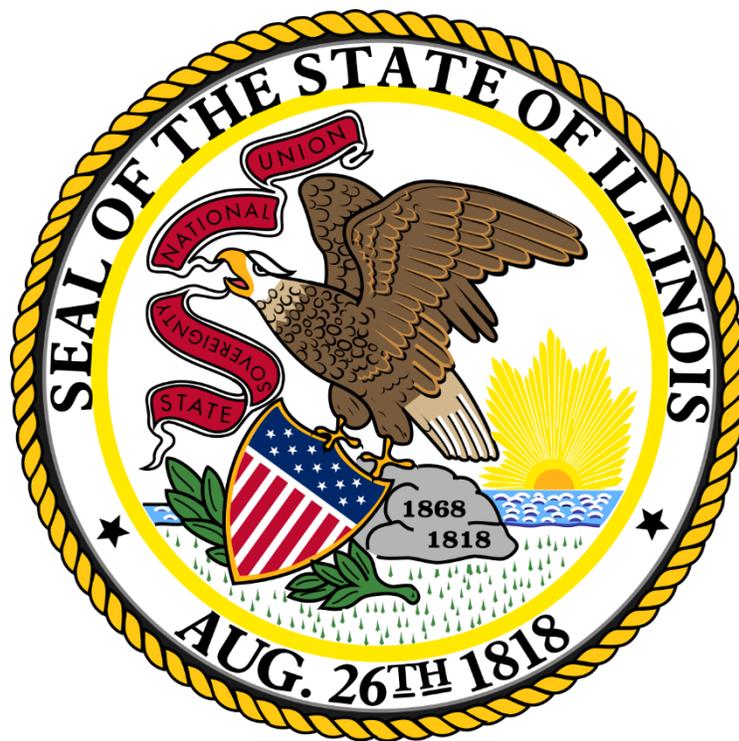


# LEGISLATIVE AUDIT COMMISSION



Review of  
Department of Public Health  
620 Stratton Office Building  
Springfield, Illinois 62706  
217/782-7097

**REVIEW: IDPH FY20-21 Compliance Examination Review #4555**

**REVIEW:  
DEPARTMENT OF PUBLIC HEALTH  
TWO YEARS ENDED  
JUNE 30, 2021**

**RECOMMENDATIONS – 31  
ACCEPTED - All  
UNDER STUDY - 5  
IMPLEMENTED – 5  
PARTIALLY IMPLEMENTED – 21  
REPEATED RECOMMENDATIONS – 21**

**PRIOR AUDIT FINDINGS/RECOMMENDATIONS – 26**

This review summarizes the auditors' report of the Department of Public Health (IDPH) for the two years ended June 30, 2021, filed with the Legislative Audit Commission on June 8, 2022. The auditors conducted a compliance examination in accordance with state law and Government Auditing Standards.

**Agency Narrative**

**Mission:**

IDPH 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.

**Vision:**

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

**Values and Guiding Principles**

- **Health Equity:**
  - IDPH believes that achieving optimal health for everyone is rooted in reducing and removing social, environmental, economic, and structural barriers to health, such as racism and other forms of inequity.
- **Integrity:**
  - IDPH believes that the foundation of public health is trust, and that we must always act with the highest standards of honesty, trustworthiness, and transparency.
- **Science and Data:**
  - IDPH believe that our decisions, policies, and programs must be driven by science, the most reliable public health expertise, and timely data.
- **Preparedness:**
  - IDPH believe we must be prepared to address emerging issues and health emergencies, and maintain flexibility to respond quickly and effectively.

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- Collaboration:
  - IDPH believes that we are most effective in achieving our health goals when we value the contributions of our diverse employees and partners; collaborate with stakeholders, communities, and other state agencies; and foster a culture of inclusivity.
- Communication:
  - IDPH believes that communication is a multi-dimensional process and to enhance public health we must provide accurate, evidence-based, actionable, and timely information that is informed by community needs, builds public confidence, and increases public knowledge and healthy behaviors.

### 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.

At the time of the compliance exam, Dr. Amaal Tokars was Acting Director. The prior director was Dr. Ngozi Ezike.

### Background:

IDPH will utilize the Strategic Plan to guide its work over the next five years in alignment with its updated mission, vision, and value statements. To further guide the work over the next five years, the Strategic Planning Committee developed goals and measurable objectives for each priority strategic issue. The following summarizes these goals. (\*) Identifies goals linked to the State Health Improvement Plan.

Overall, FY21 metric goals for each office were met, even as the COVID-19 pandemic consumed much of IDPH's and grantees' attention and activity, especially in the fourth quarter of FY20. Many offices conducted extensive training, which increased their numbers over target. Insights reported from deputy directors and data managers reflect a conclusion echoed in the Healthy 2021 Illinois State Health Improvement Plan: IDPH continues to strengthen its public health data systems, infrastructure, and capacity; reduce health disparities; and increase health equity for all Illinoisans.

The Center for Minority Health Services (CMHS) continues to meet most of its goals each year. The biggest challenge has been continuing with services during the COVID-19 pandemic and staffing resources. Overall, CMHS has taken steps to improve the quality of performance measures captured to give us better insight on targeted interventions and service gap areas that will move CMHS toward addressing the agency's mission of

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optimal health for all Illinoisans. In 2020, CMHS set benchmarks for staff performance in certain areas: reduce turnaround time for response to inquiries; reduce time for processing grant reimbursements; hold monthly stakeholder meetings to provide technical assistance, build collaboration, and ensure deliverables are met in a timely manner; and reduce the rate of approved reimbursement vouchers that are returned from the Office of Financial Administration due to errors (improved communication between the two offices has helped us see a significant reduction in this area). CMHS improved accuracy and timeliness of quarterly reporting into OPM's Dashboard in FY21. CMHS continues to struggle with opportunities to diversify its funding stream to reduce health inequities and improve health outcomes for communities of color. CMHS's biggest challenge is access to relevant data to tell a compelling story and show a need for funding that is place-based and addresses communities' unique challenges. While CMHS continues to meet or exceed its goals in raising awareness and education and providing access to care, it is unable, through current funding, to address the social and economic determinants that prevent certain communities and population groups from achieving optimal health.

The Office of Health Care Regulation's (OHCR) mission is to ensure a safe and healthy environment and to promote quality care for people who use primary health-care agencies and services. OHCR's goals in FY21 are to ensure compliance with minimum standards/rules for long-term care facilities. The OHCR results summary shows that, overall, goals were met.

The Office of Health Promotion (OHPm) has seen an increase in headcount in recent years, which has contributed to its ability to process and approve medical cannabis registry applications and maintain follow-up for abnormal newborn screenings in which 22 - 23% of infants screened will have an abnormal test requiring follow-up for hearing and genetic disorders. COVID-19 has caused some of OHP's metrics to be unmet; there have been decreases in dental sealants for eligible children and preschool vision screenings due to school campus closures.

The Office of Health Protection (OHPT) has met or exceeded projected targets in a majority of its indicators. Key reasons are:

- (1) sustaining capacity (funding, skills, and resources) necessary to support programmatic elements to complete goals and objectives;
- (2) having robust surveillance and data systems to collect, analyze, and respond;
- (3) collaborating and coordinating with internal and external stakeholders to enhance public health system response;
- (4) adapting to meet increased demand through policy and system changes; and
- (5) managing and leading to prioritize and conduct evidence-based decision-making across all programs.

The IDPH OHPT Division of Labs was the first state public health lab to successfully implement COVID-19 PCR testing in the United States. This implementation occurred in the Chicago lab and followed shortly in Springfield and Carbondale. The pandemic required a rapid, full-scale effort to staff the volume of samples received throughout the

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state. With support from the Director and Governor, the IDPH Division of Labs was successful in acquiring the needed equipment and staff to scale testing to 10,000 samples per day. Outside of the newborn screening section, being asked to become a high-throughput lab is outside the normal scope. As the volume of COVID-19 samples increased and the state entered phased mitigation, other areas of the labs were impacted as well. The division experienced decreases in test volume in all other areas except newborn screening. This allowed staff to be cross-trained to help with all phases of COVID testing. This level of teamwork and lab leadership was a great example of how the lab is adaptable and able to meet surge capacity.

