September 12, 2017

Dear Health Officer:

We are pleased to share the enclosed information regarding the Local Health Department (LHD) Plan of Organization. This letter and its enclosures provide essential information for structuring your plan, including the following:

- LHD Plan of Organization Instructional Guide
- Local Public Health Services Matrix (Attachment A)
- Laws Applicable to Local Public Health (Attachment B)
- LHD Health Officer and Medical Director Requirements and Qualifications Review (Attachment C)
- LHD Plan of Organization Checklist (Attachment D)
- LHD Plan of Organization Approval Form (Attachment E)

As part of the assessment of the Plan of Organization, Local Health Services will review the last three (3) years of your agency’s annual reports and county audits, and applicable websites. You are required to submit the Plan of Organization to MDHHS once every three (3) years; no later than sixty (60) days before the scheduled Michigan Local Public Health Accreditation Program site review. Additionally, please note that information regarding the process for approving Health Officers and Medical Director qualifications is contained in the Plan of Organization Guide.

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

We hope our joint local and state efforts to standardize the LHD Plan of Organization and its components are of value. Questions regarding the processing of the enclosed documents may be directed to MDHHS Local Health Services, MDHHS-Localhealthservices@michigan.gov.

Sincerely,

Orlando Todd, Director
MDHHS Office of Local Health Services

Enclosures
A. Legal Basis

The following citations are the legal basis for the Michigan Department of Health and Human Services (MDHHS) to require a Plan of Organization. Citations are taken from the PHC (PA 378 of 1978).

1. **PHC – PART 22 - STATE DEPARTMENT OF PUBLIC HEALTH**

   333.2235 Local health department; authorization to exercise power or function; primary organization as to services and programs; exceptions; summary reports.
   
   (1) Except as provided in subsection (3), the department may authorize a local health department to exercise a power or function of the department where not otherwise prohibited by law or rule. *(Refer to the Public Health Code, if needed, for subsection 3.)*
   
   (2) The director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

2. **PHC – PART 24 – LOCAL HEALTH DEPARTMENTS**

   MCL 333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.
   
   (1) A local health department shall:
       
       (a) Have a plan of organization approved by the department.
       
       (b) Demonstrate ability to provide required services. *(Refer to Attachment A for required services).*
       
       (c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.

3. **SUMMARY**

   Section 2235 of the PHC gives broad delegatory power to MDHHS to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the PHC.

   Part 24 of the PHC spells those requirements out; most notably a local health department shall have a plan of organization approved by the department and demonstrate ability to provide required services.

B. Frequency Requirement

To meet these obligations the State Health Department shall require a local health department to submit its plan of organization:

   (1) Once every three years, unless there is a change in any of the leadership positions on the LHD organizational chart, such as a reorganization or replacement of personnel. In this case, send an amended organizational chart to the Office of Local Health Services; and

   (2) Sixty (60) days before the scheduled LHD Accreditation On-site Evaluation is to begin, and,

   (3) Using the requirements listed in Section C and the checklist in Attachment D.
C. LHD Plan of Organization: Requirements and Format

1. LEGAL RESPONSIBILITIES AND AUTHORITY

(a) Outline or list state and local statutory authority (Refer to Attachment B for a survey of state laws).

(b) Briefly describe the governing entity relationship with the local health department. Include the relationship with both the Board of Health and Board of Commissioners, and others if applicable.

(c) Briefly describe the manner in which a local health department defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).

(d) Briefly describe, if applicable, the agreement, contract, or arrangement for others to assist the local health department in carrying out its Food Service Sanitation Program responsibilities.

(e) Provide Exposure Plan for Blood Borne Pathogens and the Chemical Hygiene Plan (Hazard Communication Plan).

2. LHD ORGANIZATION

(a) Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers. The State Health Department may request an updated organizational chart at any time during the accreditation cycle in an effort to maintain compliance.

(b) Documentation of board approval of Local Health Department (LHD) Plan of Organization.

(c) List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget.

(d) Briefly describe information technology capacity available to access and distribute current public health information.

(e) (1) Submit copies of responses to findings from the most recent audit.
    (2) List significant issues uncovered as a result of subrecipient monitoring and associated responses.
    (3) Submit evidence of corrective action addressing (1) and (2) above.

