

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH**

**COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2011**

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, 2011

TABLE OF CONTENTS

	<u>Page</u>
Agency Officials .....	1
Management Assertion Letter.....	4
Compliance Report	
Summary .....	6
Accountants' Report	
Independent Accountants' Report on State Compliance, on Internal Control Over Compliance, and on Supplementary Information for State Compliance Purposes .....	10
Schedule of Findings	
Current Findings – State Compliance.....	13
Prior Findings Not Repeated .....	46
Current Status of Performance Audit Recommendation .....	50
Supplementary Information for State Compliance Purposes	
Summary .....	51
Fiscal Schedules and Analysis	
Schedule of Expenditures of Federal Awards	
Year Ended June 30, 2011 .....	52
Year Ended June 30, 2010.....	56
Notes to the Schedule of Expenditures of Federal Awards .....	60
Schedule of Appropriations, Expenditures and Lapsed Balances	
Fiscal Year 2011 .....	66
Fiscal Year 2010.....	68
Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances	70
Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances - By Fund .....	84
Comparative Schedule of Receipts, Disbursements and Fund Balance (Cash Basis) Locally-Held Fund .....	86
Schedule of Changes in State Property.....	87
Comparative Schedule of Cash Receipts.....	88
Reconciliation Schedule of Cash Receipts to Deposits Remitted to the State Comptroller .....	96
Analysis of Significant Variations in Expenditures .....	100
Analysis of Significant Variations in Receipts.....	104
Analysis of Significant Lapse Period Spending .....	106
Analysis of Accounts Receivable .....	108
Schedule of Indirect Cost Reimbursements.....	109

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2011

TABLE OF CONTENTS – Continued

	<u>Page</u>
<b>Analysis of Operations</b>	
Agency Functions and Planning Program .....	111
Average Number of Employees .....	114
Emergency Purchases .....	115
Memorandums of Understanding (Not Examined).....	116
Service Efforts and Accomplishments (Not Examined) .....	117

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

AGENCY OFFICIALS  
For the Two Years Ended June 30, 2011

Director	LaMar Hasbrouck, M.D., M.P.H. – acting (4/23/12 through present) Arthur F. Kohrman, M.D., M.P.H. – acting (1/29/12 through 4/22/12) Kenneth Soyemi, M.D., M.P.H. – acting (11/30/11 through 1/28/12) Craig Conover, M.D., M.P.H. – acting (9/30/11 through 11/29/11) Damon T. Arnold, M.D., M.P.H. (10/1/07 through 9/30/11)
Assistant Director	Teresa Garate, Ph.D. (12/18/09 through present)
Chief of Staff	Stephen J. Konya, III (9/6/11 through present) Teresa Garate, Ph.D. – acting (12/31/09 through 9/06/11) Jessica Pickens (1/26/09 through 12/31/09)
Chief Internal Auditor	Marc Gibbs (4/1/11 through present)
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	Toinette Colon (4/18/11 through present) Bill Bell – acting (1/18/08 through 4/18/11)
Office of Women’s Health	Shannon Lightner
Office of Human Resources	Siobhan Johnson (6/1/10 through present) Diana Greene (7/16/07 through 6/1/10)
Office of Preparedness and Response	Winfred Rawls
Office of Health Promotion	Tom Schafer

Office of Health Protection	David Culp, Ph.D. (12/28/09 through present) Jessica Pickens – acting (7/25/09 through 12/27/09)
Office of Men’s Health	Vacant (6/30/11 through present) Jerome Richardson (12/1/09 through 6/30/11)
Office of Performance Management	Jerome Richardson (7/1/11 through present)
Office of Information Technology	Dorian Jones (4/20/10 through present) James Driscoll (8/1/08 through 2/28/10)
Legal Counsel	Jason Boltz (7/13/09 through present) Marilyn Thomas (7/1/07 through 6/30/09)

Department offices are currently located at:

**Headquarters**

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

122 S. Michigan Ave.  
Chicago, IL 60603

**Vital Records**

925 E. Ridgely Ave.  
Springfield, IL 62702

**Stores and Shipping**

2946 Old Rochester Road  
Springfield, IL 62703

**Biologics Warehouse**

2840 Via Verde St.  
Springfield, IL 62703

**Records Storage**

801 Commercial Drive  
Springfield, IL 62703

**Bioterrorism & Information Technology**

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

**Health Alert Network**

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

**Regional Offices**

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

*Champaign*  
2125 S. First St.  
Champaign, IL 61820

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

*Marion*  
2309 W. Main St.  
Marion, IL 62959

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

*Rockford*  
4302 N. Main St.  
Rockford, IL 61103

**Regional Offices - continued**

*West Chicago*

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

**Laboratories**

*Carbondale*

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

*Chicago*

2121 W. Taylor St.  
Chicago, IL 60612

*Springfield*

825 N. Rutledge St.  
Springfield, IL 62794



Pat Quinn, Governor

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

STATE COMPLIANCE EXAMINATION

MANAGEMENT ASSERTION LETTER

Sikich LLP  
3201 W. White Oaks Dr., Suite 201  
Springfield, IL 62704

April 26, 2012

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, 2011. Based on this evaluation, we assert that during the years ended June 30, 2010 and June 30, 2011, 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.

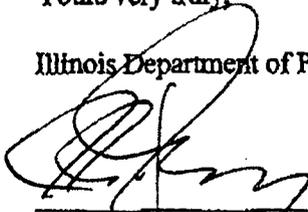
*Improving public health, one community at a time*

*printed on recycled paper*

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,

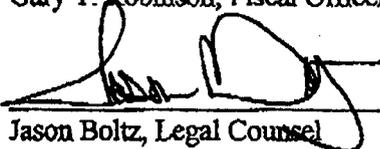
Illinois Department of Public Health



La Mar Hasbrouck, MD, MPH, 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' REPORT**

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

**SUMMARY OF FINDINGS**

<u>Number of</u>	<u>Current Report</u>	<u>Prior Report</u>
Findings	17	22
Repeated findings	11	19
Prior recommendations implemented or not repeated	11	6

**SCHEDULE OF FINDINGS**

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
FINDINGS (STATE COMPLIANCE)			
11-1	13	Inadequate administration of awards and grants programs	Material Noncompliance and Material Weakness
11-2	16	Lack of documentation for interagency agreements	Noncompliance and Significant Deficiency
11-3	18	GAAP Reporting	Noncompliance and Significant Deficiency
11-4	20	Inaccurate capital asset reporting	Noncompliance and Significant Deficiency

FINDINGS (STATE COMPLIANCE) – Continued

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
11-5	21	Weaknesses in controls over refunds	Noncompliance and Significant Deficiency
11-6	23	Weaknesses in controls over receipts	Noncompliance and Significant Deficiency
11-7	25	Lack of adequate disaster recovery planning or testing to ensure recovery of applications and data	Noncompliance and Significant Deficiency
11-8	27	Inadequate controls over computer inventory	Material Noncompliance and Material Weakness
11-9	29	Lack of prior approval and documentation of employee overtime	Noncompliance and Significant Deficiency
11-10	31	Employee performance evaluations not performed timely	Noncompliance and Significant Deficiency
11-11	33	Discrepancies noted in employee timekeeping	Noncompliance and Significant Deficiency
11-12	34	Failure to file timely and accurate TA-2 Reports	Noncompliance and Significant Deficiency
11-13	36	Failure to timely obtain certification of license and automobile liability coverage	Noncompliance and Significant Deficiency
11-14	38	Field sanitation fines not being assessed	Noncompliance and Significant Deficiency

FINDINGS (STATE COMPLIANCE) – Continued

<u>Item No.</u>	<u>Page</u>	<u>Description</u>	<u>Finding Type</u>
11-15	39	Failure to adequately notify schools and day care centers of the provisions of the Lawn Care Products Application and Notice Act	Noncompliance and Significant Deficiency
11-16	40	Statutory committee, board, and council requirements	Noncompliance and Significant Deficiency
11-17	43	Reporting requirements	Noncompliance and Significant Deficiency

PRIOR FINDINGS NOT REPEATED

A	46	Consolidated services payments	
B	46	Failure to reconcile death certificate surcharge revenue and failure to obtain monthly surcharge revenue reports	
C	46	Computer security deficiencies	
D	47	Noncompliance with the State Officials and Employees Ethics Act	
E	47	Inadequate controls over cell phones and review of phone charges	
F	47	Youth Camp licenses not issued or not timely	
G	47	Noncompliance with Illinois Migrant Labor Camp Law	
H	48	Failure to conduct nurse incentive program study	
I	48	Noncompliance with the Home Health, Home Services, and Home Nursing Agency Licensing Act	
J	48	Noncompliance with the Nursing Home Care Act	
K	49	Tattoo and body piercing establishments not inspected	

## EXIT CONFERENCE

The findings and recommendations appearing in this report were discussed with Department personnel at an exit conference on April 17, 2012. Attending were:

### Illinois Department of Public Health

Teresa Garate, Ph.D., Assistant Director  
Stephen J. Konya, III, Chief of Staff  
Marc Gibbs, Chief Internal Auditor  
Gary T. Robinson, Deputy Director of Finance and  
Administration & Fiscal Officer

### Office of the Auditor General

Lisa Warden, Audit Manager

### Sikich LLP

Amy L. Sherwood, Partner  
Matt Maynerich, Senior Accountant

Responses to the recommendations were provided by Gary T. Robinson, Deputy Director of Finance and Administration & Fiscal Officer, in correspondence dated April 20, 2012.



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

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

and

Illinois State Board of Public Health

**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, 2011. 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 11-1 and 11-8 in the accompanying schedule of findings, the Department did not comply with requirements regarding assertion C. Compliance with such requirements is necessary, in our opinion, for the Department to comply with the requirements listed in the first paragraph of this report.

In our opinion, except for the noncompliance described in the preceding paragraph, the Department complied, in all material respects, with the compliance requirements listed in the first paragraph of this report during the two years ended June 30, 2011. However, the results of our procedures disclosed other instances of noncompliance with those requirements, which are required to be reported in accordance with criteria established by the Audit Guide, issued by the Illinois Office of the Auditor General and which are described in the accompanying schedule of findings as items 11-2 through 11-7 and 11-9 through 11-17.

### **Internal Control**

Management of the Department is responsible for establishing and maintaining effective internal control over compliance with the requirements listed in the first paragraph of this report. In planning and performing our examination, we considered the Department's internal control over compliance with the requirements listed in the first paragraph of this report 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 over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with the requirements listed in the first paragraph of this report on a timely basis. *A material weakness in*

*internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that a material noncompliance with a requirement listed in the first paragraph of this report will not be prevented, or detected and corrected on a timely basis. We consider the deficiencies in internal control over compliance as described in the accompanying schedule of findings and questioned costs as items 11-1 and 11-8 to be material weaknesses.

A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings as items 11-2 through 11-7 and 11-9 through 11-17 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 2011 and the 2010 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 2009 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, agency management, and the State Board of Health, and is not intended to be and should not be used by anyone other than these specified parties.



Springfield, Illinois  
April 26, 2012

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

CURRENT FINDINGS  
(STATE COMPLIANCE)

**11-1 FINDING:** (Inadequate administration of awards and grants programs)

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

During fiscal years 2010 and 2011, the Department expended over \$73 million, or 11%, of its approximately \$685 million total expenditures for awards and grants. The Department also expended awards and grants through its lump sum appropriations, under which it expended over \$523 million, or 76%, of its total lump sum expenditures during fiscal years 2010 and 2011. We sampled sixteen grant programs from the Department's grant making offices, including: the Center of Minority Health Services; the Office of Policy, Planning and Statistics; the Office of Health Promotion; the Office of Health Protection; the Office of Health Care Regulation; the Office of Preparedness and Response; the Center for Rural Health; the Division of Environmental Health; and the Office of Women's Health. For the sixteen grant programs selected for testing, we examined 143 grant agreements totaling \$13,441,212 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. Although during the examination period the Department implemented a template for grant applications, created a grants review committee to examine and approve grants issued, and provided training on this process to those impacted by the procedural changes, weaknesses continued concerning the Department's monitoring efforts of the activities of its grantees. 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. Department staff had performed very few site visits of its grantees to monitor their activities and compliance. We found 1 of 143 (1%) grants tested had a required site visit in their grant agreement but there was no site visit completed by the Department. While performing desk reviews of grantee reports is not considered a sufficient control for ensuring proper compliance with grant terms, this is the current monitoring technique utilized by the Department. Further, desk reviews for 21 of 143 (15%) grants tested were not completed within a year or later of the end of the grant period.
- The Department requires grantees to submit certain documentation according to the guidelines of the grant agreements. We noted 18 of 143 (13%) grants tested totaling \$1,772,220 were missing documentation from the grant file that was required according to the grant agreements. The missing documentation included 12 grants that were missing reporting requirements outlined in the grant agreement. In

addition, 5 grantees were requested to have an audit performed of the period which included the grant term, but no documentation of the audit was included in the grant file. Also, we noted 1 grant with a missing budget and the file only contained a year end budget versus actual report.

- For 20 of 143 (14%) grants totaling \$2,298,444, the grant file contained 30 instances of improper documentation. We noted 28 instances where the documentation maintained by the Department did not include any information to indicate the date submitted by the grantee or received by the Department, so it was not possible to determine if the grantee submitted the information by the required due date. Also, 1 of the grants contained reports that were not completed properly according to the requirements of the grant agreements, but were still accepted by the Department. One other grant included a reporting requirement that was misplaced due to staffing changes and later re-submitted by the grantee.

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 previous examinations, the Department reemphasized Directive 08-01 regarding Grant Monitoring Compliance. Directive 08-1 was issued by the Director on May 1, 2008 to provide written requirements and instructions for grant monitoring across the Department. As stated earlier, the Department has implemented measures concerning the initiation of the awards and grants process. Department management stated a comprehensive grants management software package is also being researched. Department management attributed the grant administration weaknesses identified in the examination, which it emphasized as the majority being related to fiscal year 2010 grants, to staff shortages, workload demands and resultant documentation date stamping issues.

Without formal grant administration procedures, the Department lacks a consistent methodology for the review of grantee performance and grant expenditures. In addition, personnel responsible for these programs are not held to specific criteria for performing and documenting these reviews. 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. 11-1, 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 and monitoring 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, if necessary. If a comprehensive grants management software package is acquired, these elements should be considered in the implementation.

**RESPONSE:**

The Department concurs with the finding and recommendation. The Department is in the process of drafting comprehensive rules to formalize the grants review process as well as to address other related issues that currently affect IDPH in its handling of grants. The Department is also in the process of finalizing a comprehensive Grants Procedure Manual, which contains detailed guidelines for grant monitoring. In addition, the Department is going through the initial procurement steps to purchase an electronic grant management system (eGMS). An eGMS, which will be used by external applicants and IDPH staff, will completely re-engineer and improve the current grant management processes including the review of programmatic and financial reports of grantees. Although the eGMS will not replace the necessity of site visits, it will be an important tool that will help alert staff when site visits may be necessary.

**11-2 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 48 vouchers totaling \$115,453 for legal expenses. We sampled 12 vouchers and noted 7 (58%) totaling \$21,412 pertained to Interagency Agreements and did not have adequate support for the method of determining the amount allocated to the Department to pay.

- 5 of the 7 (71%) vouchers totaling \$10,527 related to 5 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 50%; 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 \$10,527 without supporting documentation for the Department's allocable share of expenses.
- 2 of the 7 (29%) vouchers totaling \$10,885 related to 1 Interagency Agreement entered into with the Department of Central Management Services (DCMS). These vouchers had percentages and written notes corresponding to the amount to pay, but there was nothing explaining how any of it was derived. We also noted the Interagency Agreement indicated a rate of \$200 per hour; however, the vouchers failed to allocate a rate per hour.

The SAMS procedure 02.50.10, page 2, 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.

In response to this finding from previous examinations, the Department stated it would, going forward, seek to obtain additional supporting documentation from the Governor's Office for any legal allocations in order to be consistent with the Statewide Accounting Management System. The Department stated at that time, as it reiterated during the current examination as a reason for the ongoing lack of documentation for interagency agreements, that it has been a general understanding that payment responsibility has historically been assigned to particular State agencies based principally on the agencies' involvement in the subject matter of the litigation. According to the Department, due to the unforeseen and difficult nature of determining shares within litigation, a fair and balanced method was used by the Governor's Office to allocate shares among the agencies involved.

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. 11-2, 09-3, 07-3)

**RECOMMENDATION:**

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

**RESPONSE:**

The Department concurs with the finding and recommendation. IDPH will continue to work with the Governor's Office to obtain sufficient documentation for any legal services allocations in order to be consistent with the Statewide Accounting Management System. In doing so, IDPH will ensure that all billed contracted services have been provided and the expenditures are reasonable and necessary for legal services received by IDPH. However, in seeking to fulfill this task, IDPH, the Governor's Office, and other State agencies will likely continue to encounter the unforeseen and difficult nature of accurately determining shares within a diverse assortment of litigation when multiple agencies are involved.

**11-3 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 SCO-563 submitted to the Illinois Office of the Comptroller (Comptroller) reported \$98.454 million in expenditures and receipts. It was then determined that the Department manually calculated the receipt and expenditure amount based on the doses distributed at an average price per dose as of the end of the fiscal year, without accounting for changes in the price per dose throughout the year. The federal government contracts with various third party vaccine manufacturers at a set price per dose. The established price per dose may fluctuate once if the fiscal year spans two contract terms. The vaccine price per dose lists are available via the Center for Disease Control (CDC) website and archived from 1986 to present. Using the price per dose according to the CDC website for the immunization doses distributed from the federal government to the Department via a third party distributor, we determined the Department's Immunization Grant program expenditures and related receipts were \$98.110 million. As a result the amounts reported to the Comptroller on the Department's SCO-563 were overstated by \$344 thousand.

SAMS procedure 27.20.63, page 2, 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, page 2, also requires those non-cash awards of commodities should be recorded at fair market value at the time of receipt or the assessed value provided by the federal agency. In accordance with SAMS procedure 27.10.10, page 1, 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 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. Our testing noted the Department utilized distribution reports from the third party distributor, but did not accurately calculate the price per dose for the amounts received throughout the fiscal year. Department management stated program staff utilized an average cost basis for the price of vaccines, which varied slightly from the actual cost of the vaccines on a month by month basis.

Failure to submit correct and properly supported information to the Comptroller decreases the accuracy of Statewide Schedule of Expenditures of Federal Awards data. (Finding Code No. 11-3, 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 Comptroller generally accepted accounting principles (GAAP) Reporting Package Forms.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department's program staff (Immunization Section) will be more diligent in calculating the value of vaccines received and distributed using the vaccine price per dose listed on the CDC website rather than using an average cost basis for the price of vaccine doses. It should be noted that the amount of vaccine reported on the SCO-563 and SEFA was subsequently corrected and filed with the Comptroller's Office.

**11-4 FINDING:** (Inaccurate capital asset reporting)

The Department of Public Health (Department) did not accurately report accounts payable for capital assets on the SAMS to GAAP Reconciliation (SCO-537) form to the Illinois Office of the Comptroller for fiscal year 2011.

We noted the Department's ending accounts payable balance for capital assets at June 30, 2011 did not agree to the accounts payable records maintained by the Department. Because the accounts payable for capital assets represented the additions for fiscal year 2011, the Department's total capital assets were understated by \$15 thousand at June 30, 2011.

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 SAMS procedure 27.20.38, pages 1 through 12. Financial reporting objectives, as described in SAMS procedure 29.10.25, page 1, 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-537 and subsequently the Capital Asset Summary (SCO-538).

Previous examinations noted Department errors in preparing the Capital Asset Summary (SCO-538). The Department was instructed by the Illinois Office of the Comptroller to correct the errors noted in the previous examination in the fiscal year 2010 forms. Department management attributed the error identified in the fiscal year 2011 forms to human error, as an incorrect number was retrieved from the supporting records.

Failure to accurately report capital asset additions to the Illinois Office of the Comptroller causes the Statewide financial statements to be inaccurate. (Finding Code No. 11-4, 09-5, 07-5, 05-4)

**RECOMMENDATION:**

We recommend the Department carefully review and report capital assets, including capital asset accounts payable, accurately and in accordance with the procedures outlined in the SAMS manual. We also recommend the Department ensure the correction of the 2011 understatement is properly processed with the fiscal year 2012 GAAP forms.

**RESPONSE:**

The Department concurs in the finding and recommendation. Documents have been placed in the FY12 GAAP files to ensure that the error is shown and corrected on the next GAAP filing as requested by the Comptroller's Office. As this error was due to human error, more time checking all source documents will be taken to ensure accurate reporting in the future.

**11-5 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 285 refunds totaling \$1,156,455. We tested 40 refunds totaling \$413,547 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:

- 4 of 40 (10%) refunds totaling \$22,435 were not deposited in a timely manner, ranging from 1 to 47 days late.
- 5 of 40 (13%) refunds totaling \$49,222 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.
- 1 of 40 (3%) refunds totaling \$3,303 did not have a copy of the check or check stub included in the documentation.

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. 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.

In response to this finding from the previous examination, the Department stated it developed internal instructions to process all refund checks within the 24/48 hour requirement to help overcome the problems inherent in its decentralized refund processing system. Despite the new procedures, weaknesses in refund processing continued to exist within the current examination period. Department management attributed the current exceptions to increasing workload and staffing shortages.

Failure to timely deposit refunds results in noncompliance with statute. Failure to support the deposit of refunds increases the risk of untimely deposit and undetected errors or theft. (Finding Code No. 11-5, 09-7, 07-9)

**RECOMMENDATION:**

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

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department will continue improving our internal procedure to research the refund checks and to make deposits within the 24/48 hrs requirement. The Division of Accounting Services will work with the other divisions in the Department to reinforce the importance of researching these refund checks in a timely manner.

**11-6 FINDING:** (Weaknesses in controls over receipts)

The Department of Public Health (Department) did not maintain supporting documentation for receipts. In addition, the Department did not properly reconcile federal receipts or the cash balance from Department records to those of the Comptroller.

