



Mid-Michigan District Health Department

Total Site Visit Report

02/04/2019

Assuring and enhancing the quality
of local public health in Michigan

On-Site Review Summary		Total Met	Total Not Met	Total Not Applicable	Total
Powers and Duties	Essential	7	0	0	7
	Important	1	0	9	10
Food Service	Essential	16	0	0	16
	Important	4	0	0	4
General Communicable Disease Control	Essential	10	0	1	11
Hearing	Essential	10	0	0	10
Immunization	Essential	17	0	0	17
Onsite Wastewater Treatment Management	Essential	9	0	0	9
HIV/AIDS & STD	Essential	8	0	0	8
Vision	Essential	7	0	0	7
Family Planning	Essential	27	2	0	29
Women, Infants, and Children (WIC)	Essential	1	0	0	1
Children's Special Health Care Services (CSHCS)	Essential	21	1	0	22
Total		138	3	10	151

On-Site Review Summary Totals	Total Met	Total Not Met	Total Not Applicable	Total # of Indicators
Total Essential	133	3	1	137
Total Important	5	0	9	14
Total Essential and Important Indicators				151

Powers and Duties

Section Summary		Total Met	Total Not Applicable	Total
Essential	Indicator 1.1	1	0	1
	Indicator 1.2	1	0	1
	Indicator 1.3	1	0	1
	Indicator 1.4	1	0	1
	Indicator 1.5	1	0	1
	Indicator 1.6	1	0	1
	Indicator 1.7	1	0	1
	Total	7	0	7
Important	Indicator 1.8	1	0	1
	Indicator QI-1.1	0	1	1
	Indicator QI-1.2	0	1	1
	Indicator QI-1.3	0	1	1
	Indicator QI-1.4	0	1	1
	Indicator QI-1.5	0	1	1
	Indicator QI-2.1	0	1	1
	Indicator QI-2.2	0	1	1
	Indicator QI-2.3	0	1	1
	Indicator QI-2.4	0	1	1
	Total	1	9	10
Total	8	9	17	

Minimum Program Requirement #1

A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

- Indicator 1.1 A local health department shall implement and enforce laws for which responsibility is vested in the local health department. (Section 2433 (2) (a)).
- Lists of state and local laws and regulations for which the local health department is responsible in preventing disease, prolonging life, and promoting public health (see Attachment A for state laws that may be applicable).
 - Documents setting out the local health department's policies and procedures for enforcement of those laws and regulations for which it is responsible.

Indicator 1.1 Status: Met

Indicator Summary:

The Reviewer met with Health Officer Marcus Cheatham, Medical Director Dr. Jennifer Morse, Administrative Services Division Director Melissa Bowerman, Community Health Education Director Andrea Tabor, Environmental Health Director Liz Braddock, Epidemiologist Norm Keon, Public Information Officer Leslie Kinnee, Community Health Education Supervisor Dena Kent, Data Specialist Rex Hoyt, Registered Dietician Angie Martin, and Quality and Process Improvement Coordinator Ross Pope. Board of Health members Betty Kellenberger and Dwight Washington also participated during large portions of the day's discussions. Mid-Michigan District Health Department (MMDHD) provided multiple examples to satisfy this requirement. MMDHD shared a copy of a condemnation order for methamphetamine production in a home for May 2018; MMDHD credits excellent relationships with regional law enforcement and human services agencies with notifying the health department of such situations, which enables MMDHD to properly enforce condemnation and cleanup criteria for methamphetamine production, thus increasing protection of the public health. MMDHD shared a copy of a citation for a restaurant with a failing septic system, and provided detail on how the health department seeks to help businesses to come into compliance with environmental health regulations and Food Code – including promotion of appeals processes – to benefit both public health and business sustainability. MMDHD also shared a correction letter issued to a well driller to submit complete, accurate, and timely well logs. MMDHD has been able to avoid the necessity of issuing school exclusion letters through education and partnership with the community to garner voluntary exclusion compliance or acceptance of vaccination.

MMDHD submitted relevant policies and procedures for the occupational control plan, the chemical hygiene plan, and shared the updated Food policy manual that included examples of suspension of food service operating license, closure order, and a cease and desist order letter. In addition to enforcement of the Michigan Public Health Code, MMDHD also enforces a set of local Environmental Health Regulations governing water supply, sewage disposal, refuse disposal, and housing; MMDHD and the Board of Health are considering an update to the Regulations at this time.

Special Recognition:

MMDHD provided a very useful diagram to visualize all aspects of the Powers and Duties review, including examples to guide discussion during the On-Site Review. The Reviewer found this helpful to follow and to assure that no aspect was forgotten that MMDHD wanted to cover.

Indicator 1.2

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health. (Section 2433 (2) (b)).

- Demonstrating access to vital and health statistics for both intern and external customers.
- Documents that demonstrate both qualitative and quantitative analysis and interpretation of vital and health statistics in reports for, at a minimum, the major causes of morbidity, mortality and environmental health hazards within the jurisdiction.

Indicator 1.2 Status: Met

Indicator Summary:

MMDHD utilizes statistical analysis to identify trends within the district to share regional trends with multiple audiences, including local and state leadership, residents, coalitions, citizen action groups, and state and federal agencies. MMDHD employs an epidemiologist and data specialist to provide local epidemiological studies and to conduct community health assessment with regional partners. MMDHD shared examples of ways in which the health department informs the community, including presentations on hepatitis A or the health impacts of recreational use of marijuana, and shared the community health assessment website for the Healthy! Capital Counties (including Clinton County) created in partnership with two neighboring health departments. MMDHD is now compiling information for Montcalm and Gratiot Counties. MMDHD shares water quality data with local conservation districts to help inform an environmental health perspective within the community health assessments; MMDHD shared with the Reviewer a report on failing septic systems in mid-Michigan published in spring 2018. MMDHD and the Board of Health invest in the Behavioral Risk Factor Surveillance System (BRFSS) to obtain locally-relevant data. MMDHD also created a Maternal Child Health Needs Assessment (MCHNA) using building blocks provided by the state program. MMDHD and partners use such localized assessments to identify and develop interventions to address observable and quantifiable health disparities that are driving negative health outcomes. In the case of the MCHNA, MMDHD is seeking to address maternal smoking in Gratiot County, and to improve the percentage of women accessing primary care in the first trimester. MMDHD broadcasts the Medical Director's reports for the Board of Health on the local data and impact of a wide variety of public health concerns, such as measles, ticks, mosquitos, PFAS (per- and polyfluoroalkyl substances), or opioids.

Indicator 1.3

A local health department shall make investigations and inquiries as to the causes of disease and especially epidemics, the causes of morbidity and mortality, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. (Section 2433 (2) (c)).

- A written description of the organizational arrangements and capacity to conduct such investigations, including policies and procedures for doing the same.
- Documentation of required reports to the State of Michigan related to disease outbreaks and environmental health hazards.
- Documents which demonstrate the investigation of causes of morbidity and mortality and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness within the jurisdiction.

Indicator 1.3 Status: Met

Indicator Summary:

MMDHD has conducted several epidemiological investigations to protect the people of Gratiot, Montcalm, and Clinton Counties. Examples include, but are not limited to, the investigation of Legionnaires at a long term care facility, foodborne illness investigations, vapor intrusion, and PFAS investigations at three distinct sites in the district during the last three year cycle. Reports shared with the Reviewer during onsite review included investigation of norovirus in a long term care facility, influenza A in a rehabilitation facility, suspected cryptosporidiosis at an agricultural facility, and failed commercial and residential septic system reports for MDEQ. MMDHD is partnering with a university to conduct studies related to PBB exposure in a community.

In addition to these, MMDHD has been involved in preventing further spread of a person-to-person hepatitis A outbreak through vaccination and education outreach. MMDHD also partnered with state agencies to address a vapor intrusion case during the cycle.

Special Recognition:

MMDHD has partnered with state agencies to investigate PFAS at three separate sites in the district in the last year. Staff across the agency, from environmental health to health education, have engaged with the community to provide filters, information, and to participate in follow up investigations.

Indicator 1.4 A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both. (Section 2433 (2) (d)).

