

Michigan Local Public Health Accreditation Program

Cycle 9

Reviewer's Guide



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Michigan Local Public Health Accreditation Program Reviewer Users' Guide

1- Introduction

Developed as a tool for Michigan Local Public Health Accreditation Program Reviewers, the Reviewer's Guide is intended to systematically outline, clarify, and explain all relevant policies, procedures, and processes integral to successful review of a local health department's (LHD's) performance within Accreditation Program Areas.

This document is part of a continuous quality improvement process. It is fluid and fully expected to change as Reviewers provide input that contributes to its usefulness. To provide input or ask questions, please contact one of the individuals below.

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2- Overview

History

The State of Michigan has a mature, organized, and institutionalized local public health Accreditation program. The timeline begins with the establishment of the Public Health Code in 1978, followed by state/local development of Minimum Program Requirements (MPRs) in 1980. During 1989, with state technical assistance, LHDs used the Assessment Protocol for Excellence in Public Health (APEXPH) tool as a means to assess and enhance core capacities. During 1989 – 1992, Established Committees I and II (comprising state/local public health leaders) recommended pursuing Accreditation. These early collaborative efforts defined the attributes of an LHD 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 LHDs and evaluating and accrediting LHDs 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.

Governance

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

- Michigan Department of Health and Human Services (MDHHS)
- Michigan Department of Agriculture and Rural Development (MDARD)
- Michigan Department of Environment, Great Lakes, and Energy (EGLE)

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

Standards

The state departments are 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 MPRs.

- MPRs are constructed through a formal process, in collaboration with state and local partners, known as the Standards Review Process.
- MPRs must be based in law, rule, department policy or accepted professional standards.



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Process

The Accreditation Program assesses the ability of an LHD to meet minimum administrative capacity requirements. The Accreditation Program also conducts LHD performance reviews for contractual local public health operations services and certain categorical grant funded services LHDs provide.

There are three steps to the Accreditation process:

1. Self-Assessment
2. On-Site Review
3. Corrective Plans of Action (CPA) (as applicable)

The review process requires a team of approximately 70 state agency Reviewers, of which about 20 are used for each On-Site Review. The review cycle is 3 years. Following the On-Site Review and CPA processes, there are three Accreditation status options. These are:

- Accredited
- Accredited with Commendation
- Not Accredited

Evaluation

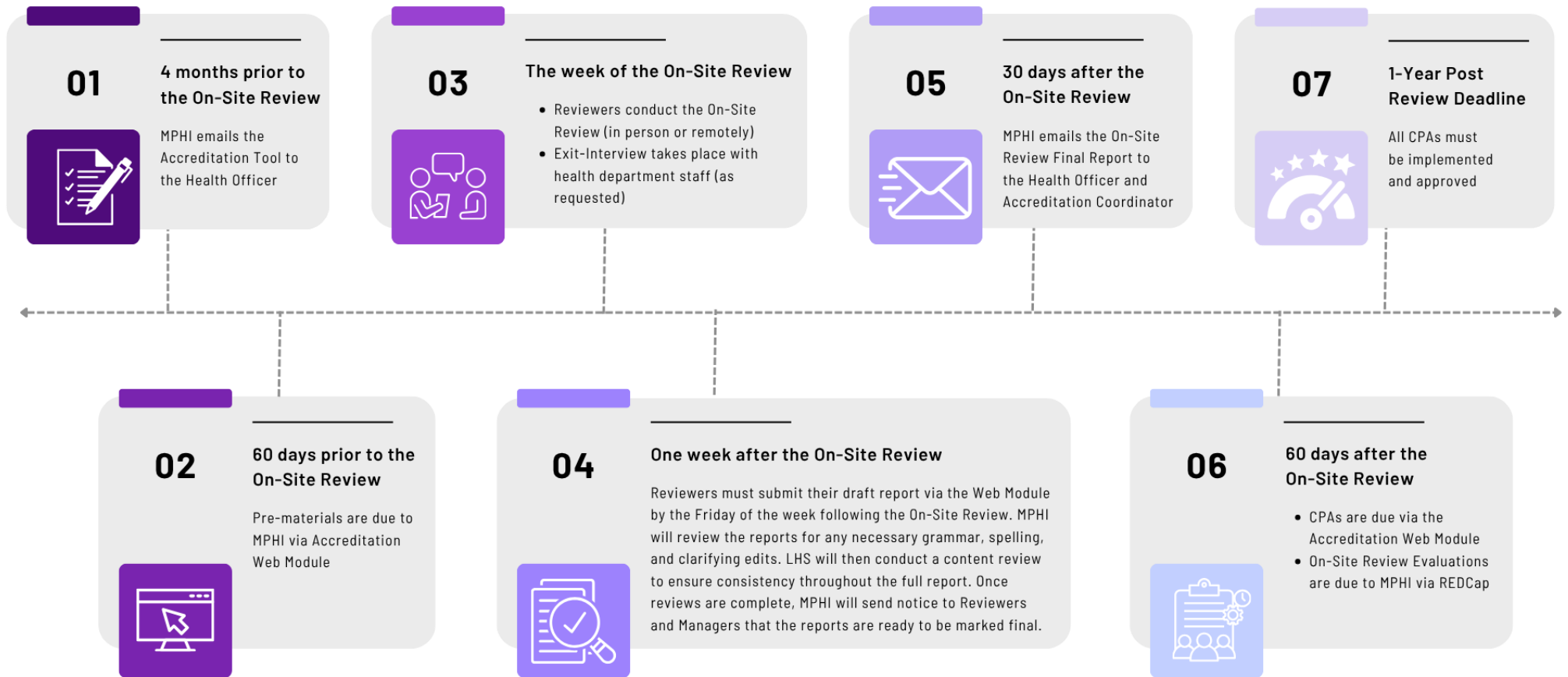
MPHI conducts ongoing evaluation of the Michigan Local Public Health Accreditation Program and its components throughout each 3-year cycle by regularly reviewing available data and providing data and recommendations to the Accreditation Commission. Evaluation results and data are used to improve the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

Conclusion

The work that has been undertaken in Michigan to achieve the goals of building capacity and developing infrastructure began with the creation of the Public Health Code (Public Act 368 of 1978, as amended), specifically Section 24, which begins to define the role of LHDs 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 MDHHS, MDARD, EGLE, MPHI, Michigan's 45 LHDs, and the Michigan Association for Local Public Health (MALPH) 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 LHD staff and Reviewers. The website provides a wealth of information about the Michigan Accreditation process and includes supporting resources such as Users 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- Customer Service

A Customer Service Approach

MLPHAP is a service program. Examples of services include resources and information received prior to the On-Site Review, at the On-Site Review, and post On-Site Review interactions. The success and quality of the program is dependent on these services, but also on interactions that occur between those who supply the services - Reviewers - and those who receive the services - members of the public health community, including LHD employees and ultimately Michigan citizens. Our approach to service delivery includes the interface and relationship between Reviewers (suppliers) and the public health community (customers). It also includes a quality service approach when establishing collaborations and communications between suppliers and customers. Since the customers' voice within the Accreditation Program is central to what is done and how it is done, the development of good customer relations between Reviewers and LHDs is essential. This relationship will assist in maintaining and nurturing an increased quality of public health services provided.

In addition to reviewers, both MDHHS Division of Local Health Services and MPHI are also service suppliers. Their responsibilities as suppliers are to provide Reviewers with timely, accurate, and appropriate information to facilitate quality services.

One mechanism for supporting quality service is through all-reviewers/managers meetings. These meetings provide improved communication, timely information, and support to Reviewers. Convened by the MDHHS Division of Local Health Services team and MPHI, these meetings provide updates on processes, emerging topics of interest, and serve as an opportunity for peer-to-peer sharing across programs.

The On-Site Review Evaluation survey provides an opportunity for LHD staff to provide feedback on their experiences with On-Site Reviews, Exit Conferences, and Accreditation in general. This feedback is valuable in providing information to support continuous improvement of Accreditation processes and identifying opportunities to increase customer satisfaction.

The Accreditation Program will continue to be a customer-oriented program. This will be demonstrated by utilizing input from Reviewers, integrating feedback from LHDs, improving and enhancing communication through Reviewer updates, and maintaining and upgrading the Accreditation website and web-based Accreditation Module.

5- Technical Assistance

LHDs are advised to contact Reviewers for any technical assistance needs when program (section) specific questions arise. The contact should ensure that every Reviewer in that section is informed about incoming technical assistance questions and answers. Please keep MPHI up to date on who the technical assistance contact for your program should be.



6- Self-Assessment

LHDs receive a welcome email four months before their On-Site Review. This communication provides them with Accreditation information and requirements for what must happen prior to their On-Site Review. The email also provides a link to the Accreditation Tool, which is available to anyone via the Accreditation website at any time during the Cycle. The four-month period between the welcome email and the On-Site Review is known as the Self-Assessment period, during which LHDs are encouraged to complete an internal review of their ability to meet requirements for the delivery of administrative capacity, local public health operations, and categorical grant-funded services. The Self-Assessment assists LHDs in identifying deficient areas and prepares the LHD for participation in Accreditation. Reviewers are encouraged to reach out to LHDs during this period to ensure LHDs have the information they need to successfully prepare for their On-Site Review.

There are several important forms that LHDs must complete and submit to MPH to officially complete the Self-Assessment phase. All materials will be submitted via the Web-based Reporting Module.

