

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH**

**COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009**

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, 2009

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STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPLIANCE EXAMINATION
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STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

AGENCY OFFICIALS
For the Two Years Ended June 30, 2009

Director	Damon T. Arnold, M.D., M.P.H. (10/1/07 through present) Eric E. Whitaker, M.D., M.P.H. (7/1/07 through 9/30/07)
Assistant Director	Vacant
Deputy Directors:	
Office of Policy, Planning and Statistics	David Carvalho
Office of Finance and Administration & Fiscal Officer	Gary T. Robinson
Office of Health Care Regulation	Bill Bell, acting (1/18/08 through present) Enrique Unanue (7/1/07 through 1/18/08)
Office of Women's Health	Shannon Lightner (9/5/07 through present) Pamela Balmer, acting (7/1/07 through 9/4/07)
Office of Human Resources	DiAna Greene (7/16/07 through present) Siobhan Pitchford - acting (7/1/07 through 7/15/07)
Office of Preparedness and Response	Winfred Rawls (7/3/08 through present) Quin Golden (7/1/07 through 7/2/08)
Office of Health Promotion	Tom Schafer (4/1/09 through present) Tom Schafer - acting (7/1/07 through 3/31/09)
Office of Health Protection	Jessica Pickens – acting (7/25/09 through present) Alan Biggerstaff (7/1/07 through 7/24/09)
Office of Men's Health	Jerome Richardson
Legal Counsel	Jason Boltz (7/13/09 through present) Marilyn Thomas (7/1/07 through 6/30/09)

Agency offices are currently located at:

Headquarters

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

122 S. Michigan Ave.
Chicago, IL 60603

Vital Records

605 W. Jefferson St.
Springfield, IL 62702

Stores and Shipping

2875 N. Dirksen Parkway
Springfield, IL 62702

**Preparedness, Children's
Health & Safety, Information
Technology**

500 E. Monroe St.
Springfield, IL 62701

**Training & Resource Center,
Plumbing**

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

Regional Offices

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

Champaign
2125 S. First St.
Champaign, IL 61820

Edwardsville
22 Kettle River Dr.
Glen Carbon, IL 62034

Marion
2309 W. Main St.
Marion, IL 62959

Peoria
5415 N. University St.
Peoria, IL 61614

Rockford
4302 N. Main St.
Rockford, IL 61103

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

Laboratories

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

Chicago
2121 W. Taylor St.
Chicago, IL 60612

Springfield
825 N. Rutledge St.
Springfield, IL 62794



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

Sikich LLP
3201 West White Oaks Drive, Suite 102
Springfield, IL 62704

April 14, 2010


Ladies and Gentlemen:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the State of Illinois Department of Public Health (Department). We are responsible for and we have established and maintained an effective system of, internal controls over compliance requirements. We have performed an evaluation of the Department's compliance with the following assertions during the two-year period ended June 30, 2009. Based on this evaluation, we assert that during the year(s) ended June 30, 2008 and June 30, 2009, the Department has materially complied with the assertions below.

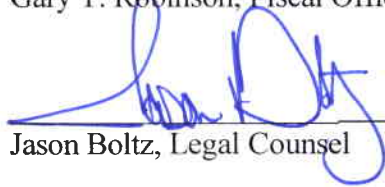
- A. The Department has obligated, expended, received and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Department has obligated, expended, received and used public funds of the State in accordance with 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.
- E. Money or negotiable securities or similar assets handled by the Department on behalf of the State or held in trust by the Department have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate and in accordance with law.

Yours very truly,

Illinois Department of Public Health


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


Gary T. Robinson, Fiscal Officer


Jason Boltz, Legal Counsel

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>Current Report</u>	<u>Prior Report</u>
Findings	22	25
Repeated findings	19	12
Prior recommendations implemented or not repeated	6	4

Details of findings are presented in the separately tabbed report section of this report.

SCHEDULE OF FINDINGS

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
FINDINGS (STATE COMPLIANCE)			
09-1	12	Weaknesses in the documentation noted in the awards and grants program	Material Noncompliance and Material Weakness
09-2	14	Consolidated service payments	Noncompliance and Significant Deficiency
09-3	16	Lack of documentation for interagency agreements	Noncompliance and Significant Deficiency

FINDINGS (STATE COMPLIANCE) - Continued

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
09-4	17	GAAP Reporting	Material Noncompliance and Material Weakness
09-5	19	Inaccurate capital asset reporting	Noncompliance and Significant Deficiency
09-6	21	Failure to reconcile death certificate surcharge revenue and failure to obtain monthly surcharge revenue reports	Noncompliance and Significant Deficiency
09-7	23	Weaknesses in controls over refunds	Noncompliance and Significant Deficiency
09-8	25	Computer security deficiencies	Noncompliance and Significant Deficiency
09-9	27	Lack of adequate disaster recovery planning or testing to ensure recovery of applications and data	Noncompliance and Significant Deficiency
09-10	29	Noncompliance with the State Officials and Employees Ethics Act	Noncompliance and Significant Deficiency
09-11	31	Employee performance evaluations not performed timely	Noncompliance and Significant Deficiency
09-12	33	Failure to file timely and accurate TA-2 Reports	Noncompliance and Significant Deficiency
09-13	35	Inadequate controls over cell phones and review of phone charges	Noncompliance and Significant Deficiency
09-14	38	Failure to obtain certification of vehicle insurance coverage	Noncompliance and Significant Deficiency

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
09-15	40	Reporting requirements	Noncompliance and Significant Deficiency
09-16	42	Youth Camp licenses not issued or not timely	Noncompliance and Significant Deficiency
09-17	44	Noncompliance with Illinois Migrant Labor Camp Law	Noncompliance and Significant Deficiency
09-18	46	Field sanitation fines not being assessed	Noncompliance and Significant Deficiency
09-19	47	Failure to conduct nurse incentive program study	Noncompliance and Significant Deficiency
09-20	49	Noncompliance with the Home Health, Home Services, and Home Nursing Agency Licensing Act	Noncompliance and Significant Deficiency
09-21	50	Noncompliance with the Nursing Home Care Act	Noncompliance and Significant Deficiency
09-22	54	Tattoo and body piercing establishments not inspected	Noncompliance and Significant Deficiency

PRIOR FINDINGS NOT REPEATED

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
A	55	Inaccurate aging of accounts receivable
B	55	Department receipts not reconciled to Comptroller records
C	55	Weaknesses in internal control over sharing federal HHS Payment Management System user IDs
D	55	Failure to obtain approval for out-of-country travel

- | | | |
|---|----|--|
| E | 56 | Failure to submit stem cell research grant annual reports to the Governor and General Assembly |
| F | 56 | Noncompliance with Innovations in Long-term Quality Care Grants Act |

EXIT CONFERENCE

Department management waived an exit conference in correspondence from Gary T. Robinson dated March 25, 2010.

Responses to the recommendations were provided by Gary T. Robinson in correspondence dated April 8, 2010.



3201 West White Oaks Drive, Suite 102 • Springfield, IL 62704

Members of American Institute of
Certified Public Accountants

**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, 2009. 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 09-1 and 09-4 in the accompanying schedule of findings, the Department did not comply with requirements regarding assertion C. Compliance with such requirements is necessary, in our opinion, for the Department to comply with the requirements listed in the first paragraph of this report.

In our opinion, except for the noncompliance described in the preceding paragraph, the Department complied, in all material respects, with the requirements listed in the first paragraph of this report during the two years ended June 30, 2009. 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 09-2, 09-3, and 09-5 through 09-22.

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 as a basis for designing 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 was not designed to identify all deficiencies in internal control over compliance that might be significant deficiencies or material weaknesses and therefore, there can be no assurance that all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying schedule of findings we identified certain deficiencies in internal control over compliance that we consider to be material weaknesses and other deficiencies that we consider to be significant deficiencies.

A *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 and correct noncompliance with the requirements listed

in the first paragraph of this report on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material noncompliance with a requirement listed in the first paragraph of this report will not be prevented, or detected and corrected on a timely basis. We consider the deficiencies in internal control over compliance as described in the accompanying schedule of findings as findings 09-1 and 09-4 to be material weaknesses.

A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in findings 09-2, 09-3, and 09-5 through 09-22 in the accompanying schedule of findings to be significant deficiencies.

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

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

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 2009 and the 2008 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 2007 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.



Springfield, Illinois
April 14, 2010

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

CURRENT FINDINGS
(STATE COMPLIANCE)

09-1 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 2008 and 2009, the Department expended \$178,331,050, or 25%, of its \$721,019,240 total expenditures for awards and grants. We sampled ten grant programs from four offices: Office of Policy, Planning and Statistics, Office of Health Care Regulation, Office of Health Protection – HIV/AIDS Section, and Office of Women’s Health. For the ten programs selected for testing, we examined 91 grant agreements totaling \$26,213,577 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 offices. 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 performing desk reviews of grantee reports is not considered a sufficient control in terms of ensuring proper compliance with grant terms, this is the current monitoring technique utilized by the Department. We noted the Department did not ensure that the reports for 72 of the 91 (79%) grants tested, which total approximately \$21,524,676, were monitored by desk reviews. For these 72 grants, the Department did not follow up on missing program or financial reports, nor did the files contain documentation of any other monitoring activities. Two of the 72 (3%) grants resulted in refunds of \$41,631 and \$36,050, respectively, which were not collected in a timely manner after the conclusion of the grant period due to poor monitoring efforts.

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.

In response to this finding from the previous examination, the Department indicated a comprehensive grants monitoring protocol would be implemented across all impacted offices. Such efforts did not significantly reduce the number of weaknesses noted during the current engagement. Department management attributed the ongoing 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. 09-1, 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; scheduling, conducting, and documenting grantee site visits; and, collecting refunds due to the Department in a timely manner.

RESPONSE:

The Department concurs in the finding and recommendation. Upon review of the grant exceptions cited, the area where the greatest improvement must be made deals with the timeliness of quarterly, semi-annual and/or final reports required of our grantees. In addition, the Department offices where grants were executed did not always follow-up as necessary or document its efforts to receive such reports. The Directive (08-01) regarding Grant Monitoring Compliance that was issued by the Director on May, 1, 2008 was done so to provide written requirements and instructions for grant monitoring across the Department. Unfortunately, as the finding states, that effort did not significantly reduce the weaknesses noted. Two action steps will be taken. First, the implementation of the Directive will be stressed at upcoming Senior Staff meetings and also with the fiscal offices of each of the applicable offices that administer grants. Secondly, the Department is part of a grants management committee comprised of several State agencies charged with the task of addressing issues on general oversight and management of grants.

09-2 FINDING: (Consolidated services payments)

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

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

During the examination period, the Department was billed a total of \$25,265,790 for consolidated services. We tested 120 detail billing invoices from DCMS totaling \$5,615,824 for consolidated services. We noted the following:

- We noted 9 vouchers totaling \$87,572 for services relating to Press Information Officers' management and 1 voucher totaling \$1,383 for services related to graphic designers did not contain adequate supporting documentation. The support for the vouchers included only the electronic invoice generated from the Accounts Receivable Posting System used by DCMS. The Department was unable to provide detailed documentation for the vouchers regarding actual time spent by Press Information Officers and graphic designers on its behalf.
- We noted 6 vouchers totaling \$490,160 for building rent expenses which did not include adequate supporting documentation. The support provided only included the electronic invoice generated from the Accounts Receivable Posting System used by DCMS. The Department was unable to provide the corresponding DCMS Bureau of Property Management Facility Management Revolving Fund Rates for rent of the properties included on the vouchers.
- We noted 1 voucher totaling \$810,000 for information technology services which did not have sufficient supporting documentation. The support provided only included a billing invoice cover sheet. No detail regarding the hours of service, rate per hour of service, cost of materials, or other applicable billing detail was included with the invoice.

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.

In response to this previous finding, the Department stated it did not believe the above would be an issue during this examination due to the improvements made by DCMS in the billing process. An improvement did occur, but the Department was unable to provide sufficient support to justify the payments made for all of the consolidated services in our sample.

Failure to obtain adequate supporting documentation could lead to the Department paying for goods and services not incurred on their behalf. (Finding Code No. 09-2, 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. Regarding each consolidated service identified in this finding, the following update is provided:

- PIO's: Upon the Department's request, DCMS has provided post documentation of timesheets and is doing so for all current billings.
- Graphic Designers: Although the Department does not receive timesheets for hours billed, for this consolidated service there is an actual product produced and the program/fiscal staff can review the work performed prior to payment to DCMS.
- Facilities: The Department has now received post and current DCMS Bureau of Property Management Facility Management Revolving Fund (FMRF) rate sheets depicting building costs.
- Information Technology: The Department and DCMS worked together on developing a new rapid alerting and notification system that would meet the CDC Public Health Information System requirements. The system was hosted by DCMS, who would hold all related contracts and pay the vendors. The Department provided funding that was approved through the CDC Bioterrorism grant for the purposes of developing this health alert system to improve our emergency preparedness response efforts.

09-3 FINDING: (Lack of documentation for interagency agreements)

The Department of Public Health (Department) did not have adequate support for Interagency Agreements 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.

During the examination period, the Department processed 285 vouchers totaling \$1,086,263 for legal expenses. We sampled 25 vouchers and noted 15 (60%) totaling \$227,614 pertained to 12 Interagency Agreements entered into with the Office of the Governor for services for advice, counsel, and, if appropriate, legal representation to the Office of the Governor, Department, and officers and employees of the State of Illinois, and such other legal services as requested. The Department's allocable share of the costs incurred under these Interagency Agreements ranged from 3% to 100%; however, there was no supporting documentation detailing the methodology used for determining the percent allocation to be paid. The Department, pursuant to communication received from the Office of the Governor, was simply instructed to pay the \$227,614 without supporting documentation for the Department's allocable share of expenses.

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 management 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. 09-3, 07-3)

RECOMMENDATION:

We recommend the Department require and maintain sufficient documentation to ensure that all billed contracted services have been provided and that the expenditures are reasonable and necessary.

RESPONSE:

The Department concurs in the finding and recommendation. Going forward, the Department will seek to obtain additional supporting documentation from the Governor's Office for any legal allocations in order to be consistent with the State Accounting Management System. Historically, it is our understanding that payment responsibility was assigned to particular State agencies based principally on the agencies' involvement in the subject matter of the litigation.

09-4 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 Illinois Office of the Comptroller. The Department prepares a separate SCO-563 form for five funds.

During our testing, we noted the Department inaccurately reported the non-cash award for Immunization Grants (CFDA #93.268) on one SCO-563 form. The Department's Illinois Office of the Comptroller-approved SCO-563 reported \$76.159 million in expenditures. It was then determined that this information could not be supported by reports generated from the Department's immunization inventory database nor could the calculation be reperformed by Department personnel. The Department subsequently manually calculated the immunization doses distributed from the federal government from July 1, 2008 through June 30, 2009. The corrected expenditures were \$76.100 million, which resulted in a decrease of \$59 thousand for the program's expenditures.

It was further noted that the accuracy of \$76.159 million of reported receipts could not be determined. The receipt amount was based on the amount of doses distributed without accounting for changes in beginning and ending immunization inventory, as the Department's immunization inventory is maintained by a third party contracted by the federal government. Department personnel stated the Department does not receive the documentation of the immunizations received, or beginning and ending inventories of immunization dosages.

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. In accordance with SAMS (Procedure 27.10.10), Department management represented that all information necessary for accurate preparation of a schedule of federal expenditures was included on the SCO-563 form.

In response to this finding from prior examinations, the Department stated it would 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 all doses received and distributed were accounted for accurately. Our testing noted the Department did not implement either of these expected corrective action plans. Department personnel attributed the error to an ongoing flawed reporting mechanism within its immunization inventory database and the lack of information provided by the federal government's third party administrator.

Further, prior examinations noted the Department did not calculate deferred revenue correctly. However, during the current examination, the Department revised the procedures utilized to estimate deferred revenue and reported a more reasonable and accurate amount. The Department was able to analyze expenditures and anticipated billings and drawdowns to determine the amount of deferred revenue.

Failure to submit correct and properly supported information to the Office of the State Comptroller decreases the accuracy of Statewide Schedule of Expenditures of Federal Awards data. (Finding Code No. 09-4, 07-4, 05-3, 03-6)

RECOMMENDATION:

We recommend the Department comply with SAMS requirements to ensure accurate financial information is submitted to the Illinois Office of the 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 in the finding and recommendation. The Department maintains documentation of all transactions associated with immunization doses distributed by the third party distributor contracted directly by the US Centers for Disease Control and Prevention. The Department will utilize the immunization distribution reports submitted to IDPH and the CDC by the third party distributor for the purpose of documenting the financial information that is reported to the Office of the State Comptroller in the GAAP Reporting Package Forms.

09-5 FINDING: (Inaccurate capital asset reporting)

The Department of Public Health (Department) did not accurately report accumulated depreciation information on the Capital Asset Summary (SCO-538) form to the Office of the State Comptroller for fiscal year 2009.

We noted the Department's ending capital asset balance and accumulated depreciation at June 30, 2009 did not agree to property records maintained by the Department and was overstated as follows:

	Total Capital Assets 6/30/09	Total Accumulated Depreciation 6/30/09
Total as reported Form SCO-538	\$ 8,099,000	\$ 4,437,000
Total per Department records	<u>7,704,000</u>	<u>4,042,000</u>
Difference	<u>\$ 395,000</u>	<u>\$ 395,000</u>

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 and is outlined in the Statewide Accounting Management System (SAMS) (Procedure 27.20.38). Financial reporting objectives, as described in SAMS Procedure 29.10.25, include providing support for the underlying assertions of management in the State's financial statements. Underlying support includes Agency records which agree to the balances reported on the SCO-538.

Previous examinations noted Department errors in preparing the SCO-538. During the examination period, the Department worked with the Illinois Office of the Comptroller to correct its methodology for preparing the SCO-538 and its prior year forms to ensure the correct beginning balances were utilized on the forms for fiscal year 2009. Department management attributed the error in reporting capital assets and accumulated depreciation at June 30, 2009 to human oversight, as the incorrect numbers were retrieved from the Department's records and recorded on the SCO-538.

Failure to accurately report capital asset and related accumulated depreciation to the Illinois Office of the Comptroller causes the Statewide financial statements to be inaccurate. (Finding Code No. 09-5, 07-5, 05-4)

RECOMMENDATION:

We recommend the Department carefully review and report capital assets, including accumulated depreciation, accurately and in accordance with the procedures outlined in the SAMS manual. We also recommend the Department correct and resubmit the capital asset forms to the Comptroller.

RESPONSE:

The Department concurs in the finding and recommendation. A review of processes has been completed and revised to ensure that proper reporting is done. As stated in the finding, this was due to human error and a new procedure for double checking report figures is being done. The Office of the Comptroller has recommended, rather than resubmit an older report, that we should show the correction on the FY10's reporting form.

09-6 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 \$1.7 million of death certificate surcharge revenue in both fiscal year 2008 and 2009. We noted \$100,015 of the fiscal year 2008 revenue and \$119,605 of the fiscal year 2009 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.

In response to this finding in the previous examination, the Department developed procedures to require all submissions to be reviewed monthly and information forwarded to employees concerning payments without the necessary documentation. Employees were then instructed to follow up with the respective locations to obtain the necessary reports. While this practice reduced the amount of revenue received without the required reports from \$297,513 and \$227,952 in fiscal year 2006 and 2007, respectively, it did not completely eliminate the issue. Department personnel stated normal staff turnover at local registration offices contributed to the lack of Reports submitted along with monthly fees.

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. 09-6, 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 in the finding and recommendation. On February 18, 2010, the Department sent a reminder letter, along with a new shipment of reporting cards to each local registrar and county clerk, emphasizing the statutory requirement to report and submit fees monthly to the department for all certified death copies issued. This reminder letter and additional reporting cards will be sent annually. Beginning with the start of the fiscal year, the Department will utilize a spreadsheet that will show all monies submitted and cards received within a specific month. Every month will be reconciled and any discrepancies will be noted.

09-7 FINDING: (Weaknesses in controls over refunds)

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

During the examination period, the Department processed 169 refunds totaling \$1,502,010. We tested 25 refunds totaling \$697,359 and noted a general lack of documentation supporting the date of the refund check and the date the refund was received by the Department. From the information available, we determined:

- 15 of 25 (60%) refunds totaling \$649,378 were not deposited in a timely manner, ranging from 1 to 141 days late.
- 8 of 25 (32%) refunds totaling \$47,307 could not be evaluated for the timeliness of the deposit because no dates were noted in the documentation provided. Specifically, the refunds did not contain a receipt date or a check date.

Additionally, 4 of 25 (16%) refunds totaling \$6,733 were not offset against the correct current expenditure accounts.

The State Officers and Employees Money Disposition 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. The State Comptroller Act (15 ILCS 405/10.14) requires appropriation credit to be provided when any warrant, or portion thereof, is returned to the State Treasury as a result of an erroneous payment or overpayment made from a treasury held fund. The Statewide Accounting Management System (SAMS) Procedure 25.20.20 instructs that the SAMS object account which was charged when the expenditure was made must be provided to the Comptroller in order for the proper credit to be made. 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. In response to this finding from the

previous examination, the Department stated the divisions within the Department would pay closer attention to the receipt documentation date allowing the timeliness of deposits to be determined. However, the weaknesses reoccurred again and were attributed by management to the overall decentralization of the refund processing system.

Failure to timely deposit and support the deposit of refunds results in noncompliance with statute and SAMS. (Finding Code No. 09-7, 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 in the finding and recommendation. The Department has developed internal instructions to process all refund checks within the 24/48 hour requirement. Refund checks will be stamped, validated and deposited within 24/48 hours. In case more documentation is needed to identify the original voucher, the check will be copied and logged in. A copy of the check will be sent to the applicable division to research and provide the necessary documentation. All documentation has to be received from the division prior to the issuance of the Treasurer's office draft which usually takes a week. Once the draft and documentation is received, staff will be able to reconcile the draft, complete the C-64 and record the transaction into the proper account.

09-8 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 security of 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:

- An excessive number of users had powerful security administration authority.
- Access rights to Department applications and data were not routinely reviewed.
- Security Agreement Letters were not always completed as required.

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 have been identified in the prior two examinations, it was incumbent upon the Department to ensure corrective actions were implemented to remedy the deficiencies.

