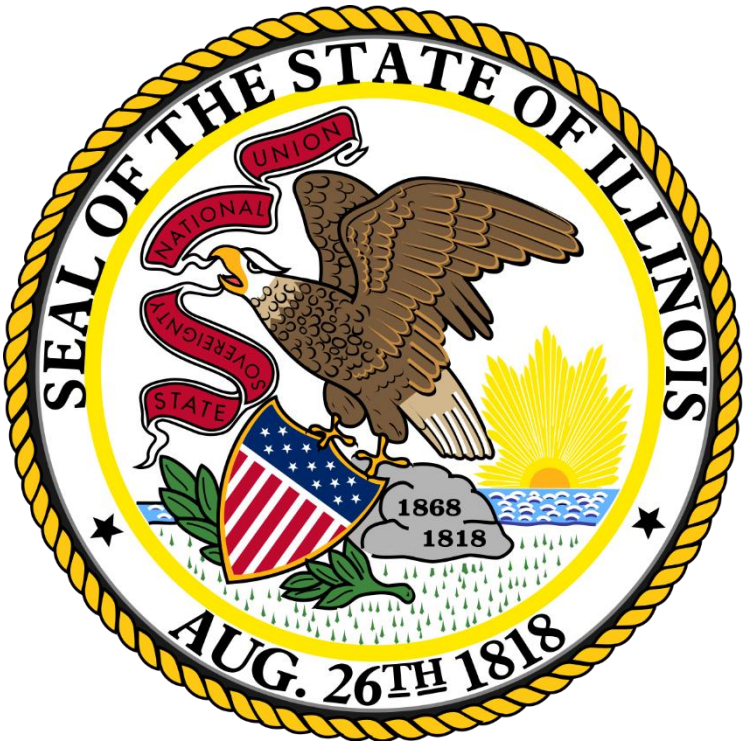
LEGISLATIVE AUDIT COMMISSION



Review of
Department of Public Health

620 Stratton Office Building
Springfield, Illinois 62706
217/782-7097

REVIEW: #4595
DEPARTMENT OF PUBLIC HEALTH
TWO YEARS ENDED JUNE 30, 2023

RECOMMENDATIONS – 39

IMPLEMENTED/PARTIALLY IMPLEMENTED – 29
UNDER STUDY - 10

REPEATED RECOMMENDATIONS – 27

PRIOR AUDIT FINDINGS/RECOMMENDATIONS – 31

This review summarizes the auditors' report of the Department of Public Health (IDPH) for the two years ended June 30, 2023, filed with the Legislative Audit Commission on August 1, 2024. The auditors conducted a compliance examination in accordance with state law and Government Auditing Standards.

Agency Narrative

Vision:
Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.

Mission Statement:
The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.

About the Director:
Dr. Sameer Vohra, MD, JD, MA, was appointed as the director of the Illinois Department of Public Health, effective August 1, 2022, by Governor JB Pritzker. Dr. Vohra is a general pediatrician who holds degrees in law and public policy. He is a cross-disciplinary leader in state and national health policy formulation, and his recent focus has been on improving health outcomes in Central and Southern Illinois. Prior to his appointment, Dr. Vohra was the Founding Chair of the Department of Population Science and Policy, a practicing primary care pediatrician, and an Associate Professor of Pediatrics, Public Health, Medical Humanities, and Law at the Southern Illinois University – School of Medicine (SIU-SOM) in Springfield, Illinois. A graduate of the University of Chicago, where he earned a Master of Arts in public policy, Dr. Vohra completed his medical residency in pediatrics at the University of Chicago. He holds a medical doctorate from SIU-SOM; a juris doctorate from SIU School of Law graduating first in his class; and a Bachelor of Arts in political science and science in human culture with honors from Northwestern University. Dr. Vohra previously served on the Illinois State Board of Health, the

Children's Mental Health Partnership, the Illinois Medicaid Advisory Committee, the Governor's Rural Affairs Council, the Illinois COVID-19 Response Fund Steering Committee as well as many national committees.

At the time of the compliance exam, the director was Dr. Ngozi Ezike.

IDPH Main Office Locations

IDPH Springfield Headquarters Office

- 525-535 West Jefferson Street, Springfield; and

IDPH Chicago Headquarters Offices

- 115 S. La Salle Street, Suite 700, Chicago, IL; and
- 69 W. Washington Street, 35th Floor, Chicago, IL.

Appropriations and Expenditures

Appropriations ($ thousands)	FY22		FY23	
	Approp	Expend	Approp	Expend
GENERAL FUNDS				
Total Personal Services & Fringe Benefits	54,727.9	53,571.4	67,757.6	55,107.0
Total Other Operations and Refunds	13.8	0.0	13.8	0.0
Designated Purposes				
Access to Primary Health Care Serv. Prog.	1,000.0	272.6	1,000.0	0.0
Community Health Worker Certificate Program	0.0	0.0	2,500.0	1,780.7
Costs Assoc. w/ Firearms Restrain. Order Awr.	0.0	0.0	1,000.0	300.0
Costs Assoc. w/ Healthy IL Survey	0.0	0.0	4,700.0	249.8
Exp. Assoc. w/ Breast & Cervical Cancer Screen.	14,512.4	10,307.2	14,512.4	11,057.8
Exp. Assoc. w/ Opioid Overdoes Prevention	1,625.0	1,064.1	1,625.0	402.2
Exp. Assoc. w/ School Health Centers	4,551.1	3,639.5	4,551.1	4,042.4
Exp. Assoc. w/ Childhood Immunization Prog.	156.2	139.1	156.2	156.2
Exp. For Expanded Lab Capacity	322.6	321.8	322.6	259.3
Exp. For Promotion of Women's Health	682.5	681.9	682.5	681.4
Exp. For U of I Chicago Sickle Cell Clinic	483.9	483.9	483.9	483.9
Exp. For Rapid Invest. & Control of Disease	448.5	199.2	448.5	264.3
Exp. Of Adverse Reporting, Patient Safety & Reporting System in Support of Infant Mortality Reduction	1,017.4	937.8	1,017.4	795.3
Exp. Of AIDS/HIV Educ., Services, Prescrip., Etc.	25,562.4	25,112.5	25,562.4	25,091.3
Exp. Of Alzheimer's Disease Research	1,000.0	930.5	2,000.0	972.7

Exp. Of Environmental Health Surveil. Rel. to Mercury Hazards & West Nile	299.2	255.3	299.2	198.7
Exp. Of State Cancer Registry	147.4	147.1	147.4	145.6
Exp. Of Sudden Infant Death Syndrome Prog.	244.4	244.4	244.0	244.4
Exp. Of Suicide Prevention Program	750.0	0.0	750.0	115.8
Exp. Related to Safe Gun Storage Awar. Camp.	0.0	0.0	3,500.0	0.0
For Deposit into Lead Poisoning Screen, Prev.	6,000.0	6,000.0	6,000.0	6,000.0
For Deposit into Sickle Cell Chronic Disease Fd.	0.0	0.0	1,000.0	1,000.0
For Lung and Colon Cancer Screening	0.0	0.0	2,000.0	688.8
HIV/AIDS Getting to Zero	0.0	0.0	10,000.0	4,809.8
Match for Maternal & Child Hth. Title V Mon.	4,800.0	1,026.6	4,800.0	2,049.1
Oper. Exp. To Provide Clinical & Environmental Public Health Lab. Services	3,389.3	3,386.9	6,389.3	5,694.8
Operational Expenses	12,373.3	12,332.5	32,726.0	31,528.5
Statewide 211	0.0	0.0	1,800.0	0.0
Total Designated Purposes	79,365.6	67,482.9	130,217.9	99,012.8
Grants				
Advocate Children's Hospital - Mobile Dental	252.0	151.6	0.0	0.0
Advocate IL Masonic Medical Center	375.0	349.3	375.0	375.0
Grant for Access to Care for Oper. Expenses	0.0	0.0	500.0	500.0
Grant to Equal Hope for Mammography Quality Improvement	0.0	0.0	250.0	0.0
Grant to Alton Memorial Hospital	0.0	0.0	55.0	55.0
Grant to IL Assoc. of Free & Charitable Clinics	0.0	0.0	9,000.0	6,750.0
Grant to Nat'l Kidney Foundation Of IL	350.0	297.4	350.0	307.7
Grant to the Oral Health Forum	250.0	243.7	100.0	100.0
Grants & Admin. Costs Assoc. w/ Health Care Tele mentoring	0.0	0.0	5,000.0	1,194.5
Grants & Other Exp. For Prevention & Treatment for HIV/AIDS for Minorities	1,218.0	919.6	1,218.0	240.0
Grants for Housing Opportunities for Persons w/ AIDS Program	720.0	688.1	720.0	559.3
Grants for Immunizations & Outreach Activit.	4,157.1	474.3	4,157.1	573.4
Grants for Prostate Cancer Awareness	646.6	587.6	146.6	90.4
Grants for Vision & Hearing Screening Progr.	441.7	318.4	441.7	272.8
Grants to Children's Memorial Hospital for IL Violent Death Reporting System	76.7	76.1	76.7	58.0
Grants to Family Planning Programs	5,823.4	5,487.8	5,823.4	5,180.2
Holistic Birth Collective	250.0	250.0	0.0	0.0
Hospital Grants	31,500.0	31,500.0	69,800.0	69,800.0
Perinatal Services	1,002.7	968.3	1,002.7	980.8
Reach Out & Read	0.0	0.0	500.0	0.0

Will County Health Department	335.0	335.0	335.0	335.0
Total Grants	47,398.2	42,647.2	99,851.2	87,372.1
TOTAL GENERAL FUNDS	**181,505.5**	**163,701.5**	**297,840.5**	**241,491.9**
OTHER STATE FUNDS				
Designated Purposes				
Costs Assoc. w/ Children's Health Programs	1,229.7	1,037.6	1,229.7	1,007.1
Deposit into Lead Poisoning Screening, Prevention & Abatement Fund	4,000.0	4,000.0	4,000.0	4,000.0
Exp. Assoc. w/ Health Care Facility Regulation	900.0	179.4	900.0	4.7
Exp. Assoc. w/ Health Outcomes Investigat.	3,000.0	414.8	3,000.0	321.4
Exp. Assoc. w/ Hospital Inspections	900.0	619.0	900.0	427.5
Exp. Assoc. w/ Public Educ., Res. & Enforc. Of Structural Pest Control Act	481.7	470.3	481.7	189.9
Exp. Assoc. w/ IL Adoption Registry	200.0	0.0	200.0	0.0
Exp. For Access to Primary Health Care Serv.	350.0	0.0	350.0	0.0
Exp. For Education & Treatment of Epilepsy	30.0	0.0	30.0	0.0
Exp. For Public Health Preparedness	950.0	539.1	950.0	684.5
Exp. For Adverse Health Care Event Rep. Syst.	1,500.0	271.5	1,500.0	458.0
Exp. For Safe Bottled Water Program	50.0	39.6	50.0	35.3
Exp. In Support of Health Facil. & Serv. Rev. Bd.	1,600.0	953.7	1,600.0	693.3
Exp. Of Admin. Distrib. Of Pymts. From EMS Asst. Fund	1,000.0	259.3	1,000.0	433.3
Exp. Of Admin. Distrib. Of Pymts. To Trauma Ctrs.	7,000.0	999.7	7,000.0	838.2
Exp. Of Admin. Home Care Services Agency Lic. Prog.	1,846.4	1,635.6	1,846.4	937.9
Exp. Of Admin. Private Sewage Disposal Program	250.0	211.3	250.0	208.1
Exp. Of Admin. Tattoo & Body Piercing Establishment Registration Program	550.0	500.9	550.0	321.6
Exp. Of Conducting Early Periodic Screening, Diagnosis & Treatment	48,200.0	19,438.2	48,200.0	8,849.0
Exp. Of Diabetes Research, Treatment & Programs	700.0	0.0	700.0	0.0
Exp. Of Early Periodic Screening, Diagnosis & Treat.	200.0	198.8	220.0	13.6
Exp. Of Public Health Programs	3,750.0	2,587.1	3,750.0	2,233.0
Exp. Of Statewide Database of Death Certificates	2,500.0	1,086.5	2,500.0	696.3
Exp. Of Alternative Health Care Delivery Syst. Prog.	150.0	71.6	150.0	7.5
Exp. Of Health Facilities & Services Review Board	1,200.0	678.1	1,200.0	619.8
Exp. Of Healthy Smiles Program	400.0	389.0	400.0	145.6
Exp. Of Medical Cannabis Program	6,772.6	2,374.3	6,772.6	4,763.9
Exp. Of Nursing Education Scholarship Law	2,000.0	1,276.1	0.0	0.0
Exp. Of Podiatric Scholarship & Residency Act	100.0	100.0	100.0	100.0
Exp. Of Stroke Data Program	150.0	0.8	150.0	0.0
Exp. Of Vector Control Prog., Incl. Mosquito Abate.	1,000.0	969.2	1,100.0	958.1

Exp. Of Women's Health Programs	200.0	4.1	200.0	6.6
Exp. Pursuant to Hearing Aid Consumer Protection	100.0	4.0	100.0	9.5
Exp. Related to J-1 Visa Waiver Applications	175.0	88.9	175.0	50.7
Exp. For Appt. of Long-Term Care Monitors & Rec.	28,000.0	22,157.2	28,000.0	25,568.4
Exp. Admin. & Exec. Asbestos Abate. Act	1,200.0	413.6	1,200.0	426.0
Exp. Admin. Food & Drug Safety Program	300.0	218.6	300.0	83.8
Exp. Admin. Groundwater Protection Act	100.0	31.4	100.0	28.3
Exp. Of Environmental Health Programs	3,000.0	2,911.7	3,000.0	2,083.1
Exp. Of Testing & Screening for Metabolic Diseases	11,100.3	7,563.4	12,100.3	8,525.1
Exp. Of Health Facility Plan Review Program	2,227.0	936.4	2,227.0	853.6
Exp. Of Lead Poisoning Screening & Prev. Progr.	8,414.6	5,580.6	8,414.6	2,611.4
Exp. Of Lead Poisoning Screening & Prev. Abat. Fd.	1,678.1	1,425.1	1,678.1	1,416.7
Exp. Admin. & Enforce IL Plumbing License Law	3,950.0	3,309.8	3,950.0	3,222.8
Exp. Admin. Public Health Lab. Prog. & Serv.	6,000.0	3,065.4	6,000.0	461.7
Exp. Admin. Tanning Facility Permit Act	300.0	56.2	300.0	147.3
Facilities Costs for Regional & Central Offices	2,250.0	2,005.5	2,250.0	570.8
Facility Costs for Lab at West Taylor Location	2,200.0	1,698.1	2,200.0	1,309.0
For Cost & Admin. Exp. Of Adult-Use Cannabis Pro.	500.0	0.0	500.0	0.0
Grants Assoc. w/ Heart saver AED Program	50.0	0.0	50.0	0.0
Identified Offenders Assessment	2,000.0	1,076.7	2,000.0	1,162.4
Mosquito Abatement to Curb Spread of West Nile	5,100.0	2,504.3	5,100.0	2,754.7
Operational Expenses for Maint. Lab. Billings	170.0	160.9	190.0	181.7
Operational Exp. For Metabolic Screen. Follow-Up	4,005.1	3,789.6	4,005.1	3,566.0
Operational Exp. Of Assist. Living & Shared Housing	3,300.0	1,352.5	3,300.0	1,894.3
Total Designated Purposes	179,280.5	101,655.5	178,420.5	85,881.5
Grants				
American Diabetes Association	125.0	125.0	125.0	111.2
Grant to Public & Private Entities in IL for Prostate Cancer Research	30.0	0.0	30.0	0.0
Grant to American Lung Assoc. for the Quitline	4,100.0	4,079.0	4,100.0	4,099.8
Grants for Awareness, Prevention, Care, & Treatment of Sickle Cell Disease	1,000.0	0.0	1,000.0	0.0
Grants for Breast & Cervical Cancer Research	600.0	0.0	600.0	0.0
Grants for Childhood Cancer Research	75.0	0.0	75.0	0.0
Grants for Free Distrib. Of Med. Prep. & Food Supp.	3,175.0	2,690.2	3,675.0	2,898.9
Grants for Hospice Services	30.0	0.0	0.0	0.0
Grants for Metabolic Screening Follow-Up Services	3,250.0	2,671.8	3,250.0	2,589.8
Grants for Research for the Treatment & Cure of Autoimmune Diseases	50.0	0.0	50.0	0.0
Grants for Comm. Health Ctr. Expansion Program	1,000.0	861.2	1,100.0	979.2
Grants for Lead Poisoning Screen. & Prev. Program	5,500.0	1,632.4	5,500.0	4,556.2

Grants for Tobacco Use Prev. Prog., Brothers & Sisters United Against HIV/AIDS Prog. & Asthma Prev. Prog.	1,000.0	921.0	1,000.0	985.4
Grants HIV/AIDS Quality of Life Programs	1,000.0	410.7	1,000.0	546.9
Grants Pursuant to Alzheimer's Disease Research Act	400.0	349.3	500.0	210.8
Grants to Assist Residents of Facilities Licensed under the Nursing Home Care Act	3,500.0	0.0	3,500.0	159.1
Grants to Organizations in IL that Conduct Multiple Sclerosis Research	1,000.0	400.0	1,000.0	516.1
Grants to Public & Private Entities in IL for Research on Breast Cancer & Services for Breast Cancer Victims	2,000.0	489.1	2,000.0	412.4
Grants to Susan G. Komen Foundation	0.0	0.0	117.0	0.0
Juvenile Diabetes Research Foundation	125.0	125.0	125.0	125.0
Local Health Protection Grants	19,098.5	19,069.1	19,098.5	19,021.3
Local Health Prot. Grants for Anti-Smoking Programs	5,000.0	4,162.7	5,000.0	4,223.1
Prevention & Treatment of HIV/AIDS	15,000.0	749.2	15,000.0	2,299.0
Spinal Cord Injury Paralysis Cure Research Trust Fund	500.0	0.0	500.0	0.0
Total Grants	67,558.5	38,735.7	68,345.5	43,734.2
TOTAL OTHER STATE FUNDS	**246,839.0**	**140,391.2**	**246,766.0**	**129,615.7**
FEDERAL FUNDS				
Total Personal Services & Fringe Benefits	52,343.0	28,396.6	0.0	0.0
Total Contractual Services	7,541.1	3,457.4	0.0	0.0
Total Other Operations and Refunds	8,033.1	687.6	85.0	0.0
Designated Purposes				
ARPA - DPH COVID-19 Response	0.0	0.0	20,000.0	0.0
ARPA - For Deposit into African-American HIV/AIDS Response Fund	15,000.0	5,000.0	10,000.0	0.0
Community Activities	20,000.0	1,655.6	20,000.0	0.0
Exp. Assoc. w/ Contact Tracing & Testing	600,000.0	34,068.6	600,000.0	25,991.8
Exp. Assoc. w/ Maternal & Child Health Programs	24,750.0	6,890.2	24,750.0	13,871.5
Exp. Assoc. w/ Monitoring in Long-Term Care Facil.	3,000.0	13.0	0.0	0.0
Exp. Assoc. w/ Ryan White Comprehensive AIDS Resource Emergency Act of 1990	100,000.0	70,185.9	100,000.0	71,438.9
Exp. Assoc. w/ the Support of Federally-Funded Public Health Programs	2,500.0	1,593.3	2,500.0	764.6
Exp. for Rural Health Centers to Expand the Availability of Primary Health Care	2,000.0	1,797.2	2,000.0	1,280.7
Exp. For Surveillance Prog. & Seroprevalence Studies of AIDS/HIV	2,750.0	1,150.2	2,750.0	866.4