During the examination period, the Department processed receipts totaling \$389,300,834. We tested 60 receipts totaling \$9,960,547 and noted the Department was unable to provide supporting documentation for 7 (12%). As it processes its receipts, the Department affixes validation numbers to the application, permit, license, or other source documentation submitted with the check by the external party using its Fee Receipt Entry Sub-System. One receipt can consist of multiple validation numbers. The 7 receipts missing supporting documentation consisted of 57 validation numbers, specifically:

- 33 of 57 (58%) validation numbers totaling \$2,525 were attributable to the Plumbers' Licensing Program
- 18 of 57 (32%) validation numbers totaling \$1,430 were attributable to the Asbestos Program
- 1 of 57 (2%) validation numbers totaling \$2,940 were attributable to Health Care Facility Applications
- 4 of 57 (7%) validation numbers totaling \$750 were attributable to the Division of Food, Drugs and Dairies
- 1 of 57 (2%) validation numbers totaling \$500 was attributable to the Mobile Home Park Program

In addition, in our review of the Department's Comptroller's Monthly Revenue Status Report (SB04) reconciliation process, we found the Department did not properly reconcile federal receipts from its records to the SB04. On the reconciliation, the Department utilized the total federal receipts recorded on the SB04 as the balance per agency records. As a result, it was not possible for the Department to identify reconciling items between its records and those of the Comptroller at month-end.

We also noted, in our review of the Department's Comptroller's Monthly Cash Report (SB05) reconciliation process, the Department did not properly reconcile the cash balance per Department records to that of the Comptroller. The system utilized by the Department to reconcile the SB05 did not allow for the reporting of deposits in transit. To compensate for this deficiency, the Department changed the recorded date of the cash it received to the same date identified by the Comptroller in the SB05, resulting in zero deposits in transit at month-end. Consequently, the Department's cash balance could be understated or overstated at month end depending upon the timing of cash receipts.

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 Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires agencies to establish and maintain a system, or systems, of internal fiscal administrative controls. SAMS procedure 25.40.20 provides guidelines for reconciling to the Comptroller's Monthly Revenue Status Report (SB04), which represents the statewide receipt account records maintained in the Comptroller's Office. According to SAMS procedure 25.40.20, pages 1 and 2, the "reconciliation is required to be performed monthly and the Comptroller's Office notified of any unreconcilable differences so that the necessary corrective action can be taken to locate the differences and correct the accounting records... Since the agency records a receipt at the time of collection and the Comptroller records a receipt at the time of deposit in the State Treasury, there will normally be a timing difference which results in reconciling items." SAMS procedure 09.40.30 provides guidelines for reconciling the Comptroller's Monthly Cash Report (SB05), which represent the ending balance of cash per the SAMS maintained by the Comptroller's Office, to the Department's records. According to SAMS procedure 09.40.30, page 1, the "reconciliation should be performed monthly and the Comptroller's Office should be notified of any unreconcilable differences so that the necessary corrective action can be taken to locate the differences and correct the accounting records."

Department management attributed these weaknesses to increasing workloads and staffing shortages.

Failure to maintain adequate source documentation and to properly reconcile Department receipts and cash balances to Comptroller records results in noncompliance with statute and SAMS. (Finding Code No. 11-6)

**RECOMMENDATION:**

We recommend the Department implement controls to ensure source documentation is maintained related to cash receipts. In addition, we recommend the Department develop procedures to ensure its receipt and cash records are reconciled in accordance with SAMS.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department has assigned additional staff time to perform the monthly reconciliation of the agency's federal receipts with the Comptroller's Office's SB04 and SB05. Staff has created a new deposit listing report that is generated on a monthly basis and used in reconciling these receipts. On a daily basis, accounting services staff send all validated and supporting documents to the respective program area. These areas are subsequently responsible for keeping the supporting documents to make sure all receipts validated have the necessary supporting documents on file.

**11-7 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 had not identified any applications as Category One, Stage Zero applications on the Statewide Critical Application Listing; however, the Department had not submitted a list of their critical applications to the Department of Central Management Services (DCMS) since 2006. The Department had not conducted recovery testing of all its critical mainframe applications at the off-site location in the last five years and had not submitted detailed recovery requirements to DCMS recently.

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. The Department stated they rely on DCMS' disaster recovery procedures.

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 three examinations (two were 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.

The Department stated that staffing challenges and the necessity to coordinate with DCMS have delayed the development of a disaster recovery plan.

Failure to have an adequately tested and updated disaster recovery plan leaves the Department exposed to the possibility of major disruptions of services. A comprehensive test of the plan across all platforms utilized will assist management in identifying weaknesses to ensure recovery procedures are adequate in the event a disaster. Continuous testing of plans would also assist management to ensure the plan is

appropriately modified as the Department's computing environment and disaster recovery needs change. (Finding Code No. 11-7, 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 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 CMS 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 continue to coordinate 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. The Department utilizes the State of Illinois Rapid Electronic Notification system to broadcast business continuity/emergency notification messaging to relevant Department personnel based upon the event. The BCMT staff continues to work loading plans and coordinating exercises and update access to the site with Office personnel on the IDPH SharePoint portal.

**11-8 FINDING:** (Inadequate controls over computer inventory)

The Department of Public Health (Department) was not able to locate 75 computers during fiscal years 2010 and 2011. Several of these computers may have contained confidential information.

The Department conducts an annual physical inventory of all equipment with an acquisition cost of \$500 or more and annually reports its results to the Department of Central Management Services (DCMS). In its fiscal year 2010 Physical Inventory Report submitted to DCMS, the Department reported it was unable to locate 88 of 23,029 (0.4%) items totaling \$140,929. The discrepancy report indicated that \$56,582 of that amount was missing computer inventory. In its fiscal year 2011 Physical Inventory Report, the Department reported it was unable to locate 105 of 22,341 (0.5%) items totaling \$181,541. The discrepancy report indicated that \$39,292 of that amount was missing computer inventory.

Upon further inquiry with Department personnel, we noted the missing EDP equipment consisted of 32 desktop computers and 43 laptop computers. Of these computers, two laptops were reported stolen. The Department considers the remaining computers to be lost. Department personnel were not able to provide property transfer forms or any other documentation indicating what happened to the computers.

In addition, the Department did not perform a detailed assessment and therefore was unable to determine whether the missing computers contained confidential information. Department personnel stated that users are required to store Department data on network servers rather than on local computer hard drives. The Department has also established IT Guideline 07-1 – Information Technology Policies, requiring users to agree that they will “maintain data on shared server resources, purging obsolete files when appropriate.”

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

Department personnel stated, given changing technology and computer equipment rapidly becoming outdated, equipment can sometimes be surplus or swapped without corresponding paperwork to track the equipment.

The State Property Control Act (30 ILCS 605/4 and 6.02) requires the Department be accountable for the supervision, control and inventory of all items under its jurisdiction and control. In addition, the Department had the responsibility to ensure that confidential information is protected from disclosure and that provisions in the Personal Information Protection Act (815 ILCS 530) are followed.

Failure to follow up on missing computer equipment resulted in a lack of control over State property and the risks associated with the potential exposure of confidential information. (Finding Code No. 11-8)

**RECOMMENDATION:**

We recommend the Department:

- Immediately perform a detailed inventory of computer equipment.
- Perform a detailed assessment to determine if any of the missing computers contained confidential information.
- Review current practices to determine if enhancements can be implemented to prevent the theft or loss of computers.

We also recommend the Department establish procedures to immediately assess if a computer may have contained confidential information whenever it is reported lost or stolen, and document the results of the assessment.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department is currently performing a review of computer equipment inventory. IT Coordinator's will be required to determine if any missing computers contained confidential information and report the findings to IT Security. IT Security & Procurement sections will work with Property Services to review current practices to determine any enhancements that may be implemented to prevent theft or loss of computers and to ensure all surplus paperwork is processed. The Department currently complies with the CMS Laptop Data Encryption Policy that states "All new laptops issued must be equipped with full-disk encryption."

**11-9 FINDING:** (Lack of prior approval and documentation of employee overtime)

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

According to the Overtime section in the Department's Employee Handbook, "In order to receive compensatory time or cash for overtime, appropriate forms may need to be completed and approved prior to working the additional hours." The Department utilizes a Request for Overtime/Alternate Reimbursement for approval and documentation of time worked outside of regularly scheduled hours. The form is located on the Department's intranet and available to Department employees. The instructions associated with the form instruct employees to complete a separate form for each week in which approved additional hours are worked. If an employee believes he or she needs to work additional hours or is told to do so by a supervisor, the form is to be completed and submitted to the supervisor "prior to working the additional hours". The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to ensure resources are utilized efficiently and effectively.

We tested a sample of 40 employees and reviewed each person's overtime for two pay periods. The employees in our sample incurred 912 hours of overtime during the two pay periods tested. Based upon our review of the Request for Overtime/Alternate Reimbursement forms, we noted the following weaknesses concerning the lack of prior approval and documentation of employee overtime:

- 2 of 40 (5%) employees had incomplete request dates on their Request for Overtime/Alternate Reimbursement form, thus it was unknown for what days the employees were requesting to work overtime.
- 15 of 40 (38%) employees requested overtime approval after the overtime was worked.
- Overtime for 27 of 40 (68%) employees was approved by their supervisor after it was worked.
- A Request for Overtime/Alternate Reimbursement form was signed by the supervisor for 3 of 40 (8%) employees, but not dated.
- A Request for Overtime/Alternate Reimbursement form existed for 3 of 40 (8%) employees but it was not signed or dated by their supervisor.

Multiple exceptions were noted concerning 17 of the 40 (43%) employees tested.

According to Department management, employees are not always capable of obtaining prior overtime approval due to unforeseen circumstances, such as computer issues, nursing home complaints, or food breakouts. Department personnel added that in each situation, the employee will obtain a verbal confirmation from their supervisor.

Failure to ensure overtime requests are properly documented and approved in advance undermines accountability controls and may result in unnecessary personal service expenditures. (Finding Code No. 11-9)

**RECOMMENDATION:**

We recommend Department management enforce its policies and procedures concerning the prior approval and documentation of employee overtime. If management does not deem current procedures sufficient to meet the Departments needs, management should modify formal controls to ensure overtime is necessary and properly approved prior to incurring expenditures or accruing compensatory time.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department has reviewed the processes in place for overtime approval and provided updated training and a memorandum to supervisors and managers. Additionally, a process has been put in place whereby if the need for overtime is urgent or unforeseen such as in the case of nursing home emergency surveys or a food borne illness outbreak, an employee notifies and receives approval via email to document the request and approval prior to the time being worked.

**11-10 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 120 performance evaluations for 60 employees conducted during the examination period, we noted 56 of 120 (47%) were not completed in a timely manner. The delinquency ranged from 1 to 368 days late. 15 of the 56 (27%) delinquent evaluations had not been performed at all as of the date of our testing. 8 of the 56 (14%) delinquent evaluations were performed for a period in excess of 12 months. 3 of the 56 (5%) delinquent evaluations were 21 to 83 days late for the employee's final six month probationary period.

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

In response to this finding from previous examinations, the Department implemented a routine monitoring process during the previous examination for delinquent evaluations which institutes applicable notification to the supervisor and the applicable office/division. The Department receives notification of evaluations that are due from the Department of Central Management Services. The Department cross references the list to ensure the employees are still active with the Department and prepares a spreadsheet for each office/division along with a cover letter explaining the evaluation process. The list is provided to each office/division via e-mail one month prior to the evaluation due date. A second notification is sent to advise the evaluations are past due separately to each individual office/division. This process is done on a monthly basis.

Despite these procedures and reiterated communication by management that performance evaluations are important, Department supervisors continue to be unsuccessful in performing timely evaluations. Department management attributed the untimely evaluations to pressing workload demands that must be handled despite significant staffing limitations. In addition, management cited an increasing percentage of union supervisors, which requires a much higher level of involvement in the evaluation process by senior managers.

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. 11-10, 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. The Department has begun including the Director's Office in the notification process for evaluations coming due and for those that are past due in an effort to emphasize the importance of prompt evaluations. Additionally, we are working with the Central Management Services (CMS) Labor Relations negotiations' team to explore the opportunities to have union supervisors handle performance evaluations and thereby expand the number of people who can prepare them.

**11-11 FINDING:** (Discrepancies noted in employee timekeeping)

The Department of Public Health (Department) failed to ensure agreement between the timekeeping data maintained in its Time Reporting System and the Central Time and Attendance System.

The State Officials and Employees Ethics Act (5 ILCS 430) (Act) requires State employees to submit time sheets on a periodic basis documenting time spent each day on official State business to the nearest quarter hour. The Department utilizes a Time Reporting System (TRS), which is a system of forms and reports, to assist with the reporting and summarization of employees' work efforts and time off for compliance with the Act. According to the Department Employee Handbook, "Each employee is expected to complete the TRS to accurately reflect (a) time spent on official State business; and (b) authorized leave to the nearest quarter hour (15-minute increments)." The TRS time report is utilized by the employee's supervisor to complete the TRS weekly time sheet. The data within TRS and the Central Time and Attendance System (CTAS), which is utilized as the Department's official timekeeping and benefit tracking mechanism, should agree.

During our testing, we noted TRS data for 5 of 60 (8%) employees did not agree with the timekeeping information entered for them in CTAS. As a result, records differed by a total of 42.75 hours.

The Department attributed the inaccuracies noted to human error.

Failure to ensure the agreement of the data within CTAS and TRS could mask timekeeping errors and jeopardize the Department's compliance with the State Officials and Employees Ethics Act. Further, undetected errors increase the likelihood that employees will accrue leave time for hours not worked. (Finding Code No. 11-11)

**RECOMMENDATION:**

We recommend the Department strengthen controls over timekeeping by verifying the agreement of timekeeping data within TRS and CTAS.

**RESPONSE:**

The Department concurs in the finding and recommendation. The Department has begun exploration of inclusion in the new electronic web-based timekeeping system being created and piloted by Central Management Systems (CMS). In the interim, the Department will provide additional training and regular reminders through fiscal and timekeeping meetings to help identify issues and correct errors.

**11-12 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 submitted were inaccurate and incomplete.

The Department submitted 4 of 4 (100%) TA-2 reports 74 to 254 days late. In addition, we identified, on all TA-2 Reports submitted for fiscal years 2010 and 2011, the location where three individuals spent the majority of their working time was left blank, and no location was listed for their official headquarters. Furthermore, we noted, on all TA-2 Reports for fiscal years 2010 and 2011, the location where the majority of working time was spent for a fourth individual was missing, but the official headquarters was documented.

We also noted travel vouchers for 11 of 50 (22%) 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. The report is to list, for each officer or employee, the place designated as his or her official headquarters and the reason for each designation.

In response to this finding from previous examinations, the Department stated it would file timely reports inclusive of the upcoming report for July 15, 2010 to the Legislative Audit Commission. The Department further indicated the Travel Office had improved follow-up and communication with program offices on employee's headquarters designation and indicated it would improve verification that the home address was in compliance with the documentation submitted prior to completion of the TA-2 Reports to the Legislative Audit Commission. 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 staffing challenges and workload demands.

Failure to file accurate Travel Headquarter Reports decreases the effectiveness of oversight controls and results in noncompliance with the State Finance Act. (Finding Code No. 11-12, 09-12, 07-16, 05-12, 03-8)

**RECOMMENDATION:**

We recommend the Department develop specific procedures to ensure the accurate and timely filing of Travel Headquarter Reports in compliance with the State Finance Act.

**RESPONSE:**

The Department concurs with the finding and recommendation. The Department will submit, along with a corresponding transmittal memorandum, the required TA-2 forms to the Legislative Audit Commission by the filing deadlines. The latest report was submitted on January 11, 2012 prior to the reporting deadline. The Department has implemented additional procedures to ensure continued compliance by office/division accurately reporting of employee changes in headquarters.

**11-13 FINDING:** (Failure to timely obtain certification of license and automobile liability coverage)

The Department of Public Health (Department) did not timely obtain annual certifications of license and automobile liability 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 85 and 82 vehicles for fiscal year 2010 and 2011, respectively. Of those, 58 were personally assigned to employees in fiscal year 2010 and 54 in fiscal year 2011. We tested 25 employees personally assigned a vehicle during one or both fiscal years of the examination period to ensure the appropriate annual certification of license and automobile liability coverage (annual certification form) was obtained by the Department during each fiscal year. For this sample, we requested the 48 annual certification forms required to be obtained by the Department to ensure these employees were duly licensed and possessed adequate liability insurance coverage. We noted the following:

- The Department could not provide 1 of the 48 (2%) annual certification forms requested.
- For 24 of 48 (50%) annual certification forms reviewed, the certification was not provided by the employee by July 31<sup>st</sup> or 30 days after the individual was assigned a vehicle, whichever is later. The filing of the forms ranged from 5 to 208 days late.

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.

In response to this finding from previous examinations, the Department stated it would implement a new requirement to ensure that the complete listing of all employees assigned a State-owned vehicle be submitted to the Travel Control Office. In addition, the Travel Coordinator would annually 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. Department management attributed exceptions noted in the current examination period to staffing challenges and workload demands present in fiscal year 2011.

Failure to ensure a proper certification is on file in a timely manner represents noncompliance with a statutory mandate and exposes the State to unnecessary liability risks. (Finding Code No. 11-13, 09-14, 07-17)

**RECOMMENDATION:**

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

**RESPONSE:**

The Department concurs with the finding and recommendation. Annually, the Department will ensure that all employees complete, sign and submit vehicle insurance liability cards certifying annually that they are duly licensed and carry the minimum required insurance in compliance with the Illinois Vehicle Code (625 ILCS 5/7-601(c)) with respect to license and insurance coverage. To ensure full compliance, additionally, each new employee upon hire must sign a vehicle insurance certification form as a part of a condition of employment.

**11-14 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 5 of 7 (71%) field inspections tested during fiscal year 2010 and 2011 did not include the assessment of fines even though violations were noted on these 5 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 3 inspections in fiscal year 2010 and 4 inspections in fiscal year 2011, and no fines were assessed for either year. Department personnel stated they did not assess penalties for violations during field sanitation inspections during fiscal year 2010 and 2011, as it did not in the prior examination period. Similar to the way it responded to this finding from previous examinations, the Department stated its inspectors require and witness corrections made while on-site and thus assessing penalties is not deemed necessary.

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. 11-14, 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 determined that the licensee should have an opportunity to correct any violations to this Act. Violations noted are generally minor in nature and inspectors witness corrections while still on-site. The Department will pursue a change to the Act to provide licensees an opportunity to implement corrective action prior to the assessment of fines as currently required.

**11-15 FINDING:** (Failure to adequately notify schools and day care centers of the provisions of the Lawn Care Products Application and Notice Act)

The Illinois Department of Public Health (Department) failed to adequately notify schools and day care centers of the provisions of the Lawn Care Products Application and Notice Act (Act) (415 ILCS 65/6).

Section 6 of the Act states "...The Department of Public Health must inform school boards and owners and operators of day care centers about the provisions of this Act that are applicable to school districts and day care centers, and it must inform school boards about the requirements contained in Sections 10-20.49 and 34-18.40 of the School Code. The Department of Public Health must recommend that day care centers and schools use a pesticide-free turf care program to maintain their turf. The Department of Public Health must also report violations of this Act of which it becomes aware to the Department (of Agriculture) for enforcement."

The Department did not notify 98 (12%) of 850 school boards, nor 1,201 (41%) of 2,907 licensed daycare centers as required. During the examination period, the Department sent one e-mail notification to 1,706 day care owners and 752 school boards concerning the provisions of the Act. According to the Illinois State Board of Education website ([www.isbe.net](http://www.isbe.net)), in the 2009-2010 school year, which was the school year in session when the Department e-mailed the notification required by the Act, approximately 850 public school districts were operating in the State of Illinois. According to the Illinois Department of Children and Family Services website ([www.state.il.us/dcfs](http://www.state.il.us/dcfs)), Illinois had 2,907 licensed day care centers in June 2007, which is the latest date the licensing information was available on its site. Department personnel stated the employee who handled the notifications is no longer with the Department, making it difficult to recreate the details of the notification. Department management further stated this mandate is unfunded.

Failure to adequately notify schools and day care centers of the provisions of the Act results in noncompliance and hinders those parties from carrying out their responsibilities as they relate to the use of a pesticide-free turf care program. (Finding Code No. 11-15)

**RECOMMENDATION:**

We recommend the Department notify all applicable parties of the requirements of the Act; track its notifications to those parties; ensure mechanisms are developed to notify new day care center owners as needed; and communicate violations to the Illinois Department of Agriculture as received.

**RESPONSE:**

The Department concurs with the finding and recommendation. The majority of Illinois schools and day care centers have been previously notified regarding the provisions of the Act. Currently, however, no additional resources are available to continue the notification program. The Department will seek as necessary the additional resources required to complete the program.

**11-16 FINDING:** (Statutory committee, board, and council requirements)

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

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

- The Home Health, Home Services, and Home Nursing Agency Licensing Act (210 ILCS 55/7(a)) (Act) mandates the Director of the Department appoint a Home Health and Home Services Advisory Committee (Committee) composed of 15 persons to advise and consult with the Director in the administration of the Act. The Act establishes the membership composition of the Committee. As of June 30, 2011, the Committee was comprised of 14 members. The term of the general public consumer or family member of a consumer of home health services member, one of the specific member positions required by the Act, expired as of April 2011, although the member continued to serve while seeking reappointment. Additionally, during the examination period, the member appointed to the position of general public consumer advocate, another Act-defined position on the Committee, did not have an indicated term and, according to the documentation provided, was not listed as being present at any meetings held by the Committee during fiscal years 2010 and 2011. In response to this finding from the previous examination, the Department filled the positions cited as vacant. Related to the noncompliance identified in the current examination, Department personnel stated competing work demands and finding worthy candidates to commit time to serve on the Board contributed to the existing vacancy at June 30, 2011.
- The Health Maintenance Organization Act (HMO Act) (215 ILCS 125/2-2(a)) mandates the creation within the Department of a Health Maintenance Advisory Board (Board) to consist of 11 members appointed by the Department's Director. The HMO Act states 6 members of the Board represent a quorum. Furthermore, the HMO Act allows that a vacancy in membership on the Board does not impair a quorum from carrying out all rights and duties of the Board. The Board "has the power to review and comment on proposed rules and regulations to be promulgated by the Director of the Department...within 30 days after those proposed rules and regulations have been submitted to the...Board." During our testing of the activity of the Board, we determined the Board last met in 1989. The most recent Board member listing maintained by the Department is from 1999 and consists of only four members. Department personnel stated the Board has not met for years and there is no statutory requirement to do so. Consequently, the membership on the Board has not been kept current.