- Documentation which demonstrates involvement in activities to educate the population about the major causes of morbidity, mortality, and environmental health hazards.

Indicator 1.4 Status: Met

Indicator Summary:

MMDHD conducts educational outreach through a variety of methods, such as presentations, reports, billboards, radio, social media, video, and local newspaper features. Examples of health education topics MMDHD has engaged in include, but are certainly not limited to: hepatitis A, family planning, breastfeeding support and promotion the availability of the International Board Certified Lactation Counselor (IBCLC), dental health, electronic waste disposal, safe sharps disposal, tobacco use among youth and expectant mothers, alcohol use among youth, recreational marijuana use, obesity, immunizations, and handwashing. MMDHD is the fiduciary for the Drug-Free Communities Coalition in Clinton County, which provides education and a locus for community action by youth on tobacco, including vaping, and alcohol use.

Special Recognition:

During the review period, Michigan experienced an outbreak of person-to-person transmission of hepatitis A. A large part of the challenge in addressing the outbreak included accurate and timely communication with the public to prevent further spread of the disease. As part of the outbreak response, MMDHD engaged in both traditional health education and delved into unique activities to push time sensitive information to the public. Some unique activities included education through the Motor Vehicle Network – a system available at Secretary of State branch offices, collaborative efforts with other local health departments to offer targeted messaging through social media, and signage on rented handwashing stations at outdoor festivals.

Additionally, as an offshoot to health education efforts surrounding proper hazardous waste disposal, MMDHD developed a sharps takeback initiative at no cost to participants in partnership with a local medical waste company to fill a need for the community in Montcalm County and Gratiot County when other local agencies stopped offering the service.

Indicator 1.5 A local health department shall provide or demonstrate the provision of required services as set forth in Section 2473(2). (Section 2433 (2) (e)). See Attachment A for required services. Note: A LHD may indicate that it is not providing one or more required services. See Attachment B for excerpt from the Public Health Code (P.A. 368, Sept. 30, 1978).

- Documentation that required services set forth in Attachment A are available in the jurisdiction either by direct delivery or through other community providers.

Indicator 1.5 Status: Met

Indicator Summary:

MMDHD submitted documentation that satisfied this requirement.

Indicator 1.6 A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law. (Section 2433 (2) (f)).

- A current Plan of Organization adopted by the local governing entity and approved by the Director of the Michigan Department of Health & Human Services (MDHHS), containing an organizational chart which includes the names of all local health department leadership, must be on file with MDHHS at all times.

Indicator 1.6 Status: Met

Indicator Summary:

MMDHD submitted documentation that satisfied this requirement.

Special Recognition:

MMDHD submitted a comprehensive and complete Plan of Organization that was easy for the Reviewer to understand. The MMDHD website and annual reports were also reviewed prior to the On-Site Review, which made the On-Site Review a useful opportunity to discuss ways in which MMDHD uses its authority under the Public Health Code to advance health and wellness as part of a comprehensive approach in Gratiot, Montcalm, and Clinton Counties.

Indicator 1.7 A local health department shall plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both. (Section 2433 (2) (g)).

- Documentation which demonstrates involvement in activities to provide and/or support Nutrition Services in the jurisdiction.

Indicator 1.7 Status: Met

Indicator Summary:

MMDHD provides nutrition services through the Women, Infants, and Children Program and an International Board Certified Lactation Counselor (IBCLC) and peer Community Health Workers. MMDHD is now able to bill WIC, Medicaid and Private Insurance for home visits from the IBCLC and is in the process of starting a breastfeeding coalition to support initiation and duration of breastfeeding among new mothers within the jurisdiction.

Indicator 1.8 A local health department may take on a role as the “Chief Community Health Convener”. This role involves the health department leading their community’s health promotion efforts in partnership with stakeholders with a direct or indirect interest in improving the population’s health and leaders in widely diverse sectors including, but not limited to: social services, environmental health, education, transportation, public safety, and community economic development. Emphasis is placed on catalyzing and taking actions that improve the community’s well-being. (Section 2433).

- Documentation that the local health department has developed at least one (1) initiative focused on convening meetings with clinical providers and insurers to develop linkages between population health and clinical care in its jurisdiction; or
- Documentation that the local health department has developed at least one (1) initiative focused on collaboration with community partners that have the potential to make a positive impact on the living conditions of the more vulnerable segments of the community.

Indicator 1.8 Status: Met

Indicator Summary:

MMDHD demonstrated that it had developed two initiatives focused on population health and clinical linkages during the Review Cycle. The first initiative was the Community Health Worker program in cooperation with county health plans, using one county health plan as a hub to contract with Medicaid health plans. MMDHD noted challenges with health plans authorizing services, presenting challenges for funding sustainability. MMDHD remains committed, however, to continuing to offer community health workers due to the positive impact they are having on the health and lives of their clients. MMDHD participated in a second initiative through regional perinatal health alliances to pilot universal substance use disorder screening for pregnant women. Due to the increased interest in healthy behavior and receptivity to change during pregnancy, MMDHD and other partners seek to encourage healthcare providers to screen and connect pregnant women to substance use treatment as part of their prenatal care.

MMDHD also demonstrated two initiatives focused on collaboration with community partners to positively impact vulnerable segments of the community. In the first initiative, MMDHD joined with multiple community partners in human services, medicine, higher education, a farmers' market, and mental health to provide a pilot year of the Prescription for Health program in Gratiot County. Through the pilot, partners obtained evaluation data on BMI and A1C levels, as well as participant self-reported outcomes such as healthier eating, increased health literacy, and decreased social isolation. Prescription for Health partners plan to expand services from 30 to 100 individuals in the official first year of the program, to include additional evaluation measures such as baseline mental health assessment, and to seek funding to include more physical activity options for participants. In the second community collaboration initiative, MMDHD shared a feasibility study that has been completed for development of a food hub in Montcalm County. Through the Montcalm community health assessment, partner organizations including the human services agencies, institutions of post-secondary education, a downtown development authority, a community foundation, a public school district, and a hospital determined to address obesity and nutrition education for youth through policy change to create something new that didn't exist before in the community. The partners determined that it was necessary to change the food people eat not by telling them what to eat, but by changing what is showing up on their plate through a food hub. The partners envision that the food hub could provide healthy, locally-sourced food to area schools, create a destination to attract regional visitors, and create markets to support the local economy. MMDHD and partners applied for a grant to the USDA for a food hub, using the feasibility study, and will find out whether the grant is funded in Spring 2019.

Minimum Program Requirement #QI-1

Use a performance management system to monitor achievement of organizational objectives.

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

- Agency leadership and management are supportive of and engaged in establishing and/or updating a performance management system.
- Agency staff at all other levels are engaged in establishing and/or updating a performance management system.

Indicator QI-1.1 Status: Not Applicable

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

- The agency has adopted a performance management system.

Indicator QI-1.2 Status: Not Applicable

Indicator QI-1.3 The agency has implemented a performance management system.

- The agency has a functioning performance management committee or team that is responsible for implementing the performance management system.
- The agency has established goals and objectives with identified time frames for measurement across programs and functions.
- The agency has implemented a process for monitoring the performance toward set goals and objectives.
- The agency analyzes progress toward achieving goals and objectives, and identifies areas in need of focused improvement processes.
- Through analysis of collected data, the agency identifies results and identifies next steps.
- The agency has completed a performance management self-assessment.

Indicator QI-1.3 Status: Not Applicable

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

- The agency has collected, analyzed, and made conclusions from feedback from at least two different customer groups.
- The agency has taken actions based on customer feedback.

Indicator QI-1.4 Status: Not Applicable

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

- The agency provides opportunities for staff involvement in the department's performance management.

Indicator QI-1.5 Status: Not Applicable

Minimum Program Requirement #QI-2

Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

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

- Establishment and implementation of an agency QI Plan.
- The QI plan is aligned with the agency's identified priorities and incorporated into its performance management system.

- The QI plan has been shared with agency staff.

Indicator QI-2.1 Status: Not Applicable

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

- Agency engagement with local governing entity to establish QI policies and direction for implementation.

Indicator QI-2.2 Status: Not Applicable

Indicator QI-2.3 The agency has implemented QI activities.