Exp. Of Federally Funded Bioterrorism Preparedness	80,000.0	28,853.8	80,000.0	35,248.2
Exp. Of Federally Funded Public Health Programs	300.0	0.0	300.0	0.0
Exp. Of Federally Funded Women's Health Programs	3,000.0	671.0	5,570.8	2,140.8
Exp. Of Implementing Federal Awards	1,400,000.0	382,715.7	1,400,000.0	112,710.9
Exp. Of Implementing Federal Grants	16,484.5	1,797.4	45,670.5	18,100.9
Exp. Of Preventive Health & Health Serv. Needs Assess.	3,500.0	972.8	3,500.0	1,715.8
Exp. Of Preventive Health & Health Services Prog.	1,726.8	1,031.6	1,726.8	1,192.9
Exp. Of Programs for Prevention of AIDS/HIV	7,250.0	3,703.4	7,250.0	3,581.0
Exp. Related to Epidemiological Health Outcome Investigations & Database Development	17,110.0	10,409.4	0.0	0.0
For Costs Assoc. w/ Health Care Reg., Surv., & Monitoring	0.0	0.0	25,397.0	16,096.6
For Costs Assoc. w/ Health Promotion Programs	0.0	0.0	3,674.4	1,520.2
For Costs Assoc. w/ Policy, Plann., & Statistics Programs	0.0	0.0	29,845.1	11,691.3
For Costs Assoc. w/ Public Health Laboratories	0.0	0.0	8,268.9	1,208.1
Operational Exp. Of Maternal & Child Health Prog.	500.0	72.0	500.0	120.3
Operational Exp. To Develop Health Care Provider Recruitment & Retention Program	337.1	141.5	337.1	123.4
Operational Exp. To Maintain a Vital Records System	2,000.0	0.0	2,000.0	0.0
Operational Exp. To Support Refugee Health Care	514.0	202.1	514.0	275.4
Total Designated Purposes	2,302,722.4	552,924.7	2,396,554.6	319,939.7
Grants				
ARPA - COVID-19 Vaccine Incentive	3,000.0	3,000.0	0.0	0.0
ARPA - Hospital Grants	37,700.0	37,700.0	58,700.0	58,700.0
Exp. Of Health Outcomes, Research Policy & Surveillance	4,000.0	238.3	4,000.0	0.0
Grants for Breast & Cervical Cancer Screening	7,000.0	5,336.2	7,000.0	5,672.3
Grants for Maternal & Child Health Population-Based Prog.	495.0	307.6	995.0	415.8
Grants for Prevention Initiative Programs	1,000.0	477.9	1,000.0	471.2
Grants for Public Health Programs	9,530.0	5,635.3	9,530.0	6,608.3
Grants for Development of Refugee Health Care	1,950.0	129.2	1,950.0	279.3
Grants to Develop Health Care Provider Recruit. & Retention Program	450.0	71.2	450.0	56.0
Grants to Develop Health Prof. Educ. Loan Repayment Program	1,000.0	829.6	1,000.0	833.0

Grants to U of I Division of Specialized Care for Children	9,000.0	6,329.8	9,000.0	6,984.8
Grants to Chicago Depart. Of Health for Maternal & Child Health Services	6,000.0	4,320.4	6,000.0	4,772.8
Maternal and Child Health Services	3,000.0	2,413.2	3,000.0	2,489.6
Total Grants	84,125.0	66,788.7	102,625.0	87,283.1
TOTAL FEDERAL FUNDS	**2,454,764.6**	**652,255.0**	**2,499,264.6**	**407,222.8**
TOTAL	**2,883,109.1**	**956,347.7**	**3,043,871.1**	**778,330.4**

Accountants' Findings and Recommendations

Condensed below are the 39 findings and recommendations included in the audit report. Of these, 27 are repeated from the previous audit. The following recommendations are classified on the basis of information provided by IDPH, via electronic mail received August 1, 2024

1. The auditors recommend the Department strengthen its controls over its state vehicles. Specifically, they recommend the Department:

- **Ensure vehicle mileage log reports are maintained to monitor utilization and maintenance of the State vehicle.**
- **Enforce vehicle maintenance schedules to ensure vehicle safety, to reduce future year expenditures for repairs, and to extend the useful lives of vehicles.**
- **Enforce controls to ensure proper reporting of fringe benefits and documentation related to the personal use of State vehicles.**
- **Review and enforce procedures over the timely filing of the required annual certifications of license and liability insurance.**
- **Remind staff of reporting requirements and develop a monitoring process to ensure all employee vehicle assignment changes, as well as the required annual report on Individually Assigned Vehicles, are properly completed and submitted to DCMS by the established due date.**

FINDING: *(Inadequate Controls over the Administration of State Vehicles) – This finding has been repeated since 2007.*

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

The Department's fleet consisted of 109 vehicles at June 30, 2022 and 98 at June 30, 2023. Of those vehicles, 36 were personally assigned to employees during Fiscal Year 2022 and 41 in Fiscal Year 2023.

During testing, the auditors noted the following:

- The Department was not able to provide the vehicle mileage log reports for three of 98 (3%) vehicles tested, as such, they were not able to determine whether these vehicles were efficiently utilized for the specific operational needs of the Department, properly maintained, and the mileage properly reported.

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

- The Department did not ensure its vehicles were properly maintained during the engagement period. The auditors reviewed the maintenance records for 22 vehicles and noted the following:

  - Nine (41%) vehicles tested received oil changes 128 to 4,679 miles past the allowed oil change interval. Additionally, two (9%) vehicles tested did not receive oil changes during the engagement period.

  - Four (18%) vehicles tested did not receive a tire rotation, as required. Additionally, one (5%) vehicle had tire rotation past the allowed interval and another vehicle (5%) had inadequate documentation, therefore, we were not able to determine whether this vehicle had tire rotation within the allowed interval.

  - Four (18%) vehicles tested did not undergo an annual inspection during the engagement period.

  - One (5%) vehicle was not found on the location indicated in the Department's property listing during the physical inspection of vehicles. In addition, the Department was not able to provide sufficient supporting documentation on the disposal and transfer of two (9%) vehicles.

  - The Department was not able to provide the maintenance records for three (14%) vehicles tested, as such, the auditors were not able to determine

whether these vehicles were properly maintained.

The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5040.410(a)) requires agencies to have vehicles inspected at least once per year and to maintain vehicles in accordance with the Department of Central Management Services (DCMS) schedules for proper care and maintenance of vehicles. In addition, the Code (44 Ill. Adm. Code 5040.400) requires all State-owned or leased vehicles to undergo regular service and/or repair to maintain the vehicles in road worthy, safe, operating condition and appropriate cosmetic condition. The State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities.

- The Department did not exercise adequate control over the personal use of State vehicles. The auditors noted the following:

    - Seventy-two (100%) monthly vehicle logs and vehicle use certification forms tested were not reviewed and reconciled for the determination of the fringe benefit value submitted for tax purposes. The Department only used the commuting days reflected in the certification forms to report fringe benefits. In addition, five of 72 (7%) monthly vehicle logs and vehicle use certification forms tested differed as to the number of commuting days the State vehicle was used, resulting in the overstatement of reported fringe benefit payments for tax purposes totaling $45 in Fiscal Year 2022 and understatement of $15 in Fiscal Year 2023.

    - Thirty-seven of 72 (51%) vehicle use certification forms tested were not submitted to the Payroll Division on the 10th of the month following the usage. The vehicle use certification forms were submitted from four to 300 days late. Additionally, 13 of 72 (18%) vehicle use certification forms tested were not stamped with a receipt date, therefore, timeliness of submission of the forms cannot be determined. Further, one of 72 (1%) vehicles use certification forms tested was not submitted to the Payroll Division.

    - Two of 72 (3%) vehicle use certification forms tested did not agree with the payroll voucher, resulting in an understatement totaling $39 in Fiscal Year 2022.

    - The Department was not able to provide 17 of 72 (24%) monthly vehicle logs tested, as such, the auditors were not able to determine whether the number of commuting days and fringe benefit payments were properly reported.

The Internal Revenue Services' Employer's Tax Guide to Fringe Benefits (Publication 15-B) and Section IV of the Department's Vehicle Policy states that any commute

that an individual makes with an assigned vehicle is considered a fringe benefit and is to be valued at $1.50 per one-way commute, or $3 per day. Fringe benefits are to be included in the employee's wages for tax purposes.

Section IV of the Department's Vehicle Policy requires employees to record all days the State vehicle is driven for commuting purposes and report it to the agency Payroll Division on the 10th of the month following the usage. No employee should be assigned to a state vehicle solely for the purpose of commuting.

- The Department did not exercise adequate control over the required annual certifications of licensure and automobile liability coverage form (certification form). The auditors noted the following:

    - Five of 34 (15%) employees tested did not submit the certification forms during the engagement period.

    - One of 34 (3%) employees tested submitted the certification form 124 days late.

  The Illinois Vehicle Code (625 ILCS 5/7-601(c)) requires every employee of a state agency who is assigned a specific State-owned or leased vehicle on an ongoing basis to provide annual certification to the chief executive officer of the agency affirming that the employee is duly licensed to drive and that the employee has liability insurance coverage extending to the employee when the assigned vehicle is used for other than official State business. The certification is required to be provided during the period July 1 through July 31 of each calendar year or within 30 days of any new vehicle assignment of a vehicle, whichever is later. Additionally, employees using private vehicles on State business must have insurance coverage in an amount not less than that required by the Illinois Vehicle Code (625 ILCS 5/10-101(b)).

- The Department did not timely and properly report vehicle assignments to DCMS. The auditors noted the following:

    - The Department submitted the Fiscal Year 2022 Individually Assigned Vehicle (IAV) Report five days late.

    - The Department was not able to provide three of five (60%) vehicle assignment authorization forms tested.

    - One of 34 (3%) employees tested submitted the vehicle assignment authorization form 124 days late.

  The Code (44 Ill. Adm. Code 5040.340) states that vehicles may be assigned to specific individuals if authorized in writing by the head of the agency to which the vehicle is assigned and requires agencies to report to DCMS annually and when

changes occur, the name of each employee assigned a vehicle, the equipment number and license plate number of the assigned vehicle, and the employee's headquarters and residence.

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

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

Failure to maintain daily mileage logs for the usage of State vehicles could impose challenges for the Department management in monitoring the efficient and effective utilization of these State properties. Regular maintenance on State vehicles ensures the safety and efficiency of State vehicles, including better fuel economy and fewer expenditures related to the repair or replacement of vehicles, lower fleet operating costs, reduced vehicle down time and conservation of limited State resources. In addition, obtaining certification of license and vehicle liability coverage helps to prevent uninsured, underinsured and/or unlicensed drivers operating State vehicles while performing State business. Further, failure to properly report vehicle assignment changes to DCMS lessens government oversight for fleet efficiency and accountability for State resources.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will ensure that controls and processes are strengthened to comply with the finding.

UPDATED RESPONSE:
Partially Implemented
The Department is in the process of training staff towards implementing a Fleet Management System that serves as a comprehensive automotive cost reporting system that will capture mileage on a monthly/daily basis as input is done to the system. The dual system approach will inform the department when and what type of maintenance is required and completed.

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

FINDING: *(Property Control Weaknesses) – This finding has been repeated since 2013.*

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

During their testing, the auditors noted the following:

Property Additions:

- Eight of 60 (13%) property additions tested, totaling $33,810, were recorded 29 to 1,669 days late. The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5010.400) requires the Department to adjust their property records within 90 days of acquisition, change, or deletion of equipment items.

Physical observation

- Seventeen of 60 (28%) items tested, totaling $8,872, were not traced to the property records. The State Property Control Act (30 ILCS 605/6.02) requires the Department to maintain a permanent record of all items of property under its jurisdiction and control.

- Six of 60 (10%) items tested, totaling $5,208, were not found at the location indicated on the Department's property listing. The Statewide Accounting Management System (SAMS) (Procedure 29.10.10) requires the Department to maintain current property records, including the location. Additionally, the Code (44 Ill. Adm. Code 5010.230) requires the Department to correctly enter each item's location code number on its property listing.

- Three of 60 (5%) items tested, totaling $7,005, were unusable or considered obsolete. The Code (44 Ill. Admin. Code 5010.620) requires the Department to regularly survey their inventories for transferable equipment and report any such equipment on proper forms to the Property Control Division of the Department of Central Management System (DCMS).

- One of 60 (2%) items tested, totaling $1,800, had a missing tag. The Code (44 Ill. Admin. Code 5010.210) requires the Department to mark each piece of State-owned equipment in their possession to indicate that it is the property of the State of Illinois. Additionally, the Code requires the Department to mark the equipment with a unique identification number to be assigned by the agency holding the property and the marking be applied using the Department's inventory decal or by indelibly marking the property.

Annual Real Property Utilization Report (ARPUR)

The Department submitted the Fiscal Year 2023 ARPUR to DCMS ten days late. The Property Control Act (30 ILCS 605/7.1(b)) requires the Department to submit by July 31 of each year, an ARPUR, or annual update of such report, on forms required by DCMS.

Agency Report of State Property (C-15 Report)

Five property additions, totaling $174,600, were not included in the Fiscal Year 2023 C-15 Report. The Statewide Accounting Management System (SAMS) (Procedure 29.10.10) requires purchased assets to be included in the C-15 Report in the quarter the assets were received.

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

Department management stated the issues were due to clerical errors, competing priorities, and the related position being vacant for several months.

Failure to maintain accurate property records increases the risk of equipment theft, loss, or waste occurring without detection and resulted in inaccurate property recording and reporting.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department has been working on strengthening the controls on State equipment along with recordkeeping. A review will be conducted, and changes made where the controls failed. Additionally, staff will be trained on property tracking and recording.

UPDATED RESPONSE;
Under Study
The Department agrees with the finding and the recommendation. The Department is reviewing current procedures and seeking advice from other agencies on their controls over state property. Training sessions are planned for all employees involved with property inventory.

3. The auditors recommend the Department ensure it complies with all provisions of the Act.

FINDING: *(Noncompliance with the MC/DD Act) – This finding has been repeated since 2017.*

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

During their testing of certain provisions of the Act, the auditors noted the following:

- During testing of the inspections conducted for the State license renewals of the 10 MC/DD facilities during Fiscal Year 2022 and Fiscal Year 2023, they noted the following:
    - Three (30%) facilities were inspected by the Department 33 to 82 days after the effective date of the renewal licenses.
    - Two (20%) facilities were inspected by the Department 151 to 472 days

prior to license renewal.

- Four (40%) facilities did not provide comments or documentation within 10 days of receipt of the copy of the inspection report. The facilities submitted the comments or documentation 11 to 47 days after receipt of the report.

- Three (30%) facilities did not have documentation of comments after receipt of the report.

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

Department management attributed the conditions above to a shortage of surveyors for developmental disability facilities.

- The Department did not develop a de-identified database of residents who have injured facility staff, facility visitors, and other residents. The Act (210 ILCS 46/2-201.5(d)) requires the Department to develop and maintain a de-identified database of residents who have injured facility staff, facility visitors, or other residents, and the attendant circumstances, solely for the purposes of evaluating and improving resident pre-screening and assessment procedures and the adequacy of Department requirements concerning the provision of care and services to residents.

  Department management stated a de-identified database of residents who have injured facility staff, visitors, and other residents was not developed due to minimal technology within the Department.

- The Department did not maintain updated information on the facilities database posted on its website. Except for the inspection reports, which were current, the information posted by the Department was for the period ended December 31, 2014. The Act (210 ILCS 46/3-304.1(a)(2)) requires the Department to make available to the public in electronic form information regarding MC/DD facilities. The Act (210 ILCS 46/3-210) requires the facility to retain the following information for inspection: a complete copy of every inspection report of the facility received from the Department during the past 5 years; a copy of every order pertaining to the facility issued by the Department or a court during the past 5 years; a description of the services provided by the facility and the rates charged for those services and items

for which a resident may be separately charged; a copy of the statement of ownership; a record of personnel employed or retained by the facility who are licensed, certified or registered by the Department of Financial and Professional Regulation; and a copy of the current Consumer Choice Information Report.

Department management indicated the failure to update the information on their website was due to limited technological abilities.

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

During the prior engagement period, the Department did not adopt rules to conduct on site review of large or complex construction projects; expedited process for emergency repairs or replacement of like equipment; and define the circumstances under which a ban on new admissions to a facility may be imposed. During the current engagement period, the auditors noted the Department had adopted the rules by updating the Illinois Administrative Code (Code) (77 Ill. Admin. Code 390.2610(h)(3) to (5)), (77 Ill. Admin. Code 390.2910(d)), and (77 Ill. Admin. Code 390.630), respectively. Additionally, during the prior engagement period, the Department had not updated the Code to address the requirement that each policy should include the periodic review of the use of restraints; informed consent for psychotropic medication requires a discussion with the resident's physician, a registered pharmacy, or a licensed nurse, and the use of standardized consent forms; and the facility to submit written notification of any unusual incident, abuse, or neglect within one day after the incident occurring. During the current engagement period, they noted the Department updated the Code (77 Ill. Admin. Code 390.1310, 390.1312, 390.1314, 390.1316, and 390.3210).

Failure to carry out these mandated duties does not achieve the legislative intent for the affected program, which is to provide adequate long-term care for the under age 22 MC/DD facilities.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation.

The Department is currently ensuring compliance with all provisions of the Act. The Department drafted proposed rules to bring the Department into compliance with sections of the MC/DD Act cited above. Rules are published for first notice in the January 3, 2022, issue of the Illinois Register at 46 Ill. Reg. 299 and are scheduled for review at the April 19, 2022, JCAR meeting.

Annual licensure surveys and facility comments/documentation were delayed in Fiscal Year 2020 and Fiscal Year 2021 due to the COVID-19 pandemic. The Department anticipates compliance with the applicable provisions of 210 ILCS 46/3-212(a) and (c) and will monitor scheduling so that inspections occur within the 120-day window of the applicable licensure renewal.