7- Pre-Materials

On-Site Review Schedule

The LHD will create the schedule for the five-day On-Site Review week while adhering to the Scheduling Guidelines provided in [Appendix I](#) of this Reviewer's Guide. Please note that if your program has any special scheduling needs, e.g. the program cannot conduct reviews on a certain day of the week, these needs must be communicated to MPH to ensure integration into future updates of the scheduling guidance. If either a Reviewer or the LHD need to make changes to this schedule due to extenuating circumstances or unforeseen events after it has been submitted to MPH, it is critical that either a Reviewer or the LHD be contacted as soon as it is evident that a change to the schedule is needed. Either a Reviewer or the LHD will then coordinate the process to arrive at a revision that is mutually acceptable. Any modifications to this schedule must be approved by both the Reviewer and LHD prior to the week of the On-Site Review. Please notify MPH of the changed schedule once an agreement is reached.

Upon receipt of the schedule from the LHD, MPH staff will review for alignment with guidance, and will work to finalize the schedule with the LHD contact as needed. Reviewers will receive an e-mail when an LHD's On-Site Review Schedule is ready to view.

Exit Conferences

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

LHDs are able to request Exit Conferences via the web module at the same time they input their Review Schedule. For each section, LHDs identify the LHD representatives who will be included in the Exit Conference (e.g., Health Officer, Program Director, etc.). All State agency programs should plan to



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conduct an Exit Conference for their program for each LHD. More about Exit Conferences may be found on page 10 of this Reviewer's Guide.

Contact Information

Each LHD will complete a form containing names and contact information for key personnel, including the Health Officer, Accreditation Coordinator, and Local Governing Entity. This document will be viewable in the Accreditation Web Module.

8- Exit Conferences

Purpose of an Accreditation Exit Conference

Reviewers are expected to provide Accreditation Exit Conferences. An Exit Conference is primarily an opportunity for Reviewers to discuss findings with an LHD. The LHD should leave an Exit Conference understanding what they are doing well, where they need to improve, and supports available to address areas for improvement. LHDs should know, at the end of the Exit Conference, whether they have any Indicators that are Not Met so they can begin to develop their Corrective Plans of Action (CPAs).

During the Exit Conference, LHDs will have another opportunity, in addition to the On-Site Review, to ask questions and respond to Reviewer findings. An Exit Conference also provides a forum to close an On-Site Review and thank the LHD for their participation.

Reviewer Preparation Prior to an Exit Conference

During the On-Site Review, Reviewers and the LHD should establish an approximate time when the Exit Conference will occur. This will allow the LHD time to invite appropriate personnel to attend. If Reviewers observe existing and re-occurring problems, they may want to suggest that the Health Officer attends the Exit Conference.

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

Reviewer Opening an Exit Conference

Reviewers are responsible for facilitation of Exit Conferences and should open with participant introductions, as needed. This time may be used to explain and clarify the overall purpose of the Exit Conference and what will be covered. You may consider asking the LHD about desired Exit Conference expectations and work jointly to meet both parties' needs.

Reviewer Conducting an Exit Conference

Reviewers should provide an overview of findings relevant to the Accreditation On-Site Review Report and be prepared to answer specific LHD questions. Reviewers may also wish to explain that in some



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sections (possibly yours), findings made during the On-Site Review are preliminary and subject to management approval.

Discussion of CPA development, timelines, and logistics should follow. Reviewers may wish to review CPA components needed to meet Indicators. This is a good time to remind LHDs of their 60-day due date for CPA implementation, and that following CPA submission, Reviewers have a 30-day approval deadline. The Reviewer may want to offer assistance with CPA development at a later date after the On-Site Review week. Reviewers may wish to refer LHDs to the online Accreditation Tool and Local Health Department User's Guide located at <https://accreditation.localhealth.net/>, for specifics.

Reviewer Closing an Exit Conference

The Reviewer may want to summarize Exit Conference discussion and answer any final LHD questions. Express appreciation for LHD assistance during the On-Site Review and the opportunity to visit the agency.

9- The On-Site Review Report

Within 30 days of the last day of the week-long review, notification of the On-Site Review Report's completion and instructions for access are sent to LHD (the Health Officer and/or the Accreditation Coordinator) and LHD's Local Governing Entity Chairperson.

Indicator Designations

Four designations may be utilized by Reviewers in evaluating Indicators of the MPRs for a given section:

- Met
- Not Met
- Met with Conditions
- Not Applicable

Met

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

Not Met

Indicators that are marked "Not Met" do not fully meet all of the requirements as described in the guidance document. LHDs that do not fully meet all requirements for a specific Indicator must develop and submit a CPA specifying actions to be developed and implemented in order to achieve the requirements for this Indicator. If an Indicator is not met, it is the Reviewer's responsibility to communicate clearly and effectively why the Indicator is not met. There must be a clearly articulated Statement for the "Reason Not Met" field when an Indicator is not met.



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Once the CPA is reviewed, the LHD will be notified if the plan of action is:

- Not accepted and will need to be resubmitted;
- Accepted, no further action required;
- Accepted with further action required. The type of action required will be dependent on the section, State agency involved, and will be communicated to that LHD. (A follow up review by the State agency may be conducted to verify implementation of the plan.)

Met with Conditions

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

The follow-up for each Indicator given a “Met with Conditions” will occur at the next Cycle review. If the Indicator remains unmet by the next Cycle review, it will be marked “Not Met”. However, at the Reviewer’s discretion, a “Met with Conditions” may be given on consecutive reviews only when:

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

Due to different factors including variation among the sections, State agencies conducting the reviews, and varying program requirements, it is the responsibility of each program to clearly describe in their guidance document the criteria that will be used for designating an Indicator “Met with Conditions”. For Cycle 9, this guidance was provided to MPHI by all programs in summer 2025.

Not Applicable

The “Not Applicable” status is used when an Indicator is not applicable to an LHD, e.g., they do not participate in a component of the program being reviewed.

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



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Program Specific Met with Conditions Language

Powers and Duties

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

Food Service

A "Met with Conditions" may be granted if the LHD overall meets the minimum program requirements, but occasionally deviations indicate the potential of the requirement not to be met. Based on the requirements specified in the guidance document, a "Met with Conditions" may be given with the understanding that this MPR will be required to be met at the next scheduled evaluation. Failure to meet this Indicator would result in a "Not Met".

General Communicable Disease Control

A designation of "Met with Conditions" for an Indicator within the General Communicable Disease Control Section will be used at the discretion of the Reviewer and based upon importance of the deviation. When multiple components are needed to fulfill an Indicator and the deviation is determined to be a non-critical issue by the Reviewer (i.e., will not affect daily operations, investigations, or reporting of the LHD), the Indicator will be marked as "Met with Conditions" and recommendations for improvement will be offered. Corrections to the Indicator will be made before the next yearly internal review of policies and procedures and the change will be confirmed at the next Accreditation cycle On-Site Review to avoid being marked "Not Met".

Hearing and Vision

A designation of "Met with Conditions" for an Indicator within the Hearing and Vision Screening Programs may be used at the discretion of the Reviewer in cases where minor deviations that can be immediately addressed exist. This will be discussed at the Exit Conference and the LHD agrees that their current protocol may be changed immediately to reflect the written Indicator. The change in protocol will be confirmed at the next Accreditation On-Site Review.

Immunization

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



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When multiple components are needed to fulfill an Indicator and the components have not all been met, the Indicator may be marked as “Met with Conditions” provided that the deviation is determined to be a non-critical issue (i.e., will not affect daily operations, investigations, reporting of the LHD, or does not violate state law). When a “Met with Conditions” mark is being considered, it will be discussed with the Reviewer, the Accreditation Lead, and the Technical Manager prior to making this determination.

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

Onsite Wastewater Treatment Management

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

HIV/AIDS & STI

A designation of “Met with Conditions” for an Indicator within the HIV/AIDS & STI programs will be used at the discretion of the Accreditation Reviewer on site and based upon the significance of the deviation.

When multiple components are needed to fulfill an Indicator and the components have not all been met, the Indicator may be marked as “Met with Conditions” provided that the deviation is determined to be a non-critical issue by the Reviewer (i.e., will not affect daily operations, investigations, reporting of the LHD, or does not violate state law). When a “Met with Conditions” mark is being considered, it will be discussed with the Accreditation Reviewer's management prior to making this determination.

The Reviewer will state the rationale for this designation in the Accreditation report and recommendations for improvement will be clearly stated verbally and in the report. Any further action that is required will occur outside the Accreditation process and in conjunction with recurring quality improvement and program monitoring activities conducted by the state HIV/STI programs. Corrections to the Indicator will need to be demonstrated during the On-Site Review or scheduled within four weeks after the On-Site Review to avoid being marked “Not Met” or becoming a “Corrective Plan of Action.”

Family Planning

All of the Indicators under the individual Minimum Program Requirements in the Family Planning Accreditation tool are linked to program requirements as they appear in the Federal and State Title X Program Requirements (42 CFR Part 59, Subpart A). Family Planning Program Reviewers do not have the option of using a “Met with Conditions” designation, which would not assure correction of the failed



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requirement until the next Accreditation cycle (or an additional three years). Title X Guidelines require that programs are reviewed every three years for compliance with the guidelines.