The Office of Policy Planning and Statistics (OPPS) maintained data dissemination goals and met or exceeded most targets to promote access to primary health services in medically underserved areas. FY21 financial investments to support nursing scholarships and medical provider training were comparable to previous years. All funds were awarded for the State Loan Repayment Program (SLRP) and the Nursing Education Scholarship Program (NESP), which increase the recruitment and retention of health-care providers in medically underserved areas in Illinois.

At the end of FY21, OPPS actively participated in the state's response to the COVID-19 pandemic. A number of epidemiologists, data scientists, informaticians, statisticians, and program managers were mobilized and assigned to various COVID-19 teams in IDPH, working primarily in the areas of data collection, intelligence gathering, information analyses, data/information dissemination, and epidemic forecasting. Leveraging its capacity and expertise in public health surveillance, OPPS has contributed significantly to the state's effort of "flattening the curve" and the designing of various mitigation efforts.

The Office of Preparedness and Response's (OPR) mission is to promote public health and safety through emergency preparedness and regulation of emergency medical services and providers. OPR's goals in FY21 were to ensure access to and quality of trauma care services. The OPR results summary shows that some measures were met and exceeded and some underperformed.

With the challenges of COVID-19, the Office of Women's Health and Family Services (OWHFS) programs exceeded half of its targets. Most notably, the number of unique clients seen in school-based health centers increased by 74% from last year and ended the year at 188% of the FY21 target. The number of tests for chlamydia or gonorrhea has exceeded the number from the previous year. In addition, the number of cervical cancer screenings increased by 13% from last year, surpassing the FY21 target. The percentage of Pap tests provided to rarely screened women was twice the FY21 target. In other areas, there has been great progress toward meeting high goals. For example, the number of total client visits served through the Illinois Family Planning Program has maintained its target. The number of women and girls who participated in educational programs through mini-grant programs increased tenfold, making great strides toward reaching the annual goal. OWHFS continues to improve its efforts to address the needs of women, children, and families across Illinois and strives to meet all high standards of health care.

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### Divisions:

**2021 Health Protection** – Mission Statement: Prevent and control infectious and communicable diseases, reduce and eliminate exposure to environmental hazards, and ensure a safe food supply.

### Program Goals/Objectives:

1. To protect the citizens of Illinois from infectious diseases.
2. To protect the public from diseases and injury due to environmental hazards.
  - a. Reduce childhood lead poisoning.
3. To provide accurate, reliable, and timely state laboratory services and to ensure the quality of environmental and bioterrorism laboratories.
  - a. By June 30, 2021, decrease average turnaround time for testing areas by one working day for positive newborn screening results.
  - b. Increase accuracy of laboratory surveillance data provided to our stakeholders.

**2021 Health Care Regulation** - Mission Statement: To ensure a safe and healthy environment and to promote quality care for people who use primary health-care agencies and services.

### Program Goals/Objectives:

1. Compliance with minimum standards/rules for long-term care (LTC) facilities.
  - a. Conduct surveillance activities to ensure delivery of quality services to clients.
  - b. Conduct physical plant reviews of new and remodeled health-care facilities.
  - c. Develop administrative rules to protect the health, safety, and welfare of Illinois residents.

**2021 Women's Health and Family Services** - Mission Statement: IDPH's Office of Women's Health and Family Services strives to improve health outcomes of all Illinoisans by providing preventive education and services, increasing health-care access, using data to ensure evidence-based practice and policy, and empowering families.

### Program Goals/Objectives:

1. To improve women's health through screening and early detection programs.
2. To increase the knowledge of providers and the public about gender-specific health issues and resources.
3. Serve as a leader within the maternal and child health field, convening stakeholders, disseminating data, and implementing best practice programs to improve the population health of women and children in Illinois.
4. Improve women's health through offering evidence-based programming, including access to quality family planning, breast and cervical cancer screening, and cardiovascular life coaching services.
5. Regulate and provide quality improvement and technical assistance to all of the state's birthing hospitals to improve maternal and neonatal outcomes.

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6. Provide funding and technical assistance to school health centers to improve the health of school-age children.

**2021 Preparedness and Response** - Mission Statement: To promote public health and safety through emergency preparedness and regulation of emergency medical services and providers.

Program Goals/Objectives:

1. To ensure access to and quality of trauma care services.

**2021 Health Promotion** – Mission Statement: Promoting health and safety through educating, informing, and partnering with communities to provide quality services.

Program Goals/Objectives:

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

**2021 Policy, Planning, and Statistics** – Mission Statement: This office collects, analyzes, and evaluates information on health status, health needs, and disease occurrence in Illinois residents to conduct epidemiologic studies, advise health policy, and support health assessments. It evaluates data to advise health professional shortage area determinations and administers grant and loan programs to enhance access to health care for rural and underserved areas. The program processes applications for health-care facility construction and modification and acquisition of medical equipment. This office includes the Division of Patient Safety and Quality, which, among many patient safety responsibilities, includes management of the Illinois Hospital Report Card and Consumer Guide to Health Care. The Division of Vital Records and the Center for Health Statistics process birth, death, marriage, civil union, and other documents and provide vital statistics

Program Goals/Objectives:

1. Improve access to primary health services for residents of medically underserved areas of Illinois.
  - a. Increase access to health-care services available for residents through scholarships, grant awards, and shortage designation.

**2021 Center for Minority Health Services** – Mission Statement: To eliminate health disparities for Illinois' racial and ethnic minorities through capacity-building, workforce development, strong health policies, and implementation of culturally and linguistically appropriate programs.

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Program Goals/Objectives:

1. To reduce health disparities and disproportionate morbidity and mortality rates within minority populations and communities of color across Illinois and to promote health equity within the framework of all IDPH programs, services, and efforts.
  - a. Increase access to testing for HIV and related/co-infectious diseases and linkages to care within minority populations and communities of color.
  - b. Increase education and awareness of health disparities within minority populations and communities of color across Illinois.
  - c. Reduce disparities in health outcomes by increasing the number of minorities who receive follow-up treatment and/or care as a result of CMHS programs referral.

**2021 Disease Control** – Mission Statement: To prevent and control infectious and communicable diseases in reducing and eliminating exposure while ensuring population health, safety, and wellbeing.

Program Goals/Objectives:

1. The Immunization section administers the Vaccines for Children (VFC) program to provide vaccines to VFC-eligible children and adolescents outside the City of Chicago. This program impacts residents by improving the availability of vaccines, enhancing immunization coverage levels, and reducing the incidence of vaccine-preventable diseases. The Illinois Immunization Program also provides support for diagnostic testing for prevalent vaccine-preventable diseases, disseminates information about vaccine-preventable diseases and vaccines, provides educational programming to vaccine providers, promotes the routine use of recommended vaccinations to the public, assures public and private access to a statewide immunization registry system, and provides technical consultation to providers on control measures to reduce the spread of vaccine-preventable diseases and on office-based efficiencies to increase immunization coverage levels to reduce the number of persons with vaccine-preventable disease. Each year, provider education and public outreach efforts focus on promoting the need for influenza vaccination.

**Appropriations and Expenditures**

	<b>FY20 Expense</b>	<b>FY21 Expense</b>	<b>FY20 Headcount</b>	<b>FY21 Headcount</b>
Health Protection	\$305,847,500	\$556,273,600	347	365
Health Care Regulation	41,472,600	48,298,900	405	412
Women’s Health & Family Services	41,408,700	47,039,200	39	39
Preparedness & Response	62,633,200	44,741,200	58	55

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Health Promotion	31,664,000	30,898,400	71	75
Policy, Planning & Stats	25,264,600	22,907,700	108	111
Center for Minority Health Services	141,900	268,000	4	6
Disease Control	0	0	0	0
Non-Reporting Programs:				
Administration	59,755,400	200,876,600	108	111
IT	1,816,500	2,019,200	32	32
<b>Totals</b>	<b>\$570,004,400</b>	<b>\$953,322,800</b>	<b>1,172</b>	<b>1,206</b>

To compare to FY20-FY21, the FY24 IDPH request is \$1.98 billion and 1,425 headcount.