Generally accepted information technology guidance endorses the implementation of security awareness programs, and the development of well-designed and well-managed controls to protect computer systems and data. Effective computer security controls provide for safeguarding, securing, and controlling access to hardware, software, and the information stored in the computer system.

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 Department's applications. Management stated that they have been actively working with DCMS staff to reduce the number of users with security administration authority and to implement reporting capabilities for routine review of inactive accounts.

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 or misuse. (Finding Code No. 09-8, 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 continue to work with DCMS to strengthen its security parameters by reducing the number of users with security administration authority and routinely reviewing access rights to Department applications and data. The Department should also enforce its policy requiring the completion of a Security Agreement Letter by new employees.

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. The Department's Security Administrator has submitted the current IT Policy to the CMS BCCS Security and Compliance Manager and has met with them to establish coordination with requirements and guidelines. The Department has already reduced the number of administrative level users and will continue to monitor access via routine reports provided by CMS.

The Security Administrator is working to modify the Security Agreement Letter requirement for new users and replace it with a current HR "Employee Receive" Form. This is a form already being used for new employees documenting receipt of Department directives and guidelines. Combining the IT information with this other information is a more efficient process and will replace a duplicate form.

IT has completed its presentation for Security Awareness Training and has implemented the training via the Learning Management System (LMS) in the same manner as the HIPAA training that is also required on a yearly basis. Compliance with completion of the training will be monitored via the LMS application.

09-9 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 one application 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 four 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.

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. Department personnel stated that they have reviewed the Plan and are currently working with each office to update plans associated with their programs.

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 two examinations (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 of 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. 09-9, 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 formally communicate with DCMS to determine consistent policies and procedures for Business Continuity, Recovery and Testing to ensure recovery capabilities of applications and data via the Business Continuity Management Team (BCMT).

The BCMT members are currently coordinating with each Office to determine procedures for identified business function recovery to include category and priority within the office. The latest documentation is currently stored on a shared directory structure by designated Office staff. The documentation includes procedures for implementing the plan in response to an event. In addition, the Department has implemented a new State of Illinois Rapid Electronic Notification system designed to broadcast health alert messages to specific groups of users. This system has been extended to include all Department personnel for the purpose of business continuity/emergency notification messaging.

Lastly the Department is currently working on a new Sharepoint portal with DCMS where all BC documentation will be securely stored by Office and maintained by the owner and responsible IT personnel. The new site will contain documentation of all identified business functions to include recovery requirements and application recovery and testing requirements when appropriate.

09-10 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 examination period, the Department failed to comply with the Act in the following manner:

- The Department did not have written policies and procedures for timekeeping and reporting hours worked on official State business, as prescribed by the Act.
- The Department did not require all of its employees to submit timesheets documenting the time spent each day on official State business. In fiscal years 2008 and 2009, only 16 of 1,104 (1%) and 18 of 1,135 (2%), respectively, were required to submit daily timesheets.

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.

In response to this finding from previous examinations, the Department stated it drafted a comprehensive Time Reporting System and was receiving input from the Department of Central Management Services' (DCMS) Labor Relations. The Department continued to utilize the DCMS Time and Attendance System, which involves the agency decentralized timekeepers who are responsible for maintaining negative daily attendance records. Department management stated a new directive concerning timekeeping was not implemented and the Shared Services Initiative did not come to fruition for the Department. As a result, the Department did not modify or document its timekeeping requirements.

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. 09-10, 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 all employees to submit timesheets recording time spent on official State business to the quarter hour.

RESPONSE:

The Department concurs in the finding and recommendation. The Department now has an approved Time Reporting System Policy acquired through labor union negotiations. The policy will be implemented on May 1, 2010. This policy will require all Department employees to submit timesheets documenting the time spent each day on official State business.

09-11 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 34 of 50 (68%) employee performance evaluations tested were not completed in a timely manner. The delinquency ranged from 5 to 246 days late. One of the 34 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 this finding from previous examinations, 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. The Department also established a routine monitoring process for delinquent evaluations and applicable notification was to be made to the supervisor and the Director's Office. Department management stated in its previous response that as of January 31, 2008, the number of overdue evaluations had dropped significantly. However, our testing noted overdue evaluations increased from 21 of 50 (42%) tested in the previous examination to 34 of 50 (68%) in the current examination.

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 in addition to an increasing percentage of union supervisors, which requires a higher level of involvement in evaluations.

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. 09-11, 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. As noted in the finding the Department did establish a routine monitoring process for delinquent evaluations and applicable notification is made to the supervisor and the Office. The Department certainly agrees that performance evaluations are important and need to be completed in a timely manner to serve their intended purpose. The Office of Human Resources will continue to strive to improve timeliness of our evaluations.

09-12 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>
1/15/08	1/22/08	7 days
7/15/08	7/28/08	13 days
7/15/09	10/29/09	106 days

We also noted travel vouchers for 8 of 20 (40%) 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.

In response to this finding in the previous examination, the Department stated it would submit, along with corresponding memorandum, the required TA-2 forms to the Legislative Audit Commission by the filing deadlines. The Department further asserted the July-December report was submitted by the deadline of 1/15/08. During fieldwork, we noted the report had been submitted on 1/22/08, 7 days late. Additionally, the Department stated it had implemented additional procedures to comply with office/division accurately reporting of employee changes in headquarters. We did not find evidence of positive implementation of these proposed remedies during our current examination testing.

Department management attributed the late submissions and the errors on the TA-2 report to competing work demands.

Failure to file accurate Travel Headquarter Reports decreases the effectiveness of oversight controls. (Finding Code No. 09-12, 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 in the finding and recommendation. The Department will file timely reports inclusive of the upcoming report for July 15, 2010 to the Legislative Audit Commission. The Travel Office has improved follow-up and communication with program offices on employee's headquarters designation. Given that the majority of those employees in question have home as headquarters, the Travel Office will improve verification that the home address is in compliance with the documentation submitted prior to completion of the TA-2 Reports to the Legislative Audit Commission.

09-13 FINDING: (Inadequate controls over cell phones and review of phone charges)

The Department of Public Health (Department) did not maintain adequate control over its Department-owned cellular phones, did not review all phone charges, and did not have a policy regarding calls for information services.

During the examination period, the Department expended \$2,216,641 for telecommunications services. In addition, its authorized wireless communication device (cellular phone) listing contained 292 cellular phone numbers. We examined 15 detailed telecommunication billings and the usage of 25 employees assigned a cellular phone to determine if the Department adequately monitored cell phone activity. We noted the following:

- Supervisors only review calls made by employees on Department-owned cellular phones if the employees exceed the monthly minute package. When that occurs, the detailed calls for that month are itemized on the telecommunication billing statement. In the instances where employees exceeded their monthly package in our sample of 15 billing statements, we noted employees inaccurately certified to supervisors that cellular calls for 1,311 minutes totaling \$168 were for State business when the calls were of a personal nature and the employee owed reimbursement to the Department.
- For the 25 employees tested who were assigned a cellular phone, we noted 9 exceeded their monthly minute package limit on at least one of the 15 detailed billings tested. The amount exceeded by these 9 employees was 5,939 regular minutes and 478 roaming minutes. The Department incurred charges of \$1,012 above the established monthly package rates for these minutes. Management could not demonstrate they reviewed the volume of State business activity and considered the most cost effective package size.
- We reviewed the detailed cellular phone activity for the employees in our sample for the time period September 1, 2008 through June 30, 2009. We noted instances in those ten months of employees not exceeding the monthly package limit, but making calls which appeared to be unrelated to State business based upon the time of day the call was placed, duration of the call, and detail of the type of activity, such as text message, picture text, etc. Specific examples noted include an accounting employee, whose job duties do not require significant weekend or evening telephone activity, generating 1,329 text messages during business hours and over 1,000 during evening and weekend hours during those ten months. Department management did not monitor or verify the nature of these calls because they did not receive this activity listing for review nor did they receive monthly logs of cellular telephone calls, as required by Department Cellular and Cordless Telephone policy (Directive 97-03) and described below.

- We questioned several calls on the 15 billing statements examined due to the duration, time of day, and destination of the call, i.e. employees repeatedly calling information at “411”. In response to our inquiries, the Department provided satisfactory explanations for all but 665 minutes totaling \$116 of these calls. The Department explained that it does not have a policy governing the use of “411” to inquire of an unknown phone number and, as such, employees are not prohibited from utilizing it. The Department also does not suggest to employees to utilize toll-free information numbers which would be free of charge to the Department, as a first option to search for unknown telephone numbers. The Department stated the remaining unexplained calls were made by employees who are no longer with the Department and the Department had to rely on the accuracy of the employee’s certification that the calls were for State business and did not necessitate reimbursement for personal calls.

The Illinois Administrative Code (44 Ill. Adm. Code 5030.130) outlines the State’s telephone usage policy in order to permit State employees to utilize State telephone systems in a reasonable manner, and also safeguard against abuse of such privileges. Section 5030.130(e) of the policy states, “For any use of State telephones beyond the parameters of this policy, employees shall be charged actual Department of Central Management Services billed charges.” The Department of Central Management Services (DCMS) Wireless Communication Policy requires agencies to review billing invoices, usage records, and verify the utilization of the wireless communication device is for official State business purposes. Furthermore, the Department’s Cellular and Cordless Telephone policy (Directive 97-03) states, “Each business telephone call made or received on a Department-issued cellular telephone...shall be logged on the monthly log of cellular telephone calls, and shall include the name of the employee; date and time of call; approximate geographic location of the employee at the time of the call; name, telephone number and location of the other party of the call; duration of the call and subject matter.”

Department management stated the cellular phone has become an accepted piece of office equipment and the employees assigned cellular phones are employees whose job responsibilities require them to be available for State business 24 hours a day, 7 days a week or during evening hours or weekends for meetings, surveys, and inspections, etc. The employees’ use of cellular phones is necessary for the Department to adequately function. Department management believed its specific policies regarding the use of cellular phones are outdated and will need to be updated.

Failure to enforce State and Department policy regarding telecommunications activity provides opportunity for abuse of State resources to occur without detection and could lead to excessive or unnecessary expenditures not only for telecommunications services, but for the time spent on personal phone calls and texting during business hours. (Finding Code No. 09-13)

RECOMMENDATION:

We recommend the Department revise its cellular phone policy to address the current environment where the use of a cellular phone is such a necessity. The Department should advise employees to utilize toll-free information numbers when searching for an unknown phone number, as a first resort, rather than calling “411”. Additionally, the Department should determine if the monthly minute packages within its telecommunication contracts are sufficient for its needs and remind employees of the package limits in order to avoid incurring additional charges. Finally, Department management should implement controls to verify cellular phones are not utilized for personal use. Should the Department determine employees are abusing the privilege of utilizing a State-provided cellular phone, reimbursement for personal calls should be obtained and appropriate disciplinary action should be taken.

RESPONSE:

The Department concurs in the finding and recommendation. Department management has already met with a variety of office staff charged with monitoring phone billings to help determine best practices and recommendations for improving consistency and for strengthening our review procedures. The Department will revise its cellular phone policy to take into account these best practices and recommendations and to specifically address the issues identified in the finding. The policy will include required explanations for any 411 charges (as a last resort), texting, roaming charges, overages of any applicable monthly minute packages and calls made that are lengthy and/or placed at seemingly odd times of the week, including weekends. Regarding the employee highlighted in the finding, that employee has both been counseled and her phone privilege suspended and is no longer assigned a State cell phone.

09-14 FINDING: (Failure to obtain certification of vehicle insurance coverage)

The Department of Public Health (Department) did not obtain annual certifications of vehicle insurance coverage for employees who were assigned State vehicles during the examination period as required by the Illinois Vehicle Code (Code).

The Department's fleet consisted of 84 and 86 vehicles for fiscal year 2008 and 2009, respectively. Of those, 61 were personally assigned to employees in fiscal year 2008 and 60 in fiscal year 2009. We tested 25 personally assigned vehicles to ensure the appropriate annual certification of vehicle insurance coverage for related employees was obtained by the Department during each fiscal year. The Department could not provide evidence that it obtained the annual certifications for any of the employees personally assigned vehicles for fiscal year 2008.

The Illinois Vehicle Code (625 ILCS 5/7-601(c)) requires employees assigned a specific State 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.

The Department has assigned the responsibility of obtaining these forms to the Department's travel coordinator; however, another employee, the vehicle coordinator, is responsible for monitoring and reporting on the Department's vehicle usage. In response to this finding repeated in prior examinations, the Department stated it 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. Department personnel attributed this recurring weakness to the fact that no formal procedures have been developed to ensure compliance with the Code.

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. 09-14, 07-17)

RECOMMENDATION:

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

RESPONSE:

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

09-15 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 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, but was not filed.

Department personnel stated, as they did in the prior examination, the report due in April 2009 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 provided evidence of proposed changes to existing law which included modifications to the Illinois Welfare and Rehabilitation Services Planning Act. However, as of the examination period, the language of the Act had not been modified and the Department remained responsible for the submission of this report.

- 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, 2008 was filed on August 1, 2008, 122 days late, and the Department did not file the report due April 1, 2009 as of the completion of our testing.

Department personnel stated that the submission of the Long Term Care Annual Report was late because the required data for the report was not fully complete by the April 1 deadline. Additionally, staff shortages did not allow staff to dedicate their time fully to the completion of the report in a timely manner. As stated in response to this previous 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, 2008 was filed on December 15, 2008, 348 days late, and the report due January 1, 2009 had not been filed as of the completion of our testing. The Department attributed the noncompliance to staffing and time constraints and other competing demands.

- 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 Department did not file any reports during the previous examination period. The 2007 fiscal year report was submitted on January 16, 2008, 200 days after fiscal year end. The 2008 fiscal year report was not submitted until August 12, 2009, which is 43 days after fiscal year end. Department personnel stated the report was not filed timely due to staffing and time constraints and other competing demands.

Prior examinations noted the Department failed to submit the report of its task force convened to assess the feasibility and curriculum for the Certified Nurse Assistant (CNA) Career Ladders Program, which was required by the Nursing Home Care Act (210 ILCS 45/3-206.04) to be filed on or before January 1, 2002. Department personnel stated in the prior response that because some of the information was included in the Annual Long Term Care report to the General Assembly, a separate report was not made. However, during the current examination period, the Department extracted the information related to the CNA Career Ladders Program and issued a separate report to the General Assembly on April 1, 2008 to satisfy this reporting requirement.

Failure to report to the General Assembly as required lessens governmental oversight and represents noncompliance with State law. (Finding Code No. 09-15, 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. The Illinois Welfare and Rehabilitation Services Planning Act describes a requirement for reporting biannually on several aspects of the direct provision of services to the public. Upon the formation of the Department of Human Services in 1997, direct service programs at the Department of Public Health were transferred to the Department of Human Services. Whereas the Department does not provide such services, there were no activities to report. The Department of Public Health has utilized a strategic planning process and annual management planning as an alternative methodology to report on Departmental activities and operations.

With respect to the second reporting requirement, during an upcoming Legislative session the Department will submit an amendment to the Nursing Home Care Reform Act to change the reporting requirement from April 1st to July 1st.

Lastly, regarding these annual reports, protocols involving the submission of General Assembly reports have been developed to require program staff to submit documents for review and approval at least 60 days in advance of the statutory due date in order to improve timeliness.

09-16 FINDING: (Youth Camp licenses not issued or not timely)

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

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. Additionally, the State Records Act (5 ILCS 160/8) requires records of the Department be maintained and preserved to document the decisions and activities of the Department.

During the examination period, 126 youth camps were in operation. We sampled the licenses issued during the examination period of 25 youth camps, 12 in operation for the summer months only, 12 in operation year round, and one could not be determined because the Department could not locate any inspection or license documentation. The documentation provided for the remaining 24 camps contained the following weaknesses:

- Two of the 12 (17%) year round camps were not issued a license for calendar year 2009, although inspections of those camps occurred and the camps were in operation during that period.
- Four of the 12 (33%) year round camps were issued renewal licenses 1 to 97 days after the expiration date of December 31, 2007.
- We could not determine when the renewal license was issued for 2 of the 12 (17%) year round camps in calendar year 2008 because Department personnel could not provide the documentation, thinking it had been misfiled.

Prior examinations noted the Department did not perform some youth camp inspections prior to issuing any license. This weakness was not noted during the current examination period because the Department implemented corrective action which discontinued the practice of issuing youth camp licenses prior to review of on-site inspection data.

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 caused 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 were sometimes out of sync with the licensure renewal resulting in licenses being issued before an inspection was performed.

Failure to issue licenses timely results in camps operating without a license and represents noncompliance with State law. (Finding Code No. 09-16, 07-20, 05-9, 03-4)

RECOMMENDATION:

We recommend the Department timely issue licenses as required by the Youth Camp Act and properly maintain supporting documentation.

RESPONSE:

The Department concurs in the finding and recommendation. The data system that has been initiated by the Division of Environmental Health has improved the issuing of licenses in a timely fashion as compared to audit findings in the past. Maintenance of the program's licensing files has been impacted by the lack of staff necessary to support ongoing operations. Letters requesting that applicants provide correct and timely changes to the information on file with the Department have been sent with the latest renewal applications. The Division will work to ensure that all facilities are properly licensed and regional staff will be reminded to verify that the facility is properly licensed during any inspections and to update the data system as necessary.

09-17 FINDING: (Noncompliance with 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.

During the examination period, the Department inspected 63 migrant labor camps. We tested a sample of 16 (25%) migrant labor camps and noted the following:

- 14 of 16 (88%) 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 12 days prior to and 167 days after the proposed date of camp commencement.
- 15 of 16 (94%) 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 1 day prior to and 171 days after the proposed date of camp commencement.
- 6 of 16 (38%) migrant labor camps tested were issued licenses before being inspected by the Department.
- 1 of 16 (6%) migrant labor camps selected for testing could not be examined because the Department was unable to locate the migrant labor camp application.

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. Additionally, the State Records Act (5 ILCS 160/8) requires records of the Department be maintained and preserved to document the decisions and activities of the Department.

As it indicated in response to this finding in previous examinations, the Department stated it 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. Further, management stated the law is outdated and does not reflect the current practice of using hotels rather than camps for migrant workers.

Failure to inspect migrant labor camps and issue licenses in a timely manner represents noncompliance with State law. Properly maintaining applications, which support licensing decisions, helps to protect the financial rights of the State and applicants. (Finding Code No. 09-17, 07-21, 05-10, 03-5)

RECOMMENDATION:

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

RESPONSE:

The Department concurs in the finding and recommendation. A legislative remedy has not yet been approved to amend the law in regards to time frames for inspection and licensing due to the changes in how housing is currently provided. This is an older law that has not kept pace with the housing and work practices in this area.

09-18 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 7 of 7 (100%) field inspections tested during fiscal year 2008 and 2009 did not include the assessment of fines even though violations were noted on these 7 field inspections.

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

The Department performed 5 inspections in fiscal year 2008 and 9 inspections in fiscal year 2009, and no fines were assessed for either year. We noted the 14 inspections performed during the current examination period were much less than the 156 inspections performed in the previous examination period. Department personnel stated the Act does not specify the number of inspections it must perform each year, just that the Department is authorized and directed to make inspections as necessary.

Department personnel further stated they did not assess penalties for violations during field sanitation inspections during fiscal year 2008 and 2009, as it did not in the prior examination period. As it responded to this finding in previous examinations, personnel believes the Department's 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 which may help offset the cost of inspections and is noncompliance with State law. (Finding Code No. 09-18, 07-23, 05-15, 03-3)

RECOMMENDATION:

We recommend the Department comply with all aspects of the requirements of the Field Sanitation Act or seek statutory change.

RESPONSE:

The Department concurs in the finding and recommendation. The Department has not been successful in advancing a legislative initiative to amend the law in regards to classifying any violations and the fines associated with each. As stated in the finding, the vast majority of violations are generally corrected during the inspection or are not considered to be of a nature requiring sanctions or imposition of a penalty.

09-19 FINDING: (Failure to conduct nurse incentive program study)

The Department of Public Health (Department) did not comply with requirements in regards to the nurse incentive program for medically underserved areas 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 provided no due date for completion of the study and was subject to appropriation. Accordingly, the Department is awaiting an appropriation before commencing the study. As a result, Department personnel do not believe they are in noncompliance with the statute even though they have not performed the mandated study. The Code, however, mandates the Department conduct the study without consideration of a specific appropriation. Based upon the results of the study, the Department may utilize available appropriations to implement the incentive program.

The prior examination noted the Department had failed to comply with 20 ILCS 2310/2310-227 of the Code, which 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. During the current examination period, the Department, with the assistance of Southern Illinois University at Carbondale, formed the Illinois CNA Career Ladder/Incentive Program Advisory Committee, conducted the study required by the Code, and issued a report dated November 13, 2008. The Committee then began the development of the nurse assistant incentive program. The CNA II Curriculum Training Modules have been developed and finalized, and the Committee continues to develop the administrative rules that would apply to the administration of the CNA Ladder Program to be implemented at community colleges in the State of Illinois. As of our testing, the incentive program had not been implemented, but the Department believes implementation should occur within the next examination period.

The National Center for Rural Health Professions cited in a 2005 report that 30 of Illinois’ 102 (29%) counties are designated as nursing shortage areas. These 30 counties are considered to be rural counties. The shortage of nursing faculty and the practice of recruiting rural nurses to jobs in nearby metropolitan areas intensify the nursing shortage in rural communities. Nursing shortages contribute to the inadequate primary care health

services provided in rural communities and further weaken the individual and collective health of small communities. Failure to conduct a nurse incentive program study results in noncompliance with State law and hinders the State's efforts to attract nurses to medically underserved areas in Illinois. (Finding Code No. 09-19, 07-24)

RECOMMENDATION:

We recommend the Department comply with the Civil Administrative Code of Illinois by conducting a nurse incentive program study for medically underserved areas in Illinois. Additionally, we recommend the Department continue its efforts to implement the nurse assistant incentive program developed based upon the study completed during the examination period.

RESPONSE:

The Department concurs in the finding and recommendation. The CNA II Administrative Code subcommittee has met twice since its formation and has another meeting scheduled for April 13 and 14, 2010. The subcommittee continues to develop and write rules to implement the Nurse Assistant Incentive Program. With respect to the nurse incentive program study, absent the study being completed, P.A. 94-1020 created both the Illinois Center for Nursing and the Center for Nursing Advisory Board. These bodies have assisted the Department in the identification of nursing workforce issues and strategies to address them.