Women, Infants, and Children (WIC)

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

Children's Special Health Care Services (CSHCS)

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

Suggestions for Using Met with Conditions Effectively

- **What are the conditions?** Provide the LHD with suggestions or resources that will help them meet the Indicator fully. Simply naming or listing errors or insufficiencies for that Indicator is not permissible.
- **What is the time period?** Communicate clearly to the LHD that in the event the same or corresponding Indicator is found to be in the same state during the following Cycle's On-Site Review, it will be designated as "Not Met".
- **Follow-up materials post-review:** Should materials, such as documentation, be needed to further determine the status of an Indicator after the On-Site Review, the use of "Met with Conditions" field is inappropriate. The Indicator should be determined "Not Met" so that the LHD may follow up with a CPA.



10- Inquiry Policy

LHDs that disagree with the On-Site Review findings or their Accreditation designation may request an Inquiry. If the findings in question relate to Reviewer findings (as opposed to the Accreditation status designation), the LHD is encouraged to first contact the Reviewer to seek a resolution before submitting a request for an Inquiry in writing. 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 LHD 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 LHD. In all cases, final disposition is the responsibility of the state agency responsible for the program under question.

To begin the process, the LHD 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 LHD recommending an alternative finding. The request is submitted to the Chair of the Accreditation Commission, and in the case of an Inquiry for an On-Site Review finding(s), copies are sent to the state agency that performed the On-Site Review.

Within two weeks of receipt of the Inquiry request, the state agency that made the original findings will submit a written summary to the Accreditation Commission Chair of their rationale for the findings and their response to the LHD'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 LHD and the state agency(s) involved, plus the MPH Accreditation Coordinator and a representative from the lead state agency, MDHHS. Both the LHD 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 LHD 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 LHD and state agency(s) only.

11- Annual Reviewer and Manager Meeting

Each year, MPHI convenes all State Reviewers and Section Managers for the Annual Reviewer and Manager Meeting. At this meeting, State Agency staff and MPHI discuss emerging issues and trends, and Reviewers may be asked to present on a topic of interest to the group. If Reviewers identify a topic they would like discussed at this meeting, they should contact Jessie Jones at jjones@mphi.org or 517-324-8387.

12- Navigating the Accreditation Web Module

The Accreditation Web Module is the online system for Accreditation On-Site Review reporting, as well as scheduling On-Site Reviews, Exit Conference requests, and providing key LHD contact information.

Accessing the Website

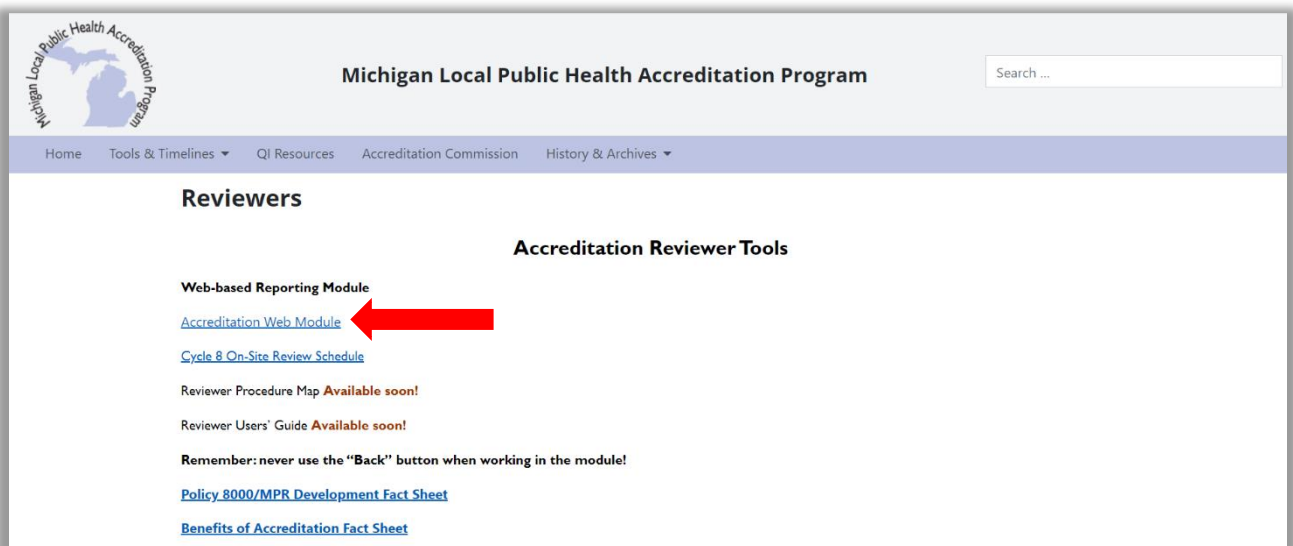
Open your Internet browser and follow this link by holding the Ctrl key and clicking this underlined link: <https://accreditation.localhealth.net/> or by copying it into the address bar of the browser.

On the Home screen, click the “Reviewers” 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.

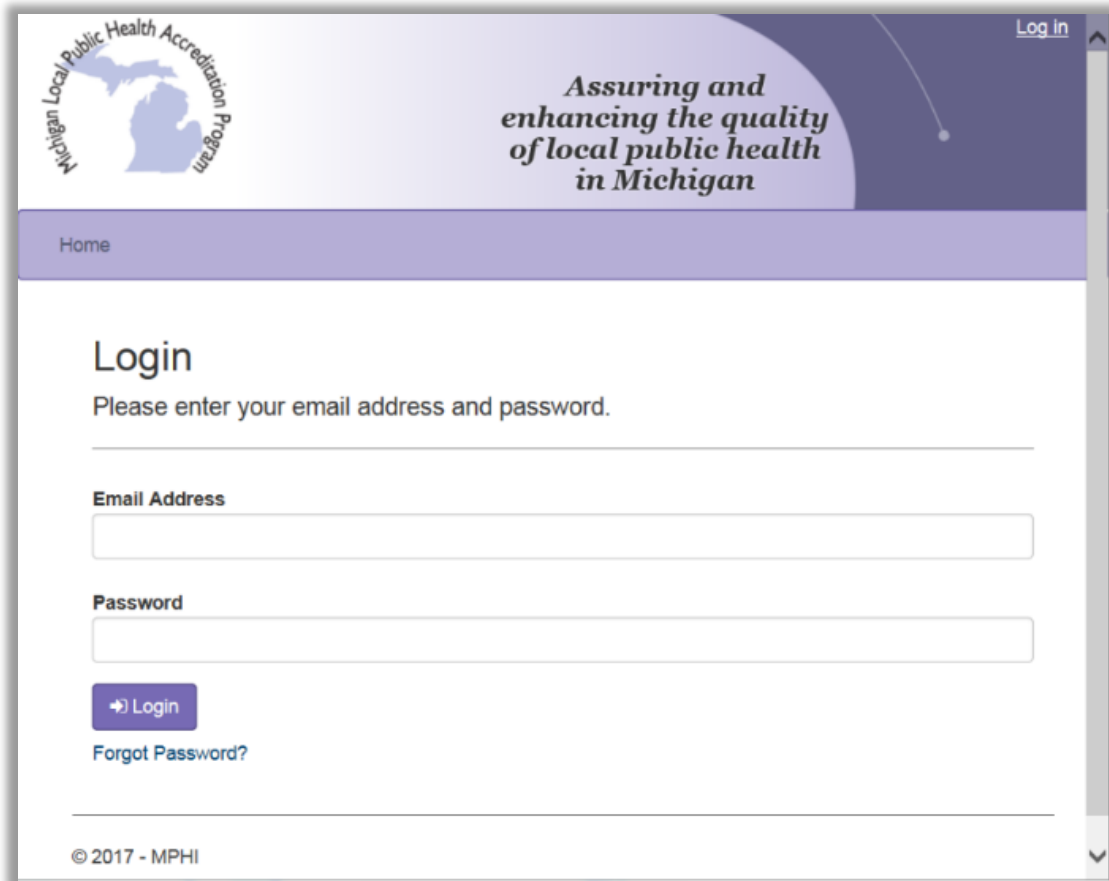
On the Reviewer Tools page, click the “Accreditation Web Module” link.



Logging in to the Accreditation Web Module

The first page of the Web Module is a system login page. Your email address is your username. When the MPHI team creates your account, you will receive an email containing a link to set your password.

Should you forget your password, you can click the “forgot password” link on the sign-in page of the Web Module to reset your password. If you have any issues logging into the Web Module, please contact Jessica Nash at jnash@mphi.org.



The screenshot shows the login page of the Michigan Local Public Health Accreditation Program. At the top left is the program's logo. To the right of the logo is the tagline: "Assuring and enhancing the quality of local public health in Michigan". In the top right corner, there is a "Log In" link. Below the header is a navigation bar with a "Home" link. The main content area is titled "Login" and contains the instruction "Please enter your email address and password." followed by two input fields: "Email Address" and "Password". Below the "Password" field is a blue "Login" button with a right-pointing arrow. Underneath the button is a link for "Forgot Password?". At the bottom left of the page, there is a copyright notice: "© 2017 - MPHI".

Important!