The Department is posting surveys and applicable plans of correction on the website pursuant to 210 ILCS 46/3-304.1(a)(2).

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and the recommendation. The Department does have data regarding resident to employee abuse. We have implemented a new technology system that will allow the department to track resident to employee abuse in July 2024 and should be able to use report data to develop the required data base.

The department is maintaining updated facility information on the department website as required.

4. The auditors recommend the Department strengthen and monitor controls to ensure:

- **all required contract information is complete and accurate,**
- **accurate and complete listings of contractual agreements, emergency purchases, and interagency agreements are maintained,**
- **proper implementation of the requirements of GASB Statement No. 87, and**
- **compliance with the requirements of the Procurement Code and State laws.**

FINDING: *(Lack of Controls over Contracts) – This finding has been repeated since 2013.*

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

As part of their testing, the auditors requested the Department to provide a population of contractual agreements, emergency purchases, and interagency agreements. In response to our requests, the Department provided populations for emergency purchases and interagency agreements but was not able to provide a listing of all the contractual agreements which the Department had entered into during the examination period. Additionally, the emergency purchases listing provided by the Department did not agree with the emergency purchases reported to the Office of the Auditor General and there were interagency agreements not reported in the Agency Contract Report (SC-14). Due to these conditions, they were unable to conclude the Department's population records were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.36).

During testing, the auditors noted the following:

- Six of 14 (43%) interagency agreements tested, totaling $5,706,197, were executed subsequent to the performance of services. The agreement execution dates ranged from seven to 385 days late. Additionally, the Department was not able to provide the executed agreements for two of 14 (14%) interagency agreements tested. Therefore, they are unable to test those agreements

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

- For two of eight (25%) emergency purchase contracts tested, totaling $608,380, the Department published the total actual cost of each emergency purchase in the Illinois Procurement Bulletin 40 and 390 days late. In addition, one of eight (13%) emergency purchase contracts tested, totaling $360,101, ended on June 30, 2022 but the Department had not published the actual cost as of auditors' fieldwork.

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

- The Department was not able to provide the supporting documentation that they submitted to the Procurement Policy Board and the Commission on Equity and Inclusion the following:

  - Notice of award for seven of eight (88%) emergency purchase contracts tested, totaling $10,765,277, and

  - Notice of intent to extend an emergency contract for five of eight (63%) emergency purchase contracts tested, totaling $10,351,570.

  The Code (30 ILCS 500/20-30(b)) requires the purchasing agency to provide notice of all emergency procurements to the Procurement Policy Board and the Commission on Equity and Inclusion and publish in the online electronic Bulletin no later than 5 calendar days after the contract is awarded. The Code also requires the notice of intent to extend the emergency contract be provided to the Procurement Policy Board and the Commission on Equity and Inclusion and published in the online

electronic Bulletin at least 14 calendar days before the public hearing. Per Public Act 102-1119 effective January 23, 2023, the Code requires the notice of extension of an emergency contract be provided to the Procurement Policy Board and the Commission on Equity and Inclusion and published in the online electronic Bulletin no later than 7 calendar days after the extension was executed.

- Three of 60 (5%) contractual agreements tested, totaling $5,541,576, were filed with the Comptroller more than 30 days after their execution and were not accompanied by a Late Filing Affidavit.

  The Code (30 ILCS 500/20-80(c)) states that when a contract, purchase order, grant, or lease required to be filed by this Section has not been filed within 30 calendar days of execution, the Comptroller shall refuse to issue a warrant for payment thereunder until the agency files with the Comptroller the contract, purchase order, grant, or lease and an affidavit, signed by the chief executive officer of the agency or his or her designee, setting forth an explanation of why the contract liability was not filed within 30 calendar days of execution. A copy of this affidavit shall be filed with the Auditor General.

- Five of 60 (8%) contractual agreements tested, totaling $1,153,964, did not have the required subcontractor disclosure and utilization statements. In addition, one of 60 (2%) contractual agreements tested, totaling $471,550, did not have the conflict of interest Certification, and one (2%) contract, totaling $43, 864, did not have the Certification of Registration with the State Board of Elections.

The Code (30 ILCS 500/20-120(a)) requires any contract granted under this Code to state whether the services of a subcontractor will be used. The contract shall include the names and addresses of all known subcontractors with subcontracts with an annual value that exceeds the small purchase maximum established by Section 20-20 of the Code, the general type of work to be performed by these subcontractors, and the expected amount of money each will receive under the contract.

The Code (30 ILCS 500/50-35(a)) requires all bids and offers from responsive bidders, offerors, vendors, or contractors with an annual value that exceeds the small purchase threshold established under subsection (a) of Section 20-20 of the Code, and all submissions to a vendor portal, shall be accompanied by disclosure of the financial interests of the bidder, offeror, potential contractor, or contractor and each subcontractor to be used. The financial disclosure of each successful bidder, offeror, potential contractor, or contractor and its subcontractors should be incorporated as a material term of the contract and shall become part of the publicly available contract or procurement file.

The Code (30 ILCS 500/20-160(b)) requires all bids and offers contain (1) a certification by the bidder, offeror, vendor, or contractor that either (i) the bidder, offeror, vendor, or contractor is not required to register as a business entity with the State Board of Elections pursuant to this Section or (ii) the bidder, offeror, vendor, or contractor has registered as a business entity with the State Board of Elections and acknowledges a continuing duty to

update the registration and (2) a statement that the contract is voidable under Section 50-60 for the bidder's, offeror's, vendor's, or contractor's failure to comply with this Section.

- For 26 of 60 (43%) contracts tested, the Contract Obligation Documents (CODs) were not properly completed. The auditors noted the following:

    - Twenty CODs totaling $12,284,856, included incorrect Illinois Procurement Bulletin/Bid buy publication dates. Three of these CODs had an incorrect procurement reference number, one COD had an incorrect award code, and one COD had an incorrect appropriation code.

    - Two CODS totaling $1,555,550, had contract beginning and ending dates different from the dates reported in the SC-14 Report.

    - Four CODs did not state the correct annual contract amounts. The total annual amounts entered in the COD was $2,422,573, however, the total annual amounts reported in the SC-14 Report was $7,890,634. One of these CODs also incorrectly entered an obligation amount totaling $1,751,603, instead of the obligation amount totaling $6,314,022 in the SC-14 Report. Additionally, two of these CODS also did not state the correct maximum contract amounts. The maximum contract amounts entered in the CODs totaled $4,025,265, however, the total maximum contract amounts reported in the SC-14 Report was $9,525,184.

    - One COD totaling $72,649 had an incorrect obligation number.

    - One COD stated that subcontractors will not be utilized, however, the executed contract indicated utilization of subcontractors.

    The Statewide Accounting Management System (SAMS) (Procedure 15.20.10) requires the contract obligation document to contain the maximum contract amount, annual contract amount, beginning and ending dates of the contract, detailed description of the contract, in addition to other applicable information.

- The Department's process in implementing GASB Statement No. 87 – *Leases* (GASB 87), was not adequate. The following issues were noted:

    - For two of five (40%) GASB 87 lease contracts tested, totaling $1,251,212, the forms SCO-560 were filed with the Office of Comptroller 77 and 347 days late.

    - For three of five (60%) GASB 87 leases contracts tested, totaling $2,851,771, the forms SCO-560 were not filed with the Office of Comptroller, therefore, the Department did not record the corresponding right of use asset, lease liability, and lease payments.

- The Department did not record the right of use asset, lease liability, and lease payments for one of two (50%) forms SCO-560 the Department submitted to the Comptroller's Office, resulting in the understatement of the following accounts:
  - Right of Use Asset amounting to $1,168,683
  - Lease Liability amounting to $1,168,683
  - Lease Payments amounting to $774,306

GASB Statement No. 87 defines a lease as "a contract that conveys control of the right to use another entity's nonfinancial asset (the underlying asset) as specified in the contract for a period of time in an exchange or exchange-like transactions." GASB Statement No. 87 requires the lessee to recognize a lease liability and a lease asset at the commencement of the lease term. The lease liability should be measured at the present value of payments expected to be made during the lease term. The lease liability is reduced as payments are made. The lease asset should be measured at the amount of the initial measurement of the lease liability, plus any payments made to the lessor at or before the commencement of the lease term and certain direct costs. The lease asset is amortized in a systematic and rational manner over the shorter of the lease term or the useful life of the underlying asset.

SAMS (Procedure 27.20.60) requires all agencies who lease property complete Form SCO-560 for each multiple period lease that falls within the scope of GASB Statement No. 87. The Form SCO-560 is to be completed on a transaction-by-transaction basis as new lease agreements are initiated or when changes are made to existing lease provisions.

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

Department management stated the deficiencies were due to the absence of a centralized monitoring and tracking of contracts and competing priorities.

Without the Department providing a complete and accurate population of contractual agreements entered into during the examination period, the auditors were unable to adequately complete procedures to provide useful and relevant feedback to the General Assembly. Failure to fully execute a contract prior to commencement of services and contain the material terms of the contract leaves the Department exposed to liabilities and potential legal issues. Failure to publish the costs incurred for emergency purchases is noncompliance with State law. The lack of proper controls over contract obligation documents may result in inaccurate record keeping and a lack of accountability for the Department. Failure to properly implement GASB 87 reduces the reliability of Statewide financial reporting.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The process of contract monitoring is being evaluated and will be strengthened to the standards recommended by the Auditors.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and the recommendation. The Department has created a Division of Procurement with the focus of being in compliant with all Procurement Codes and State laws. The Department has implemented the requirements of GASB Statement No. 87.

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

FINDING: *(Inadequate Administration and Monitoring of Awards and Grants Programs) – This finding has been repeated since 2007.*

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

During Fiscal Years 2022 and 2023, the Department expended over $701 million (44%) for awards and grants of its approximately $1.7 billion total expenditures. The auditors sampled 58 grant programs from the following offices: Health Promotion; Health Protection; Disease Control; Women's Health; Preparedness and Response; and Center for Minority Health Services. For the 58 grant programs selected for testing, they examined 60 grant agreements totaling $55,095,365.

- For 47 of 60 (78%) grant agreements tested, 426 quarterly/monthly program reports were submitted to the Department from 1 to 305 days after the deadline.

- For 25 of 60 (42%) grant agreements tested, 58 quarterly/monthly program reports were not reviewed timely. The reviews were made from 1 to 280 days after receipt.

- For 14 of 60 (23%) grant agreements tested, 26 quarterly/monthly program reports did not have evidence of a review by Department personnel.

- For 13 of 60 (22%) grant agreements tested, 65 quarterly/monthly program reports were not submitted to the Department by the grantee.

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

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that resources are utilized efficiently and effectively, and in compliance with applicable law. The grant agreements require the grantees to submit financial reports and performance reports with frequency and deadlines specified in the executed grant agreements. Additionally, the Grant Accountability and Transparency Act (30 ILCS 708/45(g)) requires each State grantmaking agency to enhance its processes to monitor and address noncompliance with reporting requirements and with program performance standards. Further, the State Records Act (5 ILCS 160/8) requires the Agency to make and preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities.

Department management attributed the conditions noted above to issues including staffing capacity and vacancy, staff expertise, system technicality, inadequate policy on document retention, competing priorities, and oversight.
Failure to ensure that grantees timely submit the required reports and document the timely submission date and reviews of grantees' required reports by Department personnel decreases the Department's accountability over funds granted and increases the risk of noncompliance with the provisions of the grant agreements. Further, the untimely receipt of required reports inhibits the Department's ability to effectively track project completeness and milestones. As a result, funds could remain unspent, untimely recovered, or be utilized for activities other than the intended purpose without detection by the Department.

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

UPDATED RESPONSE:
Implemented

The Department agrees with the finding and recommendation. The Department's Office of Performance Management (OPM) has enhanced controls to support the grant manager's review and monitoring of grantee compliance with monthly grantee reports and submitting and providing deliverables in the grant agreements. The OPM has developed a comprehensive Grants Management Manual that outlines Standard Operating Procedures (SOPs) for the entire grant process. The manual, released on March 25, 2024, was developed in collaboration with experienced grant managers and was reviewed by the administrative policy team, including legal and fiscal administration. It has been disseminated to all IDPH staff and is available on the IDPH intranet.

A monthly Past Due Report- A Monthly Reminder is sent to all grant managers and the deputy directors. The reminder is a list of all grantees who are out of compliance with report submission and serves as a reminder to review progress on the provision of the grant agreement. Grant managers are encouraged to communicate openly with grantees to facilitate collaboration, regular check-ins, feedback sessions, and support mechanisms to ensure timeliness and expected program outcomes.

The OPM regularly provides training on the grant management process and issues monthly reminders to grantees about timely report submissions. Additionally, grant administrators receive monthly reminders on the importance of promptly reviewing and processing performance and fiscal reports. The manual includes specific SOPs for compliance monitoring and grant closeout.

To further support compliance, the OPM issued quarterly notifications regarding grantees reporting compliance issues on October 5, 2023. As of February 28, 2024, these notifications transitioned to monthly updates sent by the OPM Technical Assistance Group (TAG) team. This shift has resulted in a 79% improvement in grantee compliance.

These strengthened controls provide grant managers with the tools necessary to track overdue reports and ensure grantees adhere to the provisions of their grant agreements. The notifications and SOPs offer clear guidance on addressing compliance issues and maintaining grantee accountability.

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

FINDING: *(Inadequate Controls over Approval and Reporting of Overtime) – This finding has been repeated since 2011.*

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

The Department paid $5,638,092 for 83,238 hours of overtime during Fiscal Year 2023 and $5,189,086 for 80,285 hours of overtime in Fiscal Year 2022. The auditors tested a sample of 60 pay periods and 60 employees who worked overtime during Fiscal Years 2022 and 2023. The employees in our sample incurred 483 hours of overtime during the pay periods tested. Based on our review of the overtime pre-approval requests and overtime worked details, they noted the following:

- Thirty-two of 60 (53%) employees tested worked 203 hours of overtime and did not enter the details in the timekeeping system, eTime, within two workdays of the overtime having been worked as required. The details were submitted and entered from one to 114 days after the overtime was worked.

- For 21 of 60 (35%) employees tested, overtime pre-approval requests totaling 213 hours were not timely submitted by employees. These requests were submitted from one to seven days after the overtime was worked.

- For 25 of 60 (42%) employees tested, overtime pre-approval requests totaling 315 hours were not pre-approved by the supervisors. These requests were approved from one to 43 days after the overtime was worked or the overtime was submitted, whichever is later.

- Twenty of 60 (33%) employees tested had overtime pre-approval requests that exceeded the allowed maximum of 10 hours. These requests ranged from 11 to 40 hours.

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

According to the Timekeeping Protocols of the Department's Employee Guidelines, Directive 16-02, overtime pre-approval requests must be submitted and approved in e-Time prior to the overtime being worked. Overtime pre-approval requests are limited to a maximum of ten hours. If additional time is required, a new overtime pre-approval request may be submitted for the total amount of estimated overtime hours needed. Overtime worked details must be submitted in the timekeeping system within two working days. If the need for overtime is an urgent issue and pre-approval is not possible, the Department's Employee Handbook requires the employee notify their supervisor in writing via email and request the acknowledgement and approval in the same fashion. It then must be noted in the timekeeping system Overtime Pre-approval Request and Overtime Worked comment sections. The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system, or systems, of internal fiscal and administrative controls to ensure resources are utilized efficiently and effectively.

Department management stated competing work demands contributed to the untimely submission and approval of overtime requests.

Failure to ensure pre-approval overtime requests are submitted and properly approved in advance and overtime worked details are timely submitted undermines accountability controls and increases the risk the Department would pay unnecessary personal service expenditures.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work to ensure that overtime pre-approval requests are timely submitted, properly approved in advance, and documentation of pre-approval is maintained by way of continually informing employees of the timekeeping Directives related to this.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and recommendation. The Department has reviewed current practices of how employees are notified and reminded staff of this directive. The Department has begun to audit and send reminders on a monthly rather than quarterly basis. The Department will continue to monitor and adjust timelines if necessary.

7. The auditors recommend the Department employ the mandated number of surveyors to ensure adequate monitoring of long-term care facilities.

FINDING: *(Failure to Employ an Adequate Number of Surveyors) – This finding has been repeated since 2013.*

The Illinois Department of Public Health (Department) failed to comply with the provision of the Department of Public Health Powers and Duties Law (Law) related to surveyors for long term care beds.

During the engagement period, the Department did not employ the required minimum number of surveyors per licensed long term care beds during Fiscal Years 2022 and 2023, which is one surveyor for every 300 beds or .33%. The auditors selected a sample of six months during the examination period to determine if the required numbers of surveyors were employed. They noted for six of the six months tested, all seven regional offices (100%) of the Department employed surveyors at the rate of .16% to .30%.

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

During the prior engagement period, the Department did not have administrative rules for the establishment of Medicare or Medicaid certification fees to be charged to facilities or programs applying to be certified to participate in the Medicare or Medicaid program to cover costs incurred by the Department. During the current engagement period, Public Act 103-127 repealed the requirement effective January 1, 2024.

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

Department management stated they implemented several hiring strategies and allocated resources to increase the number of surveyors in all regions, however, they still were not able to fill mandated minimum surveyor/bed ratios.

Failure to hire an adequate number of surveyors could lead to inadequate monitoring of long-term care facilities.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department has developed a Long-Term Care (LTC) Re-Organization Plan to increase staffing. The Department implemented several hiring strategies to address the mandated minimum surveyor/bed ratios including immediate back filling of vacancies. Surveyor positions are being developed in each Region in LTC, Assisted Living, Immediate Care Facilities/Developmental Disabilities and Specialized Mental Health Rehabilitation Facility.

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and recommendation. The Department has developed a Long-Term Care (LTC) Re-Organization Plan to increase staffing. The Department has added 3 Regions to have a comparable number of beds and alleviate some congested Regions. The Department has created a plan which includes the required number of surveyors/PSAs needed in each region to address the mandated minimum surveyor/bed ratios including immediate back filling of vacancies. Surveyor positions are being developed in each Region in LTC, Assisted Living, Immediate Care Facilities/Developmental Disabilities and Specialized Mental Health Rehabilitation Facility. The Department is working closely with the Office of Human Resources to get these positions developed and posted.

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

FINDING: *(Employee Performance Evaluations Not Conducted Timely) – This finding has been repeated since 2007.*

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

The auditors selected 60 employees for review of performance evaluations conducted during the examination period. A total of 61 evaluations should have been completed for the applicable year tested, including first probationary new hire evaluations, four-month probationary evaluations, six-month probationary evaluations, and annual evaluations.

During testing, they noted the following:

- Thirty-two of 61 (52%) employees' performance evaluations tested were conducted from one to 459 days late.

