Users' Guide

Local Health Departments
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Introduction

Developed in direct consultation with the Program's participants, this Users' Guide is intended to systematically outline, clarify, and explain all relevant policies, procedures, and processes integral to successful participation in the Accreditation Program. This document is also interactive, meaning that text which appears in blue and is underlined may be followed to another destination in the document or on the Internet by holding down the CTRL key and then clicking on the text with a mouse.

This document is part of a continuous quality improvement process. It is fluid and fully expected to change as local public health departments provide input regarding points that contribute to its usefulness. To retain consistency regarding the application of responses, please contact one of the individuals below.

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Overview

History

The State of Michigan has a mature, organized, and institutionalized local public health accreditation program. The timeline begins with the establishment of the Public Health Code in 1978, followed by the state/local development of Minimum Program Requirements (MPRs) in 1980.   During 1989, with state technical assistance, local health departments used the Assessment Protocol for Excellence in Public Health (APEX*PH*) tool as a means to assess and enhance the core capacities.   During 1989 – 1992, Established Committees One and Two (comprising state/local public health leaders) recommended pursuing accreditation. These early collaborative efforts defined the attributes of a local health department and served as the basis for the Michigan Local Public Health Accreditation Program (MLPHAP).

The mission of this living program is to assure and enhance the quality of local public health in Michigan by identifying and promoting the implementation of public health standards for local public health departments and evaluating and accrediting local health departments on their ability to meet these standards. The Program's goals are to assist in continuous quality improvement; assure a uniform set of standards that define public health; assure a process by which the state can ensure local level capacity to address core functions; and provide a mechanism for accountability.

Governance

The governing authority for the MLPHAP is the Michigan Department of Community Health (MDCH). Three state agencies comprise the accrediting body:
- Michigan Department of Community Health
- Michigan Department of Agriculture and Rural Development
- Michigan Department of Environmental Quality

An Accreditation Commission maintained by the Michigan Public Health Institute serves as the advisory body for Michigan's Accreditation Program.

Standards

The state health department is responsible for establishing minimum standards of scope, quality, and administration for the delivery of required and allowable services as set forth under the Public Health Code. The current model is based on Minimum Program Requirements (MPRs)
- MPRs are constructed through a formal process (Policy 8000)
- MPRs must be based in law, rule, department policy or accepted professional standards

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Process

The Accreditation Program assesses the ability of a local health department to meet minimum administrative capacity requirements. The Accreditation Program also conducts performance reviews for contractual local public health operations services and some categorical grant funded services provided by a local health department. The review process requires a team of approximately 50 state-agency reviewers, of which about 15 are used for each on-site review. The review cycle is 3 years.

There are three steps to the Accreditation process:
1. Self-Assessment
2. On-site Review
3. Corrective Plans of Action (CPA)

Following the on-site review, and CPA processes, there are three Accreditation status options. These are:
- Accredited
- Accredited with Commendation
- Not Accredited

Evaluation

MPHI will conduct regular evaluations of the Michigan Local Public Health Accreditation Program and its components at the conclusion of each 3-year cycle. Evaluation results and data will be used to improve the quality of the program.

Conclusion

The work that has been undertaken in Michigan to achieve the goals of building capacity and infrastructure development began with the creation of the Public Health Code (Act 368 of 1978), specifically Section 24 which begins to define the role of local health departments in Michigan. Without this framework, Michigan would have been challenged to establish an Accreditation Program with the depth and breadth present today. Continued commitment and collaboration by the Michigan Departments of Community Health, Agriculture and Rural Development, and Environmental Quality; the Michigan Public Health Institute; Michigan's 45 local public health departments; and the Michigan Association for Local Public Health will enhance Michigan's Accreditation Program, improve the quality of local programs and services, and shape the future of public health in Michigan.

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Terminology

Becoming familiar with these common Internet terms will help you to understand the instructions provided in this guide. The following page has illustrated examples of these terms.

1.   Internet browser – A program that provides a way to look at and interact with all the information on the Internet. Common browsers include Microsoft Internet Explorer, Mozilla Firefox, and Apple Safari. The Accreditation Web-based Reporting Module is most compatible with Microsoft Internet Explorer.

2.   Window – The boxed area on the monitor where the browser's information displays.

3.   Web page – The collection of information that displays in the window of the Internet browser at one time. Often simply referred to as a "page".

4.   Website – A collection of related web pages. You can think of a web site as a book that arrives at page at a time as you request each one.

5.   Menu bar – The second strip from the top of the window containing words the user can point to and click on to access browser functions.

6.   Toolbar – The third strip from the top of the window containing icons the user can point to and click on that are shortcuts to access browser functions.

7.   Address bar – The fourth strip from the top of the window that the user can type in the address for a website or view the address for the web page that is being displayed.

8.   Scroll bar – The strip at the right side of the window that allows the user to access more information than can be displayed on the monitor at a given time. Click above or below the box to see additional information, using the arrows for more control of movement. Scroll bars are not displayed in windows where all of the information for that page fits within the window.

9.   Hyperlink – An underlined text the user can point to and click on to access a different part of the web site or access another web site.

10.   Mouse pointer – The moving arrow or "I" icon seen on the window that allows users to see where to point and click.

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Self-Assessment

What to expect

The Self-Assessment is the first step in the Accreditation process. A local health department completes the assessment, which serves as an internal review of the department's ability to meet the minimum program requirements. The Self-Assessment phase begins four (4) months before the On-site Review. The local health department's Health Officer will receive a CD-ROM containing all sections of the Tool in MS Word and PDF and accompanying files that will aid in constructing a binder/print version of the Tool including electronic files for divider tab labels, a cover, and a spine. Accompanying the CD will be a cover letter highlighting pertinent dates in the process as they apply to the individual health department. The Tool may also be found on the Accreditation website at: http://www.accreditation.localhealth.net/Accreditation%20Tools%20&%20Timeline.htm.

The Self-Assessment should be completed using the MPR Indicator Guide for each section the local health department will be reviewed. The MPR Indicator Guide presents detailed information on the documentation a local health department provides in order to fully meet the indicators.

In order to facilitate the flow of information between the local health department and MPHI during all phases of the process, the local health department should appoint an Accreditation Coordinator and identify that person to MPHI on the **Contact Information form found in Appendix I** when pre-materials are submitted via the Web-based Reporting Module. Unless otherwise notified, MPHI will consider this person the single point of contact during the process.

Next steps

There are several important pieces that need to be completed by the local health department and delivered to MPHI to officially complete the Self-Assessment phase. **All materials will be submitted via the Web-based Reporting Module.**

On-site Review Schedule: **Due to MPHI 2 months prior to the On-site Review**

An example of a weekly schedule can be found in Appendix I. The local health department will create the schedule for the 5-day review while adhering to the **Scheduling Guidelines provided in Appendix I**. It is understood that staff members will often be responsible for multiple programs. This and other factors should be taken into consideration as the schedule is being prepared. MPHI and the Accreditation reviewers will receive the local health department's schedule as final. In the event that either a reviewer or the local health department need to make changes to this schedule after it is submitted to MPHI due to extenuating circumstances or unforeseen events, it is critical that MPHI be contacted as soon as it is evident that a change to the schedule is needed. MPHI will then coordinate the process to arrive at a revision that is mutually acceptable.

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Within two weeks of submission, MPHI will email the Health Officer or appointed Accreditation Coordinator to notify them that their schedule, modified to include reviewer contact information, is available to view on the web-based reporting module. This schedule will identify the reviewer responsible for each section and that individual's phone number and email address to assist in pre-review communication.

The three-year On-site Review calendar has been established well in advance. Due to the complex nature of the Accreditation cycle, changes to the review dates will not be customarily considered. However, in unusual instances the local health department may request a schedule change.

If a local health department needs to reschedule its On-site Review, they must request a scheduling change, in writing, at least three months prior to the start of the scheduled Self-Assessment period. The request must be mailed to MPHI and include the rationale for the schedule change. MPHI will collaborate with MDCH, MDARD, and MDEQ regarding the feasibility of accommodating the request. All parties will be notified of the outcome.

Requested Pre-materials: Family Planning and Children's Special Health Care Services

Some services/programs administered by a local health department produce extensive protocols. To that end, the Family Planning program has requested that protocol manuals and other relevant information be submitted in advance of the review to ensure accuracy and expediency of the review.

The Children's Special Health Care Services Program has requested that policy and procedure manuals and other relevant information be submitted in advance of the review to ensure accuracy and expediency of the review. **Items required and forms may be found in Appendix I**.

Family Planning Pre-materials:

All Family Planning pre-materials **(see page 63 for details)** should be sent directly to the Family Planning program:

Electronic Submission: Judy Stiles (stilesj@michigan.gov) or Barbara Derman (dermanb@michigan.gov)

Or hard copy materials can be mailed to:
Judy Stiles
Women's Health Unit
Michigan Department of Community Health
109 W. Michigan Ave., 3rd Floor
Lansing, MI 48913

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Children's Special Health Care Services Pre-materials:

All Children's Special Health Care Services (CSHCS) pre-materials should be sent directly to the CSHCS program using the secure electronic method of communication designated by CSHCS (currently known as EZ-Link). You will be contacted by CSHCS before your scheduled visit with specific information for submission.

Technical Assistance:

Local health departments should contact relevant state agency staff in the event that clarification is needed regarding minimum program requirements and/or indicators. **A list of state agency staff is provided in Appendix I** that includes names, email addresses, and phone numbers.

Submission to MPHI:

The following items should be submitted via the web-based reporting module **2 months prior to the On-site Review:**

☐   On-site Review Schedule

☐   Exit Conference Request Form

☐   Contact Information Form

Tips to facilitate the process:

- Be certain to allow enough time for the Self-Assessment phase by beginning upon receipt of your Accreditation Tool.

- Assemble a management team comprising the Health Officer, Medical Director, Finance Director, Personal Health Services Director, and the Environmental Health Director (or equivalents). Remember to include the designated Accreditation Coordinator if not already represented above. Regular meetings for progress reports are beneficial.

- Keep all staff and other relevant entities informed about the Accreditation process including the local governing entity (Board of Health, County Commission, etc.).

- Fresh eyes looking at programs in the local health department can often make a positive impact in preparation. Utilize and involve your staff by having them review programs other than their own. For example, the immunization staff could review the food service sanitation program; the food service sanitation program could review the immunization program and so on.

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5. Menu Bar

6. Toolbar

7. Address Bar

Home Page - Microsoft Internet Explorer

File   Edit   View   Favorites   Tools   Help

Back   Search   Favorites

Address   http://webreport.accreditation.localhealth.net/default.aspx   Go

Assuring and enhancing the quality
of local public health in Michigan

Michigan Local Public Health Accreditation

Welcome Central Michigan District Health Department

Change your Password

Upcoming Important Dates

For Your Deparment:	
Upcoming Site Visit:	3/17/2008
Submission of CPA Due : (For all indicators that are not met)	5/20/2008

Reports

View and Track CPA Status

Log Out

9. Hyperlink

8. Scroll Bar

Done   Internet

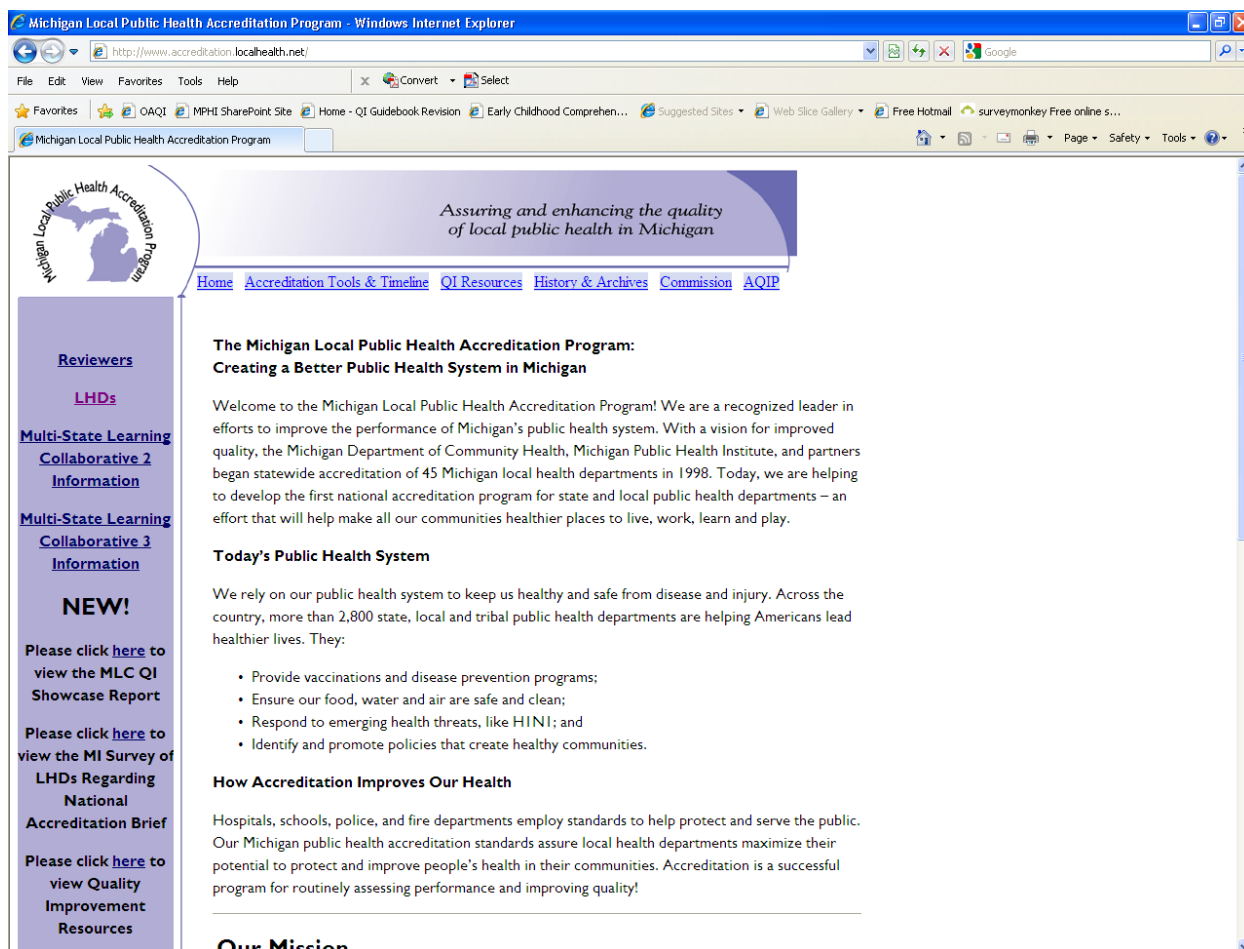# Users' Guide

<div style="text-align: center;">

Navigating the Website

</div>

Accessing the Website

Open your Internet browser (this user manual will assume that you are using Microsoft Internet Explorer 8.0 or higher), and type: http://www.accreditation.localhealth.net into the address bar of the browser.

On the left side of the screen, there is a purple bar. Click on the "LHDs" link. On the Local Health Department Pre- and Post-Review Tools page, click on the "Cycle 5 Web-based Reporting Module" link.
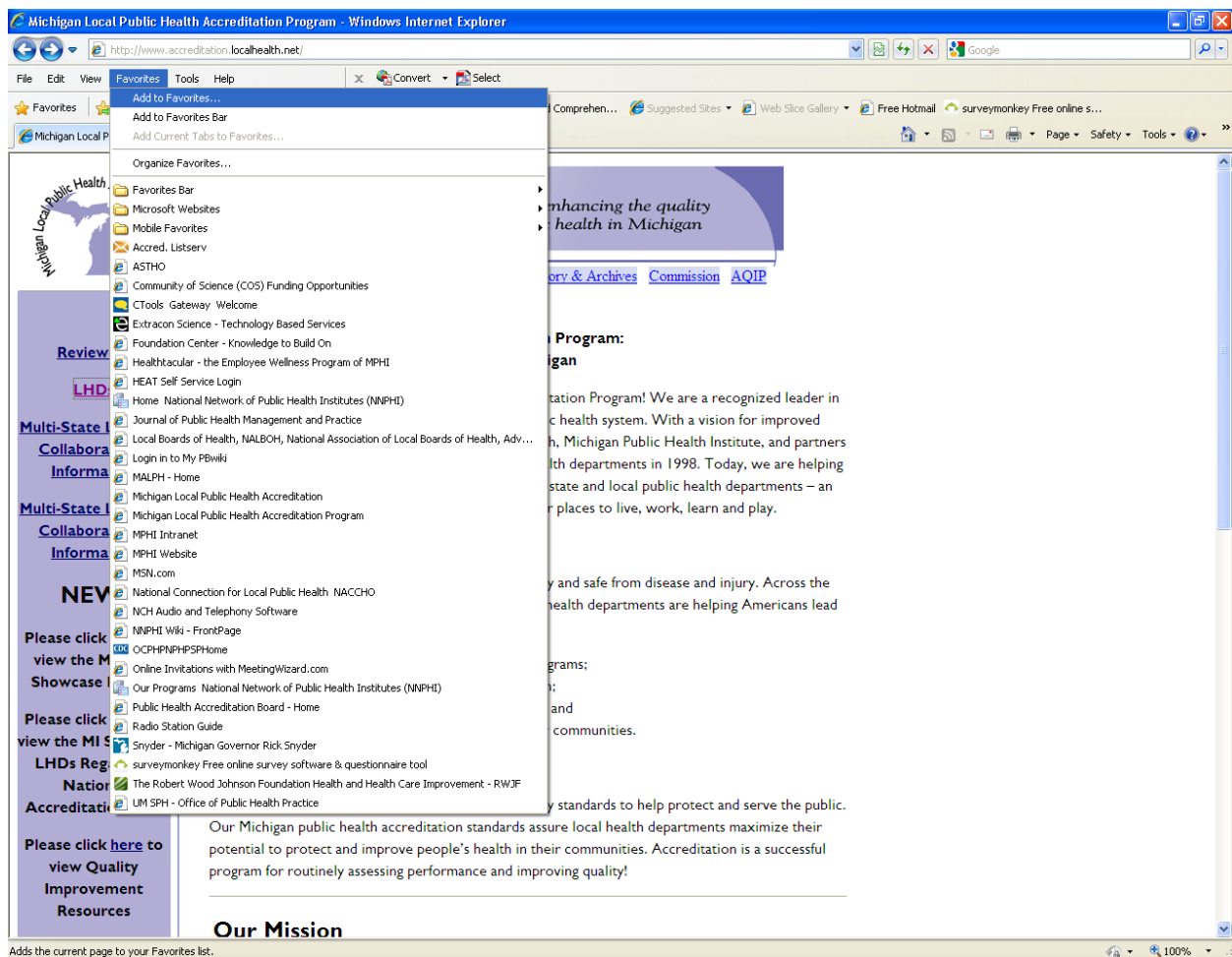
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You may want to create a bookmark for this website so that you can easily access it in the future without having to remember the text you would need to type in the address bar. To create a bookmark:

1) Click on "Favorites" in the menu bar. This will initiate a drop-down list of options.
2) The first option on this list is "Add to Favorites..."; click on this.
3) A window will launch, in which you have the options of changing the bookmark name and placing it in a folder with other bookmarks. If you are unsure which settings you prefer, simply click on the "OK" button.
4) When you next click on "Favorites", this website will be included in the drop-down list of options (or in a folder in this list if you placed it there).

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Logging in to the Web-module

Your LHD's username and password were provided to you in the Cycle 5 Tool Welcome letter as well as the letter pertaining to your LHD's On-site Review Report. If you have since forgotten your LHD's password, this information can be accessed by clicking the "forgot your password" link at the bottom of the Web-module login page. If you have forgotten both your LHD's username and password please contact Amanda Bliss at abliss@mphi.org or (517) 324-8363 or Dilhara Muthukuda at dmuthuku@mphi.org or (517) 324-6072.

In addition, Health Officers will receive a username and password in a separate letter with their LHD's On-site Review Report notification letter. This will allow them to submit Corrective Plans of Action for the LHD.

Changing Your LHD's Password

You can only change your LHD's password after you have logged in to the system. If you decide to change the LHD's password, <u>be sure to inform all staff who will be accessing the report as well as your Local Governing Entity</u>. The hyperlink to change the password is only available on the LHD home page.

To change your LHD's password:
1) Click on the "Change Password" hyperlink located at the top of the LHD home page. This will take you to the Change Password page.
2) Type your old password in the first box.
3) Type your new password in the second box.
4) Re-type your new password in the third box.
5) Click on the "Change Your Password!" button to submit your change.

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LHD Home Page

Upon login, you will be taken to your LHD home page. On the left side of the page, you will see a list of upcoming important dates and reminders as well as access links for pre-materials.

Pre-materials

All LHD pre-materials are submitted to MPHI via the web-module **except** for Family Planning pre-materials. These will be submitted directly to the Family Planning program. Please see page 9 for more information.