Please refrain from using your browser's “Back” button to navigate within the Web 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.**

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 with your account in the "Email Address" field

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

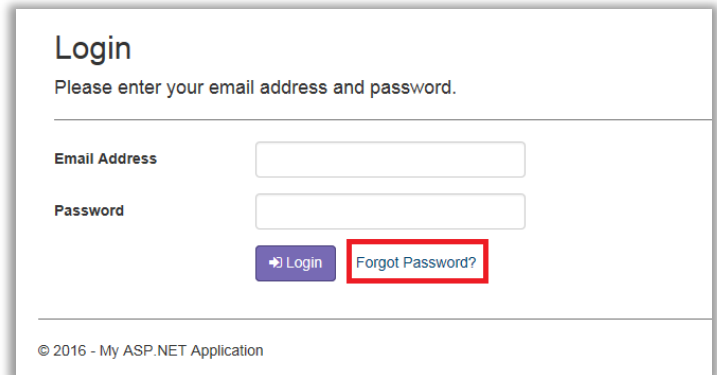
Step 4: Follow the URL provided in the email

Step 5: Enter your new password in both the "Password" and "Confirm 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.



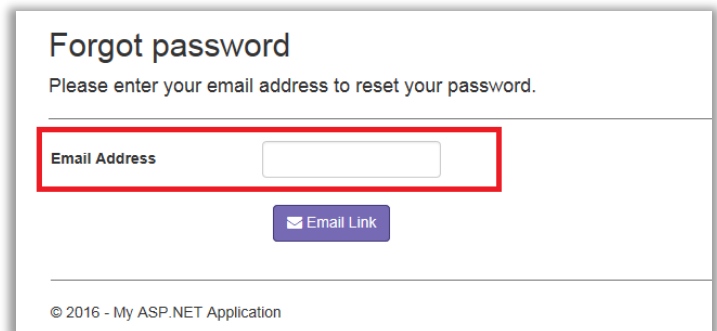
Login
Please enter your email address and password.

Email Address

Password

[Login](#) [Forgot Password?](#)

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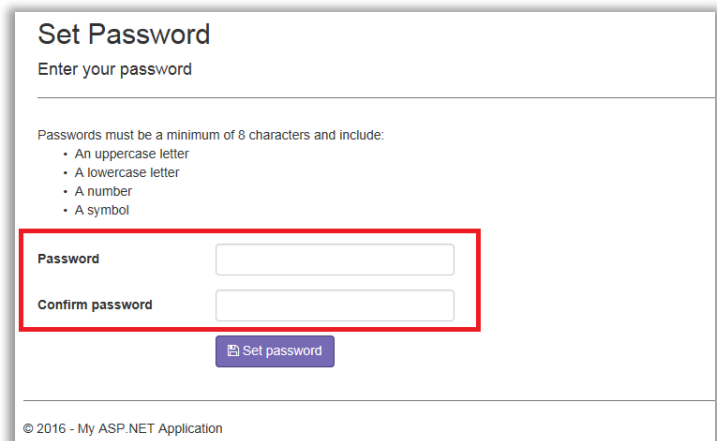


Forgot password
Please enter your email address to reset your password.

Email Address

[Email Link](#)

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Set Password
Enter your password

Passwords must be a minimum of 8 characters and include:

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

Password

Confirm password

[Set password](#)

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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

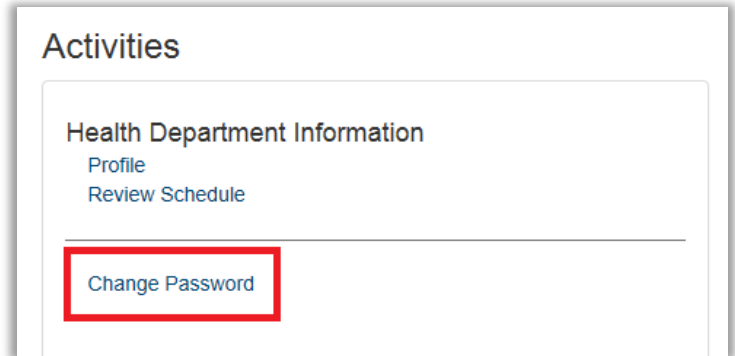
Step 2: Enter your current password in the "Current Password" field

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:

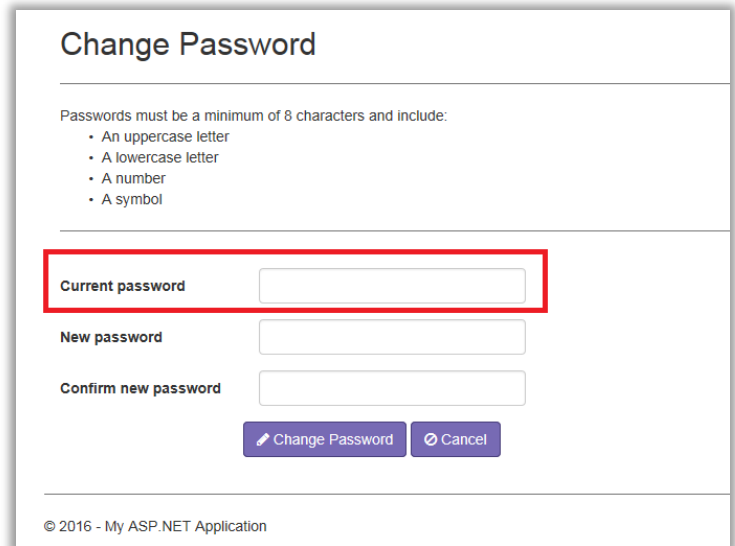
- An uppercase letter
- A lowercase letter
- A number
- A symbol

Step 4: Select the "Change Password" button

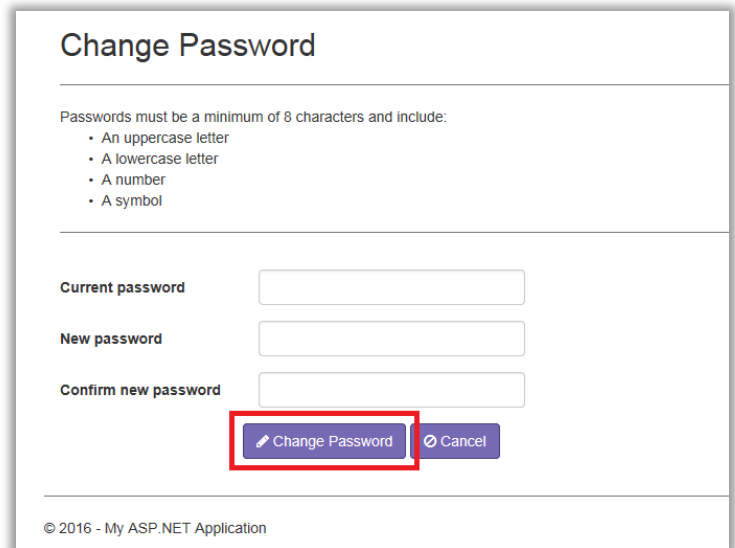
Note: A user's password will expire every 120 days. Upon login, a user with an expired password will be prompted to create a new one.



The screenshot shows a user interface titled "Activities". Underneath, there is a section for "Health Department Information" with links for "Profile" and "Review Schedule". A "Change Password" link is highlighted with a red rectangular box.



The screenshot shows the "Change Password" form. It includes instructions: "Passwords must be a minimum of 8 characters and include: An uppercase letter, A lowercase letter, A number, A symbol". There are three input fields: "Current password", "New password", and "Confirm new password". The "Current password" field is highlighted with a red rectangular box. At the bottom, there are "Change Password" and "Cancel" buttons.



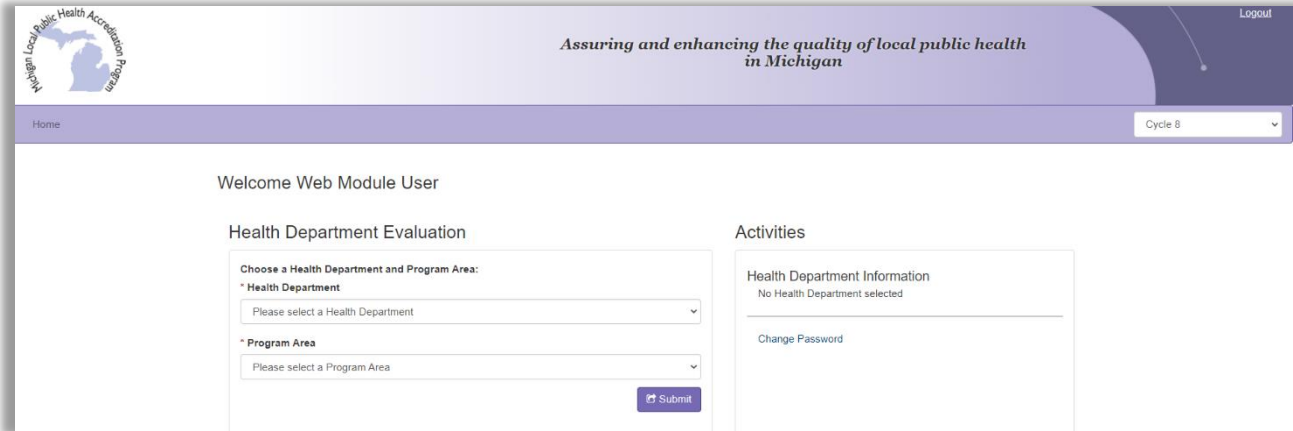
This screenshot is identical to the previous one, showing the "Change Password" form. In this version, the "Change Password" button at the bottom is highlighted with a red rectangular box.