The largest FY24 GRF budget lines other than personal services include:

- \$43 million – operational expenses;
- \$25.6 million AIDS/HIV education, testing and related;
- \$18 million – reproductive health;
- \$16 million – data modernization;
- \$14.5 million – Breast and Cervical cancer screenings and related;
- \$8.5 million – emerging diseases;
- \$7 million – public health communications;
- \$6.4 million – clinical/environmental public health lab services;
- \$6 million – Lead poisoning screening, prevention, abatement;
- \$5 million HIV/AIDS Getting to Zero;
- \$4.8 million – Maternal and Child Health Title V;
- \$4.5 million school health centers.

The largest FY24 OSF budget lines other than personal services include:

- \$48.2 million – Early Periodic Screening, Diagnosis and Treatment (EPSDT) and other public health programs;
- \$28 million – Long-Term care monitors and receivers;
- \$15.1 million – Testing and screening metabolic diseases;
- \$8.7 million – medical Cannabis program;
- \$8.4 million – Lead poison screening;
- \$7 million – Payments to trauma centers;
- \$6 million – Public health lab programs and services;
- \$5.5 million – Metabolic screenings follow-up services;
- \$5.1 million – Mosquito abatement to prevent West Nile and other Vector diseases;
- \$4.75 million – Public health programs;
- \$3 million – Health outcomes investigations and related.

The largest FY24 Fed budget lines other than personal services include:

- \$700 million – Local health providers testing and services;

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- \$300 million – COVID pandemic contract tracing;
- \$100 million – AIDS Resource Care (Ryan White);
- \$80 million – Bioterrorism preparedness and related;
- \$28.1 million – Epidemiological health outcomes investigations and database development;
- \$24.8 million – Maternal and child health programs;
- \$20 million – Community activities;
- \$20 million – IDPH COVID Response, Reapprop;
- \$16.5 million – Local health providers' services performed.

The largest GRF grants in FY24 will be:

- \$5.8 million – Family planning programs for contraceptive services;
- \$5 million – Health Care telementoring, Reapprop;
- \$4.2 million – Immunizations and outreach activities;
- \$2 million – Health equity zones;
- \$1.5 million – Refugee health;
- \$1.2 million – HIV/AIDS prevention and treatment for minorities;
- \$1 million – Reach out and read;
- \$1 million – IL Assoc of Free and Charitable Clinics.

The largest OSF grants in FY24 will be:

- \$20.1 million – Local Health protection grants;
- \$15 million – HIV/AIDS prevention and treatment;
- \$5.5 million – Lead poisoning screening and prevention;
- \$5.1 million – Quitline operations, American Lung Assoc;
- \$5 million – anti-smoking grants;
- \$4.2 million – Free distribution of medical prep and food supplies.

The largest Fed grants in FY24 will be:

- \$9.53 million – Public health programs including operations;
- \$9 million – U of I Division of Specialized care for Children;
- \$7 million – Breast and Cervical cancer screenings;
- \$6 million – Chicago Dept of Health for maternal and Child Health Services;
- \$4 million – Health outcomes, research policy, and surveillance;
- \$3 million – Maternal and child health services;
- \$1.95 million – Refugee health care development;
- \$1 million – Prevention initiative programs;
- \$1 million – Ed loan repayment for health professionals.

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**Key Performance Indicators**

	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23 Est</b>
<b>Health Care Regulation</b>				
LTC annual inspections	625	865	701	786
LTC Imminent investigated with 24 hours	100	97	99	100
<b>Health Policy Planning and Statistics</b>				
Visits hosp. report cards	NA	NA	25,328	26,000
Surveys injuries returned/completed	87%	85%	85%	85%
<b>Health Promotion</b>				
	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23 Est</b>
Metabolic treatment formulas	384	399	382	375
Newborn screenings abnormal require follow-up	36,702	34,803	21,158	24,000
<b>Health Protection</b>				
Children test lead poison (under 16)	221,332	202,967	190,738	210,000
Lead poison confirmed level 5 level	8,146	2,483	2,487	3,489
<b>Disease Control</b>				
Immune rate all kids (incl Chi)	59%	61%	64%	55%
Newborn screen tests	160,931	154,008	152,091	165,000
<b>Public Health Preparedness</b>				
EMS prof licenses	13,464	12,535	12,314	14,800
<b>Women's Health</b>				
Maternal mort. Review meetings	8	12	11	12
Women served Breast/cervical cancer program	14,947	15,688	15,503	20,000

**IDPH Main Office Locations**

Primary Administrative Offices:

- 525-535 West Jefferson Street, Springfield;
- 524 South Second Street, 6<sup>th</sup> Floor, Springfield; and
- 69 West Washington Street, Suite 3500, Chicago.

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Regional Health Offices (number of local health depts):

- Bellwood (6), Champaign (16), Marion (16), Metro East-Fairview heights (18), Peoria (24), Rockford (9) and West Chicago (8). Totals 7 Regional and 97 locals.

### **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.

The following FY21 emergency purchases were made by IDPH:

- Perinatal HIV Hotline contract with Mother and Child Alliance , Inc for \$295,100. The purpose was mitigation of risks that exist as a threat to public health and safety;
- IT Public Health Emergency Preparedness and Response Multi-module System (PHEPHARMS) contract with ESI Acquisition, Inc for \$360,100. The purpose was to prevent or minimize disruption to critical state services;
- Long Term Care Consulting Services contract with Manatt, Phelps & Phillips, LLC for \$425,000. The purpose was to prevent or minimize disruption to critical state services;

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- Forensic Psychological identified Offender Program contract with Daniel J Cuneo, Ph.D. for \$585,500. The purpose was to prevent or minimize disruption to critical state services;

The following FY20 emergency purchases were made by IDPH:

- Vital Records System contract with Netsmart Technologies, Inc for \$598,300. The purpose was to ensure the integrity of state records.
- IT Emergency EPIC Starlims Conversion contract with Abbott Informatics Corp for \$38,000. The purpose was to prevent or minimize disruption to critical state services;
- Vital Records Ordering Services contract with Lexis Nexis VitalChek Network, Inc for \$387,500. The purpose was to prevent or minimize disruption to critical state services;
- Family Planning Program contract with Ahlers and Associates for \$59,850. The purpose was to prevent or minimize disruption to critical state services;
- Emergency HAN SIREN (Health Action Network, State of Illinois Rapid Electronic Notification) contract with ESI Acquisition for \$611,900. The CDC required purpose was for mitigation of risks that exist as a threat to public health and safety.

The following emergency purchases were made under the Governor's COVID Disaster proclamation (only larger contracts noted for FY21):

- Federal Warehouse Company, \$271,600 and \$5.4 million, for intake, storage and distribution;
- Boston Consulting Group, \$21.9 million, for development, management, distribution and testing;
- Slalom Consulting, \$9 million, for COVID Call center;
- Reditus Laboratories, \$254 million, for COVID testing services;
- Spurrier, \$40.6 million, for COVID advertisements;
- Simple Laboratories, \$52.7 million, for virus testing services;
- Innovative Emergency Management, \$1.4 million, for consultation services for mass vaccination planning and logistics;
- Xtend Healthcare, \$35.9 million, for call center hotline for appointments;
- Agility One Outsourcing, \$6.6 million, for contact tracing collaborative;
- Envolve Inc, \$4.3 million, test results notification call center;
- Deloitte, \$7.1 million, for contact tracing surge center;

### **Accountants' Findings and Recommendations**

Condensed below are the 31 findings and recommendations included in the audit report. Of these, 21 are repeated from the previous audit. The following recommendations are classified on the basis of information provided by IDPH, via electronic mail received June 8, 2022.