- The Local Food, Farms, and Jobs Act (30 ILCS 595/15(b)) states, “The purpose of the Local Food, Farms, and Jobs Council shall be to facilitate the growth of an Illinois-based local farm and food product economy that revitalizes rural and urban communities, promotes healthy eating with access to fresh foods, creates jobs, ensures a readily available supply of safe food in an emergency event, and supports economic growth through making local farm or food products available to all Illinois citizens.” Section 25(a) of the Local Food, Farms, and Jobs Act establishes the composition of the governance of the 35-member board of directors of the Council, which includes one representative from the Department. During the examination period, the Department was represented by a Department employee on the Council shortly after its formation in March 2010. However, an internal job change within the Department led to her no longer being able to carry out Department representation on the Council. For approximately 12 months of the examination period and through the date of our testing, the Department lacked representation on the Council as required by the Local Food, Farms, and Jobs Act. Department management stated the original Department representative was transferred elsewhere in the Department and a replacement has not been named.

The existence of vacancies, absentee members, failure to meet as required, and not appointing representatives to statutorily required positions results in noncompliance with the statute and limits the input of all members that was intended by the General Assembly. (Finding Code No. 11-16)

**RECOMMENDATION:**

We recommend the Department timely fill the vacancies on the Home Health and Home Services Advisory Committee as required by the statute and address the absentee members presently holding positions on the Committee. In addition, we recommend the Department seek to fill vacancies on the Health Maintenance Advisory Board as required by the HMO Act or seek legislative remedy to eliminate the Board continuation requirement. Finally, we recommend the Department appoint a representative to the Local Food, Farms, and Jobs Council as mandated by the Local Food, Farms, and Jobs Act.

**RESPONSE:**

The Department concurs in the finding and recommendation. The vacancies on the Home Health, Home Services and Home Nursing Advisory Board have been filled as of October 6, 2011 and all members are active.

The HMO Board has not met since 1989 and all memberships have expired and have not been renewed. There have been no agenda items or program issues brought forth that would require the Board to meet. There is a bill progressing in the Illinois General Assembly (HB 3816) this session that will dissolve Boards that have not met in the last 2 years. If this legislation does not pass, the Department will seek legislation specifically to dissolve the HMO Board.

The Department has appointed a staff member to the Local Food, Farms and Jobs Council effective November 23, 2011. The staff member attended the Local Food, Farms, and Jobs Council meeting on December 7, 2011.

**11-17 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 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, 2010 was filed on August 31, 2010, 152 days late, and the Department did not file the report due April 1, 2011 as of the completion of our testing.

As the Department responded to this finding in previous examinations, 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. During the examination period, the Department sought legislative remedy to amend the reporting requirement of the Nursing Home Care Act from April 1 to July 1. The Department believed the revised submission date was a more realistic due date. The legislative change was approved by the General Assembly and sent to the Governor for approval prior to the end of the examination period. The effective date of the legislative change was July 14, 2011, when Public Act 97-0135 was enacted.

- 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 report is due by July 1 every year. The 2010 Prostate and Testicular Cancer report was submitted 6 days late and omitted the age breakdown and the stages of presentation of those served by the program, two specific areas outlined in the statute which must be included in the report. Department personnel indicated the age information was collected but inadvertently left out of the report and an addendum will be prepared to update this information. Department personnel further indicated the information for stages of presentation is difficult to obtain once the person is referred to a health care provider and thus the Department will work to seek a legislative remedy to remove this requirement. The 2011 Prostate and Testicular Cancer report was filed timely, but did not report specific data because, Department personnel stated, the Department did not award prostate cancer grants during fiscal year 2011 as a result of not receiving appropriations for that purpose.
- The Civil Administrative Code of Illinois (20 ILCS 2310/2310-640(d)) states the Department "shall prepare and submit to the Governor and General Assembly an annual report by January 1 of each year regarding its administration of the Hospital Capital Investment Program." The Hospital Capital Investment Program became effective on July 13, 2009. The Department did submit the required reports due on January 1, 2010 or January 1, 2011. Department management stated because monies for the capital

program had not yet been released and no grants had been issued, there was no substantial information to include in an annual report.

Prior examinations noted the Department failed to submit an annual report of its Stroke Task Force by January 1<sup>st</sup> as required by the Civil Administrative Code of Illinois (20 ILCS 2310/2310-372) (Act). During the current examination period, the Department satisfied this reporting requirement by submitting the required Stroke Task Force reports to the required parties by the January 1, 2010 and 2011 deadlines.

Prior examinations also noted the Department failed to submit a comprehensive plan, as required by the Illinois Welfare and Rehabilitation Services Planning Act (20 ILCS 10/3 and 4), to the General Assembly. During the examination period, the Department sought legislative remedy specific to the requirements of the Illinois Welfare and Rehabilitation Services Planning Act related to the submission of the plan by the first Friday in April on odd-numbered years to which it had been noncompliant. Although noncompliance was noted concerning the requirements as they were previously outlined, the legislative change was approved by the General Assembly and sent to the Governor for approval prior to the end of the examination period. The effective date of the legislative change was July 14, 2011, when Public Act 97-0135 was enacted. As a result, this portion of this finding is not repeated.

Failure to report to the General Assembly as required lessens governmental oversight and represents noncompliance with State law. (Finding Code No. 11-17, 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 LTC report was filed late as key staff involved in the development of the annual report left during this time period and this delayed the drafting of the report. Most of the positions are now filled and the program has the resources necessary to meet the timeframes for submission of the report.

Although, the 2010 Prostate and Testicular Cancer Program annual report to the General Assembly was submitted six days late, protocols 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 to eliminate the possibility of a late submission. Steps have also been put in place to ensure, in the future, that each grantee has a data collection tool that includes components required by statute and instructions on how that information is to be collected.

The Department filed the Hospital Capital Investment Program report required for January 1, 2012 as applications for grants had been made by eligible hospitals and the department will continue reporting annually on this program.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

PRIOR FINDINGS NOT REPEATED

A. Prior Finding – Consolidated services payments

During the prior examination, the 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.

We noted no exceptions during our testing of the consolidated services payments made by the Department during the current examination period. (Finding Code No. 09-2, 07-2)

B. Prior Finding – Failure to reconcile death certificate surcharge revenue and failure to obtain monthly surcharge revenue reports

During the prior examination, the 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.

During the examination period, the Department began utilizing a spreadsheet which outlined all monies submitted and cards received for each month. This spreadsheet aided in verification of receipt of all monthly Reports. The Department also initiated a new reconciliation process where any discrepancies were identified and resolved. We did not note any exceptions concerning this finding during our testing during the current examination. (Finding Code No. 09-6, 07-7)

C. Prior Finding – Computer security deficiencies

During the prior examination, the Department, in conjunction with the Department of Central Management Services (DCMS), had not established adequate controls for security of its computer resources.

During the examination period, the Department implemented many improvements to rectify the computer security deficiencies noted during the previous examinations. Based upon our testing of those improvements, this finding is not repeated. (Finding Code No. 09-8, 07-11, 05-5)

D. Prior Finding – Noncompliance with the State Officials and Employees Ethics Act

During the prior examination, the Department did not comply with the State Officials and Employees Ethics Act (Act).

On May 1, 2010, the Department implemented the Time Reporting System Policy acquired through labor union negotiations. This policy requires all Department employees to submit timesheets documenting the time spent each day on official State business. We did not note any exceptions concerning this prior finding during our testing as part of the current examination. However, we did note discrepancies between the Time Reporting System and the Central Time and Attendance System, as reported in Finding 11-11. (Finding Code No. 09-10, 07-13, 05-2)

E. Prior Finding – Inadequate controls over cell phones and review of phone charges

During the prior examination, the 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 current examination period, the Department made improvements relating to its controls over cell phones and its review of phone charges. Although there were still minor exceptions noted, this finding is not repeated. (Finding Code No. 09-13)

F. Prior Finding – Youth Camp licenses not issued or not timely

During the prior examination, the Department did not issue youth camp license renewals upon expiration of previous licenses as required by State law.

We did not note any exceptions concerning the issuance of youth camp licenses or the maintenance of the related supporting documentation as required by the Youth Camp Act (210 ILCS 100/5). (Finding Code No. 09-16, 07-20, 05-9, 03-4)

G. Prior Finding – Noncompliance with Illinois Migrant Labor Camp Law

The prior examination noted the 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 sought legislative remedy specific to the areas of the Illinois Migrant Labor Camp Law in which it had been noncompliant. Although noncompliance was noted concerning the requirements as they were previously outlined, the legislative change was approved by the General Assembly and sent to the Governor for approval prior to the end of the examination period. The effective date of the legislative change was July 14, 2011, when Public Act 97-0135 was enacted. As a result, this finding is not repeated. (Finding Code No. 09-17, 07-21, 05-10, 03-5)

H. Prior Finding – Failure to conduct nurse incentive program study

During the prior examination, the Department did not comply with requirements of the nurse incentive program for medically underserved areas, as well as retention of long-term care facility nurses, as required by the Civil Administrative Code of Illinois.

During the current examination, the Department completed the studies for both programs. Implementation for the programs, according to statute, is subject to available appropriation. The Department appears to be in compliance with the statute according to the action taken during the current examination period. (Finding Code No. 09-19, 07-24)

I. Prior Finding – Noncompliance with the Home Health, Home Services, and Home Nursing Agency Licensing Act

During the prior examination, the Department failed to keep fully staffed positions set forth by the Home Health, Home Services, and Home Nursing Agency Licensing Act (210 ILCS 55/7(a)) (Act).

During the current examination, the vacancies continued, but were fewer. However, due to the similarity of these weaknesses to those noted during the current examination related to the noncompliance with the Health Maintenance Organization Act (Act) (215 ILCS 125/2-2(a)), the exceptions were consolidated into Finding 11-16. (Finding Code No. 09-20, 07-25)

J. Prior Finding – Noncompliance with the Nursing Home Care Act

During the prior examination, the Department did not comply with all provisions of the Nursing Home Care Act (Act) (210 ILCS 45). The weaknesses noted related to the Department failing to ensure the nursing homes tested possessed written policies concerning the use of restraints and seclusion; the Criminal History Analysis reports examined; and the facility plan reviews of completed construction projects performed by the Department.

During the current examination, no exceptions were noted during testing of a sample of Criminal History Analysis reports. Additionally, during the examination period, the Department sought legislative remedy to delete the provision of the Act concerning policies for the use of restraints and seclusion. The changes sought by the Department were approved by the General Assembly and sent to the Governor for approval prior to the end of the examination period. The effective date of the legislative changes was July 14, 2011, when Public Act 97-0135 was enacted. Only minor exceptions were noted concerning the facility plan reviews. (Finding Code No. 09-21)

K. Prior Finding – Tattoo and body piercing establishments not inspected

During the prior examination, the Department did not inspect tattoo and body piercing establishments prior to issuing certificates of registration as required by State law.

During the current examination, we noted the Department implemented procedures that prevented certificates of registration from being mailed to establishments until after the inspection has occurred. Testing of the program, following the date of the implementation of these procedures, rendered no exceptions. As a result, this finding is not repeated. (Finding Code No. 09-22)

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

CURRENT STATUS OF PERFORMANCE AUDIT RECOMMENDATION

For the Years Ended June 30, 2010 and 2011

As part of the compliance examination of the Department of Public Health (Department) for the two years ended June 30, 2011, we followed up on the status of the following recommendation from the Illinois Office of the Auditor General's Performance Audit, Funding Provided by State Agencies to Heartland Human Services - May 2009. One recommendation, listed below, applied to the Department.

Recommendation #1 – Health Care Worker Registry

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

Status – Not Implemented

The Department received a federal grant for \$1,500,000 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, on September 30, 2010, to improve the State system by adding a rap back benefit with ongoing information on the health care worker. A rap back benefit is described as a process that occurs once the employee's fingerprints are in the registry and with the Illinois State Police. Any future convictions that are tagged will be "rapped" back to the Department to inform the health care facility.

Department personnel stated the Department is developing a work group that will meet with representatives from the Illinois Department of Human Services (DHS) for the purpose of developing a process for ensuring that all CILA and other DHS clients are added to the Health Care Worker Registry. Representatives for this work group are expected to include advocates, regulatory and industry individuals. The Department and representatives of DHS had not met as of our testing.

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, 2011
    - Year Ended June 30, 2010
  - Notes to the Schedule of Expenditures of Federal Awards
  - Schedule of Appropriations, Expenditures and Lapsed Balances
    - Fiscal Year 2011
    - Fiscal Year 2010
  - Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances
  - 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, 2011  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Agriculture</u></b>			
Passed through the Illinois Department of Human Services:			
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	\$ 56	\$ -
Passed through the Illinois State Board of Education:			
Summer Food Service Program for Children	10.559	49	-
State Administrative Expenses for Child Nutrition	10.560	67	-
Total U.S. Department of Agriculture		172	-
<b><u>U.S. Department of Housing and Urban Development</u></b>			
Direct Programs:			
Housing Opportunities for Persons with AIDS	14.241	751	750
Lead-Based Paint Hazard Control in Privately-Owned Housing	14.900	981	908
Total U.S. Department of Housing and Urban Development		1,732	1,658
<b><u>U.S. Department of Labor</u></b>			
Direct Programs:			
Compensation and Working Conditions	17.005	175	-
Total U.S. Department of Labor		175	-
<b><u>U.S. Environmental Protection Agency</u></b>			
Direct Programs:			
Beach Monitoring and Notification Program Implementation Grants	66.472	288	98
Performance Partnership Grants	66.605	302	-
Toxic Substances Compliance Monitoring Cooperative Agreements	66.701	154	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	336	-
Environmental Education Grants	66.951	6	-

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, 2011  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Environmental Protection Agency - continued</u></b>			
Passed through the Illinois Environmental Protection Agency:			
State Grants to Reimburse Operators of Small Water Systems for Training and Certification Costs	66.471	\$ 11	\$ -
Performance Partnership Grants	66.605	802	-
		<hr/>	<hr/>
Total U.S. Environmental Protection Agency		1,899	98
		<hr/>	<hr/>
<b><u>U.S. Department of Health and Human Services</u></b>			
Direct Programs:			
State and Territorial and Technical Assistance Capacity Development Minority HIV/AIDS Demonstration Program	93.006	46	45
Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	108	62
Public Health Emergency Preparedness	93.069	31,742	20,806
Environmental Public Health and Emergency Response	93.070	314	66
Food and Drug Administration Research	93.103	107	-
Maternal and Child Health Federal Consolidated Programs	93.110	128	85
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	1,495	391
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130	227	115
Injury Prevention and Control Research and State and Community Based Programs	93.136	893	868
Health Program for Toxic Substances and Disease Registry	93.161	11	-
Grants to States for Loan Repayment Program	93.165	341	341
Disabilities Prevention	93.184	167	-
Childhood Lead Poisoning Prevention Projects State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	780	-
State Capacity Building	93.240	457	-
State Rural Hospital Flexibility Program	93.241	562	562
Immunization Grants	93.268	103,515	890
Adult Viral Hepatitis Prevention and Control	93.270	10	-
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	12,817	6,933
State Partnership Grant Program to Improve Minority Health	93.296	101	101

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, 2011  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services - continued</u></b>			
Small Rural Hospital Improvement Grant Program	93.301	\$ 406	\$ 406
ARRA - State Loan Repayment Program	93.402	219	219
ARRA - State Primary Care Offices	93.414	71	-
Strengthening Public Health Infrastructure for Improved Health Outcomes	93.507	30	-
Centers for Disease Control and Prevention-Affordable Care Act (ACA) - Communities Putting Prevention to Work	93.520	95	-
The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements	93.521	200	35
The Affordable Care Act: Human Immunodeficiency Virus (HIV) Prevention and Public Health Fund Activities	93.523	38	-
Refugee and Entrant Assistance_Discretionary Grants	93.576	82	82
ARRA - Immunization	93.712	316	121
ARRA - Preventing Healthcare-Associated Infections	93.717	390	389
ARRA - Survey and Certification Ambulatory Surgical Center Healthcare-Associated Infection (ASC-HAI) Prevention Initiative	93.720	115	-
ARRA - Prevention and Wellness-State, Territories and Pacific Islands	93.723	810	639
ARRA - Prevention and Wellness-Communities Putting Prevention to Work Funding Opportunities Announcement (FOA)	93.724	194	-
ARRA - Communities Putting Prevention to Work: Chronic Disease Self-Management Program	93.725	337	240
State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	93.777	15,352	-
National Bioterrorism Hospital Preparedness Program	93.889	13,293	10,475
Grants to States for Operation of Offices of Rural Health	93.913	180	4
HIV Care Formula Grants	93.917	33,344	28,558
HIV Prevention Activities_Health Department Based	93.940	4,301	1,492
Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups	93.943	130	-

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, 2011  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services - continued</u></b>			
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	\$ 1,070	\$ 122
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	150	-
Preventive Health Services_Sexually Transmitted Diseases Control Grants	93.977	2,292	103
Preventive Health and Health Services Block Grant	93.991	1,973	166
Maternal and Child Health Services Block Grant to the States	93.994	3,285	3,126
Passed through the Illinois Department of Human Services:			
Family Planning_Services	93.217	149	-
Refugee and Entrant Assistance_State Administered Programs	93.566	2,475	-
Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	93.988	11	-
Total U.S. Department of Health and Human Services		<u>235,129</u>	<u>77,442</u>
<b><u>U.S. Department of Homeland Security</u></b>			
Passed through the Illinois Emergency Management Agency:			
Homeland Security Grant Program	97.067	17	-
Total U.S. Department of Homeland Security		<u>17</u>	<u>-</u>
Total Expenditures of Federal Awards		<u>\$ 239,124</u>	<u>\$ 79,198</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, 2010  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Agriculture</u></b>			
Passed through the Illinois State Board of Education:			
Summer Food Service Program for Children	10.559	\$ 110	\$ -
Total U.S. Department of Agriculture		110	-
<b><u>U.S. Department of Housing and Urban Development</u></b>			
Direct Programs:			
Housing Opportunities for Persons with AIDS	14.241	1,031	1,008
Lead-Based Paint Hazard Control in Privately-Owned Housing	14.900	1,458	1,323
Total U.S. Department of Housing and Urban Development		2,489	2,331
<b><u>U.S. Department of Labor</u></b>			
Direct Programs:			
Compensation and Working Conditions	17.005	142	-
Total U.S. Department of Labor		142	-
<b><u>U.S. Environmental Protection Agency</u></b>			
Direct Programs:			
Beach Monitoring and Notification Program Implementation Grants	66.472	454	282
Toxic Substances Compliance Monitoring Cooperative Agreements	66.701	134	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	455	-
Environmental Education Grants	66.951	18	13
Passed through the Illinois Environmental Protection Agency:			
State Grants to Reimburse Operators of Small Water Systems for Training and Certification Costs	66.471	67	-
Performance Partnership Grants	66.605	706	-

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, 2010  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Environmental Protection Agency - Continued</u></b>			
Passed through the Illinois Department of Agriculture:			
Consolidated Pesticide Enforcement Cooperative Agreements	66.700	\$ 257	\$ -
Total U.S. Environmental Protection Agency		<u>2,091</u>	<u>295</u>
<b><u>U.S. Department of Health and Human Services</u></b>			
Direct Programs:			
State and Territorial and Technical Assistance Capacity			
Development Minority HIV/AIDS Demonstration Program	93.006	138	136
Special Programs for the Aging Title IV and Title II Discretionary			
Projects	93.048	208	149
Alzheimer's Disease Demonstration Grants to States	93.051	(24)	-
Public Health Emergency Preparedness	93.069	73,465	30,173
Food and Drug Administration Research	93.103	63	-
Maternal and Child Health Federal Consolidated Programs	93.110	151	119
Project Grants and Cooperative Agreements for Tuberculosis			
Control Programs	93.116	1,395	287
Cooperative Agreements to States/Territories for the			
Coordination and Development of Primary Care Offices	93.130	264	141
Injury Prevention and Control Research and State and			
Community Based Programs	93.136	1,688	1,663
Grants to States for Loan Repayment Program	93.165	366	366
Disabilities Prevention	93.184	209	30
Childhood Lead Poisoning Prevention Projects State and Local			
Childhood Lead Poisoning Prevention and Surveillance of			
Blood Lead Levels in Children	93.197	903	-
State Capacity Building	93.240	503	-
State Rural Hospital Flexibility Program	93.241	631	631
Rural Access to Emergency Devices Grant	93.259	3	3
Immunization Grants	93.268	87,550	871
Centers for Disease Control and Prevention Investigations			
and Technical Assistance	93.283	13,649	7,928
Small Rural Hospital Improvement Grant Program	93.301	528	528

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, 2010  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Health and Human Services - Continued</u></b>			
ARRA - State Loan Repayment Program	93.402	\$ 56	\$ 56
ARRA - State Primary Care Offices	93.414	40	-
Refugee and Entrant Assistance_Discretionary Grants	93.576	72	72
ARRA - Immunization	93.712	7,382	1,855
ARRA - Preventing Healthcare-Associated Infections	93.717	145	145
ARRA - Survey and Certification Ambulatory Surgical Center Healthcare-Associated Infection (ASC-HAI) Prevention Initiative	93.720	59	-
ARRA - Prevention and Wellness-State, Territories and Pacific Islands	93.723	32	9
ARRA - Communities Putting Prevention to Work: Chronic Disease Self-Management Program	93.725	20	-
State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	93.777	13,669	-
National Bioterrorism Hospital Preparedness Program	93.889	14,560	12,435
Grants to States for Operation of Offices of Rural Health	93.913	204	9
HIV Care Formula Grants	93.917	40,910	7,342
HIV Prevention Activities_Health Department Based	93.940	3,851	1,694
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	1,042	150
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	141	-
Preventive Health Services_Sexually Transmitted Diseases Control Grants	93.977	2,885	362
Preventive Health and Health Services Block Grant	93.991	2,743	1,226
Maternal and Child Health Services Block Grant to the States	93.994	2,507	2,468
Passed through the Illinois Department of Human Services: Refugee and Entrant Assistance_State Administered Programs	93.566	1,944	-
<b>Total U.S. Department of Health and Human Services</b>		<b>273,952</b>	<b>70,848</b>

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, 2010  
(expressed in thousands)

<u>Federal Grantor/Pass-Through Grantor /Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided To Subrecipients</u>
<b><u>U.S. Department of Homeland Security</u></b>			
Passed through the Illinois Emergency Management Agency:			
Homeland Security Grant Program	97.067	\$ 322	\$ -
Total U.S. Department of Homeland Security		<u>322</u>	<u>-</u>
Total Expenditures of Federal Awards		<u>\$ 279,106</u>	<u>\$ 73,474</u>

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, 2010 and 2011

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, Illinois Department of Agriculture, Illinois Emergency Management 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 with expenditures exceeding \$1 million included in the Schedule of Expenditures of Federal Awards:

U.S. Department of Housing and Urban Development

- A. Housing Opportunities for Persons with AIDS – CFDA No. 14.241 – This program is used to provide States and localities with the resources and incentives to advance the National HIV/AIDS Strategy by devising long-term comprehensive strategies for meeting needs of low-income persons and their families living with AIDS.
- B. 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 infectious disease outbreaks, natural disasters, biological, chemical, and radiological incidents, and explosions.
- B. Project Grants and Cooperative Agreements for Tuberculosis Control Programs – CFDA No. 93.116 - This program is used to assist State and local health agencies in carrying out tuberculosis (TB) control activities designed to prevent transmission of infection and disease.