09-20 FINDING: (Noncompliance with the Home Health, Home Services, and Home Nursing Agency Licensing Act)

The Illinois 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. As of June 30, 2009, the Committee was comprised of 13 members and did not include a representative from a private not-for-profit home health agency or an institution-based home health agency, positions which are defined within the Act. These positions have been vacant since December 2007.

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 prior examination noted the report was prepared on June 20, 2007, prior to the July 1, 2007 deadline, but had not been submitted to the General Assembly as of the completion of our testing. In the current examination period, the Department submitted the report to the General Assembly in November 2007, thus satisfying the requirement of this portion of the Act.

Department personnel stated two members resigned during the examination period and the Department is actively seeking replacements.

The existence of vacancies on the Home Health and Home Services Advisory Committee results in noncompliance with the Act and limits the input of all members intended by statute. (Finding Code No. 09-20, 07-25)

RECOMMENDATION:

We recommend the Department timely fill the vacancies on the Home Health and Home Services Advisory Committee as required by the Act.

RESPONSE:

The Department concurs in the finding and recommendation. The one vacant position representing institution based home health agencies was appointed effective March 15, 2010. The second position representing private non-for-profit home health agencies was forwarded to the Director's Office for approval.

09-21 FINDING: (Noncompliance with the Nursing Home Care Act)

The Department of Public Health (Department) did not comply with all provisions of the Nursing Home Care Act.

The Nursing Home Care Act (Act) (210 ILCS 45) outlines the Department's responsibilities concerning nursing homes throughout the State, including, but not limited to, policies regarding the use of restraints and seclusion, criminal history analysis of identified offenders, on-site inspections of completed construction projects, inspections of the facilities, and facility ownership transfers. Our testing of provisions of the Act noted the following weaknesses:

- During the examination period, the Department performed 336 on-site visits of nursing homes and generated a written survey of the results of each visit. We sampled 25 (7%) of the surveys to determine whether the Department ensured the nursing home had a written policy regarding the use of restraints and seclusion. In 24 of the 25 inspections (96%), the Department did not ensure the nursing home possessed such a written policy. The Act (210 ILCS 45/2-106(b)) requires each facility licensed under the Act to possess a written policy regarding the use of restraints and seclusion. Further, Section 3-212(b-1) of the Act states, "The Department shall determine whether a certified facility is in compliance with requirements of the Act that exceed federal certification requirements."

Department management stated that a policy and procedure review is an outdated approach for conducting nursing home certification surveys. Further, management stated the Department does not inquire if a written policy concerning the use of restraints and seclusion exists unless a problem concerning such use is noted during the on-site visit, because Federal guidelines require this approach and observation of residents in restraints, which the Department believes is a more stringent requirement. However, there is no federal requirement for facilities to have written policies on restraints and seclusion; therefore, this requirement of the Act exceeds federal certification requirements. As a result, the Department is required to ensure each facility has a written policy on restraints and seclusion.

- The Department prepared 1,538 Criminal History Analysis reports during the examination period. We sampled 25 of these reports (2%) and noted:
 - 25 (100%) did not contain the date that the nursing home requested the background checks.
 - 8 (32%) were not completed within 14 days of receipt of the completed background check. The delinquency ranged from 4 to 60 days after the background check was completed.
 - 6 (24%) did not contain a consultation with the identified offender's assigned parole agent or probation officer.
 - 18 (72%) did not contain a review of the statement of facts, police reports, and victim impact statements.

The Act (210 ILCS 45/2-201.5) requires facilities to, “(b)...within 24 hours after admission, request a criminal history background check...for all persons age 18 or older seeking admission to the facility...(c) If the results of a resident’s criminal history background check reveal that the resident is an identified offender...the facility shall immediately fax the resident’s name and criminal history information to the Illinois Department of Public Health, which shall conduct a Criminal History Analysis... .” Section 2-201.6 (a) to (e) of the Act establishes the guidelines for conducting a Criminal History Analysis and states the Department “...shall immediately commence a Criminal History Analysis when it receives information” and “complete the Criminal History Analysis...not later than 14 days after receiving notice from the facility.” The analysis “shall include, but not be limited to, all of the following: (1) Consultation with the identified offender’s assigned parole agent or probation officer...(3) A review of the statement of facts, police reports, and victim impact statements, if available... .” The State Records Act requires agencies maintain records to document functions and transactions of the agency to protect the legal rights of the State and affected persons (5 ILCS 160/8).

Department management stated it relies on the nursing homes to track the date the background checks are requested and on an external vendor to provide the information relating to police reports, statements of facts and victim impact statements. The vendor also attempts to contact parole agents and probation officers. Department management further stated it is often not possible to obtain the required information within the time period allotted by the Act.

- The Department performed 27 facility plan reviews of completed construction projects during the examination period. We sampled 7 of these reports (26%) and noted:
 - 2 (29%) contained inadequate documentation which prevented us from determining whether an on-site inspection was completed timely.
 - 1 (14%) project had an untimely on-site inspection, 3 days after the deadline.
 - 4 (57%) projects were not timely approved for occupancy in writing to the applicant within 5 working days of the Department’s final inspection, ranging from 12 to 66 days late.

The Act (210 ILCS 45/3-202.5 (g)) establishes requirements for facility plan reviews and states “The Department shall conduct an on-site inspection of the completed project no later than 30 days after notification from the applicant that the project has been completed and all certifications required by the Department have been received and accepted by the Department. The Department shall provide written approval for occupancy to the applicant within 5 working days of the Department's final inspection, provided the applicant has demonstrated substantial compliance as defined by Department rule.” Department management stated that, in many cases, applicants will call the Department to notify

responsible individuals of the project's completion. These conversations are not typically documented, as the communication is contingent upon the applicant's performance, i.e. completed construction in accordance with applicable conditions. The Department attributed the untimely on-site inspection and written approval to competing workloads and demands of personnel.

Failure to abide by the requirements of the Act represents noncompliance with State law and potentially jeopardizes the well-being of nursing home residents and employees. (Finding Code No. 09-21)

RECOMMENDATION:

We recommend the Department:

- Verify the existence of a written policy concerning the use of restraints during on-site visits to nursing homes or seek legislative changes to the Act;
- Obtain the date the nursing homes requested background checks to verify timeliness of the request;
- Ensure Criminal History Analyses are performed within 14 days of completed background checks and contain all required elements;
- Maintain dates of on-site inspections of facility plan reviews and ensure the reviews are performed timely; and,
- Provide timely written approval of the Department's final inspection of facility plans.

RESPONSE:

The Department concurs with the finding and recommendations. The Department will work with the Governor's Office and the General Assembly to modify the Nursing Home Care Act to change the outdated standard regarding restraints. The current survey process mandated by the federal government is resident based and outcome oriented. Direct observation regarding the application of restraints and the overall federal objective to minimize the use of restraints is the current standard. Simply stated, the quality of care standard, reviewing resident care versus the review of paper and procedures, is the current federal standards so the Department believes the State statutory requirement should be modified.

With respect to the criminal history analysis, in the past the Department never required the nursing home to send us the date they requested the background check. In late 2009 the cover sheet from the nursing homes which they send us with the background check was modified to include a field for "request background check date". The cases identified that were late were in the initial years of the program. The Department has since instituted a system that calls for documenting why cases are late and a better tracking and monitoring system so we can flag cases that are due.

The program has had great difficulty getting information from the parole and probation officers. They have not always cooperated with our requests for information within the strict time frame that is necessary. We will continue to work with the parole and probation authorities to improve collection of parole information. It should be mentioned that it is only a small subset of the cases reviewed as the probation issue relates only to those identified offenders that are currently on parole and not older cases. Similarly, the program will continue to work with police agencies to improve response rates and timeliness. Many of the local police departments don't have electronic archives so with the older cases it is difficult for them to locate applicable information.

Lastly, regarding facility plan reviews of completed construction projects, the Department will ensure both timely reviews of health care facilities and timely written approval of final inspection facility plans.

09-22 FINDING: (Tattoo and body piercing establishments not inspected)

The Department of Public Health (Department) did not inspect tattoo and body piercing establishments prior to issuing certificates of registration as required by State law.

The Tattoo and Body Piercing Establishment Registration Act (Act) (410 ILCS 54/30) requires the Department to inspect the premises of tattoo and body piercing establishments prior to issuing a certificate of registration. The Act also requires a Department-issued certificate prior to operation of an establishment (410 ILCS 54/15). The Act was passed July 21, 2006 and became effective July 1, 2007.

During the examination period, 138 certificates of registrations were issued to tattoo and body piercing establishments. We sampled 25 certificates of registration issued during the examination period and noted the Department did not perform inspections of the establishments' premises for 22 of 25 (88%) prior to issuing a certificate of registration.

Department management stated the inspection portion of the tattoo and body piercing establishment program did not begin until November 2009 for many of the State's local health departments and certificates were issued to establishments in operation prior to enactment of the Act.

Failure to inspect tattoo and body piercing establishments prior to issuing certificates of registration allows the establishments to operate without proving compliance with the requirements of the Act, including performing procedures in a sanitary environment using aseptic techniques to prevent the transmission of communicable diseases. (Finding Code No. 09-22)

RECOMMENDATION:

We recommend the Department perform inspections of establishments prior to issuing a certification of registration as required by the Act.

RESPONSE:

The Department concurs in the finding and recommendation. The Department did not promulgate rules for this program until December 2008 and subsequently worked with local health departments and the regulated entities to ensure that the local inspectors were properly trained on how to inspect these facilities. Once monies were deposited into the fund and contracts were executed with local health departments, the inspection of these facilities began. Many of the body art establishments have been in business for a number of years and the Department's decision to approve certification for existing establishments while the program was being implemented was designed to minimize the regulatory impact on these established businesses. Local health departments are proceeding with inspections of body art establishments prior to the issuance of certification and follow-up on complaints received about establishments that are not certified. At this time, program rulemaking has been fully implemented and contracts are in place with certified local health departments to ensure compliance with the provisions of the Act.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

PRIOR FINDINGS NOT REPEATED

A. Prior Finding – Inaccurate aging of accounts receivable

During the prior examination, the Department did not properly age all of its accounts receivable and provide an allowance for uncollectible accounts.

The Department accepted the recommendation to age all of its accounts receivable and establish procedures for uncollectible accounts. We noted no exceptions during our testing of the aging of accounts receivable during the current examination. (Finding Code No. 07-6)

B. Prior Finding – Department receipts not reconciled to Comptroller records

During the prior examination, the 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).

The Department accepted the recommendation to establish procedures to reconcile its cash receipts records to the Comptroller’s Monthly Revenue Status Report on a monthly basis. The reconciliations tested indicated the Department adequately performed its monthly reconciliations on a timely basis during the examination period. (Finding Code No. 07-8)

C. Prior Finding – Weaknesses in internal control over sharing federal HHS Payment Management System user IDs

During the prior examination, Department employees shared user IDs to access the U.S. Department of Health and Human Services’ (HHS) Payment Management System (PMS).

During the current examination, the Department obtained individual user IDs for the employees responsible for performing the federal drawdowns from the HHS PMS and ceased the practice of sharing IDs. (Finding Code No. 07-10)

D. Prior Finding – Failure to obtain approval for out-of-country travel

During the prior examination, the Department failed to obtain prior approval for out-of-country travel from the Governor’s Travel Control Board as required by travel regulations.

During the current examination, the Department incurred three instances of out-of-country travel. We noted the Department obtained the appropriate approvals for those trips. (Finding Code No. 07-15)

E. Prior Finding – Failure to submit stem cell research grant annual reports to the Governor and General Assembly

During the prior examination, the Department did not submit stem cell grant annual reports to the Governor and General Assembly as required by Executive Order 3 (2006).

In the prior response, management stated staff were getting information necessary to finalize the report that would be provided to the General Assembly as required by Executive Order 3. However, the Stem Cell Research and Human Cloning Prohibition Act (410 ILCS 110) (Act) became effective January 1, 2008 to establish policies for the State regarding stem cell research and specifies the duties of the Department for awarding grants for stem cell research. The Act does not contain a similar annual report requirement. As such, the Department neither submitted the report required by Executive Order 3, nor was the Department under any obligation to submit an annual report related to stem cell grants during the examination period, and this finding is not repeated. (Finding Code No. 07-18)

F. Prior Finding – Noncompliance with Innovations in Long-term Quality Care Grants Act

During the prior examination, the Department did not comply with the Innovations in Long-term Care Quality Grants Act (Act) because it did not provide grants to long-term care facilities even though the Department received \$1 million appropriations during the examination period for this purpose.

During the current examination, the Department complied with the Act and awarded 15 grants to qualified long-term care facilities which were eligible under the requirements of the Act. (Finding Code No. 07-22, 05-11, 03-7)

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, 2009
 - Year Ended June 30, 2008
 - Notes to the Schedule of Expenditures of Federal Awards
 - Schedule of Appropriations, Expenditures and Lapsed Balances
 - Fiscal Year 2009
 - Fiscal Year 2008
 - 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, 2009
(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>
<u>U.S. Department of Agriculture</u>			
Passed through the Illinois State Board of Education: Summer Food Service Program for Children	10.559	\$ 103	\$ -
Total U.S. Department of Agriculture		103	-
<u>U.S. Department of Housing and Urban Development</u>			
Direct Programs:			
Housing Opportunities for Persons with AIDS	14.241	716	698
Lead-Based Paint Hazard Control in Privately-Owned Housing	14.900	516	309
Total U.S. Department of Housing and Urban Development		1,232	1,007
<u>U.S. Department of Labor</u>			
Direct Programs:			
Compensation and Working Conditions	17.005	185	-
<u>U.S. Environmental Protection Agency</u>			
Direct Programs:			
State Indoor Radon Grant	66.032	6	-
Great Lakes Program	66.469	(1)	-
Beach Monitoring and Notification Program Implementation Grants	66.472	230	198
Surveys, Studies, Investigations and Special Purpose Grants	66.606	(1)	-
Consolidated Pesticide Enforcement Cooperative Agreements	66.700	200	-
Toxic Substances Compliance Monitoring Cooperative Agreements	66.701	177	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	375	-
Environmental Education Grants	66.951	11	9
Passed through the Illinois Environmental Protection Agency:			
Capitalization Grants for Drinking Water State Revolving Funds	66.468	(34)	-
State Grants to Reimburse Operators of Small Water Systems for Training and Certification Costs	66.471	24	-
Performance Partnership Grants	66.605	611	-
Total U.S. Environmental Protection Agency		1,598	207

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, 2009
(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>
<u>U.S. Department of Health and Human Services</u>			
Direct Programs:			
State and Territorial and Technical Assistance Capacity			
Development Minority HIV/AIDS Demonstration Program	93.006	\$ 162	\$ 158
Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	224	203
Alzheimer's Disease Demonstration Grants to States	93.051	104	43
Public Health Emergency Preparedness	93.069	23,957	13,888
Maternal and Child Health Federal Consolidated Programs	93.110	183	164
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	1,240	281
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130	310	219
Injury Prevention and Control Research and State and Community Based Programs	93.136	858	830
Health Program for Toxic Substances and Disease Registry	93.161	(7)	-
Grants to States for Loan Repayment Program	93.165	349	349
Disabilities Prevention	93.184	214	116
Childhood Lead Poisoning Prevention Projects State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	940	19
State Capacity Building	93.240	482	9
State Rural Hospital Flexibility Program	93.241	616	616
Rural Access to Emergency Devices Grant	93.259	84	84
Immunization Grants	93.268	80,841	682
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	11,641	6,370
Small Rural Hospital Improvement Grant Program	93.301	479	479
Cancer Cause and Prevention Research	93.393	6	-
Refugee and Entrant Assistance Discretionary Grants	93.576	72	72
State Survey and Certification of Health Care Providers and Suppliers	93.777	14,414	601
National Bioterrorism Hospital Preparedness Program	93.889	16,698	14,734
Grants to States for Operation of Offices of Rural Health	93.913	112	29
HIV Care Formula Grants	93.917	43,788	6,727

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, 2009
(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>
<u>U.S. Department of Health and Human Services - Continued</u>			
HIV Prevention Activities Health Department Based	93.940	\$ 4,271	\$ 2,295
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	702	43
Assistance Programs for Chronic Disease Prevention and Control	93.945	(2)	-
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	26	-
Trauma Care Systems Planning and Development	93.952	(1)	-
Preventive Health Services Sexually Transmitted Diseases Control Grants	93.977	2,301	479
Preventive Health and Health Services Block Grant	93.991	2,201	672
Maternal and Child Health Services Block Grant to the States	93.994	2,683	2,535
Passed Through the Illinois Department of Human Services: Refugee and Entrant Assistance State Administered Programs	93.566	<u>2,397</u>	<u>-</u>
Total U.S. Department of Health and Human Services		<u>212,345</u>	<u>52,697</u>
<u>U.S. Department of Homeland Security</u>			
Passed Through the Illinois Emergency Management Agency: Chemical Stockpile Emergency Preparedness Program	97.040	13	-
Homeland Security Grant Program	97.067	<u>290</u>	<u>-</u>
Total U.S. Department of Homeland Security		<u>303</u>	<u>-</u>
Total Expenditures of Federal Awards		<u>\$ 215,766</u>	<u>\$ 53,911</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, 2008
(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>
<u>U.S. Department of Agriculture</u>			
Passed through the Illinois State Board of Education:			
Summer Food Service Program for Children	10.559	\$ 37	\$ -
<u>U.S. Department of Housing and Urban Development</u>			
Direct Programs:			
Housing Opportunities for Persons with AIDS	14.241	958	958
Lead-Based Paint Hazard Control in Privately-Owned Housing	14.900	1,728	1,599
		<u>2,686</u>	<u>2,557</u>
<u>U.S. Department of Labor</u>			
Direct Programs:			
Compensation and Working Conditions	17.005	197	-
<u>U.S. Environmental Protection Agency</u>			
Direct Programs:			
Beach Monitoring and Notification Program Implementation Grants	66.472	303	203
Consolidated Pesticide Enforcement Cooperative Agreements	66.700	344	-
Toxic Substances Compliance Monitoring Cooperative Agreements	66.701	163	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	348	-
Passed through the Illinois Environmental Protection Agency:			
Capitalization Grants for Drinking Water State Revolving Funds	66.468	12	-
Great Lakes Program	66.469	31	30
State Grants to Reimburse Operators of Small Water Systems for Training and Certification Costs	66.471	114	42
Performance Partnership Grants	66.605	550	131
		<u>1,865</u>	<u>406</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, 2008
(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>
<u>U.S. Department of Health and Human Services</u>			
Direct Programs:			
Public Health and Social Services Emergency Fund	93.003	\$ 67	\$ -
State and Territorial and Technical Assistance Capacity Development Minority HIV/AIDS Demonstration Program	93.006	175	155
Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	174	145
Alzheimer's Disease Demonstration Grants to States	93.051	329	164
Public Health Emergency Preparedness	93.069	15,702	12,861
Maternal and Child Health Federal Consolidated Programs	93.110	123	66
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	1,138	267
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130	252	169
Injury Prevention and Control Research and State and Community Based Programs	93.136	2,447	2,432
Health Program for Toxic Substances and Disease Registry	93.161	510	-
Grants to States for Loan Repayment Program	93.165	308	308
Disabilities Prevention	93.184	89	-
Childhood Lead Poisoning Prevention Projects State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	957	40
State Rural Hospital Flexibility Program	93.241	2,225	2,225
Rural Access to Emergency Devices Grant	93.259	87	87
Immunization Grants	93.268	61,438	716
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	22,193	9,992
Small Rural Hospital Improvement Grant Program	93.301	501	501
Refugee and Entrant Assistance Discretionary Grants	93.576	68	67
State Survey and Certification of Health Care Providers and Suppliers	93.777	13,894	733
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779	856	-
National Bioterrorism Hospital Preparedness Program	93.889	18,538	17,137
Grants to States for Operation of Offices of Rural Health	93.913	203	89
HIV Care Formula Grants	93.917	33,788	6,806
HIV Prevention Activities Health Department Based	93.940	4,288	1,905

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, 2008
(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>
<u>U.S. Department of Health and Human Services - Continued</u>			
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	\$ 1,104	\$ 155
Assistance Programs for Chronic Disease Prevention and Control	93.945	1,306	687
Preventive Health Services Sexually Transmitted Diseases Control Grants	93.977	2,131	371
Preventive Health and Health Services Block Grant	93.991	733	64
Maternal and Child Health Services Block Grant to the States	93.994	2,591	2,418
Passed through the Illinois Department of Human Services:			
Refugee and Entrant Assistance State Administered Programs	93.566	1,650	1,435
Total U.S. Department of Health and Human Services		189,865	61,995
<u>U.S. Department of Homeland Security</u>			
Passed through the Illinois Emergency Management Agency:			
Chemical Stockpile Emergency Preparedness Program	97.040	97	40
Total U.S. Department of Homeland Security		97	40
Total Expenditures of Federal Awards		\$ 194,747	\$ 64,998

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, 2008 and 2009

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. 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 State Board of Education, Illinois Environmental Protection Agency, and the Illinois Department of Human Services are the primary recipients.

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

2. BASIS OF ACCOUNTING

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

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.

U.S. Department of Health and Human Services

- A. Public Health Emergency Preparedness – CFDA No. 93.069 - This program is utilized to develop emergency-ready public health departments by upgrading, integrating and evaluating State and local health jurisdictions preparedness for and in response to terrorism, pandemic influenza, and other public health emergencies with federal, State, local, and tribal governments, the private sector, and non-governmental organizations.
- B. 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.

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

3. DESCRIPTION OF GRANT PROGRAMS

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

- C. State Rural Hospital Flexibility Program – CFDA No. 93.241 – This program helps states work with rural communities and hospitals to develop and implement rural health plans; designate critical access hospitals; develop integrated networks of care; improve emergency medical services; provide support for quality improvement and quality reporting; facilitate performance improvements and benchmarking; and, improve service and organizational performance.
- D. 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).
- E. 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.
- F. 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.
- G. 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.
- H. National Bioterrorism Hospital Preparedness Program – CFDA No. 93.889 – This program is designed to ready hospitals and other healthcare systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

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

3. DESCRIPTION OF GRANT PROGRAMS

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

- 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. Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance – CFDA 93.944 - This program is designed to continue and strengthen effective HIV and AIDS surveillance programs and to effect, maintain, measure and evaluate the extent of HIV/AIDS incidence and prevalence throughout the United States and its territories, providing information for targeting and implementing HIV prevention activities.
- L. 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).
- M. Preventive 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 implementation 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.
- 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.

