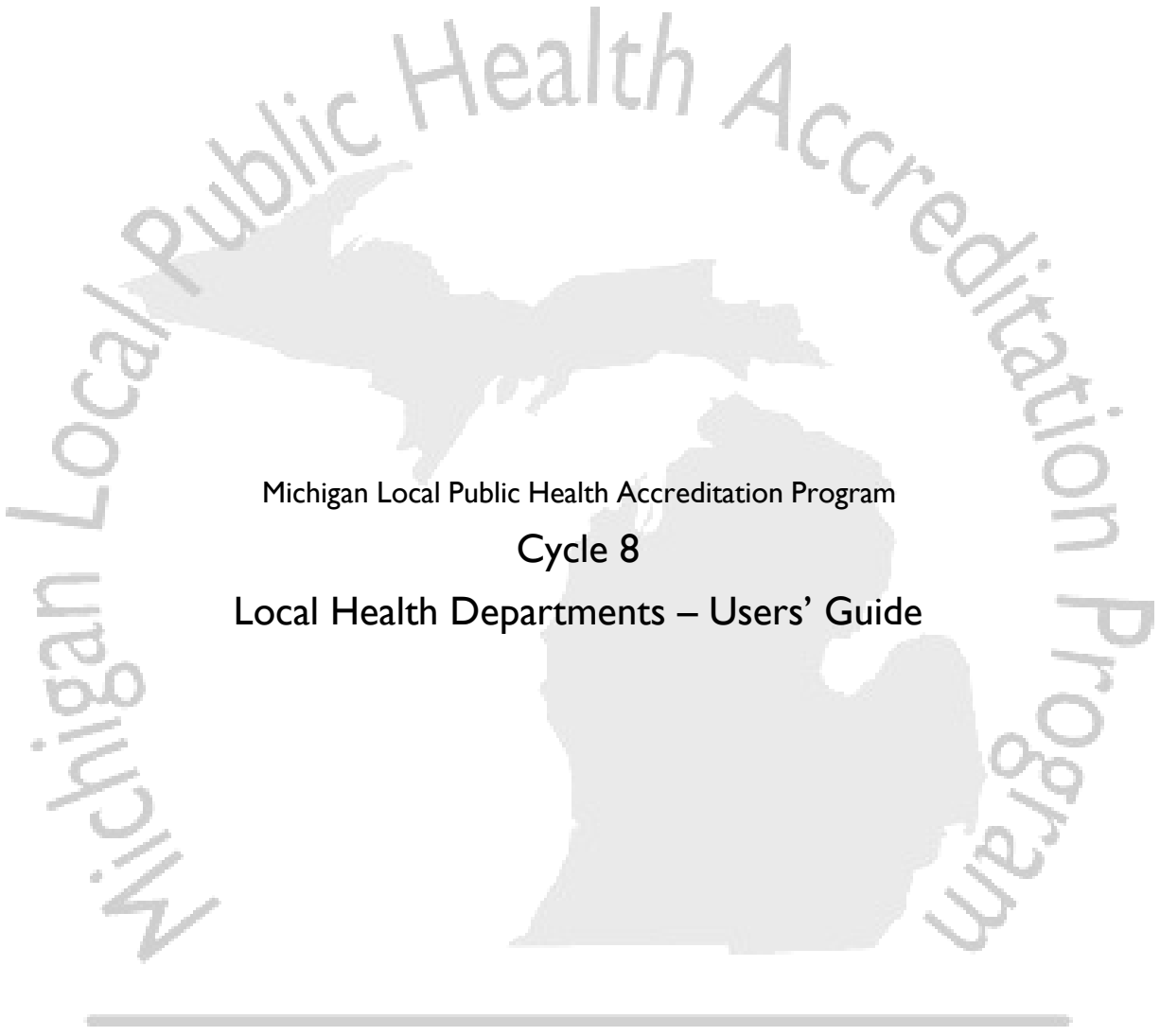

Michigan Local Public Health Accreditation Program

Cycle 8

Local Health Departments – Users' Guide

Assuring and enhancing the quality of local public health in Michigan

Table of Contents

1- 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 provide input or ask questions, please contact one of the individuals below.

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2- Overview

2.1 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;
- Provide a mechanism for accountability.

2.2 Governance

The governing authority for the MLPHAP is the Michigan Department of Health and Human Services (MDHHS). Three state agencies comprise the accrediting body:

- Michigan Department of Health and Human Services
- Michigan Department of Agriculture and Rural Development
- Michigan Department of Environment, Great Lakes, and Energy

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

2.3 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.

2.4 Process

The Accreditation Program assesses the ability of a local health department to meet minimum administrative capacity requirements. The Accreditation Program also conducts local health department 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 70 state agency Reviewers, of which about 20 are used for each Site Visit. The review cycle is 3 years.

There are three steps to the Accreditation process:

1. Self-Assessment
2. On-Site Review (or Site Visit for Cycle 8)
3. Corrective Plans of Action (CPA) (not applicable for Cycle 8)

During a typical cycle, following the On-Site Review and CPA processes, there are three Accreditation status options. These are:

- Accredited
- Accredited with Commendation
- Not Accredited.

Cycle 8 is a capacity building cycle; LHDs will not be evaluated on whether they meet or do not meet MPRs and Indicators during Cycle 8. As such, during Cycle 8, local health departments will retain their most recent Accreditation status until a subsequent Accreditation status is granted in Cycle 9.

2.5 Evaluation

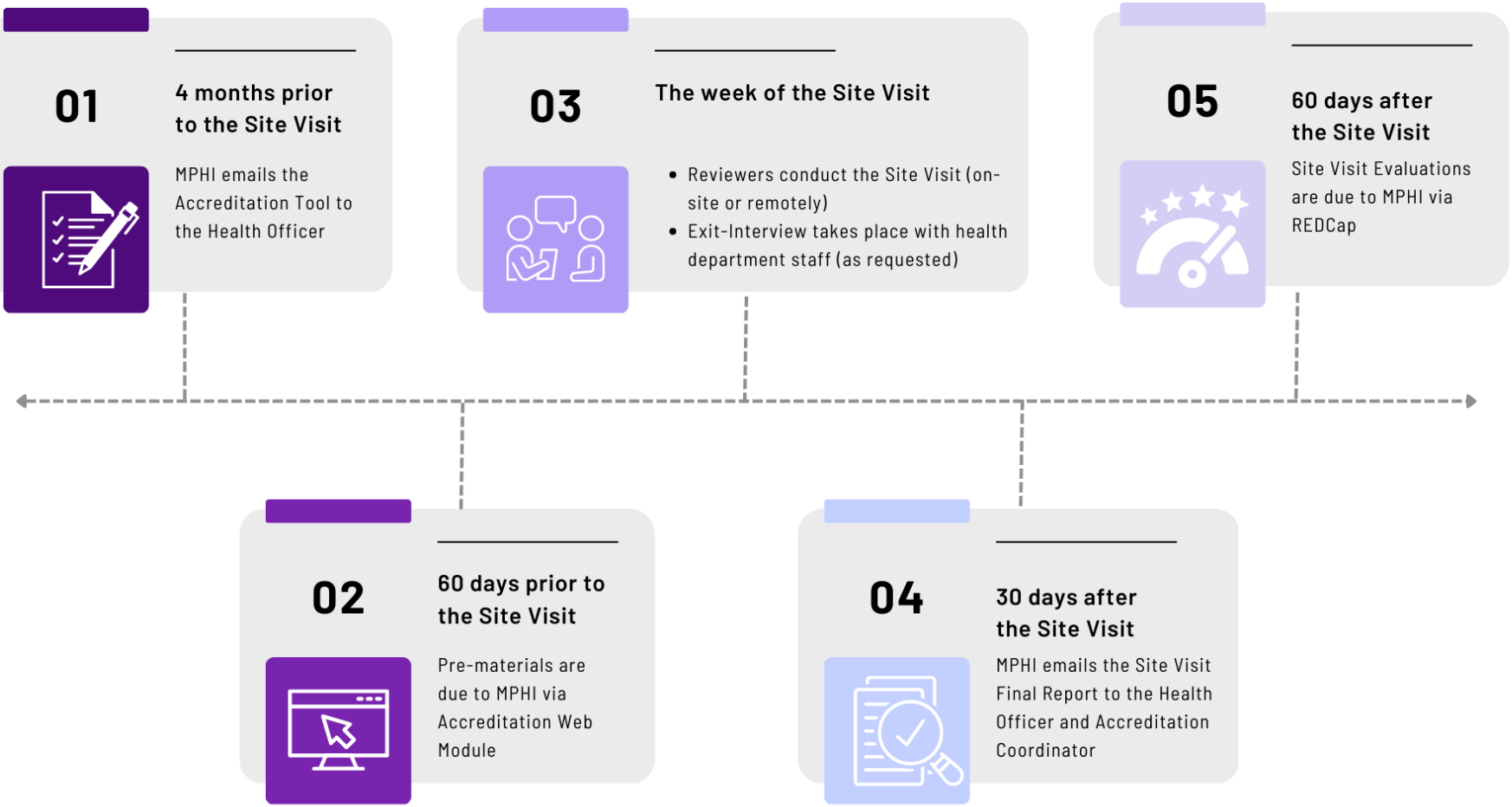
MPHI conducts ongoing evaluation of the Michigan Local Public Health Accreditation Program and its components throughout each 3-year cycle, by regularly reviewing available data, and providing data and recommendations to the Accreditation Commission. Evaluation results and data are used to improve the quality of the program.

2.6 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 Health and Human Services, Agriculture and Rural Development, and Environment, Great Lakes, and Energy; 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.

The Michigan Local Public Health Accreditation Program website is available for Local Health Department staff and Reviewers. The website provides of a wealth of information about the Michigan Accreditation process and includes supporting resources such as User Guides, MPR Indicator Guide (for all or individual programs), and links to Quality Improvement resources and the Accreditation Web Module. To visit the site, use the following link: https://accreditation.localhealth.net/.

3- The Michigan Local Public Health Accreditation Process



4- Self-Assessment

4.1 What to Expect

The Self-Assessment is the first step in the Accreditation process. A local health department completes the self-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, when MPHI sends the local health department's Health Officer (and Accreditation Coordinator, if applicable) an email with a link to the Cycle 8 Accreditation Tool. The email also highlights pertinent dates in the process as they apply to each health department.

The Tool is located on the Michigan Local Public Health Accreditation Program website (https://accreditation.localhealth.net/) and is available to anyone at any time at that link.

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

4.2 Pre-Materials to MPHI

To facilitate the flow of information between the local health department and MPHI during all phases of the Accreditation process, the local health department should appoint an Accreditation Coordinator and identify that person to MPHI on the **Profile Information area of the Accreditation Web Module and/or on the Module User Account Request form.** The Module User Account Request form is submitted to the MPHI Program Assistant via email at least two weeks prior to the pre-materials due date. Unless otherwise notified, MPHI will consider this person the single point of contact during the process.

There are several important pieces each local health department needs to complete and deliver to MPHI to officially complete the Self-Assessment phase. All materials will be submitted via the **Accreditation Web Module** (https://webreport.accreditation.localhealth.net/). These pre-materials (Profile Information, Exit Conference information, and the On-Site Review Schedule) are due to MPHI 2 months prior to the On-Site Review. For more information about submitting pre-materials and step-by-step instructions in Section 5 - **Navigating the Accreditation Web Module.**

The local health department will create the schedule for the 5-day site visit 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 needs 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. The Reviewer and local health department should work together to find a mutually acceptable new date within one week before or after the scheduled Site Visit week to complete the review, then contact MPHI staff to inform them of the new date.

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 Accreditation Web Module. This schedule will identify the Reviewer(s) responsible for each section and those individuals' phone number and email address to assist in pre-review communication.

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

If a local health department needs to reschedule its Site Visit, 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 e-mailed to MPHI and include the rationale for the schedule change. MPHI will collaborate with MDHHS, MDARD, EGLE, and the MLPHAP Accreditation Commission regarding the feasibility of accommodating the request. All parties will be notified of the outcome.

4.3 Requested Program Pre-materials

Some services/programs administered by a local health department require separate pre-materials; the table below outlines the programs that have separate pre-materials and where to find additional information related to those.

Program	Where to find pre-material information
Powers and Duties – Quality Improvement Supplement	Appendix II
General Communicable Disease	Appendix III
HIV/AIDS & STI	Appendix IV
Family Planning	Appendix V
CSHCS	Appendix VI
Powers and Duties – Plan of Organization	Link to Document
HIV/AIDS & STD *Optional Program Companion Guide	Link to Document

4.4 Technical Assistance Contacts

Local health departments should contact relevant state agency staff in the event that clarification is needed regarding minimum program requirements and/or indicators. Appendix VII has a list of state agency Technical Assistance Contacts that includes names, email addresses, and phone numbers.

