

Michigan Local Public Health Accreditation Quality Improvement Process
BOILERPLATE WORKGROUP

FINAL REPORT

As Revised on June 02, 2005

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Chairperson

TABLE OF CONTENTS

Introduction	Page 3
Problem Statement	Page 3
Workgroup Goal, Charge, and Objectives	Page 3
Membership, Meeting Location, and Schedule	Page 5
Methodology	Page 5
Workgroup Findings	Page 6
Workgroup Recommendations	Page 7
Conclusions	Page 11
Appendices	Page 13

I. INTRODUCTION

In calendar year 2003, the on-site review component of the Michigan Local Public Health Accreditation Program was temporarily paused, in part, to enable a team (Accreditation Quality Improvement Process (AQIP) Workgroup) of local and state representatives to assess the process and make recommendations for improvement. The results of this assessment are found on the Accreditation website at <http://www.accreditation.localhealth.net/>.

One of the AQIP Workgroup's recommendations centered on identifying the ramifications of non-accreditation for local health departments. Because of the multi-faceted nature and complexity of implementing the recommendation, the Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Environmental Quality (DEQ) have chosen to convene state/local stakeholders to comprehensively explore and address the recommendation.

II. PROBLEM STATEMENT

Per state and local consensus, state agency actions after designating a local health department (LHD) "Not Accredited" have been neither well defined, nor communicated clearly.

Specifically, LHDs could benefit from a clearer understanding of particular state agency actions when a local health department fails to meet the requirements for Accreditation. Some stakeholders have indicated the current practice of using Consent Agreements and/or Administrative Orders as a contract compliance mechanism (and ostensibly a mechanism for accreditation) is insufficient.

Additionally, LHDs as stakeholders and local program/service providers seek to shape state agency practice and policy in this regard.

III. WORKGROUP GOAL, CHARGE, & OBJECTIVES

A. Goal:

The Boilerplate Workgroup's goal is to develop and assure a process to fully address state action and/or other consequences in the event of LHD non-accreditation.

B. Charge:

The Boilerplate Workgroup's charge specifically is to:

- 1) Recommend an appropriate course of action by the Michigan Department's of Community Health, Agriculture, and Environmental Quality when a LHD fails to meet the requirements to achieve "Accredited" Status.
- 2) Review the current practice of allowing "Not Accredited" LHDs to achieve the designation of "Accredited" following successful contract compliance remedies such as Consent Agreements/Administrative Orders and recommend an alternative practice, if appropriate.
- 3) Recommend a specific time-period for which the state agencies would assist a LHD in moving from the status of "Not Accredited" to "Full Accreditation".
- 4) Recommend sanctions, if any, that might be applicable to agencies that are "Not Accredited." Recommend incentives for "Accredited" LHDs, if appropriate.

C. Objectives:

To meet its charge the Boilerplate Workgroup will:

- 1) Recommend policy, process, or practice to fully address consequences of LHD non-accreditation.
- 2) Review and recommend modifications (if needed) to the state Comprehensive Planning, Budgeting and Contracting (CPBC) grant agreement language.
- 3) Review public health code language for possible guidance as to appropriate direction.
- 4) Explore and recommend use of relevant boilerplate language in the MDCH appropriations bill, if applicable.

To further carry out its charge the Boilerplate Workgroup will:

- Seek to recommend courses of action that provide a fair mechanism for all local health jurisdictions.
- Involve appropriate budget, legal, and other state agency and local stakeholders in the deliberative process.
- Provide periodic reports to the AQIP II Workgroup.
- Work within established state agency contracting timeframes and processes, if applicable.

IV. WORKGROUP MEMBERSHIP, MEETING LOCATION, AND SCHEDULE

The Boilerplate Workgroup had seven representatives from Local Public Health, three from MDCH, two from MDEQ, one from MDA and one from MPHI. The workgroup chairperson was Health Officer, Gretchen Tenbusch. Local representative disciplines included Health Officers, Administrators, Medical Directors, and Board of Health members. State representative disciplines included Contracts, Budget and Audit, and Legal Affairs. Staff support to the Workgroup was provided by MDCH, Local Health Services. A complete listing of members is included in Appendix One.

The Workgroup met monthly (a total of seven times) immediately after the MALPH Board of Directors meeting the second Monday of each month at the offices of the Michigan Public Health Institute (MPHI). Members also had the option of participating via teleconference. The initial Workgroup meeting was held on July 12, 2004.

Copies of all meeting materials including agendas, minutes, handouts, or copies of presentations are available from the Local Health Services office, telephone 517 335-8032. Documents that were produced by or for this Workgroup are contained in the Appendices.