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

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 \$1,458 (in thousands) was reported for fiscal year 2008 and the federal share of reimbursements totaling \$1,908 (in thousands) was reported for fiscal year 2009.

5. NONCASH AWARDS

The Department received non-cash awards in fiscal year 2008 of \$56,450 and in fiscal year 2009 of \$76,159 (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

For the Fourteen Months Ended August 31, 2009

<u>Public Act 95-0731 and 96-0004</u>	Appropriations (Net After Transfers)	Expenditures Through June 30	Lapse Period Expenditures July 1 to August 31	Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
General Revenue Fund - 0001	\$ 161,506,700	\$ 131,429,601	\$ 21,976,572	\$ 153,406,173	\$ 8,100,527
Food and Drug Safety Fund - 0014	1,400,000	1,087,390	216,734	1,304,124	95,876
Penny Severns Breast and Cervical Cancer Research Fund - 0015	600,000	203,326	180,496	383,822	216,178
Fire Prevention Fund - 0047	1,423,000	818,806	69,182	887,988	535,012
Rural/Downstate Health Access Fund - 0048	100,000	-	-	-	100,000
Alzheimer's Disease Research Fund - 0060	350,000	85,524	66,089	151,613	198,387
Lou Gehrig's Disease Research Fund - 0061	100,000	2,601	-	2,601	97,399
Public Health Services Fund - 0063	188,735,800	113,700,380	19,196,250	132,896,630	55,839,170
Community Health Center Care Fund - 0113	1,000,000	141,179	3,913	145,092	854,908
Safe Bottled Water Fund - 0115	75,000	60,610	3,316	63,926	11,074
Facility Licensing Fund - 0118	659,900	597,405	39,399	636,804	23,096
Heartsaver AED Fund - 0135	125,000	16,253	1,971	18,224	106,776
Illinois School Asbestos Abatement Fund - 0175	952,500	857,701	42,879	900,580	51,920
Epilepsy Treatment and Education Grants-in-Aid Fund - 0197	50,000	-	-	-	50,000
Ticket for the Cure Fund - 0208	5,500,000	1,892,637	723,774	2,616,411	2,883,589
Illinois Health Facilities Planning Fund - 0238	2,200,000	1,620,349	121,547	1,741,896	458,104
Emergency Public Health Fund - 0240	3,413,600	3,275,733	6,337	3,282,070	131,530
Public Health Water Permit Fund - 0256	200,000	44,506	5,680	50,186	149,814
Nurse Dedicated and Professional Fund - 0258	1,200,000	1,160,458	6,001	1,166,459	33,541
Vince Demuzio Memorial Colon Cancer Fund - 0275	100,000	-	-	-	100,000
Long-Term Care Monitor/Receiver Fund - 0285	2,400,000	2,089,439	158,350	2,247,789	152,211
Home Care Services Agency Licensure Fund - 0287	500,000	188,082	24,748	212,830	287,170
Used Tire Management Fund - 0294	500,000	385,794	19,617	405,411	94,589
African-American HIV/AIDS Response Fund - 0326	3,000,000	-	-	-	3,000,000
Tattoo and Body Piercing Establishment Registration Fund - 0327	300,000	-	1,669	1,669	298,331
Public Health Services Revolving Fund - 0340	3,000,000	2,483,687	77,561	2,561,248	438,752
Long Term Care Provider Fund - 0345	2,000,000	1,039,065	79,380	1,118,445	881,555
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,240,200	2,759,819	678,523	3,438,342	1,801,858
Tanning Facility Permit Fund - 0370	500,000	230,568	78,312	308,880	191,120
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	2,500,000	533,228	-	533,228	1,966,772

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES

For the Fourteen Months Ended August 31, 2009

<u>Public Act 95-0731 and 96-0004</u>	Appropriations (Net After Transfers)	Expenditures Through June 30	Lapse Period Expenditures July 1 to August 31	Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
Plumbing Licensure and Program Fund - 0372	\$ 1,750,000	\$ 1,501,318	\$ 149,310	\$ 1,650,628	\$ 99,372
End Stage Renal Disease Facility Fund - 0381	385,000	-	-	-	385,000
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	53,887	1,526	55,413	94,587
Trauma Center Fund - 0397	6,000,000	45,455	3,006,578	3,052,033	2,947,967
EMS Assistance Fund - 0398	300,000	107,196	84,709	191,905	108,095
Multiple Sclerosis Research Fund - 0429	1,000,000	-	1,000,000	1,000,000	-
Quality of Life Endowment Trust Fund - 0437	1,400,000	-	-	-	1,400,000
Lung Cancer Research Fund - 0456	100,000	59,376	-	59,376	40,624
Autoimmune Disease Research Fund - 0469	100,000	-	-	-	100,000
Federal Civil Preparedness Administrative Fund - 0497	2,100,000	-	-	-	2,100,000
Health Facility Plan Review Fund - 0524	2,000,000	1,476,874	214,855	1,691,729	308,271
Pesticide Control Fund - 0576	200,000	149,434	19,018	168,452	31,548
Hospice Fund - 0586	25,000	-	-	-	25,000
Prostate Cancer Research Fund - 0626	200,000	-	-	-	200,000
Death Certificate Surcharge Fund - 0635	3,082,000	2,686,448	386,978	3,073,426	8,574
Assisted Living and Shared Housing Regulatory Fund - 0702	225,000	118,405	17,441	135,846	89,154
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	400,000	-	-	-	400,000
Tobacco Settlement Recovery Fund - 0733	17,900,000	12,188,324	4,707,455	16,895,779	1,004,221
Pet Population Control Fund - 0764	250,000	210,715	6,760	217,475	32,525
Public Health Federal Projects Fund - 0838	612,000	123,387	7,193	130,580	481,420
Maternal and Child Health Services Block Grant Fund - 0872	3,341,800	1,817,229	1,021,747	2,838,976	502,824
Preventive Health and Health Services Block Grant Fund - 0873	3,638,500	1,662,961	861,820	2,524,781	1,113,719
Public Health Special State Projects Fund - 0896	7,721,400	5,630,561	1,418,137	7,048,698	672,702
Metabolic Screening and Treatment Fund - 0920	13,373,800	9,177,207	1,200,755	10,377,962	2,995,838
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	104,500	89,826	10,107	99,933	4,567
Illinois State Podiatric Disciplinary Fund - 0954	100,000	39,754	9,994	49,748	50,252
Total Fiscal Year 2009	\$ 456,090,700	\$ 303,842,498	\$ 57,902,683	\$ 361,745,181	\$ 94,345,519

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

For the Fourteen Months Ended August 31, 2008

<u>Public Act 95-0011 and 95-0348</u>	Appropriations (Net After Transfers)	Expenditures Through June 30	Lapse Period Expenditures July 1 to August 31	Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
General Revenue Fund - 0001	\$ 159,623,910	\$ 139,046,177	\$ 16,362,746	\$ 155,408,923	\$ 4,214,987
Food and Drug Safety Fund - 0014	1,400,000	1,244,036	155,078	1,399,114	886
Penny Severns Breast and Cervical Cancer Research Fund - 0015	600,000	375,085	214,726	589,811	10,189
Fire Prevention Fund - 0047	1,423,000	564,130	545,052	1,109,182	313,818
Rural/Downstate Health Access Fund - 0048	100,000	-	-	-	100,000
Alzheimer's Disease Research Fund - 0060	350,000	225,336	89,307	314,643	35,357
Lou Gehrig's Disease Research Fund - 0061	100,000	100,000	-	100,000	-
Public Health Services Fund - 0063	178,477,900	115,752,380	17,355,415	133,107,795	45,370,105
Community Health Center Care Fund - 0113	1,000,000	52,334	525	52,859	947,141
Safe Bottled Water Fund - 0115	75,000	44,691	3,249	47,940	27,060
Facility Licensing Fund - 0118	659,900	470,489	71,709	542,198	117,702
Heartsaver AED Fund - 0135	125,000	38,910	1,970	40,880	84,120
Illinois School Asbestos Abatement Fund - 0175	952,500	536,726	36,150	572,876	379,624
Epilepsy Treatment and Education Grants-in-Aid Fund - 0197	50,000	-	-	-	50,000
Ticket for the Cure Fund - 0208	5,500,000	1,761,625	805,167	2,566,792	2,933,208
Illinois Health Facilities Planning Fund - 0238	1,734,500	1,440,347	89,940	1,530,287	204,213
Emergency Public Health Fund - 0240	3,413,600	2,172,314	919,555	3,091,869	321,731
Blindness Prevention Fund - 0250	50,000	771	-	771	49,229
Public Health Water Permit Fund - 0256	200,000	51,178	10,583	61,761	138,239
Nurse Dedicated and Professional Fund - 0258	1,200,000	1,113,787	33,034	1,146,821	53,179
Illinois Brain Tumor Research Fund - 0264	50,000	1,114	-	1,114	48,886
Sarcoidosis Research Fund - 0268	50,000	580	-	580	49,420
Vince Demuzio Memorial Colon Cancer Fund - 0275	100,000	-	-	-	100,000
Long-Term Care Monitor/Receiver Fund - 0285	1,600,000	1,494,456	104,705	1,599,161	839
Used Tire Management Fund - 0294	500,000	481,989	15,632	497,621	2,379
African-American HIV/AIDS Response Fund - 0326	3,000,000	1,200,000	675,000	1,875,000	1,125,000
Public Health Services Revolving Fund - 0340	2,024,500	1,376,799	468,557	1,845,356	179,144
Long Term Care Provider Fund - 0345	2,000,000	1,244,732	178,839	1,423,571	576,429
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,240,200	2,611,123	661,801	3,272,924	1,967,276

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES

For the Fourteen Months Ended August 31, 2008

<u>Public Act 95-0011 and 95-0348</u>	Appropriations (Net After Transfers)	Expenditures Through June 30	Lapse Period Expenditures July 1 to August 31	Total Expenditures 14 Months Ended August 31	Balances Lapsed August 31
Tanning Facility Permit Fund - 0370	\$ 500,000	\$ 298,839	\$ 65,879	\$ 364,718	\$ 135,282
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	2,000,000	689,692	-	689,692	1,310,308
Plumbing Licensure and Program Fund - 0372	1,346,200	1,165,790	180,315	1,346,105	95
End Stage Renal Disease Facility Fund - 0381	385,000	-	-	-	385,000
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	28,847	15,203	44,050	105,950
Trauma Center Fund - 0397	6,000,000	187,326	5,497,821	5,685,147	314,853
EMS Assistance Fund - 0398	300,000	44,074	109,139	153,213	146,787
Federal Civil Preparedness Administrative Fund - 0497	2,100,000	199,998	585	200,583	1,899,417
Health Facility Plan Review Fund - 0524	2,000,000	1,561,391	138,866	1,700,257	299,743
Pesticide Control Fund - 0576	200,000	183,133	9,158	192,291	7,709
Hospice Fund - 0586	25,000	-	-	-	25,000
Prostate Cancer Research Fund - 0626	200,000	76,964	-	76,964	123,036
Death Certificate Surcharge Fund - 0635	3,082,000	778,093	410,349	1,188,442	1,893,558
Assisted Living and Shared Housing Regulatory Fund - 0702	225,000	49,635	29,681	79,316	145,684
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	400,000	-	-	-	400,000
Tobacco Settlement Recovery Fund - 0733	15,900,000	12,457,619	2,889,697	15,347,316	552,684
Pet Population Control Fund - 0764	100,000	83,666	14,622	98,288	1,712
Public Health Federal Projects Fund - 0838	612,000	120,283	6,710	126,993	485,007
Maternal and Child Health Services Block Grant Fund - 0872	3,341,800	1,662,495	833,867	2,496,362	845,438
Preventive Health and Health Services Block Grant Fund - 0873	3,638,500	822,102	366,503	1,188,605	2,449,895
Public Health Special State Projects Fund - 0896	5,020,800	3,843,190	757,405	4,600,595	420,205
Metabolic Screening and Treatment Fund - 0920	11,993,800	9,409,530	1,958,082	11,367,612	626,188
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	104,500	99,525	-	99,525	4,975
Illinois State Podiatric Disciplinary Fund - 0954	100,000	28,136	-	28,136	71,864
 Total Fiscal Year 2008	 <u>\$ 431,324,610</u>	 <u>\$ 307,191,437</u>	 <u>\$ 52,082,622</u>	 <u>\$ 359,274,059</u>	 <u>\$ 72,050,551</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		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
General Revenue Fund - 0001			
Appropriations (net after transfers)	\$ 161,506,700	\$ 159,623,910	\$ 149,215,994
Expenditures			
Personal services	34,410,923	34,946,425	35,270,290
Contribution to SERS	7,255,499	5,797,098	4,071,355
Contribution to social security	2,535,801	2,567,051	2,589,504
Contractual services	8,445,126	6,965,140	7,345,963
Travel	1,212,969	1,289,751	1,252,291
Commodities	434,710	455,537	433,049
Printing	181,872	205,307	211,345
Equipment	2,959	11,111	11,718
Electronic data processing	526,239	520,715	497,495
Telecommunications services	681,245	753,752	692,249
Operation of automotive equipment	36,065	37,480	42,781
Lump sums and other purposes	47,644,508	42,054,479	40,005,543
Lump sums, operations	4,681,649	4,617,930	4,694,995
Interfund cash transfers	1,815,840	1,838,560	1,921,840
Awards and grants	25,667,144	29,875,496	24,759,926
Medical services, payments to providers	562,722	629,776	643,979
Grants to local governments	16,585,502	22,095,448	17,033,455
Grants to other state agencies	582,000	600,000	600,000
Awards and grants - lump sums	123,869	127,654	3,123,869
Other refunds	19,531	20,213	19,224
Total expenditures	<u>153,406,173</u>	<u>155,408,923</u>	<u>145,220,871</u>
Lapsed balances	<u>\$ 8,100,527</u>	<u>\$ 4,214,987</u>	<u>\$ 3,995,123</u>
Food and Drug Safety Fund - 0014			
Appropriations (net after transfers)	\$ 1,400,000	\$ 1,400,000	\$ 1,400,000
Expenditures			
Lump sums and other purposes	1,304,124	1,399,114	924,211
Total expenditures	<u>1,304,124</u>	<u>1,399,114</u>	<u>924,211</u>
Lapsed balances	<u>\$ 95,876</u>	<u>\$ 886</u>	<u>\$ 475,789</u>
Penny Seaverns Breast and Cervical Cancer Research Fund - 0015			
Appropriations (net after transfers)	\$ 600,000	\$ 600,000	\$ 600,000
Expenditures			
Awards and grants	383,822	589,811	572,300
Total expenditures	<u>383,822</u>	<u>589,811</u>	<u>572,300</u>
Lapsed balances	<u>\$ 216,178</u>	<u>\$ 10,189</u>	<u>\$ 27,700</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Fire Prevention Fund - 0047			
Appropriations (net after transfers)	\$ 1,423,000	\$ 1,423,000	\$ -
Expenditures			
Lump sums and other purposes	887,988	1,109,182	-
Total expenditures	887,988	1,109,182	-
Lapsed balances	\$ 535,012	\$ 313,818	\$ -
Rural/Downstate Health Access Fund - 0048			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Lump sums and other purposes	-	-	4,000
Total expenditures	-	-	4,000
Lapsed balances	\$ 100,000	\$ 100,000	\$ 96,000
Alzheimer's Disease Research Fund - 0060			
Appropriations (net after transfers)	\$ 350,000	\$ 350,000	\$ 200,000
Expenditures			
Awards and grants	151,613	314,643	175,722
Total expenditures	151,613	314,643	175,722
Lapsed balances	\$ 198,387	\$ 35,357	\$ 24,278
Lou Gehrig's Disease Research Fund - 0061			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Awards and grants	2,601	100,000	100,000
Total expenditures	2,601	100,000	100,000
Lapsed balances	\$ 97,399	\$ -	\$ -

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Public Health Services Fund - 0063			
Appropriations (net after transfers)	\$ 188,735,800	\$ 178,477,900	\$ 171,360,500
Expenditures			
Personal services	12,143,303	12,175,802	12,009,564
Contribution to SERS	2,560,223	2,020,214	1,385,690
Contribution to social security	895,921	896,528	893,131
Employer contributions to group insurance	2,427,343	2,533,607	2,540,448
Contractual services	3,624,542	3,068,228	3,261,438
Travel	965,624	1,116,328	1,011,304
Commodities	576,808	634,017	412,509
Printing	11,775	8,774	26,853
Equipment	107,596	73,840	577,404
Telecommunications services	149,725	162,553	196,517
Operation of automotive equipment	5,000	5,908	6,119
Lump sums and other purposes	96,683,253	97,548,446	93,207,214
Lump sums, operations	489,079	618,378	429,672
Awards and grants	6,303,937	6,532,043	5,587,478
Awards and grants - lump sums	5,952,501	5,713,129	5,983,022
Total expenditures	<u>132,896,630</u>	<u>133,107,795</u>	<u>127,528,363</u>
Lapsed balances	<u>\$ 55,839,170</u>	<u>\$ 45,370,105</u>	<u>\$ 43,832,137</u>
Community Health Center Care Fund - 0113			
Appropriations (net after transfers)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Expenditures			
Lump sums and other purposes	145,092	52,859	100,022
Total expenditures	<u>145,092</u>	<u>52,859</u>	<u>100,022</u>
Lapsed balances	<u>\$ 854,908</u>	<u>\$ 947,141</u>	<u>\$ 899,978</u>
Safe Bottled Water Fund - 0115			
Appropriations (net after transfers)	\$ 75,000	\$ 75,000	\$ 75,000
Expenditures			
Lump sums and other purposes	63,926	47,940	-
Total expenditures	<u>63,926</u>	<u>47,940</u>	<u>-</u>
Lapsed balances	<u>\$ 11,074</u>	<u>\$ 27,060</u>	<u>\$ 75,000</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Facility Licensing Fund - 0118			
Appropriations (net after transfers)	\$ 659,900	\$ 659,900	\$ 659,900
Expenditures			
Lump sums and other purposes	636,804	542,198	361,120
Total expenditures	636,804	542,198	361,120
Lapsed balances	\$ 23,096	\$ 117,702	\$ 298,780
Heartsaver AED Fund - 0135			
Appropriations (net after transfers)	\$ 125,000	\$ 125,000	\$ 125,000
Expenditures			
Lump sums and other purposes	18,224	40,880	73,124
Total expenditures	18,224	40,880	73,124
Lapsed balances	\$ 106,776	\$ 84,120	\$ 51,876
Illinois School Asbestos Abatement Fund - 0175			
Appropriations (net after transfers)	\$ 952,500	\$ 952,500	\$ 952,500
Expenditures			
Lump sums and other purposes	900,580	572,876	393,259
Total expenditures	900,580	572,876	393,259
Lapsed balances	\$ 51,920	\$ 379,624	\$ 559,241
Epilepsy Treatment and Education Grants-In-Aid Fund - 0197			
Appropriations (net after transfers)	\$ 50,000	\$ 50,000	\$ 100,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 50,000	\$ 50,000	\$ 100,000

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Ticket for the Cure Fund - 0208			
Appropriations (net after transfers)	\$ 5,500,000	\$ 5,500,000	\$ 3,900,000
Expenditures			
Awards and grants	2,616,411	2,566,792	485,000
Total expenditures	2,616,411	2,566,792	485,000
Lapsed balances	\$ 2,883,589	\$ 2,933,208	\$ 3,415,000
Illinois Health Facilities Planning Fund - 0238			
Appropriations (net after transfers)	\$ 2,200,000	\$ 1,734,500	\$ 1,734,500
Expenditures			
Lump sums and other purposes	1,741,896	1,530,287	1,615,030
Total expenditures	1,741,896	1,530,287	1,615,030
Lapsed balances	\$ 458,104	\$ 204,213	\$ 119,470
Emergency Public Health Fund - 0240			
Appropriations (net after transfers)	\$ 3,413,600	\$ 3,413,600	\$ 3,413,600
Expenditures			
Lump sums and other purposes	3,282,070	3,091,869	2,902,609
Total expenditures	3,282,070	3,091,869	2,902,609
Lapsed balances	\$ 131,530	\$ 321,731	\$ 510,991
Blindness Prevention Fund - 0250			
Appropriations (net after transfers)	\$ -	\$ 50,000	\$ 100,000
Expenditures			
Awards and grants	-	771	22,932
Total expenditures	-	771	22,932
Lapsed balances	\$ -	\$ 49,229	\$ 77,068

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Public Health Water Permit Fund - 0256			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Lump sums and other purposes	50,186	61,761	50,560
Total expenditures	50,186	61,761	50,560
Lapsed balances	\$ 149,814	\$ 138,239	\$ 149,440
Nurse Dedicated and Professional Fund - 0258			
Appropriations (net after transfers)	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000
Expenditures			
Lump sums and other purposes	1,166,459	1,146,821	1,166,664
Total expenditures	1,166,459	1,146,821	1,166,664
Lapsed balances	\$ 33,541	\$ 53,179	\$ 33,336
Illinois Brain Tumor Research Fund - 0264			
Appropriations (net after transfers)	\$ -	\$ 50,000	\$ 100,000
Expenditures			
Awards and grants	-	1,114	39,554
Total expenditures	-	1,114	39,554
Lapsed balances	\$ -	\$ 48,886	\$ 60,446
Sarcoidosis Research Fund - 0268			
Appropriations (net after transfers)	\$ -	\$ 50,000	\$ 100,000
Expenditures			
Awards and grants	-	580	14,922
Total expenditures	-	580	14,922
Lapsed balances	\$ -	\$ 49,420	\$ 85,078

