the application.
University of Wisconsin-Madison	N/A	DPH will provide discharge data collected from Illinois hospitals to the University of Wisconsin-Madison. This data will consist of patient-level data with records for every inpatient discharge reported. The University shall use this data only for statistical analysis and reporting, public health and/or health care operations, including but not limited to, testing of statistical models, surveillance, policy and planning, personal health treatment decisions and obtaining general information regarding specific conditions and/or treatments provided in Illinois facilities.
U.S. Census Bureau	10/1/06 - 9/30/07	DPH will provide/compile the mutually agreed-upon population and geographic information required by the U.S. Census Bureau for the development of annual State and county population, housing unit and household estimates. DPH will maintain contact with the agencies responsible for collecting the data series used in estimates development. DPH will review all input data before submission to ensure conformance with specifications. All changes to data series must be documented in writing.
Illinois Interagency Nutrition Council (INC)	N/A	The objective of the MOU is to strengthen and enhance existing programs/activities addressed through INC, which promote health and wellness through nutrition education, coordination of services and access to nutrition programs so that Illinois residents can achieve food security. DPH agrees to support the mission of the INC, to promote health and wellness through nutrition education, coordination of services and access to nutrition programs by designating at least one representative of a federal food assistance program and/or other related state agency programs to INC. Participation would include attending scheduled meetings and contributing to a report on the activities of INC to agency directors/secretary annually.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Wiley D. Jenkins, University of Illinois School of Public Health in Chicago	8/28/06 - 12/31/08	DPH will provide the sexually transmitted disease dataset text file with the following information: provider code; patient age, sex, race, and ethnicity, street address, city, zip, county, State, Dx Chl, Chl test date, Dx Gon, Gon Test Date, and patient case number. Mr. Jenkins will use the data for a study to determine if the use of Geographic Information System (GIS) targeted interventions, supported by cluster analysis, is more effective and efficient than the current policies at reducing chlamydia incidence at the local (county) level. All information will be kept confidential.
University of Illinois at Chicago	9/1/07 - 8/31/10	Agreement to implement the Southern Seven Women's Initiative for Cardiovascular Health. The University of Illinois at Chicago will provide oversight of the project grant. DPH will provide data from the Statewide Heart Smart for Women program, participate in the program steering committee membership, organize monthly steering committee conference calls, and participate in site visits for the implementation of the Southern Seven Women's Initiative for Cardiovascular Health program. DPH will provide in-kind support for the activities listed in this agreement. The University of Illinois at Chicago will pay for travel expenses incurred by the DPH for steering committee meetings and site visits.
Dr. Dawn Wesson, Dr. Pierre Buskins, Dr. Patricia Kissinger, Dr. Gabriella Pridjian, Dr. Patricia Sirois, Dr. Xu Xiong, Dr. Alison Hinckley, Dr. Edward Hayes, Dr. Daniel O'Leary, Dr. Sonja Rasmussen, and Kathleen Kozar (Users) and Tulane University (Tulane) and Centers for Disease Control and Prevention (CDC)	7/10/06 - 8/31/08	The Communicable Disease Section of DPH will provide the users with the following data for all pregnant cases with confirmed or probable West Nile Virus (WNV) infection: patient name; onset date; State ID number CDC Transmission ID; all physician names and phone numbers; also if noted, the expected date of birth of the child. The users will use this information to evaluate the association between WNV infection during pregnancy and adverse birth and development outcomes and evaluate the morphological, endocrine and molecular differences between placental tissues from women infected with WNV during pregnancy as compared to tissues from uninfected pregnant women.
Dr. Kitron, Dr. Ruiz, Dr. Goldberg, Dr. Brawn, Ms. Roland and University of Illinois	N/A	DPH will provide data that contains data sets of the following: patient-level data with records for every reported case of West Nile Virus and environmental surveillance data for mosquito sample data and bird testing data. The data provided will be used to analyze and examine the role played by birds and mosquitoes in the outbreak of West Nile Virus in the past and compare it to human cases; develop models with descriptive and predictive ability, using a multidisciplinary, spatially realistic, comparative approach that will consider case and information distribution patterns in association with various risk factors and the biological processes underlying these patterns.
Fred Hutchinson Cancer Research Center (FHCRC)	4/11/07 - 5/31/12	DPH will provide FHCRC copies of birth certificates for individuals where written maternal consent has been obtained. FHCRC agrees to provide DPH with copies of signed maternal consents. FHCRC will use the information provided in these birth certificates to conduct a study identifying risk factors for testicular germ cell carcinoma (TGCC). Part of this study involves investigating how exposures <i>in utero</i> or in the perinatal period influence the risk of TGCC. FHCRC agrees that identifying information contained in the birth certificates is subject to confidentiality provisions of federal and State statutes, rules and regulations.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
West Chicago School District 33, Dr. Charles Kofron	6/6/07 - 12/31/11	DPH will provide on-site access to a condensed file that contain the following: address, city, zip code, month and year of birth, and sex. Data will be provided for the following zip codes: 60185, 60186, 60187, 60190 and 60555. Data will be for the most recent 10 calendar years available and through 2010 as the data becomes available. User will generate the counts of births for this elementary school service for each year of data for School District enrollment projections.