V. WORKGROUP METHODOLOGY

The initial meeting of the Workgroup was largely organizational in nature. The Workgroup charge, goals and objectives were clarified and finalized. State staff provided a general orientation of current practices. A target of March, 2005 for the final report was set. Additional members to the Workgroup were identified from the MDCH Budget and Audit, Contracts, and Legal Affairs areas. A meeting schedule was set and operational procedures were agreed upon.

The next few meetings focused on reports by state agency members with respect to how each of the ten "Not Accredited" LHDs were handled and how long it took each to reach accreditation. Suggestions for improvements were offered and documented.

MDCH, Legal Affairs representatives agreed to provide interpretation of existing laws and suggest legal options that may already be available. MDCH, Contracts representatives discussed provisions that exist in the CPBC Grant Agreement. A distinction between accreditation and contract compliance functions was identified.

MDA and MDEQ presented timelines for current and proposed remediation for "Not Accredited" LHDs. Discussion ensued and final revisions were captured via the proposed timelines.

The Workgroup surveyed LHDs that were “Accredited”, including a separate survey for those LHDs that were “Not Accredited”. In part, questions included the potential use of sanctions, incentives, timelines for accreditation, and familiarity with the state agency process post LHD non-accreditation. The surveys provided several areas for discussion and concentration for subsequent workgroup deliberations.

In summary, the Workgroup relied on survey data, selected research and presentations by content experts, and active discussion and debate to formulate the key findings and recommendations that follow.

VI. WORKGROUP FINDINGS

The Local Public Health Accreditation Program has completed one full cycle of reviews for all 45 LHDs in Michigan. At the conclusion of this first cycle, ten LHDs were “Not Accredited.” The Accreditation Commission and the three state agencies did not anticipate a large number of “Not Accredited” LHDs. Thus, the method for addressing unresolved program issues for these State agencies was eclectic and consisted of an amalgam of contract compliance and quality improvement techniques.

It is important to note that while the action taken by the three state agencies varied, it was applied on a LHD case-specific basis depending on the program involved and the level of non-compliance. In many cases, compliance was achieved through extensive consultation and technical assistance from state agency staff. This typically involved follow-up visits to the LHD, telephone calls, meetings between LHD and state officials, liberal use of written communications and use of Consent Agreements and Administrative Orders. Ultimately, all ten “Not Accredited” LHD earned Accreditation, but the timeframe varied from several months to almost four years.

As noted in this paper’s Problem Statement Section II, it became clear the state agencies needed a clear policy for addressing “Not Accredited” LHDs and that said policy needed to be communicated broadly.

Additional findings are identified below:

- The current Accreditation process lacks a clearly defined time line.
- Based on the Workgroup survey of LHD Health Officers it is clear most LHDs were not aware of the state agency process to address “Not Accredited” LHDs.
- The Accreditation Commission wavered between Accreditation and Contract Compliance with “Not Accredited” LHDs, which is beyond its policy of supporting Accreditation only.

- The Public Health Code contains broad powers to enable MDCH to pursue sanctions for “Not Accredited” LHDs as reported by MDCH Legal Affairs staff.
- The current time frame from Corrective Plan of Action (CPA) Implementation through the Consent Agreement and/or Administrative Order processes varied from months to almost four years. A policy is needed to define when post CPA processes should be completed.
- Communication is insufficient from the Accreditation Commission to LHD leadership about post-CPA processes including roles and responsibilities of state and LHD members including Local Governing Entities.

VII. RECOMMENDATIONS

The Boilerplate Workgroup makes the following recommendations:

- 1. Share Workgroup findings and recommendations of the Boilerplate Workgroup with AQIP II, MALPH, and the Accreditation Commission for concurrence prior to implementation.**

AQIP II is a permanent committee reporting to the Accreditation Commission. Its mission is to continuously monitor the Local Public Health Accreditation Program seeking to actively improve the process.

- 2. Develop a time line that reduces the overall time a LHD has to meet the requirements of a Consent Agreement and/or Administrative Order.**

See Appendix Three for suggested time line. Note: the proposed time line reduces overall elapsed time from On-site Review through CPA Implementation by three months.

- 3. Develop reference material that explains the process that succeeds the CPA Implementation process.**

See Appendix Two for suggested new material that explains the post CPA Implementation process.

- 4. Make reference material available at key points throughout the entire Accreditation process.**

The Workgroup recommends the reference material be added to the Accreditation Tool document, the Consent Agreement Package, posted on the Accreditation Website, and communicated to the Local Governing Entities (LGE).