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. 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, engineering, health policy, economics and other disciplines in order to prevent and control injuries more effectively; (3) to rigorously apply and evaluate current and new interventions, methods, and strategies that focus on the prevention and control of injuries; (4) to stimulate and support Injury Control Research Centers (ICRC) in academic institutions which will develop a comprehensive and integrated approach to injury control research and training; and (5) to bring the knowledge and expertise of ICRC's to bear on the development of effective public health programs for injury control. The State and community programs are designed: (1) to develop and evaluate new methods or to evaluate existing methods and techniques used in injury surveillance by public health agencies; and (2) to develop, expand, or improve injury control programs to reduce morbidity, mortality, severity, disability, and cost from injuries.
- D. Immunization Grants – CFDA No. 93.268 - These grants assist States and communities in establishing and maintaining preventive 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, certain Amerasians from Vietnam, Cuban and Haitian entrants, asylees, victims of a severe form of trafficking and Iraqi and Afghan special immigrants during the first eight months after their arrival in this country or grant of asylum. Reimbursement is also provided for care of unaccompanied refugee minors and grantee administrative costs.

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

- G. ARRA - Immunization – CFDA No. 93.712 - These grants are a part of the American Recovery and Reinvestment Act (ARRA) as a part of the Section 317 Immunization program which funds 64 immunization programs that include all 50 states, Washington DC, 5 urban areas, the U.S. Territories, and selected Pacific Island nations. The funding supports states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases.
- H. State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare – CFDA No. 93.777 - The objective of this program is to provide financial assistance to any State which is able and willing to determine through its State health agency or other appropriate State agency that providers and suppliers of health care services are in compliance with Federal regulatory health and safety standards and conditions of participation.
- I. 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.
- J. 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.
- K. 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.
- L. 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.

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

- 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. Preventive Health and Health Services Block Grant – CFDA No. 93.991 - This program provides States with the resources to improve the health status of the population of each grantee by: (a) conducting activities leading to the accomplishment of the year 2010 objectives for the nation; (b) rapidly responding to emerging health threats; (c) providing emergency medical services excluding most equipment purchases; (d) providing services for sex offense victims including prevention activities; and (e) coordinating related administration, education, monitoring and evaluation activities.
- O. 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, children with special health care needs and families in providing health services for maternal and child health populations who do not have access to adequate health care.

4. INTERAGENCY AGREEMENTS

The Department participated in several interagency agreements with the Department of Human Services. The agreements required the Department of Public Health to perform duties and incur the associated costs for the federal Refugee and Entrant Assistance\_State Administered Programs (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 \$1,944 (in thousands) was reported for fiscal year 2010 and the federal share of reimbursements totaling \$2,475 (in thousands) was reported for fiscal year 2011.

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

4. INTERAGENCY AGREEMENTS - Continued

The Department also participated in an interagency agreement with the Illinois State Board of Education. The agreement required the Department perform duties and incur the associated costs for the federal Summer Food Service Program for Children (CFDA No. 10.559) administered by the Illinois State Board of Education. The Department of Public Health prepared and submitted semimonthly copies of inspection reports, as well as a billing on June 30 of each year, which detailed costs incurred for this program. The Illinois State Board of Education reimbursed these costs with funds from the U.S. Department of Agriculture. According to the Department of Public Health, the federal share of reimbursements totaling \$110 (in thousands) was reported for fiscal year 2010 and the federal share of reimbursements totaling \$49 (in thousands) was reported for fiscal year 2011.

5. NONCASH AWARDS

The Department received non-cash awards in fiscal year 2010 of \$82,203 (in thousands) and in fiscal year 2011 of \$98,110 (in thousands) from the U.S. Department of Health and Human Services.

6. AMERICAN RECOVERY AND REINVESTMENT ACT

During the year ended June 30, 2008, the federal government enacted the American Recovery and Reinvestment Act (ARRA) in response to various economic events and conditions to provide additional resources for existing or newly created federal award programs. These programs have been presented separate and apart from the existing programs on the face of the accompanying Schedule of Expenditures of Federal Awards (SEFA) for the Department.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Appropriations for Fiscal Year 2011

Fourteen Months Ended August 31, 2011

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2011	"Approximate" Lapse Period Expenditures July 1 to August 31, 2011	"Approximate" Total Expenditures	Balances Reappropriated July 1, 2011	"Approximate" Balances Lapsed
<u>Public Acts 96-0956, 96-0819, Governor's Discretionary Appropriation</u>						
<b>APPROPRIATED FUNDS</b>						
General Revenue Fund - 0001	\$ 141,003,900	\$ 114,943,367	\$ 18,676,797	\$ 133,620,164	\$ -	\$ 7,383,736
Food and Drug Safety Fund - 0014	1,400,000	931,756	96,757	1,028,513	-	371,487
Penny Seaverns Breast, Cervical and Ovarian Cancer Research Fund - 0015	600,000	-	-	-	-	600,000
Fire Prevention Fund - 0047	1,123,000	1,033,031	47,249	1,080,280	-	42,720
Alzheimer's Disease Research Fund - 0060	350,000	-	-	-	-	350,000
Public Health Services Fund - 0063	238,498,800	109,838,573	14,007,933	123,846,506	-	114,652,294
Community Health Center Care Fund - 0113	621,200	521,494	4,166	525,660	-	95,540
Safe Bottled Water Fund - 0115	15,000	-	-	-	-	15,000
Facility Licensing Fund - 0118	660,000	436,601	623	437,224	-	222,776
Illinois School Asbestos Abatement Fund - 0175	952,500	449,321	-	449,321	-	503,179
Diabetes Research Checkoff Fund - 0198	100,000	-	-	-	-	100,000
Ticket for the Cure Fund - 0208	5,500,000	680,013	-	680,013	-	4,819,987
Illinois Health Facilities Planning Fund - 0238	1,800,000	1,351,768	17,570	1,369,338	-	430,662
Emergency Public Health Fund - 0240	570,640	268,829	239,787	508,616	-	62,024
Public Health Water Permit Fund - 0256	200,000	21,967	5,175	27,142	-	172,858
Nursing Dedicated and Professional Fund - 0258	1,200,000	1,136,915	3,000	1,139,915	-	60,085
Long-Term Care Monitor/Receiver Fund - 0285	2,400,000	1,326,740	158	1,326,898	-	1,073,102
Home Care Services Agency Licensure Fund - 0287	750,000	729,552	-	729,552	-	20,448
Used Tire Management Fund - 0294	500,000	326,200	62,667	388,867	-	111,133
Tattoo and Body Piercing Establishment Registration Fund - 0327	130,000	28,256	65,600	93,856	-	36,144
Public Health Laboratory Services Revolving Fund - 0340	1,500,000	159,944	11,777	171,721	-	1,328,279
Long Term Care Provider Fund - 0345	2,000,000	1,079,557	119,514	1,199,071	-	800,929
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	3,640,200	2,165,904	90,594	2,256,498	-	1,383,702
Tanning Facility Permit Fund - 0370	58,800	19,531	39,200	58,731	-	69
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	2,500,000	-	-	-	-	2,500,000
Plumbing Licensure and Program Fund - 0372	1,950,000	1,289,633	12,297	1,301,930	-	648,070
End Stage Renal Disease Facility Fund - 0381	385,000	-	-	-	-	385,000
Regulatory Evaluation and Basic Enforcement Fund - 0388	120,000	21,285	-	21,285	-	98,715
Trauma Center Fund - 0397	7,000,000	53,968	4,592,621	4,646,589	-	2,353,411
EMS Assistance Fund - 0398	10,000	-	-	-	-	10,000
Quality of Life Endowment Trust Fund - 0437	1,400,000	117,078	187,362	304,440	-	1,095,560
Autoimmune Disease Research Fund - 0469	40,000	-	-	-	-	40,000

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Appropriations for Fiscal Year 2011

Fourteen Months Ended August 31, 2011

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2011	"Approximate" Lapse Period Expenditures July 1 to August 31, 2011	"Approximate" Total Expenditures	Balances Reappropriated July 1, 2011	"Approximate" Balances Lapsed
<u>Public Acts 96-0956, 96-0819, Governor's Discretionary Appropriation</u>						
Health Facility Plan Review Fund - 0524	\$ 1,700,000	\$ 950,078	\$ 40,971	\$ 991,049	\$ -	\$ 708,951
Pesticide Control Fund - 0576	200,000	179,027	-	179,027	-	20,973
Hospice Fund - 0586	10,000	-	-	-	-	10,000
Prostate Cancer Research Fund - 0626	30,000	-	-	-	-	30,000
Death Certificate Surcharge Fund - 0635	2,500,000	230,394	1,188	231,582	-	2,268,418
Healthy Smiles Fund - 0654	500,000	-	-	-	-	500,000
Assisted Living and Shared Housing Regulatory Fund - 0702	325,000	289,045	5,962	295,007	-	29,993
Tobacco Settlement Recovery Fund - 0733	15,000,000	5,571,187	5,555,700	11,126,887	-	3,873,113
Pet Population Control Fund - 0764	250,000	189,031	29,365	218,396	-	31,604
Private Sewage Disposal Program Fund - 0790	150,000	111,228	673	111,901	-	38,099
Public Health Federal Projects Fund - 0838	612,000	118,359	-	118,359	-	493,641
Maternal and Child Health Services Block Grant Fund - 0872	5,100,000	1,993,466	833,745	2,827,211	-	2,272,789
Preventive Health and Health Services Block Grant Fund - 0873	3,831,800	1,441,287	455,116	1,896,403	-	1,935,397
Public Health Special State Projects Fund - 0896	14,421,400	5,381,462	1,544,058	6,925,520	-	7,495,880
Metabolic Screening and Treatment Fund - 0920	16,315,500	10,689,994	1,933,988	12,623,982	-	3,691,518
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	135,000	59,194	308	59,502	-	75,498
Illinois State Podiatric Disciplinary Fund - 0954	100,000	78,061	-	78,061	-	21,939
Build Illinois Bond Fund - 0971	76,729,228	74,773	2,001	76,774	76,652,454	-
<b>TOTAL APPROPRIATED FUNDS</b>	<b>\$ 556,888,968</b>	<b>\$ 266,287,869</b>	<b>\$ 48,683,922</b>	<b>\$ 314,971,791</b>	<b>\$ 76,652,454</b>	<b>\$ 165,264,723</b>
<b>NON-APPROPRIATED FUNDS</b>						
DHS Private Resource Fund - 0690		368,313	380,000	748,313		
<b>TOTAL NON-APPROPRIATED FUNDS</b>		<b>\$ 368,313</b>	<b>\$ 380,000</b>	<b>\$ 748,313</b>		
<b>GRAND TOTAL ALL FUNDS</b>		<b>\$ 266,656,182</b>	<b>\$ 49,063,922</b>	<b>\$ 315,720,104</b>		

Note 1: Appropriations, expenditures, and lapsed balances were obtained from Comptroller records and have been reconciled to records of the Department.

Note 2: Approximate lapse period expenditures do not include interest payments approved for payment by the Department and submitted to the Comptroller for payment after August.

Note 3: Expenditure amounts are vouchers approved for payment by the Department and submitted to the State Comptroller for payment to the vendor.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Appropriations for Fiscal Year 2010

Eighteen Months Ended December 31, 2010

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2010	Lapse Period Expenditures July 1 to December 31, 2010	Total Expenditures	Balances Lapsed
<u>Public Acts 96-0039, 96-0042, 96-0046, Governor's Discretionary Appropriation</u>					
<b>APPROPRIATED FUNDS</b>					
General Revenue Fund - 0001	\$ 157,465,800	\$ 125,950,120	\$ 21,327,365	\$ 147,277,485	\$ 10,188,315
Food and Drug Safety Fund - 0014	1,400,000	1,040,558	170,447	1,211,005	188,995
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015	600,000	-	-	-	600,000
Fire Prevention Fund - 0047	1,423,000	910,647	65,303	975,950	447,050
Rural/Downstate Health Access Fund - 0048	100,000	-	-	-	100,000
Alzheimer's Disease Research Fund - 0060	350,000	194,239	27,030	221,269	128,731
Lou Gehrig's Disease (ALS) Research Fund - 0061	5,000	-	-	-	5,000
Public Health Services Fund - 0063	234,104,100	136,410,471	20,348,316	156,758,787	77,345,313
Community Health Center Care Fund - 0113	1,000,000	325,344	2,125	327,469	672,531
Safe Bottled Water Fund - 0115	75,000	5,952	-	5,952	69,048
Facility Licensing Fund - 0118	250,000	187,194	11,194	198,388	51,612
Heartsaver AED Fund - 0135	100,000	6,078	467	6,545	93,455
Illinois School Asbestos Abatement Fund - 0175	952,500	674,143	73,814	747,957	204,543
Epilepsy Treatment and Education Grants-in-Aid Fund - 0197	30,000	-	-	-	30,000
Ticket for the Cure Fund - 0208	5,500,000	272,829	102,635	375,464	5,124,536
Illinois Health Facilities Planning Fund - 0238	2,200,000	1,337,971	68,086	1,406,057	793,943
Emergency Public Health Fund - 0240	3,200,000	2,440,341	152,705	2,593,046	606,954
Public Health Water Permit Fund - 0256	200,000	24,001	825	24,826	175,174
Nursing Dedicated and Professional Fund - 0258	1,200,000	1,189,165	2,241	1,191,406	8,594
Vince Demuzio Memorial Colon Cancer Fund - 0275	60,000	-	57,019	57,019	2,981
Long-Term Care Monitor/Receiver Fund - 0285	2,400,000	1,276,643	15,715	1,292,358	1,107,642
Home Care Services Agency Licensure Fund - 0287	750,000	524,045	36,343	560,388	189,612
Used Tire Management Fund - 0294	500,000	467,760	20,437	488,197	11,803
African-American HIV/AIDS Response Fund - 0326	3,000,000	-	-	-	3,000,000
Tattoo and Body Piercing Establishment Registration Fund - 0327	300,000	50,973	73,493	124,466	175,534
Public Health Laboratory Services Revolving Fund - 0340	3,000,000	710,818	65,142	775,960	2,224,040
Long Term Care Provider Fund - 0345	2,000,000	1,087,920	121,964	1,209,884	790,116
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	5,240,200	2,273,651	472,711	2,746,362	2,493,838
Tanning Facility Permit Fund - 0370	500,000	85,735	54,725	140,460	359,540
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	2,500,000	1,617,132	98,950	1,716,082	783,918
Plumbing Licensure and Program Fund - 0372	1,950,000	1,654,823	20,168	1,674,991	275,009
End Stage Renal Disease Facility Fund - 0381	385,000	-	-	-	385,000
Regulatory Evaluation and Basic Enforcement Fund - 0388	150,000	8,962	-	8,962	141,038

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SCHEDULE OF APPROPRIATIONS, EXPENDITURES, AND LAPSED BALANCES  
Appropriations for Fiscal Year 2010

Eighteen Months Ended December 31, 2010

	Appropriations (Net After Transfers)	Expenditures Through June 30, 2010	Lapse Period Expenditures July 1 to December 31, 2010	Total Expenditures	Balances Lapsed
<u>Public Acts 96-0039, 96-0042, 96-0046, Governor's Discretionary Appropriation</u>					
Trauma Center Fund - 0397	\$ 7,000,000	\$ 34,443	\$ 3,555,850	\$ 3,590,293	\$ 3,409,707
EMS Assistance Fund - 0398	300,000	66,369	119,801	186,170	113,830
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	60,000	-	-	-	60,000
Autoimmune Disease Research Fund - 0469	40,000	-	-	-	40,000
Health Facility Plan Review Fund - 0524	1,700,000	1,109,603	18,182	1,127,785	572,215
Pesticide Control Fund - 0576	200,000	194,684	5,086	199,770	230
Hospice Fund - 0586	10,000	-	-	-	10,000
Death Certificate Surcharge Fund - 0635	2,500,000	910,716	136,930	1,047,646	1,452,354
Healthy Smiles Fund - 0654	500,000	-	-	-	500,000
Assisted Living and Shared Housing Regulatory Fund - 0702	325,000	283,162	7,828	290,990	34,010
Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714	400,000	-	-	-	400,000
Tobacco Settlement Recovery Fund - 0733	17,900,000	11,285,287	4,874,610	16,159,897	1,740,103
Pet Population Control Fund - 0764	250,000	142,995	17,062	160,057	89,943
Public Health Federal Projects Fund - 0838	612,000	110,942	1,194	112,136	499,864
Maternal and Child Health Services Block Grant Fund - 0872	5,000,000	1,450,950	1,258,592	2,709,542	2,290,458
Preventive Health and Health Services Block Grant Fund - 0873	3,638,500	1,645,775	250,494	1,896,269	1,742,231
Public Health Special State Projects Fund - 0896	13,821,400	4,370,970	1,288,184	5,659,154	8,162,246
Metabolic Screening and Treatment Fund - 0920	13,853,800	9,449,530	1,122,267	10,571,797	3,282,003
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	135,000	69,489	-	69,489	65,511
Illinois State Podiatric Disciplinary Fund - 0954	100,000	85,043	-	85,043	14,957
Build Illinois Bond Fund - 0971	20,000	-	-	-	20,000
<b>Total Fiscal Year 2010</b>	<b>\$ 503,656,300</b>	<b>\$ 311,937,473</b>	<b>\$ 57,045,300</b>	<b>\$ 368,982,773</b>	<b>\$ 134,673,527</b>

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

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819	P.A. 96-0039 P.A. 96-0042	
	P.A. 96-0956	P.A. 96-0046	P.A. 95-0731
	Gov. Disc. Approp.	Gov. Disc. Approp.	P.A. 96-0004
<b>APPROPRIATED FUNDS</b>			
<b>General Revenue Fund - 0001</b>			
Appropriations (net after transfers)	\$ 141,003,900	\$ 157,465,800	\$ 161,506,700
Expenditures			
Personal services	-	36,925,629	34,410,923
Contribution to SERS	-	-	7,255,499
Contribution to social security	-	2,715,268	2,535,801
Contractual services	-	-	8,445,126
Travel	-	-	1,212,969
Commodities	-	-	434,710
Printing	-	-	181,872
Equipment	-	-	2,959
Electronic data processing	-	-	526,239
Telecommunications services	-	-	681,245
Operation of automotive equipment	-	-	36,065
Lump sums and other purposes	82,389,200	95,792,840	47,644,508
Lump sums, operations	51,230,964	11,843,748	4,681,649
Interfund cash transfers	-	-	1,815,840
Awards and grants	-	-	25,667,144
Medical services, payments to providers	-	-	562,722
Grants to local governments	-	-	16,585,502
Grants to other state agencies	-	-	582,000
Awards and grants - lump sums	-	-	123,869
Other refunds	-	-	19,531
Total expenditures	<u>133,620,164</u>	<u>147,277,485</u>	<u>153,406,173</u>
Lapsed balances	<u>\$ 7,383,736</u>	<u>\$ 10,188,315</u>	<u>\$ 8,100,527</u>
<b>Food and Drug Safety Fund - 0014</b>			
Appropriations (net after transfers)	\$ 1,400,000	\$ 1,400,000	\$ 1,400,000
Expenditures			
Lump sums and other purposes	1,028,513	1,211,005	1,304,124
Total expenditures	<u>1,028,513</u>	<u>1,211,005</u>	<u>1,304,124</u>
Lapsed balances	<u>\$ 371,487</u>	<u>\$ 188,995</u>	<u>\$ 95,876</u>
<b>Penny Seaverns Breast, Cervical and Ovarian Cancer Research Fund - 0015</b>			
Appropriations (net after transfers)	\$ 600,000	\$ 600,000	\$ 600,000
Expenditures			
Awards and grants	-	-	383,822
Total expenditures	<u>-</u>	<u>-</u>	<u>383,822</u>
Lapsed balances	<u>\$ 600,000</u>	<u>\$ 600,000</u>	<u>\$ 216,178</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
		P.A. 96-0039 P.A. 96-0042	
	P.A. 96-0819 P.A. 96-0956	P.A. 96-0046	P.A. 95-0731 P.A. 96-0004
	<u>Gov. Disc. Approp.</u>	<u>Gov. Disc. Approp.</u>	<u>P.A. 96-0004</u>
<b>Fire Prevention Fund - 0047</b>			
Appropriations (net after transfers)	\$ 1,123,000	\$ 1,423,000	\$ 1,423,000
Expenditures			
Lump sums and other purposes	1,080,280	975,950	887,988
Total expenditures	<u>1,080,280</u>	<u>975,950</u>	<u>887,988</u>
Lapsed balances	<u>\$ 42,720</u>	<u>\$ 447,050</u>	<u>\$ 535,012</u>
<b>Rural/Downstate Health Access Fund - 0048</b>			
Appropriations (net after transfers)	\$ -	\$ 100,000	\$ 100,000
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ -</u>	<u>\$ 100,000</u>	<u>\$ 100,000</u>
<b>Alzheimer's Disease Research Fund - 0060</b>			
Appropriations (net after transfers)	\$ 350,000	\$ 350,000	\$ 350,000
Expenditures			
Awards and grants	-	221,269	151,613
Total expenditures	<u>-</u>	<u>221,269</u>	<u>151,613</u>
Lapsed balances	<u>\$ 350,000</u>	<u>\$ 128,731</u>	<u>\$ 198,387</u>
<b>Lou Gehrig's Disease (ALS) Research Fund - 0061</b>			
Appropriations (net after transfers)	\$ -	\$ 5,000	\$ 100,000
Expenditures			
Awards and grants	-	-	2,601
Total expenditures	<u>-</u>	<u>-</u>	<u>2,601</u>
Lapsed balances	<u>\$ -</u>	<u>\$ 5,000</u>	<u>\$ 97,399</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819	P.A. 96-0039 P.A. 96-0042	
	P.A. 96-0956	P.A. 96-0046	P.A. 95-0731
	Gov. Disc. Approp.	Gov. Disc. Approp.	P.A. 96-0004
<b>Public Health Services Fund - 0063</b>			
Appropriations (net after transfers)	\$ 238,498,800	\$ 234,104,100	\$ 188,735,800
Expenditures			
Personal services	13,007,064	12,669,456	12,143,303
Contribution to SERS	3,643,546	3,601,532	2,560,223
Contribution to social security	956,283	934,099	895,921
Employer contributions to group insurance	2,699,025	2,455,963	2,427,343
Contractual services	1,488,217	1,824,282	3,624,542
Travel	990,285	978,530	965,624
Commodities	1,310,851	917,463	576,808
Printing	11,255	4,890	11,775
Equipment	51,620	109,605	107,596
Telecommunications services	57,021	86,079	149,725
Operation of automotive equipment	14,396	14,285	5,000
Lump sums and other purposes	85,739,177	117,948,231	96,683,253
Lump sums, operations	385,812	539,889	489,079
Awards and grants	7,732,320	8,010,949	6,303,937
Awards and grants - lump sums	5,759,634	6,663,534	5,952,501
Total expenditures	<u>123,846,506</u>	<u>156,758,787</u>	<u>132,896,630</u>
Lapsed balances	<u>\$ 114,652,294</u>	<u>\$ 77,345,313</u>	<u>\$ 55,839,170</u>
<b>Community Health Center Care Fund - 0113</b>			
Appropriations (net after transfers)	\$ 621,200	\$ 1,000,000	\$ 1,000,000
Expenditures			
Lump sums and other purposes	525,660	327,469	145,092
Total expenditures	<u>525,660</u>	<u>327,469</u>	<u>145,092</u>
Lapsed balances	<u>\$ 95,540</u>	<u>\$ 672,531</u>	<u>\$ 854,908</u>
<b>Safe Bottled Water Fund - 0115</b>			
Appropriations (net after transfers)	\$ 15,000	\$ 75,000	\$ 75,000
Expenditures			
Lump sums and other purposes	-	5,952	63,926
Total expenditures	<u>-</u>	<u>5,952</u>	<u>63,926</u>
Lapsed balances	<u>\$ 15,000</u>	<u>\$ 69,048</u>	<u>\$ 11,074</u>
<b>Facility Licensing Fund - 0118</b>			
Appropriations (net after transfers)	\$ 660,000	\$ 250,000	\$ 659,900
Expenditures			
Lump sums and other purposes	437,224	198,388	636,804
Total expenditures	<u>437,224</u>	<u>198,388</u>	<u>636,804</u>
Lapsed balances	<u>\$ 222,776</u>	<u>\$ 51,612</u>	<u>\$ 23,096</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819	P.A. 96-0039	
	P.A. 96-0956	P.A. 96-0042	
	Gov. Disc. Approp.	Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Heartsaver AED Fund - 0135</b>			
Appropriations (net after transfers)	\$ -	\$ 100,000	\$ 125,000
Expenditures			
Lump sums and other purposes	-	6,545	18,224
Total expenditures	-	6,545	18,224
Lapsed balances	\$ -	\$ 93,455	\$ 106,776
<b>Illinois School Asbestos Abatement Fund - 0175</b>			
Appropriations (net after transfers)	\$ 952,500	\$ 952,500	\$ 952,500
Expenditures			
Lump sums and other purposes	449,321	747,957	900,580
Total expenditures	449,321	747,957	900,580
Lapsed balances	\$ 503,179	\$ 204,543	\$ 51,920
<b>Epilepsy Treatment and Education Grants-In-Aid Fund - 0197</b>			
Appropriations (net after transfers)	\$ -	\$ 30,000	\$ 50,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ -	\$ 30,000	\$ 50,000
<b>Diabetes Research Checkoff Fund - 0198</b>			
Appropriations (net after transfers)	\$ 100,000	\$ -	\$ -
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 100,000	\$ -	\$ -
<b>Ticket for the Cure Fund - 0208</b>			
Appropriations (net after transfers)	\$ 5,500,000	\$ 5,500,000	\$ 5,500,000
Expenditures			
Awards and grants	680,013	375,464	2,616,411
Total expenditures	680,013	375,464	2,616,411
Lapsed balances	\$ 4,819,987	\$ 5,124,536	\$ 2,883,589