West Chicago School District 59, Dr. Charles Kofron	6/6/07 - 12/31/11	DPH will provide on-site access to a condensed file that contain the following: address, city, zip code, month and year of birth, and sex. Data will be provided for the following areas: 60005, 60016, 60018, 60007 and 60056. Data to be supplied are for calendar years 2005 through 2010 as the data becomes available. User will generate the counts of births for this elementary school service for each year of data for enrollment projections.
Illinois Department of Public Health, Vital Records Division and Gillingham Abstract & Title Company	N/A	DPH will provide access to vital records in Greene, Jersey and Calhoun Counties. Gillingham will use this information for the sole purpose of preparing efficient abstract, title and credit responsibilities.
Northbrook/Glenview School District #30, Dr. Charles Kofron	N/A	DPH will provide on-site access to a condensed file that contains the following: address, city, zip code, month and year of birth, and sex. Data will be provided for the following zip codes: 60025, 60026 and 60062. Data to be supplied are for calendar years 1993 through 2010 as the data becomes available. User will generate the counts of births for the elementary school service for each year of data for enrollment projections.
Deerfield Public School District #109 (District), Dr. Charles Kofron	N/A	DPH will provide on-site access to a condensed file that contains the following: address, city, zip code, month and year of birth, and sex. Data to be supplied are for calendar years 1992 through 2005 at the execution of this agreement and data for years 2006 through 2010 as they become available. User will generate the counts of births for the elementary school service for each year of data for enrollment projections.
Nelson, Kilgus, Richey & Huffman	N/A	DPH will release to Nelson, Kilgus, Richey & Huffman vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for the following counties: Bureau, Carroll, Cook, DuPage, Lee, Mercer, Ogle, Rock Island, Stephenson, Whiteside and Winnebago. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Credit Bureau Mortgage Services	N/A	DPH will release to Credit Bureau Mortgage Services vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Rock Island County. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Whiteside County Health Department (WCHD)	N/A	DPH will provide to WCHD files containing data for births and deaths for the years 2001 through 2004 for residents of Whiteside County. WCHD will use the birth and death record information in the administration of their health department programs including but not limited to: surveillance activities related to maternal characteristics, geographic variations, entry into prenatal care, and birth outcomes including low birth weight, very low birth weight, neonatal and post neonatal mortality.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Downstate Title LLC	N/A	DPH will release to Downstate Title LLC vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Champaign, Ford, Iroquois and Piatt counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Children's Memorial Research Center (CMRC)	N/A	DPH will provide CMRC selected data from the Illinois Trauma Registry on victims aged 25 years and under with external injuries in Illinois between 2000 and 2004. DPH will submit a file containing data for death of victims aged 25 years and under related to external injuries in Illinois between 2002 and 2004. CMRC will use the death record information to determine the nature and severity of the injuries of individuals whose deaths were injury-related. This information will be used in a study to compare demographic characteristics among children and young adults in Illinois who have a single injury and those who have multiple injuries occurring within a five-year study period. The study will examine the leading causes of those injuries and examine the five-year survival rates and compare the characteristics of those who suffer a fatal injury with those who suffer non-fatal injuries within the same time period.
Dr. Charles Kofron, Community Consolidated School District #59	N/A	DPH will provide the school district access to the DPH's birth data for the purpose of projecting school district enrollment. The school district will use this birth data to begin planning for future needs regarding class size and the number of classrooms and schools.
Dr. Charles Kofron, River Forest Public School District #90	1/25/07 - 12/31/11	DPH will provide the school district access to the DPH's birth data for the purpose of projecting school district enrollment. The school district will use this birth data to begin planning for future needs regarding class size and the number of classrooms and schools.
Dr. Charles Kofron, North Shore School District #112	1/25/07 - 12/31/11	DPH will provide the school district access to the DPH's birth data for the purpose of projecting school district enrollment. The school district will use this birth data to begin planning for future needs regarding class size and the number of classrooms and schools.
Staff, Brenner and Staff	N/A	DPH will release to Staff, Brenner and Staff vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Adams, Brown, Fulton, Hancock, McDonough, Pike and Schuyler counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Attorneys' Title Guaranty Fund, Inc.	N/A	DPH will release to Attorneys' Title Guaranty Fund, Inc. vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Bond, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph and St. Clair counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Blackhawk Title Services	N/A	DPH will release to Blackhawk Title Services. vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Lake, McHenry and Cook counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Eric S. Swartz, Attorney at Law	N/A	DPH will release to Eric S. Swartz vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Marshall, Putnam, Bureau, Stark, Woodford, Peoria and LaSalle counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