5. Clearly define activities for “Not Accredited” LHDs as Contract Compliance activities instead of Accreditation activities.

The new time line and narrative overview that accompanies the time line makes this distinction. A formal resolution from the Accreditation Commission may also be appropriate.

6. Reaffirm the Accreditation process ends with the Accreditation Commission’s recommendation and State Agencies’ concurrence. The Contract Compliance Process begins with the Consent Agreement process.

- The responsibilities of the Accreditation Commission should stop at the end of the CPA phase when the Commission recommends an LHD is “Accredited”, “Accredited with Commendation”, or “Not Accredited”.
- LHDs will retain the status of “Accredited”, “Accredited with Commendation”, or “Not Accredited” until a subsequent decision is effected by the Michigan Departments of Community Health, Environmental Quality, and Agriculture pursuant to recommendations by the Accreditation Commission. See related Boilerplate Workgroup Recommendation #11.

Currently, a LHD that is “Not Accredited” may be “Accredited” when it meets the requirements of either a Consent Agreement or an Administrative Order. In this case the decision to recommend Accreditation takes several months and in some cases may be years from the date of the original on-site evaluation. The Accreditation Commission policy and preferred practice is to limit its role to recommending a status at the conclusion of the CPA phase.

However, while the policy of the Accreditation Commission indicates their role ceases with a recommendation after the CPA phase, “Not Accredited” LHDs in Cycle One were all brought back for Commission consideration beyond this point. The Workgroup agreed that all activity up to the Commission recommendation after the CPA Implementation time frame was Accreditation oriented. All activity after that point that may involve Consent Agreements or Administrative Orders was and is the responsibility of the state agencies via the CPBC grant agreement requirements. See Workgroup Findings for more information on the distinction between and separation of Accreditation and Contract Compliance.

7. **Strengthen the concept of accreditation through the Administrative Rules process (i.e., in partnership with local health departments the state agencies should promulgate Administrative Rules relative to the requirement for accreditation).**

While the Public Health Code contains provisions for holding LHDs accountable for carrying out its responsibilities, it does not specifically address accreditation. The Workgroup recommends the addition of Administrative Rules to cover the process. Local health departments (including local legal counsel) shall be given the opportunity to participate actively in the rule promulgation process. See Appendix Four for the Administrative Rule promulgation process and Appendix Five for Public Health Code references.

8. **Actively involve Local Governing Entities (LGE) for LHDs in the accreditation process.**

This could be accomplished by LGE presence during the accreditation on-site review, after conclusion of the CPA process, or via special meeting. Ideally, the LGE should be involved long before an LHD receives the designation of "Not Accredited". The rationale for LGE involvement is for education, support, and endorsement of the process. When an LHD is "Not Accredited", the LGE should be asked to attend a meeting with the LHD and state officials (representatives from all three state agencies) to discuss the Consent Agreement, Administrative Order, and Administrative Hearings processes.

9. **Add additional language to the CPBC Grant Agreement, Part II General Provisions, Contractor Responsibilities, Section O: Accreditation, that addresses the actions that will be taken by MDCH when a LHD is "Not Accredited."**

One of the principle findings by AQIP was most LHDs and their LGEs were unaware of steps required when an LHD becomes "Not Accredited". The Workgroup recommends adding specific language that addresses the Consent Agreement/Administrative Order and Administrative Hearings processes in the CPBC Grant Agreement.

Current CPBC language states only "All agencies shall comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status. Agencies designated as Not Accredited may have their Department allocations reduced for costs incurred in the assurance of service delivery." Additionally, MDEQ should adopt similar yet to be developed language in its grant agreement with LHDs. The Michigan Department of Agriculture's Food Program is included in MDCH's CPBC grant agreement.

- 10. Establish and communicate that LHDs that receive the designation of “Not Accredited” will retain that designation until the next cycle, even if the LHD achieves compliance through the Consent Agreement or Administrative Order process.**

Currently, “Not Accredited” LHDs who satisfy either the Consent Agreement or Administrative Order processes may become “Accredited” although they are precluded from becoming “Accredited with Commendation”. This current practice provides little distinction between those LHDs that are “Not Accredited” for extended periods of time and those LHDs that met all minimum requirements within the established time periods.

- 11. Approve Corrective Plans of Action (CPA) within 30 days.**

Currently, when the state departments do not meet the 30-day requirement for approval of the CPA, this reduces the time LHDs have to implement these CPA. If the state departments fail to provide an initial response to the LHD within the 30-day time period, the CPA will be accepted as submitted. In the event CPA negotiation is ongoing between the state and LHD (and exceeds the 30-day requirement) the LHD shall have the implementation period extended accordingly.