- Eight of 60 (13%) employees tested did not have a performance evaluation completed for the evaluation period tested.

- Three of 61 (5%) employees' performance evaluations tested were not finalized timely after the supervisor conducted the performance evaluation. The delinquencies ranged from three to 71 days late.

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

The Illinois Administrative Code (Code) (80 Ill. Adm. Code 302.270(d)) requires the Department to evaluate certified employees no less often than annually. The Code (80 Ill. Admin. Code 302.270(b)) requires the Department to conduct two evaluations for any employee serving a six-month probationary period, one at the end of the third month of the employee's probationary period and another 15 days before the conclusion thereof. According to the Employee Performance Evaluations Section of the Department's Employee Guidelines, Directive 16-04 (Directive), an employee serving a probationary period is due a first probationary evaluation at the midpoint of the probationary period and a final probationary evaluation 15 days prior to the end of the probationary period. All employees are due an annual evaluation to be completed no later than 30 days of the due date.

Department management stated the untimely performance evaluations were due to competing priorities.

Performance evaluations are a systematic and uniform approach used for the development of employees and communication of performance expectations to employees. Performance evaluations should serve as foundation for recommendations of salary adjustments, promotions or demotions, discharge, layoff, recall, and reinstatement decisions.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work to enforce performance evaluations are conducted in a timely manner for all employees in accordance with the Code and its Directive.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and recommendation. The Department is reviewing current process of notification for evaluation due dates to ensure the list is being maintained and updated as new managers begin in a supervisory position, the Department has implemented new managers training of which evaluations is a piece of, and the Department is working on notification of discipline if evaluations are not completed by the required date.

The Department has set up a process in DocuSign for evaluations to be uploaded and signed electronically rather than manually to eliminate additional time in the signature process to finalize the evaluations.

9. The auditors recommend the Department strengthen its controls to ensure required reports are accurately reported and supporting documentation is maintained. They further recommend the Department file corrected Agency Workforce Reports to comply with the Illinois State Auditing Act (30 ILCS 5/3-2.2) within 30 days of the examination release.

FINDING: *(Failure to Submit and Accurately File Required Reports) – This finding has been repeated since 2003.*

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

During testing, the auditors noted the following:

- The Department did not properly report the required information in the Agency Workforce Reports. they noted the following:

    - The figures reported in the Agency Workforce Reports, filed during the examination period, did not agree to the supporting documentation provided. Discrepancies were noted on the data and statistical percentages reported for 11 of 16 (69%) employee groups in the 2021 Agency Workforce Report and 11 of 16 (69%) employee groups in the 2022 Agency Workforce Report. The Department subsequently filed the corrected 2021 and 2022 Agency Workforce Reports on May 7, 2024.

    - The Department did not provide documentation to support the position openings information reported in the Fiscal Year 2021 and Fiscal Year 2022 Agency Workforce Reports, therefore, accuracy of the reported information cannot be determined.

    - The Department did not submit the Fiscal Year 2021 Agency Workforce Report to the Office of the Secretary of State. Additionally, the Department submitted the Fiscal Year 2022 Agency Workforce Report to the Office of the Secretary of State two days late.

    - The Department filed the corrected Agency Workforce Reports covering Fiscal Years 2019 and 2020, 707 days late.

  The State Employment Records Act (Act) (5 ILCS 410 et seq.) requires the Department to collect, classify, maintain, and report certain employment statistics for women, disabled, and minority groups. In addition, the Act requires the Department to report on the number of position openings and persons employed as professionals and contractual employees. The Act requires the Department to report all information required by the Act as public information by January 1 each year with the Office of the Secretary of State and the Governor.

The Illinois State Auditing Act (30 ILCS 5/3-2.2) requires the State agency that has materially failed to comply with the requirements of the State Employment Records Act, within 30 days after release of the audit by the Auditor General, to prepare and file with the Governor and the Office of the Secretary of State corrected reports covering the periods affected by the noncompliance.

- For eight funds, the Department did not provide the degree to which program goals were met in its Fiscal Year 2022 and 2023 Agency Fee Imposition Report Forms.

  The Illinois State Auditing Act (30 ILCS 5/3-8.5) requires the Department to submit the Agency Fee Imposition Report Form containing the following information: (1) a list and description of fees imposed by the agency, (2) the purpose of the fees, (3) the statutory or other authority for the imposition of the fees, (4) the amount of revenue generated, (5) the general population affected by the fee, (6) the funds into which the fees are deposited, (7) the use of the funds, if earmarked, and (8) the cost of administration and degree to which the goals of the program are met.

- The Department did not report to the Department of Central Management Services (DCMS) and the Department of Human Rights (DHR), on forms prescribed by DCMS, all of the Department's activities in implementing the State's African American, Hispanic, Asian-American, Native Americans Employment Plans, and Bilingual Needs and Bilingual Pay Reports in Fiscal Year 2022.

  The Civil Administrative Code of Illinois (Code) (20 ILCS 405/405-120 and 125) requires each State agency to report annually to DCMS and DHR, in a format prescribed by DCMS, all of its activities in implementing the State Hispanic, Asian American, Native Americans Employment Plans and bilingual employment strategies and programs. Additionally, the African American Employment Plan Act (Act) (20 ILCS 30/20) requires each State agency to report annually to DCMS and DHR, in a format prescribed by DCMS, all of its activities in implementing the African American Employment Plan.

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

During the prior engagement period, the Department did not prepare the Fiscal Year 2019 Food Desert Annual Report and did not contain information about health issues associated with food deserts in its Fiscal Year 2020 Food Desert Annual Report. During the current engagement period, the Food Deserts Annual Reports were timely submitted to the General Assembly and contained the required information about health issues associated with food deserts.

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

Failure to submit and accurately report information on statutorily required reports prevents the appropriate oversight authorities from receiving relevant feedback and monitoring of programs and can decrease effectiveness of future decisions when accurate information is not available.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will strengthen its controls to ensure required reports are accurately reported and supporting documentation is maintained.

UPDATED RESPONSE:
Implemented
The Department agrees with the finding and recommendation. The EEO Officer has maintained regular communication with the Deputy Director of Diversity and Inclusion at the Department of Central Management Services (DCMS) to ensure all required reports are submitted promptly and that supporting documentation is accurately maintained. Additionally, the EEO Officer actively participates in all CMS DEI Council meetings to stay informed of reporting deadlines and ensure the department remains up to date on all reporting obligations.

The Fiscal Year 2024 Fee Imposition Report provides information regarding the degree to which program goals were met for each program.

The Department filed corrected Agency Workforce Reports on May 7, 2024 per recommendation.

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

FINDING: *(Noncompliance with Distressed Facilities Provisions of the Nursing Home Care Act) – This finding has been repeated since 2015.*

The Illinois Department of Public Health (Department) did not comply with provisions of the Nursing Home Care Act to publish and notify distressed facilities, establish a mentor program and sanctions, and report on revocation criteria and recommended statutory changes.

During their testing, the auditors noted the Department did not: (1) adopt criteria to identify non-Medicaid-certified facilities that are distressed or publish a quarterly list; (2) establish, by rule, a mentor program for owners of distressed facilities and sanctions against distressed facilities that are not in compliance with the Act and with federal certification requirements; and (3) report to the General Assembly on the results of negotiations regarding creating criteria for mandatory license revocations of distressed facilities and making recommendations regarding statutory changes.

The Nursing Home Care Act (Act) (210 ILCS 45/3-304.2(c) through (h) include the following:

- The Department is required, by rule, to adopt criteria to identify non-Medicaid-certified facilities that are distressed and publish this list quarterly. The Department must notify each facility of its distressed designation and the calculation on which it is based.

- The Department is required by rule, to establish a mentor program for owners of distressed facilities and also establish sanctions against distressed facilities that are not in compliance with this Act and, if applicable, with federal certification requirements.

- The Department is required to report to the General Assembly on the results of negotiations about creating criteria for mandatory license revocations of distressed facilities and make recommendations about any statutory changes it believes are appropriate to protect the health, safety, and welfare of nursing home residents.

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

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

Department management stated their internal rulemaking process began with the enactment of Public Act 103-139, effective January 1, 2024, which removed the problematic provision in the Act requiring the inclusion in the criteria for determining distressed facilities with the outdated methodology used by the U.S. General Accounting Office (GAO) Report 9-689.

Failure to timely and completely carry out mandated duties of the Act does not achieve the legislative intent for the affected program. Noncompliance limits the Department's ability to identify, encourage and assist a facility designated as a distressed facility to develop a plan for improvement to bring and keep the facility in compliance with the Act. Failure to establish sanctions, negotiate criteria for license revocations, and make recommendations for statutory changes prevents potential actions which could better protect the health, safety, and welfare of nursing home residents.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work with the Long-Term Care Facilities Advisory Board and the Joint Committee on Administrative Rules as necessary to adopt rules to carry out the requirements of Section 3-304.2(c)-(h) of the Nursing Home Care Act (210 ILCS 3-304.2(c)-(h)). The internal rulemaking process began with the enactment of Public Act 103-139, effective January 1, 2024, which removed a problematic provision in the Act. Draft rules have been prepared and are under review by Office of Healthcare Regulation management and staff.

UPDATED RESPONSE:

Under Study

The Department agrees with the finding and the recommendation. The Department has prepared draft amendments implementing Section 3-304.2 of the Act. The amendments are pending review at the October 17, 2024, Long-Term Care Facilities Advisory Board and should be filed for First Notice before end of this calendar year.

The Department's draft amendments implementing the distressed facilities provisions in Section 3-304.2 of the Act do not include references to a mentor program per Section 3-304.2(g) as the Department does not yet have a program in place. Once a program is in place, the Department will amend the rules accordingly.

The Department's draft amendments implementing the distressed facilities provisions in Section 3-304.2 of the Act also include provisions from Section 3-304.2(h) of the Act.

11. The auditors recommend the Department ensure reconciliations of its obligations, expenditures, and appropriations are timely performed.

FINDING: *(Lack of Controls over Monthly Reconciliations) – This finding has been repeated since 2017.*

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

During our testing of monthly reconciliations between the Office of Comptroller (Comptroller) records and Department records, the auditors noted the Department did not perform the required monthly reconciliations of its internal records to the Monthly Appropriation Status Report (SB01) and Monthly Agency Contract Report (SC14) or Obligation Activity Report (SC15) during Fiscal Years 2022 and 2023.

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

The Statewide Accounting Management System (SAMS) (Procedure 07.30.20) requires the Department to reconcile its records to the SAMS system on a monthly basis. This reconciliation must be completed within 60 days of the month end. Discrepancies must be reported to the Comptroller's Office immediately for corrections.

Department management stated staff shortages and competing priorities resulted in the failure to prepare the reconciliations.

Failure to perform the monthly reconciliations increases the risk of undetected loss or theft and could lead to unresolved discrepancies between Department and Comptroller records, or inaccurate financial reporting.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The reconciliations of the obligations, expenditures, and appropriations are being done and procedures in place to ensure that they are timely performed.

UPDATED RESPONSE:
Partially Implemented
No change.

12. The auditors recommend the Department either comply with the mandate or seek legislative changes.

FINDING: *(Failure to Establish Policies and Procedures on Alzheimer's Disease and Related Disorders) – This finding has been repeated since 2015.*

The Illinois Department of Public Health (Department) failed to establish policies and procedures for data gathering on victims of Alzheimer's disease and related disorders.

During testing, the auditors noted the Department did not establish policies, procedures, standards, and criteria for the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer's disease and related disorders.

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

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-335) requires the Department to establish policies, procedures, standards, and criteria for the collection, maintenance, and exchange of confidential personal and medical information necessary for the identification and evaluation of victims of Alzheimer's disease and related disorders and for the conduct of consultation, referral, and treatment through personal physicians, primary Alzheimer's centers, and regional Alzheimer's assistance centers provided for in the Alzheimer's Disease Assistance Act. Further, the requirements shall include procedures for obtaining the necessary consent of a patient or guardian to the disclosure and exchange of that information among providers of services within an Alzheimer's disease assistance network and for the maintenance of the information in a centralized medical information system administered by a regional Alzheimer's center. Any person identified as a victim of Alzheimer's disease or a related disorder under the Alzheimer's Disease Assistance Act must be provided information regarding the critical role that autopsies play in the diagnosis and in the conduct of research into the cause and cure of Alzheimer's disease and related disorders. The person, or the spouse or guardian of the person, shall be encouraged to consent to an autopsy upon the person's death.

Department management stated the delay was due to challenges in putting procedures, policies, and standards in place such as the Regional Alzheimer's Disease Centers' use of different electronic health records, research data systems, and metrics; the private nature

of sharing personal health information; and the costs associated with the Department internally developing a new data dashboard, data use agreements, data purchase, and data staff to manage the system, among others.

In addition, management stated legislative changes to 410 ILCS 410, 410 ILCS 405, and potential changes to Rule 77-710 have been analyzed, but do not appear to offer resolution to this finding. Nationally, few best practices have been identified for dementia registries, so this would require considerable time to determine an efficient and effective route forward in Illinois. Failure to carry out the mandated duty does not achieve the legislative intent for the affected program and results in noncompliance with the Code.

DEPARTMENT RESPONSE:

The Department agrees with this recommendation and will seek legislative changes. A meeting was held with the Dementia Coordinator, management and legislative affairs to initiate this process.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and recommendation. The Department began the internal process to seek legislative changes. On 6/4/24, the Dementia Coordinator, IDPH Office of Health Promotion leadership, and the IDPH Legislative team met to discuss **Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law)--20 ILCS 2310/2310-335.** It was concluded that the Dementia Coordinator complete a mandate review form, which was submitted to legislative on 6/7/24. The IDPH Legislative team is now working on the statutory language changes.

13. The auditors recommend the Department strengthen controls to ensure employees' time records and leave requests are submitted and approved in a timely manner. Additionally, they recommend the Department periodically review and update its written policies to reflect current operations.

FINDING: *(Inadequate Controls over Employee Time Reporting) – This finding has been repeated since 2015.*

The Illinois Department of Public Health (Department) did not exercise adequate controls over employee time reporting to ensure employees' work hours were timely reported and did not update its Employee Handbook in relation to paid parental leave.

The Department expended $171,028,829 and $168,439,737 for payroll and had an average of 1,180 employees during Fiscal Years 2022 and 2023, respectively.

The Department utilizes the eTime system, which is an automated system for reporting and summarizing the employees' work hours and time off. Each employee is expected to submit a weekly Daily Time Report (DTR) in the eTime system for approval by the supervisor.

The auditors selected 60 employees and reviewed the DTRs for the pay period. During testing, they noted the following:

- Fifteen (25%) DTRs tested were not timely completed. The employees completed their DTRs from one to 17 days late.

- Two (3%) DTRs required to be completed were not submitted, and the employees were still paid despite the lack of required time reports.

- One (2%) DTR tested was not completed by the employee but instead was completed by the timekeeper.

- For three (5%) DTRs tested, the leave requests were not timely approved by the Supervisor. The leave requests were approved one to five days late.

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

Additionally, the Department did not update its Employee Handbook to reflect the change in eligible paid parental leave from 4 weeks (20 days) to 10 weeks (50 workdays) effective July 26, 2019.

The State Officials and Employees Ethics Act (5 ILCS 430/5-5(c)) requires State employees to periodically submit time sheets documenting the time spent each day on official State business to the nearest quarter hour. According to the Timekeeping Protocols of the Department's Employee Guidelines, Directive 16-02, all employees are required to submit a complete and accurate weekly timesheet to the supervisor within two days of the start of the following workweek.

The Illinois Administrative Code (Code) (80 Ill. Admin. Code 303.130) states all employees are eligible for 10 weeks (50 workdays) of paid parental leave per twelve (12) month period which begins upon birth, for each pregnancy resulting in births or multiple births.

Department management stated competing work demands and oversight were the reasons for the untimely submission and approval of DTRs and the failure to update the Employee Handbook on parental leave.

Failure to maintain adequate controls over employee time reporting increases the risk of the Department paying for services not rendered by employees. Failure to review and update the Employee Handbook could result in inconsistencies between Department policies and actual Department operations. In addition, the existence of an outdated policy increases the risk employees will be misguided.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will work to ensure employees' time records and leave requests are submitted and approved in a timely manner. The Department is currently reviewing policies and directives in relation to timekeeping.

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and recommendation. The Department has reviewed current practices of how employees are notified and reminded of time keeping and leave requests related directives. The Department has begun to audit and send reminders on a monthly rather than quarterly basis. We will continue to monitor and adjust timelines if necessary.

The Department has formed a policies and procedures committee that is currently reviewing all directives and policies for updates. Expected implementation date will be first quarter of CY2025.

14. The auditors recommend the Department strengthen its internal controls over commodities to ensure its physical year-end inventory balance is accurate.

FINDING: *(Inadequate Internal Controls over Commodities) – This finding has been repeated since 2013.*

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

During testing of the Department's June 30, 2023 year-end commodities inventory balance, auditors noted for five of 60 (8%) commodity items inspected, the count per Department inventory list did not agree with the auditor's physical count. The discrepancies resulted in an overstatement of inventory by $133,698.

The Department reported a commodities inventory balance totaling $5.9 million at June 30, 2023 to the Office of Comptroller (Comptroller) in its year-end financial reporting packages.

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

Department management stated the overstatement was due to employee oversight regarding proper completion of the commodity disposal transaction and completion of the Inventory Discard Report.

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

Failure to ensure accuracy of commodities inventory balance at fiscal year-end results in inaccurate financial reporting.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will strengthen its internal controls over commodities to ensure its physical year-end inventory balance is accurate.

UPDATED RESPONSE:
Implemented
The Department agrees with the finding and recommendation. The Division of Laboratories has implemented an Inventory Tracking system for the accurate control and inventory of commodities used within each Laboratory and section. Administrative SOP "DAA039 Reagent and Consumable Inventory and Accountability" to establish standardized processes for reagent and consumable accountability and fiscal tracking.

15. The auditors recommend the Department timely fill the vacancies on the Committee and Advisory Board as required.

FINDING: *(Statutory Committee and Board Requirements) – This finding has been repeated since 2011.*

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

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

- The Home Health, Home Services, and Home Nursing Agency Licensing Act (210 ILCS 55/7(a)) (Act) requires the Director of the Department to appoint a Home Health and Home Services Advisory Committee (Committee) composed of 15 persons to advise and consult with the Director on the development of rules for the licensure of home services agencies and home nursing agencies operating in the State. The Act establishes the membership composition of the Committee. As of June 30, 2023, the Committee was comprised of 11 members. The Committee lacked a representative from the private not-for-profit home health agencies, a representative from the general public representing consumer of home services or a family member

of a consumer home services, a representative from the general public representing home services worker, and an Illinois licensed physician.