MEMORANDUMS OF UNDERSTANDING

For the Two Years Ended June 30, 2007  
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Lowry & Hoskins, LLP	N/A	DPH will release to Lowry & Hoskins, LLP vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Pike, Brown, Schuyler, Cass, Calhoun, Adams, Greene and Jersey counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Rockies Express Pipeline, LLC	N/A	DPH will release to Rockies Express Pipeline, LLC vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Christian, Douglas, Edgar, Macon, Morgan, Moultrie, Pike, Sangamon and Scott counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Dr. Charles Kofron, West Chicago School District #33	6/6/07 - 12/31/11	DPH will provide the school district access to its birth data for the purpose of projecting school district enrollment. The school district will use this birth data to begin planning for future needs regarding class size and the number of classrooms and schools.
Campbell, Black, Carnine, Hedin, Ballard & McDonald	N/A	DPH will release vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Bond, Clay, Champaign, Clinton, Coles, Crawford, Edwards, Effingham, Gallatin, Hardin, Jackson, Johnson, Lawrence, Logan, Madison, Perry, Randolph, Richland, Saline, Sangamon, Shelby, St. Clair, Union and Wabash counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.
Marshall County Title Company	N/A	DPH will release to Marshall County Title company vital record information which will be limited to certifiable facts recorded in death and marriage records. The information will be for Bureau, Marshall, Peoria, Putnam, Stark, Tazewell, and Woodford counties. This information is to be used only in the performance of individual credit or abstract and title responsibilities.

N/A = Agreement does not indicate dates involved.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2007 and 2006  
(Not Examined)

The Department of Public Health (Department) promotes health and safety and the prevention and control of disease and injury. General health and sanitation conditions in Illinois are monitored through Department-established standards and regulations.

By providing grants to local health departments, the Department works to ensure the availability of basic preventive health care Statewide and to reduce health disparities among minority and rural populations.

The Department licenses and inspects nursing homes and hospitals to reduce environment hazards to examine conditions that cause illness or injury and to ensure quality care in these facilities.