- 12. Improve the CPA process by sending CPA approvals to both LHD Health Officers and LHD Program Leads.**

LHD Health Officers reported they were unaware when CPAs were approved and in many cases only became aware when their LHD missed the time line for implementation. Providing originals to the LHD Health Officer and copies to the LHD program leads would allow prompt tracking.

- 13. Develop an extension process for CPA implementation.**

Currently, timelines for CPA implementation are fixed and not adjustable. The result is that LHDs that have unforeseeable situations, which preclude them from meeting the time line for implementation, have no recourse. The Workgroup agreed that with respect to Accreditation Cycle One, many of the “Not Accredited” LHDs might have been “Accredited” if granted a short time extension during the original CPA Implementation phase. The Workgroup developed the framework for a suggested process by which a LHD may request a time extension of its CPA Implementation deadline from the appropriate State Agency. The LHD request must be approved by the local governing entity prior to submission to the appropriate State Agency. The State Agency will seek concurrence from other relevant state agencies and has final authority for approval. See Workgroup Findings Section VI of this report for additional information.

14. Convene representatives from MALPH, MDCH, MDA, and MDEQ to create a mutually acceptable plan for adjusting, as appropriate, Minimum Program Requirements when unanticipated funding reductions (e.g., executive orders) occur.

MDCH as the lead agency for Accreditation will convene the aforementioned stakeholders to examine the impact of unanticipated funding reductions as they relate to meeting accreditation minimum program requirements (MPRs). The goal of this group is to develop and execute a plan for adjusting the MPRs, as appropriate.

VIII. CONCLUSIONS

The charge to the Boilerplate Workgroup was clear. However, the Workgroup initially found staying true to the charge was challenging, especially point four, which reads “Recommend sanctions, if any, that might be applicable to LHDs that are “Not Accredited”. Recommend incentives for “Accredited” LHDs, if appropriate.”

The Workgroup’s survey results based on LHD Health Officers’ responses were mixed regarding the usefulness of sanctions. The Workgroup itself was also undecided and did not reach consensus in terms of supporting the use of sanctions. If a LHD could not meet minimum program requirements for accreditation, then it would seem logical the LHD needed assistance, not sanctions. Similarly, a LHD that went through accreditation and met all CPA requirements within the prescribed time frame and earned “Accreditation with Commendation” deserved recognition or reward.

The above challenge is just one example of the strategic issues faced by the workgroup. Ultimately, with regard to sanctions, the workgroup did not recommend sanctions other than to recommend a LHD that fails to meet in a timely manner its CPA Implementation, should remain “Not Accredited” until the next cycle. The Workgroup agreed this was consistent with the policy that once a LHD was “Not Accredited” the subsequent effort was the responsibility of the three state agencies and was a contract compliance issue, not an accreditation issue.

To try and balance the sanction vs. incentive matter, the Workgroup also recommended that LHDs that are “Not Accredited” may be ineligible for new state agency program grants. The rationale was the LHD needed to focus on meeting minimum program requirements before attempting further program expansion or enhancement.

The Workgroup recognized the value and need to include representatives from MDCH Budget and Audit, and the Legal Affairs office. Both proved to be invaluable in interpreting existing CPBC requirements and Public Health law.

Much like the AQIP report addressing recommendations for improvement in the Local Public Health Accreditation Process, the findings of the Boilerplate Workgroup parallel the same issues:

1. Consistent, frequent, and pertinent communication between the Accreditation Commission, three state agencies, and all LHDs is critical.
2. Training for both state and local staff needs to be continuous.
3. Quality Assurance and Improvement of the Accreditation process needs to be ongoing.
4. The Local Public Health Accreditation Program has improved the overall quality of the delivery of Public Health Services in Michigan and should be continued.

Maintaining a balance between contract compliance and accreditation, between enforcement and improvement, and between prescribing and collaborating are subtle distinctions and remarkably difficult to achieve. Maintaining a balance is done neither quickly, nor easily—and once done, needs constant attention. It becomes more exigent when the public health arena experiences funding shortfalls for public health programs, expanding challenges brought on by emerging global infectious diseases, and the budding development of a National Accreditation Program.

However, the Michigan Local Public Health Accreditation Program is finishing its second cycle and currently all LHDs are making steady progress toward remaining “Accredited”. With the strong partnership forged by determined and committed state and local public health professionals, the future for quality public health programs and services for Michigan’s nine million citizens, regardless of where they live or their ability to pay, remains promising.