4.5 Tips to Facilitate the Process

- Be certain to allow enough time for the Self-Assessment phase by beginning upon receipt of your Accreditation Tool, 4 months before Site Visit date.
- 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 identified above. Regular meetings for progress reports are beneficial.

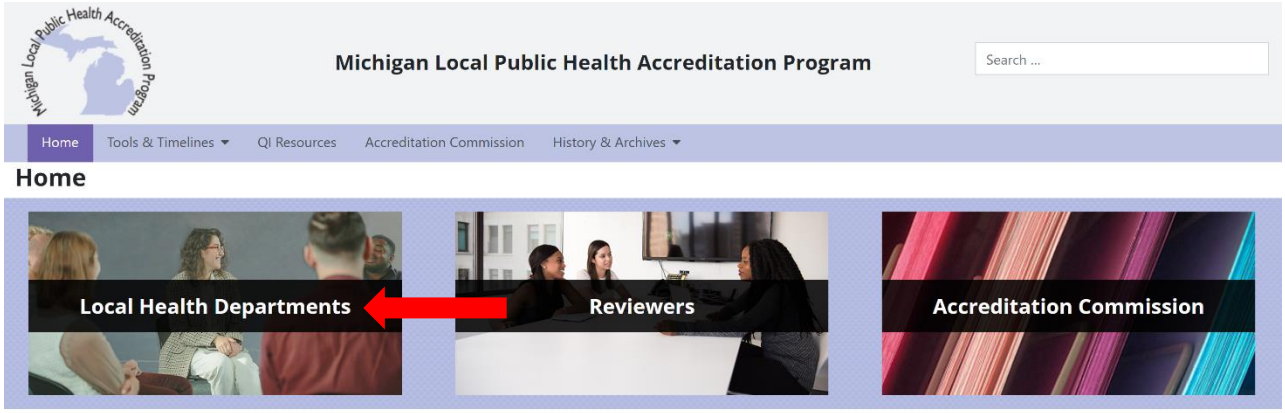
- Keep all staff and other relevant entities informed about the Accreditation process, including the local governing entity (Board of Health, County Commission, etc.).
- Fresh eyes looking at programs in the local health department can often make a positive impact in preparation. Utilize and involve 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.

5- Navigating the Accreditation Web Module

Open your Internet browser and follow this link by holding the Ctrl Key and clicking this underlined link: https://accreditation.localhealth.net/ or by copying it into the address bar of the browser.

On the Home screen, click the "Local Health Departments" picture.

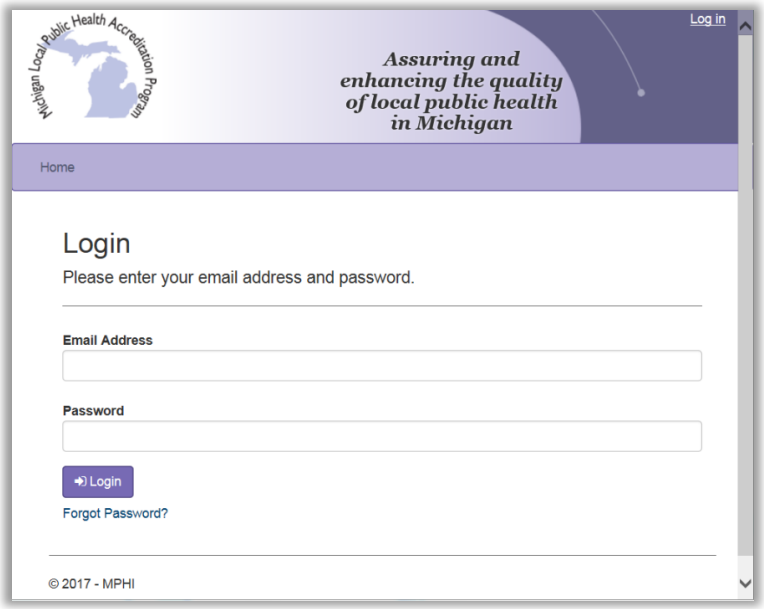
You may want to create a bookmark for this website so that you can easily access it in the future without having to remember the text you would need to type in the address bar. Follow your browser's directions to add the website to your favorites.



On the Local Health Department Tools page, click the "Cycle 8 Web Module" link.

5.1 Logging in to the Accreditation Web Module

A form to request Accreditation Web Module user accounts is sent with your local health department's Tool letter.



Please submit this form by email to Jessica Nash jnash@mphi.org **no later than 2 weeks prior to your pre-materials due date.** MPHI will create user accounts for each person listed on the form when it is submitted. The first time a new user logs in to the Accreditation Web Module they will be required to set a password.

Health Officers' accounts have special permissions that allow them to see all reports for the health department and provide signoffs on materials as needed. All other accounts will have standard local health department access to the Accreditation Web Module.

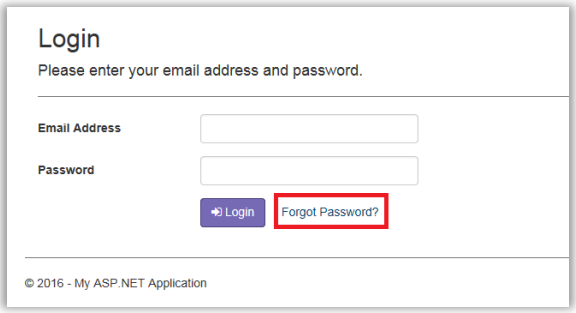
Important!

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 available throughout the module.**

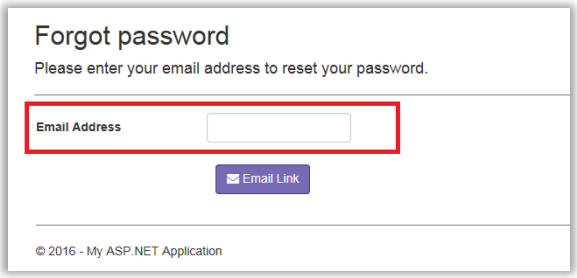
5.2 Changing Your Password

Forgot Password

When a user has forgotten their account password, the user can reset it on the Forgot Password page. Users can access the Forgot Password page by selecting the "Forgot Password?" link on the Login page. A user can complete the Forgot Password process by following the steps listed below:



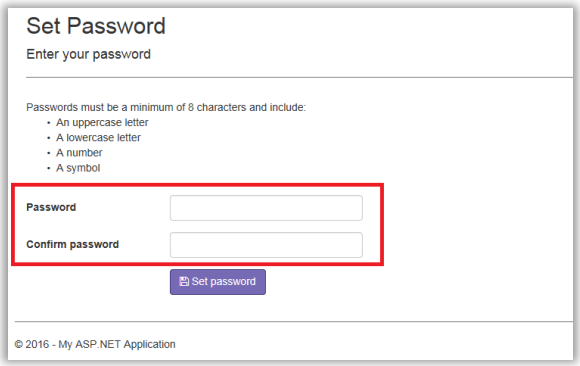
Step 1: Select the "Forgot Password?" link on the Login page



Step 2: Enter the email address associated to your account in the Email Address field

Step 3: Select the Email Link button to send yourself a reset password email

Step 4: Follow the URL provided in the email



Step 5: Enter your new password in both the New Password and Confirm New Password fields. The new password must be different than your current password, be a minimum of 8 characters, and include:

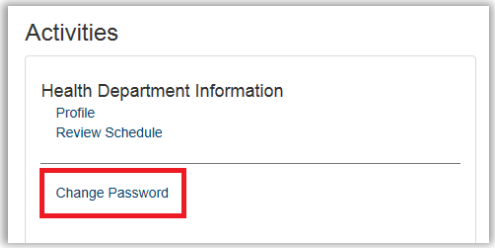
- An uppercase letter
- A lowercase letter
- A number
- A symbol

Step 6: Select the Set password button

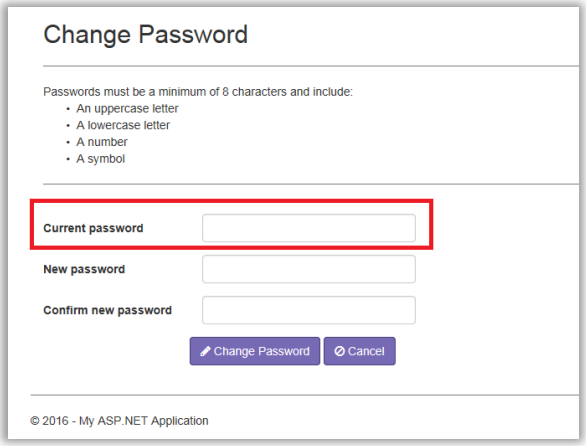
Note: A user's password will expire every 120 days. Upon login, a user with an expired password will be prompted to create a new one.

Change Password

When a user would like to change their account password, the user can do so on the Change Password page by following the steps listed below:



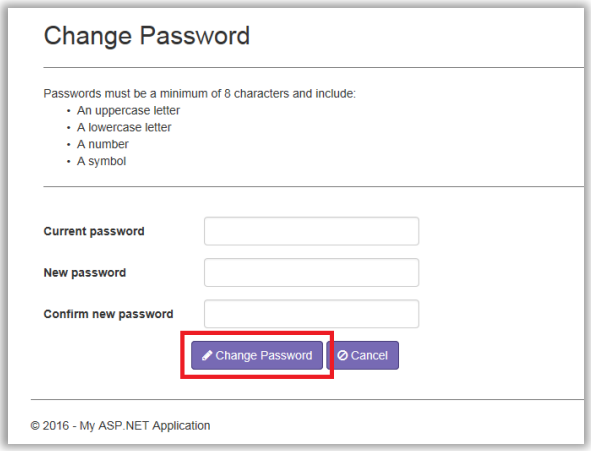
Step 1: Select the Change Password link on the Home page



Step 2: Enter your current password in the Current Password field

Step 3: Enter your new password in both the New Password and Confirm New Password fields. The new password must be different than your current password, be a minimum of 8 characters, and include:

- An uppercase letter
- A lowercase letter
- A number
- A symbol

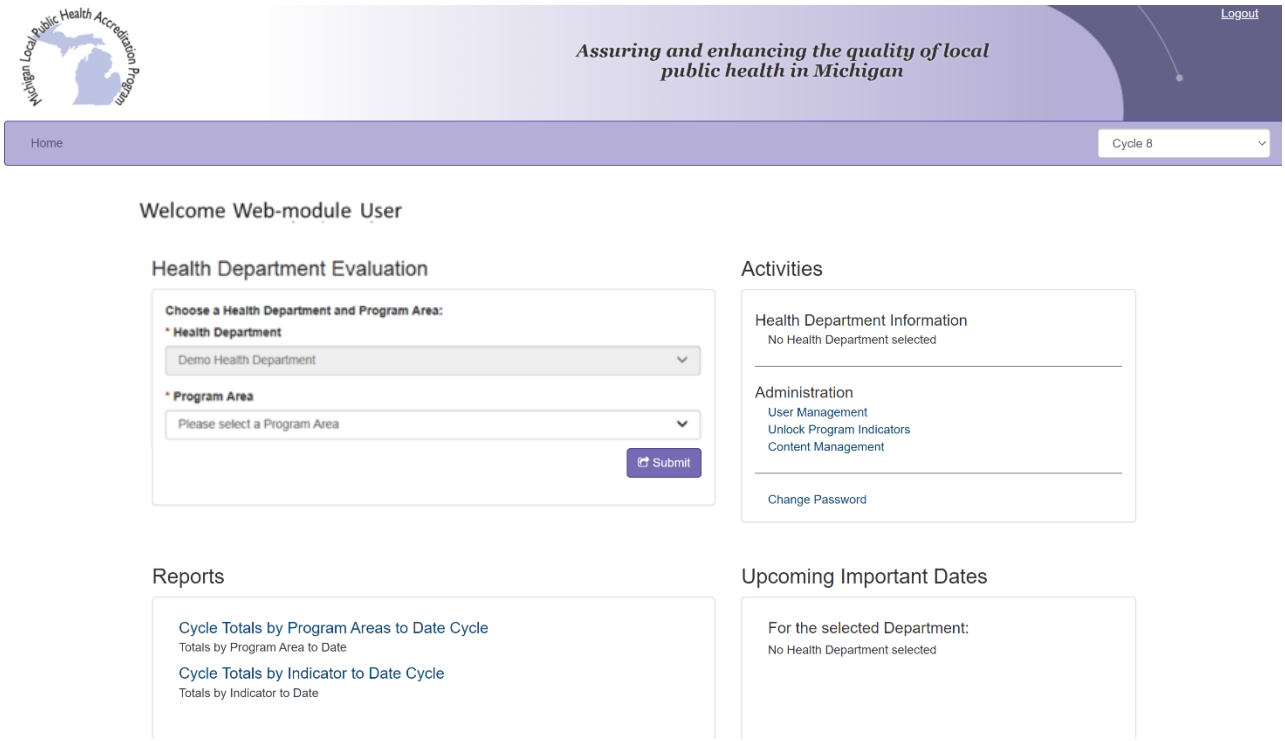


Step 4: Select the Change Password button

Note: A user's password will expire every 120 days. Upon login, a user with an expired password will be prompted to create a new one.