*Activities and Performance Indicators*

<b><u>Health Protection</u></b>	<b>Fiscal Year</b>		
	<b><u>2007</u></b>	<b><u>2006</u></b>	<b><u>2005</u></b>
Immunization Rate for children under 2 years of age, excluding Chicago	83.0%	86.7%	87.5%
Immunization Rate for all Illinois children under 2 years of age, including Chicago	82.4%	84.9%	86.4%
Percent of lead poisoning cases brought to resolution within 210 days	93.9%	88.4%	83.3%
Percent of non-community public water supplies with no coliform position samples	99.5%	99.0%	99.4%
Number of lead poisoning cases remediated or referred for enforcement within 210 days	216	153	125
Total newborn screening test results reported	1,292,711	1,277,235	1,281,038
Turn-around time for positive newborn screening results (working days)	1.7	1.8	1.8
Number of prescriptions filled through AIDS Drug Assistance Program (ADAP)	106,935	121,727	126,233
Number of lead poisoning cases investigated	230	111	122
Total newborn screening tests performed	1,577,918	1,558,988	1,563,828
Number of all other lab tests performed	1,013,690	1,125,228	1,241,275

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS – Continued

For the Fiscal Years Ended June 30, 2007 and 2006  
(Not Examined)

<u>Women's Health</u>	<u>Fiscal Year</u>		
	<u>2007</u>	<u>2006</u>	<u>2005</u>
Percent of women with abnormal screening results who received diagnostic follow-up	91.0%	86.9%	87.6%
Number of requests to Women's Health Helpline	5,561	2,386	1,603
Number of Women's Health Initiative and Osteoporosis Grant Awards	69	77	72
Women's Health Initiative and Osteoporosis Grant Awards (in thousands)	\$1,443	\$1,643	\$1,532
Number of women receiving screening services	21,809	17,290	17,567
Average turn-around time for requests received through the Women's Health Helpline (business days)	3.0	4.0	3.0
 <u>Policy Planning and Statistics</u>			
Number of Medicare certified rural health clinics	200	200	193
Number of hospitals certified as critical access hospitals	0	4	15
Number of medical scholarship recipients currently in practice in rural and underserved areas	126	120	120
Percentage of eligible hospitals obtaining critical access hospital certification	0.0%	100.0%	100.0%
Number of hospitals receiving grants to assess potential impact of critical access hospital certification	0	9	18
Number of new medical scholarship awards	21	14	9
Number of hospitals eligible for critical access hospital certification	0	2	13
 <u>Health Care Regulation</u>			
Percent of hospital trauma centers in compliance with State regulations	100.0%	97.0%	100.0%
Percent of Long-Term Care (LTC) facilities in compliance at annual inspection	37.0%	36.0%	37.0%
Percent of LTC facilities in compliance at first revisit of annuals	74.0%	78.0%	80.0%

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS – Continued

For the Fiscal Years Ended June 30, 2007 and 2006  
(Not Examined)

<b><u>Health Care Regulation (continued)</u></b>	<b>Fiscal Year</b>		
	<b><u>2007</u></b>	<b><u>2006</u></b>	<b><u>2005</u></b>
Number of LTC facilities with a licensure Type “A” violation	173	152	96
Grants to Trauma Centers (in thousands)	\$4,469	\$5,271	\$4,937
Number of trauma cases	45,183	42,151	43,407
Number of EMS resource hospitals	62	62	62
Number of licensed LTC beds	123,620	123,782	125,349
Number of complaints received against LTC facilities	4,445	4,494	4,828
Number of LTC facility annual inspections	1,107	1,115	1,106
Number of LTC facility follow-up inspections	598	733	750
Number of LTC State licensed facilities (as of July 1)	1,159	1,162	1,170
Number of hospitals designated as trauma centers	60	66	66
 <b><u>Health Promotion</u></b>			
Percentage of newborns screened	100.0%	100.0%	98.0%
Number of infants confirmed with genetic/metabolic conditions	306.0	308.0	310.0
Number of children referred for lead follow-up exceeding 10mgc/dl	6,480	8,401	9,843
Percentage of children tested with blood lead levels exceeding 10mgc/dl	2.3%	3.2%	3.6%
Number of newborns screened for genetic/metabolic disorders	181,000	182,003	179,845
Number of children screened for blood lead poisoning	278,078	263,671	272,757
Number of vision and hearing screenings performed	2,100,000	1,901,256	1,799,125
Number of children eligible for vision and hearing screening	1,350,000	1,300,000	1,400,000