3. MISSION, VISION AND VALUES

(a) Contains a clear, formally written, publicized statement of the local health department’s mission (may include the LHD’s Vision, Values, Goals, Objectives).

4. LOCAL PLANNING AND COLLABORATION INITIATIVES

(a) Outline or list LHD-specific priorities. Describe health assessments, health planning, and strategic planning efforts.

(b) Outline or list the LHD activities to plan or pursue priority projects with available resources.

(c) Outline or list community partnerships and collaborative efforts.

5. SERVICE DELIVERY

(a) Outline or list the LHD’s locations (including addresses), services, and hours of operation (Refer to Attachment A for a matrix of services of local public health).

6. REPORTING AND EVALUATION

(a) Briefly describe the LHD’s efforts to evaluate its activities.

(b) Outline or list the LHD’s mechanism to report on its activities to the community and its board or other governing entity.
(c) Provide a copy of every annual report that was disseminated publicly during the current MLPHAP accreditation cycle.

7. **HEALTH OFFICER AND MEDICAL DIRECTOR**

(a) Outline the LHD procedure for the appointment of a Health Officer and Medical Director.

(b) Submit copies of correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Health and Human Services (MDHHS) approving the qualifications of the Health Officer and Medical Director

**NOTE:** The appointment procedure must include approval by MDHHS prior to local appointment. (LHDs should make their human resources entity aware of the requirement for MDHHS qualifications review/approval before local appointment.) Local health departments and/or their human resources entity should consult MDHHS throughout the appointment process and obtain confirmation that candidates meet qualifications according to the applicable sections of the public health code and/or administrative rules. MDHHS typically requires thirty (30) days of notice to review qualifications.

D. **Plan of Organization Preparation Instructions**

The following instructions are for LHD use in preparing the LHD Plan of Organization. Please contact MDHHS, Local Health Services, MDHHS-Localhealthservices@michigan.gov, with questions regarding your plan of organization.

**Plan of Organization Preparation**

1. Review the LHD Plan of Organization Guide. This document provides the legal basis, frequency requirement, plan of organization format, laws applicable to local public health, health officer and medical director requirements and qualifications, approval form for the plan of organization, and a checklist for the plan of organization.

2. Prepare the Plan of Organization according to the requirements and format found in the LHD Plan of Organization Guide. Please create the Plan of Organization in Microsoft Word using 12-point type. You may submit the Plan of Organization in Portable Document Format (PDF) form.

**Local Approval of Plan of Organization**

1. The LHD Plan of Organization requires signed approval of both the Health Officer and Board Chairperson prior to submission to MDHHS. In the case of a city health department, approval of the Mayor and/or City Council President is required.

2. Please complete the approval form and submit it to MDHHS with your Plan of Organization.

**Plan of Organization Checklist**

1. The Plan of Organization Checklist was developed as an aide to assure all elements of the Plan of Organization are submitted.

2. Please complete the Checklist and submit it to MDHHS with your Plan of Organization and supporting documents.

**Plan of Organization Submission**

1. Submit the Plan of Organization and supporting documentation no less than sixty (60) days before your scheduled Michigan Local Public Health Accreditation Program Review. The preferred method of submission is via USB memory device (ie a flash drive).

2. Mail the hard copy of the Plan of Organization and supporting documentation to:
MDHHS Approval and Verification of the LHD Plan of Organization

1. Your agency’s Plan of Organization and supporting documentation will be reviewed by personnel from MDHHS Local Health Services. If the review is not favorable, the Office of Local Health Service will make contact with your agency to identify a remedy prior to the Powers and Duties site visit. Approval of the Plan of Organization shall be granted by the primary reviewer assigned to conduct the Powers and Duties review and is valid for three (3) years from the date that your scheduled exit interview for the Powers and Duties review has occurred.