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES
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	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Vince Demuzio Memorial Colon Cancer Fund - 0275			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Awards and grants - lump sums	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 100,000	\$ 100,000	\$ 100,000
Long-Term Care Monitor/Receiver Fund - 0285			
Appropriations (net after transfers)	\$ 2,400,000	\$ 1,600,000	\$ 800,000
Expenditures			
Lump sums and other purposes	2,247,789	1,599,161	799,674
Total expenditures	2,247,789	1,599,161	799,674
Lapsed balances	\$ 152,211	\$ 839	\$ 326
Home Care Services Agency Licensure Fund - 0287			
Appropriations (net after transfers)	\$ 500,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	212,830	-	-
Total expenditures	212,830	-	-
Lapsed balances	\$ 287,170	\$ -	\$ -
Used Tire Management Fund - 0294			
Appropriations (net after transfers)	\$ 500,000	\$ 500,000	\$ 500,000
Expenditures			
Lump sums and other purposes	405,411	497,621	469,725
Total expenditures	405,411	497,621	469,725
Lapsed balances	\$ 94,589	\$ 2,379	\$ 30,275

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
African-American HIV/AIDS Response Fund - 0326			
Appropriations (net after transfers)	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
Expenditures			
Awards and grants - lump sums	-	1,875,000	2,750,000
Total expenditures	-	1,875,000	2,750,000
Lapsed balances	\$ 3,000,000	\$ 1,125,000	\$ 250,000
Tattoo and Body Piercing Establishment Registration Fund - 0327			
Appropriations (net after transfers)	\$ 300,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	1,669	-	-
Total expenditures	1,669	-	-
Lapsed balances	\$ 298,331	\$ -	\$ -
Public Health Services Revolving Fund - 0340			
Appropriations (net after transfers)	\$ 3,000,000	\$ 2,024,500	\$ 2,000,000
Expenditures			
Lump sums and other purposes	2,561,248	1,845,356	1,435,301
Total expenditures	2,561,248	1,845,356	1,435,301
Lapsed balances	\$ 438,752	\$ 179,144	\$ 564,699
Long-Term Care Provider Fund - 0345			
Appropriations (net after transfers)	\$ 2,000,000	\$ 2,000,000	\$ -
Expenditures			
Lump sums and other purposes	1,118,445	1,423,571	-
Total expenditures	1,118,445	1,423,571	-
Lapsed balances	\$ 881,555	\$ 576,429	\$ -

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360			
Appropriations (net after transfers)	\$ 5,240,200	\$ 5,240,200	\$ 5,240,200
Expenditures			
Lump sums and other purposes	2,326,479	2,255,592	1,916,799
Lump sums, operations	68,598	-	-
Awards and grants	1,043,265	1,017,332	1,065,721
Total expenditures	3,438,342	3,272,924	2,982,520
Lapsed balances	\$ 1,801,858	\$ 1,967,276	\$ 2,257,680
Tanning Facility Permit Fund - 0370			
Appropriations (net after transfers)	\$ 500,000	\$ 500,000	\$ 500,000
Expenditures			
Lump sums and other purposes	308,880	364,718	197,073
Total expenditures	308,880	364,718	197,073
Lapsed balances	\$ 191,120	\$ 135,282	\$ 302,927
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371			
Appropriations (net after transfers)	\$ 2,500,000	\$ 2,000,000	\$ 1,000,000
Expenditures			
Awards and grants	533,228	689,692	371,448
Total expenditures	533,228	689,692	371,448
Lapsed balances	\$ 1,966,772	\$ 1,310,308	\$ 628,552
Plumbing Licensure and Program Fund - 0372			
Appropriations (net after transfers)	\$ 1,750,000	\$ 1,346,200	\$ 1,331,400
Expenditures			
Lump sums and other purposes	1,650,628	1,346,105	1,282,295
Total expenditures	1,650,628	1,346,105	1,282,295
Lapsed balances	\$ 99,372	\$ 95	\$ 49,105

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
End State Renal Disease Facility Fund - 0381			
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
Regulatory Evaluation and Basic Enforcement Fund - 0388			
Appropriations (net after transfers)	\$ 150,000	\$ 150,000	\$ 150,000
Expenditures			
Lump sums and other purposes	55,413	44,050	19,364
Total expenditures	55,413	44,050	19,364
Lapsed balances	\$ 94,587	\$ 105,950	\$ 130,636
Trauma Center Fund - 0397			
Appropriations (net after transfers)	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000
Expenditures			
Lump sums and other purposes	3,052,033	5,685,147	4,577,504
Total expenditures	3,052,033	5,685,147	4,577,504
Lapsed balances	\$ 2,947,967	\$ 314,853	\$ 1,422,496
EMS Assistance Fund - 0398			
Appropriations (net after transfers)	\$ 300,000	\$ 300,000	\$ 300,000
Expenditures			
Lump sums and other purposes	191,905	153,213	72,968
Total expenditures	191,905	153,213	72,968
Lapsed balances	\$ 108,095	\$ 146,787	\$ 227,032

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Multiple Sclerosis Research Fund - 0429			
Appropriations (net after transfers)	\$ 1,000,000	\$ -	\$ -
Expenditures			
Awards and grants	1,000,000	-	-
Total expenditures	1,000,000	-	-
Lapsed balances	\$ -	\$ -	\$ -
Quality of Life Endowment Trust Fund -0437			
Appropriations (net after transfers)	\$ 1,400,000	\$ -	\$ -
Expenditures			
Awards and grants - lump sums	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 1,400,000	\$ -	\$ -
Lung Cancer Research Fund - 0456			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	59,376	-	-
Total expenditures	59,376	-	-
Lapsed balances	\$ 40,624	\$ -	\$ -
Autoimmune Disease Research Fund - 0469			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 100,000	\$ -	\$ -

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Federal Civil Preparedness Administrative Fund - 0497			
Appropriations (net after transfers)	\$ 2,100,000	\$ 2,100,000	\$ 2,100,000
Expenditures			
Lump sums and other purposes	-	200,583	583,352
Total expenditures	-	200,583	583,352
Lapsed balances	\$ 2,100,000	\$ 1,899,417	\$ 1,516,648
Health Facility Plan Review Fund - 0524			
Appropriations (net after transfers)	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Expenditures			
Lump sums and other purposes	1,691,729	1,700,257	1,070,942
Total expenditures	1,691,729	1,700,257	1,070,942
Lapsed balances	\$ 308,271	\$ 299,743	\$ 929,058
Pesticide Control Fund - 0576			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Lump sums and other purposes	168,452	192,291	192,945
Total expenditures	168,452	192,291	192,945
Lapsed balances	\$ 31,548	\$ 7,709	\$ 7,055
Hospice Fund - 0586			
Appropriations (net after transfers)	\$ 25,000	\$ 25,000	\$ 25,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 25,000	\$ 25,000	\$ 25,000

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Prostate Cancer Research Fund - 0626			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Awards and grants	-	76,964	50,000
Total expenditures	-	76,964	50,000
Lapsed balances	\$ 200,000	\$ 123,036	\$ 150,000
Death Certificate Surcharge Fund - 0635			
Appropriations (net after transfers)	\$ 3,082,000	\$ 3,082,000	\$ 3,082,000
Expenditures			
Lump sums and other purposes	3,073,426	1,188,442	1,471,130
Total expenditures	3,073,426	1,188,442	1,471,130
Lapsed balances	\$ 8,574	\$ 1,893,558	\$ 1,610,870
Assisted Living and Shared Housing Regulatory Fund - 0702			
Appropriations (net after transfers)	\$ 225,000	\$ 225,000	\$ 225,000
Expenditures			
Lump sums, operations	135,846	79,316	46,656
Total expenditures	135,846	79,316	46,656
Lapsed balances	\$ 89,154	\$ 145,684	\$ 178,344
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714			
Appropriations (net after transfers)	\$ 400,000	\$ 400,000	\$ 100,000
Expenditures			
Awards and grants	-	-	98,000
Total expenditures	-	-	98,000
Lapsed balances	\$ 400,000	\$ 400,000	\$ 2,000

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Tobacco Settlement Recovery Fund - 0733			
Appropriations (net after transfers)	\$ 17,900,000	\$ 15,900,000	\$ 18,900,000
Expenditures			
Lump sums, operations	2,000,000	-	-
Awards and grants	8,547,651	8,823,137	8,739,517
Grants to other state agencies	1,843,000	1,862,000	1,862,000
Awards and grants - lump sums	4,505,128	4,662,179	7,090,725
Total expenditures	<u>16,895,779</u>	<u>15,347,316</u>	<u>17,692,242</u>
Lapsed balances	<u>\$ 1,004,221</u>	<u>\$ 552,684</u>	<u>\$ 1,207,758</u>
Pet Population Control Fund - 0764			
Appropriations (net after transfers)	\$ 250,000	\$ 100,000	\$ 100,000
Expenditures			
Lump sums and other purposes	217,475	98,288	28,872
Total expenditures	<u>217,475</u>	<u>98,288</u>	<u>28,872</u>
Lapsed balances	<u>\$ 32,525</u>	<u>\$ 1,712</u>	<u>\$ 71,128</u>
Public Health Federal Projects Fund - 0838			
Appropriations (net after transfers)	\$ 612,000	\$ 612,000	\$ 612,000
Expenditures			
Lump sums and other purposes	130,580	126,993	149,915
Total expenditures	<u>130,580</u>	<u>126,993</u>	<u>149,915</u>
Lapsed balances	<u>\$ 481,420</u>	<u>\$ 485,007</u>	<u>\$ 462,085</u>
Maternal and Child Health Services Block Grant Fund - 0872			
Appropriations (net after transfers)	\$ 3,341,800	\$ 3,341,800	\$ 3,341,800
Expenditures			
Lump sums, operations	126,315	125,502	229,340
Awards and grants	2,712,661	2,370,860	2,605,292
Total expenditures	<u>2,838,976</u>	<u>2,496,362</u>	<u>2,834,632</u>
Lapsed balances	<u>\$ 502,824</u>	<u>\$ 845,438</u>	<u>\$ 507,168</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Preventive Health and Health Services Block Fund - 0873			
Appropriations (net after transfers)	\$ 3,638,500	\$ 3,638,500	\$ 3,638,500
Expenditures			
Lump sums and other purposes	2,464,781	1,188,605	1,319,474
Awards and grants - lump sums	60,000	-	82,083
Total expenditures	<u>2,524,781</u>	<u>1,188,605</u>	<u>1,401,557</u>
Lapsed balances	<u>\$ 1,113,719</u>	<u>\$ 2,449,895</u>	<u>\$ 2,236,943</u>
Public Health Special State Projects Fund - 0896			
Appropriations (net after transfers)	\$ 7,721,400	\$ 5,020,800	\$ 3,550,000
Expenditures			
Lump sums and other purposes	4,577,298	3,637,783	2,401,945
Lump sums, operations	2,471,400	962,812	-
Total expenditures	<u>7,048,698</u>	<u>4,600,595</u>	<u>2,401,945</u>
Lapsed balances	<u>\$ 672,702</u>	<u>\$ 420,205</u>	<u>\$ 1,148,055</u>
Metabolic Screening and Treatment Fund - 0920			
Appropriations (net after transfers)	\$ 13,373,800	\$ 11,993,800	\$ 9,025,200
Expenditures			
Lump sums and other purposes	4,521,300	5,358,455	3,846,842
Lump sums, operations	1,489,090	1,806,531	1,266,218
Awards and grants	2,738,626	2,832,631	2,123,482
Medical and food supplies for free distribution	1,628,946	1,369,995	1,237,770
Total expenditures	<u>10,377,962</u>	<u>11,367,612</u>	<u>8,474,312</u>
Lapsed balances	<u>\$ 2,995,838</u>	<u>\$ 626,188</u>	<u>\$ 550,888</u>
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938			
Appropriations (net after transfers)	\$ 104,500	\$ 104,500	\$ 104,500
Expenditures			
Lump sums and other purposes	99,933	99,525	78,036
Total expenditures	<u>99,933</u>	<u>99,525</u>	<u>78,036</u>
Lapsed balances	<u>\$ 4,567</u>	<u>\$ 4,975</u>	<u>\$ 26,464</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Illinois State Podiatric Disciplinary Fund - 0954			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Lump sums and other purposes	49,748	28,136	27,417
Total expenditures	49,748	28,136	27,417
Lapsed balances	\$ 50,252	\$ 71,864	\$ 72,583
Total - All Funds			
Appropriations (net after transfers)	\$ 456,090,700	\$ 431,324,610	\$ 405,247,594
Total expenditures	361,745,181	359,274,059	333,310,088
Total lapsed balances	\$ 94,345,519	\$ 72,050,551	\$ 71,937,506
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, 2009, 2008, and 2007, State Officers' salaries were as follows:			
Director	\$ 150,228	\$ 144,728	\$ 133,960
Assistant Director	-	-	61,985
Total expenditures	\$ 150,228	\$ 144,728	\$ 195,945

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

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

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
Total - All Funds			
Appropriations (net after transfers)	\$ 456,090,700	\$ 431,324,610	\$ 405,247,594
Expenditures:			
Personal services	46,554,226	47,122,227	47,279,854
Contribution to SERS	9,815,722	7,817,312	5,457,045
Contribution to social security	3,431,722	3,463,579	3,482,635
Employer contributions to group insurance	2,427,343	2,533,607	2,540,448
Contractual services	12,069,668	10,033,368	10,607,401
Travel	2,178,593	2,406,079	2,263,595
Commodities	1,011,518	1,089,554	845,558
Printing	193,647	214,081	238,198
Equipment	110,555	84,951	589,122
Electronic data processing	526,239	520,715	497,495
Telecommunications services	830,970	916,305	888,766
Operation of automotive equipment	41,065	43,388	48,900
Lump sums and other purposes	185,711,938	178,232,604	165,891,981
Lump sums, operations	11,461,977	8,210,469	6,666,881
Interfund cash transfers	1,815,840	1,838,560	1,921,840
Awards and grants	51,700,959	55,791,866	46,414,242
Medical services, payments to providers	562,722	629,776	643,979
Medical and food supplies for free distribution	1,628,946	1,369,995	1,237,770
Grants to local governments	16,585,502	22,095,448	17,033,455
Grants to other state agencies	2,425,000	2,462,000	2,462,000
Awards and grants - lump sums	10,641,498	12,377,962	16,279,699
Other refunds	19,531	20,213	19,224
Total Expenditures	361,745,181	359,274,059	333,310,088
Lapsed Balances	\$ 94,345,519	\$ 72,050,551	\$ 71,937,506

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, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731 P.A. 96-0004	P.A. 95-0011 P.A. 95-0348	P.A. 94-0798 P.A. 95-0144
APPROPRIATED FUNDS			
Appropriations (net after transfers)	\$ 456,090,700	\$ 431,324,610	\$ 405,247,594
Expenditures			
General Revenue Fund - 0001	153,406,173	155,408,923	145,220,871
Food and Drug Safety Fund - 0014	1,304,124	1,399,114	924,211
Penny Severns Breast and Cervical Cancer Research Fund - 0015	383,822	589,811	572,300
Fire Prevention Fund - 0047	887,988	1,109,182	-
Rural/Downstate Health Access Fund - 0048	-	-	4,000
Alzheimer's Disease Research Fund - 0060	151,613	314,643	175,722
Lou Gehrig's Disease Research Fund - 0061	2,601	100,000	100,000
Public Health Services Fund - 0063	132,896,630	133,107,795	127,528,363
Community Health Center Care Fund - 0113	145,092	52,859	100,022
Safe Bottled Water Fund - 0115	63,926	47,940	-
Facility Licensing Fund - 0118	636,804	542,198	361,120
Heartsaver AED Fund - 0135	18,224	40,880	73,124
Illinois School Asbestos Abatement Fund - 0175	900,580	572,876	393,259
Ticket for the Cure Fund - 0208	2,616,411	2,566,792	485,000
Illinois Health Facilities Planning Fund - 0238	1,741,896	1,530,287	1,615,030
Emergency Public Health Fund - 0240	3,282,070	3,091,869	2,902,609
Blindness Prevention Fund - 0250	-	771	22,932
Public Health Water Permit Fund - 0256	50,186	61,761	50,560
Nurse Dedicated and Professional Fund - 0258	1,166,459	1,146,821	1,166,664
Illinois Brain Tumor Research Fund - 0264	-	1,114	39,554
Sarcoidosis Research Fund - 0268	-	580	14,922
Long-Term Care Monitor/Receiver Fund - 0285	2,247,789	1,599,161	799,674
Home Care Services Agency Licensure Fund - 0287	212,830	-	-
Used Tire Management Fund - 0294	405,411	497,621	469,725
African-American HIV/AIDS Response Fund - 0326	-	1,875,000	2,750,000
Tattoo and Body Piercing Establishment Registration Fund - 0327	1,669	-	-
Public Health Services Revolving Fund - 0340	2,561,248	1,845,356	1,435,301
Long Term Care Provider Fund - 0345	1,118,445	1,423,571	-
Lead Poisoning Screening, Prevention and Abatement Fund - 0360	3,438,342	3,272,924	2,982,520
Tanning Facility Permit Fund - 0370	308,880	364,718	197,073
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	533,228	689,692	371,448
Plumbing Licensure and Program Fund - 0372	1,650,628	1,346,105	1,282,295
Regulatory Evaluation and Basic Enforcement Fund - 0388	55,413	44,050	19,364
Trauma Center Fund - 0397	3,052,033	5,685,147	4,577,504
EMS Assistance Fund - 0398	191,905	153,213	72,968
Multiple Sclerosis Research Fund - 0429	1,000,000	-	-
Lung Cancer Research Fund - 0456	59,376	-	-
Federal Civil Preparedness Administrative Fund - 0497	-	200,583	583,352
Health Facility Plan Review Fund - 0524	1,691,729	1,700,257	1,070,942
Pesticide Control Fund - 0576	168,452	192,291	192,945

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, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
	P.A. 95-0731	P.A. 95-0011	P.A. 94-0798
	P.A. 96-0004	P.A. 95-0348	P.A. 95-0144
Prostate Cancer Research Fund - 0626	\$ -	\$ 76,964	\$ 50,000
Death Certificate Surcharge Fund - 0635	3,073,426	1,188,442	1,471,130
Assisted Living and Shared Housing Regulatory Fund - 0702	135,846	79,316	46,656
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	-	-	98,000
Tobacco Settlement Recovery Fund - 0733	16,895,779	15,347,316	17,692,242
Pet Population Control Fund - 0764	217,475	98,288	28,872
Public Health Federal Projects Fund - 0838	130,580	126,993	149,915
Maternal and Child Health Services Block Grant Fund - 0872	2,838,976	2,496,362	2,834,632
Preventive Health and Health Services Block Grant Fund - 0873	2,524,781	1,188,605	1,401,557
Public Health Special State Projects Fund - 0896	7,048,698	4,600,595	2,401,945
Metabolic Screening and Treatment Fund - 0920	10,377,962	11,367,612	8,474,312
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	99,933	99,525	78,036
Illinois State Podiatric Disciplinary Fund - 0954	49,748	28,136	27,417
Total expenditures - appropriated funds	<u>361,745,181</u>	<u>359,274,059</u>	<u>333,310,088</u>
Total lapsed balances	<u>\$ 94,345,519</u>	<u>\$ 72,050,551</u>	<u>\$ 71,937,506</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, 2009

<u>Vital Records Refund Account - #1322</u>	2009	2008
Balance, beginning of year	\$ -	\$ -
Total Deposits and Additions	438	98
Total Checks and Deductions	438	98
Balance, end of year	\$ -	\$ -

The Vital Records Refund Activity is maintained at Illini Bank and is used to issue refunds to individuals who have submitted payment and a request for a birth certificate or other records 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, 2009