**1. The auditors recommend IDPH:**

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

**FINDING:** *(Inadequate Controls over the Administration of State Vehicles) – First reported 2007, last reported 2019*

IDPH did not exercise adequate internal controls over State vehicles.

IDPH's fleet consisted of 89 vehicles at June 30, 2020 and 77 at June 30, 2021. Of those vehicles, 34 were personally assigned to employees during FY20 and 41 in FY21

During testing, auditors noted the following:

- IDPH was not able to provide the vehicle mileage log reports for six of 89 (7%) vehicles tested, as such, auditors were not able to determine whether these vehicles were efficiently utilized for the specific operational needs of IDPH, properly maintained, and the mileage properly reported.
- One of nine (11%) vehicle accident reports reviewed was submitted **64 days late**.
- IDPH did not ensure its vehicles were properly maintained during the engagement period. Auditors reviewed the maintenance records for 19 vehicles and noted the following:

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- Nine (47%) vehicles tested received oil changes from 100 to 3,215 miles past the allowed oil change interval. Additionally, two (11%) vehicles tested did not receive oil change during the engagement period.
  - Seven (37%) vehicles tested did not receive a tire rotation, as required.
  - Five (26%) vehicles tested did not undergo an annual inspection during the engagement period.
- IDPH did not exercise adequate control over the personal use of state vehicles. Auditors noted the following:
- Eighty of 80 (**100%**) monthly vehicle logs and vehicle use certification forms tested were not reviewed and reconciled for the determination of the fringe benefit value submitted for tax purposes. IDPH only used the commuting days reflected in the certification forms to report fringe benefits. In addition, 17 of 80 (21%) monthly vehicle logs and vehicle use certification forms tested differed as to the number of commuting days the state vehicle was used, resulting in understatements of reported fringe benefit payments for tax purposes totaling \$36 and \$35 in FY20 and FY21, respectively.
  - Fifty-seven of 80 (71%) vehicle use certification forms tested were not submitted to the Payroll Division on the 10th of the month following the usage. The vehicle use certification forms were submitted from **1 to 94 days late**. Additionally, eight of 80 (10%) vehicle use certification forms were not submitted.
- IDPH did not exercise adequate control over the required annual certifications of licensure and automobile liability coverage form (certification form). Auditors noted the following:
- Eleven of 36 (31%) employees tested submitted the certification forms from **five to 424 days late**.
  - Two of 36 (6%) employees tested did not submit the certification forms during the engagement period.
- IDPH did not timely and properly report vehicle assignment to CMS. Auditors noted the following:
- Three of 26 (12%) vehicle assignments tested were not included in the Individually Assigned Vehicle (IAV) Report submitted to CMS for FY20
  - Four of six (67%) vehicle assignment authorization forms (authorization forms) tested were not properly completed. The authorization forms were not signed by the IDPH head. Additionally, IDPH was not able to provide a copy of one of six (17%) authorization forms tested.

IDPH 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.

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

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No additional changes to report at this time. Vehicle Administrator continues to monitor accident reporting, monthly vehicle log, update and monitor transfer and re-assignment of vehicles, annual inspections and reporting of IAV to CMS.

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

**FINDING:** *(Property Control Weaknesses) – First reported 2013, last reported 2019*

IDPH did not maintain adequate controls over its property and related records.

During the testing, auditors noted the following:

#### Property Additions

- Seven of 60 (12%) property additions tested, totaling \$286,274, were recorded from **14 to 80 days late**.
- For two of 60 (3%) property additions tested, totaling \$522,500, the Department did not include the freight charges, totaling \$5,225, in the total cost of the equipment.

#### Physical observation

- Fourteen of 60 (23%) items tested, totaling \$69,058, were not included on the listing reported to CMS.
- Two of 60 (3%) items tested, totaling \$37,790, were not recorded in the property records.

#### Annual Real Property Utilization Report (ARPUR)

IDPH submitted the FY21 ARPUR to CMS **eight days late**.

## **REVIEW: IDPH FY20-21 Compliance Examination Review #4555**

### Capital Lease Assets

For three of six (50%) capital lease assets tested, totaling \$149,770, the monthly lease terms reported in the Accounting for Leases-Lessee Forms (SCO-560) submitted to the Office of Comptroller did not agree with the lease term per the contractual agreement. SAMS (Procedure 27.20.60) requires

### Agency Report of State Property (C-15 Report)

- Eight of eight (100%) quarterly C-15 Reports required to be filed during FY20 and FY21 were not reviewed prior to submission.
- Due to a lack of adequate policies and procedures, IDPH was not consistent in classifying equipment that is subject to theft. Equipment totaling \$106,109 and \$158,908 were not properly classified as subject to theft and not reported in the FY20 and FY21 C-15 Reports, respectively.
- Property deletions totaling \$13,274 were incorrectly netted with property additions in the FY21 C-15 Report.
- The FY20 and FY21 C-15 Reports were understated by \$4,820 due to an error in the recorded value for five items.

### Review of Property Records

- Capital lease assets, totaling \$744,006, were not reported in the property listing submitted to CMS during FY20.
- Equipment items, totaling \$370,598 were not reported in the property listing submitted to CMS during FY20.
- The total cost of seven property items were overstated by \$21,465 in the property listing submitted to CMS during FY20.
- Four vehicles, totaling \$72,661, were sent to surplus during FY21; however, these vehicles were not deleted from the property listing and C-15 Reports.

**IDPH management stated the issues were due to clerical errors, competing priorities, and the Property Control Coordinator's position being vacant during a portion of FY20.**

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

### **DEPARTMENT RESPONSE:**

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

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### UPDATED RESPONSE:

Partially Implemented. Internal property control procedures have been updated to reflect improved processes for accurate recordkeeping and are currently being reviewed and revised on an ongoing basis. Two training sessions have also been completed with the Illinois ACTS ERP support team for asset management to strengthen efficiency in using inventory system.

### **3. The auditors recommend IDPH ensure it complies with all provisions of the MC/DD Act.**

**FINDING:** *(Noncompliance with the MC/DD Act) – First reported 2017, last reported 2019*

IDPH 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 the testing of certain provisions of the Act, auditors noted the following:
  - IDPH implemented a procedure to conduct interim on-site reviews of large or complex construction projects at the facilities and an expedited process for emergency repairs or replacement of like equipment. However, IDPH has not yet adopted the rules for the procedure and expedited process as required.

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

- During testing of the inspections conducted for the state license renewals of the 10 MC/DD facilities during FY20 and FY21, auditors noted the following:
  - Five (50%) facilities tested were inspected by IDPH from **33 to 154 days after** the effective date of the renewal licenses.
  - Four (40%) facilities tested did not provide comments or documentation within 10 days of receipt of the copy of the inspection report. The facilities submitted the comments or documentation from **11 to 43 days** after receipt of the report.
  - Three (30%) facilities tested were issued renewal licenses but were not inspected by IDPH

Department management indicated annual licensure surveys and facility comments/documentation **were delayed in FY20 and FY21 due to the COVID-19 pandemic.**

- The Administrative Code was not updated to address the requirement that each policy should include the periodic review of the use of restraints.

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

- The Administrative Code was not updated to address the following requirements: (1) informed consent for psychotropic medication requires, at a minimum, a discussion with the resident's physician, a registered pharmacist, or a licensed nurse, and (2) the use of standardized consent forms designated by the Department.

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

- The Department did not develop a de-identified database of residents who have injured facility staff, facility visitors, and other residents.

IDPH management stated, as they did during the prior engagement period, a de-identified database of residents who have injured facility staff, visitors, and other residents was not developed due to funding not being provided for the development of the database. IDPH management further stated such incidents are minimal due to the severity of the residents' disabilities, and all facilities are required to report such incidents to IDPH, and review of such incidents are included in IDPH's annual survey process.

- IDPH 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 IDPH was for the period December 31, 2014.