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To enter your schedule, click on Review Schedule on the bottom left side of the screen. You will be taken to a screen that looks like this:

First, place a checkmark in the box on top of the page if your LHD will be participating in the optional Quality Improvement Supplement (QIS).

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To schedule a program, choose the section you wish to schedule from the drop down box on the far left.

Schedule Programs

Section: LHD Staff Involved:

	Thursday	Friday
Powers and Duties	☐ AM	☐ AM
Clinical Laboratory	☐ PM	☐ PM
Food Service		
General Communicable Disease Control		
Hearing		mit
Immunization		
On-Site Sewage Treatment Management		
Sexually Transmitted Disease	**Scheduled**	
Vision		Delete Add
Breast and Cervical Cancer Control Program	M	Schedule Reviewer
Family Planning		
HIV/AIDS		

No Reviewers have been assigned

Once the program is selected, click in the box under "LHD Staff Involved" and enter names of the LHD staff who will be participating in the review. Then, choose the timeslots the program is to be scheduled (e.g., Monday AM, Friday PM, etc.) by checking the appropriate boxes. Refer to page 50 and 51 for scheduling guidance.

Schedule Programs

Section: LHD Staff Involved:

Powers and Duties

Monday	Tuesday	Wednesday	Thursday	Friday
☐ AM	☐ AM	☐ AM	☐ AM	☐ AM
☐ PM	☐ PM	☐ PM	☐ PM	☐ PM

Submit

After you have made your selections, click on "Submit" and the program will add it to the schedule. A purple and white table will display at the bottom of the page as schedules are added.

If you make a mistake in scheduling, you may click on "Delete Schedule" to remove the entry from the schedule.

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To enter your exit conference requests, return to the LHD home page and click on "Exit Conference Requests" on the bottom left side of the page.

For each program, choose "Yes" or "No" to indicate if you would like an exit conference and enter the names of staff members who will participate in the exit conference. Refer to page 24 for more details.

When you have finished entering your exit conference requests for all programs, click "Save" on the bottom of the page. Please note, once you clicked "Save" you will be unable to make further changes to this form. *If further changes are required, please contact Amanda Bliss at abliss@mphi.org or (517) 324-8363 or Dilhara Muthukuda at dmuthuku@mphi.org or (517) 324-6072.*

To edit your LHD's contact information, click on "View Profile Information" at the top of the LHD home page. On the bottom of the contact information page, click on "Edit this Information." You will be taken to a screen that looks like this:

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Once you have entered your LHD's current contact information, click on "Save Information."

The most crucial piece of information to capture accurately is the Accreditation Coordinator's e-mail address, as this person will be receiving auto-generated e-mails from the website related to Corrective Plans of Action responses.

Once you have finished entering your pre-materials, MPHI staff will review them for accuracy of scheduling and contact you with any questions. MPHI staff will also add reviewer names and contact information to the schedule and notify you once it is available for viewing. You may review your schedule by returning to the LHD home page and clicking again on "Review Schedule." You will be taken to a page that looks like this:
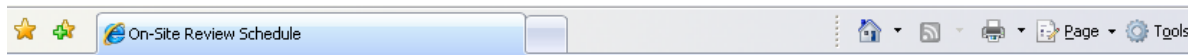
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Assuring and enhancing the quality
of local public health in Michigan

Michigan Local Public Health Accreditation
Local Health Department On-Site Review Schedule

Demo Health Department

On-site Review Week of: 7/20/2009
Reports: On-site Review Schedule Report
             Complete Pre-materials Report

Please place a check mark in this box if your LHD will be participating in the optional Quality Improvement Supplement (QIS):	☑

Schedule Programs

Section: LHD Staff Involved:

[▼]   [   ]

Monday	Tuesday	Wednesday	Thursday	Friday
☐ AM	☐ AM	☐ AM	☐ AM	☐ AM
☐ PM	☐ PM	☐ PM	☐ PM	☐ PM

[Submit]

Section	LHD Staff	Scheduled		
Clinical Laboratory	Tom Robinson	Tuesday AM	Delete Schedule	Add Reviewer
	No Reviewers have been assigned			
Family Planning		Monday PM, Tuesday AM, Tuesday PM	Delete Schedule	Add Reviewer

Reviewer Name	Phone	Email	
Barbara Coy	517-335-4604	coyb9@michigan.gov	Remove
Liz Harton	517-335-8333	hartone@michigan.gov	Remove
E.J. Siegl	517-335-8814	sieglej@michigan.gov	Remove

☑ Publish

Return to Home Page

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The purple and white table in the center of the page lists the reviewers' contact information and timeslots for each program.

If you click on Exit Conference Requests on the LHD home page, you will be taken to a screen that looks like this:

If you wish to access your pre-materials all at once, including schedule, exit conference requests, and contact information, once you are in the review schedule screen, click on "Complete Pre-materials Report." If you wish to access a PDF of the schedule only, click on "On-site Review Schedule Report."

Important! We must request that you absolutely refrain from using your browser's "Back" button to navigate within the module. Because of the dynamic nature of web programming, the system does not function as ordinary websites do. Using the "Back" button at any time instead of using the navigational links provided within the module can cause multiple issues with reading or printing your reports. In short, **never use the "Back" button; always use the navigational links that are liberally distributed throughout the module.**

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Exiting the Web-module

Important! A "Log Out" hyperlink is located at the bottom of the main LHD home page. We ask that you use this hyperlink to exit the web-module before closing your Internet browser.
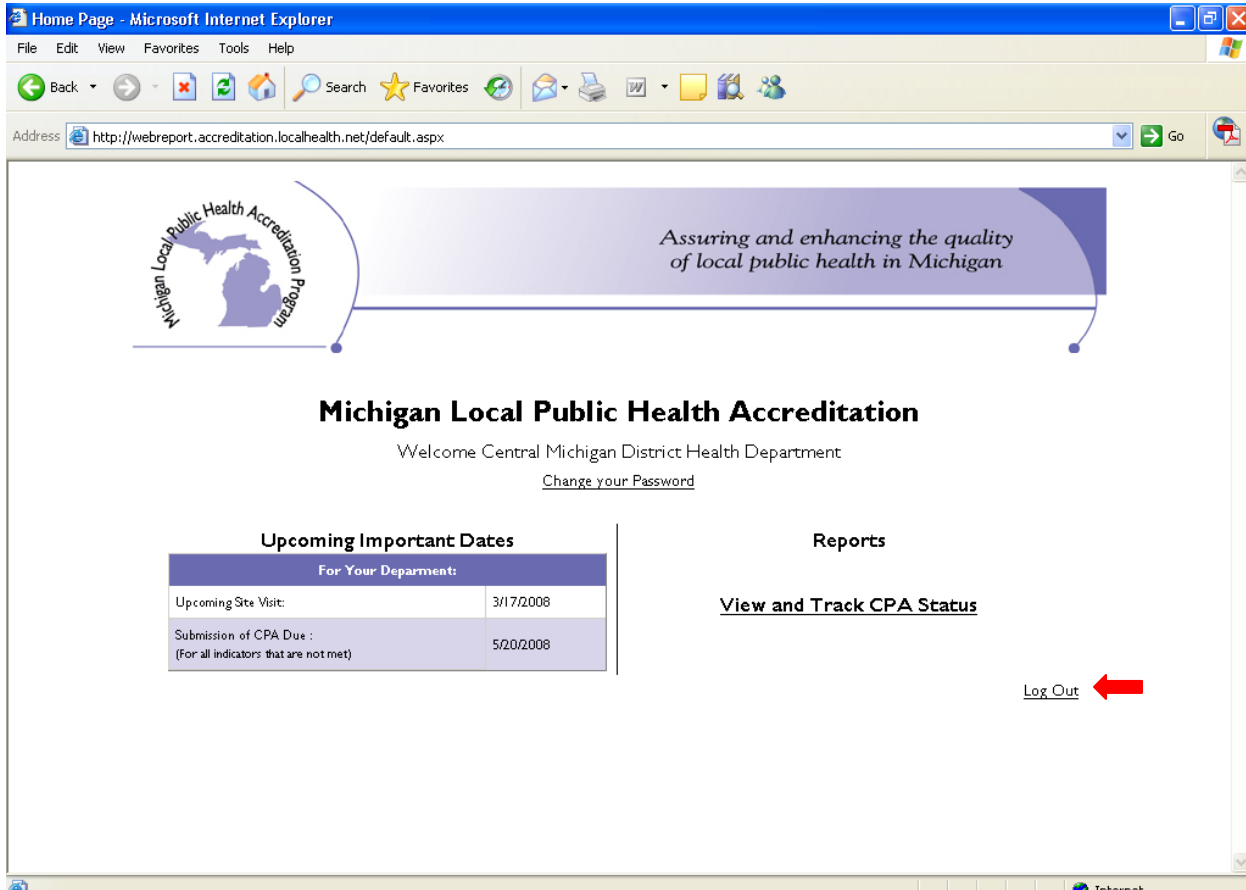
The reason for this again has to do with the nature of Web programming. When you simply close your Internet browser, the website cannot detect this type of exit and thinks that you are still logged in.

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On-site Review

What to expect

Every local health department's experience with the On-site Review will be different, but if the local health department takes full advantage of all resources available to them during the Self-Assessment phase, the week-long review should progress smoothly.

Suggestions

- Spend your Self-Assessment period (and beyond) asking questions. Ask the state agency reviewers. Ask the technical assistance contacts. Ask MPHI. The more your local health department knows about the entire process, the better your On-site Review experience.

- Providing food and/or beverages for reviewers during the On-site Review is neither mandatory nor expected.

- Ensure the reviewers meet with the local health department staff identified on the schedule. If the scheduled staff member becomes unavailable at the last moment, let either the reviewer or MPHI know.

- Opening sessions on the first day of the week are not mandatory. Upon state agency reviewer arrival, engage them in dialogue that will determine logistics during the On-site Review, such as if local health department staff will be needed, what documentation may be required, etc.

Exit Conferences

If the local health department would like assistance in facilitating opportunities for program-specific exit conferences with state agency reviewers, the following should be submitted with the other pre-materials using the web-based reporting module **(an example form can be found in Appendix I)**:

1) Identify accreditation sections for which an exit conference is requested, and
2) Identify, by name, local health department representatives to be included in the conference (e.g., Health Officer, Program Director, etc.). Local health department preferences will be communicated to state agency reviewers before the On-site Review.

For expanded information about exit conferences, please see pages **96 - 97** of this guide.

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The On-site Review Report

Within 30 days from the last day of the week-long review, notification of the On-site Review Report's (OSRR) completion and access instructions (also found on **page 11** of this guide) are sent to the local health department (the Health Officer and/or the Accreditation Coordinator) and the local health department's local governing entity chairperson.

Indicator Designations

Four designations may be utilized by reviewers in evaluating indicators of the minimum program requirements (MPRs) for a given section:
- **Met**
- **Not Met**
- **Met with Conditions**
- **Not Applicable**

MET Designation
Indicators that are marked "Met" meet all of the necessary requirements as described in the guidance document.

NOT MET Designation
Indicators that are marked "Not Met" do not fully meet all of the requirements as described in the guidance document. Local health departments that do not fully meet all requirements for a specific indicator must develop and submit a corrective plan of action (CPA) specifying actions to be developed and implemented in order to achieve the requirements for this indicator. If an indicator is not met, it is the reviewer's responsibility to communicate clearly and effectively why the indicator is not met. There must be a clearly articulated statement for the "Reason Not Met" field when an indicator is not met.

Once the CPA is reviewed, the local health department will be notified if the plan of action is:
- Not accepted and will need to be resubmitted,
- Accepted, no further action required,
- Accepted with further action required. The type of action required will be dependent on the section, state agency involved, and will be communicated to that local health department. (A follow up review by the state agency may be conducted to verify implementation of the plan.)

NOT APPLICABLE Designation
The "Not Applicable" status is used when an indicator is not applicable to a local health department, e.g., they do not participate in a component of the program being reviewed.

Please note: Important indicators should be marked only "Met" or "Not Applicable." They may not be assessed as "Not Met" or "Met with Conditions".

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MET with CONDITIONS Designation

Each program has the option of awarding a "Met with Conditions" designation for an indicator reviewed during the accreditation process. This designation serves as an alternative to giving a Not Met when a minor, non-critical deviation is discovered in a review that does not warrant the preparation of a formal CPA. An explanation for the decision to mark an indicator "Met with Conditions", will be included under the heading "Met with Conditions" on the accreditation report.

The follow-up for each indicator given a Met with Conditions will occur at the next cycle review. If the indicator remains unmet by the next cycle review, it will be marked "Not Met". However, at reviewer discretion, a Met with Conditions may be given on consecutive reviews when:

- An MPR/indicator has multiple elements
- The originally cited issue(s) has been corrected, and
- A different issue now results in a "Met with Conditions" rating

Due to the variation among the sections, state agencies conducting the reviews, and varying program requirements, it is the responsibility of each program to clearly describe in their guidance document the criteria that will be used for designating an indicator "Met with Conditions".

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PROGRAM SPECIFIC LANGUAGE SUBMITTED FROM EACH PROGRAM FOR REVIEW

LOCAL HEALTH DEPARTMENT POWERS & DUTIES

A designation of "Met with Conditions" for an indicator within the Local Health Department Powers and Duties Section (Section I) may be used at the discretion of the reviewer in cases where minor deviations exist. Any indicator marked "Met with Conditions" will be addressed during the Exit Conference and in the On-site Review Report. Recommendations for improvement will be offered and must be implemented before the next accreditation cycle to prevent the subsequent designation of "Not Met."

FOOD SERVICE PROGRAM

A Met with Conditions may be granted if the department overall meets the minimum program requirements, but occasionally minor deviations or clerical problems might indicate that the requirement is not met. Based on the requirements specified in the guidance document, a Met with Conditions may be given with the understanding that this MPR will be required to be met at the next scheduled evaluation. Failure to meet this indicator would result in a Not Met.

GENERAL COMMUNICABLE DISEASE CONTROL

A designation of "Met with Conditions" for an indicator within the General Communicable Disease Control Section will be used at the discretion of the reviewer on-site and based upon importance of the deviation. When multiple components are needed to fulfill an indicator and the deviation is determined to be a non-critical issue by the reviewer (i.e., will not effect daily operations, investigations, or reporting of the LHD), the indicator will be marked as "Met with Conditions" and recommendations for improvement will be offered. Corrections to the indicator will need to be made before the next cycle to avoid being marked "Not Met".

HEARING & VISION

A designation of "Met with Conditions" for an indicator within the Hearing and Vision Screening Programs may be used at the discretion of the reviewer in cases where minor deviations that can be immediately addressed exist. This will be discussed at the exit interview and the Local Health Department agrees that their current protocol may be changed immediately to reflect the written indicator. The change in protocol will be confirmed at the next accreditation On-site Review.

IMMUNIZATION

A designation of "Met with Conditions" for an indicator within the Immunization Section may be used at the discretion of a joint consensus between the technical manager and the reviewer in cases where minor deviations exist. All of the indicators under the individual Minimum Program Requirements in the Immunization Accreditation tool are associated with program requirements outlined in the Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631, as well as requirements in the 2007 Vaccines for Children (VFC) Operations Guide; Immunization Program Operations Manual (IPOM, 2013-2017) and Michigan's Resource Book for VFC Providers.

Indicators must be met in order for the program to be in compliance with the state and federal program requirements. Because some indicators require that report submissions are documented on

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designated dates, it is difficult to base compliance on a 90 consecutive days timeframe. In those cases, a "Met with Conditions" mark would apply until the next date for compliance arrives. At this point the LHD is expected to submit timely reports, or the indicator will result in a Not Met.

ON-SITE WASTEWATER TREATMENT MANAGEMENT

The appropriateness and basis for granting of "Met with Conditions" will be communicated for each indicator in the guidance document. Where a "Met with Conditions" rating is awarded, the specific conditions required to be met at the next scheduled evaluation will be clearly communicated in the Accreditation report. Where specific conditions have not been satisfied at the time of the next review, a "Not Met" rating will result.

SEXUALLY TRANSMITTED DISEASE and HIV/AIDS

A designation of "Met with Conditions" for an indicator within the Sexually Transmitted Disease and HIV/AIDS programs will be used at the discretion of the Accreditation reviewer on-site and based upon the significance of the deviation.

When multiple components are needed to fulfill an indicator and the deviation is determined to be a non-critical issue by the reviewer (i.e., will not affect daily operations, investigations, reporting of the local health department, or does not violate state law), the indicator may be marked as "Met with Conditions."

The reviewer will state the rationale for this designation in the accreditation report and recommendations for improvement will be clearly stated verbally and in the report. Any further action that is required will occur outside the Accreditation process and in conjunction with recurring quality improvement and program monitoring activities conducted by the state STD and HIV/AIDS programs. Corrections to the indicator will need to be demonstrated during the on-site review or scheduled within four weeks after the on-site review to avoid being marked "Not Met" or becoming a "Corrective Plan of Action."

BREAST AND CERVICAL CANCER CONTROL PROGRAM

Several indicators under individual Minimum Program Requirements are linked as part of the overall program evaluation, but due to the complexity of these indicators, they are evaluated separately. Ongoing quality monitoring of these indicators occurs on a yearly basis and are officially reviewed every three years as part of the Accreditation process.   Agencies that do not meet indicator requirements (as outlined in the guidance document) but demonstrate development and/or implementation of a process/procedure to meet the indicator requirements will be marked "Met with Conditions."   The BCCCP reviewer will state the rationale for designating this indicator "Met with Conditions" in the Accreditation report. Any further action that is required will occur outside the Accreditation process and in conjunction with recurring quality improvement and program monitoring activities conducted by the state BCCCP program.

FAMILY PLANNING PROGRAM

All of the indicators under the individual Minimum Program Requirements in the Family Planning accreditation tool are linked to program requirements as they appear in the Federal Title X Program

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Requirements (42 CFR Part 59, Subpart A). Indicators must be met in order for the program to be in compliance with the federal program requirements. This is also true of the Minimum Program Requirements which are derived directly from the federal requirements of the program. Family Planning Program reviewers do not have a option of using a "Met with Conditions" designation, which would not assure correction of the failed requirement until the next review cycle (or an additional three years). Title X Guidelines require that programs are reviewed each three years for compliance with the guidelines.

WOMEN, INFANTS, AND CHILDREN (WIC)
A designation of "Met with Conditions" is not applicable for the WIC program.

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)
A designation of "Met with Conditions" for an indicator within the CSHCS program will be used at the discretion of the reviewer on-site and based upon the importance of the deviation. When multiple components are needed to fulfill an indicator and the deviation is determined to be a non-critical issue by the reviewer (i.e., will not affect daily operations, investigations, or reporting of the LHD), the indicator will be marked as "Met with Conditions" and recommendations for improvement will be offered. Corrections to the indicator will need to be demonstrated during the On-site Review at the next cycle to avoid being marked "Not Met".

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Initial Commission Review

A local health department retains its official accredited status from one cycle to the next until the Michigan Departments Community Health, Agriculture and Rural Development, and Environmental Quality effect a subsequent decision pursuant to recommendations by the Accreditation Commission. The initial presentation that occurs to the Commission once the On-site Review is complete is simply to inform the Commissioners of the local health department's progress. No action is taken at this time. Please see **page 47** for subsequent steps.

Inquiry Policy

Local health departments that disagree with On-site Review findings or their accreditation designation may request an Inquiry. If the findings in question relate to reviewer findings (as opposed to the accreditation status designation), the local health department is encouraged to first contact the reviewer to seek a resolution before submitting in writing a request for an Inquiry. The first opportunity for this to occur is at the Exit Conference. However, the Inquiry may be submitted at any time during the three year accreditation cycle.

The purpose of the Inquiry is to convene the local health department and relevant state agency with a third party (Accreditation Commission Chair) to share information, discuss the issue and reach agreement.

If a mutually agreeable solution is not reached during this meeting, the Accreditation Commission Chair will render a decision in the form of a recommendation to the state agency with copies to the local health department. In all cases, final disposition is the responsibility of the state agency responsible for the program under question.

To begin the process, the local health department submits in writing a request for Inquiry with a short explanation that concisely describes what findings occurred and their reasons for taking exception to those findings. The request concludes with the local health department recommending an alternative finding. The request is submitted to the Chair of the Accreditation Commission, and in the case of an Inquiry for an On-site Review finding(s), copies are sent to the state agency that performed the On-site Review.

Within two weeks of receipt of the Inquiry request, the state agency that made the original findings will submit to the Accreditation Commission Chair a written summary of their rationale for the findings and an explanation as to why the local health department's position is not supportable.