5.3 Home Page

The Home page is the default landing page for users when they first log into the Accreditation Web Module. There are 4 sections on the Home page: Health Department Evaluation, Activities, Reports, and Upcoming Important Dates.



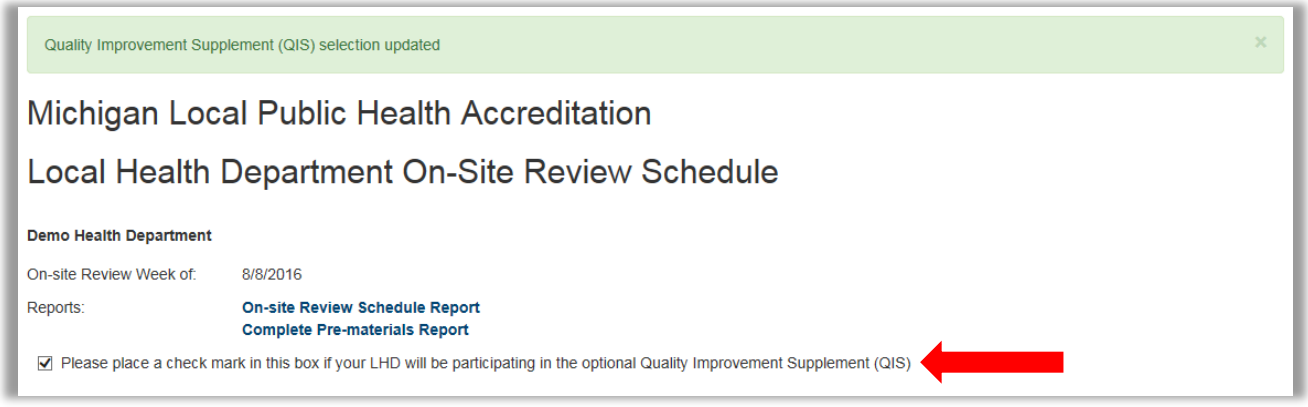
5.4 Submitting Pre-materials in the Accreditation Web Module

All local health department pre-materials are submitted via the Accreditation Web Module, including the On-Site Review Schedule, Exit Conference requests, and updating the LHD's profile. Some programs require materials be sent in advance of the On-Site Review. Please see Appendix II – VI for further information.

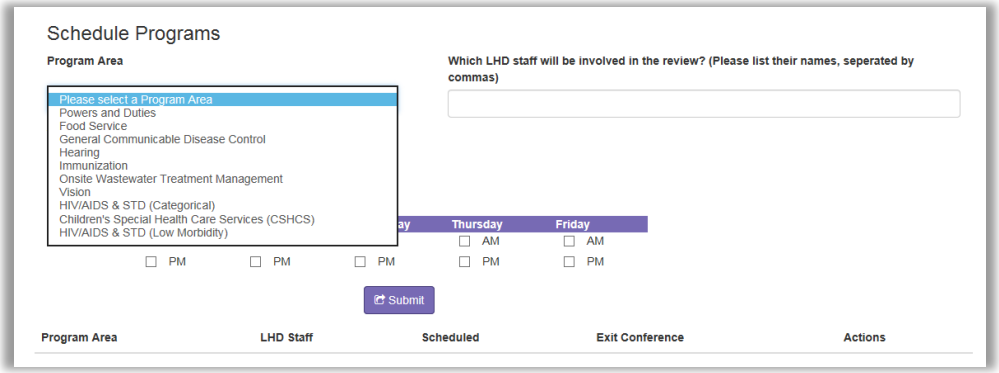
Review Schedule

To enter your schedule, click the "Review Schedule" under the Activities menu on the Accreditation Web Module Home page. You will be taken to a screen that looks like this:

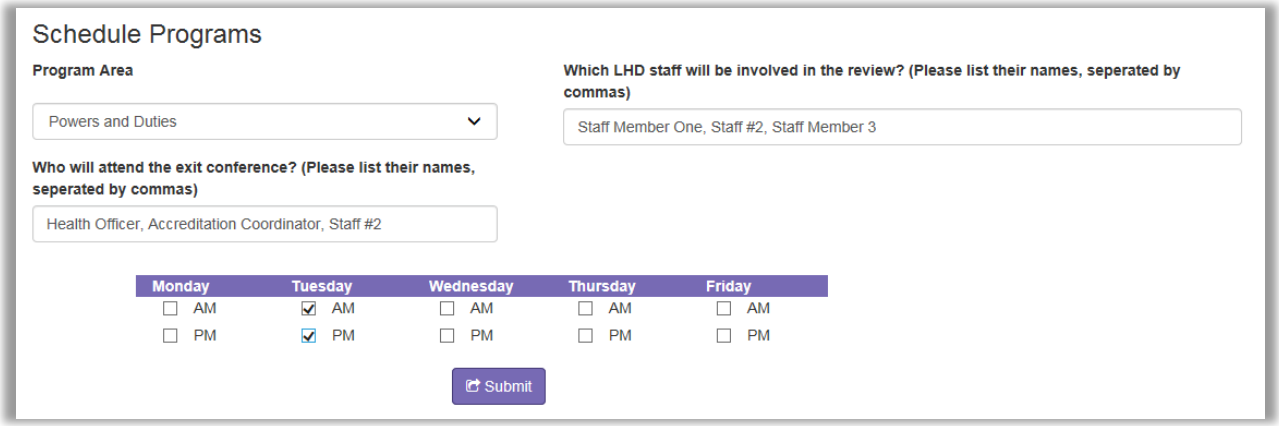
First, place a checkmark in the box on top of the page if your local health department will be participating in the optional Quality Improvement Supplement (QIS).



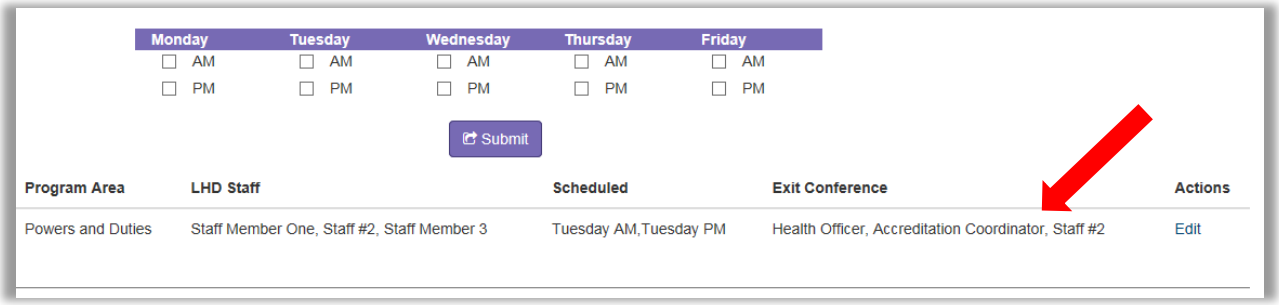
To schedule a program, choose the section you wish to schedule from the drop down box on the far left.



Once the program is selected, click in the box under "Which LHD staff will be involved in the review?" and enter names of the local health department 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 Appendix 1 for scheduling guidance.



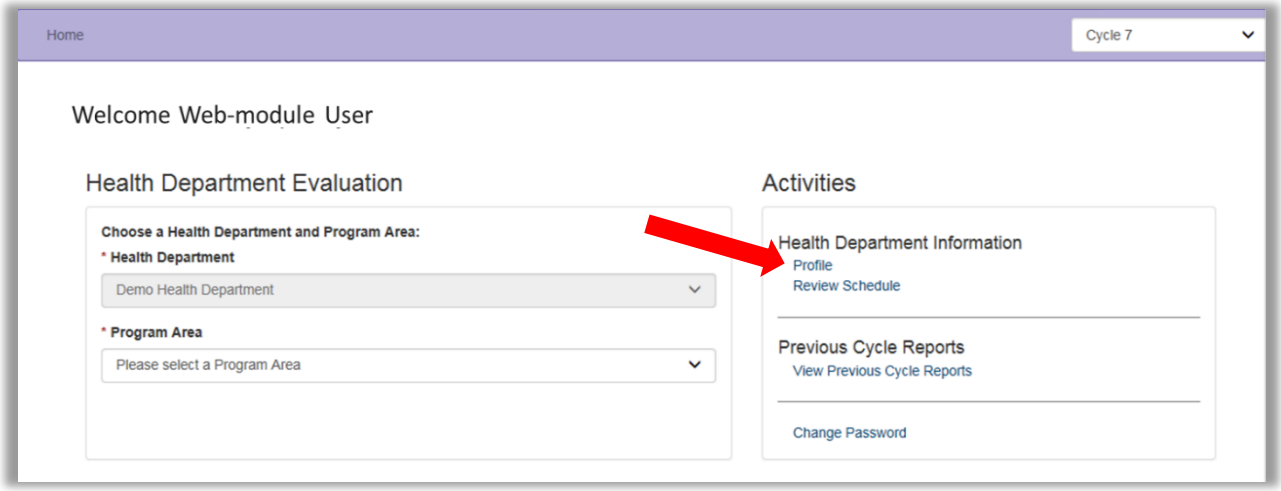
After you have made your selections, click the "Submit" button and the program will add to the schedule. Below the "Submit" button will be a table with the program Area, LHD staff, Scheduled, and Ext Conference information that has been submitted.



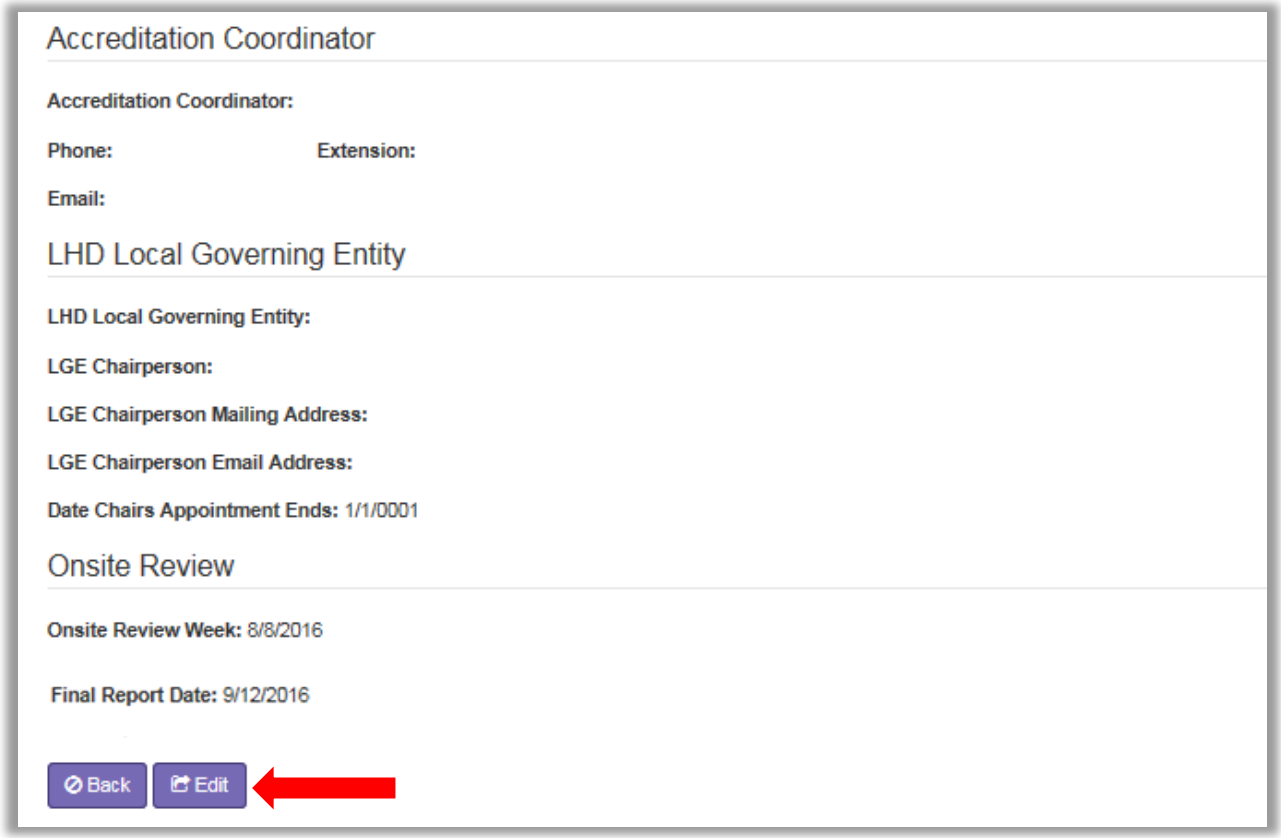
If you make a mistake in scheduling, you may click the "Edit" link under the Actions section to remove or edit an existing entry from the schedule.