- The agency has engaged in QI activities based on the QI Plan.
- Agency staff participate in QI activities based on the QI Plan.

Indicator QI-2.3 Status: Not Applicable

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

- QI training and technical assistance are available for staff and have occurred.

Indicator QI-2.4 Status: Not Applicable

Food Service

Section Summary		Total Met	Total
Essential	Indicator No Indicators	16	16
	Total	16	16
Important	Indicator No Indicators	4	4
	Total	4	4
Total		20	20

Minimum Program Requirement #1

Plan Review

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Does the department review complete sets of plans and specifications?

Indicator No Indicators Status: Met

Indicator Summary:

The Mid-Michigan District Health Department (MMDHD) self-assessment indicated a compliance rate for the files reviewed was 100% (10 of 10 Plan Review files).

The Michigan Department of Agriculture and Rural Development (MDARD) Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is commended for their well organized and complete Plan Review documents.

Minimum Program Requirement #2

Evaluation Frequency

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Regular fixed: Count forward from the first evaluation in the review period in six-month intervals. At each interval, determine if an evaluation has been made. Allow one extra month grace period. Determine the percentage of evaluations that were made at the required intervals for each folder.

- Seasonal Fixed Establishments: Determine if one evaluation was made during each operating season in the review period. Determine the percentage of evaluations that were made at the required interval for each establishment.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment indicated a compliance rate of 100% (22 of 22) for Evaluation Frequency within fixed Food Service Establishment (FSE) files.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is congratulated for their improvement of Evaluation Frequency on their re-self-assessment.

Minimum Program Requirement #3

Temporary Food Service Establishment Evaluations

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the local health department has conducted an operational evaluation OR office consultation, for low risk establishments only, of each temporary food service establishment prior to licensure.

- Determine if the temporary food establishment application sections of page one: Applicant/Business Contact Information, Public Event Information, and the Food column of the table on page two are completed. Determine if all fields of the license form have been completed with the evaluation date, the date the license was approved, and the sanitarian's signature. Determine if Appendix A of the application form when used has been completed.

- Determine if a temporary food service license was issued with uncorrected Priority or more than two uncorrected Priority Foundation violations.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment indicated a compliance rate of 100% (22 of 22) Temporary Food Establishment (TFE) records.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD does an excellent job of giving TFEs feedback, beyond violations cited, on the reports.

Minimum Program Requirement #4

Evaluation Procedures

Indicator No Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the local health department uses an evaluation report form approved by MDARD.
- Administrative information about the establishment's legal identity, address, and other information is entered on the evaluation report form.
- The report findings properly document and identify Priority, Priority Foundation, and Core violations.
- The evaluation report summarizes the findings relative to compliance with the law.
- The report is legible.
- The report conveys a clear message.
- The narrative clearly states the violations observed and necessary corrections.
- Timeframes for correcting Priority, Priority Foundation, and Core violations are specified.
- The evaluation report is signed and dated by the sanitarian.
- The evaluation report is signed by an establishment representative.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment indicated a compliance rate of 90% (40 of 44) within FSE files and TFE records for evaluation procedures.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

MMDHD is commended for the Active Managerial Control of the Food Service Program (FSP) inspection documentation process.

Minimum Program Requirement #5

Demonstration of staff Field Review

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Show demonstration of risk-based evaluations by a variety of program staff, when possible, each establishment visit must be with a different inspector. A maximum of one standardized trainer who is currently conducting routine inspections may be used.

- A list of all staff doing routine inspections shall be provided to MDARD prior to the audit. The list of inspectors going out with MDARD will be provided to the local health department on the Friday prior to the audit. MDARD will use a random number generator to choose the inspectors being evaluated, and MDARD will also chose the establishments by random numbers. Only high risk facilities (Z) will be chosen for this review.

- Demonstrate that Risk Factors and Good Retail Practices in the establishments are correctly identified and resolved. MDARD will use the Accreditation MPR 5 Field Worksheet for scoring the inspections.

Indicator No Indicators Status: Met

Indicator Summary:

The MDARD Accreditation On-site Review of four (4) MMDHD FSP staff, utilizing the MDARD Field Evaluation Worksheet for Risk-Based Evaluation Methodology, showed an average compliance rate of 90%.

Special Recognition:

The MMDHD receives Special Recognition for the consistency they demonstrate in conducting risk-based inspections.

Minimum Program Requirement #6

Records

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Records are maintained in accordance with "Annex 3 – Excerpt from MDCH General Schedule #7."

- The local health department staff can retrieve the records necessary for the audit.

- Applications and licenses are processed in accordance with law. Complete application information includes:
 - * The date of issuance
 - * The date(s) of operational inspections for STFUs
 - * Signatures (approved electronic signatures are acceptable) of the operator and signature of a person designated by the department and/or their assignees are provided
 - * Pre-opening evaluation report is dated either before, or on the same day the license is signed

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment determined an overall compliance rate of 100% (54 of 54) for all records reviewed as complete and available. Records reviewed included plan review files, TFE files, fixed FSE files, variances, and license limitations.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is commended for their excellent records management.

Minimum Program Requirement #7

Enforcement

Indicator No Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
- The policy is compatible with Chapter 8 of the 2009 Food Code, and the Michigan Food Law.
- Determine if the department's policy has enforcement procedures for addressing unauthorized construction, operating without a license, imminent health hazards, continuous or recurring Priority and Priority Foundation violation
- Verify if the policy has been adopted and signed by the health officer or designee.
- Review the past three years of evaluation reports from the sample of establishments to determine if the department's enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate (see MDARD's "Model Enforcement Policy" for definitions):
 - * Operation without a license.
 - * Imminent health hazards.
 - * Continuous Priority, Priority Foundation, and Core violations.
 - * Recurring Priority and Priority Foundation violations.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD's self-assessment indicated a compliance rate of 86% (19 of 22) within fixed FSE files reviewed for proper enforcement procedures. An enforcement policy has been adopted that affords notice and opportunity for a hearing equivalent to Act 306, P.A. 1969, and meets all other indicators for MPR 7.

The MDARD Accreditation On-Site Review is in disagreement with MMDHD's self-assessment findings. The MMDHD marked themselves down for not following up on core violations. This is not part of Enforcement under Minimum Program Requirement (MPR) 7. The MDARD Accreditation On-Site Review issued a compliance rate of 100% (22 of 22) within the fixed FSE files.

Special Recognition:

The MMDHD is commended for their use of enforcement procedures.

Minimum Program Requirement #8

Follow-up Evaluation

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- A follow-up evaluation shall be conducted by a local health department, preferably within 10 calendar days, but no later than 30 calendar days, to confirm correction of all previously identified Priority and Priority Foundation violations
- Information about the corrective action is described on the evaluation report. This includes violations that are corrected at the time of evaluation. For evaluations that do not require an onsite follow-up review, see MDARD memo dated 2-19-10
- A separate report form is used to record the results of the follow-up evaluation.
- An individual establishment will be considered to meet the standard when 80% of the follow-up evaluations are conducted within 30 calendar days.
- If not more than 2 Priority Foundation item violations are noted and the director determines that the violations are not a risk to food safety, the director may confirm correction of the priority foundation item violations at the next routine evaluation.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment determined a compliance rate of 86% (19 of 22) within fixed FSE files for follow-up evaluation procedures.

The MDARD Accreditation On-Site Review agreed with the MMDHD's self-assessment findings.

Minimum Program Requirement #9

License Limitations

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the reasons for limiting a license are in accordance with the Food Law:
 - * The site, facility, sewage disposal system, equipment, water supply, or the food supply's protection, storage, preparation, display, service, or transportation facilities are not adequate to accommodate the proposed or existing menu or otherwise adequate to protect public health.
 - * Food establishment personnel are not practicing proper food storage, preparation, handling, display, service, or transportation.
- Determine if proper notice of the limitations have been provided to the applicant along with an opportunity for an administrative hearing.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment indicated compliance with the required indicators for issuing License Limitations under MPR 9.

The MDARD Accreditation On-Site Review agreed with the MMDHD's self-assessment findings.