Two weeks from receipt of the state agency written summary, the Chair of the Accreditation Commission will convene a meeting (usually by telephone) of the local health department and the state agency(s) involved, plus the MPHI Accreditation Coordinator and a representative from the lead state agency, Community Health. Both the local health department and state agency(s) will present their positions to the Chair. If consensus cannot be reached by all parties during this meeting, within 5

business days the Chair will provide a recommendation and advise both the local health department and state agency(s). In all cases the decision to act upon the Accreditation Commission Chair's recommendation is up to the involved state agency(s).

Additional actions subsequent to the Inquiry shall be by and between the local health department and state agency(s) only.

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Reports

Accessing the LHD On-site Review Report

The online Accreditation system generates several reports following the On-Site Review. In order to access these reports, log in to the website and select the Program Area from the drop down box under Reports. You will be given a list of options for which report you wish to access.

On-Site Review Report
Numeric summary of all sections

Unpublished CPA Report
Summary of all Unpublished CPAs for all sections

Sectional Status Report
Detailed report with comments for current section

Section Summary Report
Numeric summary of current section

Total Site Visit Report
Full detail of entire Accreditation Site Visit

Clicking on the "On-Site Review Report" will generate a printable PDF containing a grid with totals for all Met, Not Met, and Not Applicable indicators for all sections.

Clicking on the "Unpublished CPA Report" link will generate a list of CPAs that your LHD has not yet submitted for approval.

Clicking on the "Sectional Status Report" link will generate a printable PDF of the On-site Review Report for the section currently being viewed, which includes Met, Not Met or Not Applicable data for each indicator as well as any reviewer comments.

Clicking on the "Section Summary Report" will generate a printable PDF containing a grid with totals for all Met, Not Met, and Not Applicable indicators which have been entered for the section currently being viewed.

Clicking on the "Total Site Visit Report" link will generate a PDF of your LHD's entire site visit report (all sections).

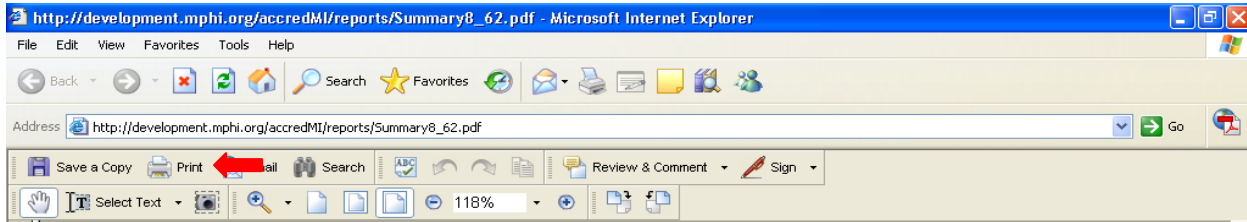# Users' Guide

Printing Reports

To print a PDF file, click on the "Print" button on the upper left side of the screen (your version of Acrobat Reader may vary). This will open a print dialog box where you can choose your printer and printer options.

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Accreditation Review Evaluation

What to expect

Following Cycle 1 an ad hoc subcommittee of the Accreditation Commission, known as the Accreditation Quality Improvement Process (AQIP) workgroup implemented a survey with local health departments as part of an evaluation of the Accreditation program. The AQIP survey produced 44 recommendations to improve the Accreditation process. One of these recommendations identified the need to incorporate a review evaluation component. Feedback from the participants will be used to determine if concerns expressed in the AQIP survey are being addressed. The data will help to identify training needs and aspects of the review that continue to require improvement.

Procedure & Results

A. A copy of the Accreditation Review Evaluation **form is included** in **Appendix II.**

B. One form should be completed for each section after the results of the On-site Review have been retrieved. Regardless of how many individuals participated in the review, only one form per program is required.

C. The forms must be sent to MALPH at the address below **within 30 days of OSRR retrieval by the local health department.**

> MALPH
> Michigan Association for Local Public Health
> P.O. Box 13276
> Lansing, MI 48901

D. De-identified evaluation results will be shared with the Accreditation Commission and state agency program managers.

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Corrective Plans of Action

What to expect

The Corrective Plan of Action (CPA) process provides a mechanism for program or service improvement. The plan estimates implementation time and designates a local health department contact.

Local health departments that do not fully meet all essential requirements must develop CPAs for missed indicators. When preparing CPAs, local health departments should use the Corrective Plan of Action form located on the Web-based Reporting Module. A **copy of this form** (for reference only) can be found in Appendix III.

The timeline for CPA implementation begins at the conclusion of the On-site Review. As a result of exit conferences, local health departments should be aware of missed indicators and can begin developing the CPA.

What to do

A. Each indicator designated "Not Met" will require its own individual CPA form.

B. Develop the plan with input from staff.

C. Contact the reviewer responsible for your review or state agency technical assistance staff for the unmet indicator(s) as you develop your plan(s).

D. Submit the plans online through the web-based reporting module. Submission of the CPA will require your Health Officer's unique username and password; thus ensuring the Health Officer's opportunity to 'sign off' on the CPA.

E. If you have additional materials that must accompany your CPA, please send them either via e-mail or hard copy to your applicable section reviewer(s).

Next steps

MPHI will log the receipt of each plan and email the appropriate state agency reviewer(s) within 48 hours of receipt. **The state agency reviewer(s) has 30 days from the local health department's submission date** to MPHI to respond to the plan(s). The options for this response are as follows:

- The plan may be approved with no further action by either party required.

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- The plan may be approved with further action required such as a site revisit or submission of materials to the state agency reviewer(s).

- The plan may be rejected in which case information will be included instructing the local health department on what revisions to the plan are needed.

If the state agency fails to provide an initial response to the local health department within the 30-day time period, the CPA will be accepted as submitted. In the event CPA negotiation is ongoing between the state and local health department (and exceeds the 30-day requirement), the local health department shall have the implementation period extended accordingly. Implementation of approved plans must be in place for ninety days from the date of state agency approval before a local health department may be considered for accreditation.

Responses to CPAs may be viewed and tracked via the Web-based Reporting Module. Please see **page 11** for instructions on how to access the Reporting Module.

Procedure for Conducting Accreditation Re-evaluations of LHDs

Purpose
To determine if a local health department has met the minimum program requirements (MPRs) that were found to be "Not Met" during the initial accreditation evaluation.

Background
The MLPHAP requires a local health department to request a re-evaluation for all MPR's and Indicator's that were found to be "Not Met" between ninety days of the CPA approval date, and one year of the accreditation evaluation.   Failure to request a re-evaluation within one year will result in "Not Accredited" status.

Policy/Procedure
- The re-evaluation will assess only those MPR's and Indicator's found to be "Not Met" during the initial evaluation.
- The re-evaluation will encompass the time period beginning with the implementation of the CPA.

Evaluation
The evaluation will review the following:
- The deficiencies found in the original evaluation
- The CPA
- The action taken to resolve the deficiencies
- Results of the action

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How to Judge Compliance

Met- The program indicator meets the definition of "Met" in the MPR Indicator Guide used during the original evaluation.

Met with Conditions- Substantial progress has been made. Continued implementation of the CPA will reasonably result in compliance.

Not Met- Not in compliance with any reasonable expectations of being in compliance in the near future.

Exit Interview

An exit interview will be conducted with the appropriate management staff if applicable.

Notification

Results of the evaluation will be placed on the web-based reporting module via the CPA response form for review by the local health department.

Extension Policy

If it appears that the local health department will not meet the agreed upon timeframe for implementation of a CPA(s), the local health department should contact the appropriate state agency as soon as the delay is evident. If necessary, the local health department may request an extension of the CPA implementation date, documenting the extenuating circumstances that threaten the ability to meet the original date. The local health department request must be approved by the local governing entity prior to submission to the appropriate state agency. The state agency will then seek concurrence from other relevant state agencies and has final authority for approval.

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LHD Submission of CPAs

When an indicator is marked "Not Met," a Corrective Plan of Action (CPA) form for the LHD and a State Agency response form are automatically generated when final edits to the sections' report are submitted. You will submit your LHD's CPAs via the web-module. **In the event that programs request additional CPA information, please send these materials directly to your program contact. You will be prompted to enter information on the CPA page about the materials sent, date sent, and to whom they were sent.**

To submit your CPAs, click on the "View and Track CPA Status" link from the LHD home page. You will be taken to a table that looks like this:

To edit your LHD's CPA response form, click "Edit" next to the indicator for which you wish to enter a CPA.

You will be taken to a form that is almost an exact replica of the CPA form from previous years. The only difference is that the electronic form asks you to enter any electronic materials you are sending to your program contact at MDCH, MDARD, or MDEQ.

When you have finished editing your CPA, click "Save", then "Return to CPA Page" to either enter additional CPAs or return to the home page to log out.

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For quality assurance purposes, we are requiring that Health Officers review and sign off on the plans with a separate, unique username and password that will be distributed by MPHI staff.

To submit each CPA, the Health Officer should follow the exact steps outlined above, making changes if applicable. When the CPA is ready for final submission, the Health Officer simply puts a checkmark in the "Publish" box and clicks "Save", then "Return to CPA Page" to complete the process for each CPA. After each CPA has been approved and submitted, the Health Officer should click on "Return to CPA Page" and then "Return to Main Menu" to log out.

Electronic Signature: [Test]

NOTICE: *By placing your name in this box, you agree that this plan has been reviewed and approved by appropriate administrative staff, including your Health Officer.*

☑ Publish   [Save]   Return to CPA Page

CPAs are due 60 days from the last day of the LHD's review. MPHI staff will send a message to State agency reviewers when all CPAs have been submitted to alert reviewers that they may view and respond to the CPAs.

State Agency CPA Response

To view CPA responses submitted by State agency reviewers, click on the "View and Track CPA Status" link from the LHD home page. You will be taken to a table that looks like this:

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Demo Health Department
View Profile Information

View CPA Status

CPA Form	Response Form	Section	Minimum Program Requirement	Indicator	Revision	CPA Status	Response Status	Review Date
View	* View	Powers and Duties	Minimum Program Requirement #1	indicator 1.3	1	Published	Yes, Action Required	2/27/2009
		Powers and Duties	Minimum Program Requirement #1	indicator 1.3	2	Published	Not Completed	
View		Powers and Duties	Minimum Program Requirement #1	indicator 1.6	1	Published	Yes, Action Required	2/27/2009
View		Clinical Laboratory	Minimum Program Requirement #3	indicator 3.1	1	Published	Not Completed	

Return to Main Menu

All outstanding and completed CPAs will be listed in this table. Responses are sorted by section, indicator, and then chronologically, with the most recent response on top. To view a CPA response for a particular indicator, click on "View" next to the indicator. For ease of viewing, there is a star next to the most recently updated CPA response.

You may also print these responses by clicking "Print this Page!" at the top of each response form.

The initial response form is the same as in the previous cycle. The available responses are as follows:

1. Yes, with no further action required- This response is used when the LHD has proven compliance simply by CPA submission. This completes the CPA cycle for that indicator.

2. Yes, with further action required- This response is used when the reviewer requires either a site revisit or materials from the LHD. If materials are required, you will see a date by which they should be sent to the reviewer/program area. If your LHD requires a site revisit, you will see a date by which the site visit must be completed. There is also a text field labeled "Please detail actions necessary for compliance." In this field, you will find any miscellaneous details that you need to know in order to prepare for compliance.

3. No- This response is used when the CPA is not acceptable and must be re-submitted.

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If "No" is chosen as a response, a new follow-up response form is automatically generated and labeled sequentially. This is the form used for each subsequent response to accept the initial submission of the plan. **Please note**: If your initial CPA response is "No" and your LHD must re-submit your CPA, **please submit the revised plan directly to your program contact**, not online, nor to MPHI.

If "Yes, with further action required" is chosen as a response, a new follow-up form will be generated. State agency reviewers will respond to this form in a similar fashion, either to alert the LHD that more implementation action is required before final sign-off, or to issue final approval to the CPA.

Print this Page!

CPA Response Follow-up Form

For Official Use Only
Michigan Department of Agriculture, Community Health and Environmental Quality

State Agency Reviewers must submit the CPA response form(s) within 30 days of the Accreditation receipt date stamped on the local health department's CPA form(s).

LHD Name: Demo Health Department
Indicator: Powers and Duties - Minimum Program Requirement #1, Indicator 1.6
Response Form #: 2

Was the LHD successful in its CPA implementation?

   No, further action is required to implement the CPA

Date by which LHD needs to complete this action   2/27/2009

Please explain the action that the LHD needs to take for successful implementation
Test

Reviewer Name: Debra Tews
Date: 2/27/2009 5:58:00 PM

---

or

Users' Guide

Print this Page!

CPA Response Follow-up Form

For Official Use Only
Michigan Department of Agriculture, Community Health and Environmental Quality

State Agency Reviewers must submit the CPA response form(s) within 30 days of the Accreditation receipt date stamped on the local health department's CPA form(s).

LHD Name:	Demo Health Department
Indicator:	Powers and Duties - Minimum Program Requirement #1, Indicator 1.3
Response Form #:	2

Was the LHD successful in its CPA implementation?

Yes, this is my final sign-off for this indicator

Reviewer Name:	Debra Tews
Date:	2/27/2009 5:50:00 PM

Important! If the CPA is not responded to by the Reviewer within 30 days of MPHI receipt, the CPA must be accepted as written.

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Demo Health Department
View Profile Information

View CPA Status

CPA Form	Response Form		Section	Minimum Program Requirement	Indicator	Revision	CPA Status	Response Status	Review Date
View		View	Powers and Duties	Minimum Program Requirement #1	indicator 1.3	1	Published	Yes, Action Required	2/27/2009
	*	View	Powers and Duties	Minimum Program Requirement #1	indicator 1.3	2	Published	Yes	2/27/2009
View		View	Powers and Duties	Minimum Program Requirement #1	indicator 1.6	1	Published	Yes, Action Required	2/27/2009
	*	View	Powers and Duties	Minimum Program Requirement #1	indicator 1.6	2	Published	Yes, Action Required	2/27/2009
			Powers and Duties	Minimum Program Requirement #1	indicator 1.6	3	Published	Not Completed	
View			Clinical Laboratory	Minimum Program Requirement #3	indicator 3.1	1	Published	Not Completed	

Return to Main Menu

The CPA Status column will show the status of each LHD CPA form currently on the system. When the status is "Draft", this means that the CPA is still in the editing stage at your LHD and is not available for reviewers to view. When the status is "Published", this means that your LHD has submitted a CPA form for that indicator.

The Response Status form lists the responses provided by State agency reviewers. If the response next to the most recently updated CPA response is "Yes", the LHD has successfully completed implementation for that indicator and has no further action to complete. If the response is "Yes, Action Required" or "No", the LHD should work with their program contact to determine follow-up action as necessary.

Please note: ALL follow-up action after initial CPA response should be between the State agency program and the LHD. However, we ask that reviewers update CPA responses as necessary to communicate either final sign off or that the LHD has further implementation action to complete.

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180 and 90 Day CPA Process Emails

In order to further facilitate the CPA process between the three State agencies and the local health department, CPA reminder emails will be sent 180 and 90 days prior to the local health department's CPA implementation date if the agency still has outstanding CPAs. Emails will be sent by MPHI Accreditation staff with follow up response(s) required.

The following emails will be sent at the predefined CPA increments:

180 Day Email
To: Section Reviewer(s)
Cc: LHD Health Officer, LHD Accreditation Coordinator, Program Manager (at the state), and Local Health Services
Subject: Accreditation – Corrective Plan of Action

Hello Reviewer(s) Name(s),

It has come to MPHI's attention that Local Health Department Name has not completed the Corrective Plan of Action (CPA) process for the following CPAs:

Section: Family Planning
Indicators: 7.1, 11.1, 14.1, 16.1

We ask that you follow up with Local Health Department Name regarding the above CPAs as soon as possible. At this point, the LHD has 180 days remaining to fully implement the CPAs prior to their 365 day CPA implementation date of **list date here**. If the LHD reaches their 365 day CPA implementation date and the above CPAs are not fully implemented, the LHD's Accreditation status will be at risk.

If MPHI does not receive communication from you regarding the status of the above CPAs by insert date, the LHD's Health Officer, LHD Accreditation Coordinator, and your supervisor will be contacted to facilitate timely resolution of this matter.

I look forward to hearing from you very soon. Should you have any questions, please don't hesitate to contact me via email or by phone at (517) 324-8387.

Thank you,
Jessie Jones

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90 Day Email

To: LHD Health Officer & Accreditation Coordinator
Cc: Section Reviewer(s), Program Manager(s) (at the state), and Local Health Services
Subject: Accreditation - Critical Status

Hello LHD Health Officer and Accreditation Coordinator Names,

It has come to MPHI's attention that Local Health Department Name has not completed the Corrective Plan of Action (CPA) process for the following CPAs:

Section: Family Planning
Indicators: 7.1, 11.1, 14.1, 16.1
(All sections and indicators will be noted)

Local Health Department Name has 90 days remaining to fully implement the above CPAs, including any follow-up visits needed, prior to your 365 day CPA implementation date of **list date here**. If a re-evaluation date has been set, please let us know the date of the re-evaluation for our records.

Your LHD is ninety days away from receiving not accredited status.

If you still need to schedule a re-evaluation, we ask that you communicate with your applicable section reviewers at the state and reply to this email by **list date here** letting us know the status of the above CPAs.

Should you have any questions, please don't hesitate to contact me via email or by phone at (517) 324-8387.

Thank you,
Jessie Jones

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Becoming Accredited – What's Next

What to expect

Once a local health department has completed the On-site Review and subsequent CPA process, the LHD has met the requirements to be recommended for accreditation. The CPA implementation results are then shared with the Commission at its next quarterly meeting for recommendation to the Michigan Departments of Community Health, Agriculture and Rural Development, and Environmental Quality for approval.

Immediately following the Commission's recommendation, a letter determining the local health department's status is then produced by the Director of the Michigan Department of Community Health on behalf of the Directors of the Michigan Departments of Agriculture and Rural Development and Environmental Quality. The letter is sent to the local health department health officer and the chairperson of the local governing entity. A certificate of accreditation accompanies the letter sent to the local health department.

Accreditation with Commendation

A local health department is eligible for Accreditation with Commendation when it:
- Meets 95%, cumulatively, of the Essential Indicators within the Minimum Program Requirements during the on-site reviews for the Powers and Duties and seven (7) mandated services* sections, and
- Misses not more than two (2) indicators in each of the programs cited above, and
- Has zero (0) repeat missed indicators from the previous cycle in each of the included programs, and
- Meets 80% of the Minimum Program Requirements in the Quality Improvement Supplement within the Powers and Duties Section.

* The seven mandated services sections include: Food Service Sanitation, Communicable Disease, Hearing, Immunization, Sexually Transmitted Disease, On-Site Wastewater, and Vision.

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Next steps

It is suggested that local health departments consider taking the following actions upon becoming accredited:

- Congratulate staff (breakfast/lunch, reception just for staff, etc.).

- Communicate effort/achievement to local governing entity (invite them to award ceremony, special presentation/update at regular meeting, or call a special meeting to announce).

- Inform the community: media (newspaper(s), local news, public, and newsletters).

- Include in local health department marketing efforts accreditation designation: marketing (stickers, include designation as a tagline on pamphlets and letterhead, multiple certificates for multiple offices, etc.).

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Appendix I

Reminder: This form is to be completed and updated on the web-reporting module.

Local Health Department Contact Information

LHD Name: _____

Street Address: _____

Mailing Address (if different):_____

City, State & ZIP: _____

Phone: _____

LHD Website (if applicable): _____

Health Officer: _____

Health Officer's Phone: _____

Health Officer's Email: _____

Accreditation Coordinator: _____

Accreditation Coordinator's Phone: _____

Accreditation Coordinator's Email: _____

LHD Local Governing Entity: _____

LGE Chairperson: _____

LGE Chairperson's Mailing Address:
_____

Date Chair's Appointment Ends: _____

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Scheduling Guidance

1. Schedule Section I (LHD Powers and Duties) and the optional Quality Improvement Supplement (if applicable) on Monday and Tuesday.

2. Section III (General Communicable Disease) will be reviewed remotely. Guidance for the remote review begins on page 53 of this guide. Please to be sure to indicate a day and time for the reviewers to contact your health department to discuss their review of your materials.

3. Schedule Sections IV and VIII (Hearing and Vision) together, as a single half-day review, (e.g., IV & VIII, 9-12 noon). Please avoid scheduling these reviews on Friday.

4. Schedule a family planning clinic on the first day of the two-day Family Planning (Section X) review. Agencies should schedule a full clinic with a variety of visit types, especially initial and annual visits.

5. For Section V (Immunization), schedule one day for the review at the main local health department clinic (no visits to off-site clinics) on a day when the IAP coordinator and immunization clerk are available for interaction with the reviewer.