	<u>Equipment</u>	<u>Land and Land Improvements</u>	<u>Capital Lease Equipment</u>	<u>Total</u>
Balance at July 1, 2007	\$ 28,103,739	\$ -	\$ 27,724	\$ 28,131,463
Additions	3,002,016	-	-	3,002,016
Deletions	(528,384)	-	-	(528,384)
Net Transfers	<u>(1,901,778)</u>	<u>-</u>	<u>-</u>	<u>(1,901,778)</u>
Balance at June 30, 2008	<u>\$ 28,675,593</u>	<u>\$ -</u>	<u>\$ 27,724</u>	<u>\$ 28,703,317</u>
Balance at July 1, 2008	\$ 28,675,593	\$ -	\$ 27,724	\$ 28,703,317
Additions	1,721,857	-	-	1,721,857
Deletions	(499,217)	-	-	(499,217)
Net Transfers	<u>(2,515,809)</u>	<u>-</u>	<u>-</u>	<u>(2,515,809)</u>
Balance at June 30, 2009	<u>\$ 27,382,424</u>	<u>\$ -</u>	<u>\$ 27,724</u>	<u>\$ 27,410,148</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, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>General Revenue Fund - 0001</u>			
Fees and licenses			
Vital records	\$ 1,543,594	\$ 1,618,893	\$ 1,586,472
Baccalaureate nursing degree loan repayments	330	1,018	1,073
Life Care Facilities Act fees	1,300	200	500
Illinois Smoke Free fines and penalties	2,350	300	-
Youth camp fees	2,125	2,850	2,800
Mobile home park fees	-	11,715	221,405
Modular safety fees	45,150	116,025	146,350
Water well license fees	17,305	18,255	17,360
Water well license fines	3,000	1,000	2,000
Private sewage fees	123,640	126,630	129,190
Recreational area fees	37,175	35,800	34,025
Salvage warehouse fees	10,660	9,020	11,200
Long-term care directory fees	210	204	338
Hospice fees	60,750	29,125	14,425
Home health agency fees	17,085	25,650	19,050
Ambulatory surgical treatment center fees	45,100	46,800	44,600
Health maintenance organization fees	77,460	80,730	13,001
Other revenue			
Freedom of Information Act fees	24,730	17,174	15,369
Copy charges	294	325	188
Jury duty/witness fees	2,791	3,043	9,934
Miscellaneous	31,170	6,963	19,760
Fines/penalties	259	53	2,705
Consumer Product Safety Commission	-	5,045	-
Federal grant revenue	72,491	890,744	8
Prior year refund	190,306	286,843	260,188
Total Fund - 0001	<u>2,309,275</u>	<u>3,334,405</u>	<u>2,551,941</u>
<u>Food and Drug Safety Fund - 0014</u>			
Fees and licenses			
Drug residue program	136	4,287	1,424
Food managers certification program	1,216,494	1,123,629	1,175,614
Milk licensing program	37,020	35,550	36,045
Health certificate program	43,638	46,320	43,902
Interest income	5,507	19,553	27,824
Total Fund - 0014	<u>1,302,795</u>	<u>1,229,339</u>	<u>1,284,809</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Penny Severns Breast and Cervical Cancer Research Fund - 0015</u>			
Private organizations or individuals	\$ 35,000	\$ -	\$ -
Transfer from General Revenue Fund	194,000	200,000	200,000
Prior year refund	1,035	-	-
Total Fund - 0015	<u>230,035</u>	<u>200,000</u>	<u>200,000</u>
<u>Alzheimer's Disease Research Fund - 0060</u>			
Private organizations or individuals	925	555	420
Total Fund - 0060	<u>925</u>	<u>555</u>	<u>420</u>
<u>Public Health Services Fund - 0063</u>			
Federal grant revenue	130,583,168	131,706,422	124,606,511
Prior year refund	51,818	181,733	308,576
Prior year warrant voids	-	63,582	1,565
Total Fund - 0063	<u>130,634,986</u>	<u>131,951,737</u>	<u>124,916,652</u>
<u>Community Health Center Care Fund - 0113</u>			
Residency scholarship collections	264,316	436,873	292,322
Total Fund - 0113	<u>264,316</u>	<u>436,873</u>	<u>292,322</u>
<u>Safe Bottled Water Fund - 0115</u>			
Fees and licenses	27,450	25,950	23,045
Total Fund - 0115	<u>27,450</u>	<u>25,950</u>	<u>23,045</u>
<u>Facility Licensing Fund - 0118</u>			
Fees and licenses			
Migrant camp	3,300	4,100	3,900
Swimming facility	163,440	260,810	472,945
Mobile home park spaces	285,229	277,489	-
Manufactured home	74,599	95,967	110,091
Total Fund - 0118	<u>526,568</u>	<u>638,366</u>	<u>586,936</u>
<u>Heartsaver AED Fund - 0135</u>			
Private organizations or individuals	100	200	102,000
Total Fund - 0135	<u>100</u>	<u>200</u>	<u>102,000</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Illinois School Asbestos Abatement Fund - 0175</u>			
Fees and licenses			
Asbestos fees	\$ 555,485	\$ 540,881	\$ 531,303
Asbestos fines	149,788	198,293	226,712
Prior year refund	-	16	-
Total Fund - 0175	<u>705,273</u>	<u>739,190</u>	<u>758,015</u>
<u>Ticket for the Cure Fund - 0208</u>			
Prior year refund	41,831	-	-
Interest income	88,028	-	-
Total Fund - 0208	<u>129,859</u>	<u>-</u>	<u>-</u>
<u>Illinois Health Facilities Planning Fund - 0238</u>			
Certificate of need	2,445,965	3,200,371	3,124,143
Prior year refund	656	-	-
Total Fund - 0238	<u>2,446,621</u>	<u>3,200,371</u>	<u>3,124,143</u>
<u>Emergency Public Health Fund - 0240</u>			
Prior year refund	13,820	9,684	26,132
Total Fund - 0240	<u>13,820</u>	<u>9,684</u>	<u>26,132</u>
<u>Public Health Water Permit Fund - 0256</u>			
Fees and licenses			
Water permits	36,400	57,200	62,700
Total Fund - 0256	<u>36,400</u>	<u>57,200</u>	<u>62,700</u>
<u>Nurse Dedicated and Professional Fund - 0258</u>			
Prior year refund	-	-	6,473
Total Fund - 0258	<u>-</u>	<u>-</u>	<u>6,473</u>
<u>Vince Demuzio Memorial Colon Cancer Fund - Fund 0275</u>			
Interest income	1,392	-	-
Total Fund - 0275	<u>1,392</u>	<u>-</u>	<u>-</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Long-Term Care Monitor/Receiver Fund - 0285</u>			
Fees and licenses			
Long-term care fees	\$ 921,364	\$ 812,033	\$ 1,176,510
Long-term care fines	871,971	1,063,977	685,142
Total Fund - 0285	<u>1,793,335</u>	<u>1,876,010</u>	<u>1,861,652</u>
<u>Home Care Services Agency Licensure Fund - 0287</u>			
Fees and licenses			
Licenses, fee or registration	770,700	-	-
Total Fund - 0287	<u>770,700</u>	<u>-</u>	<u>-</u>
<u>African-American HIV/AIDS Response Fund - 0326</u>			
Prior year refund	17,681	25,000	-
Total Fund - 0326	<u>17,681</u>	<u>25,000</u>	<u>-</u>
<u>Tattoo and Body Piercing Establishment Registration Fund - 0327</u>			
Fees and licenses			
Tattoo and body piercing establishment	87,800	-	-
Total Fund - 0327	<u>87,800</u>	<u>-</u>	<u>-</u>
<u>Public Health Services Revolving Fund - 0340</u>			
Fees and licenses			
Laboratory	1,640,779	1,596,497	2,321,890
Interest income	44,964	96,854	74,218
Total Fund - 0340	<u>1,685,743</u>	<u>1,693,351</u>	<u>2,396,108</u>
<u>Lead Poisoning, Screening, Prevention and Abatement Fund - 0360</u>			
Fees and licenses			
Laboratory	30,215	63,773	48,817
Lead inspector	263,271	263,190	241,030
Medicaid - children	1,329,086	1,750,208	2,029,558
Transfer from General Revenue Fund	1,214,560	1,843,840	822,000
Prior year refund	33	-	-
Total Fund - 0360	<u>2,837,165</u>	<u>3,921,011</u>	<u>3,141,405</u>
<u>Tanning Facility Permit Fund - 0370</u>			
Fees and licenses			
Tanning facilities	271,400	278,450	299,375
Total Fund - 0370	<u>271,400</u>	<u>278,450</u>	<u>299,375</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Innovations in Long-term Care Quality Demonstration Grants Fund - 0371</u>			
Civil monetary penalties	\$ 927,235	\$ 1,137,777	\$ 810,707
Interest income	82,045	145,562	135,710
Total Fund - 0371	<u>1,009,280</u>	<u>1,283,339</u>	<u>946,417</u>
<u>Plumbing Licensure and Program Fund - 0372</u>			
Fees and licenses			
Plumbing licenses	1,644,351	1,655,110	1,407,295
Plumbing violations	18,124	38,938	84,975
Prior year refund	559	-	-
Prior year warrant voids	-	50	-
Total Fund - 0372	<u>1,663,034</u>	<u>1,694,098</u>	<u>1,492,270</u>
<u>Regulatory Evaluation and Basic Enforcement Fund - 0388</u>			
Sub-acute care facilities	42,700	44,000	45,700
Total Fund - 0388	<u>42,700</u>	<u>44,000</u>	<u>45,700</u>
<u>EMS Assistance Fund - 0398</u>			
Fees and licenses			
EMS ambulance fees	161,199	188,873	121,959
Total Fund - 0398	<u>161,199</u>	<u>188,873</u>	<u>121,959</u>
<u>Multiple Sclerosis Research Fund - 0429</u>			
Interest income	9,626	-	-
Total Fund - 0429	<u>9,626</u>	<u>-</u>	<u>-</u>
<u>Quality of Life Endowment Trust Fund - 0437</u>			
Interest income	33,061	-	-
Total Fund - 0437	<u>33,061</u>	<u>-</u>	<u>-</u>
<u>Autoimmune Disease Research Fund - 0469</u>			
Interest income	933	-	-
Total Fund - 0469	<u>933</u>	<u>-</u>	<u>-</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Federal Civil Preparedness Administrative Fund - 0497</u>			
Federal grant revenue	\$ 585	\$ 200,664	\$ 942,237
Prior year refund	2,149	-	-
Prior year warrant voids	192	266,730	-
Total Fund - 0497	<u>2,926</u>	<u>467,394</u>	<u>942,237</u>
<u>Health Facility Plan Review Fund - 0524</u>			
Certificate of need - nursing homes	378,535	347,037	384,790
Certificate of need - hospitals	1,524,083	1,884,102	1,619,514
Total Fund - 0524	<u>1,902,618</u>	<u>2,231,139</u>	<u>2,004,304</u>
<u>Pesticide Control Fund - 0576</u>			
Fees and licenses			
Fines and fees	168,775	147,196	171,992
Total Fund - 0576	<u>168,775</u>	<u>147,196</u>	<u>171,992</u>
<u>Prostate Cancer Research Fund - 0626</u>			
Private organizations or individuals	-	-	555
Total Fund - 0626	<u>-</u>	<u>-</u>	<u>555</u>
<u>Death Certificate Surcharge Fund - 0635</u>			
Fees and licenses			
Vital records	1,702,412	1,815,764	1,800,799
Total Fund - 0635	<u>1,702,412</u>	<u>1,815,764</u>	<u>1,800,799</u>
<u>Illinois Adoption Registry and Medical Information Exchange Fund - 0638</u>			
Fees and licenses			
Adoption registry	1,560	960	800
Total Fund - 0638	<u>1,560</u>	<u>960</u>	<u>800</u>
<u>Assisted Living and Shared Housing Regulatory Fund - 0702</u>			
Fees and licenses	339,425	159,015	111,085
Interest income	6,691	8,269	5,717
Total Fund - 0702	<u>346,116</u>	<u>167,284</u>	<u>116,802</u>
<u>Post Transplant Maintenance Fund - 0712</u>			
Interest income	2,104	3,795	5,723
Total Fund - 0712	<u>2,104</u>	<u>3,795</u>	<u>5,723</u>

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Tobacco Settlement Recovery Fund - 0733</u>			
Prior year refund	\$ 89,189	\$ 168	\$ -
Total Fund - 0733	89,189	168	-
<u>Pet Population Control Fund - 0764</u>			
Circuit clerk	53,770	78,199	71,640
Total Fund - 0764	53,770	78,199	71,640
<u>Public Health Federal Projects Fund - 0838</u>			
Federal grant revenue	130,096	128,481	146,823
Total Fund - 0838	130,096	128,481	146,823
<u>Maternal and Child Health Services Block Grant Fund - 0872</u>			
Federal grant revenue	2,974,342	2,594,715	3,395,730
Prior year refund	520	-	-
Total Fund - 0872	2,974,862	2,594,715	3,395,730
<u>Preventive Health and Health Services Block Grant Fund - 0873</u>			
Federal grant revenue	2,071,334	580,651	1,875,995
Prior year refund	-	276	5,115
Total Fund - 0873	2,071,334	580,927	1,881,110
<u>Public Health Special State Projects Fund - 0896</u>			
Special State projects	2,003,782	218,539	742,468
Private organizations or individuals	298,051	273,541	164,019
Federal indirect cost reimbursement	4,934,134	4,379,830	4,125,577
Prior year refund	989	258,263	-
Other revenue	25,000	-	-
Total Fund - 0896	7,261,956	5,130,173	5,032,064
<u>Metabolic Screening and Treatment Fund - 0920</u>			
Fees and licenses			
Laboratory	10,923,187	10,089,329	8,358,098
Third party payees	165,741	351,281	111,270
Prior year refund	9,022	7,995	695
Total Fund - 0920	11,097,950	10,448,605	8,470,063

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2009, 2008, and 2007

	Fiscal Year		
	2009	2008	2007
<u>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</u>			
Certify hearing aid dispensers	\$ 41,610	\$ 36,750	\$ 37,885
Interest income	3,178	7,439	9,452
Total Fund - 0938	<u>44,788</u>	<u>44,189</u>	<u>47,337</u>
Total All Funds	<u>\$ 176,863,928</u>	<u>\$ 176,666,991</u>	<u>\$ 168,328,453</u>
 <u>All Funds</u>			
Fees and licenses	\$ 24,396,416	\$ 22,966,778	\$ 21,760,164 (1)
Federal grant revenue	135,832,016	136,101,677	130,967,304
Interest income	277,529	281,472	258,644
Prior year refunds	419,608	769,978	607,179
Prior year warrant voids	192	330,362	1,565
Loan repayments	330	1,018	1,073
Third party payees	165,741	351,281	111,270
Circuit clerk	53,770	78,199	71,640
Federal indirect cost reimbursement	4,934,134	4,379,830	4,125,577
Private organizations or individuals	334,076	274,296	266,994 (1)
Transfers (to)/from other funds	1,408,560	2,043,840	1,022,000
Residency scholarship collections	264,316	436,873	292,322
Medicaid - children	1,329,086	1,750,208	2,029,558
Civil monetary penalties	927,235	1,137,777	810,707
Sub-acute care facilities	42,700	44,000	45,700
Certificate of need	4,348,583	5,431,510	5,128,447
Special State projects	2,003,782	218,539	742,468
Miscellaneous revenue	84,244	27,558	47,956
Consumer Product Safety Commission	-	5,045	-
Certify hearing aid dispensers	41,610	36,750	37,885
Total All Funds	<u>\$ 176,863,928</u>	<u>\$ 176,666,991</u>	<u>\$ 168,328,453</u>

(1) During the current examination period, \$102,000 in the fiscal year 2007 column was reclassified from fees and licenses to private organizations or individuals in the summary total section of this schedule to reflect the classifications of those receipt types in 2008 and 2009. The reclassification was made for consistency purposes and did not affect the total receipts presented for fiscal year 2007.

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, 2009

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Receipts per Comptroller Records
			Beginning of Year	End of Year	
General Revenue Fund - 0001	\$ 2,309,275	\$ -	\$ 77,339	\$ (73,363)	\$ 2,313,251
Food and Drug Safety Fund - 0014	1,302,795	(5,507)	22,356	(40,937)	1,278,707
Penny Severns Breast and Cervical Cancer Research Fund - 0015	230,035	-	-	-	230,035
Alzheimer's Disease Research Fund - 0060	925	-	-	-	925
Public Health Services Fund - 0063	130,634,986	-	-	(29,361)	130,605,625
Community Health Center Care Fund - 0113	264,316	-	7,698	(6,432)	265,582
Safe Bottled Water Fund - 0115	27,450	-	-	(350)	27,100
Facility Licensing Fund - 0118	526,568	-	5,181	(5,077)	526,672
Heartsaver AED Fund - 0135	100	-	-	-	100
Illinois School Asbestos Abatement Fund - 0175	705,273	-	112,939	(7,259)	810,953
Ticket for the Cure - 0208	129,859	(88,028)	-	-	41,831
Illinois Health Facilities Planning Fund - 0238	2,446,621	-	121,500	(19,193)	2,548,928
Emergency Public Health Fund - 0240	13,820	-	-	-	13,820
Public Health Water Permit Fund - 0256	36,400	-	1,700	(1,100)	37,000
Vince Demuzio Memorial Colon Cancer Fund - Fund 0275	1,392	(1,392)	-	-	-
Long-Term Care Monitor/Receiver Fund - 0285	1,793,335	-	63,679	(103,049)	1,753,965
Home Care Services Agency Licensure Fund - 0287	770,700	-	-	(10,000)	760,700
African-American HIV/AIDS Response Fund - 0326	17,681	-	-	-	17,681
Tattoo and Body Piercing Establishment Registration Fund - 0327	87,800	-	-	(4,200)	83,600
Public Health Services Revolving Fund - 0340	1,685,743	(44,964)	30,761	(27,147)	1,644,393
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	2,837,165	-	6,929	(1,656)	2,842,438
Tanning Facility Permit Fund - 0370	271,400	-	9,150	(11,150)	269,400
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	1,009,280	(82,045)	-	(29,361)	897,874
Plumbing Licensure and Program Fund - 0372	1,663,034	-	18,770	(15,445)	1,666,359
Regulatory Evaluation and Basic Enforcement Fund - 0388	42,700	-	-	-	42,700
EMS Assistance Fund - 0398	161,199	-	9,025	(1,550)	168,674
Multiple Sclerosis Research Fund - 0429	9,626	(9,626)	-	-	-

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, 2009

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Receipts per Comptroller Records
			Beginning of Year	End of Year	
Quality of Life Endowment Fund - 0437	\$ 33,061	\$ (33,061)	\$ -	\$ -	\$ -
Autoimmune Disease Research Fund - 0469	933	(933)	-	-	-
Federal Civil Preparedness Administrative Fund - 0497	2,926	-	-	-	2,926
Health Facility Plan Review Fund - 0524	1,902,618	-	26,791	(97,128)	1,832,281
Pesticide Control Fund - 0576	168,775	-	-	(1,000)	167,775
Death Certificate Surcharge Fund - 0635	1,702,412	-	47,998	(33,350)	1,717,060
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	1,560	-	40	(80)	1,520
Assisted Living and Share Housing Regulatory Fund - 0702	346,116	(6,691)	18,365	(5,140)	352,650
Post Transplant Maintenance Fund - 0712	2,104	(2,104)	-	-	-
Tobacco Settlement Recovery Fund - 0733	89,189	-	-	-	89,189
Pet Population Control Fund - 0764	53,770	-	150	-	53,920
Public Health Federal Projects Fund - 0838	130,096	-	-	-	130,096
Maternal and Child Health Services Block Grant Fund - 0872	2,974,862	-	-	-	2,974,862
Preventive Health and Health Services Block Grant Fund - 0873	2,071,334	-	-	-	2,071,334
Public Health Special State Projects Fund - 0896	7,261,956	-	5,280	(38,851)	7,228,385
Metabolic Screening and Treatment Fund - 0920	11,097,950	-	240,351	(460,377)	10,877,924
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	44,788	(3,178)	2,528	(1,443)	42,695
All Funds	<u>\$ 176,863,928</u>	<u>\$ (277,529)</u>	<u>\$ 828,530</u>	<u>\$ (1,023,999)</u>	<u>\$ 176,390,930</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, 2008

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Receipts per Comptroller Records
			Beginning of Year	End of Year	
General Revenue Fund - 0001	\$ 3,334,405	\$ -	\$ 67,486	\$ (77,339)	\$ 3,324,552
Food and Drug Safety Fund - 0014	1,229,339	(19,553)	37,371	(22,356)	1,224,801
Penny Severns Breast and Cervical Cancer Research Fund - 0015	200,000	-	-	-	200,000
Alzheimer's Disease Research Fund - 0060	555	-	-	-	555
Public Health Services Fund - 0063	131,951,737	-	145,868	-	132,097,605
Community Health Center Care Fund - 0113	436,873	-	-	(7,698)	429,175
Safe Bottled Water Fund - 0115	25,950	-	150	-	26,100
Facility Licensing Fund - 0118	638,366	-	7,395	(5,181)	640,580
Heartsaver AED Fund - 0135	200	-	-	-	200
Illinois School Asbestos Abatement Fund - 0175	739,190	-	16,414	(112,939)	642,665
Illinois Health Facilities Planning Fund - 0238	3,200,371	-	207,873	(121,500)	3,286,744
Emergency Public Health Fund - 0240	9,684	-	-	-	9,684
Public Health Water Permit Fund - 0256	57,200	-	1,200	(1,700)	56,700
Long-Term Care Monitor/Receiver Fund - 0285	1,876,010	-	68,715	(63,679)	1,881,046
African-American HIV/AIDS Response Fund - 0326	25,000	-	-	-	25,000
Public Health Services Revolving Fund - 0340	1,693,351	(96,854)	6,123	(30,761)	1,571,859
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	3,921,011	-	2,086	(6,929)	3,916,168
Tanning Facility Permit Fund - 0370	278,450	-	7,250	(9,150)	276,550
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	1,283,339	(145,562)	6,142	-	1,143,919
Plumbing Licensure and Program Fund - 0372	1,694,098	-	21,670	(18,770)	1,696,998
Regulatory Evaluation and Basic Enforcement Fund - 0388	44,000	-	4,800	-	48,800
EMS Assistance Fund - 0398	188,873	-	4,765	(9,025)	184,613
Federal Civil Preparedness Administrative Fund - 0497	467,394	-	-	-	467,394
Health Facility Plan Review Fund - 0524	2,231,139	-	29,291	(26,791)	2,233,639
Pesticide Control Fund - 0576	147,196	-	631	-	147,827
Death Certificate Surcharge Fund - 0635	1,815,764	-	32,000	(47,998)	1,799,766

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, 2008

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Receipts per Comptroller Records
			Beginning of Year	End of Year	
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	\$ 960	\$ -	\$ -	\$ (40)	\$ 920
Assisted Living and Share Housing Regulatory Fund - 0702	167,284	(8,269)	14,280	(18,365)	154,930
Post Transplant Maintenance Fund - 0712	3,795	(3,795)	-	-	-
Tobacco Settlement Recovery Fund - 0733	168	-	-	-	168
Pet Population Control Fund - 0764	78,199	-	-	(150)	78,049
Public Health Federal Projects Fund - 0838	128,481	-	-	-	128,481
Maternal and Child Health Services Block Grant Fund - 0872	2,594,715	-	-	-	2,594,715
Preventive Health and Health Services Block Grant Fund - 0873	580,927	-	-	-	580,927
Public Health Special State Projects Fund - 0896	5,130,173	-	23,320	(5,280)	5,148,213
Metabolic Screening and Treatment Fund - 0920	10,448,605	-	186,592	(240,351)	10,394,846
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	44,189	(7,439)	1,383	(2,528)	35,605
	<u>\$ 176,666,991</u>	<u>\$ (281,472)</u>	<u>\$ 892,805</u>	<u>\$ (828,530)</u>	<u>\$ 176,449,794</u>

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 and 20% as compared to the prior year.

Food and Drug Safety Fund – 0014

In fiscal year 2008, personal services and fringe benefits and auditing and management services payments increased to the level necessary to support that year's program activity. As a result, expenditures increased \$474,903 or 51% from fiscal year 2007 to 2008.

Penny Severns Breast and Cervical Cancer Research Fund – 0015

Expenditures decreased \$205,989 or 35% from fiscal year 2008 to 2009 due to a decrease in cash available in the fund as the related Income Tax Check-off program expired.

Fire Prevention Fund – 0047

The Department received a new appropriation in fiscal year 2008 for Emergency Medical Services program activities. As a result, expenditures increased \$1,109,182 or 100% from fiscal year 2007 to 2008. Expenditures decreased \$221,194 or 20% from fiscal year 2008 to 2009 because the Department had previously incurred the initial start-up costs for that program.