Appendices

Table of Contents

Appendix One	Boilerplate Workgroup Members
Appendix Two	Local Public Health Accreditation Timeline Overview
Appendix Three	Time Parameter Flowchart
Appendix Four	Administrative Rule Promulgation Process
Appendix Five	Public Health Code References

Boilerplate Workgroup Members

Gretchen Tenbusch (Chairperson), Tuscola and Huron Counties

Bruce Bragg, Ingham County Health Department

Kristi Broessel, Michigan Department of Community Health

Elgar Brown, Michigan Department of Environmental Quality

Denise Chrysler, Michigan Department of Community Health

Tom Crook, Michigan Department of Agriculture

Mike Krecek, Midland County Health Department

Mary Kushion, Central Michigan District Health Department

Melody Parker, Michigan Public Health Institute

John Petrasky, Public Health Delta and Menominee Counties

Bill Ridella, City of Detroit Health Department

Mary Jane Russell, Michigan Department of Community Health

Harvey Wallace, Marquette County Commissioner

Local Health Services

Staff: Jim Butler, Michigan Department of Community Health

Staff: Debra Tews, Michigan Department of Community Health

Staff: Virginia Ball, Michigan Department of Community Health

Staff: Konrad Edwards, Michigan Department of Community Health

LOCAL PUBLIC HEALTH ACCREDITATION TIMELINE**OVERVIEW****I. INTRODUCTION**

At the end of the Accreditation Cycle for LHDs a jurisdiction is either “Accredited with or without Commendation” or “Not Accredited”. In the first cycle, state agencies and the LHDs that were “Not Accredited” worked together to enable all LHDs to eventually become “Accredited”. The end result is that during Cycle One, ten LHDs were designated as “Not Accredited”, but over time all became “Accredited”.

In the early stages of Cycle Two, Accreditation on-site reviews were paused. A Accreditation Quality Improvement Process (AQIP) Workgroup was formed to conduct an assessment and recommend ways the Accreditation Program could be improved.

A substantive AQIP Workgroup recommendation suggested a timeline be created to clearly define what happens when a LHD receives the designation of “Not Accredited”. That timeline in flowchart form is attached. A byproduct of the timeline is the tightening of the entire process, defining a clear beginning and end.

This document and the Time Parameter Flowchart shall be placed in the Accreditation Tool, on the Accreditation Web-Site, and shall be sent to “Not Accredited” LHDs as part of the Consent Agreement Package (+366 days).

To fully understand the timeline, some changes need to be made in the Accreditation process and how the Accreditation Commission, State Agencies, and LHDs perform their respective roles.

II. ACCREDITATION PROCESS CHANGES

The Accreditation process ends with the recommendation of either “Accreditation with or without Commendation”, or, “Not Accredited”. This action occurs at the conclusion of the Corrective Plan of Action (CPA) Implementation step (+365 days).

For LHDs “Not Accredited”, subsequent action is between the affected state agencies and the LHD and relate to matters of contract compliance not accreditation.

If during the time a CPA is approved (+90 days) and the Implementation of the CPA (+365 days), extenuating circumstances occur that will cause the LHD to exceed the CPA implementation date, the LHD may request an extension of the CPA Implementation date. The request must be in writing describing the extenuating circumstances and how they impact on the LHD’s ability to meet the deadline and include a new timeframe for completion. The request must also include local governing entity (LGE) approval and signature. The affected state agency with information copies of the approval sent to the other two agencies must also approve the request.

III. **ACCREDITATION COMMISSION CHANGES**

Current Commission policy notes the role of the Commission ends with a recommendation of either "Accreditation with or without Commendation" or "Not Accredited". Yet, after the Commission made its recommendation of "Not Accredited" for the ten agencies, it responded affirmatively to an appeal from one LHD to be recommended for "Accreditation". This was after the LHD had completed necessary corrections post "Not Accredited" status. This was a variance with current policy.

Effective with Cycle Three (10-01-05), the Commission's initial recommendation along with state agency concurrence will remain in effect until the LHD is evaluated in the next cycle. This means a LHD who is "Not Accredited" and then implements the necessary CPA will be designated in contract compliance, but will retain "Not Accredited" status for purposes of the Local Public Health Accreditation Program. The LHD will remain "Not Accredited" until their accreditation status is reviewed in the next Accreditation Cycle.

IV. **STATE AGENCY CHANGES**

State Agencies shall monitor a LHD's status during the Implement CPA step (+365 days). The LHD shall have the entire 365 days (if needed) to achieve accreditation status and may request revisits during that period. All state agencies will also be flexible in adhering to the CPA timeframes for implementation (before +365 days). State agencies shall consider extending the implementation date when a LHD formally requests it. Telephone contact, site visits, and other means as appropriate shall be employed to assist the LHD meet the implementation date.