6. Please avoid scheduling Section IX (Breast and Cervical Cancer Control Program) on Thursday or Friday.

7. Please avoid scheduling Section XII (Children's Special Health Care Services) on Wednesday or Friday.

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SECTION	TIME REQUIRED
Section I – Local Health Department Powers and Duties and optional Quality Improvement Supplement (if applicable)	1-2 days
Section II – Food Service Sanitation Program	5 days
Section III - General Communicable Disease Control	½ day Reviewed remotely
Section IV – Hearing	¼ day
Section V – Immunization	1 day
Section VI – On-site Wastewater Treatment Management	2 days
Section VII – HIV/AIDs and Sexually Transmitted Disease	1 day
Section VIII – Vision	¼ day
Section IX – Breast and Cervical Cancer Control Program	½ day
Section X – Family Planning	2 days
Section XI – Women, Infant, and Children (WIC)	N/A – no on-site review required
Section XII – Children's Special Health Care Services (CSHCS)	1 day

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EXAMPLE HEALTH DEPARTMENT ON-SITE SCHEDULE
February 3-7, 2014

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING (9:00 – 12:00pm)	**I** Staff Name ☐ Please check here if you will be participating in the optional Quality Improvement Supplement and indicate which staff person will participate **II** Staff Name **IV & VIII** Staff Name **VIII** Staff Name	**I** **II** **III** Staff Name **XII** Staff Name	**II** **VI** Staff Name **IX** Staff Name **VII** Staff Name	**II** **V** Staff Name **X** Staff Name	**II** **X**
AFTERNOON (1:00 – 4:00pm)	**I** Staff Name **II** Staff Name	**I** **II** **III**	**II** **VI** **VII**	**II** **V** **X**	**II** **X**

Note–The responsible staff's name need only appear once on the first listing when a multiple day program review occurs unless that party will change.

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SECTION III
General Communicable Disease Control

Remote Accreditation Guidance

Overview

Starting with accreditation Cycle 5, the Section III: General Communicable Disease Control will be conducted via an off-site remote accreditation process. The communicable disease accreditation team is asking local health departments (LHD) to upload all Section III related documents to the MiHAN for the remote accreditation. This will allow a standard system for sharing files during the accreditation process.

The **Document Center** on the MiHAN has folders for each of the LHDs in Michigan. Within the folder for each LHD there is a folder entitled "**LHD name CD Accreditation**". Access is restricted to only those local and state personnel who have been given permission to view the documents within the folder.

In the Accreditation folder on the Han you will find the "Accreditation Evidence Crosswalk" document. Please complete this document and post it back to the folder as it directs the reviewer through your evidence. This ensures all documents you feel provide support for a specific MPR/indicator are reviewed. Please post all supporting materials and the completed Crosswalk document to the accreditation folder no later than 8 A.M. on the morning of your scheduled Section III: General Communicable Disease review date. The reviewer conducting your evaluation will contact you prior to the week of your accreditation to schedule a conference call exit interview, if one is requested.

If at any time you have questions or difficulty with the process, please contact the reviewer assigned to your department's accreditation.

Items to include in the Accreditation folder

Please refer to the Section IV MPRs and indicators for specific suggested/required materials and documents to be placed in the folder as evidence. Provided evidence should include:

- Completed Accreditation Evidence Crosswalk document
- Electronic copies of all communicable disease policies, procedures, and protocols as specified in the Section III tool
- Electronic weekly MDSS line lists with documented review and approval (or other electronic logs – e.g., an Excel workbook)
- Electronic copies of the annual reports, formal summaries, or website address where 3 years of communicable disease trend data is maintained
- List of stakeholders receiving the annual report or formal summary
- Electronic versions of quarterly updates or newsletters (Special Recognition)
- A list of all disease specific protocols maintained by the LHD and 3-5 representative samples of these protocols

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- A sample of 3-5 outbreak summaries for investigations conducted during the previous 3 years
- A sample of 3-5 fact sheets, educational materials, or guidance documents used by the LHD
- Electronic copies of presentations given at educational venues (Special Recognition)
- List of current and up-to-date reference materials maintained by the LHD
- Logs of professional development activities (CEU, CME, or contact hours) for at least the CD Supervisor and one other CD Nurse during the previous 3 years.
- Signature pages that represent internal review and approval for all policies, procedures, and protocols

Retrieving a document from the HAN CD Accreditation Folder

1. Log on to MiHAN (https://michiganhan.org)
2. Select 'Document Center' at the top of the page
3. Select 'LOCAL HEALTH' folder

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4. Select 'INDIVIDUAL LHD' folder

5. Select your local health department
6. Select the folder *LHD name* **CD Accreditation**
7. Select the document you would like to access

Uploading a document to the HAN CD Accreditation Folder

1. Log on to MiHAN (https://michiganhan.org)
2. Select 'Document Center' at the top of the page
3. Select 'LOCAL HEALTH' folder
4. Select 'INDIVIDUAL LHD' folder
5. Select your local health department
6. Select the folder *LHD name* **CD Accreditation**
7. Click on the "Add File" icon.
8. If you choose to upload a single document at a time you see the following screen
   a. Click on the Browse button to search your computer files
   b. Once the document is found, select "Add File"
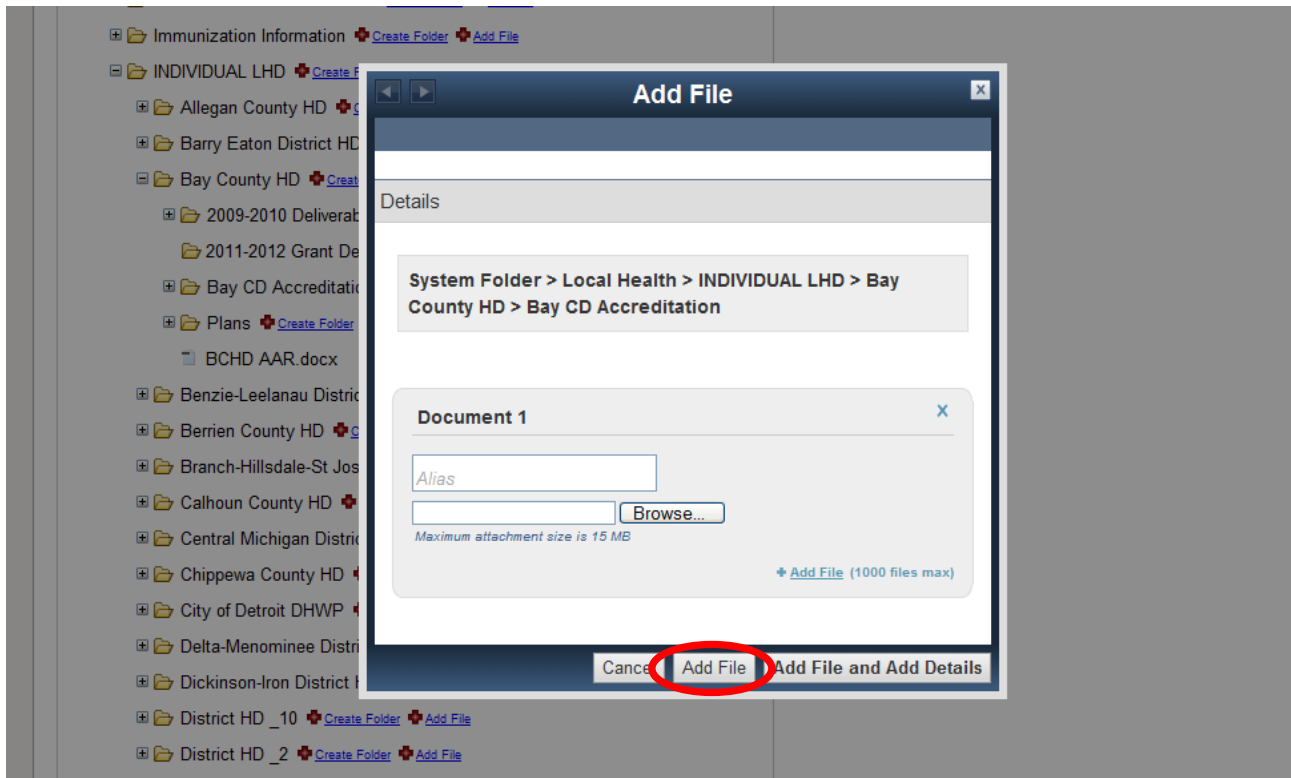
9.   If you choose to upload multiple documents:
     a.   Select 'Add File (1000 files max)'
     b.   Repeat this process for as many files as you wish to upload.
     c.   When all of the files you wish to upload have been selected click on "Add File.
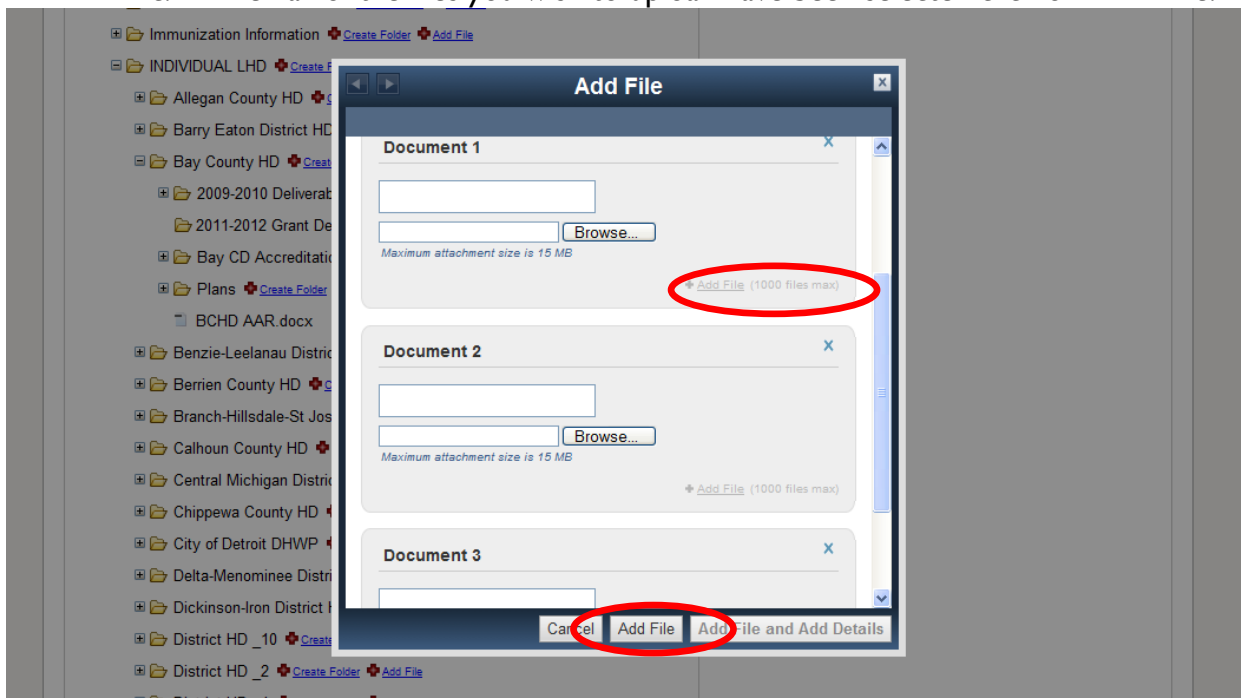
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Section III: Accreditation Evidence Crosswalk

Please complete this document prior to the scheduled review date and post back to your folder on the MiHAN. Completion of this document is important for making the connection between the specific indicator and the supporting documents.

MPR I

The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.

Indicator	File name / web address LHD is submitting as evidence for the indicator	Policy title / specific page numbers that address indicator
Indicator 1.1 The local health department shall maintain annually reviewed policies and procedures.		
Indicator 1.2 The local health department collects, collates, and analyzes communicable disease surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.		
Indicator 1.3 The local health department electronically submits communicable disease cases and case report forms (PDF forms) that are complete, accurate, and timely to MDCH by utilization of the Michigan Disease Surveillance System (MDSS). **Note: A random sample of case reports will be pulled out of MDSS by the reviewer no additional information is required for this indicator.**	**Not Applicable**	**Not Applicable**

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Indicator 1.4 The local health department shall create an annual report (or formal summary) that includes aggregate communicable disease data for dissemination throughout the local health department's jurisdiction.		

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MPR 2

The local health department shall perform investigations of communicable diseases as required by Michigan law.

Indicator	File name / web address LHD is submitting as evidence for the indicator	Policy title / specific page numbers that address indicator
Indicator 2.1 The local health department shall maintain annually reviewed policies and procedures.		
Indicator 2.2 The local health department shall initiate communicable disease investigations as required by Michigan laws, rules, and/or executive orders.		
Indicator 2.3 The local health department shall notify MDCH immediately of a suspected communicable disease outbreak in their jurisdiction.		

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MPR 3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

Indicator	File name / web address LHD is submitting as evidence for the indicator	Policy title / specific page numbers that address indicator
Indicator 3.1 The local health department shall maintain annually reviewed policies and procedures.		
Indicator 3.2 The local health department performs activities necessary for case follow-up, which includes guidance to prevent disease transmission.		
Indicator 3.3 Presence of adequately prepared staff capable of enforcing Michigan law governing the control of communicable diseases.		
Indicator 3.4 The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms. **Reviewer will pull CDC 52.12 and 52.13s submitted by LHD – no action is required by LHD.**	**Not Applicable**	**Not Applicable**

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SECTION X
Family Planning Program

These advance materials must be sent directly to the Family Planning program:

1. Current organizational chart with names, positions and FTE's listed, and curricula vitae or resumes of project director and medical director.

2. Clinical protocol manual, including applicable STD protocols.

3. Copy of forms/templates used in the client record.

4. Completed Fiscal Questionnaire.

MATERIALS TO BE AVAILABLE <u>ON</u> <u>SITE</u> (DO <u>NOT</u> MAIL TO MPHI):

1. Client records will be randomly selected based on visit type, abnormal pap follow-up, adolescent status or choice of contraceptive method.

2. Family planning administrative, legal and financial policies.

3. Roster for the Family Planning Advisory Committee, identifying the type of community representation members hold.

4. Meeting minutes from the Family Planning Advisory Committee and Information and Education (I&E) Committee from the last three years.

5. Samples of billing, registration, encounter and data processing forms.

6. Client charge schedule and current sliding fee schedule.

7. Current referral listing.

8. Written letters of agreement for paid referrals. Also include your written policy for after-hours emergency contact.

9. Documentation of quality assurance activities, including: medical audits, chart audits, and quality assurance committee minutes or staff minutes that address quality assurance issues.

10. New staff orientation plan.

11. Documentation of clinic in-service training and other staff training, identifying staff attendance.

12. A copy of the stock or supply list and the price list for these items.

13. Equipment maintenance logs.

14. CLIA logs.

15. OSHA exposure control policy.

16. Copies of medical director's professional license; drug control license for each service site; nursing licenses; and professional license for each clinical care provider.

17. Documentation of client input, such as client satisfaction surveys.

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18. Educational materials, including pamphlets, tear off sheets and videos.

19. Outreach and community education logs.

20. Documentation of most recent clinical evaluations/peer reviews for all clinicians.

21. Laboratory manual.

22. Formulary.

23. Appointment schedule.

24. Staff evaluations.

25. Medication education sheets.

26. Staff CPR certification.

27. Most current family planning cost study.

28. Single Audit Review.

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Title X Family Planning

Pre-Site Review Fiscal Review Questionnaire

Agency Name: _____

Date of Review: _____

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
1. Is staff aware of applicable cost principles (OMB Circular A-87 or A-122) and unallowable costs (i.e., alcoholic beverages, bad debts, contingency reserves, contributions and donations, entertainment, fund raising, etc.?) http://www.whitehouse.gov/omb/circulars/a087/a087-all.html http://www.whitehouse.gov/omb/circulars/a122/a122 2004.pdf				
2. Does the accounting system have separate revenue and expense accounts for the Family Planning Programs?				

Users' Guide

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
3. For the most recent completed grant year, do the general ledger revenue and expense accounts for the MDCH Family Planning grant agree with payment made by MDCH, and the final FSR submitted for that grant year? If not, explain.				
4. Do management and Board of Directors regularly review a functional budget compared to actual expenses for each funding source and program?				
5. Do management and Board of Directors have procedures in place to follow-up on budget variances if they occur?				
6. Does the agency have an annual financial statement audit or a single audit?				
7. Have financial audit findings been corrected or addressed?				

Users' Guide

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
8. Does the Board of Directors have an Audit and/or Finance Committee that convenes and communicates regularly with the treasurer and other Board members to assist in understanding and responding to financial developments (i.e., if adverse financial developments, are there systems in place that allow the organization to address them)?				
9. Does the person that authorizes payments of bills review original invoices and other support documentation?				
10. Are paid invoices cancelled?				
11. Is the person that approves invoices for payment someone other than the person requesting payment?				
12. Are amounts charged to the MDCH Family Planning grant supported by approval invoices or other supporting documentation?				

Users' Guide

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
13. Were all costs charged to the grant actually incurred during the grant period? (i.e., reported to the proper grant fiscal year?)				
14. Are record retention policies in place that comply with the program contract requirements?				
15. Are time/activity records maintained for employees working on more than one program, as well as personnel that work 100% in a particular program, so that only time actually worked on the program is allocated to the program?				
16. Do the personnel positions charged to the program conform to the positions and salaries authorized in the MDCH Program Budget Summary?				
17. Are fringe benefits charged based on actual costs incurred, and supported by approved paid invoices?				

Users' Guide

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
18. Are the fringe benefit costs charged to the program in relation to the salary costs allocated to the program?				
19. Does the agency have written travel policies and procedures defining reasonable limits for hotel and meal reimbursements, mileage rate(s), unallowable costs, and documentation requirements?				
20. Is travel charged to the MDCH Family Planning grant supported by approved employee travel vouchers with appropriate receipts/documentation, and indicating the purpose of the travel?				
21. If space cost for agency owned buildings is charged to the grant, is the cost based on depreciation or use allowance, plus actual operating and maintenance cost?				
22. If space cost for rented building is charged to the grant, is the cost supported by a current signed lease agreement?				

Users' Guide

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
23. Is space cost allocated to all programs that benefit from the space, based on square footage used, or other consistently applied allocation basis? (sometimes space cost is included as part of Indirect Cost.)				
24. Are costs for vendor contracts supported by a current signed contract?				
25. Are vendor contract charges supported by detailed billings as to type and amount of services/goods for the contract period and not just "for services rendered?"				
26. Are contract billings/reviewed to ensure consistency with the contract terms and objectives?				
27. Are indirect costs charged to the program? (e.g., agency-wide administration, division level administration, central service costs).				

Users' Guide

Allowable Costs/Cost Principles:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
28. Are indirect costs allocated to all programs that benefit from the overhead, by using a consistent basis? (e.g., based on a pro-rata share of personnel costs, or total direct costs of the programs that benefit.)				
29. Do the agency FSR's report total program costs?				

Cash Management:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
30. Does the agency have policies/procedures in place to assure timely submission of requests for reimbursement, documentation of financial status reports, and routing and filing of FSR's?				
31. Does the agency have procedures in place to ensure that costs for which reimbursement was requested were paid prior to the date of the FSR?				

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Equipment:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
32. If grant funds were used to purchase equipment, were the items purchased specifically approved by MDCH in the original or amended budget and supported by approved invoices?				
33. Are inventory records maintained as well as aDNREuate safeguards over government-financed property and equipment including verification of equipment every two years, as required by 45 CFR 74.34? http://www.access.gpo.gov/nara/cfr/wisidx03/45cfr7403.html				
34. Is the agency aware of Federal purchasing standards in 45CFR 74.44? http://www.access.gpo.gov/nara/cfr/waisidx03/45cfr7403.html				
35. Does the agency have policies and procedures in place to ensure adherence with these standards?				

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Program Income:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
36. Is program income (fees and collections) billed on a sliding fee scale and does the fee scale conform to applicable poverty guidelines?				
37. Are duplicate receipt slips prepared for every receipt, and a copy given to the client, and does the receipt show full cost less any applicable discounts.				
38. Is all program income reported on the FSR?				

Reporting:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
39. Are Financial Status Reports (FSRs) submitted timely?				
40. Do FSRs report actual cost, and not one-twelfth or one-quarter of the budget?				
41. Do FSRs report costs and revenues that follow the approved budget?				

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Sub-recipient Monitoring:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
42. Are sub-recipient activities supported by a current signed contract and budget for each Sub-recipient?				
43. Are the subcontract terms consistent with the MDCH contract?				
44. Do sub-recipient FSRs or billings report actual cost and revenue and not one-twelfth or one-quarter of the budget?				
45. Are sub-recipient FSRs or billings submitted timely?				
46. Are sub-recipient FSRs or billings signed by a responsible official or the subcontractor?				
47. Are sub-recipient FSRs or billings reviewed by the agency for budgetary compliance and allowable costs before reimbursing the sub-recipient.				
48. Does the agency reimburse the sub-recipient on a timely basis? (e.g., within 30 days or other reasonable time of receipt of the billing.)				