2. If changes occur in health officer and/or medical director appointments during the three (3) year period that the Plan of Organization is valid, follow the LHD Health Officer and Medical Director Requirements and Qualifications Review Procedure. It is important to keep in mind that the State Health Officer must approve every LHD Health Officer and LHD Medical Director appointment in the State of Michigan. The documents needed by the Office of Local Health Services to facilitate this process include, but may not be limited to:

   a. Health Officers
      i. A copy of a local governing entity meeting resolution or letter signed by the Chair or Mayor of the Local Governing Entity approving the candidate’s appointment(s) for the position.
      ii. A copy of the candidate’s resume and/or curriculum vitae.
      iii. A copy of transcripts for all degree-granting institutions attended by the candidate.

   b. Medical Directors
      i. A copy of a local governing entity meeting resolution or letter signed by the Chair or Mayor of the Local Governing Entity approving the candidate’s appointment(s) for the position.
      ii. A copy of the candidate’s resume and/or curriculum vitae.
      iii. A copy of transcripts for all degree-granting institutions attended by the candidate.
      iv. A copy of candidate’s license to practice medicine in the State of Michigan.

3. Verification that your Plan of Organization was approved shall have been communicated to the appropriate LHD personnel by the primary Powers and Duties reviewer prior to his/her arrival to the site visit. In the event that the approval was not granted, the LHD may receive a “Not Met” and the Powers and Duties reviewer will work with LHD personnel to find amicable terms for a Corrective Plan of Action.
<table>
<thead>
<tr>
<th>Services</th>
<th>Rule or Statutory Citation</th>
<th>Required = Basic + Mandated + ELPHS</th>
<th>Allowable</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>PA 252 of 2014 – Sec. 218 and 904; MCL 333.8203; R325.176</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Infectious/Communicable Disease Control</td>
<td>MCL 333.2433; Parts 51 and 52, PA 252 of 2014 – Sec. 218 and 904; R325.171 et seq.</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>STD Control</td>
<td>PA 252 of 2014 – Sec. 218 and 904; R325.177</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TB Control</td>
<td>PA 252 of 2014 – Sec. 218</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>P.A. 252 of 2014 – Sec. 218</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Family planning services for indigent women</td>
<td>MCL 333.8131; R325.151 et seq.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Rule or Statutory Citation</td>
<td>Required = Basic + Mandated + ELPHS</td>
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<tr>
<td>Health Education</td>
<td>MCL 333.2433</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Nutrition Services</td>
<td>MCL 333.2433</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS Services; reporting, counseling and partner notification</td>
<td>MCL 333.5114a; MCL 333.5923; MCL 333.5114</td>
<td>X</td>
<td>X</td>
<td>(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.</td>
</tr>
<tr>
<td>Care of individuals with serious Communicable disease or infection</td>
<td>MCL 333.5117; Part 53; R325.177</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hearing and Vision Screening</td>
<td>MCL 333.9301; PA 252 of 2014 – Sec. 904; R325.3271 et seq.; R325.13001 et seq.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Public Swimming Pool Inspections</td>
<td>MCL 333.12524; R325.2111 et seq.</td>
<td>X</td>
<td>X</td>
<td>Required, if &quot;designated&quot;</td>
</tr>
<tr>
<td>Campground Inspection</td>
<td>MCL 333.12510; R325.1551 et seq.</td>
<td>X</td>
<td>X</td>
<td>Required, if &quot;designated&quot;</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
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<th>Allowable</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Public/Private On-site wastewater</td>
<td>MCL 333.12751 to MCL 333.12757; R299.2961 et seq.; R323.2210 and R323.2211</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Food Protection</td>
<td>MCL 289.3105; PA 252 of 2014 – Sec. 904</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Pregnancy test related to informed consent to abortion</td>
<td>MCL 333.17015(18)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Public/Private Water Supply</td>
<td>MCL 333.1270 to MCL 333.12715; R326.1601 et seq.; MCL 325.1081 to MCL 325.1023, R325.10101 et seq.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Allowable Services</td>
<td></td>
<td>X</td>
<td></td>
<td>This category would include all permissible responsibilities in statute or rule that happen to be eligible for cost reimbursement.</td>
</tr>
<tr>
<td>Other Responsibilities as delegated and agreed-to</td>
<td>MCL 333.2235(1)</td>
<td>X</td>
<td></td>
<td>This category is NOT connected to express responsibilities within statute, but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.</td>
</tr>
<tr>
<td>Name</td>
<td>Citation</td>
<td>Description</td>
<td></td>
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<tr>
<td>1. Required Service</td>
<td>MCL 333.2321(2); MCL 333.2403, R325.13053</td>
<td>Means: (A) a basic service designated for delivery through Local Public Health Department (LPH), (B) local health services specifically required pursuant to Part 24 or specifically required elsewhere in state law, or (C) services designated under LPHO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.A. Basic Service</td>
<td>MCL 333.2311; MCL 333.2321</td>
<td>A service identified under Part 23 that is funded by appropriations to MDHHS or that is made available through other arrangements approved by the legislature. Defined by the current Omnibus Appropriations Act and could change annually.</td>
<td></td>
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</tr>
<tr>
<td>1.B. Mandated Service</td>
<td>MCL 333.2408</td>
<td>The portion of required services that are not basic services, but are “required pursuant to this part [24] or specifically required elsewhere in state law.”</td>
<td></td>
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<tr>
<td>1.C. ELPHS</td>
<td>P.A. 252 of 2014 – Sec. 904</td>
<td>Funds appropriated in part 1 of the MDHHS section of the Omnibus Appropriations Act that are to be prospectively allocated to LPH to support immunizations, infectious disease control, STD control and prevention, health screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Allowable Services</td>
<td>MCL 333.2403; R325.13053</td>
<td>“Means a health service delivered [by LPH] which is not a required service but which the department determines is eligible for cost reimbursement”.</td>
<td></td>
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</tr>
<tr>
<td>Omnibus Appropriations Act</td>
<td></td>
<td>Most recent Omnibus Appropriations Act for the Department of Health and Human Services.</td>
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</tbody>
</table>