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Illinois Health Facilities Planning Fund - 0238</b>			
Appropriations (net after transfers)	\$ 1,800,000	\$ 2,200,000	\$ 2,200,000
Expenditures			
Lump sums and other purposes	1,369,338	1,406,057	1,741,896
Total expenditures	1,369,338	1,406,057	1,741,896
Lapsed balances	\$ 430,662	\$ 793,943	\$ 458,104
<b>Emergency Public Health Fund - 0240</b>			
Appropriations (net after transfers)	\$ 570,640	\$ 3,200,000	\$ 3,413,600
Expenditures			
Lump sums and other purposes	508,616	2,593,046	3,282,070
Total expenditures	508,616	2,593,046	3,282,070
Lapsed balances	\$ 62,024	\$ 606,954	\$ 131,530
<b>Public Health Water Permit Fund - 0256</b>			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Lump sums and other purposes	27,142	24,826	50,186
Total expenditures	27,142	24,826	50,186
Lapsed balances	\$ 172,858	\$ 175,174	\$ 149,814
<b>Nursing Dedicated and Professional Fund - 0258</b>			
Appropriations (net after transfers)	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000
Expenditures			
Lump sums and other purposes	1,139,915	1,191,406	1,166,459
Total expenditures	1,139,915	1,191,406	1,166,459
Lapsed balances	\$ 60,085	\$ 8,594	\$ 33,541
<b>Vince Demuzio Memorial Colon Cancer Fund - 0275</b>			
Appropriations (net after transfers)	\$ -	\$ 60,000	\$ 100,000
Expenditures			
Awards and grants - lump sums	-	57,019	-
Total expenditures	-	57,019	-
Lapsed balances	\$ -	\$ 2,981	\$ 100,000

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Long-Term Care Monitor/Receiver Fund - 0285</b>			
Appropriations (net after transfers)	\$ 2,400,000	\$ 2,400,000	\$ 2,400,000
Expenditures			
Lump sums and other purposes	1,326,898	1,292,358	2,247,789
Total expenditures	<u>1,326,898</u>	<u>1,292,358</u>	<u>2,247,789</u>
Lapsed balances	<u>\$ 1,073,102</u>	<u>\$ 1,107,642</u>	<u>\$ 152,211</u>
<b>Home Care Services Agency Licensure Fund - 0287</b>			
Appropriations (net after transfers)	\$ 750,000	\$ 750,000	\$ 500,000
Expenditures			
Lump sums and other purposes	729,552	560,388	212,830
Total expenditures	<u>729,552</u>	<u>560,388</u>	<u>212,830</u>
Lapsed balances	<u>\$ 20,448</u>	<u>\$ 189,612</u>	<u>\$ 287,170</u>
<b>Used Tire Management Fund - 0294</b>			
Appropriations (net after transfers)	\$ 500,000	\$ 500,000	\$ 500,000
Expenditures			
Lump sums and other purposes	388,867	488,197	405,411
Total expenditures	<u>388,867</u>	<u>488,197</u>	<u>405,411</u>
Lapsed balances	<u>\$ 111,133</u>	<u>\$ 11,803</u>	<u>\$ 94,589</u>
<b>African-American HIV/AIDS Response Fund - 0326</b>			
Appropriations (net after transfers)	\$ -	\$ 3,000,000	\$ 3,000,000
Expenditures			
Awards and grants - lump sums	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ -</u>	<u>\$ 3,000,000</u>	<u>\$ 3,000,000</u>
<b>Tattoo and Body Piercing Establishment Registration Fund - 0327</b>			
Appropriations (net after transfers)	\$ 130,000	\$ 300,000	\$ 300,000
Expenditures			
Lump sums and other purposes	93,856	124,466	1,669
Total expenditures	<u>93,856</u>	<u>124,466</u>	<u>1,669</u>
Lapsed balances	<u>\$ 36,144</u>	<u>\$ 175,534</u>	<u>\$ 298,331</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Public Health Laboratory Services Revolving Fund - 0340</b>			
Appropriations (net after transfers)	\$ 1,500,000	\$ 3,000,000	\$ 3,000,000
Expenditures			
Lump sums and other purposes	171,721	775,960	2,561,248
Total expenditures	171,721	775,960	2,561,248
Lapsed balances	\$ 1,328,279	\$ 2,224,040	\$ 438,752
<b>Long Term Care Provider Fund - 0345</b>			
Appropriations (net after transfers)	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Expenditures			
Lump sums and other purposes	1,199,071	1,209,884	1,118,445
Total expenditures	1,199,071	1,209,884	1,118,445
Lapsed balances	\$ 800,929	\$ 790,116	\$ 881,555
<b>Lead Poisoning, Screening, Prevention and Abatement Fund - 0360</b>			
Appropriations (net after transfers)	\$ 3,640,200	\$ 5,240,200	\$ 5,240,200
Expenditures			
Lump sums and other purposes	1,639,790	1,865,789	2,326,479
Lump sums, operations	-	4,618	68,598
Awards and grants	616,708	875,955	1,043,265
Total expenditures	2,256,498	2,746,362	3,438,342
Lapsed balances	\$ 1,383,702	\$ 2,493,838	\$ 1,801,858
<b>Tanning Facility Permit Fund - 0370</b>			
Appropriations (net after transfers)	\$ 58,800	\$ 500,000	\$ 500,000
Expenditures			
Lump sums and other purposes	58,731	140,460	308,880
Total expenditures	58,731	140,460	308,880
Lapsed balances	\$ 69	\$ 359,540	\$ 191,120
<b>Innovations in Long-term Care Quality Demonstration Grants Fund - 0371</b>			
Appropriations (net after transfers)	\$ 2,500,000	\$ 2,500,000	\$ 2,500,000
Expenditures			
Awards and grants	-	1,716,082	533,228
Total expenditures	-	1,716,082	533,228
Lapsed balances	\$ 2,500,000	\$ 783,918	\$ 1,966,772

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Plumbing Licensure and Program Fund - 0372</b>			
Appropriations (net after transfers)	\$ 1,950,000	\$ 1,950,000	\$ 1,750,000
Expenditures			
Lump sums and other purposes	1,301,930	1,674,991	1,650,628
Total expenditures	<u>1,301,930</u>	<u>1,674,991</u>	<u>1,650,628</u>
Lapsed balances	<u>\$ 648,070</u>	<u>\$ 275,009</u>	<u>\$ 99,372</u>
<b>End State Renal Disease Facility Fund - 0381</b>			
Appropriations (net after transfers)	\$ 385,000	\$ 385,000	\$ 385,000
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ 385,000</u>	<u>\$ 385,000</u>	<u>\$ 385,000</u>
<b>Regulatory Evaluation and Basic Enforcement Fund - 0388</b>			
Appropriations (net after transfers)	\$ 120,000	\$ 150,000	\$ 150,000
Expenditures			
Lump sums and other purposes	21,285	8,962	55,413
Total expenditures	<u>21,285</u>	<u>8,962</u>	<u>55,413</u>
Lapsed balances	<u>\$ 98,715</u>	<u>\$ 141,038</u>	<u>\$ 94,587</u>
<b>Trauma Center Fund - 0397</b>			
Appropriations (net after transfers)	\$ 7,000,000	\$ 7,000,000	\$ 6,000,000
Expenditures			
Lump sums and other purposes	4,646,589	3,590,293	3,052,033
Total expenditures	<u>4,646,589</u>	<u>3,590,293</u>	<u>3,052,033</u>
Lapsed balances	<u>\$ 2,353,411</u>	<u>\$ 3,409,707</u>	<u>\$ 2,947,967</u>
<b>EMS Assistance Fund - 0398</b>			
Appropriations (net after transfers)	\$ 10,000	\$ 300,000	\$ 300,000
Expenditures			
Lump sums and other purposes	-	186,170	191,905
Total expenditures	<u>-</u>	<u>186,170</u>	<u>191,905</u>
Lapsed balances	<u>\$ 10,000</u>	<u>\$ 113,830</u>	<u>\$ 108,095</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Multiple Sclerosis Research Fund - 0429</b>			
Appropriations (net after transfers)	\$ -	\$ 1,000,000	\$ 1,000,000
Expenditures			
Awards and grants	-	1,000,000	1,000,000
Total expenditures	-	1,000,000	1,000,000
Lapsed balances	\$ -	\$ -	\$ -
<b>Quality of Life Endowment Trust Fund -0437</b>			
Appropriations (net after transfers)	\$ 1,400,000	\$ 1,400,000	\$ 1,400,000
Expenditures			
Awards and grants - lump sums	304,440	-	-
Total expenditures	304,440	-	-
Lapsed balances	\$ 1,095,560	\$ 1,400,000	\$ 1,400,000
<b>Lung Cancer Research Fund - 0456</b>			
Appropriations (net after transfers)	\$ -	\$ 60,000	\$ 100,000
Expenditures			
Awards and grants	-	-	59,376
Total expenditures	-	-	59,376
Lapsed balances	\$ -	\$ 60,000	\$ 40,624
<b>Autoimmune Disease Research Fund - 0469</b>			
Appropriations (net after transfers)	\$ 40,000	\$ 40,000	\$ 100,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 40,000	\$ 40,000	\$ 100,000
<b>Federal Civil Preparedness Administrative Fund - 0497</b>			
Appropriations (net after transfers)	\$ -	\$ -	\$ 2,100,000
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ -	\$ -	\$ 2,100,000

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Health Facility Plan Review Fund - 0524</b>			
Appropriations (net after transfers)	\$ 1,700,000	\$ 1,700,000	\$ 2,000,000
Expenditures			
Lump sums and other purposes	991,049	1,127,785	1,691,729
Total expenditures	991,049	1,127,785	1,691,729
Lapsed balances	\$ 708,951	\$ 572,215	\$ 308,271
<b>Pesticide Control Fund - 0576</b>			
Appropriations (net after transfers)	\$ 200,000	\$ 200,000	\$ 200,000
Expenditures			
Lump sums and other purposes	179,027	199,770	168,452
Total expenditures	179,027	199,770	168,452
Lapsed balances	\$ 20,973	\$ 230	\$ 31,548
<b>Hospice Fund - 0586</b>			
Appropriations (net after transfers)	\$ 10,000	\$ 10,000	\$ 25,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 10,000	\$ 10,000	\$ 25,000
<b>Prostate Cancer Research Fund - 0626</b>			
Appropriations (net after transfers)	\$ 30,000	\$ -	\$ 200,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 30,000	\$ -	\$ 200,000
<b>Death Certificate Surcharge Fund - 0635</b>			
Appropriations (net after transfers)	\$ 2,500,000	\$ 2,500,000	\$ 3,082,000
Expenditures			
Lump sums and other purposes	231,582	1,047,646	3,073,426
Total expenditures	231,582	1,047,646	3,073,426
Lapsed balances	\$ 2,268,418	\$ 1,452,354	\$ 8,574

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819	P.A. 96-0039 P.A. 96-0042	P.A. 95-0731
	P.A. 96-0956	P.A. 96-0046	P.A. 96-0004
	Gov. Disc. Approp.	Gov. Disc. Approp.	P.A. 96-0004
<b>Healthy Smiles Fund - 0654</b>			
Appropriations (net after transfers)	\$ 500,000	\$ 500,000	\$ -
Expenditures			
Lump sums and other purposes	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ 500,000	\$ 500,000	\$ -
<b>Assisted Living and Shared Housing Regulatory Fund - 0702</b>			
Appropriations (net after transfers)	\$ 325,000	\$ 325,000	\$ 225,000
Expenditures			
Lump sums, operations	295,007	290,990	135,846
Total expenditures	295,007	290,990	135,846
Lapsed balances	\$ 29,993	\$ 34,010	\$ 89,154
<b>Spinal Cord Injury Paralysis Cure Research Trust Fund - 0714</b>			
Appropriations (net after transfers)	\$ -	\$ 400,000	\$ 400,000
Expenditures			
Awards and grants	-	-	-
Total expenditures	-	-	-
Lapsed balances	\$ -	\$ 400,000	\$ 400,000
<b>Tobacco Settlement Recovery Fund - 0733</b>			
Appropriations (net after transfers)	\$ 15,000,000	\$ 17,900,000	\$ 17,900,000
Expenditures			
Lump sums and other purposes	-	2,000,000	2,000,000
Awards and grants	9,610,808	8,557,405	8,547,651
Grants to other state agencies	-	1,900,000	1,843,000
Awards and grants - lump sums	1,516,079	3,702,492	4,505,128
Total expenditures	11,126,887	16,159,897	16,895,779
Lapsed balances	\$ 3,873,113	\$ 1,740,103	\$ 1,004,221
<b>Pet Population Control Fund - 0764</b>			
Appropriations (net after transfers)	\$ 250,000	\$ 250,000	\$ 250,000
Expenditures			
Lump sums and other purposes	218,396	160,057	217,475
Total expenditures	218,396	160,057	217,475
Lapsed balances	\$ 31,604	\$ 89,943	\$ 32,525

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819 P.A. 96-0956 Gov. Disc. Approp.	P.A. 96-0039 P.A. 96-0042 P.A. 96-0046 Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Private Sewage Disposal Program Fund - 0790</b>			
Appropriations (net after transfers)	\$ 150,000	\$ -	\$ -
Expenditures			
Lump sums and other purposes	111,901	-	-
Total expenditures	111,901	-	-
Lapsed balances	\$ 38,099	\$ -	\$ -
<b>Public Health Federal Projects Fund - 0838</b>			
Appropriations (net after transfers)	\$ 612,000	\$ 612,000	\$ 612,000
Expenditures			
Lump sums and other purposes	118,359	112,136	130,580
Total expenditures	118,359	112,136	130,580
Lapsed balances	\$ 493,641	\$ 499,864	\$ 481,420
<b>Maternal and Child Health Services Block Grant Fund - 0872</b>			
Appropriations (net after transfers)	\$ 5,100,000	\$ 5,000,000	\$ 3,341,800
Expenditures			
Lump sums, operations	140,967	146,294	126,315
Awards and grants	2,686,244	2,563,248	2,712,661
Total expenditures	2,827,211	2,709,542	2,838,976
Lapsed balances	\$ 2,272,789	\$ 2,290,458	\$ 502,824
<b>Preventive Health and Health Services Block Fund - 0873</b>			
Appropriations (net after transfers)	\$ 3,831,800	\$ 3,638,500	\$ 3,638,500
Expenditures			
Lump sums and other purposes	1,668,308	1,608,174	2,464,781
Awards and grants - lump sums	228,095	288,095	60,000
Total expenditures	1,896,403	1,896,269	2,524,781
Lapsed balances	\$ 1,935,397	\$ 1,742,231	\$ 1,113,719
<b>Public Health Special State Projects Fund - 0896</b>			
Appropriations (net after transfers)	\$ 14,421,400	\$ 13,821,400	\$ 7,721,400
Expenditures			
Lump sums and other purposes	4,336,156	3,241,613	4,577,298
Lump sums, operations	2,589,364	2,417,541	2,471,400
Total expenditures	6,925,520	5,659,154	7,048,698
Lapsed balances	\$ 7,495,880	\$ 8,162,246	\$ 672,702

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
	P.A. 96-0819	P.A. 96-0039	
	P.A. 96-0956	P.A. 96-0042	
	Gov. Disc. Approp.	Gov. Disc. Approp.	P.A. 95-0731 P.A. 96-0004
<b>Metabolic Screening and Treatment Fund - 0920</b>			
Appropriations (net after transfers)	\$ 16,315,500	\$ 13,853,800	\$ 13,373,800
Expenditures			
Lump sums and other purposes	6,563,518	5,233,302	4,521,300
Lump sums, operations	1,990,952	1,420,412	1,489,090
Awards and grants	2,222,712	2,158,311	2,738,626
Medical and food supplies for free distribution	1,846,800	1,759,772	1,628,946
Total expenditures	<u>12,623,982</u>	<u>10,571,797</u>	<u>10,377,962</u>
Lapsed balances	<u>\$ 3,691,518</u>	<u>\$ 3,282,003</u>	<u>\$ 2,995,838</u>
<b>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</b>			
Appropriations (net after transfers)	\$ 135,000	\$ 135,000	\$ 104,500
Expenditures			
Lump sums and other purposes	59,502	69,489	99,933
Total expenditures	<u>59,502</u>	<u>69,489</u>	<u>99,933</u>
Lapsed balances	<u>\$ 75,498</u>	<u>\$ 65,511</u>	<u>\$ 4,567</u>
<b>Illinois State Podiatric Disciplinary Fund - 0954</b>			
Appropriations (net after transfers)	\$ 100,000	\$ 100,000	\$ 100,000
Expenditures			
Lump sums and other purposes	78,061	85,043	49,748
Total expenditures	<u>78,061</u>	<u>85,043</u>	<u>49,748</u>
Lapsed balances	<u>\$ 21,939</u>	<u>\$ 14,957</u>	<u>\$ 50,252</u>
<b>Build Illinois Bond Fund - 0971</b>			
Appropriations (net after transfers)	\$ 76,729,228	\$ 20,000	\$ -
Expenditures			
Awards and grants - lump sums	76,774	-	-
Total expenditures	<u>76,774</u>	<u>-</u>	<u>-</u>
Reappropriations	<u>76,652,454</u>	<u>-</u>	<u>-</u>
Lapsed balances	<u>\$ -</u>	<u>\$ 20,000</u>	<u>\$ -</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES  
AND LAPSED BALANCES

	Fiscal Year		
	2011	2010	2009
		P.A. 96-0039	
		P.A. 96-0042	
		P.A. 96-0956	P.A. 95-0731
	Gov. Disc. Approp.	Gov. Disc. Approp.	P.A. 96-0004
<b>Total - All Appropriated Funds</b>			
Appropriations (net after transfers)	\$ 556,888,968	\$ 503,656,300	\$ 456,090,700
Total expenditures	314,971,791	368,982,773	361,745,181
Reappropriations	76,652,454	-	-
Total lapsed balances	\$ 165,264,723	\$ 134,673,527	\$ 94,345,519

**Non-Appropriated Funds**

**DHS Private Resource Fund - 0690**

Expenditures			
Awards and grants - lump sums	\$ 748,313	\$ -	\$ -
Total expenditures	\$ 748,313	\$ -	\$ -

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, 2011, 2010, and 2009, State Officers' salaries were as follows:

Director	\$ 143,321	\$ 150,228	\$ 150,228
Assistant Director	121,866	72,618	-
Total expenditures	\$ 265,187	\$ 222,846	\$ 150,228

Note: The fiscal year 2010 amounts are final and include interest payments made after August. The fiscal year 2011 expenditures and related lapsed balances do not reflect any interest payments approved for payment by the Department and submitted to the Office of the Comptroller for payment after August.