Michigan Local Public Health Accreditation Program Reviewer's Guide

Reviewer Home Page

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

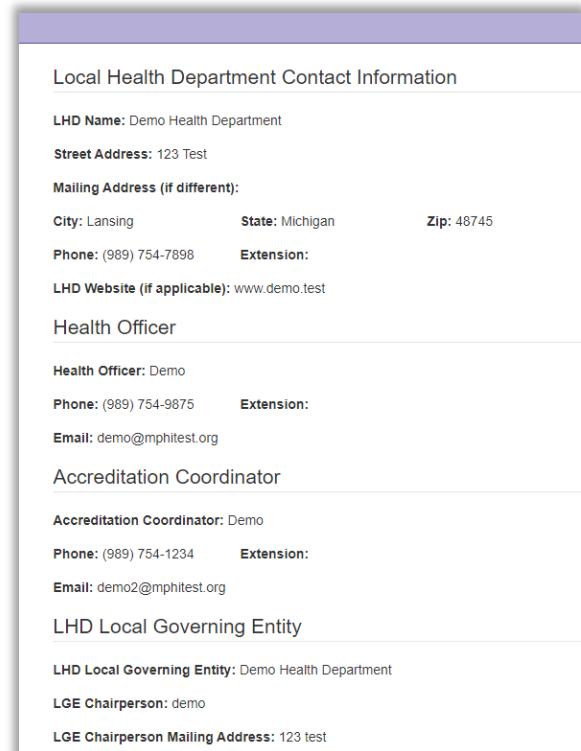


Pre-Materials

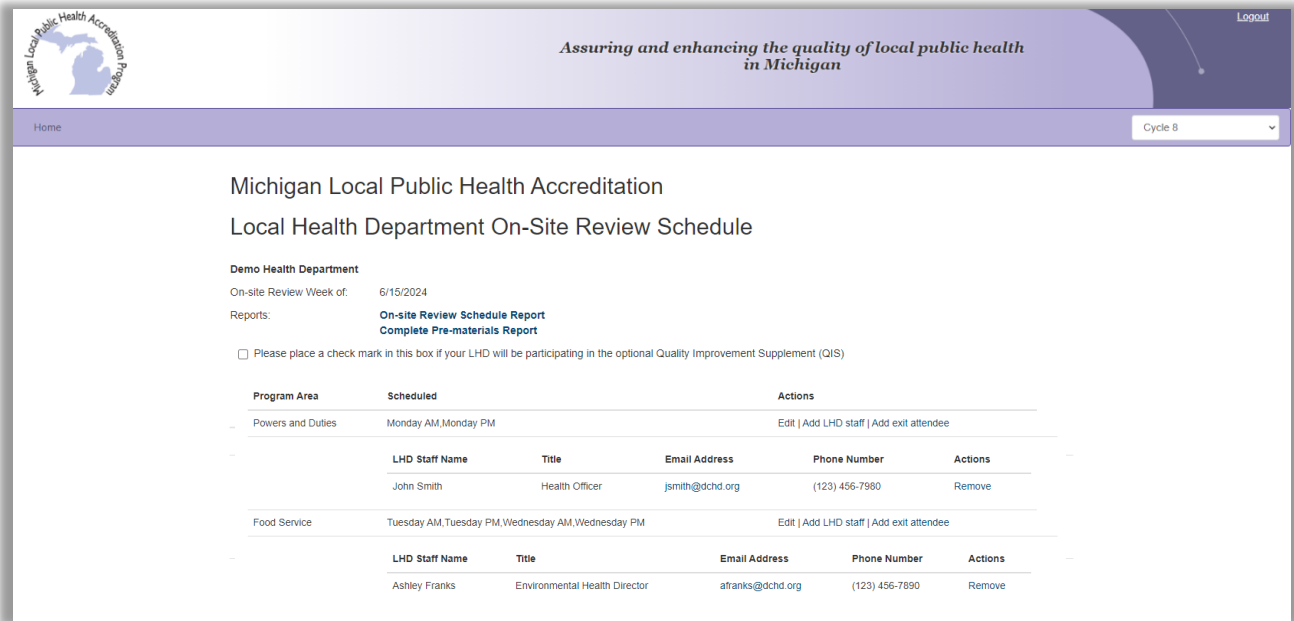
To access pre-materials, you will need to first choose an LHD from the dropdown box.

If you wish to view the selected LHD's contact information, click on the "Profile" link located under the "Health Department Information" header on the right side of the Reviewer home page.

When clicking on this link, you will be taken to the LHD's Contact Information page. On this page, you will find contact information for the Health Officer, Accreditation Coordinator, and Local Governing Entity, as well as the Site Review Week and Final Report Date.



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



Assuring and enhancing the quality of local public health in Michigan

Home Cycle 8

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

Demo Health Department
 On-site Review Week of: 6/15/2024
 Reports: [On-site Review Schedule Report](#)
[Complete Pre-materials Report](#)

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

| Program Area | Scheduled | Actions | | | |
|-------------------|--|--|----------------------|---------------------|----------------|
| Powers and Duties | Monday AM, Monday PM | Edit Add LHD staff Add exit attendee | | | |
| | LHD Staff Name | Title | Email Address | Phone Number | Actions |
| | John Smith | Health Officer | jsmith@dchd.org | (123) 456-7990 | Remove |
| Food Service | Tuesday AM, Tuesday PM, Wednesday AM, Wednesday PM | Edit Add LHD staff Add exit attendee | | | |
| | LHD Staff Name | Title | Email Address | Phone Number | Actions |
| | Ashley Franks | Environmental Health Director | afranks@dchd.org | (123) 456-7890 | Remove |

The table in the center of the page lists the timeslots for each program, the Reviewers scheduled, and the LHD staff that will be attending the On-Site Review. The On-Site Review Schedule page will also indicate whether the LHD wishes to have an Exit Conference with your program.

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

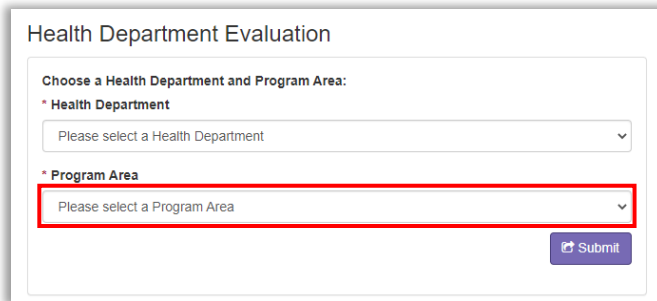


Michigan Local Public Health Accreditation Local Health Department On-Site Review Schedule

Demo Health Department
 On-site Review Week of: 6/15/2024
 Reports: [On-site Review Schedule Report](#) ←
[Complete Pre-materials Report](#) ←

13- Data Entry

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



The screenshot shows a form titled "Health Department Evaluation". It contains two dropdown menus: "Health Department" and "Program Area". The "Program Area" dropdown is highlighted with a red box. A "Submit" button is located at the bottom right of the form.

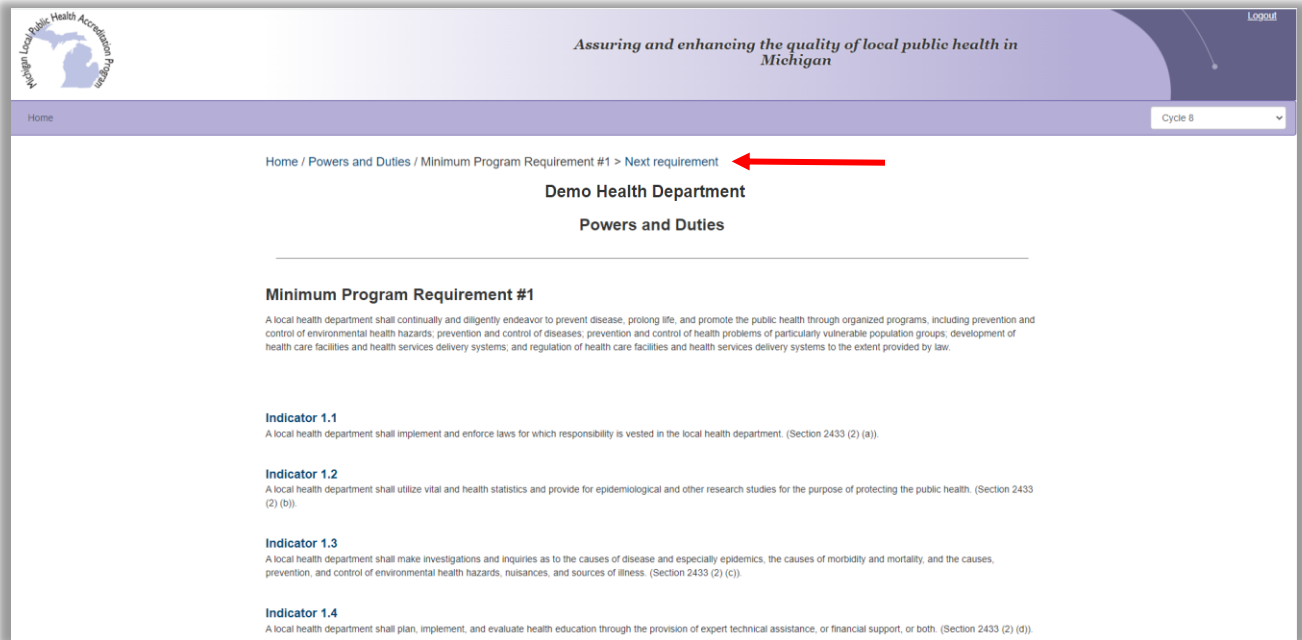
Draft Report Entry

Once you click the "Submit" button after choosing an LHD and Program Area, you will be taken to the Program Area page, which includes a space for LHDs to upload relevant program documents, lists each of the Minimum Program Requirements (MPRs), and includes check boxes for Reviewers and Managers to mark a program report as draft or finalized.