IDPH management indicated the failure to update the information on their website was **due to competing priorities**.

- The Administrative Code was not updated to address the requirement which requires submission of a written notification within one day. The Act (210 ILCS 46/2-208(b)) requires IDPH to require the facility to submit written notification of any unusual incident, abuse, or neglect within one day after the unusual incident, abuse, or neglect occurring.

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

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

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

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

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation.

- IDPH is currently ensuring compliance with all provisions of the Act.
- Annual licensure surveys and facility comments/documentation were delayed in FY20 and FY21 due to the COVID-19 pandemic. IDPH 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.
- IDPH 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. Regarding the status of IDPH proposed amendments to 77 Ill. Admin. Code Part 390, the rulemaking was approved by JCAR at its April 19, 2022, meeting, and the rules have been adopted. The rulemaking was published in the May 6, 2022, issue of the Illinois Register at 46 Ill. Reg. 8192.

- 4. The auditors recommend IDPH strengthen and monitor controls to ensure:**
- **appropriate signatory approvals are obtained on all contractual agreements,**
  - **all required contract information is complete,**
  - **accurate and complete listings of contractual agreements, emergency purchases, and interagency agreements are maintained, and**
  - **compliance with the requirements of the Procurement Code and State laws.**

**FINDING:** *(Lack of Controls over Contracts) – First reported 2013, last reported 2019*

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IDPH did not have adequate controls over contracts to ensure they contained the necessary provisions, were properly approved, and accurately reported.

As part of the testing, auditors requested IDPH to provide a population of contractual agreements, emergency purchases, and interagency agreements. In response to the requests, IDPH provided populations for emergency purchases and interagency agreements but was not able to provide a listing of all the contractual agreements IDPH had entered into during the examination period. Due to these conditions, **auditors were unable to conclude IDPH's population records were sufficiently precise and detailed** under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.35).

During testing, auditors noted the following:

- Thirteen of 34 (38%) interagency agreements tested, totaling \$20,113,636, were executed subsequent to the performance of services. The agreement execution dates ranged from **six to 304 days late**. Additionally, two of 34 (6%) interagency agreements tested, totaling \$3,860,159, were not signed by all the required parties. Further, IDPH was not able to provide the executed agreements for two of 34 (6%) interagency agreements tested, totaling \$725,805. Therefore, auditors were unable to test those agreements.
- Three of 34 (9%) interagency agreements tested, totaling \$5,035,963, were not approved in writing by the Chief Executive Officer, Chief Fiscal Officer, and Chief Legal Counsel as required.

IDPH created a three-signature form that must be signed by Department director, chief fiscal officer, and general counsel for any contract or agreement.

- For five of 11 (45%) emergency purchase contracts tested, totaling \$1,079,942, the Department published the total cost of each emergency purchase in the Illinois Procurement Bulletin from **eight to 392 days late**.
- One of 31 (3%) contractual agreements tested, totaling \$36,238, was executed subsequent to the performance of services. Additionally, an invoice totaling \$1,739 pertaining to this contract was paid before the contract was executed. Further, one of 31 (3%) contractual agreements tested, totaling \$24,775, did not have the required disclosure regarding the Transportation Sustainability Procurement Program Act.

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

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

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### DEPARTMENT RESPONSE:

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

### UPDATED RESPONSE:

Under Study. With the **change of staff**, new implementations are being discussed.

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

**FINDING:** *(Inadequate Administration and Monitoring of Awards and Grants Programs) – First reported 2007, last reported 2019*

IDPH did not adequately administer and monitor its awards and grants programs.

During FY20 and FY21, IDPH expended over \$189 million (12%) for awards and grants of its approximately \$1.52 billion total expenditures. Auditors sampled 23 grant programs from the following offices: Health Promotion; Disease Control; Women's Health; Preparedness and Response; Center for Minority Health Services; and Policy, Planning and Statistics. For the 23 grant programs selected for testing, auditors examined 60 grant agreements totaling \$24,023,287.

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

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

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The finding was first reported during the period ended June 30, 2007. In the subsequent years, IDPH has been unsuccessful in implementing appropriate corrective action or procedures. Failure to fully execute the grant agreement prior to the start of the grant term could delay the commencement of the grantees' services and its compliance with report submission deadlines.

Failure to ensure that grantees timely submit the required reports and document the timely submission date and reviews of grantees' required reports by IDPH personnel decreases IDPH'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 IDPH'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 IDPH. Failure to fully execute an agreement prior to the commencement of grant leaves the Agency vulnerable to unnecessary liabilities and potential legal issues.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

- 6. The auditors recommend IDPH ensure completion of planned audits and audits of major systems of internal accounting and administrative control at least once every two years to comply with the Act.**

**FINDING:** *(Failure to Complete Internal Audits) – First reported 2013, last reported 2019*

IDPH) failed to comply with provisions of the Fiscal Control and Internal Auditing Act (Act).

During the review of IDPH's internal auditing activities, auditors noted 7 of 9 (78%) planned audits and reviews during FY20 and FY21 were not completed. There were five audits in progress at June 30, 2021. In addition, auditors noted reviews of all major systems of internal accounting and administrative control were not conducted on a periodic basis so that all major systems were reviewed at once every two years. In addition, there were no audits relating to internal accounting and administrative controls for grants received or made by IDPH completed during the last two years, and there were also no reviews of the design of major new electronic data processing systems and/or major modifications of those systems completed.

IDPH management stated the deficiencies noted were **due to the timing of hiring and losing staff and additional workloads coordinating the increase in external audits**

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**and major federal programs due to COVID-19.** The Chief Internal Auditor was hired mid-way through FY20, and one staff person was hired near the end of Fy20.

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

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation. The Division of Internal Audit has hired an external audit coordinator and an In-Charge Auditor and plans to re-post three positions that are vacant. In addition, IDPH has entered into an intergovernmental agreement (IGA) with CMS for staffing assistance. The IGA provides for additional assistance with special audits and information technology pre-implementation audits until qualified staff can be hired to cover the major systems of internal accounting and administrative control at least once every two years to comply with the Act.

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

- 7. The auditors recommend IDPH 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) – First reported 2011, last reported 2019*

IDPH 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.

IDPH paid \$6,015,982 for 93,064 hours of overtime during FY21 and \$3,271,885 for 48,871 hours of overtime in FY20. Auditors tested a sample of 60 pay periods and 60 employees who worked overtime during FY21 and FY20. The employees in the sample incurred 1,326 hours of overtime during the pay periods tested. Based upon their review of the overtime pre-approval requests and overtime worked details, auditors noted the following:

- Twenty-nine of 60 (48%) employees tested worked 309 hours of overtime and did not enter the detail in the timekeeping system, eTime, within two working days as required. The details were submitted and entered from **one to 78 days after** the overtime was worked.
- For 20 of 60 (33%) employees tested, overtime pre-approval requests totaling 533 hours were not timely submitted by employees. These requests were submitted from **one to 78 days after** the overtime was worked.

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- For 14 of 60 (23%) employees tested, overtime pre-approval requests totaling 264 hours were not pre-approved by the supervisors. These requests were approved from **two to 7 days after** the overtime was worked.
- Ten of 60 (17%) employees tested had overtime pre-approval requests that exceeded the allowed maximum of 10 hours. These requests ranged from 12 to 30 hours.

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

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

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

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

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

**FINDING:** *(Failure to Employ an Adequate Number of Surveyors) – First reported 2013, last reported 2019*

IDPH failed to comply with provisions of the Department of Public Health Powers and Duties Law (Law) related to surveyors for long term care beds and the establishment of administrative rules related to Medicare or Medicaid certification fees.

During the current engagement period, IDPH did not employ the required minimum number of surveyors per licensed long term care beds during FY20 and FY21, which is

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one surveyor for every 300 beds or .33%. Auditors selected a sample of six months during the examination period to determine if the required numbers of surveyors were employed. Auditors noted, for four of six months tested, all seven regional offices (100%) of IDPH employed surveyors at the rate of .14% to .28%. For two of six months tested, six of seven (86%) regional offices of IDPH employed surveyors at the rate of .14% to .27%.