Minimum Program Requirement #10

Variances

Indicator No Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if variances are required for specialized processing methods as required by Section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant code sections will be alternately addressed by the proposal, and a Hazard Analysis Critical Control Point (HACCP) plan if required (FC sections 8-103.11).
- Determine if staff is following the department's procedures.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment indicated compliance with all the required indicators for Variance procedures under MPR 10.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Minimum Program Requirement #11

Consumer Complaint Investigation (non-foodborne illness)

Indicator No Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if a consumer complaint tracking system has been created.

- Determine if consumer complaint investigations are initiated within 5 working days.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or on the filed complaint record.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment of complaint investigation records indicated a compliance rate of 100% (13 of 13).

The MDARD Accreditation On-Site Review agreed with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is congratulated for the excellent job they do in responding to Consumer Complaints.

Minimum Program Requirement #12

Staff Training and Qualifications-- Technical Training

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the training record indicates each individual has completed training in the six designated skill areas:
 - * Public health principles
 - * Communication skills
 - * Microbiology
 - * Epidemiology
 - * Food Law, Food Code, related policies
 - * HACCP (must complete training within 12 months of being assigned to the program. Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)
- The local health department's judgment as to the completeness and complexity of the training for each skill area must be documented.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD had three (3) new inspectors assigned to the FSP and who completed their training during the self-assessment review period. The MMDHD assessed these inspectors for completion of training in the six designated skill areas and verified the training was documented.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is commended for training so many staff in a very short period of time. This does not include the two staff members that were also in the midst of being trained, but not completed during this cycle.

Minimum Program Requirement #13

Fixed Food Service Evaluation Skills

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the training record indicates 25 joint evaluations, 25 independent evaluations under the review of the trainer (either on-site or paperwork review), and five evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program. Employees that are not fully assigned to the food program or part time employees have 18 months to complete training. Employees only involved in the evaluation of specialty food service establishments are exempt.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD had three (3) new Inspectors assigned to the FSP during the self-assessment review period. These Inspectors completed 25 joint inspections with the Standardized Field Trainer, 25 independent inspections under the review of the Standardized Field Trainer, and 5 evaluation inspections conducted with the Standardized Field Trainer within 12 months of assignment to the food program.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is congratulated on being able to train so many new staff members in a short period of time.

Minimum Program Requirement #14

Specialty Food Service Evaluation Skills

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the supervisor has endorsed all employees who evaluate specialty food service establishments (mobile, STFU, temporary) as having knowledge of the Food Law, Food Code, public health principles, and communication skills. Each employee must be endorsed for each type of specialty food service facility they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD endorsed four (4) new inspectors for TFE Specialty FSE during the review period.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD has achieved active managerial control over their Specialty FSE training program as shown by their training records and documentation of training for Specialty FSE.

Minimum Program Requirement #15

Foodborne Illness Investigations- Timely Response

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if foodborne illness complaint investigations are initiated within 24 hours. "Initiated" includes the initial contact, phone calls, file reviews, etc., made by the person responsible for conducting the investigation.
- Determine if the LHD has promptly reported potential foodborne outbreaks to MDARD by forwarding information required on the Form 'A' intake. (Pursuant to FL section 3129 (1))
- Determine if the LHD immediately notified MDARD when their investigation indicated that a source of a foodborne disease or poisoning was from an MDARD licensed Food Establishment by sending an FI-238. (Pursuant to FL section 3129(2))
- Determine if the local health department has submitted a copy of the final written report to the MDARD within 90 days after the investigation has been completed.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment showed a compliance rate of 90% (9 of 10) Foodborne Illness files.

The MDARD Accreditation On-Site Review was in agreement with the MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is congratulated for this excellent compliance rating for Foodborne Illness response.

Minimum Program Requirement #16

Foodborne Illness Investigation Procedures

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the complaint log or tracking system is systematically reviewed each time a FBI complaint is received to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Determine if documentation of the date of the log review and who conducted the review is on the complaint intake form A or in the complaint database.

- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
 - * A description of the foodborne illness investigation team and the duties of each member.
 - * Identify who will review log or tracking system for trends and how the reviews will be documented.
 - * Outline the methods used to communicate foodborne illness as stated in the Food Law 3131.(1) "A local health department shall develop and implement a communications system with other applicable governmental agencies, individuals, and organizations including, but not limited to, hospital emergency rooms and state and local police. The communications system shall provide the means to contact specific local health department employees and basic information necessary to initiate a foodborne illness outbreak investigation. The information provided in the communications system shall be updated annually."

- Determine if department uses the proper forms for investigating foodborne illness complaints.

For all alleged FBI complaints a Form A or equivalent, and any of the following documents:

 - * LHD Electronic database form
 - * IAFP form C1/C2 OR equivalent
 - * The Michigan Gastrointestinal Illness Complaint Interview Form
 - * MDSS interview form or;
 - * An outbreak-specific questionnaire (if one is used)

- Determine that copies of completed forms are available for review during the audit, may be electronic.

- Determine if the department uses procedures consistent with those described in the International Association for Food Protection publication "Procedures to Investigate a Foodborne Illness, 5th edition" or as contained in section 3131(2) of the Michigan Food Law.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD self-assessment indicated the Foodborne Illness Investigation (FBI) policy meets all requirements of MPR 16 and the FBI policy is being followed.

The MDARD Accreditation On-Site Review was in agreement with MMDHD's self-assessment findings.

Special Recognition:

The MMDHD is to be congratulated for meeting this foodborne illness indicator.

Important Factor I

Industry and Community Relations (Equivalent to FDA Retail Standard 7)

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Community and Consumer Interaction
 - * The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.
 - * These forums shall present information on food safety, food safety strategies, and interventions to control risk factors.
 - * Offers of participation must be extended to industry and consumer representatives.

Outcome

- * The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the food safety program.
- * A further outcome is the reduction of risk factors through educational outreach and cooperative efforts with stakeholders.

Documentation

Quality records needed for this standard reflect activities over the most recent three-year period and include:

- * Minutes, agendas, or other records that forums were conducted.
- * For formal, recurring meetings, such documents as bylaws, charters, membership criteria and lists, frequency of meetings, roles, etc.
- * Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors.
- * Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome (i.e. recognition provided to establishments with exemplary records or an on-going website).

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD meets the indicators for Important Factor (IF) 1a – Industry Education Outreach by providing:

- Food safety courses including Food Safety Manager certification, re-certification, and Food Handler Certificate.
- Letter to all Food Handlers
- Bath Township Farmers Market presentation
- Hepatitis A outreach to food workers during the Holiday

Special Recognition:

The MMDHD is commended for meeting IF 1a Educational Outreach.

Important Factor II

Continuing Education and Training

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Each employee conducting inspections accumulates 20 contact hours of continuing education every 36 months after the initial training (18 months) is completed. The candidate qualifies for one contact hour for each hour's participation in any of the following activities:
 - * Attendance at regional seminars / technical conferences
 - * Professional symposiums / college courses
 - * Workshops
 - * Food-related training provided by government agencies
- The number of contact hours of training can be pro-rated for employees who have been on the job less than the 36-month Review period. Employees who have limited food service responsibilities (i.e. inspect only temporary food service, or seasonal food service) are not obligated to meet Important Factor II requirements.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD records indicated that all FSP inspectors obtained 20 or more Continuing Education Units within the 24-month review period.

Important Factor III

Program Support

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine the actual number of FTEs assigned to the food service program.
- Determine the number of FTEs needed to evaluate all annually licensed food service establishments (except temporary food service establishments).
 - * Recommended number of FTEs: Divide the total number of licensed establishments by 150.
 - * Minimum number of FTEs: Divide the total number of licensed establishments by 225.
- Determine the average number of FTEs required to evaluate temporary food service establishments.
 - * Divide the total number of temporary food service licenses issued per year by 300.
- Determine if the department is on a Risk Based Inspection Schedule.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD has 2.87 Full-Time Equivalent (FTE) Inspectors assigned to the FSP (excluding plan review, supervisory and support staff). FDA staffing recommendations are that the program has a minimum of 2.87 FTEs and a recommended 4.0 FTEs. The actual number of FTEs assigned to the FSP meets the calculated minimum number of FTEs required.