The screenshot shows the "Program Area Documents" page for a "Demo Health Department". It includes a "Powers and Duties" section with checkboxes for "Draft Entry Complete" and "Edits Complete, Publish Indicator Data". Below this is a section for uploading documents, with a search bar and a table of documents. The table is currently empty, showing "No data available in table". At the bottom, there is a section for "Minimum Program Requirement #1" which is highlighted with a red box. The text below this section describes the requirements for a local health department.

When you click on an MPR, you are then taken to a list of Indicators within the MPR. Notice that on the navigation trail on the top of the page, there is an option for "Next requirement." Clicking here will take you to the next MPR.

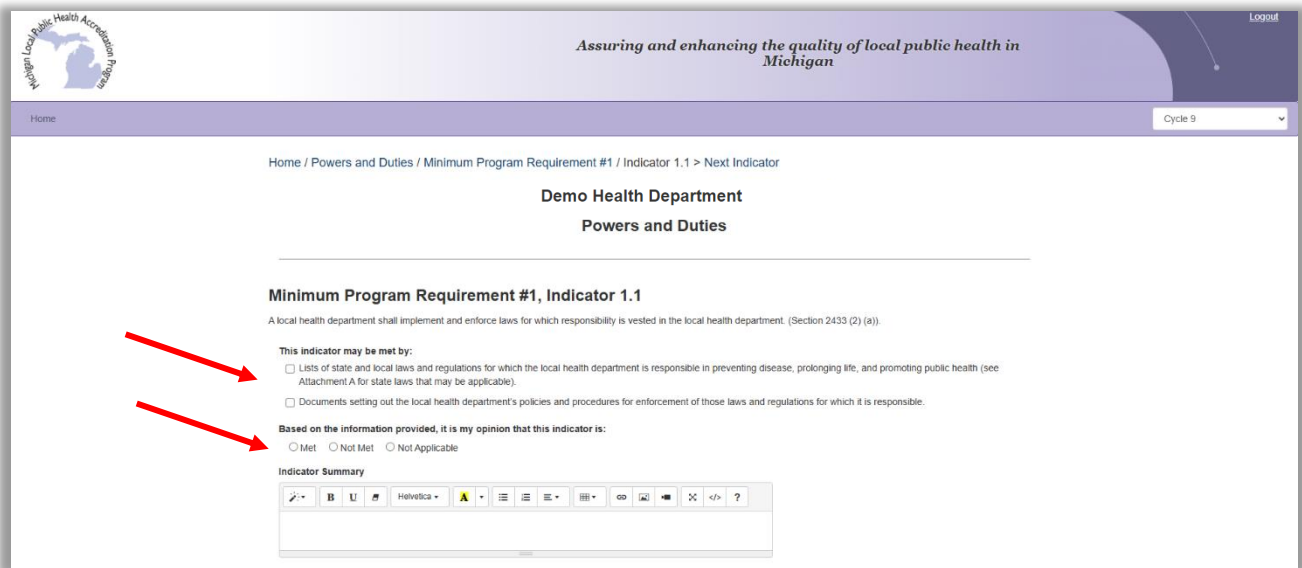


When a user selects an indicator’s name, the user is taken to the Indicator Details page. The Indicator Details page displays details regarding the conditions necessary for an LHD to meet the selected Indicator. Reviewers can check the check boxes next to each condition to indicate which conditions were met. To save the page, one of the following combinations of fields must be completed:

Indicator is Met – the “Met” radio button option is selected and nothing is entered in the Reason Not Met field.

Indicator is Not Met – The “Not Met” radio button option is selected, there is a value entered in the Reason Not Met field, and nothing is entered in the Met with Conditions field.

Indicator is Not Applicable – The “Not Applicable” radio button option is selected.

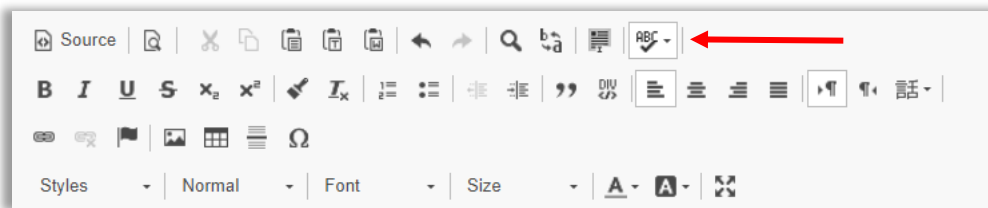


Reviewers will have the ability to enter text in the following fields: Indicator Summary, Special Recognition, Recommendations for Improvement, Additional Comments, and Met with Conditions and Reason Not Met as applicable. **We strongly recommend that you initially compose and save your report in a word processing program to protect yourself from any sort of web error that may cause data loss.**

At the end of the navigation trail, you have the option to go directly to the next Indicator. Please note: you will still need to click **“Save”** before going to the next Indicator. **Simply clicking on “Next Indicator” will not save your data.** When you have completed all Indicators within an MPR, click on the name of your section within the navigation trail to return to the list of MPRs.

Spell Check

Once you enter text into a field, you will have the ability to spell check that text. Click on the button on the top right-hand corner of the field that has the letters ABC and a checkmark on it.



When the spell check tool comes across a word that is spelled incorrectly, you will be given a list of words from which to choose. If the word you are seeking is on that list, simply click on the word. If the word is not in the list, you will need to re-type the word. If spell check does not recognize a word you have used, like an abbreviation or terminology specific to your program area, click on “Ignore” to move past the word.

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

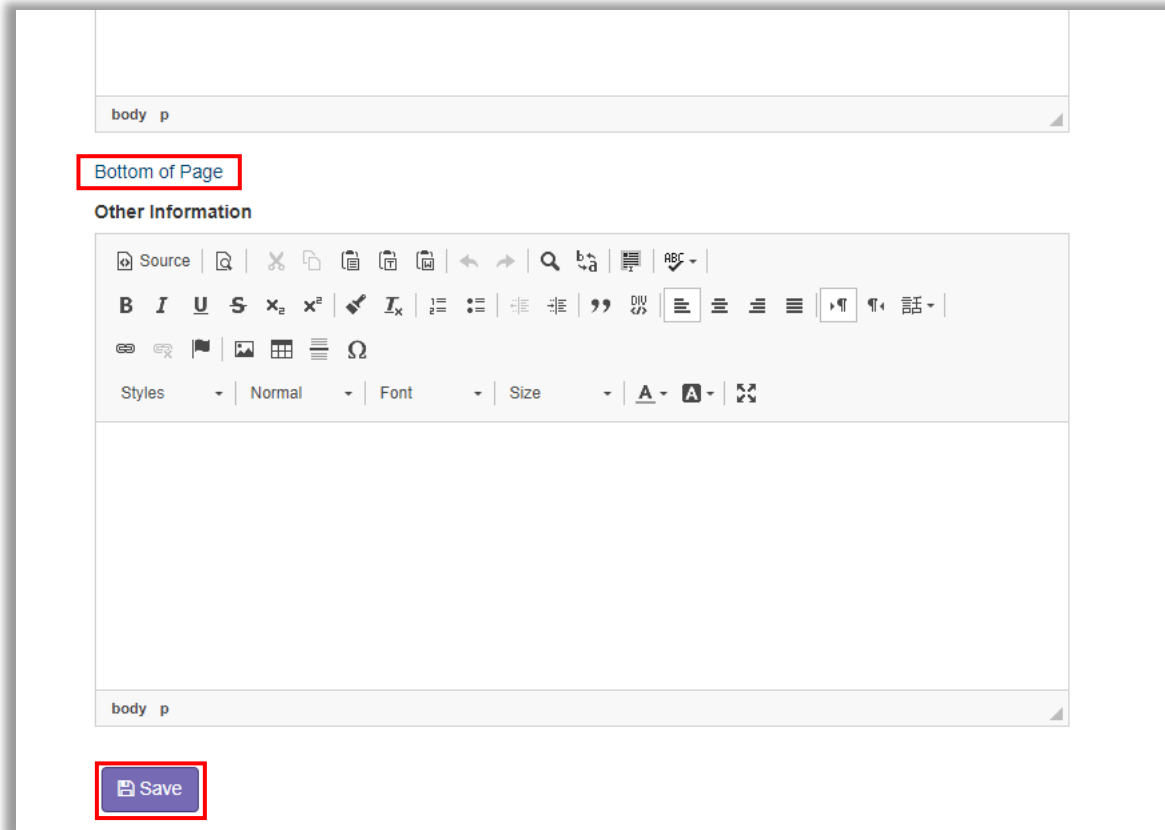
Accessing and Copying Data from a Previous Report

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

Data from previous cycles (Cycles 3, 4, 5, 6, 7, and 8) can be found by clicking on the “View Previous Cycle Reports” hyperlink on the right side of the home page.

Saving Data

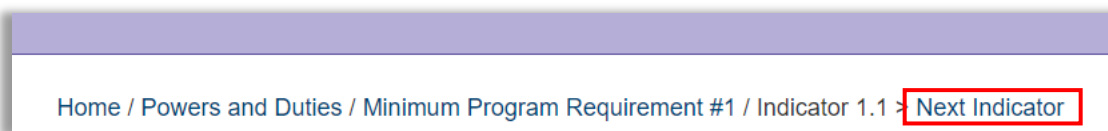
After you have completed text entry, you can click on the “Bottom of Page” link located under each text box to move to the bottom of the page and access the Save button. At the top of the Indicator screen, there are several links to navigate back to the MPR Screen or Main Menu.