Users' Guide

Sub-recipient Monitoring:	Yes/No/NA	Comments	Consultant Review/Observations	
			A/U	Comments
49. Does the agency monitor the sub-recipients with on-site reviews.				
50. Does the agency monitor the sub-recipients with a financial checklist?				
51. Does the agency monitor the sub-recipients with any other checklists or procedures?				
52. Does the agency monitor sub-recipients to ensure individuals are given the opportunity to make voluntary contributions for services rendered, if applicable?				
53. Is program income reported by sub-recipients tested for accuracy and completeness?				
54. Does all applicable sub-recipient program cost and revenue get included in the agency's FSR to MDCH?				
55. Does the agency communicate the following Federal program information to the sub-recipients: CFDA program title and number, source of funding, federal agency name, and OMB Circular A-133 audit requirements?				
56. Does the agency receive and review sub-recipient Single Audit Reports, if applicable?				

57. Does the agency issue management decisions on applicable subrecipient audit findings within six months after receipt of the sub-recipients audit report, and are corrective actions taken in a timely manner?				

Completed by: _____   **Title:** _____

MDCH Consultant: _____   **Date:** _____

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SECTION XII
Children's Special Health Care Services Program

These advance materials must be sent directly to the CSHCS program:

1. Roster indicating the LHD CSHCS staff configuration (Indicator 1.1).

2. Dated correspondence that the staff roster was submitted to MDCH initially and within required time frame following changes to staffing (Indicator 1.2).

3. Printed certificates of completed "What is Children's Special Health Care Services" on-line training including name and date (Indicator 1.3).

4. Dated notation in the employee's personnel record by the supervisor that the "LHD Orientation" on-line course has been taken (no printable certificate for this training) (Indicator 1.3).

5. Previous year's activities in client charts (individual clients will be specified by MDCH) to provide physical evidence of comprehensive client records (Indicator 2.3)

6. Copy of signed and dated HIPAA agreements to comply form by each staff member (Indicator 2.4)

7. Written policies and procedures delineating the specified, required procedures (Indicator 3.2)

8. Copies of outreach to families e.g., family survey documents and results, satisfaction surveys, focus groups, meeting notes, etc. (Indicator 3.3)

9. Copies of agendas for meetings held with hospitals or other community agencies; sign-in sheets including title of meeting, location and date; copies of letter inviting/confirming attendance at community functions or meetings; and log sheet summarizing outreach efforts (Indicator 4.1)

10. Copies of all family correspondence and public relation materials (Indicator 4.4).

11. Care Coordination and Case Management logs for previous year's billings (if not previously submitted to MDCH) (Indicator 6.7).

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Technical Assistance Contacts

I	LHD Powers & Duties	Konrad Edwards	517-335-8124	edwardsk8@michigan.gov
II	Food Service Program	Sean Dunleavy	517-243-8895	dunleavys@michigan.gov
III	General Communicable Disease Control	Shannon Andrews Johnson Tim Bolen Erin Crandell-Alden	517-335-9597 989-832-6690 517-335-9464	johnson61@michigan.gov bolenT1@michigan.gov crandelle@michigan.gov
IV	Hearing	Jennifer Dakers	517-335-8353	dakersj@michigan.gov
V	Immunization	Christopher Smith Barb Day	517-335-8333 734-240-7801	smithc63@michigan.gov dayb1@michigan.gov
VI	On-site Wastewater Treatment Management	Richard Falardeau Dale Ladouceur	517-241-1345 517-241-1348	falardeaur@michigan.gov ladouceurd@michigan.gov
VII	HIV/AIDs and Sexually Transmitted Disease	Bob Barrie	517-241-5934	barrier@michigan.gov
VIII	Vision	Rachel Schumann	517-335-6596	schumannr@michigan.gov
IX	Breast and Cervical Cancer Control Program	Tory Doney E.J. Siegl	517-335-8854 517-335-8814	doneyt@michigan.gov siegle@michigan.gov
X	Family Planning	Jeanette Lightning Sharon Karber	517-335-9263 517-335-8910	lightningj@michigan.gov karbers@michigan.gov
XI	Women, Infants, and Children (WIC)	Terri Riemenschneider Jean Egan	517-335-9562 517-241-6248	riemenschneidert@michigan.gov eganj@michigan.gov
XII	Children's Special Health Care Services (CSHCS)	Matt Richardson Courtney Pendleton	517-335-8994 517-241-7189	RichardsonM@michigan.gov pendletonc@michigan.gov

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Sample Local Health Department On-site Review Exit Conference Form
(Form is completed on the web-reporting module)

I. Local Health Department Powers and Duties
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

II. Food Service Sanitation Program
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

III. General Communicable Disease Control
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

IV. Hearing
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

V. Immunization
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

VI. On-site Wastewater Treatment Management
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

VII. Sexually Transmitted Disease and HIV/AIDS
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

VIII. Vision
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

IX. Breast and Cervical Cancer Control Program
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

X. Family Planning
    Conference Requested: ☐ Yes ☐ No
    Representatives Included: _____

XII. Children's Special Health Care Services
    Conference Requested: ☐ Yes ☐ No
    LHD Representatives Included: _____

Appendix II

ACCREDITATION REVIEW EVALUATION   *Cycle #5*

Local Health Department: _____ **Date:** _____

Section Evaluated: _____

Sections include: I=Local Health Department Powers and Duties, II=Clinical Laboratory III=Food Service Sanitation, IV=General Communicable Disease Control, V=Hearing, VI=Immunization, VII=On-Site Wastewater Treatment Management, VIII=Sexually Transmitted Disease, IX=Vision, X=Breast and Cervical Cancer Control Program, XI=Family Planning, XII=HIVIAIDS Prevention & Treatment

Number of Reviewers: _____   *(just use one evaluation form for all reviewers in this section)*

Directions: Circle the number that corresponds to your response, using the following scale: 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree NA = Does not apply or leave blank if you prefer not to answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Technical assistance was offered to LHD prior to On-site Review and met need	1	2	3	4	5	NA
2. A clear overview of "what will occur" and "how the LHD will be evaluated" was provided by the reviewer(s) either on-site or in advance of the visit.	1	2	3	4	5	NA
3. Reviewer(s) conduct was professional throughout visit.	1	2	3	4	5	NA
4. The reviewer(s) maintained a quality improvement focus.	1	2	3	4	5	NA
5. The reviewer(s) are knowledgeable on the subject of their section.	1	2	3	4	5	NA
6. The reviewer(s) made judgments consistent with the current Accreditation tool.	1	2	3	4	5	NA
7. The reviewer(s) allowed for an appropriate amount of interaction.	1	2	3	4	5	NA
8. The reviewer(s) listened carefully to LHD responses to questions.	1	2	3	4	5	NA
9. Reviewer(s) conducted an exit interview (if no or not requested, skip 10-13)	**No**			**Yes**		
10. The exit interview was scheduled in advance.	1	2	3	4	5	NA
11. Program strengths and weakness were discussed.	1	2	3	4	5	NA
12. Recommendations for improvement were made as necessary.	1	2	3	4	5	NA
13. The written On-site Review Report made use of the "Special Recognition" and "Recommendations for Improvement" categories.	1	2	3	4	5	NA
14. The On-site Review Report provided for this section is very helpful to use to improve the quality of this program.	1	2	3	4	5	NA
15. Overall, the reviewer(s) did an excellent job.	1	2	3	4	5	NA
16. The review findings were compatible with my agency's self assessment.	1	2	3	4	5	NA

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1. List the strong points of the review:

    _____

    _____

    _____

2. List areas of the review in need of improvement:

    _____

    _____

    _____

3. Who may we contact for additional information?

    _____

    _____

Note: if you would like to be contacted, please include name and telephone number below.

Survey Respondent Name: _____

Telephone: (   ) _____

Return within 30 days from notification of On-site Review Report completion to:
Michigan Association for Local Public Health (MALPH)
P.O. Box 13276
Lansing, MI 48901

Appendix III

Corrective Plan of Action Form

Local Health Departments must submit Corrective Plan(s) of Action (CPAs) to the Michigan Local Public Health Accreditation Program within 60 days of the last day of local health department's On-site Review. Please note that the following form is for reference only; all CPAs must be submitted via the web-based reporting module.

Instructions and Guidance:

➢ Please send any additional materials to accompany this Corrective Plan of Action directly to the reviewer(s) whom performed the applicable section review.

➢ If local health department staff need assistance in developing Corrective Plan(s) of Action please contact the applicable section reviewer(s).

➢ The Corrective Plan(s) of Action must be submitted by the local health department within 60 days of the last day of the On-site Review.

➢ Follow-up action on the Corrective Plan(s) of Action must take place within 365 days of the last day of the On-site Review.

➢ In order to complete the Corrective Plan of Action submission process, the health officer must login to the Web Reporting Module using their health officer account. Once logged in, the health officer may make any final edits necessary to the form and then publish the form by clicking the "Publish" button.

Date: _____

Local Health Department Name: _____

Name of Person Completing Form: _____

Title: _____

Local Health Department Staff Responsible for Implementing Corrective Plan of Action

Name: _____

Title: _____

Phone: _____

Fax: _____

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Indicator Not Met: (pre-filled)

Indicator Description: (pre-filled)

Corrective Plan of Action (be specific and include details):

- Describe Corrective Plan of Action
- Include projected completion date of Corrective Plan of Action
- Explain how the proposed Corrective Plan of Action will correct the deficiency

(Text box for CPA details)

Are additional materials accompanying this Corrective Plan of Action?

☐   Yes   ☐   No

(If "yes" is selected, you will be prompted to list the materials you are sending, to whom they are being sent, and the date they are being sent.)

Electronic signature (by placing your name in this box, you agree that this plan has been reviewed and approved by appropriate administrative staff, including your Health Officer): _____

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Overview

History

The State of Michigan has a mature, organized, and institutionalized local public health accreditation program. The timeline begins with the establishment of the Public Health Code in 1978, followed by the state/local development of Minimum Program Requirements (MPRs) in 1980. During 1989, with state technical assistance, local health departments used the Assessment Protocol for Excellence in Public Health (APEX*PH*) tool as a means to assess and enhance the core capacities. During 1989 – 1992, Established Committees One and Two (comprising state/local public health leaders) recommended pursuing accreditation. These early collaborative efforts defined the attributes of a local health department and served as the basis for the Michigan Local Public Health Accreditation Program (MLPHAP).

The mission of this living program is to assure and enhance the quality of local public health in Michigan by identifying and promoting the implementation of public health standards for local public health departments and evaluating and accrediting local health departments on their ability to meet these standards. The Program's goals are to assist in continuous quality improvement; assure a uniform set of standards that define public health; assure a process by which the state can ensure local level capacity to address core functions; and provide a mechanism for accountability.

Process

The Accreditation Program assesses the ability of a local health department to meet minimum administrative capacity requirements. The Accreditation Program also conducts performance reviews for contractual local public health operations services and some categorical grant funded services provided by a local health department. The review process requires a team of approximately 50 state-agency reviewers, of which about 15 are used for each on-site review. The review cycle is 3 years.

There are three steps to the Accreditation process:
1. Self-Assessment
2. On-site Review
3. Corrective Plans of Action (CPA)

Following the on-site review, and CPA processes, there are three Accreditation status options. These are:
- Accredited
- Accredited with Commendation
- Not Accredited

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Governance

The governing authority for the MLPHAP is the Michigan Department of Community Health (MDCH). Three state agencies comprise the accrediting body:

- Michigan Department of Community Health
- Michigan Department of Agriculture and Rural Development
- Michigan Department of Environmental Quality

An Accreditation Commission maintained by the Michigan Public Health Institute serves as the advisory body for Michigan's Accreditation Program.

Standards

The state health department is responsible for establishing minimum standards of scope, quality, and administration for the delivery of required and allowable services as set forth under the Public Health Code. The current model is based on Minimum Program Requirements (MPRs)

- MPRs are constructed through a formal process (Policy 8000)
- MPRs must be based in law, rule, department policy or accepted professional standards

Evaluation

MPHI will conduct regular evaluations of the Michigan Local Public Health Accreditation Program and its components at the conclusion of each 3-year cycle. Evaluation results and data will be used to improve the quality of the program.

Conclusion

The work that has been undertaken in Michigan to achieve the goals of building capacity and infrastructure development began with the creation of the Public Health Code (Act 368 of 1978), specifically Section 24 which begins to define the role of local health departments in Michigan. Without this framework, Michigan would have been challenged to establish an Accreditation Program with the depth and breadth present today. Continued commitment and collaboration by the Michigan Departments of Community Health, Agriculture and Rural Development, and Environmental Quality; the Michigan Public Health Institute; Michigan's 45 local public health departments; and the Michigan Association for Local Public Health will enhance Michigan's Accreditation Program, improve the quality of local programs and services, and shape the future of public health in Michigan.

Users' Guide

Terminology

Since the MLPHAP process is organized via an online system, becoming familiar with these common Internet terms will help you to understand the instructions provided in this guide. The following page has illustrated examples of these terms.

1. Internet browser – A program that provides a way to look at and interact with all the information on the Internet. Common browsers include Microsoft Internet Explorer, Mozilla Firefox, and Apple Safari. The Accreditation Web-based Reporting Module is most compatible with Microsoft Internet Explorer.

2. Window – The boxed area on the monitor where the browser's information displays.

3. Web page – The collection of information that displays in the window of the Internet browser at one time. Often simply referred to as a "page".

4. Website – A collection of related web pages. You can think of a web site as a book that arrives at page at a time as you request each one.

5. Menu bar – The second strip from the top of the window containing words the user can point to and click on to access browser functions.

6. Toolbar – The third strip from the top of the window containing icons the user can point to and click on that are shortcuts to access browser functions.

7. Address bar – The fourth strip from the top of the window that the user can type in the address for a website or view the address for the web page that is being displayed.

8. Scroll bar – The strip at the right side of the window that allows the user to access more information than can be displayed on the monitor at a given time. Click above or below the box to see additional information, using the arrows for more control of movement. Scroll bars are not displayed in windows where all of the information for that page fits within the window.

9. Field – Fields are places where information is stored. When you answer a question, you type information into a field.

10. Value – Values are the individual choices available for a given field. "Yes" and "No" are examples of values.

11. Hyperlink – An underlined text the user can point to and click on to access a different part of the web site or access another web site.

12. Alert Text – Red text that appears when further information is required from the user to complete a function.

13. Dialog box- A box that pops up when further information is required from the user to complete a function.

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14.   Mouse pointer – The moving arrow or "I" icon seen on the window that allows users to see where to point and click.

15.   Navigation trail- A collection of navigational links in a "breadcrumb trail" format, which provide a trail for the user to follow back to the starting/entry point of a website.
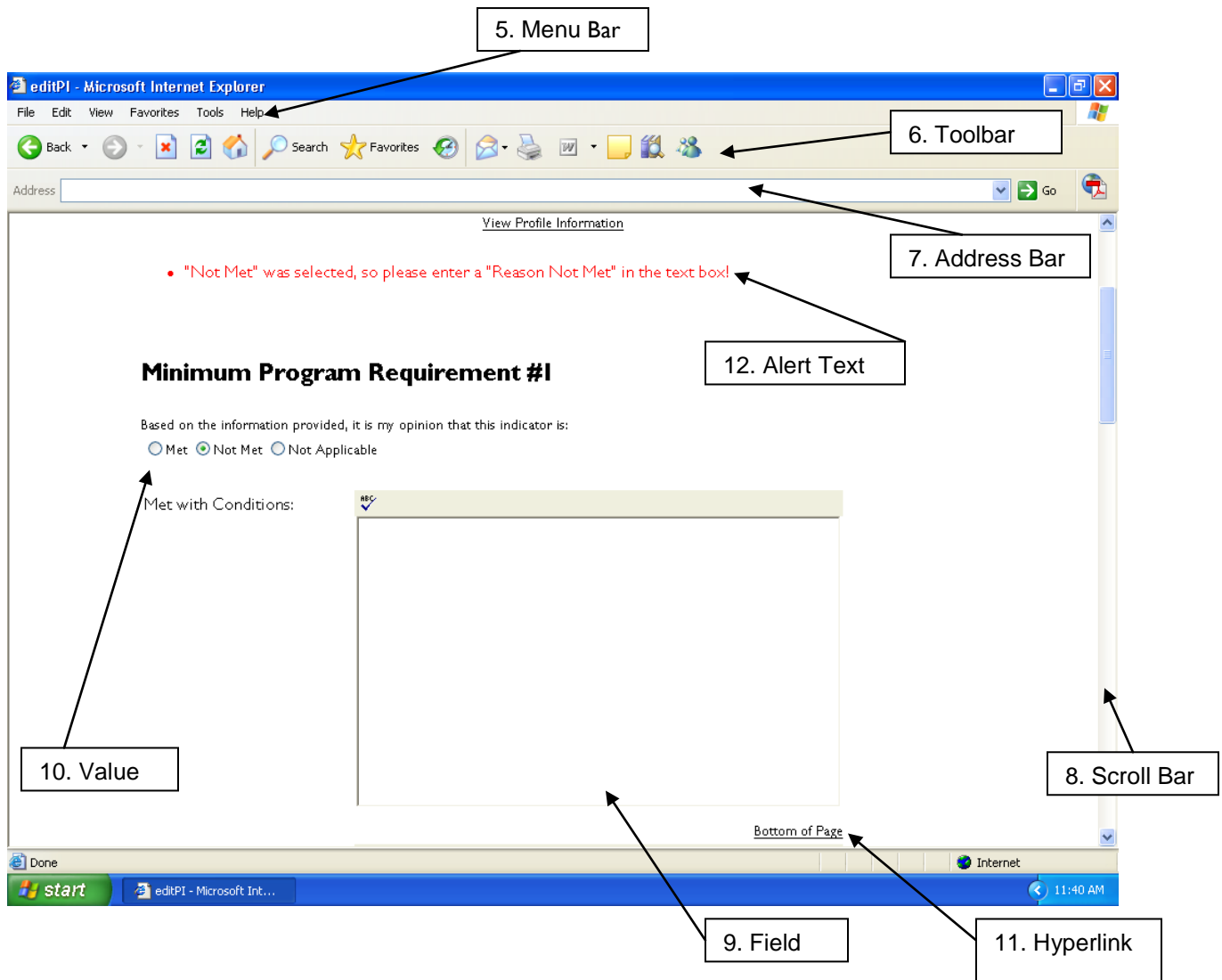
13. Dialog Box

15. Navigation trail

Section X: Breast and Cervical Cancer Control Program
Demo Health Department
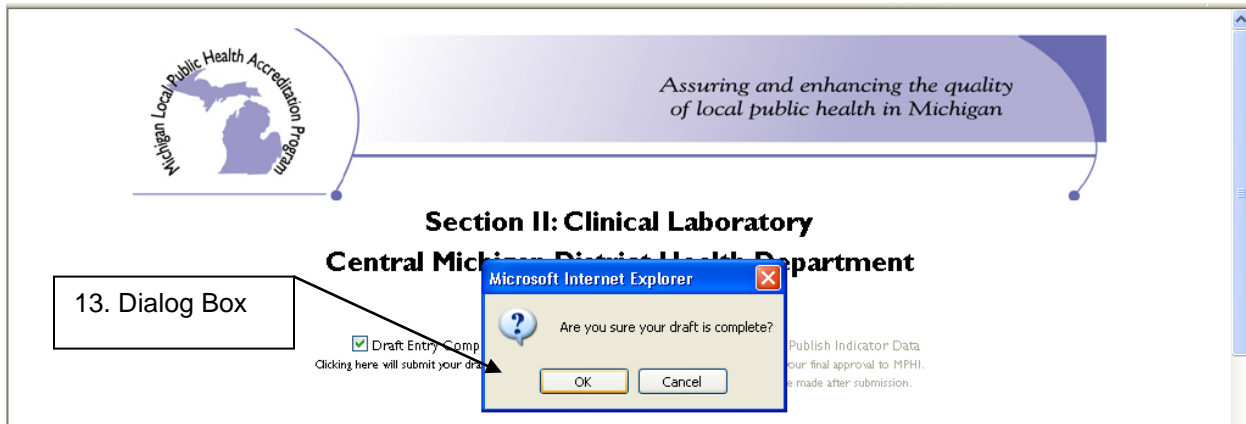
View Profile Information

Save

Minimum Program Requirement #2, Indicator 2.1

Documentation exists of appropriate sources and amounts of nonfederal match, excluding the difference between providers' usual and customary charges and BCCCP rates.

This indicator can be met by:

☐ The local health department must submit the "Breast and Cervical Cancer Matching Funds Report" to MDCH/Cancer Prevention and Control Section, which will include appropriate sources and amounts of nonfederal matching funds.

☐ Documentation should be maintained on file that provides details on the Matching Funds Report, such as a list of providers who donate services and the types of services they provide.