Important Factor IV

Quality Assurance Program

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- A written procedure has been developed that describes the jurisdiction's quality assurance program and includes a description of the actions that will be implemented if the review identifies deficiencies in quality or consistency.
- The quality assurance program includes a review of a least 15 evaluation reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 36 months.
- Every employee assigned to the food service program has completed at least 3 joint evaluations with the standardized trainer every 36 months.

- The quality assurance program assures that evaluation reports are accurate and properly completed, regulatory requirements are properly interpreted, variances are properly documented, the enforcement policy is followed, foodborne illness investigations are properly conducted, and foodborne illness reports are properly completed.

Indicator No Indicators Status: Met

Indicator Summary:

The MMDHD has an excellent written quality assurance program, reviewed at least 10 inspection reports, and completed at least 2 joint inspections for each FSP Inspector in the 24-month review period.

General Communicable Disease Control

Section Summary		Total Met	Total Not Applicable	Total
Essential	Indicator 1.1	1	0	1
	Indicator 1.2	1	0	1
	Indicator 1.3	1	0	1
	Indicator 1.4	1	0	1
	Indicator 2.1	1	0	1
	Indicator 2.2	1	0	1
	Indicator 2.3	1	0	1
	Indicator 3.1	1	0	1
	Indicator 3.2	1	0	1
	Indicator 3.3	1	0	1
	Indicator 3.4	0	1	1
	Total	10	1	11
Total	10	1	11	

Minimum Program Requirement #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 1.1 The local health department shall maintain annually reviewed policies and procedures.

- Maintaining the following policies and procedures for receiving case reports from citizens, physicians, health care facilities, laboratories, and other reporting entities;
- Maintaining the following policies and procedures for entering the received reports into the Michigan Disease Surveillance System (MDSS);
- Maintaining the following policies and procedures for timely submission of case reports via MDSS to the Michigan Department of Health & Human Services (MDHHS);

- Maintaining the following policies and procedures for completion of case reports;
- Maintaining the following policies and procedures for how and when data is collected, collated, and analyzed and who within the local health department is responsible for such activities; **AND**
- Evidence that policies and procedures are reviewed annually.

Indicator 1.1 Status: Met

Indicator Summary:

Mid-Michigan District Health Department (MMDHD) maintains policies and procedures for disease referral and reporting from various entities. The policies and procedures that cover this indicator are located in the Communicable Disease (CD) Program Manual and include policies: 701.001 Communicable Disease Staffing Responsibilities, 701.002 Communicable Disease Surveillance, and 701.003 Communicable Disease Reporting via MDSS. The policies explain how MMDHD receives case reports from various entities, who is responsible for entering cases onto MDSS, and the time-lines to follow for case completion. The CD Program Manual is reviewed and approved on an annual basis by the Medical Director and the Community Health and Education Division (CHED) Supervisor. The most current review of the CD Manual was completed in January, 2019.

Indicator 1.2 The local health department collects, collates, and analyzes CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

- The local health department conducts weekly analysis of reported disease cases that shall be documented in a log (e.g., weekly MDSS line list, or report) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director.
- Weekly Surveillance log (e.g., weekly MDSS line list, or report of cases).

Indicator 1.2 Status: Met

Indicator Summary:

The MMDHD Epidemiologist or designee will monitor MDSS daily for disease/outbreak patterns, and collect, compile, and analyze all CD data for MMDHD weekly. The CHED Supervisor is responsible for reviewing the CD log weekly for disease or outbreak patterns within the MMDHD jurisdiction and bordering counties. Excel spreadsheet CD logs with the CHED Supervisor's electronic signature were provided for January and June 2016; March and August 2017; and May and November 2018.

Indicator 1.3 The local health department electronically submits CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

Note: A random sample of case reports will be pulled out of MDSS by the Reviewer prior to the Review for evaluation of this indicator.

- Evidence of MDSS and case report form utilization; **AND**
- Entry within 1 business day of received CD reports into the MDSS; **AND**
- Within 7 days of receipt, at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) is completed in MDSS; **AND**

- Upon case completion, at least 90% of the detailed case report form's available fields are accounted for/filled in/completed. Information that cannot be obtained should be documented. To meet this indicator, 90% of the cases pulled by the Reviewer (e.g., 18/20) will have to meet the above criteria; **AND**
- Cases are updated, reactivated, and/or reclassified in MDSS as new information is obtained (e.g., laboratory serogroups and serotype results, patient outcome, and outbreak identification).
- (Special Recognition)** The local health department may also have an internal review or audit process for improvement of data quality.

Indicator 1.3 Status: Met

Indicator Summary:

Prior to the Accreditation Review, twenty-five MMDHD CD cases were pulled from MDSS and checked for completeness and timeliness. Of the cases pulled, 25/25 (100%) were considered at least 90% complete. MMDHD has demonstrated excellent MDSS utilization and completion of the detailed case report forms. Evidence that cases are updated, reactivated, and reclassified as necessary was documented. Nursing notes are completed for cases and the investigation steps are documented.

Recommendations For Improvement:

It was noted during the MDSS data pull that a higher percentage of cases in 2018 are missing onset dates compared to previous years. From the full data set of cases pulled, 73/73 (100%) cases in 2016 had onset dates, 70/71 (99%) cases in 2017 had onset dates, and 60/77 (78%) cases in 2018 had onset dates. It would be worthwhile to review with appropriate staff the importance of gathering and recording onset dates during case investigations.

Indicator 1.4

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

- The local health department maintains and displays CD case counts in an annual report that can be distributed to interested entities such as community physicians, infection control, and private citizens. The annual report should include aggregate data to illustrate the jurisdiction's CD trends.
- (Special Recognition)** The local health department may also disseminate a quarterly update with similar data to the above groups of people.

Indicator 1.4 Status: Met

Indicator Summary:

MMDHD produces a department annual report containing some CD information and brief statistics of clients served. Annual reports for 2015, 2016, and 2017 were provided for review, along with a distribution list for the report. The annual report is distributed to hospitals, media, schools, police departments, nursing homes, etc. Press releases about various topics such as salmonella in chicks, rabies and bats, West Nile Virus, ticks, food safety, etc. were provided for review. MMDHD does an excellent job on outreach to their community. MMDHD maintains 5-year trend data (currently 2014-2018) on their website, which is accessible to the community.

Special Recognition:

MMDHD receives special recognition for the dissemination of their quarterly newsletter, Connecting Point. Each newsletter features general CD information, updates, information about reporting, and highlights one or more CDs.

Recommendations For Improvement:

The Michigan Reportable Diseases list on the MMDHD website can be updated to the current 2019 version.

Minimum Program Requirement #2

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

Indicator 2.1 The local health department shall maintain annually reviewed policies and procedures.

- Maintaining the following policies and procedures for investigating individual case reports;
- Maintaining the following policies and procedures for initiation of outbreak investigations;
- Maintaining the following policies and procedures for specific reportable diseases; **AND**
- Evidence that policies and procedures are reviewed annually.

Indicator 2.1 Status: Met

Indicator Summary:

As detailed in MPR 1.1, policies and procedures for investigating individual case reports are found in the CD Program Manual policies: 701.001, 701.002, and 701.003. Procedures for initiating and investigating outbreaks are located in policies: 701.004 Outbreak Investigation, 701.005 Epi Team Outbreak Response, and 701.007 Follow-up on CD Outbreaks. Policy 701.004 details the steps for initiating and investigating a potential or confirmed outbreak situation. These include verifying the diagnosis, establishing the existence of an outbreak, preparing for fieldwork, defining and identifying cases, performing descriptive epidemiology, developing hypotheses, evaluating hypotheses, refining hypotheses/executing studies, implementing control and prevention measures, and communicating findings. Policy 701.005 (EPI Team: Outbreak Response) details the employees who comprise the team and defines the responsibilities of each team member. MMDHD maintains many policies and procedures for specific reportable diseases. The CD Program Manual is reviewed and approved on an annual basis by the Medical Director and CHED Supervisor. The most current review of the CD Manual was completed in January, 2019.

Indicator 2.2 The local health department shall initiate CD investigations as required by Michigan laws, rules, and/or executive orders.