In addition, IDPH 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 IDPH.

IDPH management stated the imposition of a Medicare or Medicaid certification fee would be a violation of federal law. IDPH management further stated, they implemented several hiring strategies to address the legislatively mandated minimum surveyor/bed ratios including immediate back filling of vacancies and allocating resources to increase the number of surveyors in all regions.

The finding was first reported during the period ended June 30, 2013. In the subsequent years, IDPH has been unsuccessful in implementing appropriate corrective action or procedures. Failure to hire an adequate number of surveyors could lead to inadequate monitoring at long term care facilities.

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation.

### **UPDATED RESPONSE:**

Partially Implemented. "IDPH concurs with the finding and recommendation. IDPH has developed a long-term proposal to increase staffing. We evaluated the average number of complaints per year and current staffing levels vs. the licensed number of beds at each facility to develop a long-term hiring plan."

IDPH continues to make filling the Surveyor positions a priority. We have been working with our Human Resources and CMS Human Resources to implement the Direct Care Nurse Hiring Plan. We currently have 41 HFSN positions open within OHCR. We have hired 35 HFSNs since July 2021. We are working on updating our job descriptions and a plan to improve our hiring process. Surveyors and PSAs work overtime to investigate backlogged complaints due to the COVID-19 Pandemic.

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

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9. **The auditors recommend IDPH enforce internal controls to ensure performance evaluations are conducted in a timely manner for all employees in accordance with the Illinois Administrative Code and its Directive.**

**FINDING:** *(Employee Performance Evaluations Not Conducted Timely) – First reported 2007, last reported 2019*

IDPH did not conduct employee performance evaluations in a timely manner.

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

During testing, auditors noted the following:

- Thirty-eight of 66 (58%) employees' performance evaluations tested were conducted from **one to 606 days late**.
- Twenty of 66 (30%) employees' performance evaluations tested were not finalized timely after the supervisor conducted the performance evaluation. The delinquencies ranged from **three to 501 days late**.
- Five of 60 (8%) employees tested did not have a performance evaluation completed for the evaluation period tested.

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

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

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

10. **The auditors recommend IDPH strengthen its controls to ensure required reports are accurately and timely reported and supporting documentation is maintained. Auditors further recommend IDPH 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.**

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**FINDING:** *(Failure to Submit and Accurately File Required Reports) – First reported 2003, last reported 2019*

IDPH did not file required reports accurately or in a timely manner.

During testing, auditors noted the following:

- The figures reported on the Agency Workforce Reports, filed during the examination period, did not agree to the supporting documentation provided. Discrepancies were noted on the data and statistical percentages reported for ten of 16 (63%) employee groups in the 2019 Agency Workforce Report and 13 of 16 (81%) employee groups in the 2020 Agency Workforce Report. Additionally, IDPH did not provide documentation to support the contractual and position openings information reported in FY19 and FY20 Agency Workforce Reports; therefore, accuracy of the reported information could not be determined.
- IDPH did not properly report the required information on the Agency Fee Imposition Report Form (Report). Auditors noted the following:
  - For nine funds, IDPH did not provide the degree to which program goals were met in its FY20 and 2021 Reports.
  - For one fund, IDPH did not provide the general population affected by the fee in both FY20 and 2021 Reports.
  - One fee was reported with an incorrect fund number in both FY20 and 2021 Reports.
  - One fee was not segregated into two funds in both Fy20 and 2021 Reports.
- IDPH did not prepare the FY19 Food Desert Annual Report (Annual Report). Additionally, the FY20 Annual Report did not contain information about health issues associated with food deserts. Further IDPH failed to provide evidence the FY20 Annual Report was submitted to the General Assembly.

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

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

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

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation.

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### **UPDATED RESPONSE:**

Under Study/Implemented. Under Study – Agency Workforce Reporting revisions and expanded procedure development. Implemented – Agency Fee Imposition Reporting and Food Desert Annual Reporting.

### **11. The auditors recommend IDPH continue to work diligently to ensure it complies with all aspects of the distressed facility requirements of the Nursing Home Care Act or seek legislative remedy.**

**FINDING:** *(Noncompliance with Distressed Facilities Provisions of the Nursing Home Care Act) – First reported 2015, last reported 2019*

IDPH 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 the testing, auditors noted IDPH did not generate and publish a quarterly list of distressed facilities. Auditors also noted IDPH 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.

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

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

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

Failure to timely and completely carry out mandated duties of the Act does not achieve the legislative intent for the affected program. Noncompliance limits IDPH'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.

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### DEPARTMENT RESPONSE:

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

In addition, IDPH will also review the federal criteria and methodology again to determine if it is now possible to do a test run to compare federal criteria with alternative criteria in order to satisfy the test run requirement of 210 ILCS 45/3304.2. Rulemaking is appropriate after corrective legislation is enacted or if it is determined a test run is appropriate.

### UPDATED RESPONSE:

Under Study. No recent updates.

## **12. The auditors recommend IDPH ensure reconciliations of its obligations, expenditures, and appropriations are timely performed and reviewed.**

**FINDING:** *(Lack of Controls over Monthly Reconciliations) – First reported 2017, last reported 2019*

IDPH did not maintain adequate controls over its monthly obligations, expenditures, and appropriation reconciliations.

During the testing of monthly reconciliations between the Office of Comptroller (Comptroller) records and IDPH records, auditors noted the following:

- IDPH did not perform the required monthly reconciliations of its internal records to the Agency Contract Report (SC14) and Obligation Activity Report (SC15) during FY20.
- Ten of 12 (83%) required monthly reconciliations of its internal records to either the SC14 or the SC15 were not performed during FY21.
- Eight of 34 (24%) required monthly reconciliations of the Department expenditure records to the Monthly Appropriation Status Report (SB01) and Object Expense/Expenditures By Quarter Report (SA02) were not performed during the engagement period.
- Two of 34 (6%) SB01 reconciliations tested were reviewed **8 and 11 days late**.
- One of 34 (3%) SB01 reconciliations tested was prepared **7 days late**.

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

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

Failure to timely perform and review reconciliations of the Department records to the SAMS system increases the risk of undetected loss or theft and could lead to unresolved differences between Department and Comptroller records, or inaccurate financial reporting.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. 2 new positions were created and 2 positions that have been vacated for multiple years, have been posted by CMS. The Closing date of 3 of the positions was June 10, 2022 and the other position – closing dates is June 16, 2022.

### **13. The auditors recommend IDPH either comply with the mandate or seek legislative changes.**

**FINDING:** *(Failure to Establish Policies and Procedures on Alzheimer's disease and Related Disorders) – First reported 2015, last reported 2019*

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

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

The finding was first reported during the period ended June 30, 2015. In the subsequent years, IDPH has been unsuccessful in implementing appropriate corrective action or procedures. Failure to carry out the mandated duty does not achieve the legislative intent for the affected program and results in noncompliance with the Code.

### **DEPARTMENT RESPONSE:**

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

IDPH has informed and educated medical examiners and coroners regarding autopsies to diagnose the disease. A live online educational webinar in collaboration with a

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

### **UPDATED RESPONSE:**

Partially Implemented. To allow for adequate time to make effective Rule changes, a revised timeline as of April 2022 is to submit a final draft of proposed Rule Amendments to the State Board of Health in August 2022, with a target for final rule adoption in Spring or Summer 2023.

#### **14. The auditors recommend IDPH strengthen controls to ensure employees' time records are submitted in a timely manner.**

**FINDING:** *(Inadequate Controls over Employee Time Reporting) – First reported 2015, last reported 2019*

IDPH expended \$150,839,693 and \$171,191,381 for payroll and had an average of 1,172 and 1,206 employees during FY20 and FY21, respectively.

IDPH 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.

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

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

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

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

Failure to maintain adequate controls over employee time reporting increases the risk of the Department paying for services not rendered by employees.