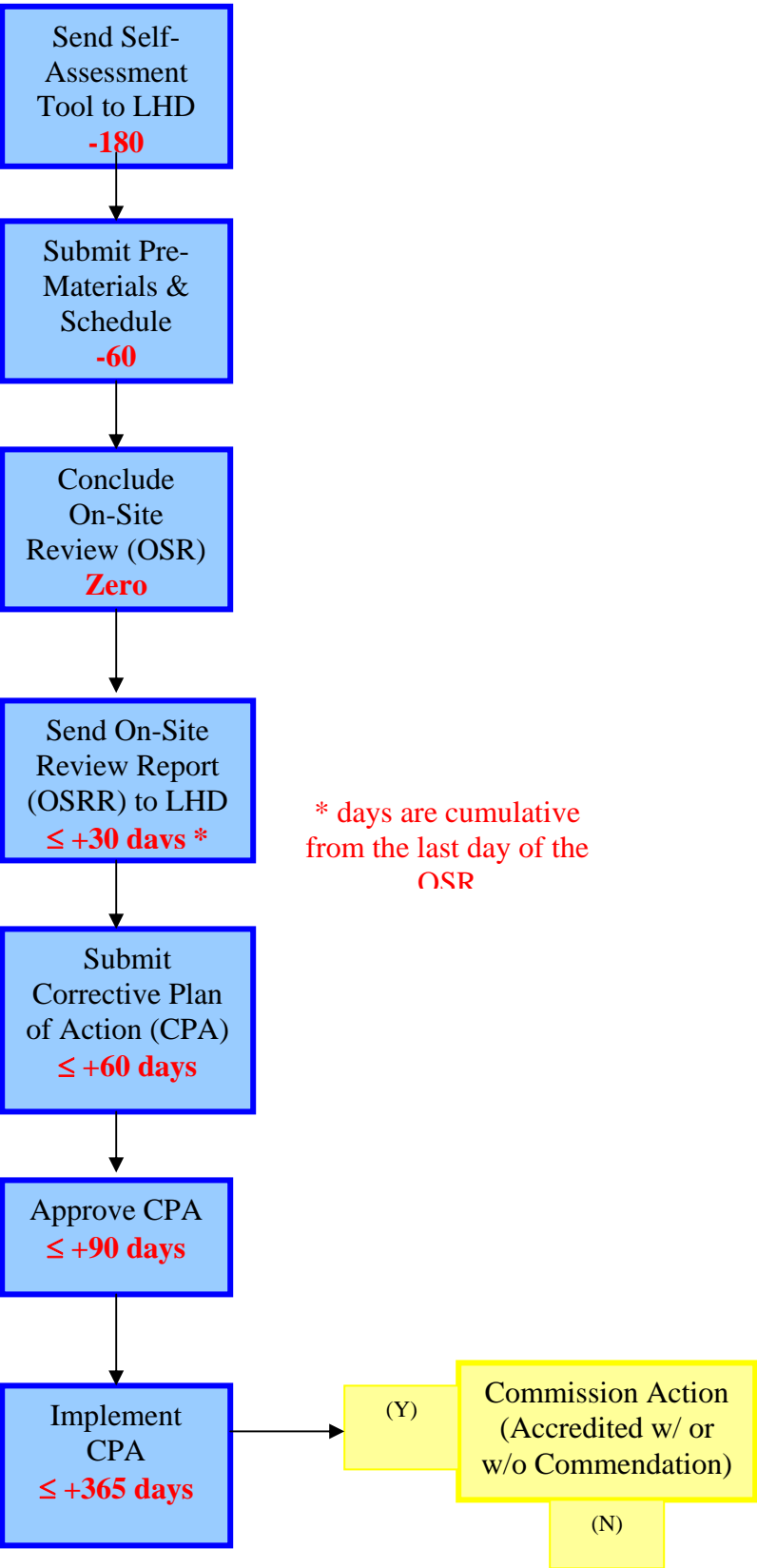
V. **LOCAL HEALTH DEPARTMENT CHANGES**

LHDs shall monitor progress in the CPA implementation and contact the appropriate state agency promptly, if they have reason to believe they will not meet the agreed upon timeframe. If necessary, the LHD shall request an extension of the CPA Implementation date documenting the extenuating circumstances that threaten their ability to meet the CPA Implementation date.