Update Your Local Health Department's Contact Information

To edit your local health department's contact information, click the "Profile" link on the Home page.



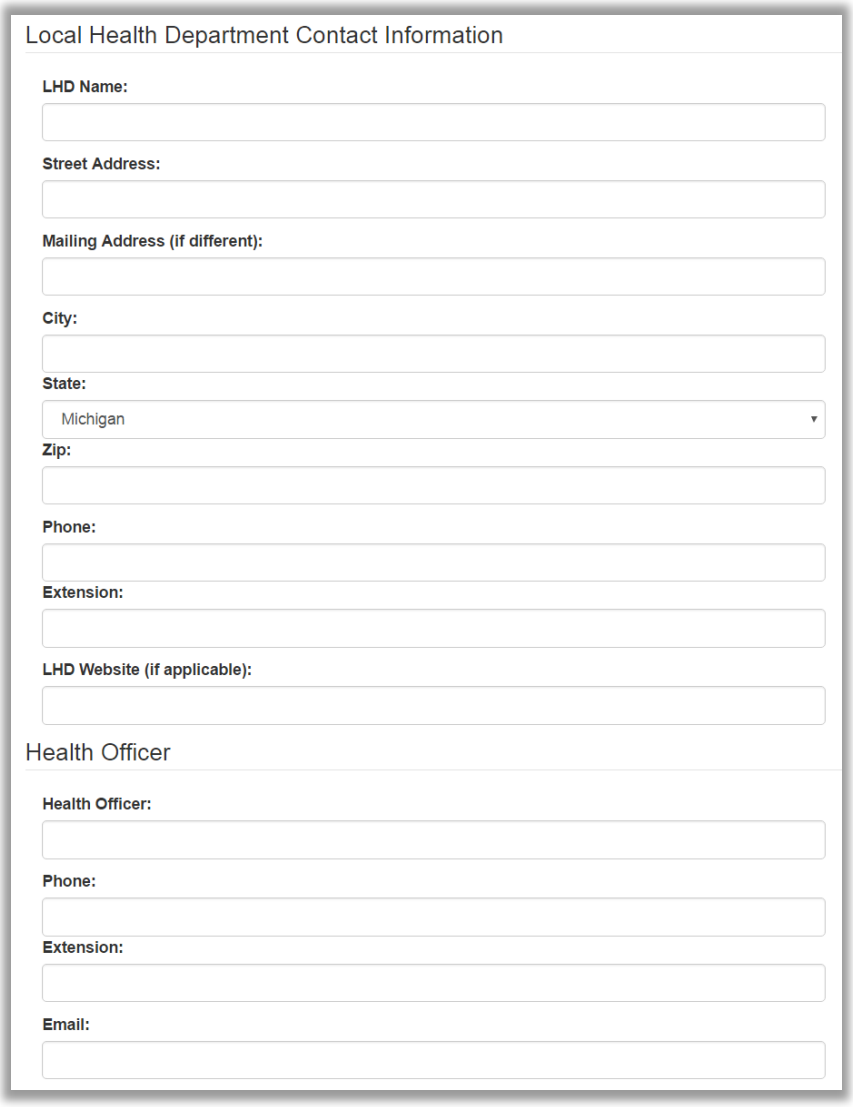
On the bottom of the Local Health Department Contact Information page, click the "Edit" button.



Clicking the "Edit" button will allow you to complete and update any information about your health department.

Local Health Department Contact Information – This section includes the Local Health Department's name, address, phone number, and website.

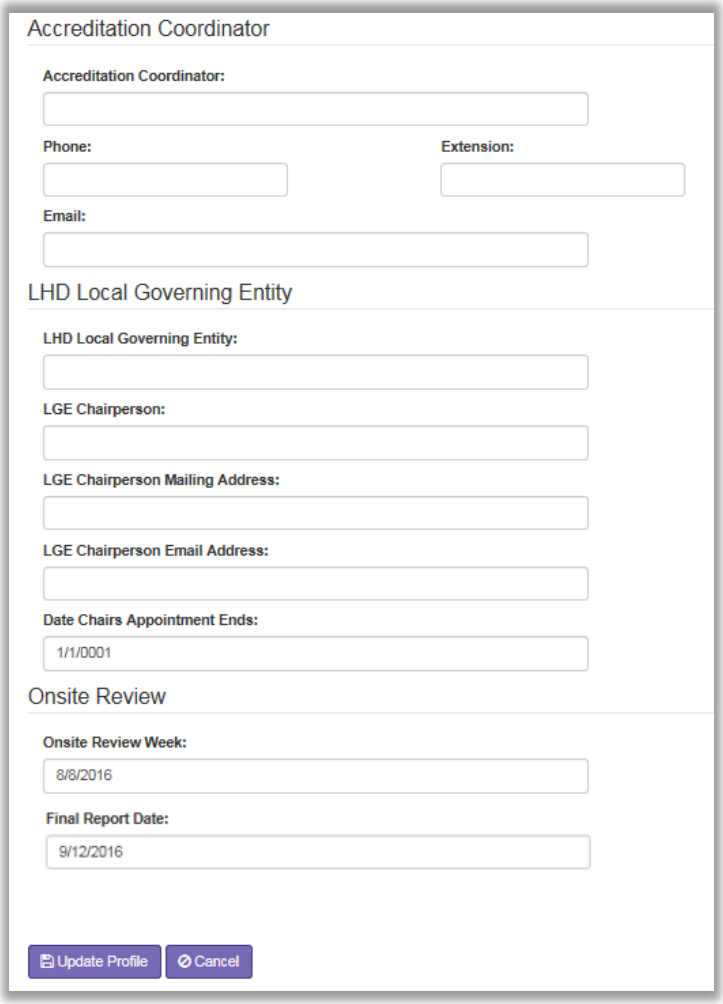
Health Officer – The Health Officer section includes the Local Health Department's Health Officer's name, phone number, and email address.



Accreditation Coordinator – The Accreditation Coordinator section includes the local health department's Accreditation Coordinator's name, phone number, and email address.

LHD Local Governing Entity – This section includes the local health department's Local Governing Entity's (LGE) name, the name of the LGE's Chairperson, when the Chairperson's appointment ends, and the Chairperson's mailing and email addresses.

On-site Review – The On-site Review section lists important dates for the selected local health department. The date in the Onsite Review Week field indicates the first day of the week that the local health department's Site Visit will take place. The Final Report Date field indicates when the final report will be available for the local health department.



Once you have entered your local health department's current contact information, click the "Update Profile" button.

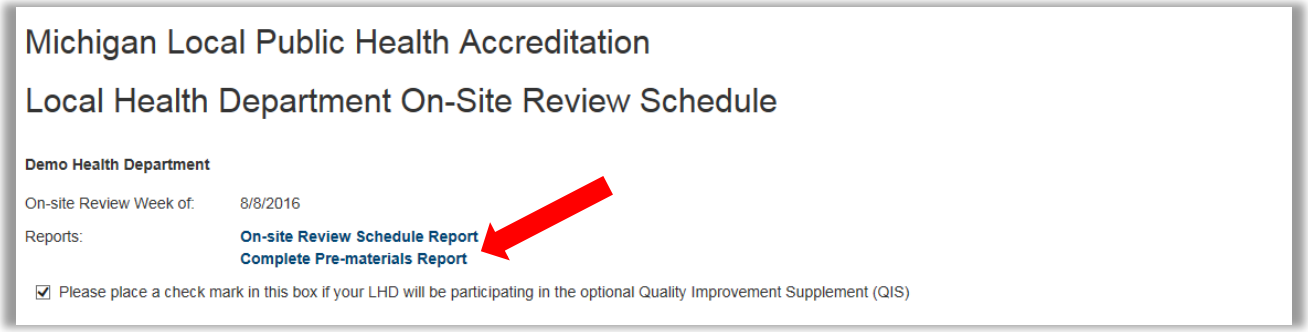
The most crucial piece of information to capture accurately is the Accreditation Coordinator's e-

mail address, as this person will be receiving auto-generated e-mails from the website related to Corrective Plans of Action responses.

Completed Pre-material Reports

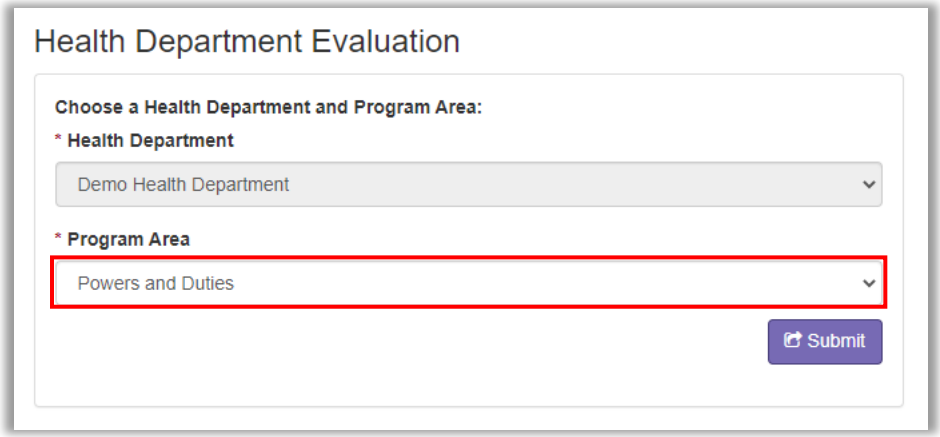
Once you have finished entering your pre-materials, MPHI staff will review them for accuracy of scheduling and contact you with any questions. MPHI staff will also add Reviewer names and contact information to the schedule and notify you once it is available for viewing. You will receive an automatic email when pre-materials are published.

To view the completed pre-materials, click the "Review Schedule" link on the Home page. On the Review Schedule page, click the "Complete Pre-materials Report" link to view a PDF of your health department's pre-materials. If you wish to access a PDF of the schedule only, click the "On-Site Review Schedule Report" link.

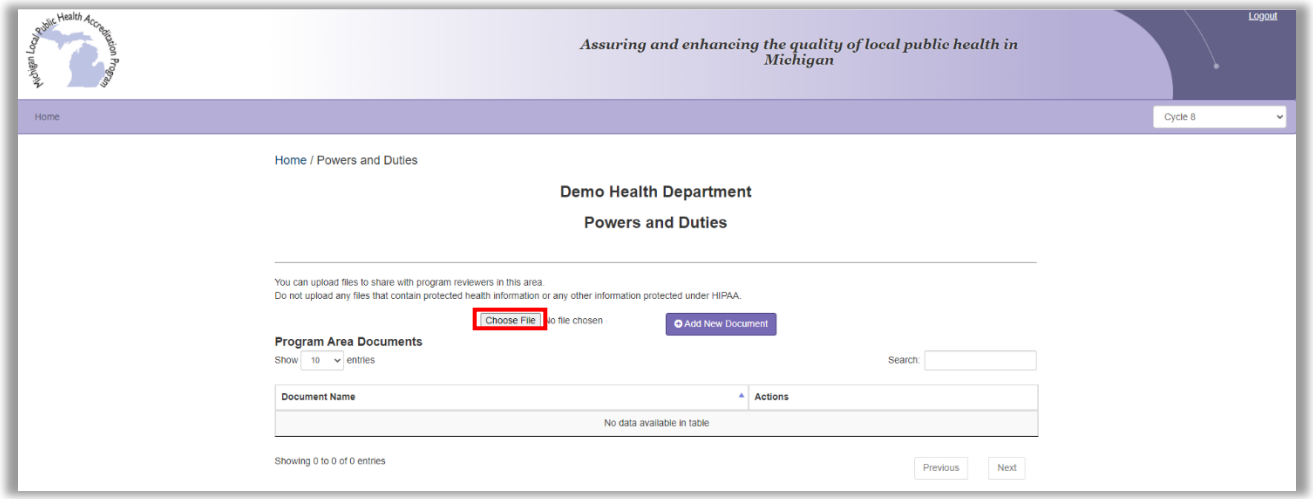


5.5 Uploading Documents in the Web Module

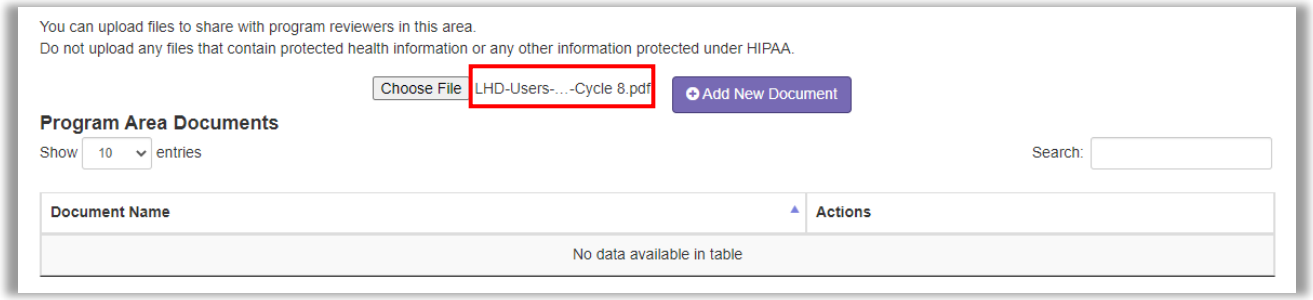
Some programs request that documents be submitted ahead of the site visit via the Accreditation web module. To do so, on the homepage, select the Program Area you wish to upload documents for using the dropdown box. Once you have selected the desired Program Area, click the "Submit" button.