- The Nursing Home Care Act (210 ILCS 45/2-204) requires the Director of the Department to appoint a Long-Term Care Facility Advisory Board (Advisory Board) composed of 16 persons to advise and consult with the Department in the administration of the Act, including on the format and content of any rules promulgated by the Department. In addition, the Act requires the Advisory Board to meet as frequently as the chairman deems necessary, but not less than four times each year. As of June 30, 2023, the Advisory Board was comprised of 9 members and lacked a representative from the Department of Healthcare and Family Services, a representative from the Department of Human Services, a representative from the Office of the State Fire Marshal, a representative from local health departments who is a nonvoting member, two members representing the general public who are not members of a residents' advisory council who have no responsibility for management or formation of policy or financial interest in a facility, and one member who is a member of a residents' advisory council who is capable of actively participating on the Board.

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

Department management stated it has been difficult to obtain board members who are interested in serving the Committee and Advisory Board.

The existence of vacancies and not appointing representatives to statutorily required positions lessens governmental oversight and limits the input of all members that were intended by the General Assembly.

DEPARTMENT RESPONSE:

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

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and recommendation. The Department submitted a recommendation for the Physician Member to the Home Health, Home Services and Home Nursing advisory Board for consideration in August 2024.

The Long -Term Care Advisory Board currently has 4 non-voting positions, all of which are filled. The board has 10 voting positions, 8 of which are filled and within their term expiration. The department is working to fill the remaining 2 vacant positions within the next 2-3 months.

16. The auditors recommend the Department ensure required reports are timely submitted to the General Assembly.

FINDING: *(Noncompliance with the Breast Cancer Patient Education Program) – This finding has been repeated since 2017.*

The Illinois Department of Public Health (Department) did not timely submit a required report to the General Assembly regarding the Breast Cancer Patient Education Program.

During their testing, the auditors noted the Department submitted the report to the General Assembly on January 29, 2024, 2 years late. The report described activities carried out during Fiscal Years 2020 and 2021 and contained an evaluation of the extent to which activities have been effective in improving the health of racial and ethnic minority groups.

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

The Civil Administrative Code of Illinois (Code) (20 ILCS 2310/2310-670(e)) requires, beginning no later than January 1, 2016 (two years after the effective date of Public Act 98-479) and continuing each second year thereafter, the Director to submit to the General Assembly a report describing the activities carried out under this section during the preceding two fiscal years, including evaluating the extent to which the activities have been effective in improving the health of racial and ethnic minority groups.

During the prior engagement period, the Department's educational campaign brochure "Your Right to Know" was not updated for the required information for breast cancer patients. Additionally, special emphasis on African-American and Hispanic populations' breast reconstructive surgery and breast prosthesis were not noted in the Department's consultation with appropriate medical societies and patient advocates related to breast cancer. During the current engagement period, auditors noted the brochure "Your Right to Know" was updated to contain the information required by the Code (20 ILCS 2310/2310-670(c)). Further, the Department hired a Medical Director for Women's Health Services who worked with the Illinois Breast and Cervical Cancer Program, medical societies, and advocacy organizations for the update of the brochure to comply with the Code.

Department management stated they drafted the report in December 2021, but it has undergone multiple rounds of reviews from Department and Office leaders requiring significant revisions.

Failure to timely submit the report is noncompliance with the Code and inhibits General Assembly oversight of the Breast Cancer Patient Education Program.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. To meet this requirement, the Department will work with the program team to devise a reasonable timeline for drafting and reviewing the report to ensure more timely submission.

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and recommendation. The IBCCP team has completed the initial draft of the January 2024 report for Deputy Director review. Upon Deputy Director review and completion of edits the report will be submitted for Communications review. After Communications review and completion of edits the report will be forwarded to Legislative Affairs in the Director's Office for final review and signature prior to submission to the General Assembly.

17. The auditors recommend the Department design and maintain internal controls to provide assurance its data entry of key attributes into ERP is complete and accurate. Further, they recommend the Department process proper bills within 30 days of receipt, approve vouchers for payment of interest due to vendors, submit travel vouchers and related travel request forms in a timely manner, and ensure vouchers are properly supported and recorded.

FINDING: *(Voucher Processing Internal Controls Not Operating Effectively) – This finding has been repeated since 2017.*

The Illinois Department of Public Health's (Department) internal controls over its voucher processing function were not operating effectively during the examination period.

Due to the auditor's ability to rely upon the processing integrity of the Enterprise Resource Planning System (ERP) operated by the Department of Innovation and Technology (DoIT), they were able to limit our voucher testing at the Department to determine whether certain key attributes were properly entered by the Department's staff into the ERP. In order to determine the operating effectiveness of the Department's internal controls related to voucher processing and subsequent payment of interest, they selected a sample of key attributes (attributes) to determine if the attributes were properly entered into the State's ERP System based on supporting documentation. The attributes tested were 1) vendor information, 2) expenditure amount, 3) object(s) of expenditure, and 4) the later of the receipt date of the proper bill or the receipt date of the goods and/or services.

Our testing noted 4 of 140 (3%) attributes were not properly entered into the ERP System. Therefore, the Department's internal controls over voucher processing **were not operating effectively**.

The Statewide Accounting Management System (SAMS) (Procedure 17.20.20) requires the Department to, after receipt of goods or services, verify the goods or services received met the stated specifications and prepare a voucher for submission to the Office of Comptroller to pay the vendor, including providing vendor information, the amount expended, and object(s) of expenditure. Further, the Illinois Administrative Code (Code) (74 Ill. Admin.

Code 900.30) requires the Department maintain records which reflect the date goods were received and accepted, the date services were rendered, and the proper bill date. Finally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance expenditures are properly recorded and accounted for to maintain accountability over the State's resources.

Due to this condition, the auditors qualified their opinion because they determined the Department had not complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.

Even given the limitations noted above, they auditors conducted an analysis of the Department's expenditures data for fiscal years 2022 and 2023 to determine compliance with the State Prompt Payment Act (Act) (30 ILCS 540) and the Code (74 Ill. Admin. Code 900.70). They noted the following noncompliance:

- The Department owed 113 vendors interest totaling $84,095 in fiscal years 2022 and 2023; however, the Department had not approved these vouchers for payment to the vendors.

  The Act (30 ILCS 540) requires agencies to pay vendors who had not been paid within 90 days of receipt of a proper bill or invoice interest.

- The Department did not timely approve 12,555 of 56,089 (22%) vouchers processed during the examination period, totaling $332,286,151. They noted these late vouchers were approved between 1 and 375 days late.

  The Code (74 Ill. Admin. Code 900.70) requires the Department to timely review each vendor's invoice and approve proper bills within 30 days after receipt.

- Six of 35 (17%) vouchers tested, totaling $206,122, were not supported by a purchase requisition or purchase order.

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

- Four of 115 (3%) vouchers tested, totaling $2,005,235, were not coded with proper detail object codes.

  SAMS (Procedure 11.10.50) states that the purpose of assigning a correct detail object code is to report expenditure information at a more refined level with common object.

- One of 115 (1%) vouchers tested, totaling $620, did not agree with amount per vendor invoice. The amount paid was overstated by $5.

  The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use, and misappropriation. Good internal controls over voucher processing include ensuring procedures are in place and functioning to ensure the amount paid agrees to the related invoice.

- Two of 40 (5%) travel vouchers tested, totaling $2,146, were submitted 79 and 82 days after the last day of travel. Additionally, one of 40 (3%) travel vouchers tested, the out-of-state travel request form was not submitted 30 days in advance of the departure date to the Governor's Office of Management and Budget.

  The Internal Revenue Service (IRS) Publication 535, Business Expenses, notes employees receiving travel reimbursements must have paid or incurred deductible expenses while performing employment services, adequately accounted for the expenses within a reasonable period of time generally defined by Publication 535 as within 60 days after the expenses were paid or incurred and returned any excess reimbursements within a reasonable period of time.

  The Code (80 Ill. Adm. Code 2800.700) states travel outside of Illinois (including travel outside the contiguous United States) requires the approval of the Governor's Office of Management Budget prior to the travel. All requests are to be submitted to the Governor's Office of Management and Budget's on-line travel system (eTravel) at least 30 days in advance of the departure date.

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

Department management stated the issues were due to the delay of other offices in submitting the invoices to the Office of Finance and Administration. Department management also stated the other issues were due to oversight.

Failure to properly enter the key attributes into the State's ERP when processing a voucher for payment hinders the reliability and usefulness of data extracted from the ERP, which can result in improper interest calculations and expenditures. Further, failure to timely process proper bills, approve vouchers for payment of interest due, submit travel vouchers and related travel request forms, and ensure vouchers are properly supported and recorded represent noncompliance with laws and regulations and increases the likelihood that errors or irregularities could occur.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will design and maintain internal controls to provide assurance its data entry of key attributes into ERP is complete and accurate. The Department has begun work to evaluate and strengthen the process of paying all types of vouchers in a timely manner and maintaining supporting documents.

UPDATED RESPONSE:
Under Study
The Department agrees with the finding and the recommendation. The Department has contracted with a vendor to implement this recommendation. The discovery process is completed, and implementation will start in October.

18. The auditors recommend the Department adopt rules required by the State laws or seek legislative remedy.

FINDING: *(Formal Department Rules Not Adopted) – This finding has been repeated since 2017.*

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

During the auditors testing of statutory mandates, they noted the following:

- The Department has not adopted the rules required by the Specialized Mental Health Rehabilitation Act of 2013 (210 ILCS 49/3-106(b-5)). The Specialized Mental Health Rehabilitation Act of 2013, effective June 5, 2019, requires the Department adopt, by rule, a protocol specifying how informed consent for psychotropic medication may be obtained or refused. The protocol shall require, at a minimum, a discussion between the consumer or the consumer's authorized representative and the consumer's physician, a registered pharmacist who is not a dispensing pharmacist for the facility where the consumer lives, or a licensed nurse about the possible risks and benefits of a recommended medication and the use of standardized consent forms designated by the Department.

  Department management stated the draft amendments are still under review.

- The Department has not adopted the rules required by the Equitable Restrooms Act (410 ILCS 35/25). The Equitable Restrooms Act, effective January 1, 2020, requires the Department adopt rules to implement that every single-occupancy restroom in a place of public building be identified as all-gender and designated for use by no more than one person at a time or for family or assisted use. Additionally, each single-occupancy restroom shall be outfitted with exterior signage that marks the single-occupancy restroom as restroom and does not indicate any specific gender.

  Department management stated rules have not been adopted due to competing priorities.

- The Department did not adopt the rules required by the Health Maintenance Organization Act (215 ILCS 125/5-5(d)). The Health Maintenance Organization Act states that a certificate of authority issued to a health maintenance organization may be suspended, revoked, or denied if the Department has certified to the Department of Insurance that (1) the health maintenance organization does not meet the requirements for the issuance of a certificate of authority listed in Section 2-2 or (2) the health maintenance organization is unable to fulfill its obligations to furnish health care services as required under its health care plan. In relation to this certification, the Health Maintenance Organization Act, effective June 5, 2019, requires the Department promulgate by rule, pursuant to the Illinois Administrative Procedure Act, the precise standards used for determining what constitutes a material misrepresentation, what constitutes a material violation of a contract or evidence of coverage, or what constitutes good faith.

  Department management stated they were unaware of the statutory requirement.

During the prior engagement period, the Department did not adopt rules on reporting by the coroner or medical examiner to the Department of death due to drug overdose as required by the Counties Code. Further, the Department did not adopt rules requiring age-appropriate developmental screening and age-appropriate social and emotional screening mandated by the School Code. During the current engagement period, the rules necessary to administer and enforce the Counties Code and the School Code were adopted.

Formal administrative rules provide a basis for proper implementation and enforcement of State laws, protect the Department from legal challenges, and give additional legitimacy to Department actions. Failure to adopt the required rules is noncompliance with State laws.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. In regard to the finding concerning the requirements in Section 3-106(b-5) of the Specialized Mental Health Rehabilitation Act of 2013 (210 ILCS 49/3-106(b-5)), the Department will work with the Long-Term Care Facilities Advisory Board and the Joint Committee on Administrative Rules, as necessary, to adopt rules specifying how informed consent for psychotropic medication may be obtained or refused. The internal rulemaking process has begun, and draft rules have been prepared and are under review by Office of Healthcare Regulation management and staff. The Department will work with the Department of Insurance and adopt the rules required by the Health Maintenance Organization Act (215 ILCS 125/5-5(d)).

The Department will work with the Plumbing Code Advisory Council, the State Board of Health, and the Joint Committee on Administrative Rules as necessary to adopt rules for implementation of the Equitable Restrooms Act (410 ILCS 35/25).

UPDATED RESPONSE:

Under Study

The Department agrees with the finding and recommendation. The Department has drafted amendments that are currently pending DHS legal review prior to submittal for Director's and Governor's Office reviews.

With regard to the Equitable Restrooms Act, the Department Plumbing Program has recently filled the vacant membership of the Advisory Council and will begin working with the Plumbing Code Advisory Council to develop the rules for implementation.

19. The auditors recommend the Department pursue all reasonable and appropriate procedures to collect on outstanding debts as required by State laws and regulations.

FINDING: *(Inadequate Controls over Accounts Receivable) – This finding has been repeated since 2019.*

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

The Department reported $26.8 million in accounts receivable, of which $11.2 million was over one year past due, as of June 30, 2023, and $19.8 million, of which $8.5 million was over one year past due, as of June 30, 2022. During their testing, the auditors noted the following:

- For 16 of 40 (40%) accounts receivable tested, totaling $215,935, that were over 90 days to one year past due, the Department had not made active collection efforts during the examination period on the account or referred the account to the Office of Comptroller's (Comptroller) Offset System, Department of Revenue's Debt Collection Bureau, or the Attorney General.

- For two of 40 (5%) accounts receivable tested, totaling $75,000, the Department did not timely refer the accounts to the Comptroller's Offset System. The accounts were placed in the Comptroller's Offset System from 60 to 137 days after the due dates.

The finding was first reported during the period ended June 30, 2019. In the subsequent years, the Department has been unsuccessful in implementing appropriate corrective action or procedures.

The Illinois State Collection Act of 1986 (Act) (30 ILCS 210/3) and the Statewide Accounting Management System (SAMS) (Procedure 26.40.10) require the Department to pursue the collection of accounts or claims due and payable to the State of Illinois through all reasonable and appropriate procedures. The Act (30 ILCS 210/5(c-1)) and SAMS (Procedure 26.40.20) require the Department to place all debts over $250 and more than 90 days past due in the Comptroller's Offset System. The Act (30 ILCS 210/5(g)) requires the Department to refer qualifying delinquent debt to the Department of Revenue's Debt Collection Bureau. The Uncollected State Claims Act (30 ILCS 205/2(a)) requires the Department, when it is unable to collect any claim or account receivable of $1,000 or more

due, request the Attorney General to certify the claim or account receivable to be uncollectible.

Department management stated that for 15 of 16 exceptions noted, the delay in referring the accounts for collection was due to the difficulty in obtaining the necessary information such as federal identification numbers to pursue collections or write-off. In the remaining instance, there was a dispute over ownership of the fine.

Regarding the two accounts totaling $75,000, Department management stated the accounts receivable section was short-staffed during the examination period causing these collection efforts to be delayed.

Failure to timely refer receivables to the Comptroller's Offset System and to the Department of Revenue's Debt Collection Bureau increases the likelihood that past due amounts owed to the Department will not be collected or the collection will be further delayed. Failure to report uncollectible accounts to the Attorney General results in the Department not writing off accounts receivable balances and the corresponding allowance for doubtful accounts, resulting in an overstatement of these balances in the Department's accounts receivable reports.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will pursue all reasonable and appropriate procedures to collect on outstanding debts as required by State laws and regulations.

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and recommendation. The Department has made collection attempts on 70% of the exceptions noted in the audit. Collection efforts are on-going. A procedure has been implemented to place accounts with the Comptroller's Offset System when they become 30 days past due.

20. The auditors recommend the Department make reasonable efforts to promote the Alzheimer's Disease Research, Care, and Support Fund to comply with the Act.

FINDING: *(Noncompliance with the Alzheimer's Disease Assistance Act) – This finding has been repeated since 2021.*

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

During testing, the auditors noted the Department has not made reasonable efforts to promote the Alzheimer's Disease Research, Care, and Support Fund. The Alzheimer's Disease Assistance Act (410 ILCS 405/8), effective January 1, 2020, requires the Department, in coordination with the members of the Alzheimer's Disease Advisory

Committee, to make reasonable efforts to promote the Alzheimer's Disease Research, Care, and Support Fund during relevant times.

During the prior engagement period, the Department did not pay the salary and benefits of its Dementia Coordinator from the Alzheimer's Disease Research, Care, and Support Fund (Fund) and did not utilize the moneys in the Fund as required. During the current engagement period, the auditors noted the Department paid the salary and benefits of its Dementia Coordinator from the Fund and has properly utilized the Fund as mandated.

Department management stated they were still developing a social media kit to promote the Fund during the examination period

Failure to carry out the mandated duty is noncompliance with the Act and does not achieve the legislative intent to increase public awareness of the program for the conduct of research regarding the cause, cure and treatment of Alzheimer's disease and related disorders.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation for this reporting period. The issue has since been resolved. The IDPH social media kit was approved, and social media posts began in March 2024. The social media posts will be monthly, including educational content about the disease in general, and also information about the Alzheimer's Disease Research, Care, and Support Fund, how, and where to donate via tax returns. In addition, IDPH published an Alzheimer's Fund subpage on the IDPH website with all of the information, including a link to the Schedule G tax form where the public can donate during tax season. All components of this finding should now be resolved.

UPDATED RESPONSE:

Implemented

No change.

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

- **Maintain policies and procedures over Configuration Management, Acceptable Use, Access Control, Change Management, Personnel Security, Security Planning, and Program Management;**
- **Maintain documentation of the annual review of policies and procedures;**
- **Establish policies and procedures for controls over data retention, maintenance, and destruction; the creation, storage, and testing of backups; and project management;**
- **Establish a cybersecurity plan;**
- **Establish a risk methodology;**
- **Establish a disaster recovery plan for the primary Department functions and network; and,**

- **Ensure adequate documentation is developed, retained, and provided to auditors.**

FINDING: *(Weaknesses in Cybersecurity Programs and Practices) – This finding has been repeated since 2021.*

The Illinois Department of Public Health (Department) had not implemented adequate internal controls related to cybersecurity programs, practices, and control of confidential information.

The mission of the Department is to promote health through the prevention and control of disease and injury. IDPH assures the quality of food, sets standards for hospitals and nursing homes, investigates disease outbreaks, maintains the state's vital records, screens newborns, and many other programs.