**ATTACHMENT B**

**LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)**

**Public Health Code (PA 368 of 1978)**
MCL § 333.1105 – Definition of Local Public Health Department
MCL § 333.1111 – Protection of the health, safety, and welfare
Part 22 (MCL §§ 333.2201 et seq.) – State Department
Part 23 (MCL §§ 333.2301 et seq.) – Basic Health Services
Part 24 (MCL §§ 333.2401 et seq.) – Local Health Departments
Part 51 (MCL §§ 333.5101 et seq.) – Prevention and Control of Diseases and Disabilities
Part 52 (MCL §§ 333.5201 et seq.) – Hazardous Communicable Diseases
Part 53 (MCL §§ 333.5301 et seq.) – Expense of Care
MCL § 333.5923 – HIV Testing and Counseling Costs
MCL § 333.9131 – Family Planning
Part 92 (MCL §§ 333.9201 et seq.) – Immunization
Part 93 (MCL §§ 333.9301 et seq.) – Hearing and Vision
MCL § 333.11101 – Prohibited Donation or Sale of Blood Products
MCL § 333.12425 – Agricultural Labor Camps
Part 125 (MCL §§ 333.12501 et seq.) – Campgrounds, etc.
Part 127 (MCL §§ 333.12701 et seq.) – Water Supply and Sewer Systems
Part 138 (MCL §§ 333.13801 et seq.) – Medical Waste
(Required to investigate if complaint made and transmit report to MDHHS – 13823 and 13825)
MCL § 333.17015 – Informed Consent

**Appropriations (Current: PA 252 of 2014)**
Sec. 218 – Basic Services
Sec. 904 - ELPHS

**Michigan Attorney General Opinions**
OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services
A. Legal Basis and Qualifications:

The following Public Health Code citations and rules are the legal basis for the MDHHS requirements.

1. Health Officer:

   a. MCL 2428 Local health officer; appointment; qualifications; powers and duties.

      Sec. 2428

      (1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

      (2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

      These qualifications are:

      (1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Health and Human Services approving the appointment of the health officer, and

      (2) Has an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience, or

      (3) Has a related graduate degree and 5 years of full-time public health administrative experience, or

      (4) Has a bachelor's degree and 8 years of full-time health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

2. Medical Officer
a. R325.13002 – A medical health officer shall be a physician licensed in Michigan as an M.D. or D.O. who complies with the requirements listed in this section.

R325.13004 – A medical director shall have the same qualifications as a medical health officer.