- The local health department investigates individual case reports; **AND**
- The local health department conducts investigations of CD outbreaks and clusters; **AND**

- The local health department maintains protocols of specific CDs that are required to be reported by Michigan laws or rules.

Indicator 2.2 Status: Met

Indicator Summary:

MMDHD maintains policies and procedures for investigating individual reports and outbreak situations. Policies 701.001 (Staffing), 701.002 (Surveillance), and 701.003 (Reporting) discuss the investigation of individual case reports. Responsibilities of staff members, the education and communication with community partners, and reporting information are contained within these procedures. Collaboration and division of responsibilities between Environmental Health (EH) and CD are covered in Policy 701.008 Communicable Disease Collaboration with Environmental Health. Outbreak investigations are addressed within procedures 701.004 (Outbreak Investigation), 701.005 (Epi Team), 701.001 (Staffing Responsibilities), and 701.007 (Follow-up on CD Outbreak). Supporting documentation for the investigation of specific reportable diseases was provided for head lice, pertussis, norovirus, enteric illnesses, hepatitis A, zika, body art, and rabies. Documentation in the MDSS reports pulled for review demonstrates timely case investigation and follow-up efforts by MMDHD.

Recommendations For Improvement:

In Policy 701.007 Follow-up on Communicable Disease Outbreak it is noted that:

- "Foodborne (CDC 52.13) and Waterborne (CDC 52.12) forms will be completed by MMDHD Epidemiologist, and submitted to MDDHS and/or MDARD within 60 days of the beginning of the investigation. If unable to complete within this time frame a preliminary report must be filed within the 60 days."

The 52.12 and 52.13 NORS outbreak forms are due to MDHHS and/or MDARD within 60 days of the first onset of illness, rather than the beginning of the investigation. If a final report is unable to be completed within 60 days of the first illness onset, a preliminary report must be filed within 60 with a final report filed within 90 days. The timeframe is correct in other MMDHD policies, so this instance was likely just missed during updates. Please review all policies mentioning NORS reporting to double check the timeframes and make any necessary changes to the language.

Indicator 2.3

The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction.

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Notification can be via phone, fax, MDSS (must include an outbreak identifier), or Notification of Serious Communicable Disease form; **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (e.g., possible pathogen, source, number ill, facility); **AND**
- The local health department maintains a file of outbreaks investigated in their jurisdiction. This review will exclude isolated complaints on the Environmental Health (EH) foodborne illness complaint log. However, reports (6-point narratives) from outbreaks that are co-investigated by both EH and CD will need to be provided for this review, as epidemiological components of the outbreak will be reviewed.
- (Special Recognition)** To improve reporting and public health control measures, the LHD reports all outbreaks into MDSS via the aggregate form. Large outbreaks are managed using the MDSS Outbreak Management System (OMS).

Indicator 2.3 Status: Met

Indicator Summary:

In many locations throughout the CD Program Manual it is stated that MDHHS will be notified immediately of a suspected outbreak. In the Staff Responsibilities protocol, it states that, "The Medical Director, or his/her designee, will notify MDHHS immediately of an outbreak or occurrence of serious diseases via phone call or email to the Regional Epidemiologist or Surveillance and Infectious Disease Epidemiology Section."

The epi workplan, 5-year case counts, and influenza-like illness syndromic graphs were provided for the outbreak investigation portion along with Cluster and Facility Outbreak Notification Report Forms for a LTC respiratory cluster (flu) and the aggregate reports entered MDSS.

Special Recognition:

MMDHD receives special recognition for their continued use of the MDSS aggregate report form since 2015 in reporting outbreaks to MDHHS. A query of the MDSS aggregate report forms entered by MMDHD was performed by the Reviewer.

Minimum Program Requirement #3

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

Indicator 3.1 The local health department shall maintain annually reviewed policies and procedures.

- Maintaining the following policies and procedures case follow-up and completion;
- Maintaining the following policies and procedures for guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.

Indicator 3.1 Status: Met

Indicator Summary:

MMDHD maintains annually reviewed policies and procedures for case follow-up and completion and guidance to prevent disease transmission. These procedures are reflected in policies: 701.002 (Surveillance), 701.003 (CD Reporting), and 701.004 (Outbreak). Policies and procedures are reviewed and approved by the Medical Director and the CHED Supervisor on an annual basis. The last review was conducted in January, 2019.

Indicator 3.2 The local health department performs activities necessary for case follow-up, which includes guidance to prevent disease transmission.

- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**

- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.
- (Special Recognition)** Provide communicable disease presentations to educational venues such as conferences and community health education fairs.

Indicator 3.2 Status: Met

Indicator Summary:

The CD cases pulled from MDSS prior to the review demonstrated timely case follow-up, follow-up efforts, and completion/updates by MMDHD. MMDHD provided examples of control guidelines, fact sheets, and educational materials to assist in the control and prevention of disease transmission via examples of press releases (salmonella, WNV, ticks, rabies, food safety, etc.); connecting point newsletters (pertussis, lyme, zika, E. coli, HPV, influenza, WNV, hep A, etc.); internal/external emails (pertussis, WNV, influenza, hep A, noro, measles, etc.); Facebook posts (zika, AIDS, ticks, food safety, hep A, influenza, etc.); and outreach/presentations. Numerous outreach and education materials are maintained on the MMDHD website. Examples of After Action Reports were also provided for review.

Special Recognition:

MMDHD receives special recognition for multiple CD presentations to the community and educational venues. Examples include: CMU Community Health presentations, nursing student/ medical resident/ physician assistant orientations, blood borne pathogen trainings, CMU Epidemiology class, TB skin testing, Bite Fright, VFC providers, hand washing and hygiene/MRSA, MICR/SIRS annual trainings, Kiwanis Club meeting presentation, high school student orientation presentations, etc.

Indicator 3.3 Presence of adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

- Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; FIRST, Rabies, Head lice, and Scabies manuals, etc.); **AND**
- Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings.

Indicator 3.3 Status: Met

Indicator Summary:

MMDHD provided a document with links to current internal resources, examples included: MDHHS scabies, head lice, and bed bug manuals; MDHHS Immunization resources; VPD investigation guidelines; CDC VPD Manual; CDC Pink Book; MDHHS Lab Services Guide; MDHHS CD Info site; etc. MMDHD also included a link showing the outreach and education materials they maintain on their website for the public.

MMDHD provided examples of CEU trainings attended by staff including: Ebola/SPRN Conference, World TB Day, Bite Fright II, MDHHS CD Conference, MDHHS HIV/STD Conference, MDHHS Immunization Conference, Biosafety and Healthcare Preparedness Conference, Michigan Premier Public Health Conference, Legionella: New Science Insights and Standards, ACIP Updates, College Students and Meningococcal Disease, TB trainings, etc.

Indicator 3.4 The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

- For foodborne outbreaks, the local health department completes and submits the CDC 52.13 (foodborne) outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.
- For waterborne outbreaks, the local health department completes and submits the CDC 52.12 (waterborne) outbreak form to MDHHS within 60 days of the date the first case became ill.
- In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.12 or 52.13 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.

Indicator 3.4 Status: Not Applicable

Indicator Summary:

MMDHD has not had to submit any food or waterborne NORS reports during the previous cycle, therefore this indicator is marked as N/A.

Voluntary NORS report for non-food/non-water outbreak: Clinton (MI2590) – first ill 6/11/2018, Animal (Crypto susp), received 9/18/2018 – OBID “MSU vet students (Green Meadow Farms)”.

Recommendations For Improvement:

Multiple MMDHD protocols correctly state that NORS reports must be submitted within 60 days of the first onset, or a preliminary report must be submitted if the investigation is ongoing. As previously mentioned, in Policy 701.007 Follow-up on Communicable Disease Outbreak it is noted that:

- Foodborne (CDC 52.13) and Waterborne (CDC 52.12) forms will be completed by MMDHD Epidemiologist, and submitted to MDDHS and/or MDARD within 60 days of the beginning of the investigation. If unable to complete within this time frame a preliminary report must be filed within the 60 days.

Please review and update this language.