To carry out its mission, the Department utilizes the Department of Innovation and Technology (DoIT) to perform cybersecurity tasks, including collaborating on the maintenance of the Department's Cybersecurity program. The majority of network and security functions are performed by DoIT.

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

- Maintained its own policies and procedures to fulfill the compliance requirements of the DoIT policies in use for the following policies: Configuration Management, Acceptable Use, Access Control, Change Management, Personnel Security, Security Planning, and Program Management.
- Maintained documentation for the annual review of all policies and procedures to ensure compatibility with DoIT's policies.
- Established policies and procedures for controls over the following: data retention, maintenance, and destruction; the creation, storage, and testing of backups; and project management.
- Established a cybersecurity plan.
- Established a risk methodology.
- Established a disaster recovery plan for the primary Department functions and network.

Additionally, the auditors noted the following exceptions:

- Testing could not be completed for developments. The Department did not provide a complete and accurate population of developments for the period.
- Auditors are unable to perform testing of security event remediation due to the lack of event remediation documentation for the events sampled. 40 of 40 (100%) of sampled security events did not have any documentation of remediation or response provided.

- Auditors are unable to determine if the Department's users with access to critical applications is based upon job functions due to the lack of Department response for request of users with access to sampled critical applications.
- Eight of 30 (27%) and 9 of 30 (30%) staff tested for Fiscal Years 2022 and 2023, respectively, did not have a policy attestation signed for the respective period. Additionally, personal services contracts did not have a requirement for contractors to review and attest to the Department's policies.

The prior finding noted issues with cybersecurity training. For the current examination, any training issues noted are reported in finding 2023-031.

The Framework for Improving Critical Infrastructure and the Security and Privacy Controls for Information Systems and Organizations (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology (NIST) requires entities to consider risk management practices, threat environments, legal and regulatory requirements, mission objectives and constraints in order to ensure the security of their applications, data, and continued business mission.

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

Department management indicated competing priorities and employee turnover contributed to the inability to establish a cybersecurity plan and provide documentation.

The lack of adequate cybersecurity programs and practices could result in unidentified risk and vulnerabilities and ultimately lead to the Department's confidential and personal information being susceptible to cyber-attacks and unauthorized disclosure.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department is in the process of reviewing all information technology policies and procedures and will document the annual review by 12/31/24. The Department began a Risk Assessment in July 2024 that will help inform risk methodology and is working with the Department of Innovation and Technology on disaster recovery plans for critical agency applications. The Department will establish a cybersecurity plan for the agency.

UPDATED RESPONSE:

Under Study

The Department agrees with the finding and recommendation. The Department is now completing annual reviews of policies and procedures, is currently on track to establish a cybersecurity plan by the end of calendar year 2024, is in the process of completing a Risk Assessment with DoIT, and is working towards creating Information Systems Contingency Plans for critical Department applications.

22. The auditors recommend the Department ensure license renewal notices are sent to all Emergency Medical Services licensees at least 60 days prior to the expiration date of the license and issue stretcher van provider licenses that are valid for only one year to comply with the Act and the Code.

FINDING: *(Noncompliance with the Emergency Medical Services Systems Act) - This finding has been repeated since 2021.*

The Illinois Department of Public Health (Department) did not send Emergency Medical Services license renewal notices timely and did not issue stretcher van provider licenses that are valid for one year as required by the Emergency Medical Services Systems Act.

During testing, the auditors noted the following:

- For four of 40 (10%) Emergency Medical Services license renewal notices tested, the Department did not send the notices to the licensee at least 60 days prior to the expiration date of the license.

- For three of four (75%) stretcher van provider licenses tested, the Department issued licenses valid for more than one year. The licenses issued were valid for four to five years.

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

The Act (210 ILCS 50/3.86(b)(2) to (4)) requires the Department establish licensing and safety standards and requirements for stretcher van providers, through rules adopted pursuant to this Act, including but not limited to: (a) vehicle design, specification, operation, and maintenance standards; (b) safety equipment requirements and standards; (c) staffing requirements, and (d) annual license renewal. Additionally, the Act requires the Department to annually inspect all licensed stretcher van providers and relicense providers that have met the Department's requirements for license renewal. Further, the Illinois Administrative Code (Code) (77 Ill. Admin. Code 515.835(d)) requires the Department issue a license that is valid for one year if, after inspection, the Department finds that the stretcher van provider and each vehicle identified in the application are in compliance with the Act and the Code.

Department management stated the issues were due to oversight and human error.

Failure to send Emergency Medical Services license renewal notices timely is noncompliance with the Act and could result in Emergency Medical Services personnel failing to renew their licenses timely. Failure to issue stretcher van provider licenses that are valid for one year is noncompliance with the Act and the Code and lessens the Department's oversight over stretcher van providers.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. For the Division of EMS and Highway Safety, this issue is multifaceted. First, this could be related to software vendor downtime preventing the ability to complete renewal notices. Second, continued work has been completed with the software vendor to ensure all renewals are being captured appropriately and that auditors are able to provide notice 60 days in advance. Finally, staffing challenges have played a role in this as well. The EMS licensing section has not been fully staffed for more than one year. They have worked to address the staffing challenge by following up with Human Resources and authorizing overtime in advance when there is likely to be a delay of any kind. Regarding the stretcher van provider licenses, this was an error and has been reviewed. Prospectively, the Division of EMS and Highway Safety plans for compliance.

UPDATED RESPONSE:

Implemented

The Department agrees with the finding and recommendation. The licensing section has been educated on required compliance with sending EMS licenses as least 60 days prior to the expiration date and to report any issues with completing renewal notices in a timely manner to include any issues with staffing or software systems so they may be resolved swiftly.

Licensing staff have been educated on the need to only issue stretch van provider licenses that are only valid for one year and have committed to reviewing stretcher van provider licenses to ensure compliance.

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

FINDING: *(Noncompliance with the Equity in Long-term Care Quality Act) – This finding has been repeated since 2021.*

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

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

The Equity in Long-term Care Quality Act (Act) (30 ILCS 772/25) requires the Department, contingent upon approval by the Centers for Medicare and Medicaid Services (CMS), to establish a nursing home labor promotion, expansion, and retention program no later than January 1, 2020, using moneys appropriated from the Equity in Long-term Care Quality Fund. The Act requires the program to include, but not limited to: (1) a public relations campaign to encourage people to become nursing home workers; (2) scholarships for certified nursing assistants, licensed practical nurses, and registered nurses; and (3) retention incentives for nursing home workers. The Act also requires the Department

establish partnerships with one or more community colleges or universities to execute the program. Additionally, the Act requires the Department to report to the General Assembly: (1) no later than January 30, 2020, the status of the establishment of the program, and (2) no later than January 1, 2021, and each January 1 thereafter, the number of scholarships awarded during the preceding year and the demographics of the awardees.

Department management stated they are still in the process of obtaining approval from CMS to establish a nursing home labor force program and use funding from the Equity in Long-term Care Quality Fund as required by the Act.

Failure to establish a nursing home labor force program is noncompliance with the Act and does not achieve the legislative intent of the program to provide high-quality nursing home care to residents of nursing home facilities.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Office of Health Care Regulation (OHCR) lost several leadership positions in 2021 and 2022. The Department developed a long-term staffing strategy and is working within the Agency and with other agencies to execute this strategy.

UPDATED RESPONSE:
Partially Implemented
No change.

24. The auditors recommend the Department adopt rules and require tobacco products manufacturer to submit the required annual written compliance certifications to the Department to comply with the Act or continue to seek legislative remedy.

FINDING: *(Noncompliance with the Tobacco Products Compliance Act) – This finding has been repeated since2021.*

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

During testing, the auditors noted the following:

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

- The Department did not draft and adopt rules required by the Act. The Act (410 ILCS 76/20), effective August 26, 2019, requires the Department to adopt rules for the administration and enforcement of the Act.

Department management stated they submitted a legislative proposal to transfer authority and the requirements of the statute to the Tobacco Enforcement Bureau of the Illinois Attorney General's Office which the Governor's Office has approved but was not accepted by the Attorney General's Office. Department management also stated they have not taken or proposed further legislative action, however, they inquired about other options for relieving the Department of oversight of tobacco manufacturers.

Formal administrative rules provide the basis for proper implementation and, therefore, would enforce manufacturers to comply with the requirement to submit the annual written compliance certifications to the Department.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. To meet the recommendation, the Department will adopt administrative rules to require tobacco products manufacturers to submit required annual written compliance certifications to the Department to comply with the Act. The Department will also continue to seek a legislative remedy.

UPDATED RESPONSE:
Under Study
The Department agrees with the finding and the recommendation. The Department's senior leadership and tobacco control program staff held a meeting on July 8, 2024, to discuss the feasibility of seeking a legislative remedy to remove authority for this Act from the Department. Concerns with the Act continue to be the lack of specificity regarding the Department's responsibility if a tobacco producer fails to comply with the Act, and the private right of action section of the Act, which allows any interested party to file suit in circuit court for alleged violations of the Act. The conclusion was that the Department may need to adopt the required rules and simply collect tobacco product compliance reports with no enforcement authority.

25. The auditors recommend the Department:

- **Complete the appropriate SAQ(s) and AOC for its environment and maintain documentation supporting its validation efforts, and**

- **Ensure quarterly vulnerability scans are completed by an approved scanning vendor for all environments.**

FINDING: *(Weaknesses with Payment Card Industry Data Security Standards) – This finding has been repeated since 2015.*

REVIEW #4595 DEPARTMENT OF PUBLIC HEALTH FY22-23 COMPLIANCE

The Illinois Department of Public Health (Department) had not completed all requirements to demonstrate full compliance with the Payment Card Industry Data Security Standards (PCI DSS).

The Department agreed to use the Illinois State Treasurer's ePAY program to accept credit card payments. In Fiscal Years 2022 and 2023, the Department handled 91,407 transactions totaling approximately $8.98 million and 78,070 transactions totaling approximately $8.26 million, respectively.

The auditors reviewed the efforts of four Department's Divisions to ensure compliance with PCI DSS. During their testing, they noted the Department had not:

- Completed and certified a SAQ and Attestation of Compliance (AOC) for all programs accepting credit card payments for three (75%) Divisions tested; and

- Completed quarterly vulnerability scan by an approved scanning vendor (ASV) of the servers that provide a path to the cardholder data environment for four (100%) Divisions tested.

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

To assist merchants in the assessments of their environment, the PCI Council has established SAQ for validating compliance with PCI's core requirements. At a minimum, PCI DSS required completion of SAQ A; which highlights specific requirements to restrict access to paper and electronic media containing cardholder data, destruction of such media when it is no longer needed, and requirements for managing service providers. As additional elements, such as face-to face acceptance of credit cards and point-of-sale solutions, are introduced into the credit card environment being assessed, additional PCI DSS requirements apply.

Department management indicated the issue was due to competing priorities.

Cardholder's data or personal information collected by the Department should be adequately secured at all times. Failure to establish and maintain adequate procedures to handle and protect such information could result in identity theft or other unintended use.

DEPARTMENT RESPONSE:
The Department agrees with the finding and will implement the auditor's recommendations.

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and the recommendation. Three of four of the Agency's Divisions responsible for completing Self-Assessment Questionnaires and Attestation of Compliance are in compliance. The remaining Division is working with the State Treasurer's Office to achieve compliance.

Due to the installation of new Payment Card Industry software, the Department is in the process of working with the State Treasurer's Office to determine what level of access requires quarterly vulnerability scans.

26. The auditors recommend the Department identify all third-party service providers and determine and document if a review of controls is required. If required, the Department should:

- **Obtain SOC reports or (perform independent reviews) of internal controls associated with outsourced systems at least annually.**
- **Monitor and document the operation of the CUECs relevant to the Department's operations.**
- **Either obtain and review SOC reports for subservice organizations or perform alternative procedures to satisfy itself that the existence of the subservice organization would not impact its internal control environment.**
- **Document its review of the SOC reports and review all significant issues with subservice organizations to ascertain if a corrective action plan exists and when it will be implemented, any impacts to the Office, and any compensating controls.**
- **Establish a regular review process to monitor specified performance measures, problems encountered, and compliance with contractual terms with the service providers.**
- **Establish policy and procedures to ensure information assets and resources at the service provider were adequately protected from unauthorized or accidental disclosure, modification, or destruction.**
- **Review contracts with service providers to ensure applicable requirements over the independent review of internal controls are included.**

FINDING: *(Lack of Adequate Controls over Review of Internal Controls over Service Providers) – This finding has been repeated since 2021.*

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

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

The auditors requested the Department to provide a population of service providers. In response to this request, the Department did not provide a listing of service providers. Due to this deficiency, they were unable to conclude the Department's records were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.36) to test the Department's controls over external service providers.

In addition, the auditors noted the Department had not:

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

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

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

In addition, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that revenues, expenditures, and transfers of assets, resources, or funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and to maintain accountability over the State's resources.

Department management indicated the issues were due to a lack of dedicated staff to obtain and review SOC reports.

Without maintaining a complete list of service providers, obtaining SOC reports, and proper documentation of its review of the SOC reports and CUECs relevant to the Department, the Department does not have assurance the service providers' internal controls are adequate. Failure to include a requirement in the contracts with service providers for independent review and monitor specified performance, problems encountered, and compliance with contractual terms may result in obligations and services not met and not timely detected and corrected.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will identify all third-party service providers and document if a review of controls is required. The Department will perform the reviews as required.

UPDATED RESPONSE:
Implemented
The Department agrees with the finding and the recommendation. The Department has implemented the recommendations.

27. The auditors recommend the Department strengthen its controls to ensure proper completion of I-9 forms. They also recommend the Department ensure personnel files are complete and employee application documents are properly maintained. Further, they recommend the Department ensure the list of persons required to file statements of economic interests are complete.

FINDING: *(Inadequate Controls over Personnel Files) – This finding has been repeated since 2021.*

The Illinois Department of Public Health (Department) did not exercise adequate internal controls over the personnel files.

As part of their testing, the auditors requested the Department to provide a population of new hires, active, and terminated employees. In response to our requests, the Department provided populations for new hires, active, and terminated employees, however, there were terminated employees during the engagement period who were not included in the listing of terminated employees provided by the Department. Due to these conditions, they were unable to conclude the Department's population records of terminated employees were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.36).

Even given the population limitations noted above, the auditors performed their testing.

During their testing, the auditors noted;

- Two of 60 (3%) I-9 forms were not properly completed. Section 1 of one I-9 form was not signed and one I-9 form had missing information.

- For 32 of 60 (53%) employees tested, the required application documents were not maintained in the personnel files.

Additionally, they obtained from the Department the lists of employees who are required to file Statement of Economic Interest during the Fiscal Year 2022 and Fiscal Year 2023 and noted the following:

- Twelve employees and a member of the State Board of Health were not included in the Department's Fiscal Year 2022 listing who are required to file Statement of Economic Interest, but these employees were included in the Office of the Secretary of State (SOS) listing. In addition, 27 employees and a member of the State Board of Health were listed in the Department's Fiscal Year 2022 listing, but these employees were not included in the SOS listing.

- Seventy-nine employees and four State Board of Health members were not included in the Department's Fiscal Year 2023 listing, but these employees were included in the SOS listing. In addition, 18 employees and one State Board of Health member were listed in the Department's Fiscal Year 2023 listing, but these employees were not included in the SOS listing.

Federal law (8 U.S.C. § 1324a) requires an employer to complete I-9 form to verify an individual's eligibility for employment in the United States. Also, Federal Law (8 CFR §274a.2(b)(1)) requires a hiring entity to attest it has verified an individual it employs is a citizen or otherwise authorized to work in the United States by (a) ensuring the individuals it hires properly complete Section 1 of Form I-9 at the time of hire, and (b) sign Section 2 of Form I-9 within three business days of hire.

The State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect legal and financial rights of the State and of persons directly affected by the agency's activities.

The Illinois Governmental Ethics Act (Act) (5 ILCS 420/4A-106) requires the chief administrative officer of a state agency, on or before February 1 annually, to certify to the Secretary of State the names and mailing addresses of persons required to file statements of economic interests.

Department management stated the issues were due to oversight.

Failure to properly complete I-9 forms is a violation of federal laws. Failure to maintain complete personnel files limits the Department's ability to verify and document qualifications

and the propriety of the hiring process. Failure to provide complete and accurate list of persons required to file statements of economic interests in noncompliance with the Act.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work to ensure proper completion of I-9 forms. The Department will also ensure that personnel files are properly maintained, including the I-9 form. The Department agrees that there is inconsistency between its employee listing and Illinois Secretary of State's (SOS) list of employees for the statements of economic interest. The Department will develop a more accurate way of verifying employees who are required to file the statement of economic interest. During the two-month period before the filing period (March-April), the SOS requires each agency to verify lists of employees required to file. This process creates room for error as the exchange of information between the Department and SOS occurs at least three different times. A proposed approach is to use different data sources (perhaps payroll lists) to cross-reference with the SOS list to ensure that the list of employees is current. While payroll lists may be overinclusive, they provide a comprehensive listing of all employees. That list could be further used to reevaluate who is required to file a statement of economic interest. Revolving door lists (c-list employees) may also be used as a basis to verify correct listings.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and the recommendation. The Department's Office of Human Resources has reviewed and updated onboarding checklist to highlight importance of I-9 form being accurate with all signatures and completion on time. I-9 form was reviewed in a meeting so that staff have a better understanding of the importance of the form.

Employee applications are all electronic now through Success Factors. This will ensure complete personnel files and that all documentation is maintained.

The Department's Division of Legal is reviewing the current process of tracking employees new and old that are required to submit a Statement of Economic Interest and continues to work with the Office of Human Resources to determine the best way to update the listing of employees required to complete to ensure an accurate listing of employees each year.

28. The auditors recommend the Department designate a member of its staff to handle men's health issues and create a Division of Men's Health to comply with the Law.

FINDING: *(Failure to Designate a Staff to Handle Men's Health Issues and Create Men's Health Division) - New*

REVIEW #4595 DEPARTMENT OF PUBLIC HEALTH FY22-23 COMPLIANCE

The Illinois Department of Public Health (Department) failed to designate a member of its staff to handle men's health issues and create a Division of Men's Health required by the Department of Public Health Powers and Duties Law (Law).

During their testing, the auditors noted the following:

- The Department did not designate a member of its staff to handle men's health issues not currently or adequately addressed by the Department. The Law (20 ILCS 2310/2310-424) requires the Department designate a member of its staff to handle men's health issues not currently or adequately addressed by the Department and whose duties shall include, but not limited to the following: (1) assist in the assessment of the health needs of men in Illinois; (2) recommend treatment methods and programs that are sensitive and reference materials to service providers, organizations, and other agencies; (3) promote awareness of men's health concerns and encourage, promote, and aid the establishment of men's services; and (4) provide adequate and effective opportunities for men to express their views on Department policy development, program implementation, and interdepartmental coordination of men's services.