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, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
		P.A. 96-0039	
		P.A. 96-0042	
		P.A. 96-0046	
	Gov. Disc.	Gov. Disc.	P.A. 95-0731
	Approp.	Approp.	P.A. 96-0004

APPROPRIATED FUNDS

Appropriations (net after transfers)	\$556,888,968	\$503,656,300	\$456,090,700
Expenditures			
General Revenue Fund - 0001	133,620,164	147,277,485	153,406,173
Food and Drug Safety Fund - 0014	1,028,513	1,211,005	1,304,124
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015	-	-	383,822
Fire Prevention Fund - 0047	1,080,280	975,950	887,988
Alzheimer's Disease Research Fund - 0060	-	221,269	151,613
Lou Gehrig's Disease (ALS) Research Fund - 0061	-	-	2,601
Public Health Services Fund - 0063	123,846,506	156,758,787	132,896,630
Community Health Center Care Fund - 0113	525,660	327,469	145,092
Safe Bottled Water Fund - 0115	-	5,952	63,926
Facility Licensing Fund - 0118	437,224	198,388	636,804
Heartsaver AED Fund - 0135	-	6,545	18,224
Illinois School Asbestos Abatement Fund - 0175	449,321	747,957	900,580
Ticket for the Cure Fund - 0208	680,013	375,464	2,616,411
Illinois Health Facilities Planning Fund - 0238	1,369,338	1,406,057	1,741,896
Emergency Public Health Fund - 0240	508,616	2,593,046	3,282,070
Public Health Water Permit Fund - 0256	27,142	24,826	50,186
Nursing Dedicated and Professional Fund - 0258	1,139,915	1,191,406	1,166,459
Vince Demuzio Memorial Colon Cancer Fund - 0275	-	57,019	-
Long Term Care Monitor/Receiver Fund - 0285	1,326,898	1,292,358	2,247,789
Home Care Services Agency Licensure Fund - 0287	729,552	560,388	212,830
Used Tire Management Fund - 0294	388,867	488,197	405,411
Tattoo and Body Piercing Establishment Registration Fund - 0327	93,856	124,466	1,669
Public Health Laboratory Services Revolving Fund - 0340	171,721	775,960	2,561,248
Long Term Care Provider Fund - 0345	1,199,071	1,209,884	1,118,445
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	2,256,498	2,746,362	3,438,342
Tanning Facility Permit Fund - 0370	58,731	140,460	308,880
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	-	1,716,082	533,228
Plumbing Licensure and Program Fund - 0372	1,301,930	1,674,991	1,650,628
Regulatory Evaluation and Basic Enforcement Fund - 0388	21,285	8,962	55,413
Trauma Center Fund - 0397	4,646,589	3,590,293	3,052,033
EMS Assistance Fund - 0398	-	186,170	191,905
Multiple Sclerosis Research Fund - 0429	-	1,000,000	1,000,000
Quality of Life Endowment Trust Fund - 0437	304,440	-	-
Lung Cancer Research Fund - 0456	-	-	59,376
Health Facility Plan Review Fund - 0524	991,049	1,127,785	1,691,729
Pesticide Control Fund - 0576	179,027	199,770	168,452

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, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
		P.A. 96-0039	
	P.A. 96-0819	P.A. 96-0042	
	P.A. 96-0956	P.A. 96-0046	
	Gov. Disc.	Gov. Disc.	P.A. 95-0731
	Approp.	Approp.	P.A. 96-0004
Death Certificate Surcharge Fund - 0635	\$ 231,582	\$ 1,047,646	\$ 3,073,426
Assisted Living and Shared Housing Regulatory Fund - 0702	295,007	290,990	135,846
Tobacco Settlement Recovery Fund - 0733	11,126,887	16,159,897	16,895,779
Pet Population Control Fund - 0764	218,396	160,057	217,475
Private Sewage Disposal Program Fund - 0790	111,901	-	-
Public Health Federal Projects Fund - 0838	118,359	112,136	130,580
Maternal and Child Health Services Block Grant Fund - 0872	2,827,211	2,709,542	2,838,976
Preventive Health and Health Services Block Grant Fund - 0873	1,896,403	1,896,269	2,524,781
Public Health Special State Projects Fund - 0896	6,925,520	5,659,154	7,048,698
Metabolic Screening and Treatment Fund - 0920	12,623,982	10,571,797	10,377,962
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	59,502	69,489	99,933
Illinois State Podiatric Disciplinary Fund - 0954	78,061	85,043	49,748
Build Illinois Bond Fund - 0971	76,774	-	-
Total expenditures - appropriated funds	<u>314,971,791</u>	<u>368,982,773</u>	<u>361,745,181</u>
Reappropriations	<u>76,652,454</u>	<u>-</u>	<u>-</u>
Total lapsed balances	<u>\$165,264,723</u>	<u>\$134,673,527</u>	<u>\$ 94,345,519</u>
<b>NON-APPROPRIATED FUNDS</b>			
<b>Expenditures</b>			
DHS Private Resources Fund - 0690	<u>\$ 748,313</u>	<u>\$ -</u>	<u>\$ -</u>

Note: The fiscal year 2010 amounts are final and include interest payments made after August. The fiscal year 2011 expenditures and related lapsed balances do not reflect any interest payments approved for payment by the Department and submitted to the Office of the Comptroller for payment after August.

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, 2011

<u>Vital Records Refund Account - #1322</u>	2011	2010
Balance, beginning of year	\$ -	\$ -
Total Deposits and Additions	325	337
Total Checks and Deductions	325	337
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, 2011

	<u>Equipment</u>	<u>Land and Land Improvements</u>	<u>Capital Lease Equipment</u>	<u>Total</u>
Balance at July 1, 2009	\$ 27,382,424	\$ -	\$ 27,724	\$ 27,410,148
Additions	1,368,274	-	-	1,368,274
Deletions	(484,191)	-	(27,724)	(511,915)
Net Transfers	<u>(1,921,287)</u>	<u>-</u>	<u>-</u>	<u>(1,921,287)</u>
Balance at June 30, 2010	<u>\$ 26,345,220</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,345,220</u>
Balance at July 1, 2010	\$ 26,345,220	\$ -	\$ -	\$ 26,345,220
Additions	1,004,173	-	-	1,004,173
Deletions	(569,399)	-	-	(569,399)
Net Transfers	<u>(1,334,197)</u>	<u>-</u>	<u>-</u>	<u>(1,334,197)</u>
Balance at June 30, 2011	<u>\$ 25,445,797</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,445,797</u>

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

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<b><u>General Revenue Fund - 0001</u></b>			
Fees and licenses			
Vital records	\$ 1,101,642	\$ 1,251,253	\$ 1,543,594
Baccalaureate nursing degree loan repayments	824	222	330
Life Care Facilities Act fees	800	200	1,300
Illinois Smoke Free fines and penalties	7,156	4,775	2,350
Youth camp fees	2,475	2,700	2,125
Modular safety fees	28,675	24,475	45,150
Water well license fees	15,870	16,755	17,305
Water well license fines	-	-	3,000
Private sewage fees	-	2,350	123,640
Recreational area fees	34,400	35,550	37,175
Salvage warehouse fees	11,060	9,740	10,660
Long-term care directory fees	188	204	210
Hospice fees	69,750	64,250	60,750
Home health agency fees	25,350	24,350	17,085
Ambulatory surgical treatment center fees	49,200	45,100	45,100
Health maintenance organization fees	38,529	54,215	77,460
Other revenue			
Freedom of Information Act fees	5,743	14,995	24,730
Copy charges	1,098	1,707	294
Jury duty/witness fees	4,983	3,778	2,791
Miscellaneous	11,489	4,827	31,170
Fines/penalties	-	-	259
Consumer Product Safety Commission	-	20	-
Federal grant revenue	748,605	280,197	72,491
Prior year refund	64,983	239,721	190,306
Total Fund - 0001	<u>2,222,820</u>	<u>2,081,384</u>	<u>2,309,275</u>
<b><u>Food and Drug Safety Fund - 0014</u></b>			
Fees and licenses			
Drug residue program	-	548	136
Food managers certification program	1,258,994	1,291,571	1,216,494
Milk licensing program	38,993	37,140	37,020
Health certificate program	49,420	44,110	43,638
Interest income	2,035	786	5,507
Total Fund - 0014	<u>1,349,442</u>	<u>1,374,155</u>	<u>1,302,795</u>
<b><u>Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015</u></b>			
Private organizations or individuals	-	-	35,000
Transfer from General Revenue Fund	-	-	194,000
Prior year refund	440	7,413	1,035
Total Fund - 0015	<u>440</u>	<u>7,413</u>	<u>230,035</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<u>Alzheimer's Disease Research Fund - 0060</u>			
Private organizations or individuals	\$ 1,450	\$ 525	\$ 925
Prior year refund	1,291	-	-
Total Fund - 0060	<u>2,741</u>	<u>525</u>	<u>925</u>
<u>Public Health Services Fund - 0063</u>			
Federal grant revenue	136,120,666	154,369,628	130,583,168
Prior year refund	180,315	208,566	51,818
Total Fund - 0063	<u>136,300,981</u>	<u>154,578,194</u>	<u>130,634,986</u>
<u>Community Health Center Care Fund - 0113</u>			
Residency scholarship collections	290,911	394,507	264,316
Total Fund - 0113	<u>290,911</u>	<u>394,507</u>	<u>264,316</u>
<u>Safe Bottled Water Fund - 0115</u>			
Fees and licenses	26,650	27,650	27,450
Total Fund - 0115	<u>26,650</u>	<u>27,650</u>	<u>27,450</u>
<u>Facility Licensing Fund - 0118</u>			
Fees and licenses			
Migrant camp	3,600	3,800	3,300
Swimming facility	224,473	163,359	163,440
Mobile home park spaces	254,269	71,640	285,229
Manufactured home	76,387	272,068	74,599
Total Fund - 0118	<u>558,729</u>	<u>510,867</u>	<u>526,568</u>
<u>Heartsaver AED Fund - 0135</u>			
Private organizations or individuals	-	-	100
Total Fund - 0135	<u>-</u>	<u>-</u>	<u>100</u>
<u>Illinois School Asbestos Abatement Fund - 0175</u>			
Fees and licenses			
Asbestos fees	516,681	523,524	555,485
Asbestos fines	331,276	331,316	149,788
Prior year refund	31,936	-	-
Total Fund - 0175	<u>879,893</u>	<u>854,840</u>	<u>705,273</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPARATIVE SCHEDULE OF CASH RECEIPTS  
For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<u><b>Ticket for the Cure Fund - 0208</b></u>			
Prior year refund	\$ -	\$ 35,920	\$ 41,831
Interest income	4,032	10,758	88,028
Total Fund - 0208	4,032	46,678	129,859
<u><b>Illinois Health Facilities Planning Fund - 0238</b></u>			
Certificate of need	2,269,818	2,147,979	2,445,965
Prior year refund	-	-	656
Total Fund - 0238	2,269,818	2,147,979	2,446,621
<u><b>Emergency Public Health Fund - 0240</b></u>			
Prior year refund	6,022	15,914	13,820
Total Fund - 0240	6,022	15,914	13,820
<u><b>Public Health Water Permit Fund - 0256</b></u>			
Fees and licenses			
Water permits	32,700	30,600	36,400
Total Fund - 0256	32,700	30,600	36,400
<u><b>Nursing Dedicated and Professional Fund - 0258</b></u>			
Prior year refund	-	963	-
Total Fund - 0258	-	963	-
<u><b>Vince Demuzio Memorial Colon Cancer Fund - Fund 0275</b></u>			
Interest income	-	370	1,392
Total Fund - 0275	-	370	1,392
<u><b>Long Term Care Monitor/Receiver Fund - 0285</b></u>			
Fees and licenses			
Long-term care fees	1,696,975	829,740	921,364
Long-term care fines	1,276,195	1,462,153	871,971
Total Fund - 0285	2,973,170	2,291,893	1,793,335
<u><b>Home Care Services Agency Licensure Fund - 0287</b></u>			
Fees and licenses			
Licenses, fee or registration	882,975	746,540	770,700
Total Fund - 0287	882,975	746,540	770,700

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPARATIVE SCHEDULE OF CASH RECEIPTS  
For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<u>African-American HIV/AIDS Response Fund - 0326</u>			
Prior year refund	\$ -	\$ -	\$ 17,681
Total Fund - 0326	-	-	17,681
<u>Tattoo and Body Piercing Establishment Registration Fund - 0327</u>			
Fees and licenses			
Tattoo and body piercing establishment	197,700	168,250	87,800
Total Fund - 0327	197,700	168,250	87,800
<u>Public Health Laboratory Services Revolving Fund - 0340</u>			
Fees and licenses			
Laboratory	590,361	663,419	1,640,779
Interest income	807	1,412	44,964
Total Fund - 0340	591,168	664,831	1,685,743
<u>Long Term Care Provider Fund - 0345</u>			
Prior year refund	-	155	-
Total Fund - 0345	-	155	-
<u>Lead Poisoning, Screening, Prevention and Abatement Fund - 0360</u>			
Fees and licenses			
Laboratory	13,367	16,131	30,215
Lead inspector	373,700	359,415	263,271
Medicaid - children	2,917,760	971,542	1,329,086
Transfer from General Revenue Fund	1,350,000	1,651,840	1,214,560
Prior year refund	-	749	33
Total Fund - 0360	4,654,827	2,999,677	2,837,165
<u>Tanning Facility Permit Fund - 0370</u>			
Fees and licenses			
Tanning facilities	219,100	249,050	271,400
Total Fund - 0370	219,100	249,050	271,400
<u>Innovations in Long-term Care Quality Demonstration Grants Fund - 0371</u>			
Civil monetary penalties	558,190	766,901	927,235
Prior year refund	101,985	8,065	-
Interest income	10,891	18,837	82,045
Total Fund - 0371	671,066	793,803	1,009,280

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<u>Plumbing Licensure and Program Fund - 0372</u>			
Fees and licenses			
Plumbing licenses	\$ 1,538,936	\$ 1,570,965	\$ 1,644,351
Plumbing violations	32,842	8,748	18,124
Prior year refund	-	-	559
Total Fund - 0372	<u>1,571,778</u>	<u>1,579,713</u>	<u>1,663,034</u>
<u>Regulatory Evaluation and Basic Enforcement Fund - 0388</u>			
Sub-acute care facilities	<u>39,800</u>	<u>51,900</u>	<u>42,700</u>
Total Fund - 0388	<u>39,800</u>	<u>51,900</u>	<u>42,700</u>
<u>EMS Assistance Fund - 0398</u>			
Fees and licenses			
EMS ambulance fees	<u>212,402</u>	<u>204,940</u>	<u>161,199</u>
Total Fund - 0398	<u>212,402</u>	<u>204,940</u>	<u>161,199</u>
<u>Multiple Sclerosis Research Fund - 0429</u>			
Interest income	<u>5,374</u>	<u>11,436</u>	<u>9,626</u>
Total Fund - 0429	<u>5,374</u>	<u>11,436</u>	<u>9,626</u>
<u>Quality of Life Endowment Trust Fund - 0437</u>			
Interest income	<u>8,093</u>	<u>11,049</u>	<u>33,061</u>
Total Fund - 0437	<u>8,093</u>	<u>11,049</u>	<u>33,061</u>
<u>Autoimmune Disease Research Fund - 0469</u>			
Interest income	<u>141</u>	<u>287</u>	<u>933</u>
Total Fund - 0469	<u>141</u>	<u>287</u>	<u>933</u>
<u>Federal Civil Preparedness Administrative Fund - 0497</u>			
Federal grant revenue	-	-	585
Prior year refund	-	-	2,149
Prior year warrant voids	-	-	192
Total Fund - 0497	<u>-</u>	<u>-</u>	<u>2,926</u>
<u>Health Facility Plan Review Fund - 0524</u>			
Certificate of need - nursing homes	305,522	365,377	378,535
Certificate of need - hospitals	<u>1,237,128</u>	<u>1,291,707</u>	<u>1,524,083</u>
Total Fund - 0524	<u>1,542,650</u>	<u>1,657,084</u>	<u>1,902,618</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
COMPARATIVE SCHEDULE OF CASH RECEIPTS  
For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<u>Pesticide Control Fund - 0576</u>			
Fees and licenses			
Fines and fees	\$ 258,800	\$ 157,798	\$ 168,775
Total Fund - 0576	258,800	157,798	168,775
<u>Prostate Cancer Research Fund - 0626</u>			
Prior year refund	-	25,566	-
Total Fund - 0626	-	25,566	-
<u>Death Certificate Surcharge Fund - 0635</u>			
Fees and licenses			
Vital records	2,156,060	1,763,715	1,702,412
Total Fund - 0635	2,156,060	1,763,715	1,702,412
<u>Illinois Adoption Registry and Medical Information Exchange Fund - 0638</u>			
Fees and licenses			
Adoption registry	31,920	1,520	1,560
Total Fund - 0638	31,920	1,520	1,560
<u>Healthy Smiles Fund - 0654</u>			
Private organizations or individuals	31,500	-	-
Total Fund - 0654	31,500	-	-
<u>Assisted Living and Shared Housing Regulatory Fund - 0702</u>			
Fees and licenses	487,920	267,925	339,425
Interest income	1,188	1,870	6,691
Total Fund - 0702	489,108	269,795	346,116
<u>Post Transplant Maintenance Fund - 0712</u>			
Interest income	-	301	2,104
Total Fund - 0712	-	301	2,104
<u>Tobacco Settlement Recovery Fund - 0733</u>			
Prior year refund	1,627	15,650	89,189
Total Fund - 0733	1,627	15,650	89,189

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<u>Pet Population Control Fund - 0764</u>			
Circuit clerk	\$ 16,248	\$ 33,381	\$ 53,770
Total Fund - 0764	16,248	33,381	53,770
<u>Private Sewage Disposal Program Fund - 0790</u>			
Fees and licenses			
Fines and penalties	119,825	122,515	-
Total Fund - 0790	119,825	122,515	-
<u>Public Health Federal Projects Fund - 0838</u>			
Federal grant revenue	115,797	116,469	130,096
Total Fund - 0838	115,797	116,469	130,096
<u>Maternal and Child Health Services Block Grant Fund - 0872</u>			
Federal grant revenue	3,380,450	2,446,424	2,974,342
Prior year refund	-	-	520
Total Fund - 0872	3,380,450	2,446,424	2,974,862
<u>Preventive Health and Health Services Block Grant Fund - 0873</u>			
Federal grant revenue	1,517,828	2,238,263	2,071,334
Prior year refund	4,687	-	-
Total Fund - 0873	1,522,515	2,238,263	2,071,334
<u>Public Health Special State Projects Fund - 0896</u>			
Special State projects	3,653,951	2,132,139	2,003,782
Private organizations or individuals	300,444	326,960	298,051
Federal indirect cost reimbursement	5,841,692	5,044,421	4,959,134 (1)
Illinois Violence Prevention Authority	22,500	25,000	-
Prior year refund	3,605	-	989
Total Fund - 0896	9,822,192	7,528,520	7,261,956
<u>Metabolic Screening and Treatment Fund - 0920</u>			
Fees and licenses			
Laboratory	13,401,003	11,423,387	10,923,187
Third party payees	360,408	331,832	165,741
Prior year refund	284	9,488	9,022
Total Fund - 0920	13,761,695	11,764,707	11,097,950

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

COMPARATIVE SCHEDULE OF CASH RECEIPTS

For Fiscal Years Ended June 30, 2011, 2010, and 2009

	Fiscal Year		
	2011	2010	2009
<b><u>Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938</u></b>			
Certify hearing aid dispensers	\$ 49,900	\$ 39,975	\$ 41,610
Interest income	131	397	3,178
Total Fund - 0938	<u>50,031</u>	<u>40,372</u>	<u>44,788</u>
Total All Funds	<u>\$ 189,273,191</u>	<u>\$ 200,027,643</u>	<u>\$ 176,863,928</u>
 <b><u>All Funds</u></b>			
Fees and licenses	\$ 27,688,619	\$ 24,349,454	\$ 24,396,416
Federal grant revenue	141,883,346	159,450,981	135,832,016
Interest income	32,692	57,503	277,529
Prior year refunds	397,175	568,170	419,608
Prior year warrant voids	-	-	192
Loan repayments	824	222	330
Third party payees	360,408	331,832	165,741
Circuit clerk	16,248	33,381	53,770
Federal indirect cost reimbursement	5,841,692	5,044,421	4,959,134 (1)
Private organizations or individuals	333,394	327,485	334,076
Transfers from other funds	1,350,000	1,651,840	1,408,560
Residency scholarship collections	290,911	394,507	264,316
Medicaid - children	2,917,760	971,542	1,329,086
Civil monetary penalties	558,190	766,901	927,235
Sub-acute care facilities	39,800	51,900	42,700
Certificate of need	3,812,468	3,805,063	4,348,583
Illinois Violence Prevention Authority	22,500	25,000	-
Special State projects	3,653,951	2,132,139	2,003,782
Miscellaneous revenue	23,313	25,307	59,244 (1)
Consumer Product Safety Commission	-	20	-
Certify hearing aid dispensers	49,900	39,975	41,610
Total All Funds	<u>\$ 189,273,191</u>	<u>\$ 200,027,643</u>	<u>\$ 176,863,928</u>

(1) To conform to the presentation of the current year examination, \$25,000 that was classified as "Miscellaneous revenue" in the prior report has been reclassified as "Federal indirect cost reimbursement".