Hearing

Section Summary		Total Met	Total
Essential	Indicator 1.1	1	1
	Indicator 2.1	1	1
	Indicator 3.1	1	1
	Indicator 3.2	1	1
	Indicator 3.3	1	1
	Indicator 4.1	1	1
	Indicator 4.2	1	1
	Indicator 5.1	1	1
	Indicator 5.2	1	1
	Indicator 6.1	1	1
Total		10	10
Total		10	10

Minimum Program Requirement #1

The local health department shall provide hearing screening services for preschool age children between the ages of 3 and 5 years.

Indicator 1.1 Program activity reports and statistics document the provision of hearing screening to children between the ages of 3 and 5 years in preschool, Head Start, and child care programs.

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year showing preschool children who were scheduled and received hearing screening services; **AND**
- A written policy or program plan articulating procedures for hearing screening for children between the ages of 3 and 5 years; **AND**
- A list of all preschool, Head Start, and child-care programs scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of preschool age children screened for the past year.

Indicator 1.1 Status: Met

Indicator Summary:

The Mid-Michigan District Health Department (MMDHD) Accreditation On-Site Review was conducted on Wednesday, February 13, 2019. Jennifer Stratton, Community Health and Education Division Supervisor, was present for the Review. She has been supervising the Hearing and Vision Screening Programs since 2018 and is very supportive of the program and the hearing technicians. Mary Wallen, Stacey Peterman, and Jeannette Sternhagen were also present and are the Hearing Screening Program technicians who work tirelessly to provide services in Clinton, Montcalm, and Gratiot counties. Andrea Tabor, Division Director, joined the group for the Exit Conference.

The flexibility of MMDHD staff is appreciated regarding a calendar conflict on the Reviewer's part and unexpected weather issues causing the Review to be rescheduled two times.

Mary, Stacey, and Jeannette each manage their school screening calendars. This works especially well considering the numerous school closings recently due to weather.

Children ages 3, 4, and 5 in preschool are screened annually. Mary stated that most children are screened and re-screened on-site, but if a conflict arises, parents are invited to schedule an appointment at the Local Health Department office. It was suggested that if a re-screen cannot be performed on-site 4 weeks after the initial screening, additional threshold information should be attempted during the preliminary visit. The 'short cut' audiogram was discussed and the importance of obtaining bone conduction results was reviewed.

Preschool screening has been fairly smooth with the new Licensing and Regulatory Affairs (LARA) supervision requirement that mandates a staff member with the appropriate background check be present with the technicians at all times while children are in their presence.

Special Recognition:

Preschool screening numbers have increased in the last year. Stacey and Mary stated that they have been contacted by several new programs inquiring about hearing screening services. MMDHD, FIVECap, and Capital Area Community Services (CACs) Head Start programs continue to have a strong partnership. Mary stated that staff changes at CACS have created some difficulties obtaining the necessary follow-up information. She reached out to the staff, some of whom she has worked with for many years but never met in person, and drove to their office in Lansing to introduce herself. This is a great example of small details that make large impacts. She is working with them to create better sharing of information protocols so both entities have the documentation needed to best serve the children. Good job, Mary!

Minimum Program Requirement #2

The local health department shall provide hearing screening services for school-age children every other year through grade 4.

Indicator 2.1 Program activity reports and statistics document the provision of hearing screening in private and public (including charter) schools for all estimated children in need (e.g., total number of children in grades K, 2, and 4).

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for hearing screening for school-age children; **AND**
- A list of all schools scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of school-age children screened for the past year.

Indicator 2.1 Status: Met

Indicator Summary:

The frequency of screening of school-age population includes kindergarten, second, and fourth grades. Mary primarily screens the Clinton County population, Stacey is responsible for Montcalm, and Jeannette is conducting screening in Gratiot County. Staff often team screen in larger schools to expedite the screening process. Parent and teacher referrals are also accommodated.

Minimum Program Requirement #3

The local health department shall assure that hearing screening is conducted in accordance with the Michigan Department of Health & Human Services (MDHHS) Hearing Technician's Manual (DCH0519B, Rev. 6/03).

Indicator 3.1 All Stage I hearing screening is conducted individually with a pure tone audiometer at the frequencies of 1000, 2000, and 4000 Hertz at the intensities of 20, 20, and 25 decibels, respectively in each ear.

- The local health department maintains on file the MDHHS Hearing Technician's Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**

- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Indicator 3.1 Status: Met

Indicator 3.2 Hearing screening records indicate that a standard air conduction threshold audiogram reading of 250, 500, 1000, 2000, 4000, and 8000 Hertz and unmasked bone conduction thresholds at 250, 500, 1000, 2000, and 4000 Hertz is conducted during Stage II for any child responding inappropriately to any stimulation in either ear during the Intermediate Sweep.

- The local health department maintains on file the Michigan Department of Health & Human Services Hearing Technician's Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Indicator 3.2 Status: Met

Special Recognition:

All Hearing Screening Program technicians participate in the Technician Observation Program (TOP) as part of the minimum program requirements. This quality assurance activity involves observing technicians on a consistent basis in the field and providing clarification, reinforcement, and program updates. New technicians are observed within the first year after training and then placed on a 3 year rotation. Mary, Stacey, and Jeannette's observations are current and reports indicate excellent job performance. As a local quality assurance measure, Jennifer stated that school surveys are provided to all schools for their feedback on the Hearing Screening process. The responses clearly indicate that Mary, Stacey, and Jeannette are well-connected, appreciated, and well-respected in their schools and communities. Great job, ladies!

Indicator 3.3 Hearing screening records indicate that any child whose audiogram indicates abnormal hearing is referred for a physician's evaluation and placed on a roster for periodic retesting based on recommended referral criteria.

- The local health department's files on children whose audiograms indicate abnormal hearing confirms that these children are referred for a physician's evaluation and are placed on a roster for periodic retesting based on recommended referral criteria (until two normal, consecutive audiograms obtained).

Indicator 3.3 Status: Met

Minimum Program Requirement #4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating necessary course of action is provided to the parent or guardian of the child.

Indicator 4.1 Documentation exists that written statements indicating the necessary course of action has been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of hearing screening.

- The local health department maintains on file parent letters indicating confirmation of the process for follow-up of children referred from Stage II screening.

Indicator 4.1 Status: Met

Indicator Summary:

Examples of referral letters with a 'check box' format were provided for consideration.

Indicator 4.2 Documentation demonstrates that children referred for examination or treatment have received the recommended services.

- The local health department maintains on file otology clinic reports, documentation from physicians (DCH-0381 or letter), or confirmation from parents that children have received treatment.

Indicator 4.2 Status: Met

Indicator Summary:

Hearing and Vision modules have been created and are active in the new Patagonia Electronic Medical Records system. All referrals are inputted into the system and statistical reports are able to be generated. MMDHD is hosting a user group meeting on February 21-22nd in St. Johns with several local health department representatives planning to attend.

Special Recognition:

Mary stated that the follow-up rate has remained consistent at approximately 80%. This is a fantastic rate of return. Referral letters are mailed the same day the audiogram is performed for all children whose results indicate the need medical intervention. A form for the physician to complete and a copy of the audiogram is included. Most responses are received via fax. If there is no response to the initial letter, a second contact by mail is made within 4 weeks and then a phone call is initiated. Because of Mary, Stacey, and Jeannette's good rapport with school staff, they have secretaries, nurses, and teachers who assist with follow-up. Keep up the good work!

Minimum Program Requirement #5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by MDHHS.

Indicator 5.1 All hearing technicians have attended a MDHHS approved training (Stage I and Stage II) and received passing grades in both written testing and practical application.

- Hearing technician certificates confirming that technicians have participated and passed the approved MDHHS training course for the Hearing Screening Program.

Indicator 5.1 Status: Met

Special Recognition:

Mary is a very experienced technician with over 25 years in the program and is a great mentor. Stacey was trained in 2012, left the program in 2015, but continued as a 'back-up' technician, and then returned full-time in 2017. She is a fantastic compliment to Mary. Jeannette was trained in 2015 and was an excellent addition to this wonderful team.

Indicator 5.2 All hearing technicians have attended at least one MDHHS approved skills workshop within the last 24 months.

- The local health department maintains on file attendance certificates from MDHHS Annual Technician Workshops.