  Department management stated they filled the position to lead Men's Health efforts in February 2023 but the individual left the position shortly thereafter.

- The Department did not create the Division of Men's Health. The Law (20 ILCS 2310/2310-424.5) requires the Department to create the Division of Men's Health. The Division of Men's Health should concentrate on raising awareness of health issues specific to men, including, but not limited to prostate cancer, testicular cancer, heart disease, smoking cessation, respiratory illness, unintentional injuries, health equity, and cultural competency. The Law also required the Division of Men's Health to work with mental health providers to raise awareness of the mental health of men and address developmental issues of boys, violence prevention, self-esteem, and communication; complete an annual assessment in collaboration with the schools of public health in Illinois of the status of men's health and recommend policy developments to address those needs and identify the services needed; and make recommendations to the General Assembly to address health disparities among men.

  Department management stated the issue was due to lack of staff and appropriation.

Failure to carry out the mandated duties is noncompliance with the Law and does not achieve the legislative intent for the affected program, which is to raise awareness of men's health issues.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department filled a position to lead a Division of Men's Health in February 2023. The person vacated the position. Interviews to refill this Division Chief role were completed in May 2024.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and recommendation. A candidate has been selected to lead the Men's Health Division and began employment in September 2024 and will work towards developing our Men's Health Division.

29. The auditors recommend the Department strengthen its enforcement mechanisms to ensure application and payment of the annual renewal of certificates of registration are received in a timely manner and ensure penalties for violations of the Act are assessed and collected.

FINDING: *(Noncompliance with the Tattoo and Body Piercing Establishment Registration Act) - New*

The Illinois Department of Public Health (Department) did not receive application and payment of the annual renewal of certificates of registration of tattoo and body piercing establishments in a timely manner and did not assess penalties.

During their testing, the auditors noted for 24 of 28 (86%) annual renewal of certificates of registration tested, the Department received the application and payment of fees one month to four years late, and the Department did not assess penalties for late application and payment of the fees.

The Tattoo and Body Piercing Establishment Registration Act (Act) (410 ILCS 54/35) states the certificate of registration expires annually and may be renewed. The Act further states the Department may assess a late fee if the renewal application and renewal fee are not submitted on or before the registration expiration date and the Department, by rule, determines the amount of the fee assessed. Additionally, the Illinois Administrative Code (Code) (77 Ill. Admin. Code 797.1700(b)) states a fine not to exceed $1,000 per day for each day the registrant remains in violation shall be issued for any violation of the Act. The Code (77 Ill. Admin. Code 797.1700(c)(17)) listed the failure to renew a certificate of registration in accordance with Section 35 of the Act, as a violation of the Act.

Department management stated the issue was due to competing priorities and oversight.

Failure to receive application and payment of the annual renewal of certificates of registration timely is noncompliance with the Act and could result in the tattoo and body piercing establishment operating with an expired registration. Failure to accrue and collect penalty is noncompliance with the Code and will result in a loss of revenue.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department is working with the software vendor to correct the issues that are preventing the past due permits from being issued correctly, with the appropriate late fees included.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and the recommendation. The Department has sent all renewals and second notices. The Department has escalated an issue with USA Food Safety the vendor, to send late notices with correct penalties. Currently the fines do not calculate correctly on the notices. The vendor anticipates completion by 9/30/24. The program will beta test and if the correct totals are assessed, the program will send late notices in accordance with the updated SOP.

30. The auditors recommend the Department design and maintain internal controls to provide assurance its data entry of key attributes into ERP is complete and accurate. Further, they recommend the Department timely deposit receipts into the State's treasury and promptly pursue payment for all returned checks, including revoking licenses.

FINDING: *(Receipt Processing Internal Controls Not Operating Effectively) - New*

The Illinois Department of Public Health (Department) internal controls over its receipt processing function were not operating effectively during the examination period.

Due to the auditor's ability to rely upon the processing integrity of the Enterprise Resource Planning System (ERP) operated by the Department of Innovation and Technology (DoIT), they were able to limit our receipt and refund testing at the Department to determine whether certain key attributes were properly entered by the Department's staff into the ERP. In order to determine the operating effectiveness of the Department's internal controls related to receipt processing, they selected a sample of key attributes (attributes) to determine if the attributes were properly entered into the ERP System based on supporting documentation. The attributes tested for receipts testing were (1) amount, (2) fund being deposited into, (3) date of receipt, (4) date deposited, and (5) SAMS Source Code. The attributes tested for refunds testing were (1) amount, (2) date of receipt, (3) date deposited, and (4) offset against the correct appropriation code.

Our testing noted:

- Fifty-two of 140 (37%) attributes were not properly entered into the ERP System. Therefore, the Department's internal controls over receipts processing **were not operating effectively**.

- Seventy of 140 (50%) attributes were not properly entered into the ERP System. Therefore, the Department's internal controls over refund receipt processing **were not operating effectively**.

The State Officers and Employees Money Disposition Act (Act) (30 ILCS 230/2(a)) requires the Department to maintain a detailed record of all moneys received, which is to include date of receipt, the payor, purpose and amount, and the date and manner of disbursement. Additionally, Statewide Accounting Management System (Manual)

(Procedure 25.10.10) requires the Department to segregate the moneys into funds and document the source of the moneys. Further, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance revenues, expenditures, and transfers of assets, resources, or funds applicable to the operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and to maintain accountability over the State's resources.

Due to this condition, the auditors qualified our opinion because they determined the Department had not complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.

Even given the limitations noted above, they conducted an analysis of the Department's receipts, refunds, and returned checks data for fiscal years 2022 and 2023 to determine compliance with the Act. The auditors noted:

- The Department did not deposit 1,506 receipts items, each exceeding $10,000, on the same day as received.

- The Department did not deposit 21,087 receipt items, $10,000 or more in totality, within 24 hours.

- For five of 40 (13%) returned checks tested, totaling $190, the Department had already issued the certifications, screening results, and licenses but failed to obtain replacement payments and revoke licenses upon notification of the check being returned. The receivables from these returned checks were written off.

The Act (30 ILCS 230/2(b)) requires the Department to pay into the State treasury any single item of receipt exceeding $10,000 on the day received. Additionally, receipt items totaling $10,000 or more are to be deposited within 24 hours. The Illinois State Collection Act of 1986 (30 ILCS 210/3) and Statewide Accounting Management System (Procedure 26.40.10) require the Department to pursue the collection of accounts or claims due and payable to the State of Illinois through all reasonable and appropriate procedures. The Department's collection letter stated if payment is not received, collection and/or legal procedures will be initiated including but not limited to revocation of license or registration and the licensee is not licensed until the matter is resolved.

Department management stated the issues on internal controls and late deposits were due to data entry errors which resulted from mismatches in the ERP fields used by Department staff. Department management stated the licenses were not revoked due to oversight.

Failure to properly enter the key attributes into the State's ERP when processing a receipt hinders the reliability and usefulness of data extracted from the ERP, which can result in improper recording of revenues and accounts receivable. The failure to deposit receipts

in a timely manner could result in loss of interest revenue and increases the risk of misappropriation of assets. The Department's failure to revoke issued licenses could result in unauthorized use of licenses and increases the risk that payments will not be received.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will design and maintain internal controls to provide assurance its data entry of key attributes into ERP is complete and accurate. The Department will timely deposit receipts into the State's treasury and promptly pursue payment for all returned checks, including revoking licenses.

UPDATED RESPONSE:
Implemented
The Department agrees with the finding and the recommendation. Accounting staff consulted with DoIT subject matter experts and implemented a procedure to ensure receipts are recorded timely and accurately in the SAP system.

Receipts are being deposited in a timely manner. After consultation with DoIT subject matter experts, a new procedure has been implemented by which the SAP system is accurately reflecting the timely deposit of receipts.

A procedure has been implemented whereby Division of Accounting Services accounting staff issue a memo to accounting staff in the various divisions when a check is returned by the Illinois State Treasurer's Office. The various division accounting staff then follow-up to ensure a license is not issued in that instance.

31. The auditors recommend the Department strengthen its internal controls to monitor employees to ensure all employees complete the required training in a timely manner and documentation of completion of trainings is maintained.

FINDING: *(Trainings Not Completed Within the Required Timeframe) - New*

The Illinois Department of Public Health's (Department) employees did not complete all mandatory trainings within the required timeframes.

During their testing of the Department's compliance with training requirements, the auditors noted the following:

Ethics Training:

- Thirty-five new hires did not complete the initial ethics training within 30 days after commencement of employment. These employees completed the initial training from one to 159 days late.

- Five employees did not complete the annual ethics training during calendar years 2021 and 2022 training periods.

- The Department did not maintain documentation to support completion of the ethics training for 70 employees who were separated from the Department during the engagement period. Therefore, the auditors were unable to determine if the separated employees completed the ethics training during the required training periods.

The State Officials and Employees Ethics Act (5 ILCS 430/5-10(c)) requires new employees entering a position requiring ethics training to complete an initial ethics training course within 30 days after commencement of employment. The State Officials and Employees Ethics Act (5 ILCS 430/5-10(a)) requires each officer, member, and employee to complete an ethics training annually.

Sexual Harassment Prevention Training:

- Thirty-three new hires did not complete the initial sexual harassment prevention training within 30 days after commencement of employment. These employees completed the initial training from two to 307 days late. Additionally, four new hires did not complete the initial sexual harassment prevention training.

- Sixty-three employees did not complete the annual sexual harassment prevention training during calendar year 2021 and 2022 training periods.

- The Department did not maintain documentation to support completion of the sexual harassment prevention training for 71 employees who were separated from the Department during the engagement period. Therefore, the auditors were unable to determine if the separated employees completed the sexual harassment prevention training during the required training periods.

The Illinois Human Rights Act (775 ILCS 5/2-105(B)(5)(c)) requires the Department to provide training on sexual harassment prevention and the Department's sexual harassment policy as a component of all ongoing or new employee training programs. Additionally, the State Officials and Employees Ethics Act (5 ILCS 430/5-10.5(a)) requires all new employees entering a position requiring sexual harassment training complete their initial training within 30 days after commencement of employment. It also requires each officer, member, and employee to complete, at least annually, a harassment and discrimination prevention training.

Health Insurance Portability and Accountability Act (HIPAA) Training:

- Twenty-one new hires did not complete the initial HIPAA training within 60 days after commencement of employment. These employees completed the initial training from four to 217 days late. Additionally, four new hires did not complete the initial HIPAA training.

- Four employees did not complete the annual HIPAA training during the training period.

- The Department did not maintain documentation to support completion of the HIPAA training for 13 employees who were separated from the Department during the engagement period. Therefore, the auditors were unable to determine if the separated employees completed the HIPAA training during the required training periods.

The Department's Employee Handbook requires HIPAA training be done annually. All employees receive instructions for registering for and completing the mandatory training course. Additionally, the New Employee Onboarding Checklist provides instructions to new employees to complete the HIPAA training within 60 days after commencement of employment.

Cybersecurity Awareness Training:

- Sixteen new hires tested did not complete the initial Cybersecurity Awareness training within 60 days after commencement of employment. These employees completed the initial training from four to 217 days late. Additionally, three new hires tested did not complete the initial Cybersecurity Awareness training.

- Five employees did not complete the annual Cybersecurity Awareness training during the training period.

- The Department did not maintain documentation to support completion of the Cybersecurity Awareness for 17 employees who were separated from the Department during the engagement period. Therefore, the auditors were unable to determine if the separated employees completed the Cybersecurity Awareness training during the required training periods.

- Twenty-two of 25 (88%) Department contractors tested did not complete the Cybersecurity Awareness training during the training period.

The Data Security on State Computers Act (20 ILCS 450/25(b)) requires employees to undergo an annual training by the Department of Innovation and Technology concerning cybersecurity. Additionally, the New Employee Onboarding Checklist provides instructions to new employees to complete the Cybersecurity Awareness training within 60 days after commencement of employment.

The State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect legal and financial rights of the State and of persons directly affected by the agency's activities.

Department management stated competing priorities and shortage of staff contributed to inconsistent monitoring of trainings completions and timeliness of completions. Department management also stated the issue of the Department's failure to maintain documentation of employee completion of the trainings was due to limitations of the training system after employees have separated from the agency.

Failure to complete trainings within the required timeframe may lead to employees being unaware of specific requirements for State employees and Department and State policies regarding ethics, sexual harassment, HIPAA, and Cybersecurity Awareness training. As a result, there is an increased risk that new employees could unknowingly commit ethics violations. Further, there is a greater likelihood the Department could be exposed to legal and financial risks due to noncompliance.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department will work towards implementing changes to correct.

UPDATED RESPONSE:
Partially Implemented
The Department agrees with the finding and the recommendation. The Department has formed a committee between the Office of Human Resources and the Division of Legal to ensure that required trainings are being tracked in the same manner and notices will begin to be sent to employee and supervisor on a more routine basis reminding of the trainings.

The Department has created a Smartsheet to track new employee trainings and the annual required trainings by all employees. Once this sheet is complete all trainings will be tracked on one location outside of OneNet for easier ability to create proper reports.

32. The auditors recommend the Department ensure initial inspections are timely conducted and annual inspections are performed as required by the Act.

FINDING: *(Noncompliance with the Tanning Facility Permit Act) - New*

The Illinois Department of Public Health (Department) did not perform inspections of the tanning facilities in a timely manner as required by the Tanning Facility Permit Act (Act).

During the current engagement period, 121 tanning facilities applied for permits during Fiscal Years 2022 and 2023. The auditors noted the following:

- Five of 20 (25%) tanning facilities tested were not inspected during Fiscal Year 2023.

- For three of 20 (15%) tanning facilities tested, the Department performed an initial inspection of the facilities 98 to 139 days after the receipt of the application for a permit.

The Act (210 ILCS 145/10(d)) requires the Department to complete the initial inspection of the premises of the tanning facility within 90 days of receipt of an application and ensure the premises and the tanning facilities are installed and will be operated in accordance with the Act. Additionally, the Act (210 ILCS 145/15(c)) requires each tanning facility be inspected at least once each year after the initial year in which the facility was granted a permit.

Department management indicated the issues were due to competing priorities and oversight.

Failure to perform annual inspections and conduct initial inspections timely is noncompliance with the Act.

DEPARTMENT RESPONSE:

The Department is in partial agreement with the finding. The Department will work to ensure that initial inspections are conducted timely. Initial inspections are scheduled with the Tanning Establishment owners, as the establishments are not in operation prior to receipt of their permit.

UPDATED RESPONSE:

Implemented

The program now has an acting program manager, who along with administrative staff are able to assign establishments for inspection after payment has been received from validation.

The program has begun reviewing all establishments that have not been inspected for jurisdictions that have not chosen to accept the grant. An annual inspection has been added to the inspection schedule for those tanning establishments.

33. The auditors recommend the Department conduct continuing education and training programs for the prevention, identification, and treatment of resident abuse and neglect. They further recommend the Department timely initiate investigation of all reports of neglect and abuse to comply with the Act and Code.

FINDING: *(Noncompliance with the Abused and Neglected Long Term Care Facility Residents Reporting Act) - New*

The Illinois Department of Public Health (Department) did not fully comply with the Abused and Neglected Long Term Care Facility Residents Reporting Act (Act).

During testing, the auditors noted the Department did not initiate investigations of each report of resident abuse and neglect in Specialized Mental Health Rehabilitation Facilities in a timely manner. For 16 of 40 (40%) reports of resident abuse and neglect tested, the Department initiated the investigations 34 to 216 days after receipt of the report. Additionally,

the Department did not conduct a continuing education and training program for the prevention, identification, and treatment of resident abuse and neglect.

The Act (210 ILCS 30/6) requires the Department to be capable to receive reports of suspected abuse and neglect 24 hours a day, 7 days a week. All reports received by the Department are forwarded to the central register, in the manner and form described by the Department. Additionally, the Act requires the Department to initiate an investigation of each report of resident abuse and neglect. The Illinois Administrative Code (Code) (77 Ill. Adm. Code 400.120(a)) requires all complaint investigations be initiated within 30 days of the receipt of the complaint by the Central Complaint Registry except for reports of abuse or neglect which indicate that a resident's life or safety is in imminent danger shall be investigated within 24 hours of such report. The Act (210 ILCS 30/16) requires the Department to conduct a continuing education and training program for State and local staff, persons and officials required to report, the general public, and other persons engaged in or intending to engage in the prevention, identification, and treatment of resident abuse and neglect. The program shall be designed to encourage the fullest degree of reporting of known and suspected resident abuse and neglect, and to improve communication, cooperation, and coordination among all agencies in the identification, prevention, and treatment of resident abuse and neglect. Further, the program shall inform the general public and professionals of the nature and extent of abuse and neglect and their responsibilities, obligations, powers and immunity from liability under this Act.

Department management stated instances of abuse or neglect reported to the program were not timely investigated and their failure to start a continuing education and training program for the prevention, identification, and treatment of resident abuse and neglect were due to being understaffed.

Failure to conduct continuing education program and timely initiate investigation of reports of abuse and neglect in all facilities are noncompliance with the Act and does not achieve the legislative intent of the program to protect residents in the facility and prevent further harm to residents who are subjects of the reports of abuse and neglect.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work towards implementing changes to correct.

UPDATED RESPONSE:

Partially Implemented

The Department agrees with the finding and the recommendation. The Department's Training and Technical program provides education to new surveyors on abuse, neglect, theft, misappropriation federal citations and state violations. Current staff is provided ongoing training and education on abuse and neglect as well as needed information required for investigation.

The Department had developed reporting to track all complaints of abuse and neglect. The Office of Health Care Regulation (OHCR) reviews compliance with

investigations on a regular basis. The OHCR has a 98% compliance rate with 24-hour complaints and 30-day complaints. The OHCR has a 90% compliance rate with 7-day complaints. The OHCR is currently in the process of increasing the number of surveyors in order to ensure our compliance rate is improved to 98% and above timely investigation rate into all complaints.

34. The auditors recommend the Department conduct the program to promote awareness of firearms restraining orders to comply with the Law.

FINDING: *(Failure to Conduct Firearms Restraining Orders Awareness Program) – New*

The Illinois Department of Public Health (Department) did not conduct a program to promote awareness of firearms restraining orders to the general public as required by the Department of Public Health Powers and Duties Law (Law).

During Fiscal Year 2023, the Department was appropriated $1,000,000, or so much as may be necessary, for costs associated with the firearms restraining order awareness. During testing, the auditors noted the Department has not conducted a program to promote awareness of firearms restraining orders to the general public.

The Law (20 ILCS 2310/2310-705) requires the Department, subject to appropriation or other available funding, to conduct a program to promote awareness of firearms restraining orders to the general public. The program must include development and dissemination, through print, digital, and broadcast media, of public service announcements that publicize the firearms restraining order.
Department management stated they are still working with the stakeholders on a campaign to implement the Act. Department management also stated the materials for the campaign are still under review and subject to changes.