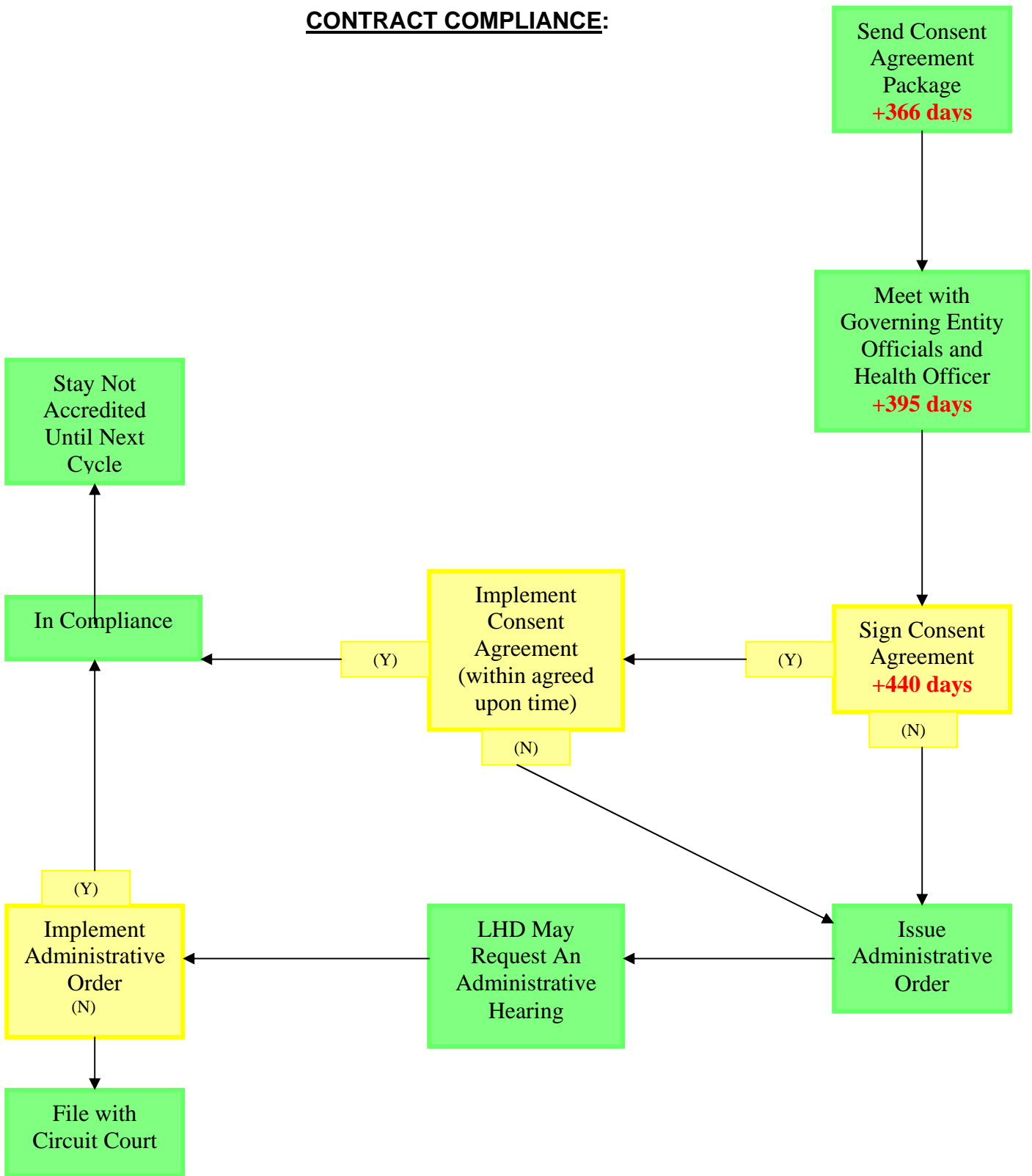
Additionally, the current Inquiry Policy remains in effect. Local health departments that disagree with on-site review findings or their accreditation designation, may request an inquiry. Typically, the inquiry group will consist of relevant LHD staff, the on-site reviewer, the reviewer's manager, the Accreditation Commission Chair, and the MPH Accreditation Project Coordinator. The objectives of this group are to clarify facts, verify information, and seek a resolution.