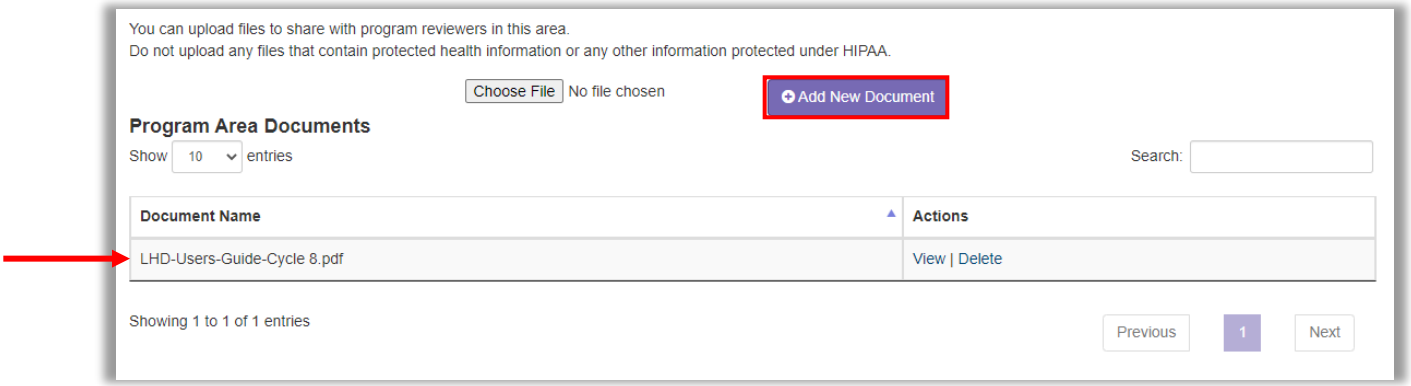
This will take you to the Program Area page. From here you will select the "Choose File" button, which will bring up your computer's files.



Select the document you wish to upload from your files and click "Open". The name of the selected file should appear next to the Choose File button.



Select the "Add New Document" button to upload your file for Reviewers to access. The document will show up below in the documents table.



Repeat this process as necessary to add additional documents.

5.6 Exiting the Accreditation Web Module

Important! A "Log Out" hyperlink is located at the bottom of the main local health department home page. Please use this hyperlink to exit the Accreditation Web Module before closing your Internet browser to ensure you are fully logged out of the system. When you simply close your Internet browser, the website cannot detect this type of exit and thinks that you are still logged into the Web Module.

6- Site Visit[1]

6.1 What to Expect

Every local health department's experience with the Site Visit 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 site visit should progress smoothly.

6.2 Suggestions

- Spend your Self-Assessment period (and beyond) asking questions – reach out to state agency reviewers and/or Technical Assistance Contacts, or MPHI. The more your local health department knows about the entire process, the better your Site Visit experience.
- Providing food and/or beverages for reviewers during the Site Visit 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 Site Visit, such as if local health department staff will be needed, what documentation may be required, etc.

[1] Also called the On-Site Review during a typical Accreditation Cycle

6.3 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 Accreditation Web Module:

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 Site Visit.

6.4 The Site Visit Report

Within 30 days from the last day of the week-long review, notification of the Site Visit Report's completion and access instructions are sent to the local health department (the Health Officer and/or the Accreditation Coordinator). An email is sent to the local health department's local governing entity chairperson the five days after it is sent to the local health department.

Cycle 8 Site Visit Report Sections include the following for each MPR/indicator:

1. Site Visit Summary
    a. This should include a summary of key points of discussion, an overview of current program operations, and any high-level recommendations that the reviewer is proposing.
2. Areas of Strength
    a. This section of the report highlights things that the LHD is doing well or could be strong opportunities in the future.
3. Needed Supports
    a. This section of the report highlights LHD needs. Needs may be beyond the scope of a program to provide assistance; however, this is meant to document and acknowledge possible needed support or assistance. For example, it may be that a local governing entity would need to provide assistance with funding or a new ordinance.
4. Support to be Provided by the State Program
    a. Could include: training, technical assistance, funding, resources, or other
5. Other Information
    a. Anything else you or the LHD would like noted in the report can be included here.

7- Reports

The Accreditation Web Module generates several reports following the Site Visit. To access these reports, log in to the Accreditation Web Module and look under the Reports section.

7.1 On-Site Review Report

The On-Site Review Report shows the number of indicators that were Areas of Strength, Needed Supports, Support to be Provided by the State Program, and Other Information.

7.2 Total Site Visit Report

Similar to the On-Site Review Report, the Total Site Visit Report shows the number of indicators that were Areas of Strength, Needed Supports, Support to be Provided by the State Program, and Other Information, broken down by Program Area, for the selected Health Department. The Total Site Visit Report also contains the Health Department Evaluation details, including the information entered on the Evaluation: Indicator Details page.

7.3 Sectional Status Report

The Sectional Status Report contains the Health Department Evaluation details for the selected Program Area, including the information entered on the Evaluation: Indicator Details page.

7.4 Section Summary Report

The Section Summary Report displays which indicators were Areas of Strength, Needed Supports, Support to be Provided by the State Program, and Other Information for the selected Program Area.

8- Accreditation Review Evaluation

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 process that may require improvement.

8.1 Procedure & Results

1. A copy of the Accreditation Review Evaluation form is included in Appendix VIII.
2. The survey is completed online, and can be found at this link: https://chc.mphi.org/surveys/?s=CM7MDWXAAEF934WK. One survey should be completed per section reviewed after the Site Visit Report has been provided to the local health department. Regardless of how many individuals participated in the review, only one form per program is required.

3. MPHI will include the link to the review evaluation survey as a reminder in the email sent to the Health Officer when the Site Visit Report is finalized. A second reminder email is also sent to help encourage health departments to complete the survey.

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

9- Accreditation Commission

Results from local health departments' Site Visits are presented to the Accreditation Commission at the first Commission meeting after the health department's Site Visit Report is finalized. These meetings occur four times per year, on the second Thursday of January, March, June, and September.

9.1 Commission Review

A local health department retains its official Accredited status from one cycle to the next until the Michigan Departments of Health and Human Services, Agriculture and Rural Development, and Environment, Great Lakes, and Energy 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.

9.2 Inquiry Policy

Local health departments that disagree with Site Visit findings may request an Inquiry. If the findings in question relate to Reviewer findings 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 a Site Visit finding(s), copies are sent to the state agency that performed the Site Visit.

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 their response to the local health department's alternative recommendation.

Two weeks from receipt of the state agency written summary, the Chair of the Accreditation Commission will convene a meeting (usually by Teams or Zoom) of the local health department and the state agency(s) involved, plus the MPHI Accreditation Coordinator and a representative

from the lead state agency, Health and Human Services. 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.

Appendix I: Scheduling Guidance

1. Section I (Local Health Department Powers and Duties) is a one-day site visit, typically scheduled on Mondays. The optional Quality Improvement Supplement (QIS) will occur remotely.

2. Section II (Food Service Sanitation Program) will be a one to five day in-person site visit. Your reviewer(s) will contact you before the scheduled site visit to verify the exact start day and time and estimated number of days the site visit will take.

3. Section III (General Communicable Disease) site visit will take place remotely. 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. Your Reviewer will verify the day and time selected prior to conducting the Exit Conference.

4. Section IV (Hearing) as a single half-day site visit. Please schedule separately from Vision, if possible. Please avoid scheduling this site visit on Fridays.

5. Section V (Immunization) will be a one-day site visit 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. Section VI (Onsite Wastewater Treatment Management) requests a minimum of two (2) days for the site visit of a single county health department. District health departments typically require additional days. Consultation with the Reviewer is suggested for confirmation of the actual number of days that are needed to complete the site visit.

7. Section VII (HIV/STI) requests one day for the site visit of a county health department. If the Reviewer and health department agree on a remote site visit, at the Reviewer discretion, only a half-day is needed. Please avoid scheduling this site visit on a Friday.

8. Section VIII (Vision) is a single half-day site visit. Please contact the Reviewer to arrange for scheduling of the site visit prior to completing the Site Visit Schedule in the Cycle 8 Web Module.

9. Section X (Family Planning Program) will schedule a half-day TA visit during the site visit period as a follow up to our Title X Comprehensive Site Review or as a preparation TA visit for agencies that have not yet had their Title X Review. For agencies that are scheduled in the same month as the Michigan Local Public Health Review, we will schedule a two-day site visit and request that agencies schedule a family planning clinic on the first day of the visit. Agencies should schedule a <u>full</u> clinic with a variety of visit types, especially initial, annual, and adolescent visits.

10. Section XI (Children's Special Health Care Services) - please avoid scheduling on the fourth Thursday of the month.

SECTION	TIME REQUIRED
Section I – Local Health Department Powers and Duties and optional Quality Improvement Supplement (if applicable)	1 day
Section II – Food Service Sanitation Program	1-5 days
Section III - General Communicable Disease Control	½ day (remote)
Section IV – Hearing	½ day
Section V – Immunization	1 day
Section VI – Onsite Wastewater Treatment Management	2 days
Section VII – HIV/AIDs and STI	1 day (½ day if remote)
Section VIII – Vision	½ day
Section IX – Family Planning	1/2 days for TA (2 days when combined with Title X review)
Section X – Women, Infant, and Children (WIC)	N/A – no on-site visit required
Section XI – Children's Special Health Care Services (CSHCS)	1 day

Appendix II: Quality Improvement Supplement Specific Guidance

Quality Improvement Supplement (QIS) Review Process

The Quality Improvement Supplement (QIS) to the Powers and Duties review was revised at the beginning of Cycle 6 of the Michigan Local Public Health Accreditation Program to better align with Domain 9 of the Public Health Accreditation Board (PHAB) national public health accreditation program. If a local health department (LHD) indicates in their pre-materials that they are planning to participate in the QIS, documentation must be submitted ahead of time.

Local health departments (LHDs) participating in the QIS must submit documentation related to the QIS **two weeks** prior to their scheduled Site Visit. All documents need to be emailed to Jessie Jones (jjones@mphi.org) and Madeline Davies (mdavies@mphi.org) at the Michigan Public Health Institute (MPHI). Please complete the cover sheet included below to identify which documents are intended to fulfil which indicator. Please also provide the name and contact information of a staff member who MPHI staff can contact with any questions. MPHI staff will review documentation within one week and send back any questions.

Once all questions have been answered, MPHI will finalize their recommendations and provide them to Local Health Services staff prior to the Site Visit.

QIS Documentation

Below is a list of required documentation for the QIS review:

Indicator 1.1: Staff at all organizational levels are engaged in establishing and/or updating a performance management system.

- Documentation that the agency leadership is engaged in setting a policy for and/or establishing a performance management system for the department, for example: strategic and operational plans; training agendas; meeting agendas, packets, materials, and minutes; draft policies or items discussed with the governing entity, and/or presentations to the governing entity.
- Meeting agendas, materials, minutes, orientation materials, and/or plans that show staff at all levels are engaged in determining the nature of a performance management system for the department and implementing the system.

Indicator 1.2: The agency has adopted a department-wide performance management system.

- A written description of the department's adopted performance management system that includes:
    - Performance standards, including goals, targets, and indicators, and the communication of expectations.
    - Performance measurement, including data systems and collection.

- Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle.
- A process to use data analysis and manage change for quality improvement (QI) toward creating a learning organization.