R325.13001 and R325.13004a - A medical director shall devote his or her full time to the needs of the local health departments except that if the department serves a population of not more than 250,000 and cannot obtain full-time medical direction, the time may be reduced to not less than 16 hours per week.

b. These qualifications are:

(1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Health and Human Services approving the appointment of the medical director, and

(2) Is board certified in preventive medicine or public health, or

(3) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice, or

(4) Has an unexpired provisional appointment issued by the department under the authority of MCL 325.2495, provided the appointment was issued before the effective date of these rules.

B. Verification and Approval Process:

Prior to health officer or medical director appointment, the LHD and/or the local human resources official submit evidence of qualifications to the Michigan Department of Health and Human Services.

(1) The following documents shall be submitted to the Department for approval prior to appointment for both Health Officers and Medical Directors:

   (a) Current Curriculum Vitae
   (b) Copy of Diploma (s) or other proof of degree completion
   (c) Proof of Enrollment into Masters of Public Health program (if applicable)

(2) In addition to the above, the following documentation shall be submitted for Medical Directors:

   (a) Copy of Current Michigan Physician’s License and Michigan Drug Control License
   (b) Copy of Proposed Contract reflecting hours of service to LHD
   (c) Written documentation of arrangements for a public health physician advisor (if applicable)

(3) MDHHS typically requires 30-day notice to review qualifications and credentials. After MDHHS review and approval the following shall be submitted with respect to Health Officers:

   (a) A copy of the local governing entity (or in the case of a district health department by the district board of health) resolution approving the appointment.
<table>
<thead>
<tr>
<th>Submitted</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLAN OF ORGANIZATION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1. LEGAL RESPONSIBILITIES</strong></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>A. Outline or list State and Local Statutory Authority for your LHD.</td>
</tr>
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<td>B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).</td>
</tr>
<tr>
<td>☐</td>
<td>C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).</td>
</tr>
<tr>
<td>☐</td>
<td>D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.</td>
</tr>
<tr>
<td><strong>2. LHD ORGANIZATION</strong></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.</td>
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<td>B. Documentation of board approval of Local Health Department Plan of Organization.</td>
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<tr>
<td>☐</td>
<td>C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent budget.</td>
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</tbody>
</table>
| ☐ | D. 1. Responses to audit findings.  
| | 2. Sub-recipient monitoring issues and responses.  
| | 3. Corrective action regarding (1) and (2) above. |
| ☐ | E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information. |
| **3. MISSIONS, VISION AND VALUES** | |
| ☐ | A. Contains a clear, formally written, publicized statement of the local health department’s mission (may include the LHD’s Vision, Values, Goals, & Objectives). |
| **4. LOCAL PLANNING AND COLLABORATION INITIATIVES** | |
| ☐ | A. Outline or list LHD-specific priorities. |
| ☐ | B. Outline or list the LHD activities to plan or pursue priority projects with available resources. |
| ☐ | C. Outline or list community partnerships and collaborative efforts. |
| **5. SERVICE DELIVERY** | |
| ☐ | A. Outline or list the LHD’s locations (including addresses), services, and hours of operation. |
| **6. REPORTING AND EVALUATION** | |
| ☐ | A. Briefly describe the LHD’s efforts to evaluate its activities. |
| ☐ | B. Outline or list the LHD’s mechanism to report on its activities to the community and its governing entity. Provide copies of all annual reports that were disseminated publicly during the current MLPHAP accreditation cycle. |
| **7. HEALTH OFFICER AND MEDICAL DIRECTOR** | |
| ☐ | A. Procedure for appointment of a Health Officer and Medical Director |
| ☐ | B. HEALTH OFFICER:  
| | 1. MDHHS Approval – Letter, memo, other. |
| ☐ | C. MEDICAL DIRECTOR:  
| | 1. MDHHS Approval – Letter, memo, other. |
| ☐ | 8. LHD Plan Of Organization Approval Form |


This approval form is to be signed by the Health Officer and the chairperson of your agency’s local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Office of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Office of Local Health Services.

I have reviewed the Plan of Organization for ______________________________  

(Insert local health department name)

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: ________________________________________________

Health Officer Signature: _____________________________________________

Date: __________________

Local Governing Entity Chairperson Name: ______________________________

Local Governing Entity Name: _________________________________________

Mailing Address: ____________________________________________________

Chairperson Signature: _____________________________________________

Date: _________________