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### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

### **15. The auditors recommend IDPH strengthen its internal controls over commodities to ensure its fiscal year-end inventory balance is accurate.**

**FINDING:** *(Inadequate Internal Controls over Commodities) – First reported 2013, last reported 2019*

IDPH did not ensure the accuracy of fiscal year-end commodities inventory balance.

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

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

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

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

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

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

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### 16. The auditors recommend IDPH timely fill the vacancies on the Committee and Advisory Board as required.

**FINDING:** *(Statutory Committee and Board Requirements) – First reported 2011, last reported 2019*

IDPH did not comply with committee and board requirements mandated by State law.

The testing noted IDPH 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.
- The Nursing Home Care Act (210 ILCS 45/2-204) requires the Director of the Department to appoint a Long-Term Care Facility Advisory Board (Advisory Board) composed of 15 persons to advise and consult with IDPH 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.

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

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

#### **DEPARTMENT RESPONSE:**

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

#### **UPDATED RESPONSE:**

Partially Implemented. IDPH has one more vacancy for Home Health advisory board for one (1) vacancy for Home Services Representative. IDPH has sent recommendations for this position.

### 17. The auditors recommend IDPH update the information disseminated to breast cancer patients, consult with appropriate medical societies and patient advocates related to breast cancer in developing the information to be disseminated, include a special emphasis on African-American and Hispanic

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**population's breast reconstructive surgery, and breast prostheses and breast forms, and ensure required reports to be submitted to the General Assembly are timely filed.**

**FINDING:** *(Noncompliance with the Breast Cancer Patient Education Program) – First reported 2017, last reported 2019*

IDPH failed to provide updated information to breast cancer patients and untimely submitted the required report to the General Assembly.

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

- IDPH had an existing brochure available on its website entitled “Your Right to Know” which contained recommendations for early detection and diagnosis of breast disease and alternative breast disease treatments. However, the brochure was still not updated for the required information for breast cancer patients.
- IDPH had consulted with appropriate medical societies and patient advocates related to breast cancer, patient advocates representing racial and ethnic minority groups, in developing the information disseminated. However, the special emphasis on African-American and Hispanic populations’ breast reconstructive surgery, and breast prosthesis were not noted in these consultations.
- IDPH submitted the report to the General Assembly on June 11, 2021, **18 months late**. The report described activities carried out during the period 2018 to 2019 and contained an evaluation of the extent to which the activities have been effective in improving the health of racial and ethnic minority groups, which was not included during the prior year report.

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

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

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

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

**FINDING:** *(Inadequate Controls over Voucher Processing) – First reported 2017, last reported 2019*

IDPH utilized the Enterprise Resource Planning (ERP) System of DoIT for the processing of vouchers. During testing, auditors noted the following:

- Ninety-six of 225 (43%) vouchers tested, totaling \$ 7,576,324, were approved from **1 to 159 days late**.
- Ten of 225 (4%) vouchers tested, totaling \$260,978, were not supported by a purchase requisition or purchase order. In addition, two of 40 (5%) travel vouchers tested, totaling \$3,246, did not include documentation to support submission and approval dates. Therefore, auditors **could not determine if the travel voucher was timely submitted**.
- For nine of 225 (4%) vouchers tested, totaling \$1,791,728, IDPH did not pay \$17,121 in accrued interest.

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

The finding was first reported during the period ended June 30, 2017. In the subsequent years, IDPH has been unsuccessful in implementing appropriate corrective action or procedures. Failure to timely approve vouchers could result in interest charges. Failure to maintain proper supporting documentation increases the likelihood that errors and irregularities could occur. Failure to pay interest on late vouchers in noncompliance with the State Prompt Payment Act.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. Fiscal Control requires an explanation of why a commercial or travel voucher is over 30-days on each cover document that gets submitted for payment.

19. The auditors recommend IDPH adopt rules required by the state laws or seek legislative remedy.

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**FINDING:** *(Formal Department Rules Not Adopted) – First reported 2017, last reported 2017*

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

- IDPH has not yet adopted rules required by the Counties Code (Code) (55 ILCS 5/3-3013(e)). The Code requires IDPH to adopt rules regarding specific information that must be reported to IDPH by the coroner or medical examiner in the event of death caused by drug overdose. The Code, effective January 1, 2016, requires, in every case in which a drug overdose is determined to be the cause or a contributing factor to the death, the coroner or medical examiner to report the death to IDPH.

IDPH management stated they have drafted the rules and have received approval from the Governor's Office and the State Board of Health in March 2020; however, due to a considerable number of suggested corrections, IDPH is still reviewing and revising the proposed rules.

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

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

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

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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 IDPH.

IDPH management stated the draft amendments are still under review.

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

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

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

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation.

### **UPDATED RESPONSE:**

Partially Implemented. Regarding rules required by the Counties Code (55 ILCS 5/3-3013(e)), during the last quarter, the rulemaking workgroup met several times and completed the response to JCAR's questions and comments that we received from the Prefiling. On May 16th, the responses and edits were sent to IDPH Rules Coordinator who forwarded on to JCAR. We are currently waiting on JCAR to return the updated rulemaking. Upon receipt, we will immediately send to first notice, anticipating the rules will be adopted prior to the next corrective action plan update.

**20. The auditors recommend IDPH pursue all reasonable and appropriate procedures to collect on outstanding debts as required by State laws and regulations. Further, auditors recommend IDPH ensure accounts receivable are properly aged.**

### **FINDING:** *(Inadequate Controls over Accounts Receivable) – First and last reported 2019*

IDPH did not have adequate controls over the administration of its accounts receivable.

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

- For 14 of 40 (35%) accounts receivable tested, totaling \$84,725, that were over **30 days to one year past due**, IDPH did not make active collection efforts. IDPH did

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not send collection letters, or refer the accounts to a collection agency or the Office of Comptroller's Offset System for collection, or to the Office of the Attorney General for write off or legal action.

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

IDPH management stated the delay was due to **stay at home orders and staffing shortages** in the office due to the COVID-19 pandemic. IDPH management also stated the incorrect aging classification of accounts receivable was **due to oversight**. Failure to send collection letters and timely refer receivables to the Office of Comptroller's Offset System increases the likelihood that past due amounts owed to IDPH will not be collected or that collection will be further delayed.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Implemented. No recent updates.

- 21. The auditors recommend IDPH make reasonable efforts to promote the Alzheimer's Disease Research, Care, and Support Fund and spend the moneys for the program as mandated to comply with the Act.**

**FINDING:** *(Noncompliance with the Alzheimer's Disease Assistance Act and Alzheimer's Disease Research, Care, and Support Fund Act) - New*

IDPH did not promote and use as mandated the Alzheimer's Disease Research, Care, and Support Fund.

During testing, auditors noted the following:

- IDPH has not made reasonable efforts to promote the Alzheimer's Disease Research, Care, and Support Fund.
- IDPH paid the salary and benefits of its Dementia Coordinator from the General Revenue Fund, not the Alzheimer's Disease Research, Care, and Support Fund as required. The Department's Dementia Coordinator began the new full-time position on February 1, 2021.
- During FY21, the Alzheimer's Disease Research, Care, and Support Fund was appropriated \$250,000 but had \$0 expenditures; therefore, IDPH did not utilize the moneys in the Fund as mandated.

IDPH management stated they still need to assess IDPH's ability and options for promoting the Alzheimer's Disease Research, Care, and Support Fund. IDPH

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management also stated, historically, the Alzheimer's Disease Research Fund was allocated for grants only, with a spending maximum of \$250,000. Failure to carry out these mandated duties is noncompliance with the Act and does not achieve the legislative intent to establish a program for the conduct of research regarding the cause, cure and treatment of Alzheimer's disease and related disorder.

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation.