Based on the information provided, it is my opinion that this indicator is:

○ Met   ○ Not Met   ○ Not Applicable

Met with Conditions:

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Self-Assessment

Local health departments receive the Accreditation Tool four months before their On-site Review. The interim period is known as the Self-Assessment period and serves as an internal review of the department's ability to meet requirements for the delivery of administrative capacity, local public health operations, and categorical grant-funded services. The Self-Assessment assists the local health department in identifying deficient areas and prepares the department for the On-site Review.

There are several important pieces that need to be completed by the LHD and delivered to MPHI to officially complete the Self-Assessment phase. All materials will be submitted via the Web-based Reporting Module.

On-site Review Schedule

The local health department will create the schedule for the 5-day review while adhering to the Scheduling Guidelines provided in Appendix I of the Accreditation Tool. Please note that if your program has any special scheduling needs, e.g., the program cannot conduct reviews on a certain day of the week, these needs must be communicated to MPHI to ensure integration into future updates of the Accreditation Tool. In the event that either a reviewer or the local health department need to make changes to this schedule after it is submitted to MPHI due to extenuating circumstances or unforeseen events, it is critical that MPHI be contacted as soon as it is evident that a change to the schedule is needed. MPHI will then coordinate the process to arrive at a revision that is mutually acceptable. <u>Any modifications to this schedule must be approved by MPHI prior to the week of the On-site Review.</u>

Upon receipt of the schedule, MPHI staff will review it for any inaccuracies or omissions. Reviewers will receive an e-mail when a local health department's pre-materials are ready to view.

Exit Conferences

Local health departments are strongly encouraged to participate in Exit Conferences. They are an opportunity to share findings, strengthen local and state reviewer partnership, answer final questions, and bring closure to the section review.

If the local health department would like assistance in facilitating opportunities for program-specific exit conferences with state agency reviewers, the local health department's preferences will be communicated to state agency reviewers via email before the On-site Review. The following will be submitted:

1) Accreditation sections for which an exit conference is requested, and

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2) Identification of LHD representatives to be included in the conference (e.g., Health Officer, Program Director, etc.).

Please note that reviewers are required to conduct an Exit Conference if requested by the local health department. More about Exit Conferences may be found on pages **110-111** of this guide.

Contact Information

Each local health department will complete a form containing names and contact information for key personnel, including the Health Officer, Accreditation Coordinator, and local governing entity. This document will be viewable on the Web-based Reporting Module.

Family Planning Pre-materials

The Family Planning program has requested that protocol manuals and other relevant information be submitted in advance of the review to ensure accuracy and expediency. These materials will be sent directly to the Family Planning Program.

Children's Special Health Care Services Pre-materials

All Children's Special Health Care Services (CSHCS) pre-materials should be sent directly to the CSHCS program using the secure electronic method of communication designated by CSHCS (currently known as EZ-Link). CSHCS will contact LHD before the scheduled visit with specific information for submission.

Technical Assistance

Local health departments are advised to contact reviewers for technical assistance when program (section) specific questions arise. The contact should ensure that every reviewer in that section is informed about incoming technical assistance questions and answers.

When technical assistance requests are received by e-mail, please copy Dilhara Muthukuda at MPHI (dmuthuku@mphi.org) on your response and any subsequent communications.

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Navigating the Website

Accessing the Website

Open your Internet browser (this user manual will assume that you are using Microsoft Internet Explorer 8.0 or higher), and type: http://www.accreditation.localhealth.net into the address bar of the browser.

On the left side of the screen, there is a purple bar. Click on the "Reviewers" link. On the Accreditation Reviewer Tools page, click on the "Cycle 5 Web-based Reporting Module" link.
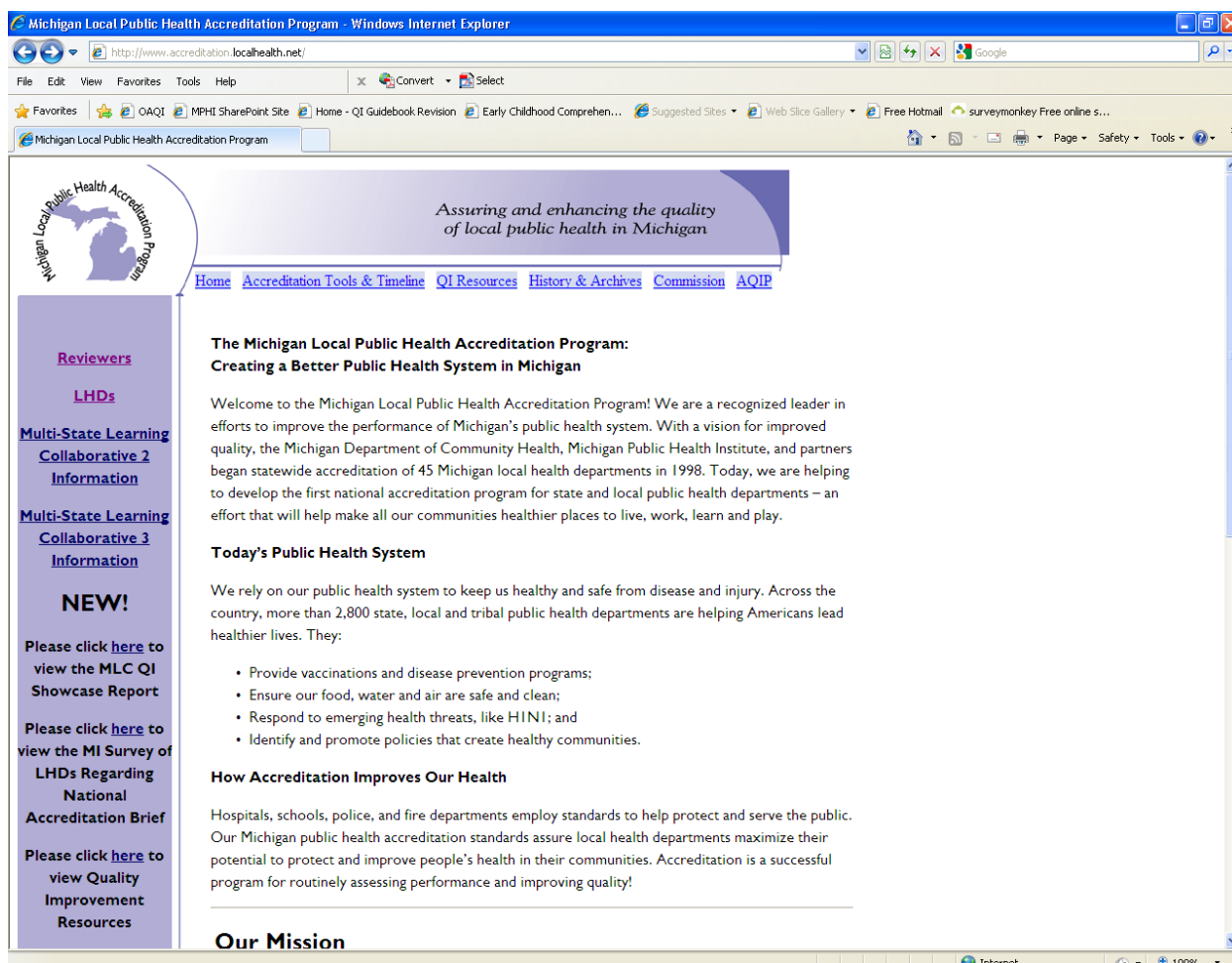
You may also access the module by typing the following into the address bar:

http://webreport.accreditation.localhealth.net

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You may want to create a bookmark for this website so that you can easily access it in the future without having to remember the text you would need to type in the address bar. To create a bookmark:

5) Click on "Favorites" in the menu bar. This will initiate a drop-down list of options.
6) The first option on this list is "Add to Favorites..."; click on this.
7) A window will launch, in which you have the options of changing the bookmark name and placing it in a folder with other bookmarks. If you are unsure which settings you prefer, simply click on the "OK" button.
8) When you next click on "Favorites", this website will be included in the drop-down list of options (or in a folder in this list if you placed it there).

Logging in to the Web-module

The first page of the web-module is a system login page. Your username and password will be sent to you by MPHI staff and remain consistent across cycles. For example, if you had access to the web-module during Cycle 4, your web-module username and password are the same for Cycle 5. If you are

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a new Reviewer for Cycle 5 and are in need of a username and password, please contact Dilhara Muthukuda at dmuthuku@mphi.org or (517) 324-6072.

If you have forgotten your password, this information can be accessed by clicking the "forgot your password" link at the bottom of the Web-module login page. If you have forgotten both your username and password please contact Amanda Bliss at abliss@mphi.org or (517) 324-8363 or Dilhara Muthukuda at dmuthuku@mphi.org or (517) 324-6072.

Changing Your Password

You can only change your password after you have logged in to the system. You are strongly encouraged to change your password upon entering the system for the first time. This hyperlink is only available on the Reviewer home page.

To change your password:
6) Click on the "Change Password" hyperlink located at the top of the Reviewer home page. This will take you to the Change Password page.
7) Type your old password in the first box.
8) Type your new password in the second box.
9) Re-type your new password in the third box.
10) Click on the "Change Your Password!" button to submit your change.

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Reviewer Home Page

Upon login, you will be taken to your Reviewer home page. On the left side of the page, you will see a list of upcoming important dates and reminders as well as access links for pre-materials.

Pre-materials

To access pre-materials, you will need to first choose a LHD.

Click on the "Review Schedule" link on the left side of the page to access the LHD's review schedule. You will be taken to a page that looks like this:

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The purple and white table in the center of the page lists the timeslots for each program and the Reviewers scheduled.

If you click on Exit Conference Requests on the Reviewer home page, you will be taken to a screen that looks like this:

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You may scroll down to see if the LHD wishes to have an exit conference with your program.

If you wish to view the selected LHD's contact information click on the link that says "View Profile Information" located under "Change your Password" at the top of the Reviewer home page. When clicking on this link, you will be taken to the LHD's Contact Information page. On this page, you will find contact information for the Health Officer, Accreditation Coordinator, and Local Governing Entity.

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If you wish to access the LHD's pre-materials all at once, including schedule, exit conference requests, and contact information, once you are in the review schedule screen, click on "Complete Pre-materials Report." If you wish to access a PDF of the schedule only, click on "On-site Review Schedule Report."

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Data Entry

Once you have chosen an LHD, the Program Area selection menu will default to your designated program area. If you review more than one program area, you may choose between your designated program areas. Click the "Submit" button to move into draft entry.

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Important! We highly recommend that you avoid using the "Back" button located in the toolbar of your browser while you are in a data entry page. We realize that this is a common habit for all people and difficult to avoid. However, due to the nature of Web programming, changes to your data cannot be saved if you use the "Back" button.

Exiting the Web-module

Important! A "Log Out" hyperlink is located at the bottom of the main Reviewer home page. We ask that you use this hyperlink to exit the website before closing your Internet browser.

The reason for this again has to do with the nature of Web programming. When you simply close your Internet browser, the website cannot detect this type of exit and thinks that you are still logged in. If you simply close the window after finishing work on an indicator, the website will still view you as logged in, working on that indicator, thus "locking" it so that nobody else can edit it while you work on it. Therefore, when you re-enter the site and try to select a locked indicator, you will need to contact MPHI to have the indicator released.

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On-site Review

The On-site Review Report

Within 30 days from the last day of the week-long review, notification of the On-site Review Report's (OSRR) completion and access instructions (also found on **page 11** of this guide) are sent to the local health department (the Health Officer and/or the Accreditation Coordinator) and the local health department's local governing entity chairperson.

Indicator Designations

Four designations may be utilized by reviewers in evaluating indicators of the minimum program requirements (MPRs) for a given section:
- **Met**
- **Not Met**
- **Met with Conditions**
- **Not Applicable**

MET Designation
Indicators that are marked "Met" meet all of the necessary requirements as described in the guidance document.

NOT MET Designation
Indicators that are marked "Not Met" do not fully meet all of the requirements as described in the guidance document. Local health departments that do not fully meet all requirements for a specific indicator must develop and submit a corrective plan of action (CPA) specifying actions to be developed and implemented in order to achieve the requirements for this indicator. If an indicator is not met, it is the reviewer's responsibility to communicate clearly and effectively why the indicator is not met. There must be a clearly articulated statement for the "Reason Not Met" field when an indicator is not met.

Once the CPA is reviewed, the local health department will be notified if the plan of action is:
- Not accepted and will need to be resubmitted,
- Accepted, no further action required,
- Accepted with further action required. The type of action required will be dependent on the section, state agency involved, and will be communicated to that local health department. (A follow up review by the state agency may be conducted to verify implementation of the plan.)

NOT APPLICABLE Designation
The "Not Applicable" status is used when an indicator is not applicable to a local health department, e.g., they do not participate in a component of the program being reviewed.

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Please note: Important indicators should be marked only "Met" or "Not Applicable." They may not be assessed as "Not Met" or "Met with Conditions".

<u>MET with CONDITIONS Designation</u>
Each program has the option of awarding a "Met with Conditions" designation for an indicator reviewed during the accreditation process. This designation serves as an alternative to giving a Not Met when a minor, non-critical deviation is discovered in a review that does not warrant the preparation of a formal CPA. An explanation for the decision to mark an indicator "Met with Conditions", will be included under the heading "Met with Conditions" on the accreditation report.

The follow-up for each indicator given a Met with Conditions will occur at the next cycle review. If the indicator remains unmet by the next cycle review, it will be marked "Not Met". However, at reviewer discretion, a Met with Conditions may be given on consecutive reviews when:

- An MPR/indicator has multiple elements
- The originally cited issue(s) has been corrected, and
- A different issue now results in a "Met with Conditions" rating

Due to the variation among the sections, state agencies conducting the reviews, and varying program requirements, it is the responsibility of each program to clearly describe in their guidance document the criteria that will be used for designating an indicator "Met with Conditions".

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PROGRAM SPECIFIC LANGUAGE SUBMITTED FROM EACH PROGRAM FOR REVIEW

LOCAL HEALTH DEPARTMENT POWERS & DUTIES

A designation of "Met with Conditions" for an indicator within the Local Health Department Powers and Duties Section (Section I) may be used at the discretion of the reviewer in cases where minor deviations exist. Any indicator marked "Met with Conditions" will be addressed during the Exit Conference and in the On-site Review Report. Recommendations for improvement will be offered and must be implemented before the next accreditation cycle to prevent the subsequent designation of "Not Met."

FOOD SERVICE PROGRAM

A Met with Conditions may be granted if the department overall meets the minimum program requirements, but occasionally minor deviations or clerical problems might indicate that the requirement is not met. Based on the requirements specified in the guidance document, a Met with Conditions may be given with the understanding that this MPR will be required to be met at the next scheduled evaluation. Failure to meet this indicator would result in a Not Met.

GENERAL COMMUNICABLE DISEASE CONTROL

A designation of "Met with Conditions" for an indicator within the General Communicable Disease Control Section will be used at the discretion of the reviewer on-site and based upon importance of the deviation. When multiple components are needed to fulfill an indicator and the deviation is determined to be a non-critical issue by the reviewer (i.e., will not effect daily operations, investigations, or reporting of the LHD), the indicator will be marked as "Met with Conditions" and recommendations for improvement will be offered. Corrections to the indicator will need to be made before the next cycle to avoid being marked "Not Met".

HEARING & VISION

A designation of "Met with Conditions" for an indicator within the Hearing and Vision Screening Programs may be used at the discretion of the reviewer in cases where minor deviations that can be immediately addressed exist. This will be discussed at the exit interview and the Local Health Department agrees that their current protocol may be changed immediately to reflect the written indicator. The change in protocol will be confirmed at the next accreditation On-site Review.

IMMUNIZATION

A designation of "Met with Conditions" for an indicator within the Immunization Section may be used at the discretion of a joint consensus between the technical manager and the reviewer in cases where minor deviations exist. All of the indicators under the individual Minimum Program Requirements in the Immunization Accreditation tool are associated with program requirements outlined in the Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631, as well as requirements in the 2007 Vaccines for Children (VFC) Operations Guide; Immunization Program Operations Manual (IPOM, 2008-2012), Chapter 1-11; and Michigan's Resource Book for VFC Providers.

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Indicators must be met in order for the program to be in compliance with the state and federal program requirements. Because some indicators require that report submissions are documented on designated dates, it is difficult to base compliance on a 90 consecutive days timeframe. In those cases, a "Met with Conditions" mark would apply until the next date for compliance arrives. At this point the LHD is expected to submit timely reports, or the indicator will result in a Not Met.

ON-SITE WASTEWATER TREATMENT MANAGEMENT

The appropriateness and basis for granting of "Met with Conditions" will be communicated for each indicator in the guidance document. Where a "Met with Conditions" rating is awarded, the specific conditions required to be met at the next scheduled evaluation will be clearly communicated in the Accreditation report. Where specific conditions have not been satisfied at the time of the next review, a "Not Met" rating will result.

SEXUALLY TRANSMITTED DISEASE and HIV/AIDs

A designation of "Met with Conditions" for an indicator within the Sexually Transmitted Disease and HIV/AIDS programs will be used at the discretion of the Accreditation reviewer on-site and based upon the significance of the deviation.

When multiple components are needed to fulfill an indicator and the deviation is determined to be a non-critical issue by the reviewer (i.e., will not affect daily operations, investigations, reporting of the local health department, or does not violate state law), the indicator may be marked as "Met with Conditions."

The reviewer will state the rationale for this designation in the accreditation report and recommendations for improvement will be clearly stated verbally and in the report. Any further action that is required will occur outside the Accreditation process and in conjunction with recurring quality improvement and program monitoring activities conducted by the state STD and HIV/AIDS programs. Corrections to the indicator will need to be demonstrated during the on-site review or scheduled within four weeks after the on-site review to avoid being marked "Not Met" or becoming a "Corrective Plan of Action."

BREAST AND CERVICAL CANCER CONTROL PROGRAM

Several indicators under individual Minimum Program Requirements are linked as part of the overall program evaluation, but due to the complexity of these indicators, they are evaluated separately. Ongoing quality monitoring of these indicators occurs on a yearly basis and are officially reviewed every three years as part of the Accreditation process. Agencies that do not meet indicator requirements (as outlined in the guidance document) but demonstrate development and/or implementation of a process/procedure to meet the indicator requirements will be marked "Met with Conditions." The BCCCP reviewer will state the rationale for designating this indicator "Met with Conditions" in the Accreditation report. Any further action that is required will occur outside the Accreditation process and in conjunction with recurring quality improvement and program monitoring activities conducted by the state BCCCP program.

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FAMILY PLANNING PROGRAM

All of the indicators under the individual Minimum Program Requirements in the Family Planning accreditation tool are linked to program requirements as they appear in the Federal Title X Program Requirements (42 CFR Part 59, Subpart A). Indicators must be met in order for the program to be in compliance with the federal program requirements. This is also true of the Minimum Program Requirements which are derived directly from the federal requirements of the program. Family Planning Program reviewers do not have a option of using a "Met with Conditions" designation, which would not assure correction of the failed requirement until the next review cycle (or an additional three years). Title X Guidelines require that programs are reviewed each three years for compliance with the guidelines.

WOMEN, INFANTS, AND CHILDREN (WIC)

A designation of "Met with Conditions" is not applicable for the WIC program.

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

A designation of "Met with Conditions" for an indicator within the CSHCS program will be used at the discretion of the reviewer on-site and based upon the importance of the deviation. When multiple components are needed to fulfill an indicator and the deviation is determined to be a non-critical issue by the reviewer (i.e, will not affect daily operations, investigations, or reporting of the LHD), the indicator will be marked as "Met with Conditions" and recommendations for improvement will be offered. Corrections to the indicator will need to be demonstrated during the On-site Review at the next cycle to avoid being marked "Not Met".

Suggestions for using Met with Conditions effectively

- **What are the conditions?** Provide the local health department with suggestions or resources that will help them meet the indicator fully. Simply naming or listing errors or insufficiencies for that indicator is insufficient.

- **What is the time period?** Communicate clearly to the LHD that in the event the same or corresponding indicator is found to be in the same state during the following cycle's review, it will be designated as "Not Met".

- **Follow-up materials post-review**: Should materials such as documentation be needed to further determine the status of an indicator after the On-site Review, use of the "Met with Conditions" field is inappropriate. The indicator should be determined "Not Met" so that the LHD may follow up with a Corrective Plan of Action.

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Inquiry Policy

Local health departments that disagree with On-site Review findings or their accreditation designation may request an Inquiry. If the findings in question relate to reviewer findings (as opposed to the accreditation status designation), the local health department is encouraged to first contact the reviewer to seek a resolution before submitting in writing a request for an Inquiry. The first opportunity for this to occur is at the Exit Conference. However, the Inquiry may be submitted at any time during the three year accreditation cycle.

The purpose of the Inquiry is to convene the local health department and relevant state agency with a third party (Accreditation Commission Chair) to share information, discuss the issue and reach agreement.