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, 2011

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Adjustments due to differences in treatment *	Receipts per Comptroller Records
			Beginning of Year	End of Year		
General Revenue Fund - 0001	\$ 2,222,820	\$ -	\$ 27,659	\$ (44,068)	\$ -	\$ 2,206,411
Food and Drug Safety Fund - 0014	1,349,442	(2,035)	25,910	(28,001)	-	1,345,316
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund - 0015	440	-	-	-	-	440
Alzheimer's Disease Research Fund - 0060	2,741	-	-	-	-	2,741
Public Health Services Fund - 0063	136,300,981	-	-	(220,012)	-	136,080,969
Community Health Center Care Fund - 0113	290,911	-	7,635	-	-	298,546
Safe Bottled Water Fund - 0115	26,650	-	-	(350)	-	26,300
Facility Licensing Fund - 0118	558,729	-	1,815	(2,574)	-	557,970
Illinois School Asbestos Abatement Fund - 0175	879,893	-	7,685	(7,400)	-	880,178
Ticket for the Cure - 0208	4,032	(4,032)	-	-	-	-
Illinois Health Facilities Planning Fund - 0238	2,269,818	-	53,054	(2,500)	-	2,320,372
Emergency Public Health Fund - 0240	6,022	-	-	-	-	6,022
Public Health Water Permit Fund - 0256	32,700	-	900	(500)	-	33,100
Long-Term Care Monitor/Receiver Fund - 0285	2,973,170	-	19,704	(31,298)	-	2,961,576
Home Care Services Agency Licensure Fund - 0287	882,975	-	9,975	(9,000)	-	883,950
Tattoo and Body Piercing Establishment Registration Fund - 0327	197,700	-	23,500	(16,400)	-	204,800
Public Health Services Revolving Fund - 0340	591,168	(807)	988	(58,427)	232	533,154
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	4,654,827	-	152,468	(11,321)	-	4,795,974
Tanning Facility Permit Fund - 0370	219,100	-	6,600	(5,700)	-	220,000
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	671,066	(10,891)	-	(7,500)	-	652,675
Plumbing Licensure and Program Fund - 0372	1,571,778	-	8,990	(9,626)	-	1,571,142
Regulatory Evaluation and Basic Enforcement Fund - 0388	39,800	-	1,100	(1,100)	-	39,800
EMS Assistance Fund - 0398	212,402	-	2,450	(1,450)	-	213,402
Multiple Sclerosis Research Fund - 0429	5,374	(5,374)	-	-	-	-
Quality of Life Endowment Fund - 0437	8,093	(8,093)	-	-	-	-
Autoimmune Disease Research Fund - 0469	141	(141)	-	-	-	-
Health Facility Plan Review Fund - 0524	1,542,650	-	14,000	(74,991)	-	1,481,659
Pesticide Control Fund - 0576	258,800	-	1,950	(1,215)	-	259,535
Death Certificate Surcharge Fund - 0635	2,156,060	-	62,794	(21,086)	-	2,197,768
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	31,920	-	80	(400)	-	31,600

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, 2011

Fund	Receipts per Department Records	Interest collected by the State Treasury	Deposits in-transit to the Comptroller		Adjustments due to differences in treatment *	Receipts per Comptroller Records
			Beginning of Year	End of Year		
Healthy Smiles Fund - 0654	\$ 31,500	\$ -	\$ -	\$ -	\$ -	\$ 31,500
Assisted Living and Shared Housing Regulatory Fund - 0702	489,108	(1,188)	5,770	(4,670)	-	489,020
Tobacco Settlement Recovery Fund - 0733	1,627	-	-	-	-	1,627
Pet Population Control Fund - 0764	16,248	-	-	-	-	16,248
Private Sewage Disposal Program Fund - 0790	119,825	-	530	(300)	-	120,055
Public Health Federal Projects Fund - 0838	115,797	-	-	-	-	115,797
Maternal and Child Health Services Block Grant Fund - 0872	3,380,450	-	-	-	-	3,380,450
Preventive Health and Health Services Block Grant Fund - 0873	1,522,515	-	-	-	-	1,522,515
Public Health Special State Projects Fund - 0896	9,822,192	-	27,000	(12,870)	-	9,836,322
Metabolic Screening and Treatment Fund - 0920	13,761,695	-	387,330	(420,420)	-	13,728,605
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	50,031	(131)	933	(1,283)	-	49,550
All Funds	<u>\$ 189,273,191</u>	<u>\$ (32,692)</u>	<u>\$ 850,820</u>	<u>\$ (994,462)</u>	<u>\$ 232</u>	<u>\$ 189,097,089</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, 2010

86

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	\$ 2,081,384	\$ -	\$ 73,363	\$ (27,659)	\$ 2,127,088
Food and Drug Safety Fund - 0014	1,374,155	(786)	40,937	(25,910)	1,388,396
Penny Sevens Breast, Cervical and Ovarian Cancer Research Fund - 0015	7,413	-	-	-	7,413
Alzheimer's Disease Research Fund - 0060	525	-	-	-	525
Public Health Services Fund - 0063	154,578,194	-	29,361	-	154,607,555
Community Health Center Care Fund - 0113	394,507	-	6,432	(7,635)	393,304
Safe Bottled Water Fund - 0115	27,650	-	350	-	28,000
Facility Licensing Fund - 0118	510,867	-	5,077	(1,815)	514,129
Illinois School Asbestos Abatement Fund - 0175	854,840	-	7,259	(7,685)	854,414
Ticket for the Cure - 0208	46,678	(10,758)	-	-	35,920
Illinois Health Facilities Planning Fund - 0238	2,147,979	-	19,193	(53,054)	2,114,118
Emergency Public Health Fund - 0240	15,914	-	-	-	15,914
Public Health Water Permit Fund - 0256	30,600	-	1,100	(900)	30,800
Nursing Dedicated and Professional Fund - 0258	963	-	-	-	963
Vince Demuzio Memorial Colon Cancer Fund - Fund 0275	370	(370)	-	-	-
Long Term Care Monitor/Receiver Fund - 0285	2,291,893	-	103,049	(19,704)	2,375,238
Home Care Services Agency Licensure Fund - 0287	746,540	-	10,000	(9,975)	746,565
Tattoo and Body Piercing Establishment Registration Fund - 0327	168,250	-	4,200	(23,500)	148,950
Public Health Laboratory Services Revolving Fund - 0340	664,831	(1,412)	27,147	(988)	689,578
Long Term Care Provider Fund - 0345	155	-	-	-	155
Lead Poisoning, Screening, Prevention and Abatement Fund - 0360	2,999,677	-	1,656	(152,468)	2,848,865
Tanning Facility Permit Fund - 0370	249,050	-	11,150	(6,600)	253,600
Innovations in Long-term Care Quality Demonstration Grants Fund - 0371	793,803	(18,837)	29,361	-	804,327
Plumbing Licensure and Program Fund - 0372	1,579,713	-	15,445	(8,990)	1,586,168
Regulatory Evaluation and Basic Enforcement Fund - 0388	51,900	-	-	(1,100)	50,800
EMS Assistance Fund - 0398	204,940	-	1,550	(2,450)	204,040
Multiple Sclerosis Research Fund - 0429	11,436	(11,436)	-	-	-

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, 2010

69

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 Trust Fund - 0437	\$ 11,049	\$ (11,049)	\$ -	\$ -	\$ -
Autoimmune Disease Research Fund - 0469	287	(287)	-	-	-
Health Facility Plan Review Fund - 0524	1,657,084	-	97,128	(14,000)	1,740,212
Pesticide Control Fund - 0576	157,798	-	1,000	(1,950)	156,848
Prostate Cancer Research Fund - 0626	25,566	-	-	-	25,566
Death Certificate Surcharge Fund - 0635	1,763,715	-	33,350	(62,794)	1,734,271
Illinois Adoption Registry and Medical Information Exchange Fund - 0638	1,520	-	80	(80)	1,520
Assisted Living and Shared Housing Regulatory Fund - 0702	269,795	(1,870)	5,140	(5,770)	267,295
Post Transplant Maintenance Fund - 0712	301	(301)	-	-	-
Tobacco Settlement Recovery Fund - 0733	15,650	-	-	-	15,650
Pet Population Control Fund - 0764	33,381	-	-	-	33,381
Private Sewage Disposal Program Fund - 0790	122,515	-	-	(530)	121,985
Public Health Federal Projects Fund - 0838	116,469	-	-	-	116,469
Maternal and Child Health Services Block Grant Fund - 0872	2,446,424	-	-	-	2,446,424
Preventive Health and Health Services Block Grant Fund - 0873	2,238,263	-	-	-	2,238,263
Public Health Special State Projects Fund - 0896	7,528,520	-	38,851	(27,000)	7,540,371
Metabolic Screening and Treatment Fund - 0920	11,764,707	-	460,377	(387,330)	11,837,754
Hearing Instrument Dispenser Examining and Disciplinary Fund - 0938	40,372	(397)	1,443	(933)	40,485
	<u>\$ 200,027,643</u>	<u>\$ (57,503)</u>	<u>\$ 1,023,999</u>	<u>\$ (850,820)</u>	<u>\$ 200,143,319</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 \$250,000 and 25% as compared to the prior year.

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

Expenditures decreased \$383,822 or 100% from fiscal year 2009 to 2010 due to a reduction in revenue because of the elimination of a transfer from the General Revenue Fund - 0001 in fiscal year 2010. The decision was made at that time to suspend grants until the balance of the fund was larger. The Income Tax Check-off program related to the fund expired during the previous examination period.

Facility Licensing Fund – 0118

Expenditures decreased \$438,416 or 69% from fiscal year 2009 to 2010 as a result of the cash balance reduction resulting from a \$363,000 authorized sweep out of the fund in fiscal year 2010. The sweep was sanctioned by Public Act 96-0044 "Special Fund Transfers" which allowed transfers to be made from special State funds to the Department's portion of the General Revenue Fund – 0001 to help preserve liquidity within the General Revenue Fund and did not contain a requirement for the funds to be repaid. The Public Act listed the amounts up to which the Department was authorized to transfer out of its special funds. For some funds, the amounts transferred were less than the authorized amounts.

Illinois School Asbestos Abatement Fund – 0175

Expenditures decreased \$298,636 or 40% from fiscal year 2010 to 2011 due to the reduced cash balance in the fund that resulted from a \$299,600 authorized sweep out of the fund in fiscal year 2010. The sweep was sanctioned by Public Act 96-0044 "Special Fund Transfers" which was described above. As a result of the sweep in fiscal year 2010, the beginning cash balance in fiscal year 2011 was only \$232,700, compared to the cash balance at the beginning of fiscal year 2010 which was \$422,200. Therefore, the Department had \$189,500 less funds to spend in fiscal year 2011 than in the previous fiscal year, without consideration of receipts processed within the fund during fiscal year 2011.

#### Ticket for the Cure Fund – 0208

Expenditures decreased \$2,240,947 or 86% from fiscal year 2009 to 2010 due to a \$1,200,000 authorized sweep out of the fund through Public Act 96-0044, which was described above, and less Illinois Lottery receipts received within the fund. In fiscal year 2010, only \$833,000 was received in the fund from the Illinois Lottery as compared to \$1,267,000 in fiscal year 2009. As a result of these two events, the Office of Women's Health elected to postpone awarding new grants until fiscal year 2011 after the fund's balance could be increased.

Fiscal year 2011 expenditures increased \$304,549 or 81% from fiscal year 2010. The fund received Illinois Lottery receipts of \$876,000, which was an increase of \$43,000 from the prior year. \$1,018,000 was authorized to be "borrowed" from the fund through Public Act 96-0958 "Emergency Budget Act of Fiscal Year 2011", which authorized the transfer of funds from special State funds (not designated) to the General Revenue Fund – 0001 or the Common School Fund – 0412 in order to maintain liquidity within those funds. The funds transferred out are to be repaid within 18 months of the date in which they are borrowed. As with Public Act 96-0044, Public Act 96-0958 listed the amounts up to which could be borrowed from the funds. For some funds, the amounts were less than the authorized amounts. Although the borrowing occurred, the overall increase of the receipts within the fund allowed the Office of Women's Health to resume awarding new grants in fiscal year 2011, a practice which had been halted in fiscal year 2010.

#### Emergency Public Health Fund – 0240

Expenditures decreased \$2,084,430 or 80% from fiscal year 2010 to 2011 because less was available within the fund for the Department's use after the implementation of Public Act 96-0958 which authorized the borrowing of \$1,966,000 from the fund.

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

Expenditures decreased \$955,431 or 43% from fiscal year 2009 to 2010 because less was available within the fund for the Department's use after the implementation of Public Act 96-0044 which authorized the borrowing of \$1,700,000 from the fund.

#### Home Care Services Agency Licensure Fund – 0287

Expenditures increased \$347,558 or 163% from fiscal year 2009 to 2010. The fund was established under Public Act 94-0379 and fiscal year 2009 was the first year the Department received an appropriation for the fund. In fiscal year 2009, the expenditures in the fund were made after January 2009, representing roughly five to six months of program implementation expenditures. During fiscal year 2010, the program operated for the entire fiscal year, resulting in a little over double the expenditures of the previous fiscal year.

#### Public Health Laboratory Services Revolving Fund – 0340

The expenditures for this fund relate to laboratory supplies and other operating expenditures associated with laboratory testing. During fiscal year 2010, the Department's Office of Health Protection implemented a change for Fund 0340 to transition receipts received as reimbursement from federal appropriations not to be deposited into Fund 0340, rather depositing them into other non-special State funds so the monies could not be "swept" or "borrowed" as part of Public Act 96-0044 and 96-1372. As a result, the expenditures paid out of the fund in fiscal year 2009 were no longer being paid in fiscal year 2010 and expenditures decreased \$1,785,288 or 70% from fiscal year 2009 to 2010 and then further decreased \$604,239 or 78% from fiscal year 2010 to 2011.

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

Expenditures increased \$1,182,854 or 222% from fiscal year 2009 to 2010 due to the fact more grants were approved by the Department's Grant Review Committee in fiscal year 2010 than in fiscal year 2009. Expenditures decreased \$1,716,082 or 100% from fiscal year 2010 to 2011 because Public Act 96-1372 narrowed the grant program and eligibility from demonstration grants to nursing homes to grants only to assist residents of facilities without access to high-quality nursing home care, as determined by the Director of the Department. The legislation also provided that the application process for the new grants be prescribed by rule. Public Act 96-1372 became effective July 2010.

#### Trauma Center Fund – 0397

Expenditures increased \$1,056,296 or 29% from fiscal year 2010 to 2011 due to the \$4,000,000 authorized fund sweep that occurred in fiscal year 2010, \$1,300,000 of it pertaining to the Department as Fund 0397 is shared with the Illinois Department of Healthcare and Family Services, as part of Public Act 96-0044 that was explained earlier.

#### Multiple Sclerosis Research Fund – 0429

Expenditures decreased \$1,000,000 or 100% from fiscal year 2010 to 2011 because \$1,928,000 was authorized to be borrowed from this fund as part of Public Act 96-0958, which was described earlier. The resulting cash balance did not permit grants to be made from the fund.

#### Quality of Life Endowment Trust Fund – 0437

Expenditures increased \$304,440 or 100% from fiscal year 2010 to 2011. The grant program application and review process began in the spring of fiscal year 2010. The Quality of Life Board reviewed the grant applications and selected the recipients in July 2010 and the grant expenditures were made in fiscal year 2011, which was the first full year of the program.

#### Health Facility Plan Review Fund – 0524

Expenditures decreased \$563,944 or 33% from fiscal year 2009 to 2010 due to the implementation of a portion of the authorized \$1,543,600 fund sweep as part of Public Act 96-0044.

#### Death Certificate Surcharge Fund – 0635

Expenditures decreased \$2,025,780 or 66% from fiscal year 2009 to 2010 and \$816,064 or 78% from fiscal year 2010 to 2011. The ongoing reduction of expenditures within the fund resulted from declining cash balances from a \$500,000 authorized fund sweep in fiscal year 2009; a \$900,000 authorized fund sweep as part of Public Act 96-0044 in fiscal year 2010; and \$1,053,000 was authorized to be borrowed from the fund as part of Public Act 96-0958. As the cash balance declined, less was available for the operation of the fund, which includes grants to local governments.

#### DHS Private Resources Fund – 0690

Expenditures increased \$748,313 or 100% from fiscal year 2010 to 2011 because the Diabetes Research and Treatment grant program was transferred from the Illinois Department of Human Services to the Department in fiscal year 2011.

#### Tobacco Settlement Recovery Fund – 0733

Expenditures decreased \$5,033,010 or 31% from fiscal year 2010 to 2011 because the Youth Violence Prevention grant was eliminated, which approximated \$2,000,000, and the Sickle Cell grant was moved from Fund 0733 to the General Revenue Fund – 0001, which approximated \$1,900,000. Finally, the Office of Health Promotion spent approximately \$2,200,000 less from its Tobacco Prevention grant appropriation in fiscal year 2011, and another grant line increased approximately \$1,000,000. The overall net activity resulted in decreased expenditures in fiscal year 2011 from fiscal year 2010.

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 \$250,000 and 25% as compared to the prior year.

Long Term Care Monitor/Receiver Fund – 0285

The Long-Term Care Monitor/Receiver Fund receipts increased \$498,558 (28%) due to an increase in penalties/fees relating to the Nursing Home Care Reform Act from fiscal year 2009 to fiscal year 2010. During fiscal year 2011, the Department increased the renewal fee from \$995 to \$1,990, which resulted in an increase of \$681,277 (30%) from fiscal year 2010.

Public Health Laboratory Services Revolving Fund – 0340

The Public Health Laboratory Services Revolving Fund receipts decreased \$1,020,912 (61%) in fiscal year 2010 from fiscal year 2009 due to the timing of payments received in fiscal year 2009 related to the State of Illinois Department of Human Services Alcohol and Substance Abuse grant for laboratory services as well as a decrease in the laboratory tests performed for the Infectious Disease section of the Department. Furthermore, during fiscal year 2010, the City of Chicago refused to make payments for laboratory services because they wanted to be reimbursed for overpayments made by them in 2007 to 2009 based upon incorrect codes utilized for their laboratory tests. The City asked that the overpayments be applied to current balances due.

Lead Poisoning, Screening, Prevention and Abatement Fund – 0360

During fiscal year 2011, the Lead Poisoning, Screening, Prevention and Abatement Fund fees and Medicaid reimbursement receipts increased by \$1,655,150 (55%) from fiscal year 2010 due to the timing of Medicaid reimbursement payments received from the State of Illinois Department of Healthcare and Family Services.

Maternal and Child Health Services Block Grant Fund – 0872

The Maternal and Child Health Services Block Grant Fund receipts increased \$934,026 (38%) in fiscal year 2011 from fiscal year 2010 due to timing of reimbursement requests submitted by the Department to the U.S. Department of Health and Human Services and an increase in awards from the federal government in fiscal year 2011.

Preventive Health and Health Services Block Grant Fund – 0873

During fiscal year 2011, the Preventive Health and Health Services Block Grant Fund decreased from fiscal year 2010 by \$715,748 (32%) due to timing of reimbursement requests submitted by the Department to the U.S. Department of Health and Human Services and to a decrease in awards from the federal government.

Public Health Special State Projects Fund – 0896

In fiscal year 2011, the Public Health Special State Projects Fund increased from fiscal year 2010 by \$2,293,672 (30%) due to increases in indirect cost reimbursement rate of 13.70% (in aggregate) from fiscal year 2010 to 2011 and the increase in funding received from the State of Illinois Department of Healthcare and Family Services for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) vaccine.

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 2011 and 2010 are detailed below. For purpose of this analysis, significant lapse period spending is defined as \$250,000 and 25% or more of the total expenditures for the respective fiscal year.

Trauma Center Fund – 0397

Lapse period spending totaled \$3,555,850 or 99% of the fiscal year 2010 expenditures and \$4,592,621 or 99% of the total for fiscal year 2011 expenditures. The Department expends monies from the fund to trauma centers. The money distributed to each center is dependent upon the number of cases for the period of July 1<sup>st</sup> to June 30<sup>th</sup>. Therefore, final numbers are not available until after the end of the fiscal year and the grants have to be paid during the lapse period. As a result, nearly all (99% in both years of the examination) of the expenditures of the fund were made during the lapse period.

Multiple Sclerosis Research Fund – 0429

Lapse period spending totaled \$1,000,000 or 100% of the fiscal year 2010 expenditures. The Department awarded the grant from Multiple Sclerosis lottery sales in the spring of 2010. The entire grant amount was awarded to one grantee in May 2010. The grantee submitted an invoice for the \$1 million grant on July 20, 2010; therefore, 100% of the fund's expenditures occurred during the lapse period.

DHS Private Resource Fund – 0690

Lapse period spending totaled \$380,000 or 51% of the fiscal year 2011 expenditures. On June 1, 2011, the Department awarded a two-year grant for \$760,000. The entire lapse period expenditure amount of \$380,000 was for the first payment of that grant paid based upon the grant agreement which required the first payment be made for 50% of the grant total. The balance of the grant award is to be paid based upon reimbursement requests. The remaining expenditures of the fund related to the other five grants awarded and paid prior to June 30, 2011.

Tobacco Recovery Settlement Fund – 0733

Lapse period spending totaled \$4,874,610 or 30% of the fiscal year 2010 expenditures and \$5,555,700 or 50% of the total for fiscal year 2011 expenditures. The Department expends monies from the fund primarily for grants to various organizations. The amounts were expended to grantees once the Department received final reports for the period ending June 30<sup>th</sup>. In some cases, the grantees are not timely in the submission of reimbursement claim forms. Those who are not timely in their submission of claim forms are reimbursed during the lapse period.

Maternal and Child Health Services Block Grant Fund – 0872

Lapse period spending for the fund totaled \$1,258,592 or 46% of the fiscal year 2010 expenditures and \$833,745 or 29% of the total fiscal year 2011 expenditures. The expenditures during the lapse period for both fiscal years were the result of late submission of reimbursement requests by perinatal program grantees.