TIME LINE FOR ACCREDITATION AND CONTRACT COMPLIANCE

ACCREDITATION:



CONTRACT COMPLIANCE:



ADMINISTRATIVE RULE PROMULGATION PROCESS

<p>Request for Rulemaking (RFR) is submitted to the Office of Regulatory Reform (ORR) for approval.</p>	<p>Requests to commence rulemaking can come from professional boards/commissions, the department or the public.</p>
<p>Draft Rules are submitted to the ORR and LSB for informal approval.</p>	<ul style="list-style-type: none"> • Once the rules are drafted by the board, commission, department they are submitted to the Regulatory Affairs Office (RAO) to submit to the ORR informal approval (ORR reviews for legality). • Upon informal approval of the ORR, the rules are submitted to the Legislative Service Bureau for informal approval and edits (LSB reviews for format changes returns with edits).
<p>Public Hearing</p>	<ul style="list-style-type: none"> • A Regulatory Impact Statement (RIS) is prepared and submitted to the ORR for approval and signature. • Public hearing date is scheduled and notice is prepared. • Public hearing notices are published in 3 Michigan newspapers. • Public hearing notice is published in the Michigan Register. • A comment period is provided to the public prior to the hearing.
<p>Draft Rules</p>	<ul style="list-style-type: none"> • After hearing board/commission, department approves rules and/or incorporates comments from public to rules. • Rules are submitted to the LSB for formal approval (LSB may have additional edits) and rule are certified. • Rules are submitted to ORR and are legally certified.
<p>Joint Committee on Administrative Rules (JCAR)- Rules may be stopped by JCAR if objected to.</p>	<ul style="list-style-type: none"> • The rules must be submitted to JCAR within one year from the date of the hearing. • JCAR Report summarizes changes made, if any, after the public hearing. • JCAR has 21 days to meet and object.
<p>Department Adopts Rules</p>	<ul style="list-style-type: none"> • Department director adopts if Type II Agency. • Agency/commission adopts if Type I • Rules filed by ORR with Great Seal on 22nd day on JCAR clock, unless JCAR has filed notice of objection, which gives them an additional 21 days to pass a bill.
<p>Final Rules</p>	<ul style="list-style-type: none"> • After rules are filed with Great Seal, the rules are effective 7 days after filing <u>or</u> at a later date specified in the rules [MCL 24.247(1)].

**Authority for Sanctions against Local Public Health
under Michigan's Public Health Code (P.A. 368 of 1978)
Related to Accreditation**

The Office of Legal Affairs was asked to develop a document to identify the available options under existing law for Local Public Health (LPH) sanctions, limiting it to those that may be most useful or most likely to be used should a LPH department fail to meet standards of accreditation or adequately provide required services within its jurisdiction. The department remains empowered to promulgate rules should it wish to develop additional options. MCL §§ 333.2226(d) and 333.2233(1).

MCL § 333.2221(2)

"The department shall . . . (g) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the department and which are not otherwise prohibited by law."

MCL § 333.2226(d)

"The department may: . . . (d) Exercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department."

MCL § 333.2437

"The department, in addition to any other power vested in it by law, may exercise any power vested in a local health department in an area where the local health department does not meet the requirements of this part."

MCL § 333.2235(3)

The "primary organization" requirement found in (2) does not apply if "(a) The local health department does not have and is unable or unwilling to obtain qualified personnel or does not have and is unable or unwilling to obtain the administrative capacity or programmatic mechanisms to perform a specific function."

MCL § 333.2497

"Upon a finding that a local health department is not able to provide or to demonstrate the adequate provision of 1 or more of the required services, or fails to meet the requirements of this part or the rules promulgated under this part, the department may issue an administrative compliance order to the local health department's local governing entity. The order shall state the nature of the deficiencies and set forth a reasonable time by which the deficiencies shall be corrected."

Remedies Requiring More Significant Local Public Health Deficiencies

MCL § 333.2251(3)

“If the director determines that conditions anywhere in this state constitute a menace to the public health, the director may take full charge of the administration of state and local health laws, rules, regulations, and ordinances applicable thereto.”

MCL § 333.2255

“[T]he department . . . may maintain injunctive action . . . to restrain, prevent, or correct a violation of a law, rule, or order which the department has the duty to enforce or retrain, prevent, or correct an activity or condition which the department believed adversely affects the public health.”

MCL § 333.2262(2)

“If a department representative believes that a person has violated this code or a rule promulgated or an order issued under this code which the department has the authority and duty to enforce, the representative may issue a citation at that time or not later than 90 days after discovery of the alleged violation. The citation shall be written and shall state with particularity the nature of the violation, including reference to the section, rule, or order alleged to have been violated, the civil penalty established for the violation, if any, and the right to appeal the citation pursuant to section 2263. The citation shall be delivered or sent by registered mail to the alleged violator.”