If a mutually agreeable solution is not reached during this meeting, the Accreditation Commission Chair will render a decision in the form of a recommendation to the state agency with copies to the local health department. In all cases, final disposition is the responsibility of the state agency responsible for the program under question.

To begin the process, the local health department submits in writing a request for Inquiry with a short explanation that concisely describes what findings occurred and their reasons for taking exception to those findings. The request concludes with the local health department recommending an alternative finding. The request is submitted to the Chair of the Accreditation Commission, and in the case of an Inquiry for an On-site Review finding(s), copies are sent to the state agency that performed the On-site Review.

Within two weeks of receipt of the Inquiry request, the state agency that made the original findings will submit to the Accreditation Commission Chair a written summary of their rationale for the findings and an explanation as to why the local health department's position is not supportable.

Two weeks from receipt of the state agency written summary, the Chair of the Accreditation Commission will convene a meeting (usually by telephone) of the local health department and the state agency(s) involved, plus the MPHI Accreditation Coordinator and a representative from the lead state agency, Community Health. Both the local health department and state agency(s) will present their positions to the Chair. If consensus cannot be reached by all parties during this meeting, within 5 business days the Chair will provide a recommendation and advise both the local health department and state agency(s). In all cases the decision to act upon the Accreditation Commission Chair's recommendation is up to the involved state agency(s).

Additional actions subsequent to the Inquiry shall be by and between the local health department and state agency(s) only.

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Exit Conferences

Purpose of an Accreditation Exit Conference

An Accreditation exit conference (EC) is primarily an opportunity for reviewers to discuss findings with a LHD. These discussions may reflect indicator comment headings (Met with Conditions, Reason Not Met, Additional Information Provided, Special Recognition, Recommendations for Improvement, and Additional Comments) and highlight areas of strengths and weaknesses. The LHD should leave an EC understanding what indicators they met and where they need to improve.

Exit conferences are also an occasion to discuss reviewer findings. To meet an indicator, it is critical that thorough and comprehensive discussions will have taken place during the On-site Review between a reviewer and local health department. However, during an EC, additional information or added clarification may occur, which could change a previous finding from not met to met.

During the EC local health departments will have another opportunity, besides the On-site Review, to ask questions and respond to reviewer findings. An EC also provides a forum to close a section On-site Review and say thanks to the LHD for their participation.

Reviewer Preparation Prior to an Exit Conference

During the On-site Review, reviewers and the local health department should establish an approximate time when the EC will occur. This will allow the local health department contact time to invite appropriate personnel to attend. If reviewers observe existing and re-occurring problems they may want to suggest that the Health Officer attends the EC. As the On-site Review discussions to meet indicators will be thorough, any unmet indicators will have already been discussed with the local health department prior to the EC.

Reviewers should prepare comments prior to the EC. Before convening the EC, take a few minutes to prepare your thoughts, summary notes, paperwork, and approach to be taken.

Reviewer Opening an Exit Conference

Facilitation of an EC is conducted by reviewers and they should open with introductions of unknown participants, as needed. This time may be used to explain and clarify the overall purpose of the EC and what will be covered. You may consider asking the local health department about desired EC expectations and work jointly to meet both parties' needs.

Reviewer Conducting an Exit Conference

Reviewers should provide an overview of findings relevant to the Accreditation On-site Review Report and be prepared to answer specific local health department questions. Summarize findings of indicators met, not met, or met with conditions. You may also wish to explain that in some sections

(possibly yours), findings found during the On-site Review are preliminary and subject to management approval.

Discussion of CPA development, timelines, and logistics should follow. Reviewers may wish to review CPA components needed to meet indicators. This is a good time to remind health departments of their 60 day due date for CPA implementation, and that reviewers have a 30 day approval deadline. The reviewer may want to offer assistance with CPA development at a later date after the On-site Review week. Reviewers may wish to refer local health departments to the online 2014 Accreditation Tool, Users' Guide, located on page 35 for CPA specifics at http://accreditation.localhealth.net.

Reviewer Closing an Exit Conference

The reviewer may want to summarize EC discussion and answer any final local health department questions. Extend appreciation for local health department assistance during the On-site Review and the opportunity to visit the agency.

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Entering Data

Draft Report Entry

Once you click the "Submit" button after choosing an LHD and Program Area, you will be taken to the Minimum Program Requirement (MPR) Screen.
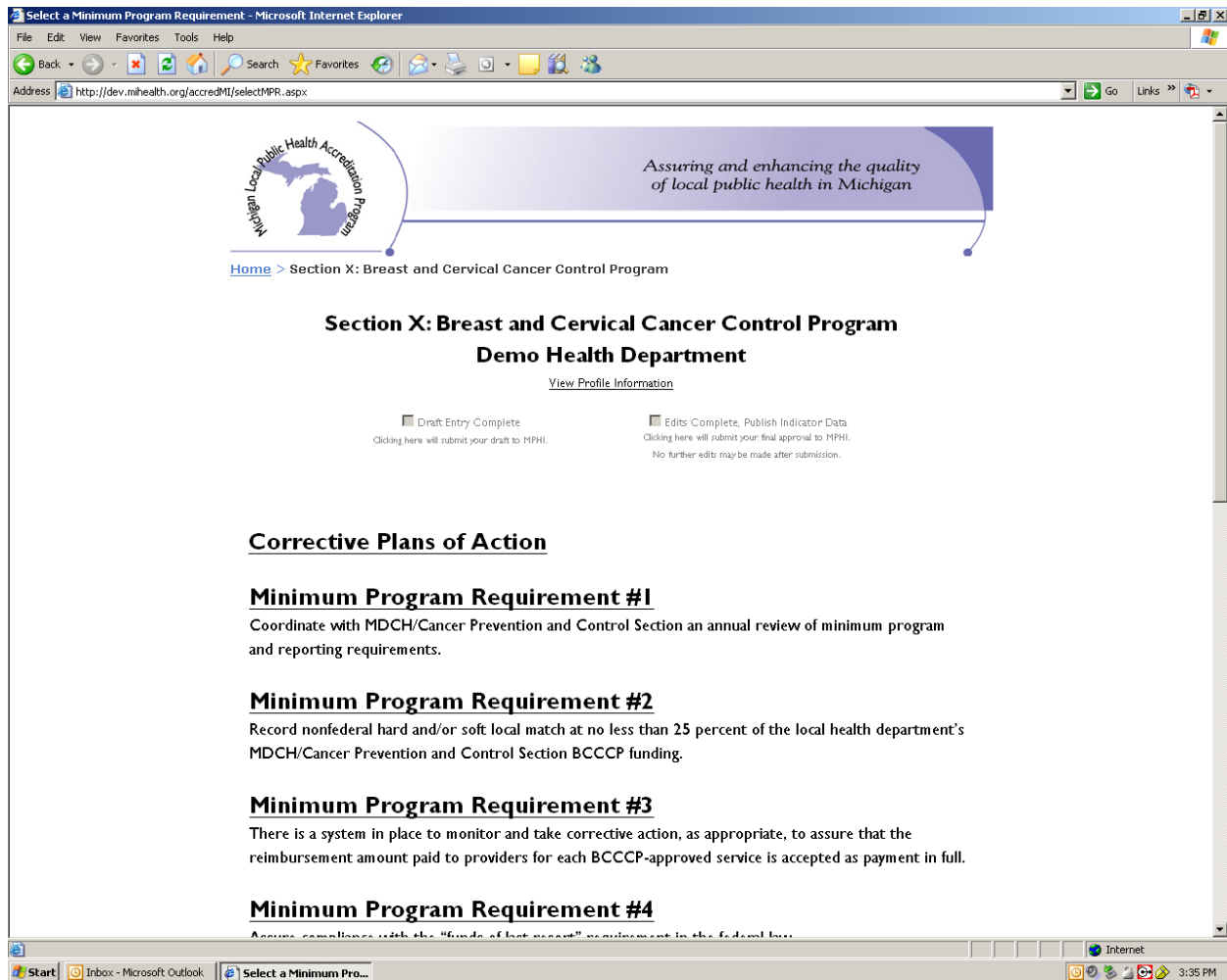
When you click on an MPR, you are then taken to a list of indicators within the MPR. Notice that on the navigation trail on the top of the page, there is an option for "Next requirement." Clicking here will take you to the next MPR.

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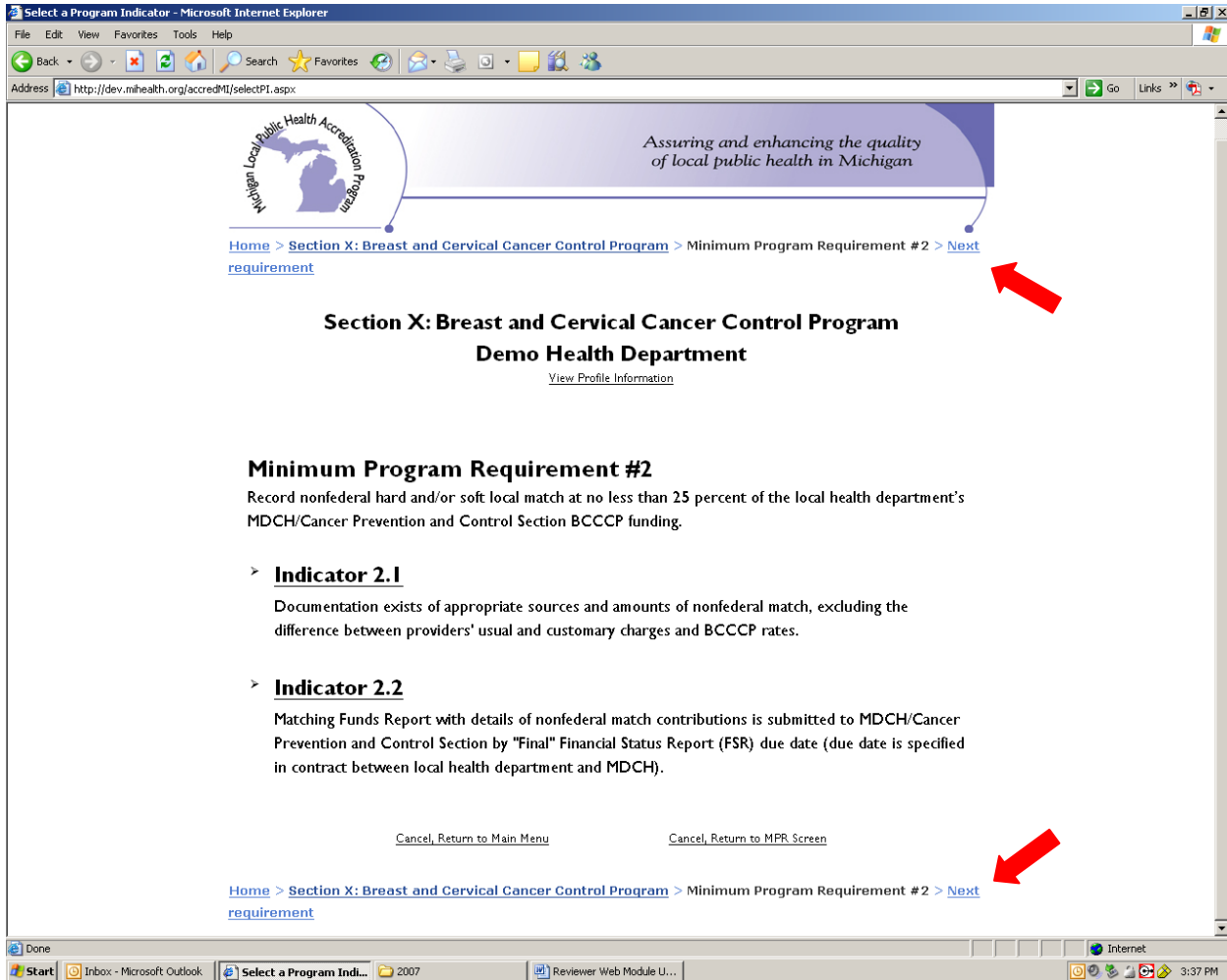
Click on an indicator to do data entry. Under each indicator, you will be provided with a checklist of indicator requirements. **These boxes do not need to be checked, but are there for your reference and may be filled in if you wish to do so.**

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You will choose between Met, Not Met, and Not Applicable for each indicator. You will have the ability to enter text in the following fields: Met with Conditions, Reason Not Met, Additional Information Provided, Special Recognition, Recommendations for Improvement, and Additional Comments. Please note that if you select Not Met for any indicator, you will not be allowed to navigate away from the page until you enter text in the Reason Not Met field. If you try to save without entering a Reason Not Met, you will receive an error message. Conversely, you may not enter text in the Reason Not Met field if you have chosen any other designation than Not Met.

We strongly recommend that you initially compose and save your report in a word processing program in order to protect yourself from any sort of web error that may cause data loss.

At the end of the navigation trail, you have the option to go directly to the next indicator. **Please note: you will still need to click "Save" before going to the next indicator. Simply clicking on "Next indicator" will not save your data.**

When you have completed all indicators within an MPR, click on the name of your section within the navigation trail to return to the list of MPRs.

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Spell Check

Once you enter text into a field, you will have the ability to spell check that text. Click on the button on the top left hand corner of the field that has the letters ABC and a checkmark on it.
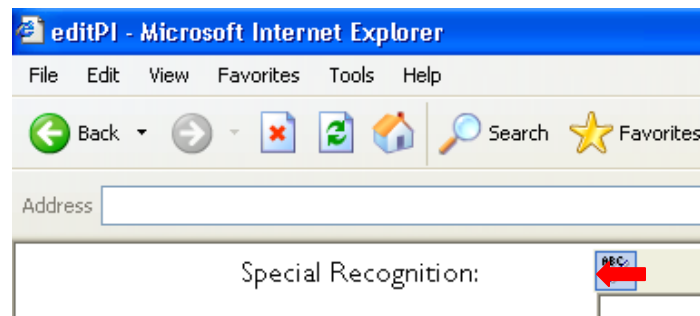
When the spell check tool comes across a word that is spelled incorrectly, you will be given a list of words from which to choose. If the word you are seeking is on that list, simply click on the word and then click "Replace." If the word is not in the list, you may type it in the "Change To" field and click "Replace."
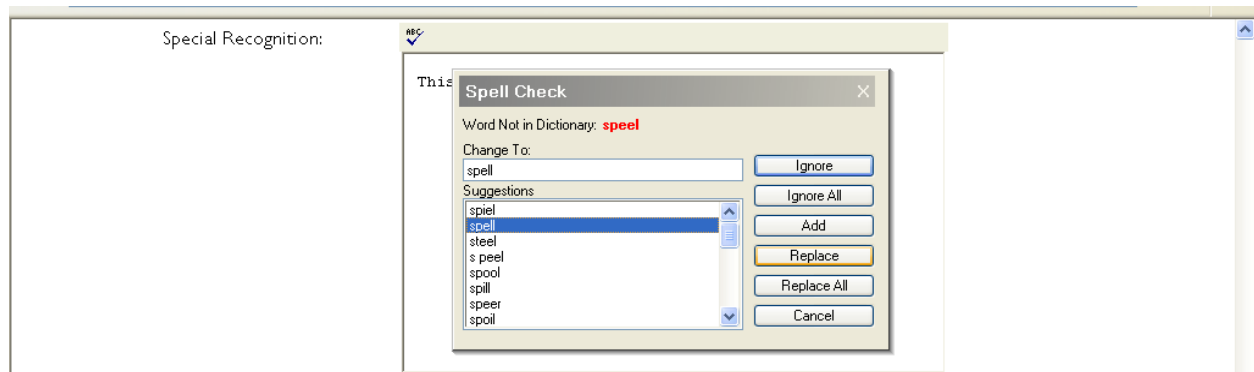
If spell check does not recognize a word you have used, like an abbreviation or terminology specific to your program area, click on "Ignore" to move past the word.

When spell check is finished, a box will come up with the text "Spell check complete." Click on this to complete the spell check process.

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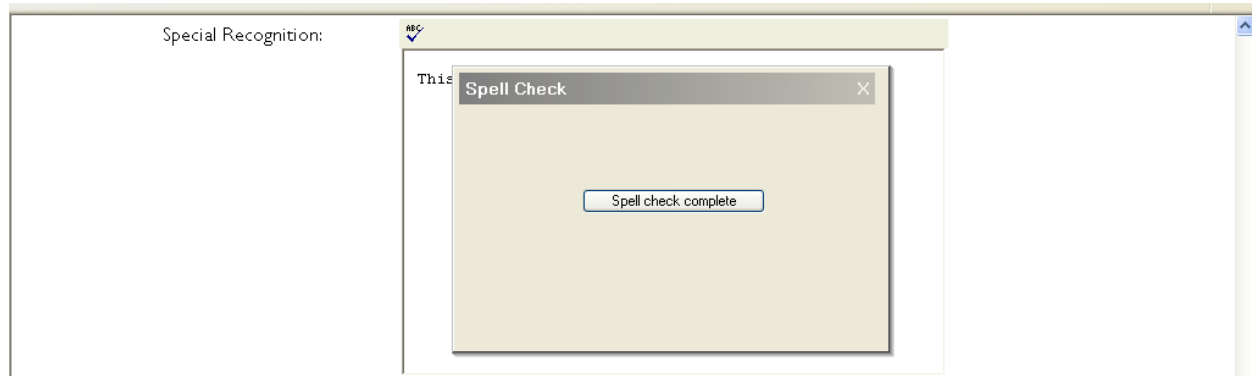
You are encouraged to either print out your draft or check it on the screen, because spell check will only search for words which are spelled incorrectly. It will not distinguish if the wrong word is used (e.g., to, too, and two.)

Accessing and Copying Data from a Previous Report

Data from Cycle 3 and 4 Accreditation reviews reside at http://cycle3.accreditation.localhealth.net and http://cycle4.accreditation.localhealth.net. Please visit the respective address to access your submitted reports and CPA responses from Cycle 3 and 4.

If you wish to copy text from a previously submitted report, you must open the report in a completely new instance of your web browser. **Do not** use the "File → New Window" or "File → New Tab" menu items, nor any other shortcuts to open a new window or tab. Instead, return to your desktop or Start menu and re-open another instance of your web browser.

Saving Data

After you have completed text entry, you can click on the "Bottom of Page" link located under each text box in order to move to the bottom of the page and back to the Indicator Screen, MPR Screen, or Main Menu. Additionally, there is a Save button at the top of the page.

Recommendations for
Improvement:

Bottom of Page

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or

Users' Guide

Important! *You must click "Save" before navigating away from the Indicator Screen.* **You must use this button in order to save any changes to your data.** A website does not perform like a database, which automatically saves data as you move from question to question.

No changes to a page will be saved if there is even a single error message returned after the "Save" button is used. The website cannot submit the correct answers while holding back the incorrect one. It is an all or none process. Therefore, if you receive an error message, you must address all of the issues in the message and click the "Save" button again to resave your data.

Navigating away from the Indicator Data Entry Screen
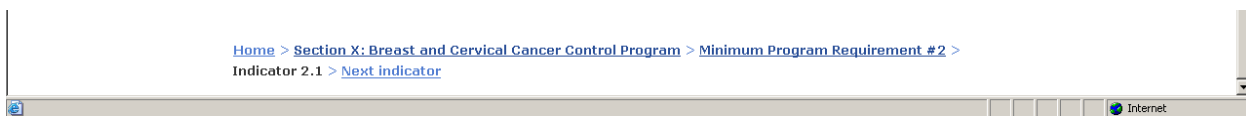
To go to the next indicator within an MPR, simply click on the "Next indicator" link within the navigation trail. If there are no indicators left within an MPR, you will not receive the "Next indicator" link as an option. Again, you **must** click "Save" before going to the next indicator. **Simply clicking on "Next indicator" will not save your data.**

Clicking on the MPR number on the navigation trail (in this screenshot, "Minimum Program Requirement #2") will take you back to the list of indicators for that MPR. From there, you can choose a new indicator from the list or click on "Next requirement" to move to the next MPR.

Clicking on the name of your program (in this screenshot, "Section X: Breast and Cervical Cancer Control Program") will take you back to the MPR Screen, where you have a couple of options.
1. You can click on another MPR to view its indicators and/or complete data entry.
2. If you have finished all data entry for the LHD, you may click on the "Data Entry Complete" checkbox at the top of the page. Doing so will send an e-mail to MPHI staff confirming that your draft entry is complete and ready for edits.

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Please note that if all indicators for your section are not completed (a Met, Not Met, or Not Applicable designation has not been chosen), you will not have the ability to submit your draft to MPHI. The selection will remain gray and unavailable. To quickly reference which indicators have been completed, please access the Section Summary on the Reviewer home page.

Clicking on the "Home" link will return you to the Reviewer home page, where you can log out, view reports, or work on another LHD's data entry.