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

### **UPDATED RESPONSE:**

Partially Implemented. Regarding promotion of ADRCS fund, an internal meeting is scheduled for July 13, 2022 with the Office of Health Promotion leadership team & Dementia Coordinator to discuss IDPH's role in promoting the Alzheimer's Disease Research, Care, and Support fund and next steps for taking "reasonable effort" to do so. Regarding utilization of ADRCS fund, on June 14, 2022 the Office of Health Promotion's fiscal team approved \$30k to be used from the Alzheimer's Disease Research, Care, and Support Fund to cover administration of the 2023 BRFSS cognitive module.

**22. The auditors recommend IDPH monitor birthing facilities to ensure they conduct continuing education yearly regarding the care for pregnant or postpartum women. Auditors also recommend IDPH update the classification system of the levels of maternal care to comply with the Code.**

**FINDING:** *(Noncompliance with the Civil Administrative Code of Illinois Pertaining to Maternal Care) - New*

IDPH did not monitor birthing facilities and update the classification system of the levels of maternal care required by the Civil Administrative Code of Illinois.

During testing, auditors noted the following:

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- IDPH did not monitor birthing facilities if such conducted continuing education yearly regarding the care for pregnant or postpartum women.

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

- IDPH has not updated the classification system of the levels of maternal care under the Illinois Administrative Code (77 Ill. Admin. Code 640).

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

Failure to carry out these mandated duties is noncompliance with the Code and does not achieve the legislative intent of the affected program to provide proper care for pregnant and postpartum women.

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation.

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

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

- 23. The auditors recommend IDPH ensure license renewal notices are sent to all licensees at least 60 days prior to the expiration date of the license as required.**

### **FINDING:** *(Noncompliance with the Emergency Medical Services Systems Act) - New*

IDPH did not send Emergency Medical Services license renewal notices timely as required by the Emergency Medical Services Systems Act. During testing, for four of 40 (10%) license renewal notices tested, IDPH did not send the notices to the licensee at least 60 days prior to the expiration date of the license.

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The notices were sent from **two to 14 days late**.

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

Failure to send license renewal notices timely is noncompliance with the Act and could result in Emergency Medical Services personnel failing to renew their licenses timely.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Implemented. No recent updates.

## **24. The auditors recommend IDPH coordinate with DHS to have a review of the Program and IDPH data to comply with the Act.**

### **FINDING:** *(Noncompliance with the Illinois Controlled Substances Act) - New*

IDPH did not review data in coordination with the Prescription Monitoring Program as required by the Illinois Controlled Substances Act.

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

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

Failure to coordinate a continuous review of the Program and IDPH data related to sports or accident injuries is noncompliance with the Act and does not achieve the legislative intent of the program to provide a system of control over the distribution and use of controlled substances.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

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- 25. The auditors recommend IDPH 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) - New*

IDPH did not establish the nursing home labor force program required by the Equity in Long-term Care Quality Act.

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

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

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

**DEPARTMENT RESPONSE:**

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

**UPDATED RESPONSE:**

Partially Implemented. IDPH is currently working through filling a number of key vacancies to support the establishment of a program aimed at promoting nursing home labor force promotion, expansion, and retention. IDPH was recently awarded a grant from the Centers for Disease Control & Prevention that will be utilized specifically in nursing homes to hire, train, and retain certified nursing assistants.

- 26. The auditors recommend IDPH make recommendations to the Department of Agriculture and DFPR on appropriate health warnings for cannabis dispensaries and advertising to comply with the Act.**

**FINDING:** *(Noncompliance with the Cannabis Regulation and Tax Act) - New*

IDPH did not make recommendations on appropriate health warnings for cannabis dispensaries and advertising required by the Cannabis Regulation and Tax Act.

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

Failure to timely and completely carry out mandated duties is noncompliance with the Act and does not achieve the legislative intent of the program to protect the health and safety

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of the public by providing appropriate health warnings for cannabis dispensaries and advertising.

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation and will work to draft recommended language for submission to Agriculture and DFPR.

### **UPDATED RESPONSE:**

Under Study. No recent updates.

## **27. The auditors recommend IDPH adopt rules and require tobacco products manufacturer to submit the required annual written compliance certifications to IDPH to comply with the Act.**

### **FINDING:** *(Noncompliance with the Tobacco Products Compliance Act) - New*

During testing, auditors noted the following:

- IDPH 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.
- IDPH 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.

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

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

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Under Study. No recent updates.

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### 28. The auditors recommend IDPH:

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

**FINDING:** *(Weaknesses with Payment Card Industry Data Security Standards) – First reported 2015, last reported 2019*

IDPH had not completed all requirements to demonstrate full compliance with the Payment Card Industry Data Security Standards (PCI DSS).

IDPH agreed to use the Illinois State Treasurer's ePAY program to accept credit card payments. In FY20 and FY21, IDPH handled 88,317 transactions totaling approximately \$11.32 million and 55,022 transactions totaling approximately \$7.25 million, respectively.

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

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

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

IDPH management indicated the issues noted were **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:**

IDPH agrees with the finding and recommendation. IDPH's Office of Finance and Administration provided guidance to the Offices/Programs that accept credit card

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payments regarding Self-Assessment Questionnaires (SAQs), and a central repository has been created to hold the SAQs. All SAQs have been completed for FY22. A schedule of quarterly scans has been implemented, and IDPH is in contact with the Treasurer's Office regarding PCI Compliance and the ePAY program.

### **UPDATED RESPONSE:**

Implemented. No recent updates.

**29. IDPH has the responsibility to ensure that confidential and personal information is adequately protected. Specifically, auditors recommend the IDPH:**

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

### **FINDING:** *(Weaknesses in Cybersecurity Programs and Practices) - New*

IDPH did not maintain adequate internal controls related to its cybersecurity programs and practices.

During the examination of IDPH's cybersecurity program, practices, and control of confidential information, auditors noted IDPH had not:

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

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

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

### **DEPARTMENT RESPONSE:**

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

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

### **UPDATED RESPONSE:**

Under Study. No recent updates.

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

**FINDING:** *(Lack of Adequate Controls over Review of Internal Controls over Service Providers) - New*

IDPH did not document independent internal control reviews over service providers.

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

Auditors requested IDPH to provide a population of service providers. In response to this request, IDPH provided a listing of service providers. However, the testing noted the listing was not complete. In addition, auditors identified service providers from testing that were not on the list. Due to this deficiency, auditors were unable to conclude IDPH's records were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.35) to test the controls over service providers.

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

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

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

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

### **DEPARTMENT RESPONSE:**

IDPH agrees with the finding and recommendation. IDPH in cooperation with DoIT will work to document and review SOC reports in relation to any service provider.

### **UPDATED RESPONSE:**

Partially Implemented. No recent updates.

## **31. The auditors recommend IDPH enhance its controls over employee verifications to ensure timely completion and retention of I-9 forms.**

### **FINDING:** *(Inadequate Controls over I-9 Forms) - New*

IDPH did not exercise adequate internal controls over the Employment Eligibility Verification (I-9) forms.

During the testing of 60 employees' personnel files, auditors noted;

- For two of 15 (13%) new employees tested, Section 2 of the I-9 forms were not timely completed. The forms were completed **two and four business days late**.

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- Four of 60 (7%) I-9 forms tested were not properly completed. Section 1 of three I-9 forms were not signed or dated by the employee and Section 2 of one I-9 form was not completed by IDPH.
- Two of 60 (3%) I-9 forms tested were not maintained in employees' personnel files. As such, auditors could not determine whether IDPH examined the identity of employment authorization of those employees.

IDPH management stated the issues were **due to oversight**.

Failure to complete and maintain I-9 forms within the required timeframe is a violation of federal laws.

### **DEPARTMENT RESPONSE:**

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

### **UPDATED RESPONSE:**

Implemented. OHR is now sending the onboarding packet to the new employee prior to his/her start date. The packet contains the I-9 form and it is collected on the employee's first day at work. The Transactions Staff has also been directed to review each I-9 for accuracy prior to placing the form in the employee's personnel file.

## **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 2022, IDPH had 479 employees assigned to locations others than official headquarters.