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

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

Navigating Away from the Indicator Data Entry Screen

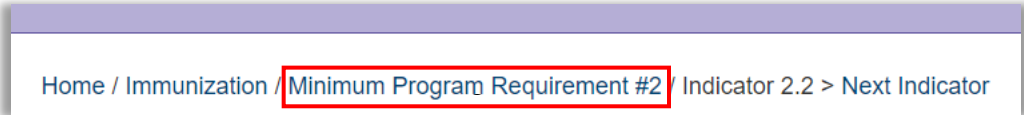




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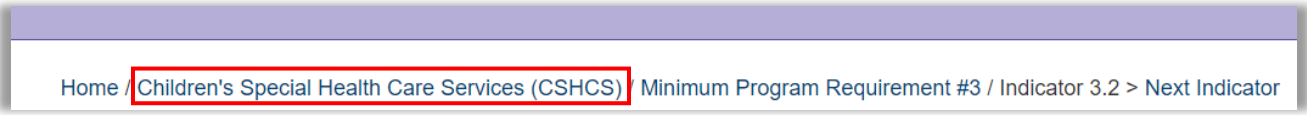
To go to the next Indicator within an MPR, simply click on the “Next Indicator” link within the navigation trail. If there are no Indicators left within an MPR, you will not receive the “Next Indicator” link as an option. Again, you **must** click “Save” before going to the next Indicator. **Simply clicking on “Next Indicator” will not save your data.**

Clicking on the MPR number on the navigation trail (in this screenshot, “Minimum Program Requirement #2”) will take you back to the list of Indicators for that MPR. From there, you can choose

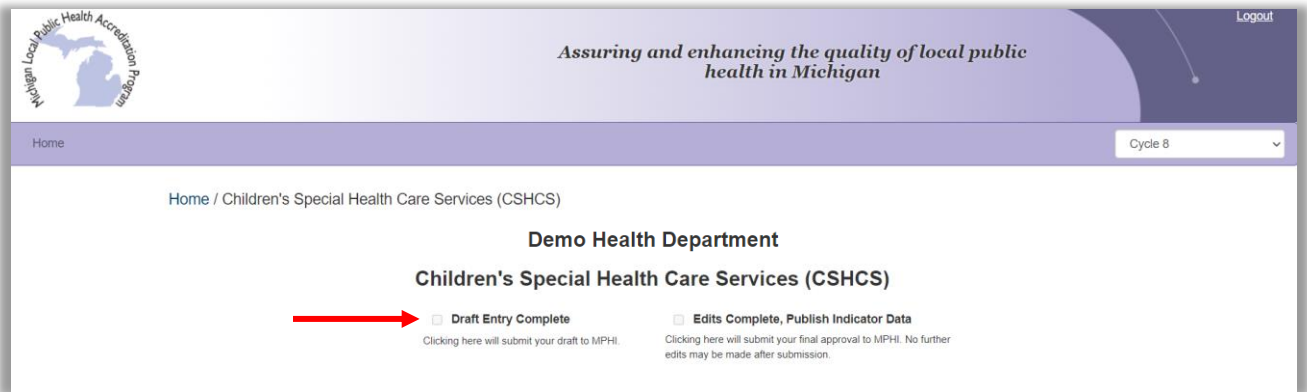


a new Indicator from the list or click on “Next requirement” to move to the next MPR.

Clicking on the name of your program (in the screenshot below, “Children’s Special Health Care Services (CSHCS)”) will take you back to the MPR Screen, where you have a couple of options.



1. You can click on another MPR to view its Indicators and/or complete data entry.
2. If you have finished all data entry for the LHD, you may click on the “Data Entry Complete” checkbox at the top of the page. Doing so will send an e-mail to MPH staff confirming that your draft entry is complete and ready for edits.



Please note that if all Indicators for your section are not completed, you will not have the ability to submit your draft to MPH. The selection will remain gray and unavailable. To quickly reference which Indicators have been completed, please access the Section Summary on the Reviewer home page.

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



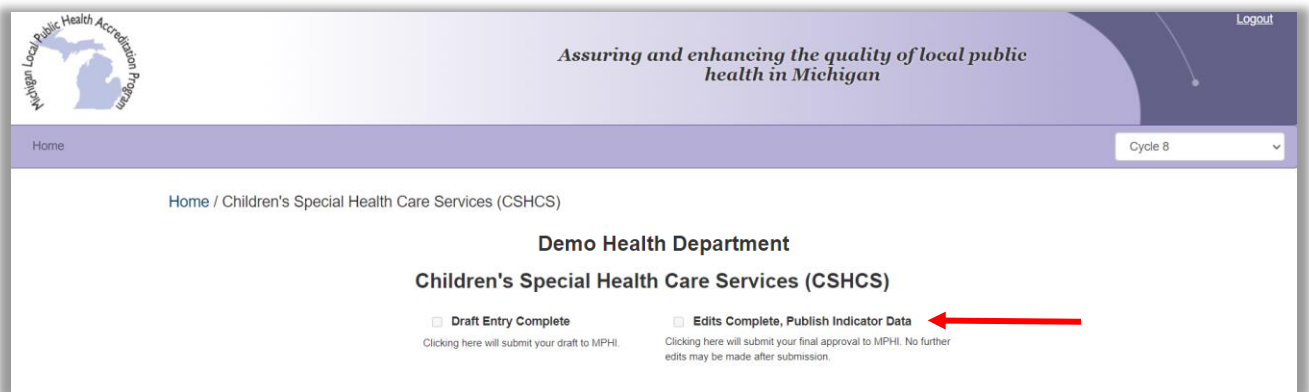
14- Reports

Final and Draft Reports

Once you complete your data entry and click the “Draft Entry Complete” option, an e-mail will automatically be generated and sent to MPHI staff informing them that your draft is ready for editing. When MPHI staff finishes editing your report, you will be notified via email if MPHI has questions that need to be addressed before the next step of the process. It should be noted that it is the responsibility of the Reviewer to perform their own editing first, and that MPHI is only reviewing the report as a courtesy to catch occasional errors and assure adherence by the Reviewers to the style guide. Any reports requiring more than a few minor edits will be returned to the Reviewer. Following MPHI’s review, a team member from the MDHHS Division of Local Health Services will review the On-Site Review Report as a whole to identify any discrepancies that need to be addressed. Once this review is complete, MPHI staff will notify Reviewers and Managers via email that the program report is ready to be published. Each section’s manager has account access to publish reports.

As in the previous Cycles, following MPHI’s review of your report, you have three business days to confirm that your edited report is ready for publication. To make any final edits, log in to the system and choose the LHD and program area. Then click on “Sectional Status Report.” This will generate a PDF file which incorporates all changes made by MPHI staff. After reviewing this document for any changes, you may log in and make any necessary edits. **Please note: No substantive edits should be made at this point in the process. If substantive changes to a report are necessary after MPHI has notified program management to publish your program’s report, please contact MPHI to let them know. The report will need to be reviewed a second time.**

To publish a report, the program’s assigned Manager will need to go in and click on “Edits Complete, Publish Indicator Data.” MPHI staff will be notified that the report has been approved for publication.



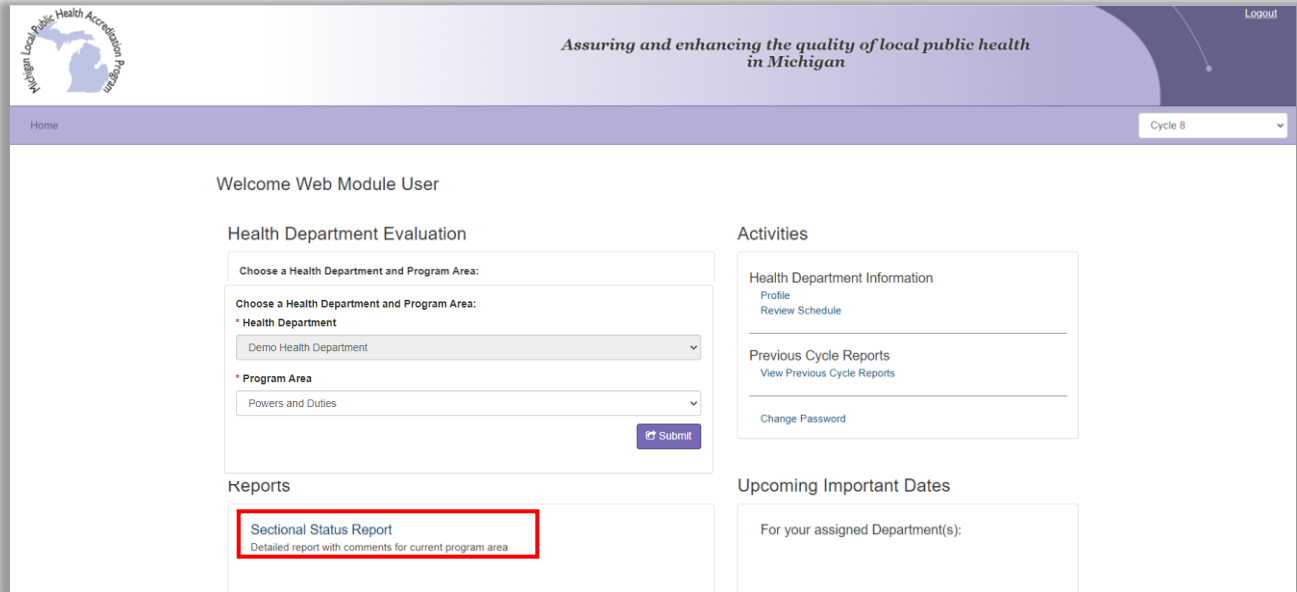
Important! After clicking the “Edits Complete, Publish Indicator Data” button, you may not make any changes to your report. MPHI staff members have administrative access, so if you need to make a change to your report after submitting the final version, please contact Jessica Nash at jnash@mphi.org.