Indicator1.3: The agency has implemented a performance management system.

- Agendas, minutes, reports, or protocols from the performance management committee or team.
- Documentation identifying goals and objectives included in the performance management system, with identified time frames for measurement.
- Documentation showing how the agency actively monitors performance toward stated goals and objectives.
- Documentation of how the agency identifies areas for improvement through analysis of performance management data.
- Documentation of next steps taken when areas for improvement were identified.
- A completed performance management self-assessment that reflects the extent to which performance management practices are being used.

Indicator 1.4: The agency systematically assesses customer satisfaction with agency services and makes improvements.

- Description or policy regarding how the agency collects, analyzes, and uses customer/stakeholder feedback.
- Examples of instruments to collect customer/stakeholder satisfaction including forms, surveys, focus groups, or other methods.
- Report, memo, or other written document describing how the agency has used results and actions taken based on the collection, analysis, and conclusions drawn from feedback from customer groups.

Indicator 1.5: The agency provides opportunities for staff involvement in the department's performance management.

- Documentation of agency staff participation in performance management training.

Indicator 2.1: The agency has established a QI program based on organizational policies and direction.

- Agency QI Plan, including:
  - Key quality terms
  - Current and desired future state of quality in the organization
  - Key elements of the QI effort's structure (group or committee, membership, roles and responsibilities, etc.)
  - QI training available and conducted

- Project identification, and how it is aligned with department's strategic direction and performance management plan
- QI goals, objectives, and measures with time- framed targets
- How the plan is monitored and evaluated
- How QI efforts are communicated

Indicator 2.2: Engage local governing entity in establishing organizational policies and direction for implementing QI.

- Local governing entity meeting agenda and minutes discussing establishment of QI policies and direction for implementation within agency.

Indicator 2.3: The agency has implemented QI activities.

- Evidence of QI Plan implementation.
- Evidence of implementation of QI activities and the agency's application of its process improvement model.

Indicator 2.4: Assure QI training and technical assistance are available to staff.

- Copies of QI training agenda, training materials and attendance roster.
- Evidence of staff availability for QI projects or an external consultant and how they provide employee QI technical assistance.

For Questions

If you have any questions or need further information, please contact Jessie Jones at jjones@mphi.org or 517-324-8387, or Madeline Davies at mdavies@mphi.org or 517-324-8398.

QIS Cover Sheet Staff Contact Information

Please provide contact information for the person who should be contacted with any questions regarding the QIS:

Name:
Email:
Phone Number:

MPR 1: Use a performance management system to monitor achievement of organizational objectives

Indicator	File name	Policy Title/ specific page numbers that address the indicator
Indicator 1.1 Staff at all organizational levels are engaged in establishing and/or updating a performance management system.		
Indicator 1.2 The agency has adopted a departmentwide performance management system.[1]		
Indicator 1.3 The agency has implemented a performance management system.[2]		
Indicator 1.4 The agency systematically assesses customer satisfaction with agency services and makes improvements.		
Indicator 1.5 The agency provides opportunities for staff involvement in the department's performance management.		

MPR 2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions

Indicator	File name	Policy Title/ specific page numbers that address the indicator
Indicator 2.1 The agency has established a QI program based on organizational policies and direction.		
Indicator 2.2		
Engage local governing entity in establishing organizational policies and direction for implementing QI.		
Indicator 2.3 The agency has implemented QI activities.		
Indicator 2.4 Assure QI training and technical assistance are available to staff.		

[1] Or is in the process of adopting a department-wide performance management system.
[2] Or has plans for implementing a performance management system that incorporates the stated requirements.

Appendix III: Communicable Disease Control Specific Guidance

Overview

Since Accreditation Cycle 5, the Section III: General Communicable Disease Control has been conducted via an off-site remote accreditation process. Local health departments (LHD) must upload all Section III related documents to the Michigan Health Alert Network (MIHAN) for the remote accreditation. This will allow a standard system for sharing files during the accreditation process.

Each LHD has an accreditation folder in the Document Library on the MIHAN. 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 indicator are reviewed. Please post all supporting materials and the completed Crosswalk document to the accreditation folder at least 5 business days prior to the exit interview. Please notify the reviewer when the documents are ready for review. The reviewer conducting your evaluation will contact you at least three weeks before the review week of your accreditation to schedule a conference call exit interview. At that time, the reviewer will request any specific documents (e.g., a sample of the weekly CD logs) and can answer any questions. Files should be removed from the HAN prior to the next Accreditation Cycle.

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

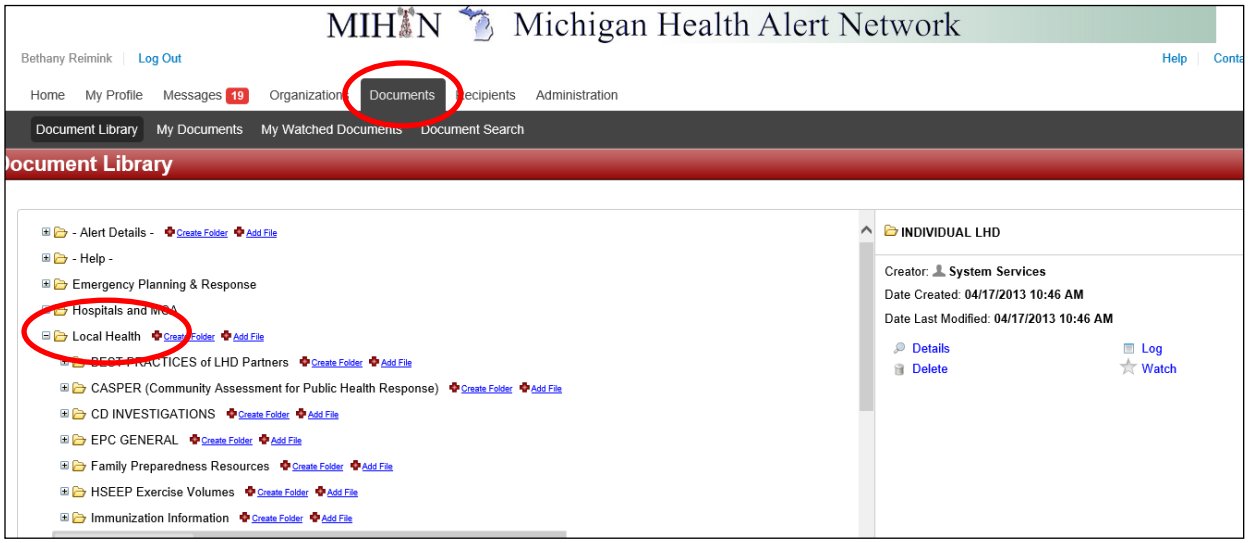
Please refer to the Section III MPRs and indicators for specific suggested/required materials and documents to be placed in the folder as evidence. Provided evidence should include:

- Completed Accreditation Evidence Crosswalk document
- **If you have any materials such as factsheets, newsletters, or annual reports that are available online, you may just provide the website address(s) for the materials in the Crosswalk document instead of uploading the materials to the HAN**
- If a policy or other document is evidence for more than one indicator, it does not need to be uploaded to the HAN more than once. Use the Accreditation Crosswalk to indicate which files are evidence for each indicator.
- 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

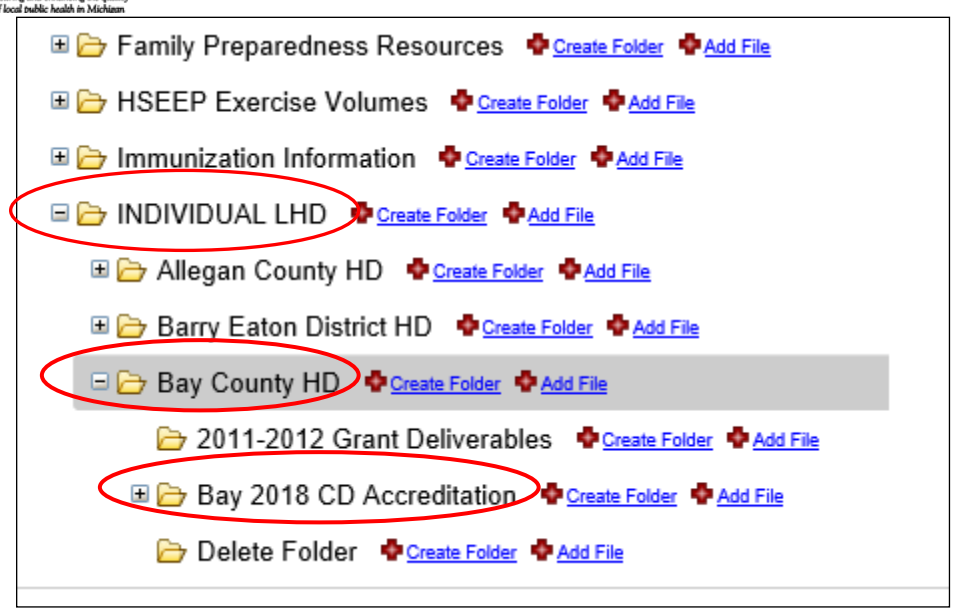
- List of stakeholders receiving the annual report or formal summary
- Electronic versions of quarterly updates or newsletters (Special Recognition)
- A list of all disease specific protocols maintained by the LHD and 3-5 representative samples of these protocols
- A sample of 3-5 outbreak summaries 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
- Some health departments have found it helpful to create a new folder for each MPR and/or indicator and upload relevant documents for each MPR into respective folders
- Files may be uploaded in a zipped file or combined in Adobe Acrobat for easier/faster upload
    - Note: files cannot exceed 15MB

Retrieving and Deleting a document from the HAN CD Accreditation Folder

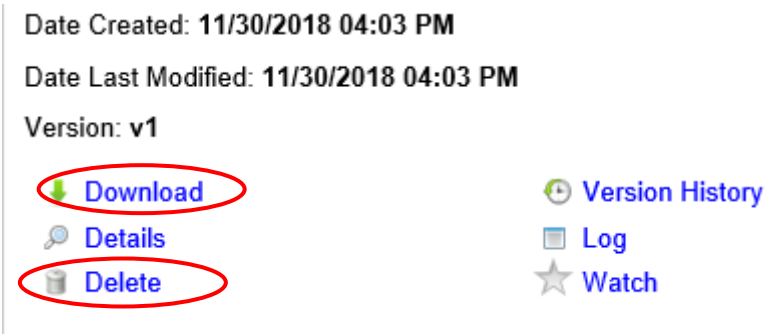
1. Log on to MIHAN (https://michiganhan.org)
2. Select 'Documents' at the top of the page
3. Select the '+' icon next to the 'Local Health' folder



4. Select the '+' icon next to the 'INDIVIDUAL LHD' folder
5. Select the '+' icon next to your local health department folder
6. Select the '+' icon next to the ***LHD name* CD Accreditation** folder



7. Select the document you would like to access and click 'Download' on the right-hand side of the screen. If you need to delete a document, click 'Delete'

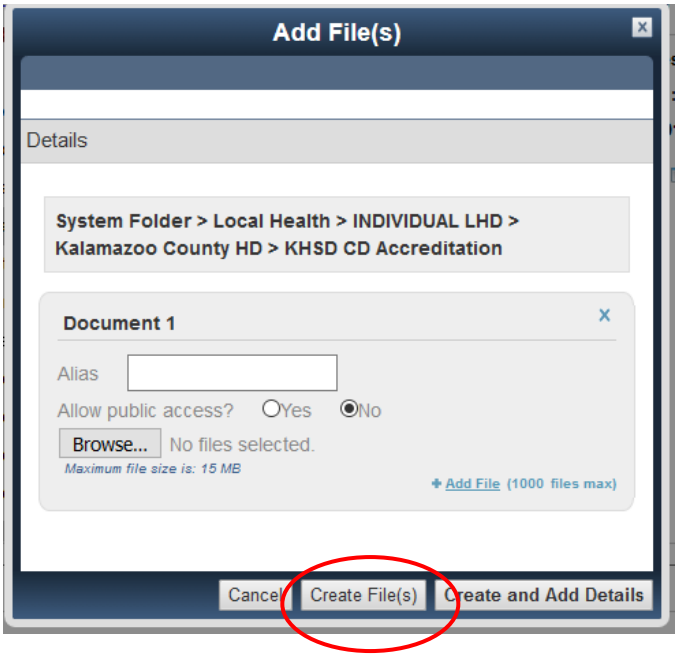


Uploading a document to the HAN CD Accreditation Folder

1. Log on to MIHAN (https://michiganhan.org)
2. Select 'Documents' at the top of the page
3. Select the '+' icon next to the 'LOCAL HEALTH' folder
4. Select the '+' icon next to the 'INDIVIDUAL LHD' folder
5. Select the '+' icon next to your local health department folder
6. Select the '+' icon next to the ***LHD name*** **CD Accreditation** folder