Alzheimer's Disease Research Fund – 0060

Expenditures increased \$138,921 or 79% from fiscal year 2007 to 2008 and then decreased \$163,030 or 52% in fiscal year 2009 as cash available within the fund fluctuated. The cash available began to decrease in fiscal year 2009 as the related Income Tax Check-off expired.

Facility Licensing Fund – 0118

Expenditures increased \$181,078 or 50% from fiscal year 2007 to 2008 due to an increase in personal services and fringe benefit expenditures needed for additional employees paid from the fund.

Illinois School Asbestos Abatement Fund – 0175

Expenditures increased \$179,617 or 46% from fiscal year 2007 to 2008 and \$327,704 or 57% from fiscal year 2008 to 2009 due to staffing increases and the increase in the contribution to SERS rate which was 11.525% in fiscal year 2007, 16.6% in fiscal year 2008, and 21.049% in fiscal year 2009.

Ticket for the Cure Fund – 0208

The Ticket for the Cure Fund was established under Public Act 94-120 and the Department received its first appropriation for the fund in fiscal year 2007. Expenditures increased \$2,081,792 or 429% from fiscal year 2007 to 2008 due to the increased activity of the breast cancer program which funds research concerning breast cancer and services for breast cancer victims.

Long-Term Care Monitor/Receiver Fund – 0285

Expenditures increased \$799,487 or 99% from fiscal year 2007 to 2008 and \$648,628 or 41% from fiscal year 2008 to 2009 due to the increase in the headcount paid from this fund and the increase in the contribution to SERS rate, which was detailed earlier in this document.

Home Care Services Agency Licensure Fund – 0287

This fund was established under Public Act 94-0379. Fiscal year 2009 was the first year the Department received an appropriation for the fund. As a result, expenditures increased \$212,830 or 100% from fiscal year 2008 to 2009.

African-American HIV/AIDS Response Fund - 0326

The Department encountered difficulties with the grantee of these awards and grants funds. As a result, expenditures decreased \$875,000 or 32% from fiscal year 2007 to 2008 and \$1,875,000 or 100% from fiscal year 2008 to 2009. The Department did not incur any expenditures in this fund in fiscal year 2009.

Public Health Services Revolving Fund – 0340

The purchases of computer software for the laboratories caused expenditures to increase \$410,055 or 29% from fiscal year 2007 to 2008. Expenditures increased \$715,892 or 39% from fiscal year 2008 to 2009 due to purchases of medical and laboratory supplies.

Long Term Care Provider Fund - 0345

Fiscal year 2008 was the first year the Department received an appropriation in this fund. The appropriation was to fund the Identified Offender program. As a result, expenditures increased \$1,423,571 or 100% from fiscal year 2007 to 2008. Expenditures decreased \$305,126 or 21% from fiscal year 2008 to 2009 as less was needed for contractual services in the Identified Offender program.

Tanning Facility Permit Fund – 0370

During fiscal year 2008, expenditures increased \$167,645 or 85% over fiscal year 2007, when payroll and fringe benefits payments were less due to a decrease in the average number of employees paid out of the fund.

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

Expenditures in this fund are driven by the number of grant awards distributed. Expenditures increased \$318,244 or 86% from fiscal year 2007 to 2008 due to an increase in the number of grant awards in fiscal year 2008, which was the second year of the program. The number of grant awards decreased in fiscal year 2009, which caused expenditures to decrease \$156,464 or 23% from fiscal year 2008.

Plumbing Licensure and Program Fund – 0372

The number of employees paid from the fund increased in fiscal year 2009, as did the contribution to SERS rate, which was discussed earlier. As a result, expenditures increased \$304,523 or 23% from fiscal year 2008 to 2009.

Trauma Center Fund – 0397

Expenditures increased \$1,107,643 or 24% from fiscal year 2007 to 2008 due to annual fund revenue, which is reported by the Department of Healthcare and Family Services, increasing. As a result, more grants were awarded to trauma centers throughout the State. Less grants were awarded in fiscal year 2009, which caused expenditures to decrease \$2,633,114 or 46% from fiscal year 2008 to 2009.

Multiple Sclerosis Research Fund – 0429

The Multiple Sclerosis research grant program began in fiscal year 2009 pursuant to P.A. 95-0673 and is funded by special Illinois Lottery games. Expenditures increased \$1,000,000 or 100% from fiscal year 2008 to 2009 because it was the first year of the program.

Federal Civil Preparedness Administrative Fund – 0497

Expenditures decreased \$382,769 or 66% from fiscal year 2007 to 2008 and \$200,583 or 100% from fiscal year 2008 to 2009. This fund is administered by the Illinois Emergency Management Agency and the Department's spending out of the fund decreased during the examination period as less grants were distributed.

Health Facility Plan Review Fund – 0524

Expenditures increased \$629,315 or 59% from fiscal year 2007 to 2008 because additional employees were paid from the fund.

Death Certificate Surcharge Fund – 0635

Expenditures increased \$1,884,984 or 159% from fiscal year 2008 to 2009 due to increased contractual services payments and grants to local governments.

Pet Population Control Fund – 0764

Expenditures increased \$119,187 or 121% from fiscal year 2008 to 2009 due to growth within the program, which began in fiscal year 2007.

Preventive Health and Health Services Block Grant Fund – 0873

Expenditures increased \$1,336,176 or 112% from fiscal year 2008 to 2009 due to increased spending in fiscal year 2009 for personal services and fringe benefits, contractual services, and grants to tax exempt organizations.

Public Health Special State Projects Fund – 0896

Expenditures increased \$2,198,650 or 92% from fiscal year 2007 to 2008 and another \$2,448,103 or 53% from fiscal year 2008 to 2009. The Department received new appropriations in fiscal year 2008 for operating expenses, including the Department of Central Management Services (DCMS) facility management charges. The Department attributed the increases within each fiscal year to increased Facility Management Revolving Fund payments. Specifically for 2009, the Department began paying facility management charges for public health laboratory facilities, for which the Department had not previously received a specific facility management charge.

Metabolic Screening and Treatment Fund – 0920

Expenditures increased \$2,893,300 or 34% from fiscal year 2007 to 2008 due to increased purchases of lab supplies for genetic screening program, scientific equipment, and personal services and fringe benefits for the additional staff hired in fiscal year 2008.

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% as compared to the prior year.

General Revenue Fund - 0001

The General Revenue Fund fee receipts increased \$782,464 (31%) in fiscal year 2008 primarily due to an increase in funding from the Federal Government from fiscal year 2007 to fiscal year 2008. During fiscal year 2009, the Department received less funds from the Federal Government, which resulted in a decrease of \$1,025,130 (31%) from fiscal year 2008.

Community Health Center Care Fund – 0113

The Community Health Center Care receipts increased \$144,551 (49%) in fiscal year 2008 and decreased \$172,557 (39%) in fiscal year 2009, due to the number of scholarship recipients repaying scholarship loans. The amount they repay varies yearly.

Heartsaver AED Fund – 0135

The Heartsaver AED Fund receipts decreased \$101,800 (99.8%) in fiscal year 2008 due to a decrease in funding from the General Revenue Fund.

Illinois Health Facilities Planning Fund – 0238

The Illinois Health Facilities Planning Fund receipts decreased \$753,750 (24%) in fiscal year 2009 due to a decrease in the number of Health Care Facilities applying for a permit or certificate of need.

Home Care Services Agency Licensure Fund – 0287

During fiscal year 2009, the Home Care Service Agency Licensure Fund increased \$770,700 (100%) due to the Department beginning to collect for fees pursuant to the Home Health Agency Licensure Act (210 ILCS 55).

Public Health Services Revolving Fund – 0340

The Public Health Services Revolving Fund receipts decreased \$702,757 (29%) in fiscal year 2008 due to the timing of laboratory fees from the federal government related to tests for sexually transmitted diseases.

Lead Poisoning, Screening, Prevention and Abatement Fund – 0360

Lead Poisoning, Screening, Prevention and Abatement Fund receipts increased \$779,606 (25%) in fiscal year 2008 and decreased \$1,083,846 (28%) in fiscal year 2009 primarily due to the timing of Medicaid reimbursement payments received from the Department of Healthcare and Family Services and the timing of transfers from the General Revenue Fund.

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

The Innovations in Long-term Care Quality Demonstration Grants Fund receipts increased \$336,922 (36%) in fiscal year 2008 due to an increase in nursing home fines levied by the federal government. During fiscal year 2009, the nursing home fines levied by the federal government decreased; therefore the fund receipts decreased by \$274,059 (21%).

Federal Civil Preparedness Administrative Fund – 0497

The Federal Civil Preparedness Administrative Fund decreased during fiscal year 2008 by \$474,843 (50%) and by \$464,468 (99%) in fiscal year 2009 due to the decrease in funding by the federal government.

Assisted Living and Shared Housing Regulatory Fund – 0702

During fiscal year 2009, the Assisted Living and Share Housing Regulatory Fund receipts increased \$178,832 (107%) due to the increase in fees.

Maternal and Child Health Services Block Grant Fund – 0872

The Maternal and Child Health Services Block Grant Fund receipts decreased \$801,015 (24%) in fiscal year 2008 from fiscal year 2007 due to a decrease in awards from the federal government.

Preventive Health and Health Services Block Grant Fund – 0873

The Preventive Health and Health Services Block Grant Fund receipts decreased \$1,300,183 (69%) in fiscal year 2008 and increased \$1,490,407 (257%) in fiscal year 2009 due to the timing and changes in awards received from the federal government.

Public Health Special State Projects Fund – 0896

In fiscal year 2009, the Public Health Special State Projects Fund increased \$2,131,783 (42%) due to an increase in funding for special State projects.

Metabolic Screening and Treatment Fund – 0920

The Metabolic Screening and Treatment Fund receipts increased \$1,978,542 (23%) in fiscal year 2008 due to an increase in the amount charged per test.

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 2009 and 2008 are detailed below. For purpose of this analysis, significant lapse period spending is defined as \$100,000 and 20% or more of the total expenditures for the respective fiscal year.

Penny Severns Breast and Cervical Cancer Research Fund – 0015

Lapse period spending for the fund totaled \$214,726 or 36% of the total fiscal year 2008 expenditures and \$180,496 or 47% of the total fiscal year 2009 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 in the lapse period.

Fire Prevention Fund – 0047

Lapse period spending for the fund totaled \$545,052 or 49% of the total fiscal year 2008 expenditures. Nearly all of these expenditures were for grants to tax exempt organizations which are provided on a reimbursement basis. 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 in the lapse period.

Ticket for the Cure Fund – 0208

Lapse period spending for the fund totaled \$805,167 or 31% of the total fiscal year 2008 expenditures and \$723,774 or 28% of the total fiscal year 2009 expenditures. These expenditures were for grants to fund breast cancer research and provide services for breast cancer victims. The grants are funded on a reimbursement basis. 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 in the lapse period.

Emergency Public Health Fund – 0240

Lapse period spending totaled \$919,555 or 30% of the total fiscal year 2008 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". Most of the fiscal year 2008 expenditures were paid in the fourth quarter of that year, but some occurred during the lapse period. Additionally, the Department incurred expenditures for mosquito abatement commodities provided to the local health departments. The products were ordered prior to the end of the fiscal year, but the Department waited until after verification of the products by the local health department before paying the expenditures. The verification process occurred during the lapse period.

African-American HIV/AIDS Response Fund – 0326

Lapse period spending totaled \$675,000 or 36% of the total fiscal year 2008 expenditures. These expenditures pertained to grant reimbursement requests for fiscal year 2008 received after fiscal year end and paid during the lapse period.

Public Health Services Revolving Fund – 0340

Lapse period spending totaled \$468,557 or 25% of the total fiscal year 2008 expenditures. DCMS facility management bills for fiscal year 2008 approximating \$162,000 were received after July 1 and processed during the lapse period. Contracts for a switchboard replacement and laboratory services approximating \$90,000 and \$75,000, respectively, were executed near the end of June and invoices pertaining thereto were processed during the lapse period. Additionally, invoices totaling nearly \$80,000 for laboratory scientific instruments ordered prior to year end were processed during the lapse period.

Lead Poisoning, Screening, Prevention and Abatement Fund – 0360

Lapse period spending totaled \$661,801 or 20% of the total fiscal year 2008 expenditures and \$678,523 or 20% of the total fiscal year 2009 expenditures. Most of the spending occurred due to payments for grants to local health departments based upon reimbursement requests received during the lapse period. Additionally, the Department processed vouchers pertaining to scientific instruments and vehicles for the lead program inspectors which were ordered during the fiscal year and received during the lapse period. Finally, in the fiscal year 2008 lapse period, the Department received bills pertaining to sewer repair and facility modifications at the Springfield laboratory which were incurred prior to year end.

Trauma Center Fund – 0397

Lapse period spending totaled \$5,497,821 or 97% of the total fiscal year 2008 expenditures and \$3,006,578 or 99% of the total fiscal year 2009 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.

EMS Assistance Fund - 0398

Lapse period spending totaled \$109,139 or 71% of the total fiscal year 2008 expenditures. Revenue from Emergency Medical Technician test fees are collected for a twelve month period and then disbursed to Emergency Medical Services system hospitals primarily during the lapse period to reimburse for services provided during the fiscal year.

Multiple Sclerosis Research Fund – 0429

Lapse period spending totaled \$1,000,000 or 100% of the total fiscal year 2009 expenditures. Fiscal year 2009 was the first year of the grant program which distributed research funds to tax exempt organizations. The Department had to design the program before it could distribute the funds, which resulted in payments during the lapse period for the grant funds earned during the fiscal year.

Death Certificate Surcharge Fund – 0635

Lapse period spending totaled \$410,349 or 35% of the total fiscal year 2008 expenditures. The Department purchased computer software related to the Electronic Birth/Death Certificate System and a new telecommunications system for the Division of Vital Records in June 2008. The invoices for these items were received and processed during the lapse period.

Tobacco Settlement Recovery Fund – 0733

Lapse period spending totaled \$4,707,455 or 28% of the total fiscal year 2009 expenditures. These expenditures were for grants to local governments and tax exempt organizations which are provided on a reimbursement basis. 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 in the lapse period.

Maternal and Child Health Services Block Grant Fund - 0872

Lapse period spending totaled \$833,867 or 33% of the total fiscal year 2008 expenditures and \$1,021,747 or 36% of the total fiscal year 2009 expenditures. The expenditures during the lapse period for both fiscal years were the result of late submission of reimbursement requests by perinatal program grantees.

Preventive Health and Health Services Block Grant Fund – 0873

Lapse period spending totaled \$366,503 or 31% of the total fiscal year 2008 expenditures and \$861,820 or 34% of the total fiscal year 2009 expenditures. A significant portion of the expenditures during the lapse period were a result of grants that were issued late in the fiscal year for the federal grant which runs through September. Another primary portion of the expenditures during the lapse period were costs pertaining to contractual services provided by universities prior to June 30 for which invoices were processed during the lapse period.

Public Health Special State Projects Fund – 0896

Lapse period spending totaled \$1,418,137 or 20% of the total fiscal year 2009 expenditures. Grants were issued in the last few months of the fiscal year and payments for those grants were made during the lapse period. Also, DCMS billings incurred during the fiscal year were not paid until the lapse period. The remaining payments were for medical preparation and food supplies, 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,
(In Thousands)

Aging of Accounts Receivable, per Department records, were as follows:

	<u>2009</u>	<u>2008</u>	<u>2007</u>
Current	\$ 5,672	\$ 5,254	\$ 9,688
1-30 days	510	323	196
31-90 days	612	874	175
91-180 days	559	528	100
181 days - 1 year	1,339	1,439	190
Over 1 year	<u>8,252</u>	<u>7,551</u>	<u>3,200</u>
Accounts Receivable Gross Balance	16,944	15,969	13,549
Less: Estimated Uncollectibles	<u>(3,427)</u>	<u>(4,830)</u>	<u>(446)</u>
Accounts Receivable Net Balance	<u><u>\$ 13,517</u></u>	<u><u>\$ 11,139</u></u>	<u><u>\$ 13,103</u></u>

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

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF INDIRECT COST REIMBURSEMENTS

For the Two Years Ended June 30, 2009

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.

	<u>2009</u> (Fixed)	<u>2008</u> (Fixed)
Costs applicable to:		
Office of Policy, Planning and Statistics	34.7%	33.0%
Office of Health Promotion	34.6%	36.1%
Office of Health Care Regulation	21.6%	22.7%
Office of Health Protection (excluding Laboratories)	24.9%	20.7%
Office of Health Protection (Laboratories only)	15.3%	9.7%
Office of Women's Health	15.1%	34.9%
Office of the Director – Center for Minority Health	26.7%	26.8%
Office of Preparedness and Response (Bioterrorism)	16.5%	17.1%

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

ANALYSIS OF OPERATIONS

AGENCY FUNCTIONS AND PLANNING PROGRAM

Years Ended June 30, 2009 and 2008

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 six key strategic priorities that the Department uses as the basis of planning activities:

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

The Department is committed to six 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 and data more accessible
- Address health disparities through targeted funding
- Increase knowledge and skill sets of departmental staff to ensure continued provision of programs and services to citizens of Illinois
- Ensure the safety of food and water supplies

The Department partners with the Illinois Public Health Institute, formerly the Illinois Public Health Futures Institute; the State Board of Health; and local health jurisdictions to strengthen public health in Illinois. Efforts from these partnerships rendered the *Illinois Plan for Public Health Systems Change* which established public health priorities for the State and a plan for system and performance monitoring. The Department continues to follow the recommendations within the *Illinois Plan for Public Health Systems Change*, which 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 2008, 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. In March of 2009, the Department reconvened partners in the Illinois public health system to review the SHIP and the recommendations for continued action on the six strategic issues.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

AVERAGE NUMBER OF EMPLOYEES

For the Years Ended June 30, 2009, 2008 and 2007

The following table, prepared from Department records, presents the average number of employees by division, for the fiscal years ended June 30, 2009, 2008, and 2007.

Division	Fiscal Year		
	2009	2008	2007
Director's Office	71	66	65
Office of Preparedness and Response	47	38	40
Office of Finance and Administration (Including Information Technology)	133	126	125
Office of Policy, Planning, and Statistics	74	73	71
Office of Health Promotion	54	55	62
Office of Health Care Regulation	310	318	313
Office of Health Protection (Including Laboratories)	404	406	396
Office of Women's Health	24	22	20
Total average full-time employees	1,117	1,104	1,092

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

EMERGENCY PURCHASES

For the Fiscal Years Ended June 30, 2009 and 2008

The Department reported the following emergency purchases to the Office of the Auditor General during fiscal years 2008 and 2009:

Description	Amount
Fiscal Year 2008	
Review and audit of plumbing program licensing procedures and examinations to ensure integrity of plumbing licenses issued.	\$ 33,320
Tetanus vaccines to provide to individuals affected by flooding in Illinois.	<u>104,700</u>
Total fiscal year 2008	<u><u>\$ 138,020</u></u>
Fiscal Year 2009	
H1N1 testing supplies due to the potential of a pandemic.	<u>\$ 48,788</u>
Total fiscal year 2009	<u><u>\$ 48,788</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, 2009
(Not Examined)