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>2011</u>	<u>2010</u>	<u>2009</u>
Current	\$ 5,371	\$ 6,099	\$ 5,672
1-30 days	371	538	510
31-90 days	413	593	612
91-180 days	421	522	559
181-1 year	807	676	1,339
Over 1 year	<u>6,710</u>	<u>6,849</u>	<u>8,252</u>
Accounts Receivable Gross Balance	14,093	15,277	16,944
Less: Estimated Uncollectibles	<u>(3,056)</u>	<u>(2,427)</u>	<u>(3,427)</u>
Accounts Receivable Net Balance	<u>\$ 11,037</u>	<u>\$ 12,850</u>	<u>\$ 13,517</u>

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

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SCHEDULE OF INDIRECT COST REIMBURSEMENTS

For the Two Years Ended June 30, 2011

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

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

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

The Department tracks its indirect cost reimbursements by federal project. One federal project could include more than one Catalog of Federal Domestic Assistance (CFDA) number; and more likely, one CFDA number includes more than one federal project. Indirect cost reimbursements were deposited into the Public Health Special State Projects Fund (0896) for the years ended June 30, 2011 and 2010 as follows by listed federal project:

<u>Federal Project</u>	<u>2011</u>	<u>2010</u>
Rural health care	\$ 21,827	\$ 22,850
Primary health care	22,789	20,676
Wisewoman	50,055	31,612
Bioterrorism hospital preparedness	106,972	123,128
Bioterrorism	511,710	422,518
Bioterrorism-cities readiness initiative	26,599	44,222
Vision and hearing surveillance system	23,428	21,916
Occupational safety and health survey	12,221	9,796
State cardiovascular	37,736	51,862
Rape prevention	3,889	6,479
Fatal occupational injury	13,803	13,656
Cancer registry enhancement	209,601	204,240
State asthma plan	42,495	52,749
State-based birth defects survey	45,626	35,182
Pregnancy risk assessment monitor system	25,191	26,072
State primary care-ARRA	14,037	-
Maternal and child health services-block grant DHS	34,117	49,515

Federal Projects - continued

	<u>2011</u>	<u>2010</u>
Preventive health and health service	\$ 282,736	\$ 348,979
Childhood lead	61,076	70,515
Disabilities prevention	12,773	18,446
Diabetes	17,828	-
Collaborative chronic disease-ARRA	8,234	-
Alzheimer's disease	-	(14,625) (1)
Refugee health screening	38,210	40,295
Medicare	2,236,904	1,615,812
Clinical laboratory improvement	102,762	74,324
Comprehensive cancer	28,153	29,903
Pesticide enforcement	27,681	40,683
Asbestos hazard emergency response	29,977	9,599
Illinois chronic disease-ARRA	19,983	-
Lab capacity for infectious disease	102,290	68,289
New affordable care	12,876	-
Adult viral hepatitis prevention	10,331	18,236
Tuberculosis control	143,552	150,796
Tobacco-ARRA chronic disease	20,621	-
National breast and cervical cancer	136,504	138,143
Immunization	455,877	478,438
STD	145,222	145,176
Tobacco control	145,689	175,719
Health communities	5,405	6,833
Beach monitoring and notification	15,776	19,803
EPA-IL ST lead accreditation program	59,312	66,314
Older Americans	6,164	7,286
AIDS prevention	298,877	201,194
Health assessment demo	70,788	82,688
Lead-based paint/HUD	21,334	22,041
HIV/AIDS surveillance – supplemental	5,883	-
Morbidity and risk behavior survey	25,953	40,133
AIDS surveillance	<u>90,825</u>	<u>92,928</u>
 Total	 <u>\$ 5,841,692</u>	 <u>\$ 5,084,421</u> (2)
 Fund Balance for Fund 0896	 <u>\$ 5,654,622</u>	 <u>\$ 5,674,172</u>

(1) The negative total relates to payroll originally posted in fiscal year 2009 for this project and adjusted in fiscal year 2010.

(2) The fiscal year 2010 Federal Indirect Cost Reimbursement total differs by \$40,000 from the Fund 0896 total reported on the Comparative Schedule of Cash Receipts due to a correction of an error.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

ANALYSIS OF OPERATIONS

AGENCY FUNCTIONS AND PLANNING PROGRAM

Years Ended June 30, 2011 and 2010

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 seven major program areas: Policy, Planning and Statistics; Health Promotion; Health Care Regulation; Health Protection; Women's Health; Men's Health; and Preparedness and Response. The Men's Health program area was added during fiscal year 2011.

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 11 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.

The State Board of Health advises the Director of the Department in meeting functions such as needs assessment, statewide health objectives, policy development, and assurance of access to necessary services. The Board is composed of 19 individuals, all of whom are appointed by the Governor. The board shall be composed of five physicians licensed to practice medicine in all of its branches, including: one representing a medical school faculty, one who is board certified in preventive medicine, and one who is engaged in private practice; a chiropractic physician; a dentist; an environmental health practitioner; a local public health administrator; a local board of health member; a registered nurse; a physical therapist; a veterinarian; a public health academician; a health care industry representative; a representative of the business community; a representative of the non-profit public interest community; and two citizens at large. Duties of the Board include, but are not limited to: advising the Department of ways to encourage public

understanding and support of its programs; evaluation of boards, councils, committees, and authorities of the Department; advising the Director regarding public health policy; and presentation of public health issues to the Director to make recommendations for the resolution of those issues.

### 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 twenty key initiatives related to these priorities:

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

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. Following the award of a Federal grant in 2010, the Department established an Office of Performance Management.

The Department has established a State Health Improvement Plan (SHIP) process as required by Public Act 93-0975. In 2005 and again in 2009, planning teams were appointed by the Director of the Department charged with the development of the SHIP, under the leadership of the State Board of Health. The SHIP recommends priorities and strategies to improve the Illinois public health system and Illinois residents' health status. The most recent plan, which was completed in May 2010, developed a vision, fourteen strategic issues with associated long and intermediate-term outcomes, and recommendations of strategies and actions for the sectors that make up the public health system. The SHIP Implementation Coordination Council has been established to oversee the implementation of the SHIP.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

AVERAGE NUMBER OF EMPLOYEES

For the Years Ended June 30, 2011, 2010 and 2009

The following table, prepared from Department records, presents the average number of employees by division, for the fiscal years ended June 30, 2011, 2010, and 2009

Division	Fiscal Year		
	2011	2010	2009
Director's Office	70	71	71
Office of Preparedness and Response	46	46	47
Office of Finance and Administration (Including Information Technology)	117	125	133
Office of Policy, Planning, and Statistics	73	70	74
Office of Health Promotion	50	52	54
Office of Health Care Regulation	318	304	310
Office of Health Protection (Including Laboratories)	389	399	404
Office of Women's Health	22	25	24
Total average full-time employees	<u>1,085</u>	<u>1,092</u>	<u>1,117</u>

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

EMERGENCY PURCHASES

For the Fiscal Years Ended June 30, 2011 and 2010

The Department reported the following emergency purchases to the Office of the Auditor General during fiscal years 2010 and 2011:

Description	Amount
<b>Fiscal Year 2010</b>	
Prevent the 200+ enrolled individuals from losing critical health insurance coverage	\$ 209,999
To timely handle logistics, planning, messaging and coordinating of spreading awareness of H1N1	90,000
Equipment to determine strains of influenza present in Illinois	109,794
Equipment for H1N1 Swine Origin Influenza Virus testing	244,752
To timely handle logistics, planning, messaging and coordinating of spreading awareness of H1N1	<u>1,750,000</u>
<b>Total fiscal year 2010</b>	<u><u>\$ 2,404,545</u></u>
<b>Fiscal Year 2011</b>	
For continued distribution of life-saving pharmaceuticals between contracts	\$ 23,397
For continued distribution of life-saving pharmaceuticals between contracts	70,198
To procure Sickle Cell Disease reagent test kits to do screening in compliance with Illinois Administrative Code	148,500
For continued distribution of life-saving pharmaceuticals between contracts	<u>120,197</u>
<b>Total fiscal year 2011</b>	<u><u>\$ 362,292</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, 2011

(Not Examined)

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

<u>Type of Organization</u>	<u>Number of MOUs</u>
Correctional center	18
Local health department	49
Medical center	71
Not-for-profit organization	24
Research entity (individual, corporate, or university)	32
State agency	5
U.S. government	1
Total	<u>200</u>

These MOUs documented the responsibilities between the parties above and the Department concerning the collection of laboratory fees (158); data sharing (27); research utilizing Department data (10); and activities in which the Department shares with or provides to other State agencies related to public health (5).

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

Reporting Programs	FY 2010		FY 2011	
	Expenditures	Headcount	Expenditures	Headcount
Health Protection	\$ 156,155.80	400.0	\$ 143,068.40	389.0
Preparedness and Response	74,282.60	45.0	47,316.50	46.0
Health Care Regulation	34,217.10	304.0	34,100.20	315.0
Health Promotion	32,764.90	52.0	27,007.10	50.0
Women's Health	22,350.90	26.0	22,398.80	22.0
Policy Planning and Statistics	21,147.50	70.0	15,624.10	73.0
<b>Non-Reporting Programs</b>				
Administration	22,979.40	159.0	20,803.30	149.0
Information Technology	5,084.60	38.0	5,755.10	38.0
<b>Agency Totals</b>	<b>\$ 368,982.80</b>	<b>1,094.0</b>	<b>\$ 314,971.90</b>	<b>1,082.0</b>

The mission of the Illinois Department of Public Health is to protect the health of the population statewide through the prevention and control of disease and injury.

1. The Office of Health Protection prevents the spread of infectious disease and illness through: childhood immunization program; childhood lead poisoning prevention; HIV/AIDS prevention and drug treatment; prevention and control of food borne illnesses; clinical and environmental lab testing services; and numerous other programs.
2. The Office of Preparedness and Response coordinates the Department's operations for statewide public health emergencies and regulates emergency medical systems, including hospital trauma centers and emergency medical technicians/paramedics.
3. The Office of Health Care Regulation promotes quality of care and patient safety in health care facilities throughout the State. The Office conducts annual licensure inspections of long-term care facilities, as well as complaint investigations, and operates a 24-hour central complaint registry. The Office also regulates other health care facilities, including hospitals, ambulatory care facilities, and assisted living facilities, to ensure compliance with State and federal standards.
4. The Office of Health Promotion provides preventive health services with respect to chronic diseases as well as to metabolic and genetic disorders in newborns, vision and hearing disorders in children, oral health and injury. Services include health education, screening, counseling and follow-up.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

5. The Office of Women's Health promotes women's health through the provision of free screenings for breast and cervical cancer for at-risk women in the State. The Office also promotes awareness and education on women's health issues and operates the Women's Health Helpline.
6. The Office of Policy, Planning and Statistics promotes access to health care for rural and underserved populations. The Office also promotes patient safety measures, including those focused on the reduction of medical errors and health facility acquired infections. In addition, the office collects and evaluates a broad range of health information and develops State health care policies.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Health Protection**

**Mission Statement:** To protect individuals from infectious diseases, environmental exposures, toxic substances and dangers related to contamination of food, drugs and dairy products.

**Program Goals:**

**Objectives:**

1. To protect the citizens of Illinois from infectious diseases.  
<sup>a</sup> By June 30, 2012, achieve statewide immunization rates for children less than two years of age of at least 84%.
2. To protect the public from diseases and injury due to environmental hazards.  
<sup>a</sup> By June 2012, assure that at least 90% of lead poisoning cases are brought to resolution within 210 days.  
<sup>b</sup> Ensure the quality of water by maintaining the percent of non-community public water supplies without a coliform violation at least 95% by June 30, 2012.
3. To provide accurate, reliable and timely State laboratory services and to ensure the quality of environmental and bioterrorism laboratories.  
<sup>a</sup> By June 30, 2012, maintain turnaround time within 2 working days for positive newborn screening results.
4. To protect the public from dangers related to food, drug and dairy products.

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

**Statutory Authority:** 20 ILCS 2310/

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Health Protection - continued**

Input Indicators	Fiscal Year 2009 Actual	Fiscal Year 2010 Actual	Fiscal Year 2011 Target/ Projected	Fiscal Year 2011 Actual	Fiscal Year 2012 Target/ Projected
Total Expenditures – all sources (in thousands)	\$155,028.1	\$156,155.8	\$186,332.2	\$143,068.4	\$193,054.7
Total Expenditures – state appropriated funds (in thousands)	155,028.1	156,155.8	186,332.2	143,068.4	193,054.7
Average monthly full-time equivalents	404.0	400.0	422.0	389.0	422.0
<b>Output Indicators</b>					
Number of prescriptions filled through AIDS Drug Assistance Program (ADAP)	113,079	127,451	140,196	131,100	137,655
Number of lead poisoning cases investigated	287.0	264.0	280.0	271.0	280.0
Total newborn screening tests performed	1,605,975	1,554,170	1,650,000	1,593,782	1,650,000
Number of all other lab tests performed	1,513,715	1,503,283	1,525,000	1,383,012	1,525,000
Number of children screened for blood lead poisoning	286,200	270,587	295,000	300,290	305,000
Number of children referred for lead follow-up exceeding 10 mcg/dl	4,591	3,260	4,500	3,356	3,500
<b>Outcome Indicators</b>					
Immunization Rate for children under two years of age, excluding Chicago	77.5%	82%	84%	84%	85%
Immunization Rate for all Illinois children under two years of age, including Chicago	78.1%	81%	82%	83%	84%
Percent of lead poisoning cases brought to resolution within 210 days	81.4%	92.6%	90%	90%	90%
Percent of non-community public water supplies with no coliform positive samples	99.5%	95.9%	95%	97%	95%
Number of lead poisoning cases remediated or referred for enforcement within 210 days	233.0	246.0	235.0	244.0	250.0
Total newborn screening test results reported	1,313,092	1,271,380	1,300,000	1,295,147	1,300,000
Turn-around time for positive newborn screening results (working days)	2.4	2.0	2.0	2.0	2.0
Percentage of children tested with blood lead levels exceeding 10 mcg/dl	1.6%	1.2%	1.5%	1.1%	1%

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Preparedness and Response**

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

Program Goals:

Objectives:

1. To ensure access to and quality of trauma care services.
  - <sup>a</sup>By June 30, 2012, assure that Illinois' trauma system maximizes survival and functional outcomes of trauma patients through distribution of targeted funding to maintain the trauma care network and by ensuring designated trauma hospitals are in compliance with state regulations.

Funds: General Revenue Fund, Fire Prevention Fund, Public Health Services Fund, Heartsaver AED Fund, Trauma Center Fund, EMS Assistance Fund, Public Health State Projects Fund  
Statutory Authority: 20 ILCS 2310/2310-610, 615, 620

Input Indicators	Fiscal Year 2009 Actual	Fiscal Year 2010 Actual	Fiscal Year 2011 Target/ Projected	Fiscal Year 2011 Actual	Fiscal Year 2012 Target/ Projected
Total Expenditures – all sources (in thousands)	\$ 45,575.2	\$ 74,282.6	\$ 116,940.9	\$ 47,316.5	\$ 116,901.7
Total Expenditures – state appropriated funds (in thousands)	45,575.2	74,282.6	116,940.9	47,316.5	116,901.7
Average monthly full-time equivalents	46.0	45.0	50.0	46.0	50.0
<u>Output Indicators</u>					
Grants to trauma center hospitals (in thousands)	2,985.5	2,900.0	3,500.0	4,500.0	4,500.0
Number of trauma cases	46,477	54,699	54,000	52,526	52,000
Number of hospitals designated as trauma centers	59.0	63.0	63.0	65.0	65.0
Number of EMS Resource Hospitals	62.0	64.0	64.0	66.0	66.0
<u>Outcome Indicators</u>					
Percent of hospital trauma centers in compliance with state regulations	100%	100%	100%	100%	100%

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Health Care Regulation**

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

Program Goals:

Objectives:

1. To ensure the quality of care for residents of health care facilities and those served by ambulatory health services.
  - <sup>a</sup> Work with Long Term Care (LTC) facilities to increase the percent in compliance with standards of care at the first revisit to 65% by June 30, 2012.

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

Statutory Authority: 20 ILCS 2310

Input Indicators	Fiscal Year 2009 Actual	Fiscal Year 2010 Actual	Fiscal Year 2011 Target/ Projected	Fiscal Year 2011 Actual	Fiscal Year 2012 Target/ Projected
Total Expenditures – all sources (in thousands)	\$ 36,235.7	\$ 34,217.1	\$ 39,675.0	\$ 34,100.2	\$ 52,143.8
Total Expenditures – state appropriated funds (in thousands)	36,235.7	34,217.1	39,675.0	34,100.2	52,143.8
Average monthly full-time equivalents	311.0	304.0	314.0	315.0	315.0
<b>Output Indicators</b>					
Number of licensed LTC beds	121,437	119,740	120,000	119,329	120,000
Number of complaints received against LTC facilities	4,598	5,312	5,500	5,160	5,500
Number of LTC facilities annual inspections	1,150	1,095	1,100	1,075	1,100
Number of LTC facility 1 <sup>st</sup> and 2 <sup>nd</sup> follow-ups to inspections	514.0	459.0	450.0	515.0	500.0
Number of LTC state licensed facilities (as of July 1)	1,150	1,144	1,155	1,142	1,155
<b>Outcome Indicators</b>					
Percent of LTC facilities in compliance at annual inspection	32%	33%	35%	34%	35%
Percent of LTC facilities in compliance at first revisit of annuals	70%	64.6%	70%	62%	65%
Number of LTC facilities with licensure Type “A” violation	103.0	137.0	125.0	106.0	110.0
Percent of LTC facilities with a licensure Type “A” violation	9%	11.9%	10%	9%	10%

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Health Promotion**

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

**Program Goals:**

**Objectives:**

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

**Funds:** General Revenue Fund, Alzheimer's Disease Research Fund, Public Health Services Fund, Diabetes Research Checkoff Fund, Autoimmune Disease Research Fund, Prostate Cancer Research Fund, Healthy Smiles Fund, DHS Private Resources Fund, Tobacco Settlement Recovery Fund, Maternal and Child Health Services Block Grant Fund, Preventive Health and Health Services Block Grant Fund, Public Health State Projects Fund, Metabolic Screening and Treatment Fund, Hearing Instrument Dispenser Examining and Disciplinary Fund  
**Statutory Authority:** 410 ILCS 240

<u>Input Indicators</u>	<u>Fiscal Year 2009 Actual</u>	<u>Fiscal Year 2010 Actual</u>	<u>Fiscal Year 2011 Target/ Projected</u>	<u>Fiscal Year 2011 Actual</u>	<u>Fiscal Year 2012 Target/ Projected</u>
Total Expenditures – all sources (in thousands)	\$ 42,740.8	\$ 32,764.9	\$ 47,488.4	\$ 27,007.1	\$ 50,292.2
Total Expenditures – state appropriated funds (in thousands)	42,740.8	32,764.9	47,488.4	26,258.8	50,292.2
Average monthly full-time equivalents	53.0	52.0	54.0	50.0	54.0
<u>Output Indicators</u>					
Number of newborns screened or genetic/metabolic disorders	180,000	179,311	179,000	160,024	160,000
Number of vision and hearing screenings performed	2,086,489	2,071,472	2,350,000	2,017,908	2,000,000
Number of children eligible for vision and hearing screenings	1,394,500	1,400,000	1,400,000	1,200,000	1,200,000
<u>Outcome Indicators</u>					
Percentage of newborns screened	100%	99.9%	99.9%	99.9%	99.9%
Number of infants confirmed with genetic/metabolic conditions	325.0	345.0	360.0	378.0	390.0

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Women's Health**

**Mission Statement:** To improve the health of Illinois women, to encourage healthier lifestyles among women, and to promote equitable public policy on women's health issues.

**Program Goals:**

**Objectives:**

1. To improve women's health through screening and early detection programs.
  - <sup>a</sup> Reduce the diagnosis of late stage breast and cervical cancer, through the provision of breast and cervical cancer screenings to no less than 38,065 women by June 30, 2012.
2. To increase the knowledge of providers and the public about gender specific health issues and resources.
  - <sup>a</sup> Respond to 8,160 calls to the Women's Health Helpline and hold Women's Health Referral Network on an annual basis.

**Funds:** General Revenue Fund, Penny Sevens Breast, Cervical, and Ovarian Cancer Research Fund, Public Health Services Fund, Ticket for the Cure Fund, Public Health State Projects Fund  
**Statutory Authority:** 20 ILCS 2305/

Input Indicators	Fiscal Year 2009 Actual	Fiscal Year 2010 Actual	Fiscal Year 2011 Target/ Projected	Fiscal Year 2011 Actual	Fiscal Year 2012 Target/ Projected
Total Expenditures – all sources (in thousands)	\$ 21,766.3	\$ 22,350.9	\$ 32,433.9	\$ 22,398.8	\$ 32,134.3
Total Expenditures – state appropriated funds (in thousands)	21,766.3	22,350.9	32,433.9	22,398.8	32,134.3
Average monthly full-time equivalents	24.0	26.0	31.0	22.0	31.0
<b>Output Indicators</b>					
Number of requests to Women's Health Helpline	13,845	9,223	9,000	8,160	8,160
Women's Health Initiative and Osteoporosis Grant Awards (in thousands)	\$ 1,306.0	\$ 1,100.5	\$ 500.0	\$ 500.0	\$ 200.0
Number of Women's Health Initiative and Osteoporosis Grants Awards	60.0	57.0	50.0	75.0	30.0
Number of women receiving screening services	39,554	36,837	40,255	39,157	38,065
<b>Outcome Indicators</b>					
Percent of women with abnormal screening results who received diagnostic follow-up	92.2%	96.7%	100%	92.1%	100%
<b>Efficiency/Cost-Effectiveness</b>					
Average turn-around time for requests received through the Women's Health Helpline (business days)	7.9	7.5	3.0	3.0	3.0

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

SERVICE EFFORTS AND ACCOMPLISHMENTS

For the Fiscal Years Ended June 30, 2011 and 2010  
(Not Examined)

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

**Policy, Planning & Statistics**

**Mission Statement:** To facilitate the development of state health policy that assures effective, accessible and affordable health services in Illinois.

**Program Goals:**

**Objectives:**

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

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

**Statutory Authority:** 20 ILCS 2310/

<u>Input Indicators</u>	<u>Fiscal Year 2009 Actual</u>	<u>Fiscal Year 2010 Actual</u>	<u>2011 Target/ Projected</u>	<u>Fiscal Year 2011 Actual</u>	<u>2012 Target/ Projected</u>
Total Expenditures – all sources (in thousands)	\$ 25,448.0	\$ 21,147.5	\$ 25,333.1	\$ 15,624.1	\$ 25,375.3
Total Expenditures – state appropriated funds (in thousands)	25,448.0	21,147.5	25,333.1	15,624.1	25,375.3
Average monthly full-time equivalents	74.0	70.0	83.0	73.0	83.0
<u>Output Indicators</u>					
Number of new medical scholarship awards (a)	10.0	0	0	0	0
Number of continuing medical scholarship awards (a)	39.0	26.0	0	0	0
<u>Outcome Indicators</u>					
Number of Medicare certified rural health clinics	215.0	223.0	223.0	223.0	223.0
Number of medical scholarship recipients currently in practice in rural and underserved areas	66.0	47.0	61.0	46.0	45.0

**Footnotes**

- (a) The Medical Student Scholarship program has not been funded for several years (budget cuts); however, there are still graduates from the program fulfilling their practice obligations related to the scholarships.