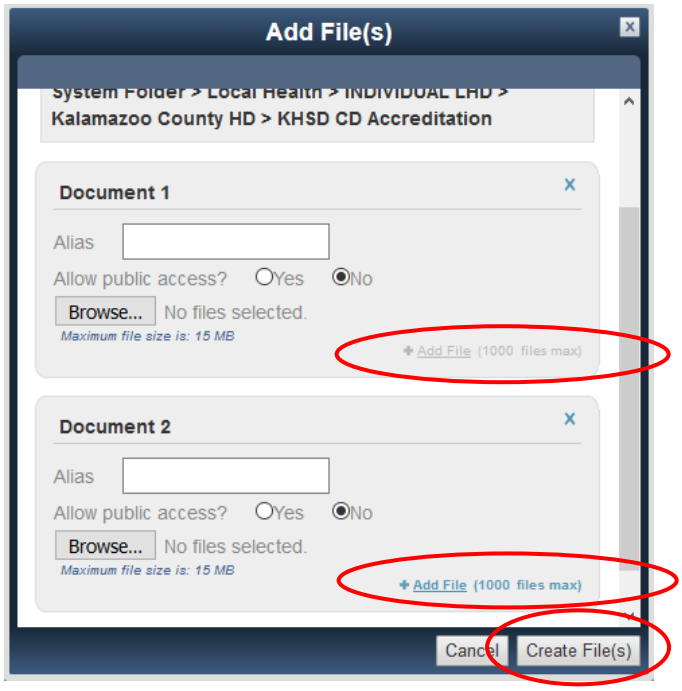
7. Click on the "Add File" icon. Add File

8. If you choose to upload a single document at a time you see the following screen



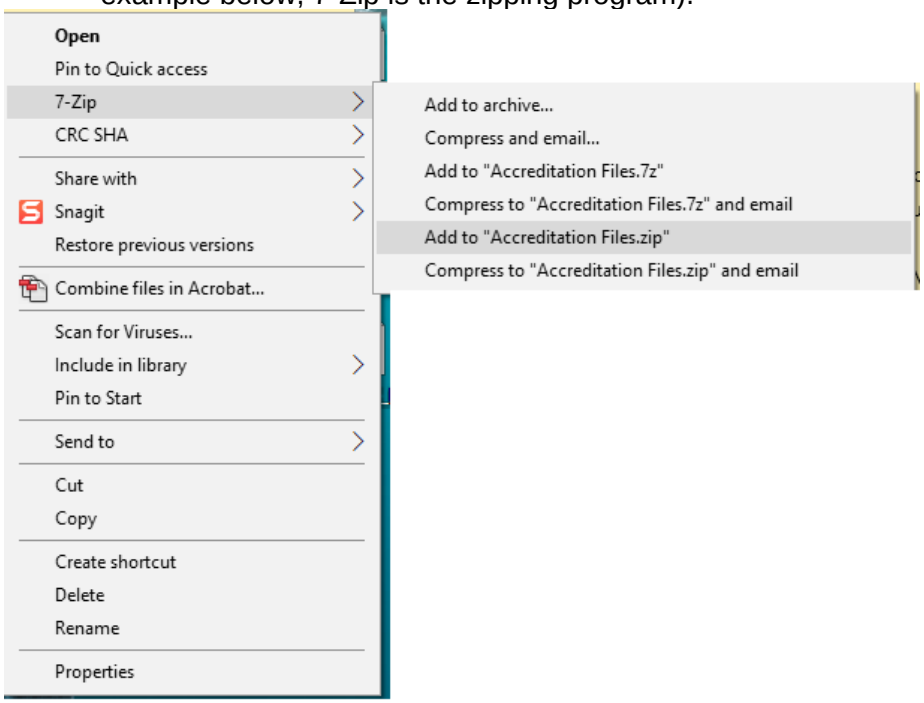
a. Click on the Browse button to search your computer files
b. Once the document is found, select "Create File"

9. If you choose to upload multiple documents at once:
   a. Browse to the document you want to upload then select 'Add File (1000 files max)'
   b. Repeat this process for all files you want to upload
   c. When all of the files you want to upload have been selected click on "Create File"



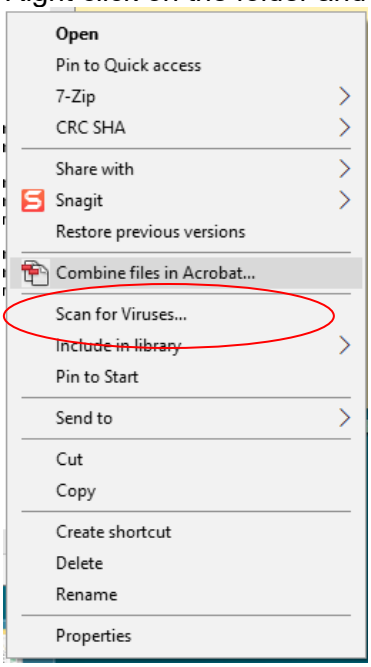
Creating Zip Files to upload to the HAN

- Put all files you wish to upload into a folder
- Right click on the folder and then click on the zip program available to you (in the example below, 7-Zip is the zipping program).

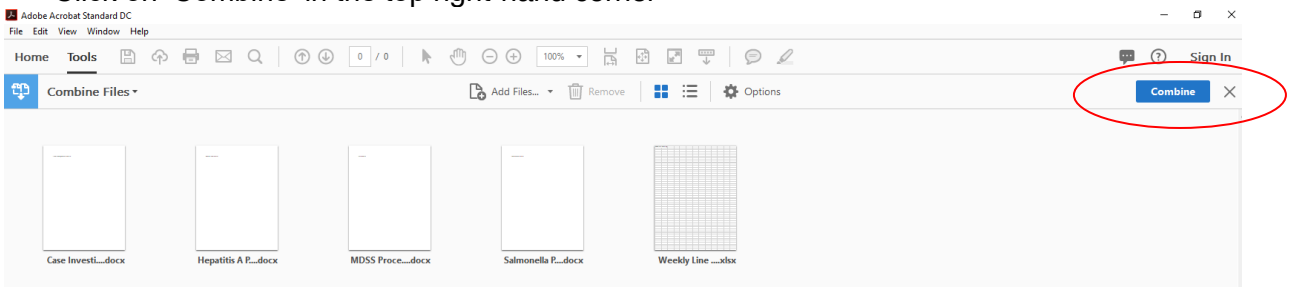


Combining multiple files in Acrobat

- Put all files you wish to upload into a folder
- Right click on the folder and then click 'Combine files in Acrobat'



- Click on 'Combine' in the top right-hand corner



- When the finished, combined file opens, save it to your computer and upload that document to the HAN.

General Communicable Disease Control 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 1

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 that are complete, accurate, and timely to MDHHS 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.**		

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

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 MDHHS immediately of a suspected communicable disease outbreak in their jurisdiction.		

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; LHDs may be asked for additional NORS forms that may not have been received by MDHHS.**		

Appendix IV: HIV/AIDS & STI Specific Guidance

The HIV/STI Program will be using the Site Visit Guidance tool provided by the Michigan Local Public Health Accreditation Program as a template for these cycle 8 visits. The visits will be focused on rebuilding relationships between HIV and STI MDHHS staff and Local Health Department staff. These visits will assess the unique needs for each local health department and identify needed supports and technical assistance. These discussions will also provide a framework for us to update our Cycle 9 tool.

The format of the site visit for cycle 8 will include the following discussion points:

- Site Visit Summary: overview of current program operations and high-level recommendations
    - How have operations in this program changed since COVID?
    - What staffing changes have you had in this program?
    - What questions does your program have about these MPRs/indicators?
    - What does your program want us to know about these MPRs/Indicators?
- Areas of Strength: What is going well and future opportunities
    - What capacity does your program currently have to fulfill these MPRs/Indicators currently?
    - What opportunities does your program currently have?
- Needed Supports: document and acknowledge possible needed support or assistance
    - What challenges is your program currently facing?
    - What needs for assistance does your program have? (Could include: training, guidance, resources, or other)
    - What will your program need to fulfill MPRs/indicators in the future?
- Support to be provided by the state program
    - What support do you need from us?

The feedback from this site visit will be compiled into the site visit report. HIV/STI Program Staff will work to connect you with necessary support. Any technical assistance needs from these site visits will be directed to SHOARS.

HIV/STI Pre-Material

No pre-material is required at this time. However, if a Local Health Department has questions or would like certain policies and procedures reviewed, they can reach out to the accreditation reviewers.

STI/HIV Operations and Resource System (SHOARS) (michigan.gov)

Appendix V: Family Planning Specific Guidance

As a Title X federally funded Family Planning program, Title X requires continuous program compliance and monitoring. The Family Planning program began conducting on-site comprehensive program reviews before Cycle 8 commenced and is continuing to do so throughout the duration of Cycle 8 using a separate review schedule and process based on local agency review needs. The Family Planning program will be conducting Technical Assistance (TA) visits during the Michigan Local Public Health Accreditation Program (MLPHAP) review week. The TA visits will overlap with the Title X comprehensive review schedule to provide a pre-comprehensive review TA visit, post-comprehensive review follow-up TA visit, or a combined on-site comprehensive/TA visit. The pre-comprehensive review or post-comprehensive review TA visits will be (1/2) half-day visits, either virtual or on-site based on the Local Health Department (LHD)'s preference. In the event that a Title X comprehensive review occurs within the same week, or close to the MLPHAP review week, the Family Planning program will conduct a two (2) day Title X comprehensive review. Requested pre-materials will depend on the type of TA visit during the MLPHAP review week.

Family Planning Pre-materials:

The Family Planning Program requested pre-materials will depend on where the MLPHAP review week falls in relation to the required comprehensive program review schedule:

- LHDs that have not had their Title X comprehensive review, will receive TA regarding preparation focused on the Family Planning Minimum Program Requirements (MPR) Indicator tool, but will not be required to submit documentation. Any documentation that the LHD wishes to be reviewed can sent by email to the Family Planning program, to Barbara Derman at dermanb@michigan.gov.
- LHDs that have already had their Title X comprehensive review, will receive TA regarding their progress towards coming into compliance on any issues identified in the Title X comprehensive review, and Corrective Plans of Action (CPA)s may be reviewed during the visit.
- For LHDs that are scheduled for the combined (2) two-day Title X comprehensive review and MLPHAP review visit, requested pre-materials are to be emailed to the Family Planning program, to Barbara Derman at dermanb@michigan.gov.

Only agencies that are scheduled for the combined (2) two-day Title X Comprehensive and MLPHAP review are required to send these advance materials. They are to be sent directly to the Family Planning program:

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

1. Curricula vitae or resumes of project director and medical director
2. Family Planning manuals including:
   a. Family Planning General Policy manual
   b. Current Fee schedule and Sliding fee schedule
   c. Family Planning Billing & Collections Policy (if not in general policy manual)
   d. Clinical Protocols (Contraceptive, STI and Breast & Cervical Screening protocols)
   e. Current Drug Formulary
   f. Drug Inventory Policy and Procedures (if not in general policy manual)

   g. Current referral agreements for paid referrals (LARC providers, etc.)
   h. Current contracts with contractual staff (Contractual provider, medical director, etc.)
   i. Roster for Family Planning Advisory Committee (FPAC) and Information and Education (I&E) Advisory Committee and minutes of last (2) two meetings for each
3. Copy of Clinical Laboratory Improvement Amendments (CLIA) license for laboratory
4. Current Referral listings

The following materials are to be available on site for the combined reviews:

1. Client medical records:
   a. To be chosen randomly, based on visit type, abnormal pap follow-up, adolescent status or choice of contraceptive method
   b. Please plan to have a staff member available at the review to be able to spend a few hours with clinical reviewer assisting the chart review
2. Current organizational chart for agency (include a detailed Family Planning program organization chart, or a listing of staff names, positions, and FTEs for the Family Planning staff)
3. Copy of practice license for Family Planning staff nurses and providers
4. Copy of Drug Control license for each prescribing provider for each clinic site
5. CPR certification for all licensed clinical staff
6. Documentation of Title X Orientation and In-service trainings for all staff
7. Documentation of quality assurance activities including medical audits, chart audits, and quality assurance committee minutes/staff minutes/memos that address quality assurance issues with staff
8. Review of Billing records:
   a. To be randomly selected, based on client mix; self-pay, at least (1) one adolescent self-pay, Fee for Service (FFS) Medicaid, Medicaid Health Plan, private Insurance, (1) one with co-pay, if available
   b. Billing record review to include the visit record, the bill generated, and reimbursement if available
   c. Please plan to have a staff member available at the review to be able to spend an hour with the administrative reviewer assisting review of the billing process

Appendix VI: Children's Special health Care Services (CSHCS) Specific Guidance

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 DMP).