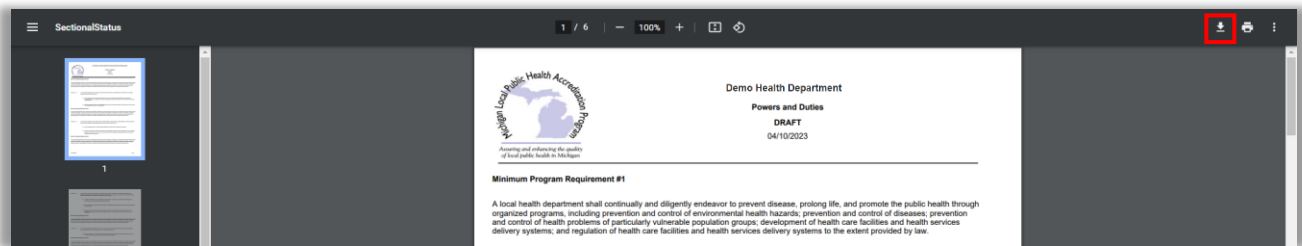
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Printing Reports

From the main menu, you may also print out a draft of your report. To do so, click on the “Sectional Status Report” link. This will generate a printable PDF of your report, which you may print out and proofread. You may generate and print a copy of your report at any time during data entry and after the draft and final reports have been submitted.

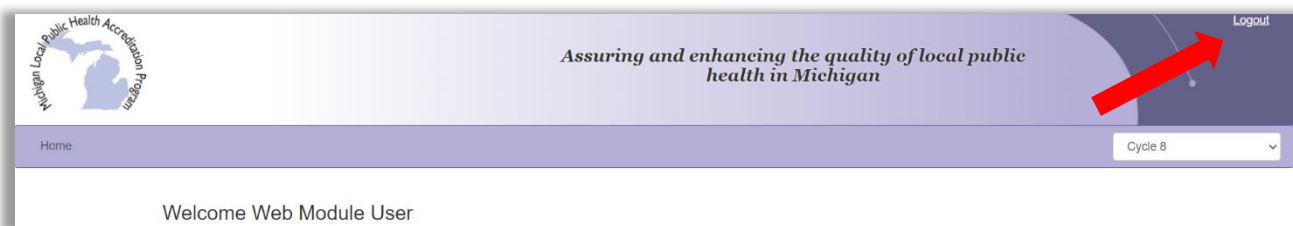


To print a PDF file, click on the “Print” button on the upper left side of the screen. This will open a print dialog box where you can choose your printer and printer options. Your version of Acrobat Reader may vary.



Exiting the Accreditation Web-Module

Important! A “Log Out” hyperlink is located at the top of the main LHD 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.





Appendix I: Scheduling Guidance

1. Section I (LHD Powers and Duties) is a one-day On-Site Review (OSR), typically scheduled on Mondays.
 - a. The optional Quality Improvement Supplement (QIS) will occur remotely. To participate in the QIS, please select the checkbox at the top of the On-Site Review Schedule page in the Accreditation Web Module. Reviewer(s) will contact you to schedule the date and time of your review.
2. Section II (Food Service Sanitation Program) will be a one to five day in-person On-Site Review. Reviewer(s) will contact the LHD before the scheduled On-Site Review to verify the exact start day and time and estimated number of days the review will take.
3. Section III (General Communicable Disease) On-Site Review will take place remotely. Please 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) will be a half-day On-Site Review. The review can be scheduled concurrently with Vision, if LHD prefers. Please avoid scheduling on Fridays.
5. Section V (Immunization) will be a one-day On-Site Review at the main LHD clinic (no visits to off-site clinics) on a day when the IAP Coordinator, the Immunization Clerk, and other involved Immunization staff are available for interaction with the Reviewer.
6. Section VI (Onsite Wastewater Treatment Management) requests a minimum of two (2) days for the On-Site Review (OSR) 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 OSR.
7. Section VII (HIV/STI) requests half-day for the On-Site Review of a county health department. Please avoid scheduling this review on a Friday.
8. Section VIII (Vision) is a single half-day On-Site Review. Please contact the Reviewer to arrange for scheduling of the OSR prior to completing the On-Site Review Schedule in the Accreditation Web Module.
9. Section IX (Family Planning Program) is a two-day On-Site Review. FP requests LHDs schedule a family planning clinic on the first day of the visit. LHDs should schedule a full clinic with a range of visit types including initial, annual, and adolescent visits.
10. Section X (Women, Infants, and Children Program) does not require an On-Site Review. The Accreditation report is based on the findings from the last WIC Management Evaluation.



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11. Section XI (Children’s Special Health Care Services) is a one-day On-Site Review. 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 (Mornings 9:00 AM - 12:00 PM, or afternoons 1:00 - 4:00 PM) |
| Section V – Immunization | 1 day |
| Section VI – Onsite Wastewater Treatment Management | 2 days |
| Section VII – HIV/AIDs and STI | ½ day |
| Section VIII – Vision | ½ day |
| Section IX – Family Planning | 2 days |
| Section X – Women, Infant, and Children (WIC) | N/A – no On-Site Review required |
| Section XI – Children’s Special Health Care Services (CSHCS) | 1 day |



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Appendix II: Accreditation On-Site Review Evaluation

Please complete this form online at: <https://chc.mphi.org/surveys/?s=TPPT3P47NWCTNEY8>

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 On-Site Review: _____

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 On-Site Review. | 1 | 2 | 3 | 4 | 5 |
| 2. Technical assistance offered met the needs of the LHD. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. Any program or Accreditation tool changes were communicated well in advance of the review. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. The Reviewer(s) provided a clear overview of "what will occur" and "how the LHD will be evaluated" either on-site or in advance of the visit. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Reviewer(s) conduct was professional throughout visit. | 1 | 2 | 3 | 4 | 5 | NA |
| 6. The Reviewer(s) maintained a quality improvement focus. | 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) are knowledgeable on the subject of their section. | 1 | 2 | 3 | 4 | 5 | NA |
| 9. The Reviewer(s) provided input and reporting consistent with the current Accreditation tool. | 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) allowed for an appropriate amount of interaction. | 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) discussed program strengths and weaknesses. | 1 | 2 | 3 | 4 | 5 | NA |
| 14. The Reviewer(s) made recommendations for improvement as necessary. | 1 | 2 | 3 | 4 | 5 | NA |
| 15. The Reviewer(s) encouraged LHD questions and feedback. | 1 | 2 | 3 | 4 | 5 | NA |
| 16. Did the Reviewer(s) conducted an Exit Interview? | No | | | Yes | | |
| 17. Overall, the Reviewer(s) did an excellent job. | 1 | 2 | 3 | 4 | 5 | NA |



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| | | | | | | |
|--|----|---|---|-----|---|----|
| 18. Has the LHD received the On-Site Review Report? | No | | | Yes | | |
| 19. The On-Site Review Report provided for this section is very helpful to use to improve the quality of this program. | 1 | 2 | 3 | 4 | 5 | NA |
| 20. The written On-Site Review Report made use of the "Special Recognition" and/or "Recommendations for Improvement" categories. | 1 | 2 | 3 | 4 | 5 | NA |
| 21. The review findings were compatible with my agency's self-assessment. | 1 | 2 | 3 | 4 | 5 | NA |
| 22. Our LHD knows who to reach out to for further assistance for this program. | 1 | 2 | 3 | 4 | 5 | NA |

| Pre-Review Self-Assessment Processes | | | | | | |
|--|-------------------|----------|---------|-------|----------------|----------------|
| Please answer these questions if you utilized the pre-review self-review process offered by MDARD. | | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| 1. The Self-Assessment process was useful. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. The Self-Assessment process was user-friendly. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. The Self-Assessment process helped my agency successfully prepare for our On-Site Review. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. Materials were provided in advance with sufficient time to conduct self-assessment activities. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. I was satisfied with the Self-Assessment process. | 1 | 2 | 3 | 4 | 5 | NA |
| Please provide any additional feedback you have on the self-assessment process: | | | | | | |

| Off-Site Review Processes | | | | | | |
|---|-------------------|----------|---------|-------|----------------|----------------|
| Please answer these questions regarding the off-site/virtual review process used by Communicable Disease and/or the QIS. | | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| 1. The guidance for submitting documentation was clear. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. I feel like the level of interaction with the Reviewer(s) prior to and during the off-site/virtual review process was appropriate. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. I am satisfied with the off-site/virtual review process. | 1 | 2 | 3 | 4 | 5 | NA |
| Please provide any additional feedback you have on the off-site/virtual review process: | | | | | | |



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1. List the strong points of the review:

2. List areas of the review 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: (____) _____