Failure to carry out the mandated duties is noncompliance with State laws and does not achieve the legislative intent for the affected program, which is to promote awareness of firearms restraining orders to the general public.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department is working with external partners to launch the program to promote awareness of firearms restraining orders to the general public. Launch is scheduled for July 2024 and will involve print, digital and broadcast media of public service announcements that publicize the firearms restraining order.

UPDATED RESPONSE:
Implemented
The Department agrees with the finding and recommendation. The Department worked with external partners to launch the program to promote awareness of firearms restraining orders to the general public in July 2024. The program involved print, digital and broadcast media of public service announcements that publicize firearms restraining orders (FROs).

35. The auditors recommend the Department work with the Department of Human Services to conduct the study and submit the report to the General Assembly to comply with the Act or seek legislative changes.

FINDING*:* *(Noncompliance with the Underlying Causes of Crime and Violence Study Act) – New*

The Illinois Department of Public Health (Department) did not comply with the requirements of the Underlying Causes of Crime and Violence Study Act (Act).

During testing, the Department and the Department of Human Services did not conduct a study and create a process to identify high violence communities, also known as R3 (Restore, Reinvest, and Renew) areas, and to prioritize funding of programs and economic development projects to these communities that would address the underlying causes of crime and violence. Additionally, the Department and the Department of Human Services did not prepare a report of their findings required to be submitted to the General Assembly by December 31, 2022.

The Act (410 ILCS 165/72-10) requires the Department and the Department of Human Services to study how to create a process to identify high violence communities, also known as R3 (Restore, Reinvest, and Renew) areas, and to prioritize State dollars to go to these communities to fund programs as well as community and economic development projects that would address the underlying causes of crime and violence. The Act (410 ILCS 165/72-15) requires the Department and the Department of Human Services to report their findings to the General Assembly by December 31, 2022.

Department management stated they were unaware of a collaboration between the Department and the Department of Human Services to run this program. Department management also stated the Illinois Criminal Justice Information Authority has been running the R3 program.

Failure to carry out the mandated duties is noncompliance with the Act and does not achieve the legislative intent for the affected program, which is to redirect funding and provide solutions to address the underlying causes of crime and violence.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. Department staff will reach out to the Department of Human Services to collaborate. Department staff also will contact the Illinois Criminal Justice Information System (responsible for R3) to understand their data needs and to collaborate.

UPDATED RESPONSE:
Under Study
No change.

36. The auditors recommend the Department establish or approve a certified nursing assistant program to comply with State laws.

FINDING: *(Failure to Establish or Approve a Certified Nursing Assistant Intern Program) - New*

The Illinois Department of Public Health (Department) did not establish or approve a Certified Nursing Assistant Intern Program as required by the Department of Public Health Powers and Duties Law (Law).

During the current examination period, the Department did not establish or approve a Certified Nursing Assistant Intern Program. The Law (20 ILCS 2310-434) requires the Department to establish or approve a Certified Nursing Assistant Intern Program (Program) to address the increasing need for trained health care workers and provide additional pathways for individuals to become certified nursing assistants. The Law also requires the Department to collect data from participating facilities and publish a report on the extent the Program brought individuals into continuing employment as certified nursing assistants in long-term care. The report shall be published no later than six months after the Program end date. The Program ends three years after it becomes operational. The Law states that a facility participating in the Program shall submit data twice annually in a manner and time determined by the Department. Failure to submit data will result in suspension of the facility's Program.

Department management stated they have not started the Certified Nursing Assistant Intern Program due to competing priorities.

Failure to carry out mandated duties is noncompliance with State laws and does not achieve the legislative intent of the program to address the increasing need for trained health care workers.

DEPARTMENT RESPONSE:
The Department agrees with the finding and recommendation. The Department has not started developing this Certified Nursing Assistant Intern Program due to competing priorities. The Department will further investigate what is needed to operationalize this Program.

UPDATED RESPONSE:
Under Study
No change.

37. The auditors recommend the Department ensure a base year reconciliation of its active members' census data from its underlying records and source documents to a report of the census data submitted to each plan's actuary is properly completed and accurate. They also recommend the Department maintain sufficient documentation of the reconciliation performed, including the methodology used, data traced, exceptions identified, and conclusions reached.

FINDING: *(Inadequate Internal Controls Over Census Data) - New*

The Illinois Department of Public Health (Department) did not retain adequate supporting documentation for its personnel transactions and did not have a reconciliation process to provide assurance census data submitted to its pension and other postemployment benefits (OPEB) plans was complete and accurate.

Census data is demographic data (date of birth, gender, years of service, etc.) of the active, inactive, or retired members of a pension or OPEB plan. The accumulation of inactive or retired members' census data occurs before the current accumulation period of census data used in the plan's actuarial valuation (which eventually flows into each employer's financial statements), meaning the plan is solely responsible for establishing internal controls over these records and transmitting this data to the plan's actuary. In contrast, responsibility for active members' census data during the current accumulation period is split among the plan and each member's current employer(s). Initially, employers must accurately transmit census data elements of their employees to the plan. Then, the plan must record and retain these records for active employees and then transmit this census data to the plan's actuary.

The auditors noted the Department's employees are members of both the State Employees' Retirement System of Illinois (SERS) for their pensions and the State Employees Group Insurance Program sponsored by the State of Illinois, Department of Central Management Services (CMS) for their OPEB. In addition, they noted these plans have characteristics of different types of pensions and OPEB plans, including single employer plans and cost-sharing multiple-employer plans. Finally, they noted CMS' actuaries use SERS' census data records to prepare the OPEB actuarial valuation.

During their testing, the auditors noted the Department submitted its reconciliation of its census data recorded by SERS as of June 30, 2021, however, the Department did not maintain sufficient documentation that a complete reconciliation was properly performed to its internal records to establish a base year ended June 30, 2021 of complete and accurate census data.

For employers participating in plans with multiple-employer and cost-sharing characteristics, the American Institute of Certified Public Accountants' *Audit and Accounting Guide: State and Local Governments* (AAG-SLG) (§ 13.177 for pensions and § 14.184 for OPEB) notes the determination of net pension/OPEB liability, pension/OPEB expense, and the associated deferred inflows and deferred outflows of resources depends on employer-provided census data reported to the plan being complete and accurate along with the accumulation and maintenance of this data by the plan being complete and accurate. To help mitigate against the risk of a plan's actuary using incomplete or inaccurate census data within similar agent multiple-employer plans, the AAG-SLG (§ 13.181 (A-27) for pensions and § 14.141 for OPEB) recommends an employer annually reconcile its active members' census data to a report from the plan of census data submitted to the plan's actuary, by comparing the current year's census data

file to both the prior year's census data file and its underlying records for changes occurring during the current year.

Further, the State Records Act (5 ILCS 160/8) requires the Department make and preserve records containing adequate and proper documentation of its essential transactions to protect the legal and financial rights of the State and of persons directly affected by the Department's activities.

Finally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Department establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds applicable to operations are properly recorded and accounted for to permit the preparation of reliable financial and statistical reports.

Department management stated the individual who completed and submitted the June 30, 2021 and June 30, 2022 census data reconciliations to SERS had retired and access to the files was not turned-over.

Failure to reconcile active members' census data reported to and held by SERS to the Department's records could result in each plan's actuary relying on incomplete or inaccurate census data in the calculation of the State's pension and OPEB balances, which may result in a misstatement of these amounts. Failure to maintain adequate documentation to support a complete and accurate reconciliation was performed is a noncompliance with applicable laws and regulations and hindered the ability of the auditors to perform necessary testing on census data.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work on a plan to ensure the reconciliation is performed and documents are maintained.

UPDATED RESPONSE:

Implemented

The Department agrees with the finding and the recommendation. The Department has established a reconciliation methodology to ensure census data is properly completed and accurate. An audit of census data has been completed for FY23.

38. The auditors recommend the Department ensure application and inspection fees are collected from the salvage warehouses and salvage warehouse stores before issuing licenses or conducting inspections to comply with the Act. They also recommend the Department pursue collection of application and inspection fees not received.

FINDING: *(Noncompliance with the Salvage Warehouse and Salvage Warehouse Store Act) - New*

REVIEW #4595 DEPARTMENT OF PUBLIC HEALTH FY22-23 COMPLIANCE

The Illinois Department of Public Health (Department) did not issue licenses as required by the Salvage Warehouse and Salvage Warehouse Store Act (Act).

During the current engagement period, 87 salvage warehouses and salvage warehouse stores applied for licenses during Fiscal Years 2022 and 2023. The auditors noted the following:

- The Department did not receive payments for license renewal for two of 14 (14%) salvage warehouses and salvage warehouse stores tested but granted licenses. Additionally, for three of 14 (21%) salvage warehouses and salvage warehouse stores tested, the Department did not receive payments for their inspection or examination, but the Department conducted the annual inspections.

- The Department was not able to provide a copy of the license issued for one of 14 (7%) salvage warehouses and salvage warehouse stores tested, therefore, the auditors were unable to determine validity and expiration of the license.

The Act (240 ILCS 30/2) requires the Department to issue a license upon payment by the applicant of a license fee of $100 per annum to the Department. The Act states that all licenses shall expire on December 31st of each year and shall be renewed only upon application made to the Department and accompanied by the required fee. Additionally, the Act (240 ILCS 30/4) requires the Department to examine or inspect the salvage warehouses and salvage warehouse stores at least annually. The Act states the Department shall set and cause to be collected a fee of $50 for each examination or inspection and for warehouses exceeding 10,000 square feet an additional fee of not more than $30 for each additional 10,000 square feet or portion thereof. In addition, the State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect legal and financial rights of the State and of persons directly affected by the agency's activities.

Department management stated the issues noted were due to oversight and competing priorities.

Granting licenses and inspections to salvage warehouses and salvage warehouse stores without collection of the application and inspection fees is noncompliance with the Act and resulted in the loss of revenues.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will work to ensure the application and inspection fees are collected appropriately. The Department will pursue collection of fees not paid.

UPDATED RESPONSE:

Under Study

No change.

39. The auditors recommend the Department implement the mandated programs and duties by seeking and obtaining funding to administer the programs or seek legislative remedy to the statutory requirements.

FINDING: *(Failure to Request Funding to Implement Programs Mandated by State Laws) - New*

The Illinois Department of Public Health (Department) did not implement various programs mandated by State laws. In addition, the Department did not request funding for these programs through the appropriation process.

During our testing of statutory mandates, the following mandated programs and duties were not implemented. Although the mandate has language that reads "from funds appropriated for the purpose…", the Department did not request funding for these programs during either fiscal year under examination as follows:

- The Department did not award grants to physicians practicing obstetrics in rural designated shortage areas and did not establish conditions, standards, and duties relating to the application for and receipt of the grants.

  The Department of Public Health Powers and Duties Law (Law) (20 ILCS 2310/2310-220), previously coded as 20 ILCS 2310/55.73 and effective December 2, 1994, requires the Department to award grants to physicians practicing obstetrics in rural designated shortage areas, from funds appropriated for the purpose of reimbursing those physicians for the costs of obtaining malpractice insurance relating to obstetrical services. The Law also requires the Department to establish reasonable conditions, standards, and duties relating to the application for and receipt of the grants.

  Department management stated they did not receive appropriations for this program during Fiscal Years 2022 and 2023 and did not request funding due to competing priorities and oversight.

- The Department did not award grants to regional poison resource centers and did not develop standards to delineate the responsibilities of poison resource centers receiving funds.

  The Department of Public Health Act (Part 1) (Act) (20 ILCS 2305/8) effective September 6, 1990, requires the Department to annually make grants to regional poison resource centers, from funds appropriated for the purpose of providing fast, accurate information for poison prevention, detection, surveillance, and treatment. The Act also requires the Department to develop standards to delineate the responsibilities of poison resource centers receiving funds under this Act.

Department management stated they did not receive appropriations for this program during Fiscal Years 2022 and 2023 and did not request funding due to competing priorities and oversight.

- The Department, in cooperation with the Department of Human Services (DHS), did not maintain a smoking cessation program for participants in the Women, Infants and Children Nutrition Program.

  The Law (20 ILCS 2310/2310-435), previously coded as 20 ILCS 2310/55.44 and effective July 1, 1997, requires the Department, in cooperation with DHS, to maintain a smoking cessation program for participants in the Women, Infants and Children (WIC) Nutrition Program. The Law requires the program to include, but not limited to, tobacco use screening, education on the effects of tobacco use, and smoking cessation counseling and referrals.

  Department management stated this is an unfunded mandate. Department management also stated they have not maintained a specific smoking cessation for participants in the WIC Nutrition Program, but they receive an annual appropriation for the operation of the Illinois Tobacco Quitline which offers unlimited counseling calls provided by certified tobacco treatment specialists.

The following mandates had language that reads “subject to appropriation”. However, the Department did not request funding for these programs during either fiscal year under examination as follows:

- The Department did not create a program of services for people with multiple sclerosis to help those persons stay in their homes and out of institutions.

  The Law (20 ILCS 2310/2310-394) effective July 18, 2008, requires the Department to create a program of services for persons with multiple sclerosis to help those persons stay in their homes and out of institutions. The Law also requires the Department collaborate with consumers to develop a program of services that is consumer directed.

  Department management stated they did not receive appropriations for this program during Fiscal Years 2022 and 2023 and did not request funding due to competing priorities and oversight.

- The Department did not establish an Arthritis Prevention, Control, and Cure Program.

  The Arthritis Prevention, Control, and Cure Act (410 ILCS 2/10(a)), effective January 1, 2006, requires the Department to establish, promote, and maintain an Arthritis Prevention, Control Program (Program) to raise public awareness, educate consumers, and educate and train health professionals, teachers, and human services provides, and for other purposes. The Arthritis Prevention, Control, and Cure

Act requires the Program to include (1) a needs assessment; (2) establishment of an Advisory Council on Arthritis; (3) raise public awareness on the causes and nature of arthritis, personal risk factors, the value of prevention and early detection, ways to minimize preventable pain, and options for diagnosing and treating the disease; and (4) technical assistance from entities with appropriate expertise to carry out the goals of the Program.

Department management stated the mandate is subject to appropriation and an appropriation has not been provided. The Department did not request funding due to competing priorities and oversight. Department management also stated they will seek legislative remedy to be relieved of this mandate.

- The Department did not develop and distribute education and outreach materials that will inform and educate parents of children with autism spectrum disorder who are enrolled in Medicaid and eligible to receive relevant services.

  The Autism Spectrum Disorders Reporting Act (410 ILCS 201/33), effective January 1, 2023, requires the Department to develop and distribute education and outreach materials, developed to address common literacy levels, that will inform and educate parents of children with autism spectrum disorder who are enrolled in Medicaid and eligible to receive relevant services and explain how to access those services.

  Department management stated the mandate is subject to appropriation and an appropriation has not been provided. The Department did not request funding due to competing priorities and oversight. Department management also stated they will seek legislative remedy to be relieved of this mandate.

Failure to carry out the mandated programs and duties is noncompliance with State laws and does not achieve the legislative intent for the affected programs.

DEPARTMENT RESPONSE:

The Department agrees with the finding and recommendation. The Department will seek funding to implement the mandated programs or seek legislative remedy to the statutory requirements.

UPDATED RESPONSE:

Under Study

No change.

Emergency Purchases

The Illinois Procurement Code (30 ILCS 500/) states, “It is declared to be the policy of the state that the principles of competitive bidding and economical procurement practices shall be applicable to all purchases and contracts….” The law also recognizes that there will be emergency situations when it will be impossible to conduct bidding. It provides a

general exemption when there exists a threat to public health or public safety, or when immediate expenditure is necessary for repairs to state property in order to protect against further loss of or damage to state property, to prevent or minimize serious disruption in critical state services that affect health, safety, or collection of substantial state revenues, or to ensure the integrity of state records; provided, however that the term of the emergency purchase shall not exceed 90 days. A contract may be extended beyond 90 days if the chief procurement officer determines additional time is necessary and that the contract scope and duration are limited to the emergency. Prior to the execution of the extension, the chief procurement officer must hold a public hearing and provide written justification for all emergency contracts. Members of the public may present testimony.

Notice of all emergency procurement shall be provided to the Procurement Policy Board and published in the online electronic Bulletin no later than five business days after the contract is awarded. Notice of intent to extend an emergency contract shall be provided to the Procurement Policy Board and published in the online electronic Bulletin at least 14 days before the public hearing.

A chief procurement officer making such emergency purchases is required to file a statement with the Procurement Policy Board and the Auditor General to set forth the circumstance requiring the emergency purchase. The Legislative Audit Commission receives quarterly reports of all emergency purchases from the Office of the Auditor General. The Legislative Audit Commission is directed to review the purchases and to comment on abuses of the exemption.

DPH had 3 emergency purchases in the first quarter of FY22:

- Estimated Cost - $6,000,000 in federal funds for a 90-day contract to ensure continuity of critical services provided to HIV positive Illinoisans during the RFP process.
- Estimated Cost - $54,750 in federal funds for a short-term contract to monitor hospitals and the quality of care they provide to perinatal patients during the RFP process.
- Estimated Cost - $55,014 in state funds for a short-term contract for maintaining the Hospital Report Card/Consumer Guide to Health Care System.

There was 1 emergency purchase in the third quarter of FY22 for an estimated cost of $54,750 in federal funds for a short-term contract to monitor hospitals and the quality of care they provide to perinatal patients during the RFP process.

There were 2 in the first quarter of FY23:

- Estimated Cost - $119,500 in state funds for a 90-day contract to expand the existing Lab Web Portal to include the ability to order monkeypox testing through an Electronic Testing, Ordering and Reporting Portal.
- Actual Cost - $141,123 in federal funds for an IT software package containing EM Vaccine Track Software to assist with COVID and MPX Vaccine response.

There was 1 in the second quarter of FY23 for an estimated cost of $325,020 in state funds for 6 instruments to test Ebolaviruses and reagent test kits.

There was 1 in the third quarter of FY23 for an estimated cost of $54,750 in federal funds for a short-term contract to monitor hospitals and the quality of care they provide to perinatal patients during the RPF process.

There was 1 in the fourth quarter of FY23 for an estimated cost of $88,686.99 in state funds for a short-term contract to operate the HIV, STD and Viral Hepatitis Hotline as required by statute during the RFP process.

Headquarters Designations

The State Finance Act requires all state agencies to make semiannual headquarters reports to the Legislative Audit Commission. Each state agency is required to file reports of all its officers and employees for whom official headquarters have been designated at any location other than that at which official duties require them to spend the largest part of their working time.

As of July 2023, IDPH had 475 employees assigned to locations others than official headquarters.