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 MDHHS initially and within required time frame following changes to staffing (Indicator 1.1).
3. Printed certificates and/or LHD New Staff Orientation Verification form including name and date (Indicator 1.2).
4. Previous year's activities in client charts (individual clients will be specified by MDHHS) to provide physical evidence of comprehensive client records (Indicator 2.3)
5. Copy of signed and dated HIPAA agreements to comply form by each staff member Indicator 2.4)
6. 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 4.3).
11. Care Coordination and Case Management logs for previous year's billings (if not previously submitted to MDHHS) (Indicator 6.6).

CSHCS MPRs and Indicators: What LHDs need to know for Cycle 8

Michigan Department of Health and Human Services Children's Special Health Care Services (CSHCS) program has revised the CSHCS Michigan Local Public Health Accreditation Program Minimum Program Requirements (MPRs) and Indicators for Cycle 8 of Accreditation.

Please be sure to review the 2023 MPR Tool for specific requirements.

This sheet is a summary of Indicators and includes information the Accreditation Review Team will need for your visit.

Our goal is to be more transparent with the necessary information needed for review, and to improve the Accreditation program for you, as the LHD, and also for all of CSHCS and our families.

If you have any questions about the changes, please contact Amanda Larraga at LarragaA@michigan.gov
or 517-241-7189.

Please remember this document is meant for guidance regarding Accreditation. LHDs should consult the MPR Tool for all requirements.

MPR/ Indicator	Description of Change:	Additional Guidance (*examples*):
1.1	Additional requirement added that position, county assignment (if applicable), start date, end date (if applicable) and FTE amounts also be submitted in advance.	Submitting this additional information in advance will allow the reviewers sufficient time to verify staffing levels and required employee training timelines. Documentation required for all staff working within CSHCS from prior Accreditation date – present. Materials are required in advance of the onsite visit.
1.2	Indicator language has been updated to reference the required courses as listed on the CSHCS website.	Certificates, personnel records or the New Employee Orientation Verification form are required for those employees starting within CSHCS from prior Accreditation date – present, or when MDHHS CSHCS updates trainings. http://www.michigan.gov/documents/mdhhs/LHD_Orientation_543573_7.pdf Materials are required in advance of the onsite visit. MDHHS CSHCS has the original sign-in sheets for each regional LHD meeting, so it is not necessary for the LHD to submit verification, unless they neglected to sign-in.
2.1	Navigation of CSHCS database screens also include where to find TEP information.	Reviewers will conduct a review to ensure all staff listed on the "Contacts At A Glance" who work directly with families have access and can efficiently use the CSHCS database.

MPR/ Indicator	Description of Change:	Additional Guidance (*examples*):
	Removed "On-Line" (Database is no longer referred to as "On-Line")	
2.2	Removed "On-Line" (Database is no longer referred to as "On-Line")	Reviewers will conduct a review to ensure at minimum that staff listed on the DMP User ID List have access and can efficiently use the DMP.
2.3	Unchanged from Cycle 6	Reviewers will be requesting up to 30 charts. The chart review will include information/activities within the LHD charts from prior Accreditation date – present (as if looking at a paper chart, for example). LHDs will be notified of the specific client chart list prior to the review. Materials are required in advance of the onsite visit.
2.4	Removed "On-Line" (Database is no longer referred to as "On-Line")	LHDs need to submit signed HIPAA agreements for all staff working within CSHCS from prior Accreditation date – present. Materials are required in advance of the onsite visit.
2.5	Unchanged from Cycle 6	Reviewers will be asking to tour the LHD office, from the family's perspective.
3.1	Unchanged from Cycle 6	Staff working within CSHCS need to be proficient in accessing both the CSHCS Guidance Manual and the Medicaid Provider Manual. Reviewers may ask for a demonstration of proficiency.
3.2	A policy and procedure will be required for renewal follow-up, totaling 27 policies and procedures required.	LHDs need to provide a signed statement(s), signed by managing/coordinating staff demonstrating CSHCS policies and procedures have been reviewed and updated annually from prior Accreditation date – present. LHDs need to submit 27 items as outlined in Addendum I within policies and procedures. Materials are required in advance of the onsite visit.
3.3	Unchanged from Cycle 6	LHDs need to submit copies of family surveys, documents, etc., and any follow-up information including results of the survey; or other materials used for family input. Materials are required in advance of the onsite visit.
3.4	This former indicator has been removed from the Accreditation process.	This indicator had addressed informing families of their Rights and Responsibilities (policy and procedure regarding Rights and Responsibilities is still required).
3.5	This former indicator has been removed from the Accreditation process.	This indicator had addressed CPBC reporting requirements (policy and procedure regarding reporting requirements is still required).

MPR/ Indicator	Description of Change:	Additional Guidance (*examples*):
4.1	Removed slash, adding comma between outreach and case finding.	LHDs need to submit copies of their outreach materials for activities performed from prior Accreditation date – present. Materials are required in advance of the onsite visit.
4.2	Unchanged from Cycle 6	Reviewers will be looking for chart documentation regarding referrals for the CSHCS-enrolled clients. During the onsite visit, Reviewers will be discussing with LHDs how they assist CYSHCN who are not enrolled in CSHCS.
4.3	This former indicator has been removed from the Accreditation process.	This indicator had addressed Diagnostic Evaluations (policy and procedure regarding Diagnostic Evaluations still required).
4.3	Indicator language has been updated to remove the word "all" before "written documents." Added examples of further documentation: welcome packet sent to families and information included on LHD website.	LHDs need to submit LHD-created CSHCS correspondence sent/given to families. Materials are required in advance of the onsite visit. This indicator was 4.4 in Cycle 6, but will be 4.3 in Cycle 7.
5.1	Unchanged from Cycle 6	Reviewers will be looking for application assistance within client chart documentation. If Reviewers are unable to locate application assistance within submitted chart documentation, copies will be requested at the onsite visit.
5.2	Unchanged from Cycle 6	Reviewers will be looking for application follow-up within client chart documentation. If Reviewers are unable to locate application follow-up within submitted chart documentation, copies will be requested at the onsite visit.
5.3	Added requirement to specify how families are contacted and number of attempts made to contact families during the TEP period.	Reviewers will be looking for follow-up regarding TEP within client chart documentation. If Reviewers are unable to locate TEP follow-up within submitted chart documentation, copies will be requested at the onsite visit.
6.1	Added examples of further documentation: annual update packet sent to families. Added evaluation question of how LHD assesses needs annually.	Reviewers will be looking for evidence of initial assistance and annual contact to clients/families within client chart documentation. If Reviewers are unable to locate initial and annual assistance within chart documentation, copies will be requested at the onsite visit.
6.2	Inserted "adding authorized providers" and "language interpretation services" to indicator language.	Reviewers will be looking for assistance documented within the client charts.
6.3	This indicator now requires the LHD to facilitate transition prior	Reviewers will be looking for assistance and activities documented within client charts regarding transition services.

MPR/ Indicator	Description of Change:	Additional Guidance (*examples*):
	to age 14 (applies to documentation charted 1/1/2018 – forward). Added examples of further documentation : transition packet sent to families, transition readiness assessment tool, transfer of care checklist or transition plan. Added evaluation question of LHD providing examples of outcomes related to transition.	
6.4	Added evaluation question regarding staff ability to explain the transportation assistance process.	Reviewers will be looking for documentation within client charts for both IS and OOS transportation assistance provided to families. If the LHD did not have clients/families requesting OOS transportation during prior Accreditation date – present, the LHD needs to be prepared to explain how assistance would be provided during the onsite visit.
6.5	Added evaluation question regarding staff ability to explain the OOS medical care authorization process.	Reviewers will be looking for assistance provided to families requesting OOS medical care documented within client charts (assistance for OOS medical care is not the same as assistance for OOS transportation). If the LHD did not have clients/families requesting OOS medical care during prior Accreditation date – present, the LHD needs to be prepared to explain how assistance would be provided during the onsite visit.
6.6	Unchanged from Cycle 6	Reviewers will be comparing client chart documentation and previously submitted Care Coordination/Case Management logs and CHASS submissions.

Appendix VII: Technical Assistance Contacts

	SECTION	NAME	TELEPHONE	EMAIL
I	LHD Powers & Duties	Jonathan Gonzalez	517-420-3448	GonzalezJ6@michigan.gov
II	Food Service Program	Shane Green	517-930-6737	Greens2@michigan.gov
III	General Communicable Disease Control	Shannon Johnson Tim Bolen	517-284-4962 989-832-6690	johnsons61@michigan.gov bolenT1@michigan.gov
IV	Hearing	Jennifer Dakers	517-335-8353	dakersj@michigan.gov
V	Immunization	Terri Adams	517-284-4872	AdamsT2@michigan.gov
VI	Onsite Wastewater Treatment Management	Regina Young	517-331-5086	YoungR15@michigan.gov
VII	HIV/AIDs and Sexually Transmitted Disease	Alison Johnson Hanya Ombima	(517) 290-3128 (517) 285-4167	JohnsonA129@michigan.gov OmbimaH@michigan.gov
VIII	Vision	Rachel Schumann	517-335-6596	schumannr@michigan.gov
X	Family Planning	Quess Derman	517-335-8696	dermanb@michigan.gov
XI	Women, Infants, and Children (WIC)	Nancy Erickson Kristen Hanulcik	517-335-9562 517-335-8545	ericksonn@michigan.gov hanulcikk@michigan.gov
XII	Children's Special Health Care Services (CSHCS)	Amanda Larraga	517-241-7189	LarragaA@michigan.gov

Appendix VIII: Accreditation Site Visit Evaluation

Complete this survey online at: https://chc.mphi.org/surveys/?s=CM7MDWXAAEF934WK

Local Health Department: _____

Date: _____

Section Evaluated: _____

Sections include: I=Local Health Department Powers and Duties, II=Food Service Sanitation, III=General Communicable Disease Control, IV=Hearing, V=Immunization, VI=On-Site Sewage Treatment Management, VII= HIV/AIDs and Sexually Transmitted Disease, VIII=Vision, IX=Family Planning, X=Women, Infants, and Children Administration, and XI=Children's Special Health Care Services

Number of Accreditation Reviewers at the Site Visit: _____

Number of LHD staff participating in this evaluation: _____

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 the Site Visit.	1	2	3	4	5	NA
2. Technical assistance offered prior to the Site Visit met the needs of the LHD.	1	2	3	4	5	NA
3. Reviewer(s) conduct was professional throughout the visit.	1	2	3	4	5	NA
4. The reviewer(s) maintained a needs assessment focus during the site visit.	1	2	3	4	5	NA
5. The reviewer(s) worked with the LHD to identify needed supports.	1	2	3	4	5	NA
6. The reviewer(s) discussed current LHD capacity in alignment with MPRs/Indicators.	1	2	3	4	5	NA
7. The reviewer(s) provided information about available capacity building assistance opportunities as necessary.	1	2	3	4	5	NA
8. The reviewer(s) maintained a quality improvement focus during the site visit.	1	2	3	4	5	NA
9. The reviewer(s) provided quality improvement recommendations as necessary.	1	2	3	4	5	NA
10. Recommendations provided by the reviewer(s) are actionable.	1	2	3	4	5	NA
11. The reviewer(s) were knowledgeable on the subject of their section.	1	2	3	4	5	NA
12. The reviewer(s) listened carefully to LHD responses to questions.	1	2	3	4	5	NA
13. The reviewer(s) worked with the LHD to identify program strengths.	1	2	3	4	5	NA
14. The reviewer(s) worked with the LHD to identify program challenges.	1	2	3	4	5	NA
15. The written Site Visit Report made use of the "Areas of Strength" category.	1	2	3	4	5	NA
16. The written Site Visit Report made use of the "Needed Supports" category.	1	2	3	4	5	NA
17. The Site Visit Report provided for this section is very helpful to use to improve the quality of this program.	1	2	3	4	5	NA
18. Overall, the reviewer(s) did an excellent job.	1	2	3	4	5	NA
19. The Cycle 8 Accreditation Site Visit process has assisted the LHD in assessing local needs and preparing for the next Accreditation Cycle.	1	2	3	4	5	NA
20. Our LHD knows who to reach out to for further assistance for this program.	1	2	3	4	5	NA

1. List the strong points of the site visit:

_____

_____

_____

2. List areas of the site visit in need of improvement:

_____

_____

_____

3. Any additional comments, concerns, or suggestions.

_____

_____

_____

4. Who may we contact for additional information?

_____

_____

_____

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

Survey Respondent Name: _____

Telephone: (____) _____