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Illinois Hospitals and Ambulatory Surgical Treatment Centers; BJC HealthCare	11/25/08-12/31/10	IDPH maintains a data collection system that contains data sets that consists of, but is not limited to the following: patient-level data with records for every inpatient discharge and outpatient surgical procedures reported (Illinois Discharge Data). BJC HealthCare, on behalf of its affiliated hospitals and healthcare facilities conducts healthcare operation, will use the data elements from Illinois Discharge Data for multiple activities related to the healthcare operation of BJC HealthCare and its Affiliates. The Data will be provided to BJC HealthCare for the purposes of conducting health care operations related to activities described in the MOU.
University of Illinois School of Public Health (UIC School of Public Health)	7/1/08-6/30/09	UIC School of Public Health will order tests on stool specimens. IDPH will test for detection of norovirus and/or Shiga toxin-producing bacteria and send the results to UIC School of Public Health. IDPH will archive all viral supernatants prepared from stool specimens and bacterial isolates shown to be Shiga-toxin.
Knox County Health Department	8/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Knox County Health Department.
Central Dupage Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
Open Door Clinic - Aurora & Elgin	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Open Door Clinic - Aurora & Elgin.
Chicago Health Department - Audi Home Project	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Chicago Department of Health, Audi Home Project.
Chicago Health Department	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Chicago Department of Health.
Chicago Health Department - Howard Brown Health Center	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Chicago Department of Health, Howard Brown Health Center.
Chicago Health Department	7/1/08-6/30/09	IDPH will provide Hepatitis C test results on specimens submitted by Chicago Department of Health.
Chicago Health Department	7/1/08-6/30/09	IDPH will provide Chlamydia and Gonorrhea test results on urine specimens submitted by Chicago Department of Health.
Chicago Health Department	7/1/08-6/30/09	IDPH will provide HIV-1 viral load titer test results on plasma specimens submitted by Chicago Department of Health.
Jackson County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by the Jackson County Health Department.
Northwest Community Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Northwest Community Hospital.
Whiteside County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by the Whiteside County Health Department.
University of Chicago Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by the University Chicago Hospital.
University of Illinois Hospital & Micro Laboratory	9/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by the University of Illinois Hospital & Micro Laboratory.
Westside Holistic Family Services	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Westside Holistic Family Services.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
University of Illinois - McKinley Health Services	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by University of Illinois - McKinley Health Services.
Community Unit School District 303 (School District), Dr. Charles Kofron (User)	8/19/08-12/31/12	IDPH 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: 60119, 60120, 60123, 60124, 60147, 60174, 60175, 60177, 60183, 60184 and 60185. Data will be for the most recent 10 calendar years available and through 2011 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.
Vandalia Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
Illinois Department of Healthcare and Family Services (IDHFS), University of Illinois at Chicago	10/1/08-12/31/10	The Director, who is authorized to share vital records data with federal, State, local, and other public or private agencies, may upon request, furnish copies or data for statistical purposes upon such terms or conditions as may be prescribed by the Department. University of Illinois at Chicago are conducting a research study "Illinois Healthy Women Program Evaluation" and request information from the Department's Pregnancy Risk Assessment Monitoring System (PRAMS) files.
St. John's Hospital Laboratory	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
Gottlieb Memorial Hospital Laboratory	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
Menard Correctional Center	9/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
Pinckneyville Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
Uche Onwuta, Chief Epidemiologist, Kane County Health Department	9/24/08-12/31/11	IDPH is authorized by the IL 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 user requests Data from the Department with discharge dates from January 1, 1999 through December 31, 2007 for public health and healthcare operations uses including surveillance, planning, policy decisions, legislative advocacy and coordination as appropriate for User's missions and duties.
Circle Family Care Health Center	7/1/08-6/30/09	IDPH will provide HIV-1 test results on plasma specimens submitted by Circle Family Care Health Center.
IYC-Pere Marquette	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee.
K.S.B Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by K.S.B Hospital.
Sisters & Brothers Helping Each Other	7/1/08-6/30/09	IDPH will provide Hepatitis C test results on specimens submitted by Sisters & Brothers Helping Each Other for a specified fee.
Graham Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Graham Correctional Center.
Winnebago County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Winnebago County Health Department.
Lee County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Lee County Health Department.
CU Public Health District	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by CU Public Health District.
CU Public Health District	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by CU Public Health District.
St. Mary's Medical Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by St. Mary's Medical Center.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Lincoln Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Lincoln Correctional Center.
East Side Health District	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by East Side Health District.
Knox County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Knox County Health Department.
University of Illinois at Chicago, Community Outreach Interventions Project	7/1/08-6/30/09	IDPH will provide Hepatitis B and Hepatitis C test results on specimens submitted by University of Illinois at Chicago, Community Outreach Interventions Project
Dwight Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Dwight Correctional Center.
Illini Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Illini Hospital.
DuPage County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by DuPage County Health Department.
Near North Health Service Corporation	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Near North Health Service Corporation
Loyola University Medical Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Loyola University Medical Center.
South Suburban HIV/AIDS Regional Coalition	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by South Suburban HIV/AIDS Regional Coalition.
Tamms Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by TAMMS Correctional Center.
Our Lady of the Resurrection M.C.	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Our Lady of the Resurrection M.C..
St. Joseph's Hospital Microbiology Laboratory	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by St. Joseph's Hospital Microbiology Laboratory.
Taylorville Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Taylorville Correctional Center.
Asian Health Coalition of Illinois	7/1/08-6/30/09	IDPH will provide Hepatitis B test results on specimens submitted by Asian Health Coalition of Illinois.
Asian Health Coalition of Illinois	7/1/08-6/30/09	IDPH will provide Hepatitis C test results on specimens submitted by Asian Health Coalition of Illinois.
Alivio Medical Center	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Alivio Medical Center.
St. Bernard Hospital/Microbiology	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by St. Bernard Hospital/Microbiology.
Stephenson County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Stephenson County Health Department.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Southwestern Illinois Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Southwestern Illinois Correctional Center.
Southern Seven Health Department	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Southern Seven Health Department.
Swedish Covenant Hospital-Micro	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Swedish Covenant Hospital-Micro.
Aunt Martha's Youth Service	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Aunt Martha's Youth Service.
Community Wellness Project	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Community Wellness Project.
Sparta Community Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Sparta Community Hospital.
Carroll County Health Department	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Carroll County Health Department.
Danville Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Danville Correctional Center.
Tri-County Community Health Center	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Tri-County Community Health Center.
Salem Township Hospital	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Salem Township Hospital.
Blessing Hospital Laboratory	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Blessing Hospital Laboratory.
Hamilton Memorial Hospital District	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Hamilton Memorial Hospital District.
Chicago Department of Public Health	1/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Chicago Department of Public Health.
Bromenn Regional Medical Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Bromenn Regional Medical Center.
Illinois River Correctional Center	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Illinois River Correctional Center.
Illinois HIV/AIDS Minority Community Initiative	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Illinois HIV/AIDS Minority Community Initiative.
Macon County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Macon County Health Department.
Community Care Health Center	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Community Care Health Center.
Christian Community Health Center	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Christian Community Health Center.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Quincy Family Planning, INC	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Quincy Family Planning, INC.
Livingston County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Livingston County Health Department.
Mason Point	7/1/08-6/30/09	Agreement for IDPH to provide Mycobacterium Tuberculosis tests for a specified fee on specimens submitted by Mason Point.
Chicago House & Social Services Agency	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Chicago House & Social Services Agency.
Southern Illinois Health Care Foundation	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Southern Illinois Health Care Foundation.
Cass County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Cass County Health Department.
Chicago Department of Public Health (CDPH)	2/16/07-12/31/10	IDPH will provide to CDPH a CD 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 and extended for calendar years 2005 through 2008. 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 & 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 including but not limited to: Monitor City progress toward achieving the Health People 2010 objectives, assess the need for new policies and programs and evaluate the effectiveness of existing policies and programs, improve patient safety, plan targeted health promotion strategies, conduct health care delivery analysis, improve quality of health care for city residents, set prevention priorities, analyze trends of certain diseases such as diabetes related discharges, identify high risk populations and geographic areas, identify the top reasons for hospital admissions in the City, determine the most likely group to be hospitalized for certain conditions, identify the most expensive conditions treated, determine the cost of treating specific disease by the hospitals in the City e.g., cancer and identify diseases that cause a high public burden in care and cost. All data is to be kept confidential, shall not be exposed to third party individuals.
Fulton County Health Department	7/1/08-6/30/09	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Fulton County Health Department.
McDonough County Health Department	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by McDonough County Health Department.
Community Health Partnership	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Community Health Partnership.
Sangamon County Juvenile Detention Center	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Sangamon County Juvenile Detention Center.
Stephenson County Health Department	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Stephenson County Health Department.
McLean County Health Department	7/1/08-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by McLean County Health Department.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Walter Mateja, M.P.H, M.P.A. (User)	4/15/08-12/31/08	The Director, who is authorized to share vital records data with federal, State, local, and other public or private agencies, may upon request, furnish copies or data for statistical purposes upon such terms or conditions as may be prescribed by the Department. Walter Mateja, M.P.H, M.P.A. is conducting a research study "The Odds of Alcohol-Exposed Pregnancy Among Infants Born with Cardiac Defects" and request information from the Department's Pregnancy Risk Assessment Monitoring System (PRAMS) files and birth data files for years 1998-2005.
Riverside Public School District 96; Dr. Charles Kofron (User)	12/28/07-12/31/11	IDPH 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: 60513 and 60546. Data to be supplied are for calendar years 2005 through 2010 as data becomes available. User will generate the counts of births for this elementary school service for each year of data for School District.
Circle Family Care Health Center	2/21/08-6/30/08	IDPH will provide HIV-1 test results on plasma specimens submitted by Circle Family Care Health Center.
Chicago House & Social Services Agency	4/7/08-6/30/08	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Chicago House & Social Services Agency.
Quincy Family Planning, INC	4/16/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Quincy Family Planning, INC.
Stephenson County Health Department	3/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Stephenson County Health Department.
Lee County Health Department	4/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Lee County Health Department.
University of Illinois - McKinley Health Services	3/3/08-6/30/08	IDPH will provide HIV-1 test results on oral fluid specimens submitted by University of Illinois - McKinley Health Services.
DuPage County Health Department	3/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by DuPage County Health Department.
River Trails School District 26; Dr. Charles Kofron (User)	4/2/08-12/31/11	IDPH 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: 60016, 60056, and 60070. 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.
Macoupin County; Stephanie Weber, M.S., Statistics and Information Analysis, Battelle Memorial Institute, (User)	2/8/08-3/31/08	IDPH 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 Macoupin County. Data will be for calendar years 2001 through 2005. User will generate the counts of births at block level for each year of Macoupin County data.
Cook County; Edward English, M.S. (User)	2/10/08-3/31/08	IDPH 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 Cook County. Data will be for calendar years 2001 through 2005. User will generate the counts of births at block level for each year of Cook County data.
Fulton County Health Department	2/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Fulton County Health Department.
East Side Health District	1/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by East Side Health District.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Susan Hespos, Ph.D. (User); Northwestern University	1/2/08-12/31/09	User is conducting a research study, "Object Cognition in Infants" to investigate how young infants perceive and reason about the world around them. The User has requested access to the Department's birth data to notify parents of their eligibility to participate in this research study. No personal identifiers information will be provided to the User. the Department will provide mailing labels based on birth data for zip codes: 60022, 60029, 60076, 60091, 60093, 60201, 60202, 60203, 60613, 60618, 60626, 60630, 60640, 60645, 60646, 60659, 60660, 60712, and 60714 for children younger than four months.
Community Consolidated School District 62; Dr. Charles Kofron (User)	12/28/07-12/31/11	IDPH 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: 60016, and 60018. 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.
Chicago Health Department	1/1/08-6/30/08	IDPH will provide Hepatitis C test results on specimens submitted by Chicago Department of Health.
Whiteside County Health Department	1/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by the Whiteside County Health Department.
Jackson County Health Department	1/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by the Jackson County Health Department.
Southern Seven Health Department	1/1/08-6/30/08	IDPH will provide Herpes simplex virus (HSV) test results on specimens submitted by Southern Seven Health Department.
Dr. Tomas Tamulis (User); Northern Illinois University	1/13/08-6/30/08	The user requests Data from the Department with discharge dates from January 1, 2001 through December 31, 2005 for use in a specific project. The goal of this research is (1) to describe the spatial distribution and changes over time in childhood and adults asthma hospital admissions, and (2) to ascertain which local environmental asthma triggers as well as small-area socioeconomic deprivation status indicators, which could be used to predict asthma hospital admission rates in a given area.
Belleville Public School District 118; Dr. Charles Kofron (User)	12/28/07-12/31/11	IDPH 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: 62220, 62221, 62223, and 62226. Data will be 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 School District enrollment projections.
Dr. Lisa Nicholson (User); University of Illinois Chicago	11/3/09-7/31/11	The user requests Data from the Department with discharge dates from January 1, 2001 through December 31, 2008 for use in a specific project. The objective of this research is (1) study the potential relationship between ambient air pollution and the risk of acute myocardial infarction and respiratory diseases and 2) explore the data for any evidence of a decrease in acute myocardial infarction following the introduction of the Chicago and Illinois smoking bans enacted in January of 2007 with total enforcement in June 2007.
Kathleen Monahan, MPH (User); Children's Memorial Hospital	4/29/09-12/31/14	The Department will provide User selected data elements from the Illinois Vital Records data for a study conducted by User titled "Illinois Violent Death Reporting System" (IVDRS Study). The IVDRS study will link data between state agencies, local police departments, crime labs, medical examiners, coroner, the Illinois Criminal Justice Authority, etc; that collect information on violent deaths in Illinois. The IVDRS will offer more comprehensive picture of violent incidents that will enable policy makers and researchers to analyze causes and correlates of violent deaths in order to develop effective prevention policies and programs for the State of Illinois.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
University of Illinois Chicago; Linda Frost (User); Dr. Lee Friedman; Dr. Deborah Rosenberg	5/27/09-12/31/13	User has requested the use of the data from Illinois Trauma Registry (ITR), the Emergency Medical System Pre-Hospital Run database (EMS), and the Hospital Discharge database (HD) for research purposes. User plans to investigate whether a system for occupational injury surveillance that links public health and employer-based databases is more comprehensive than the existing surveillance system for occupational injuries and illnesses.
James Ingram (User); Ingenix, Westerville, OH	5/27/09-6/30/14	User is conducting healthcare operations as a commercial entity with resale and multiple uses at or on behalf of Ingenix and has requested the use of data elements from Illinois Discharge Data for commercial activities related to healthcare operations. User requests from the Department with discharge dates from January 1, 2007 through December 31, 2007.
Paul Geltman, M.D. (User); Massachusetts Department of Public Health; Katherine Eisenberg, B.A.; University of Rochester School of Medicine and Dentistry	6/7/09-12/31/09	User and Katherine Eisenberg is conducting a multi-state study "Lead Exposure in Refugee Children." The purpose of the study is to determine the risk of lead exposure after refugee resettlement and the association between behavior, culture, world region of origin, and lead exposure; provide a needs assessment of the extent of the problem among refugee children; and assess adherence with CDC's recommendations for preventing lead poisoning in refugee children and its goal of concentrating on prevention rather than screening for lead exposure. User is requesting access to the Department's Refugee Screening data and the assistance of the Department's Refugee Screening, Childhood Lead Poisoning Prevention and Environmental Lead programs.
Cook County Health Department	6/24/09-12/31/13	Data sharing agreement for discharge data for calendar years 2003-2005 with future years provided during the term of the agreement to assist in carrying out Institution's mission of promoting the public health of the residents of Cook County.
Kyle Garner, B.S. (User); Illinois Department of Human Services	4/21/09-8/31/10	User is conducting a research study "Analysis and Presentation of Data from a Complex Sample Survey" and request information from the Department's Pregnancy Risk Assessment Monitoring System (PRAMS) files.
Regional Care Association	3/23/09-6/30/09	IDPH will provide Chlamydia trachomatis and Neisseria Gonorrhoea test results on urine specimens submitted by Regional Care Association.
Illinois State Police (ISP)	N/A	ISP and IDPH will work cooperatively to facilitate a coordinated response to the contamination hazards caused by the manufacture of controlled substances in clandestine drug laboratories.
Saint Louis School of Public Health, Washington University School of Medicine, Southern Illinois University Carbondale, and Battelle Memorial Institute; Stephanie Weber, M.S. (User); Adam Carpenter, M.S. (User)	3/20/09-3/31/09	The Children's Health Act of 2000 authorized the National Institute of Child Health and Human Development (NICHD) and a consortium of federal agencies to conduct a national children's study to develop prevention strategies, health and safety guidelines, educational approaches, and possibly new treatments and cures for health conditions. NICHD designated Saint Louis School of Public Health, Washington University School of Medicine, Southern Illinois University Carbondale, and Battelle Memorial Institute to conduct a study in Johnson, Union, and Williamson Counties to examine the effects of environment influences on the health and development. The Users will geocode the data to enable the Study to identify areas that will be targeted for enrollment of mothers and their newborns. This data will be gathered from birth records maintained by IDPH. Data to be supplied are for calendar years 2002 and 2006.
Northwestern University, University of Chicago, University of Illinois at Chicago, and National Opinion Research Center; Edward English, M.S. (User); Katherine Dekker B.A. (User)	3/16/09-3/31/09	The Children's Health Act of 2000 authorized the National Institute of Child Health and Human Development (NICHD) and a consortium of federal agencies to conduct a national children's study to develop prevention strategies, health and safety guidelines, educational approaches, and possibly new treatments and cures for health conditions. NICHD designated Northwestern University, University of Chicago, University of Illinois at Chicago and National Opinion Research Center to conduct a study in DuPage County to examine the effects of environment influences on the health and development. The Users will geocode the data to enable the Study to identify areas that will be targeted for enrollment of mothers and their newborns. This data will be gathered from birth records maintained by IDPH. Data to be supplied are for calendar years 2001 and 2005.

Parties Involved Other Than DPH	Dates Involved	Memorandum Requirements Description
Working for Togetherness - Chicago HIV Projects	2/23/09-6/30/09	IDPH will provide HIV-1 test results on oral fluid specimens submitted by Working for Togetherness - Chicago HIV Projects.
Data Advantage LLC, Louisville, KY; Jim Strunk (User)	3/3/09-12/31/11	User is conducting healthcare operations as a commercial entity with resale and multiple uses at or on behalf of Data Advantage LLC and has requested the use of data elements from Illinois Discharge Data for commercial activities related to healthcare operations. User requests from the Department with discharge dates from January 1, 2007 through December 31, 2007.
DuPage County Health Department; Stacey Hoferka (User)	2/19/09-12/31/11	User is conducting public health surveillance and/or healthcare operations at the DuPage County Health Department. User requests Data from the Department with discharge dates from January 1, 1987 through December 31, 2007 for public health and healthcare operations uses including surveillance, planning, policy decisions, legislative advocacy and coordination as appropriate for User's mission and duties. Data for additional years gathered during the period covered by this agreement will be provided to the requester as it becomes available.
University of Illinois Rockford; Dr. Martin MacDowell (User)	2/11/09-5/31/10	User is conducting research at the University of Illinois Rockford and has requested use of data elements from Illinois Discharge Data for research, public health activities and/or healthcare operations purposes. User requests from the Department with discharge dates from January 1, 2003 through December 31, 2007 for use in a specific project.
Dr. Alison Trinkoff (User); University of Maryland, Baltimore, MD	1/15/09-6/30/09	User is conducting research at the University of Maryland, and has requested use of data elements from Illinois Discharge Data for research, public health activities and/or healthcare operations purposes. User requests from the Department with discharge dates from October 1, 2003 through September 30, 2004 for use in a specific project.
WebMD Health Services Group, Inc., Acton, MA; Laurie Nagi (User)	6/4/08-6/30/11	User is conducting healthcare operations as a commercial entity with resale and multiple uses at or on behalf of WebMD Health Services Group, Inc. and has requested the use of data elements from Illinois Discharge Data for commercial activities related to healthcare operations. User requests from the Department with discharge dates from October 1, 2006 through September 30, 2007.
Stephanie Sarnat (User); Emory University, Atlanta, GA	8/15/08-6/30/11	User is conducting research at the Emory University, and has requested use of data elements from Illinois Discharge Data for research, public health activities and/or healthcare operations purposes. User requests from the Department with discharge dates from January 1, 2001 through June 30, 2007 for use in a specific project.
American Board of Medical Specialties (ABMS)	N/A	ABMS will allow the Department access to a proprietary web-based system to receive ABMS data for credentialing purposes.
Boston University, Slone Epidemiology Center	N/A	Assist in the preparation of data file for the project titled "Black Women's Health Study: A Follow-up Study" using the IDPH provided linkage between the Illinois State Cancer Registry database and a file prepared by study investigator which contains full name, social security number, date of birth, gender and address.
Veterans Health Administration, VA Illiana Health Care System and the Illinois State Cancer Registry	N/A	Conduct cancer surveillance including non-confidential data submission to the North American Association of Central Cancer Registries, the Centers for Disease Control, the International Association of Cancer Registries, confidential data release to qualified researchers, internal or contractual use and linkage, and aggregate reports or publications.
Illinois Hospital Association (IHA)	N/A	IHA will serve as an agent to collect and validate certain patient claims and encounter data.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2009 and 2008
(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

<u>Health Protection</u>	Fiscal Year		
	<u>2009</u>	<u>2008</u>	<u>2007</u>
Immunization Rate for children under 2 years of age, excluding Chicago	77.5%	79.0%	83.0%
Immunization Rate for all Illinois children under 2 years of age, including Chicago	78.1%	78.0%	82.4%
Percent of lead poisoning cases brought to resolution within 210 days	81.4%	91.2%	93.9%
Number of lead poisoning cases remediated or referred for enforcement within 210 days	233	222	216
Percent of non-community public water supplies with no coliform position samples	99.5%	99.2%	99.5%
Total newborn screening test results reported	1,313,092	1,612,661	1,292,711
Total newborn screening tests performed	1,605,975	1,333,108	1,577,918
Turn-around time for positive newborn screening results (working days)	2.4	1.7	1.7
Percentage of children tested with blood lead levels exceeding 10 mcg/dl	1.6%	1.8%	2.3%
Number of children screened for blood lead poisoning	286,200	274,302	278,078
Number of children referred for lead follow-up exceeding 10 mcg/dl	4,591	4,850	6,480
Number of prescriptions filled through AIDS Drug Assistance Program (ADAP)	113,079	100,649	106,935

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS – Continued

For the Fiscal Years Ended June 30, 2009 and 2008
(Not Examined)

<u>Health Protection (continued)</u>	Fiscal Year		
	<u>2009</u>	<u>2008</u>	<u>2007</u>
Number of lead poisoning cases investigated	287	306	230
Number of all other lab tests performed	1,513,715	850,526	1,013,690
 <u>Women’s Health</u>			
Percent of women with abnormal screening results who received diagnostic follow-up	92.2%	96.2%	91.0%
Number of requests to Women’s Health Helpline	13,845	12,369	5,561
Number of Women’s Health Initiative and Osteoporosis Grant Awards	60	71	69
Women’s Health Initiative and Osteoporosis Grant Awards (in thousands)	\$1,306	\$1,511	\$1,443
Number of women receiving screening services	39,554	24,427	21,809
Average turn-around time for requests received through the Women’s Health Helpline (business days)	7.9	4.0	3.0
 <u>Policy Planning and Statistics</u>			
Number of Medicare certified rural health clinics	215	212	200
Number of medical scholarship recipients currently in practice in rural and underserved areas	66	97	126
Number of new medical scholarship awards	10	15	21
Number of continuing medical scholarship awards	39	35	32
 <u>Health Care Regulation</u>			
Percent of Long-Term Care (LTC) facilities in compliance at annual inspection	32.0%	38.0%	37.0%
Percent of LTC facilities in compliance at first revisit of annuals	70.0%	76.0%	74.0%
Number of LTC facilities with a licensure Type “A” violation	103	144	173

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS – Continued

For the Fiscal Years Ended June 30, 2009 and 2008
(Not Examined)

<u>Health Care Regulation - Continued</u>	Fiscal Year		
	<u>2009</u>	<u>2008</u>	<u>2007</u>
Percentage of LTC facilities with a licensure Type “A” violation	9.0%	12.5%	14.9%
Number of licensed LTC beds	121,437	122,045	123,620
Number of complaints received against LTC facilities	4,598	5,051	4,445
Number of LTC facility annual inspections	1,150	1,145	1,107
Number of LTC facility follow-up inspections	514	548	598
Number of LTC State licensed facilities (as of July 1)	1,150	1,153	1,159
 <u>Health Promotion</u>			
Percentage of newborns screened	100.0%	100.0%	100.0%
Number of infants confirmed with genetic/metabolic conditions	325	310	306
Number of newborns screened for genetic/metabolic disorders	180,000	181,500	181,000
Number of vision and hearing screenings performed	2,086,489	2,246,519	2,100,000
Number of children eligible for vision and hearing screening	N/A ¹	1,375,000	1,350,000
 <u>Preparedness and Response</u>			
Number of hospital trauma centers in compliance with state regulations	100.0%	100.0%	100.0%
Grants to trauma center hospitals (in thousands)	\$2,986	\$5,472	\$4,469
Number of trauma cases	46,477	48,997	45,183
Number of hospitals designated as trauma centers	59	58	60
Number of EMS Resource Hospitals	62	62	62

¹ = Information not tracked for fiscal year 2009 and not reported on the Department’s Public Accountability Report.