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Reports

Completing Data Entry- Draft and Final Reports

Once you complete your data entry and click the "Draft Entry Complete" option, an e-mail will automatically be generated and sent to MPHI staff informing them that your draft is ready for editing. When MPHI staff finishes editing your report, you will be notified via email.

As in the previous cycles, following MPHI's review of your report, you have <u>three business days</u> to confirm that your edited report is ready for publication. To make any final edits, log in to the system and choose the LHD and program area. Then click on "Sectional Status Report." This will generate a PDF file which incorporates all changes made by MPHI staff. After reviewing this document for any changes, you may log in and make any necessary edits. Then click on "Edits Complete, Publish Indicator Data." MPHI staff will be notified that you have approved your report for publication.
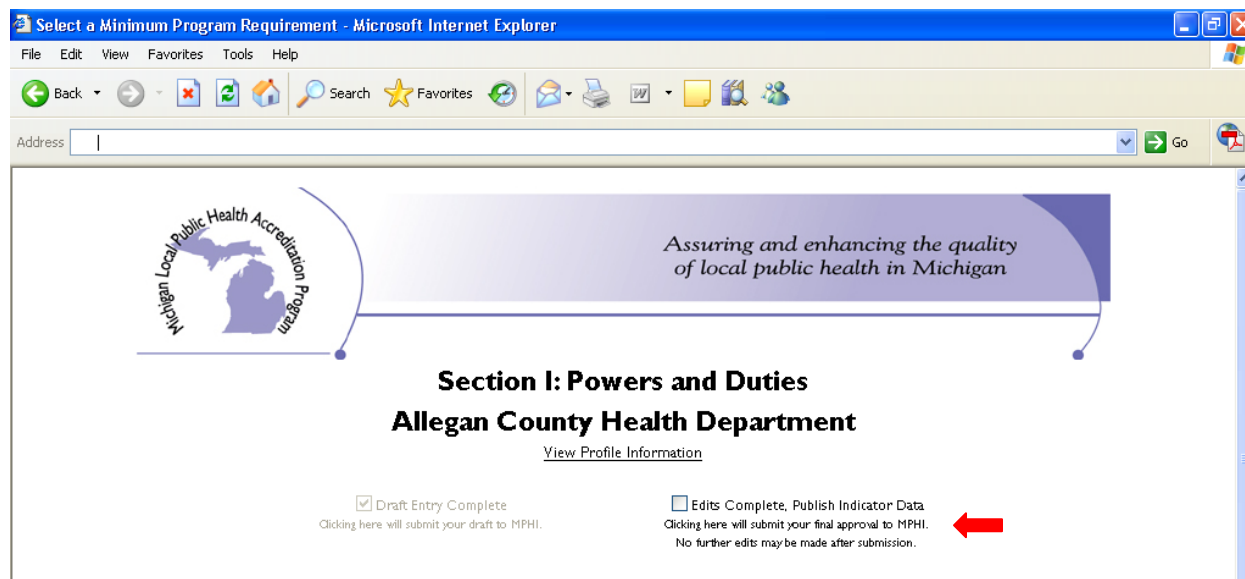
Important! After clicking the "Edits Complete, Publish Indicator Data" button, you may not make any changes to your report. MPHI staff members have administrative access, so if you need to make a change to your report after submitting the final version, please contact Dilhara Muthukuda at dmuthuku@mphi.org or (517) 324-6072.

Printing Reports

From the main menu, you may also print out a draft of your report. To do so, click on the "Sectional Status Report" link. This will generate a printable PDF of your report, which you may print out and

Users' Guide

proofread. You may generate and print a copy of your report at any time during data entry and after the draft and final reports have been submitted.

Health Department Data Entry

Choose Health Department

Demo Health Department

Choose Program Area

Powers and Duties

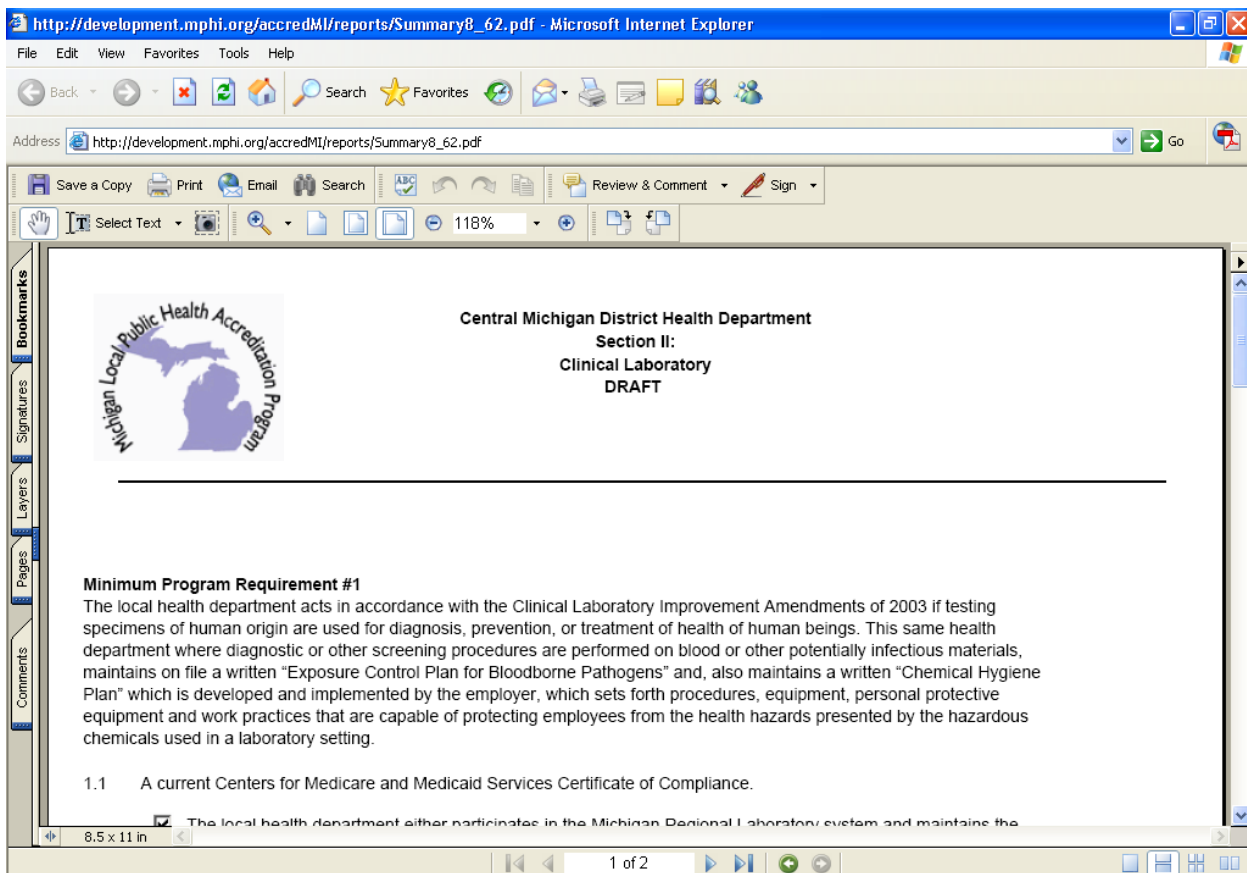Submit

On-Site Review Report
Numeric summary of all sections

Sectional Status Report
Detailed report with comments for current section

Section Summary
Numeric summary of current section

Log Out

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Clicking on the "On-Site Review Report" will generate a printable PDF containing a grid with totals for all Met, Not Met, and Not Applicable indicators which have been entered for all sections.

Clicking on the "Section Summary" will generate a printable PDF containing a grid with totals for all Met, Not Met, and Not Applicable indicators which have been entered for your section only.

To print a PDF file, click on the "Print" button on the upper left side of the screen. This will open a print dialog box where you can choose your printer and printer options. Your version of Acrobat Reader may vary.
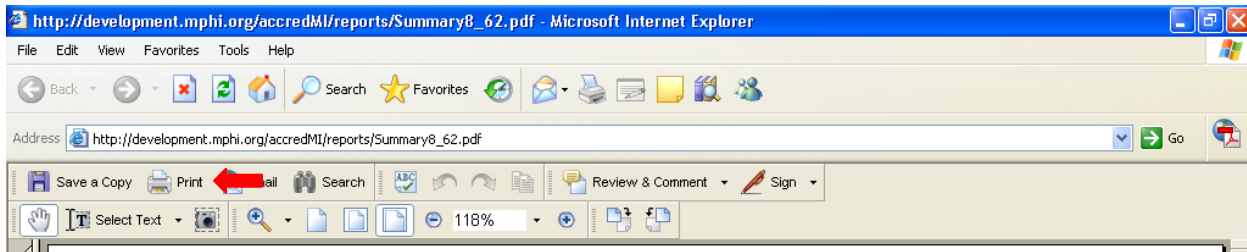
Users' Guide

Corrective Plans of Action (CPAs)

The Reviewer's Role in the Corrective Plan of Action Process

Local health departments that do not fully meet all essential requirements must develop CPAs for missed indicators. MPHI serves as the conduit for the CPA process, utilizing a tracking mechanism to ensure consistency. Local health departments must submit CPAs to the Accreditation Program within 60 days of the last day of their On-site Review (e.g., if On-site Review ends August 4th, CPAs would be due October 4th). All CPAs will be submitted via the Web-based Reporting Module, and supplemental materials (if applicable) will be sent directly to applicable reviewers.

Upon receipt of the CPAs, MPHI staff will record the date of submission and send a notice via email to applicable reviewers that the CPAs are ready for review. The state agency reviewer(s) has 30 days from MPHI's date of receipt to respond to the corrective plans. Options for responses are as follows:

- The plan may be approved with no further action by either party required.

- The plan may be approved with further action required such as a site revisit or submission of materials to the state agency contact. Please note that all corrective action and follow-up reviews must occur within one year from the last day of the local health department's On-site Review. Deviation from this timeline would only occur in extenuating circumstances when the local governing entity and the State agencies have approved a local health department request for extension to implement the CPA.

- The plan may be rejected in which case information will be included instructing the local health department on what revisions to the plan are needed and when those revisions are due (usually within 30 days).

If the state agency fails to provide an initial response to the local health department within the 30-day time period, the CPA must be accepted as submitted. In the event CPA negotiation is ongoing between the state and local health department (and exceeds the 30-day requirement), the local health department shall have the implementation period extended accordingly. Implementation of approved plans must be in place for ninety days from the date of state agency approval before a local health department may be considered for accreditation. It is the responsibility of the state agency reviewer(s) to update the online submission system as changes in status are made and follow-up reviews are scheduled and/or conducted. All correspondence with the local health department outside of the system regarding CPA implementation should be copied to MPHI. As with draft report submission, MPHI Accreditation staff will generate and distribute reminder emails to all recipients shortly before CPA responses are due.

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Corrective Plans of Action

Accessing the LHD's CPAs

When an indicator is marked "Not Met," a Corrective Plan of Action (CPA) State Agency response form is automatically generated when final edits are submitted. You will receive each LHD's CPA forms on the web-module. **In the event that programs request additional CPA information not available in an electronic format, we have asked LHDs to send these materials directly to their program contact.**

CPAs are due 60 days from the last day of the LHD's review. MPHI staff will send a message to State agency reviewers when all CPAs have been submitted to alert reviewers that they may view and respond to the CPAs.

To access the LHD's CPAs, access the web-module as if you are completing data entry. On the top of the page, click the link that says "Corrective Plans of Action."

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You will be taken to the following table:

To view the LHD's CPA, click on "View" under the first column (CPA Form) for the CPA you wish to view. This will generate a printable PDF of the LHD's submitted CPA.

CPA State Agency Response

Click on the "edit" link under the Response Form column next to the indicator for which you are entering a response.

The initial response form is the same as in the previous cycles. Your selections for responding are as follows:

1. Yes, with no further action required- Use this response when the LHD has proven compliance simply by CPA submission. This completes the CPA cycle for that indicator.

2. Yes, with further action required- Use this response when you require either a site revisit or materials from the LHD. If you require materials, click in the "Materials Required By" field. A calendar will pop up, allowing you to choose the date by which you wish to receive the materials. If you require a site revisit, click in the "Site Revisit By" field. A calendar will pop up, allowing you to choose the date by which the site revisit must occur. There is also a text field labeled "Please detail actions necessary for compliance." In this field, enter any miscellaneous details that the LHD needs to know in order to prepare for compliance.

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3. No- This response is used when the CPA is not acceptable and must be re-submitted.

The official policy on CPA approval states that reviewers have 30 days from the date that CPAs are received at MPHI to respond. After 30 days, reviewers will not have the option to reject the CPA- it must be accepted as written, whether or not follow-up action is required.

When you have entered all of the required data, scroll to the bottom of the page. Your name will be pre-filled in. If you need to add additional users (e.g., you are collaborating with another reviewer on a CPA response), you may click in the "Reviewer Name" field and enter more text. The date field will default to the current date. Click on the checkbox next to "Publish", then click "Save." **Please make sure you put a checkmark in the "Publish" box. Since LHDs will not know you have submitted a response until you do this, submission is not considered complete.**

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You will receive confirmation that your data has been saved. Click on "Return to CPA Page" on the bottom of the confirmation page to return to the main CPA menu.

Subsequent CPA Responses

If you choose "No" on the initial CPA response form, a new initial CPA response form is automatically generated and labeled sequentially. This is the form you will use for each subsequent response until the CPA is granted initial acceptance.

Please note: If your initial CPA response is "No" and the LHD must re-submit their CPA, **the LHD should submit the revised plan directly to their program contact**, not online, nor to MPHI.

If you choose "Yes, with further action required" on the initial CPA response form, a follow up form will generate. This is the form you will use for each subsequent response, either to indicate that the LHD has implemented the accepted plan successfully, or that the LHD has not implemented the plan successfully and will need to complete further action in order to meet the indicator.

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If the LHD has successfully implemented the plan and you are ready to give a final sign off on the indicator, please choose "Yes, this is my final sign-off for this indicator."

If the LHD still must complete further actions in order to fully comply with the indicator, please choose "No, further action is needed to implement the CPA." If you select this option, a new follow up form is automatically generated and labeled sequentially. This is the form you will use for each subsequent response.

For all CPA responses, click on the number of the edit you are currently making (e.g., if you have previously submitted a response of "No" and are reporting that the LHD's re-submitted plan has been accepted, click on "Edit" next to the number 2.) A star will appear next to the most recently updated and published CPA response for your reference. You may click on "View" next to any of the CPA edits in order to view and print the CPA State Agency response.
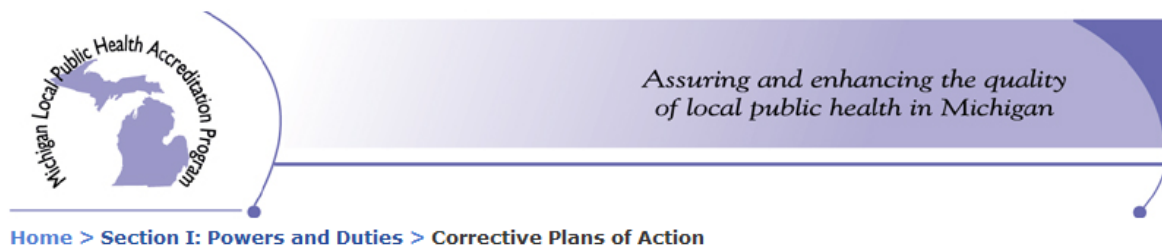
Home > **Section I: Powers and Duties** > Corrective Plans of Action

Section I: Powers and Duties
Demo Health Department
View Profile Information

Corrective Plans of Action

CPA Form	Response Form	Minimum Program Requirement	Indicator	Revision	CPA Status	Response Status	Receipt Date
View	* View	I1. Minimum Program Requirement #1	Indicator 1.3	1	Published	Yes, Action Required	
	Edit	I1. Minimum Program Requirement #1	Indicator 1.3	2	Published	Not Completed	
View	Edit	I1. Minimum Program Requirement #1	Indicator 1.6	1	Published	Yes, Action Required	

Cancel, Return to Main Menu   Cancel, Return to MPR Screen

Home > **Section I: Powers and Duties** > Corrective Plans of Action

The CPA Status column will show the status of each LHD CPA form currently on the system. When the status is "Draft", this means that the CPA is still in the editing stage and is not available for reviewers to view. When the status is "Published", this means that the LHD has submitted a CPA form for that indicator.

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The Response Status form lists the responses provided by State agency reviewers. If the response next to the most recently updated CPA response is "Yes", the LHD has successfully completed implementation for that indicator and has no further action to complete. If the response is "Yes, Action Required" or "No", the LHD should work with their program contact to determine follow-up action as necessary.

Please note: ALL follow-up action after initial CPA response should be between the State agency program and the LHD. However, we ask that reviewers update CPA responses as necessary to communicate either final sign off or that the LHD has further implementation action to complete.

180 and 90 Day CPA Process Emails

In order to further facilitate the CPA process between the three State agencies and the local health department, CPA reminder emails will be sent 180 and 90 days prior to the local health department's CPA implementation date if the agency still has outstanding CPAs. Emails will be sent by MPHI Accreditation staff with follow up response(s) required.

The following emails will be sent at the predefined CPA increments:

180 Day Email
To: Section Reviewer(s)
Cc: LHD Health Officer, LHD Accreditation Coordinator, Program Manager (at the state), and Local Health Services
Subject: Accreditation – Corrective Plan of Action

Hello Reviewer(s) Name(s),

It has come to MPHI's attention that Local Health Department Name has not completed the Corrective Plan of Action (CPA) process for the following CPAs:

Section: Family Planning
Indicators: 7.1, 11.1, 14.1, 16.1

We ask that you follow up with Local Health Department Name regarding the above CPAs as soon as possible. At this point, the LHD has 180 days remaining to fully implement the CPAs prior to their 365 day CPA implementation date of **list date here**. If the LHD reaches their 365 day CPA implementation date and the above CPAs are not fully implemented, the LHD's Accreditation status will be at risk.

If MPHI does not receive communication from you regarding the status of the above CPAs by insert date, the LHD's Health Officer, LHD Accreditation Coordinator, and your supervisor will be contacted to facilitate timely resolution of this matter.

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I look forward to hearing from you very soon. Should you have any questions, please don't hesitate to contact me via email or by phone at (517) 324-8387.

Thank you,
Jessie Jones

90 Day Email

To: LHD Health Officer & Accreditation Coordinator
Cc: Section Reviewer(s), Program Manager(s) (at the state), and Local Health Services
Subject: Accreditation - Critical Status

Hello LHD Health Officer and Accreditation Coordinator Names,

It has come to MPHI's attention that Local Health Department Name has not completed the Corrective Plan of Action (CPA) process for the following CPAs:

Section: Family Planning
Indicators: 7.1, 11.1, 14.1, 16.1
(All sections and indicators will be noted)

Local Health Department Name has 90 days remaining to fully implement the above CPAs, including any follow-up visits needed, prior to your 365 day CPA implementation date of **list date here**. If a re-evaluation date has been set, please let us know the date of the re-evaluation for our records.

Your LHD is ninety days away from receiving not accredited status.

If you still need to schedule a re-evaluation, we ask that you communicate with your applicable section reviewers at the state and reply to this email by **list date here** letting us know the status of the above CPAs.

Should you have any questions, please don't hesitate to contact me via email or by phone at (517) 324-8387.

Thank you,
Jessie Jones

Users' Guide

Customer Service

A Customer Service Approach

Michigan's Local Public Health Accreditation Program is a service program. Examples of services include resources and information received prior to the On-site Review, at the On-site Review and post review. The success and quality of the program is dependent on these services, but also on interactions that occur between those who supply the services - reviewers - and those who receive the services - members of the public health community including local health department employees and ultimately Michigan citizens. Our approach to service delivery includes the interface and relationship between reviewers (suppliers) and the public health community (customers). It also includes a quality service approach when establishing collaborations and communications between suppliers and customers. Since the customers' voice within the Accreditation Program is central to what is done and how it is done, the development of good customer relations between reviewers and local health departments is essential. This relationship will assist to maintain and nurture increased quality of public health services provided.

In addition to reviewers, both MDCH Local Health Services (LHS) and MPHI are also service suppliers. Their responsibilities as suppliers are to provide reviewers with timely, accurate, and appropriate information to facilitate quality services.

One mechanism for supporting quality service is through all-reviewers/managers meetings. Through meetings, reviewers experience improved communication and receive timely information and support. Local health department representatives are invited to all of these meetings and often attend and actively participate. Sharing their experiences with On-site Reviews, exit conferences, and Accreditation in general has been valuable in improved accreditation processes and increased customer satisfaction.

The Accreditation Program will continue to be a customer-oriented program. This will continue to be demonstrated by utilizing comments from reviewers; integrating feedback from local health department customers; improving and enhancing communication through reviewer updates; maintaining and upgrading the accreditation website; and web-based technology.