Indicator 5.2 Status: Met

Minimum Program Requirement #6

A local health department shall conduct periodic free hearing programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Indicator 6.1 All hearing screening services are provided to children without charge to parents or guardians.

- A written policy or program plan articulating the opportunity to receive free preschool and school-age hearing screening services; **AND**
- Documentation of public bulletins, public service announcements and media advertisements that publicize opportunities for free preschool and school-age screening.

Indicator 6.1 Status: Met

Special Recognition:

MMDHD is doing a fantastic job advertising the available services that are provided. Jennifer stated that when they host medical students and/or nursing students she spends time educating them about the benefits of public health. She also mentioned that the web-site was recently updated, they regularly use social media, have a newsletter (Connecting Points) that goes out on a quarterly basis, attend outreach events such as health fairs, and conduct live radio interviews. This is very comprehensive advertising of services.

There was discussion regarding Noise-Induced Hearing Loss prevention in children. Jennifer inquired about educational materials and links that could be added to the MMDHD website. This information will be forthcoming.

Immunization

Section Summary		Total Met	Total
Essential	Indicator 1.1	1	1
	Indicator 1.2	1	1
	Indicator 1.3	1	1
	Indicator 1.4	1	1
	Indicator 2.1	1	1
	Indicator 2.2	1	1
	Indicator 2.3	1	1
	Indicator 2.4	0	0
	Indicator 3.1	1	1
	Indicator 3.2	1	1
	Indicator 4.1	1	1
	Indicator 4.2	1	1
	Indicator 4.3	1	1
	Indicator 5.1	1	1
	Indicator 6.1	1	1
	Indicator 6.2	1	1
	Indicator 6.3	1	1
Total		16	16
Total		16	16

Minimum Program Requirement #1

The local health department (LHD) shall offer immunization services to the public following a comprehensive plan to assure full immunization of all citizens living in the jurisdiction.

Indicator 1.1 The LHD shall offer vaccines to the public for protection in case of an epidemic or threatened epidemic of a vaccine preventable disease.

- The LHD shows evidence of the capability to vaccinate susceptible individuals in the event of a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Indicator 1.1 Status: Met

Met With Conditions:

Although MMDHD showed evidence of a mass vaccination plan within their emergency preparedness manual, the storage and handling section of this policy did not contain current Center for Disease Control (CDC) storage and handling guidance. The date on policy was June 2018 as last revision however information within is out of date. For example, information in policy outlined utilizing Dickson recorders, packing coolers per old protocols among other out dated information, It is a Reviewer recommendation to consult with emergency preparedness and assist them in updating this policy possibly linking it to the storage and handling policy within immunization manual which is current.

Indicator Summary:

Mid-Michigan District Health Department (MMDHD) responds to and documents follow-up for Vaccine preventable disease (VPD) cases in Clinton, Montcalm and Gratiot counties. They follow the Center for Disease Control (CDC) and the Michigan Department of Health and Human Services (MDHHS) protocols for VPD follow-up. Both the CDC VPD Manual and the MDHHS VPD Investigation Guidelines were demonstrated as links on their computer for up to date information and easy access.

Special Recognition:

MMDHD did show evidence of exercising mass vaccination clinics through after action reports for Hepatitis A clinics held in community 6/11/2018 and 5/24/2018 and an after action report/improvement plan for a First Responder point of dispensing (POD) exercise in which they administered influenza vaccine 11/16/2018. MMDHD reports immunization staff follow the storage and handling policy in immunization manual utilizing proper storage units and monitoring temperatures with certified data loggers. Exercising your mass vaccination clinic is a great service for the community you serve!

Indicator 1.2

LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: "free periodic immunization clinics" refers to public vaccine, particularly Vaccines for Children Program (VFC) vaccine, Adult Vaccine Program (AVP) vaccine, and Section 317 funded vaccine. The LHD must be conducting clinics and administering vaccines.

- The LHD offers all vaccines recommended by the Vaccines for Children (VFC) Program to those residing in its jurisdiction.

- The LHD is a VFC provider.

Indicator 1.2 Status: Met

Indicator Summary:

MMDHD is a Vaccine for Children (VFC) provider and offers all recommended VFC vaccines to clients in their immunization clinics. VFC program enrollments and profiles have been submitted on time for the past three years and are on file.

MMDHD presented evidence as supported in policy of offering immunization clinics in all three counties with ability to add clinics as needed for increase demand. Clinic schedule presented supports 7 monthly immunization clinics in Clinton, 5 for Montcalm and 4 for Gratiot with one late clinic until 5:30 PM in each county monthly. MMDHD accepts walk-ins when possible and showed evidence of walk-in attendance which is color coded on the immunization schedule. MMDHD current immunization schedules supporting appointment availability within the week.

MMDHD has a public vaccine inventory that supports the use of age appropriate vaccines for all age groups, including VFC, the Michigan Adult Vaccine (MI-AVP) Program and limited private vaccines for the fully insured.

MMDHD showed evidence of advertising the immunization program through their website, with a Facebook site, radio and local newspapers in all three counties of district. In addition, MMDHD advertises the immunization program on placements with current immunization information that are distributed to a minimum of 10 restaurant sites in each county. Contact information for appointment scheduling is included on placemats as well.

Recommendations For Improvement:

MMDHD website is easily accessible with appropriate location information and vaccine program information, along with a link for an on-line client satisfaction survey. It is a recommendation of Reviewer to check website quarterly to assure all links are working appropriately and questions at bottom of website are answered for the community you serve. MMDHD had 8 questions at bottom of website with 6 that did not include answers when clicking on the question. Thank you so much for updating that during the visit today.

Additional Comments:

MMDHD does not carry a full stock of private pediatric vaccines. Currently MMDHD reports the majority of clients they serve in the young pediatric cohort are eligible for VFC vaccine and they have had minimal request for private vaccine in infant through 6 year old age group. Vaccine inventory on the private side does support utilizing private vaccine for adolescents that are fully insured. It is a continued recommendation to monitor the levels of insured clients in community and revisit the need to increase the stock of private vaccines to avoid any missed opportunities to vaccinate the insured younger pediatric cohort.

Indicator 1.3

The local health department uses the IAP mechanism to improve jurisdiction and LHD immunization rates, assure convenient, accessible clinic hours, coordinate immunization services, provide educational and technical services, and develop private and public partnerships.

- The LHD submits semi-annual Immunization Action Plan (IAP) reports on or before the due date each year.
- The LHD submits an annual IAP plan by the due date each year.
- At least one representative from each local health department will attend the IAP meetings held twice a year.

Indicator 1.3 Status: Met

Indicator Summary:

MMDHD utilizes the Immunization Action Plan (IAP) mechanism to assure protection against VPDs. All IAP plans and reports were submitted on time during this Accreditation Cycle. The most recent plan was clear with good information about the district's current status and plans for promoting immunizations. There have been 3-5 representatives at each of the biannual IAP meetings during this Accreditation Cycle.

Indicator 1.4

The local health department shows evidence of clientele reminder/recall for Advisory Committee on Immunization Practices (ACIP) vaccines not up to date.

- The LHD will maintain a policy/protocol/operating procedure on the process for their recall efforts.
- The LHD conducts quarterly reminder and/or recall efforts for their health department clients and details which methods were used on a chart or a graph (cards, letters, phone calls, other methods of outreach).
- The LHD participates in collaborative efforts with private providers to promote/implement a recall system.

Indicator 1.4 Status: Met

Indicator Summary:

MMDHD showed evidence of a recall policy outlining quarterly recall will be run with current profile immunization coverage levels determining the age range and antigens to be recalled which could be "subject to change depending on current disease outbreaks or emerging pathogens". MMDHD reports recall is executed by Michigan Care Improvement Registry (MCIR) region 3 staff or MMDHD staff as needed.

MMDHD showed evidence of ongoing recall on a tracking log inclusive of recall date, county recalled, age range, antigens and number of letters sent. Recalls were done for a variety of age parameters and antigens during this accreditation cycle.

MMDHD presented PowerPoint evidence of addressing recall at a provider meeting in the spring of 2016 and talked about generating Assessment Feedback, Information and Exchange (AFIX) reports to assist with recall in the fall provider meeting in 2016. MMDHD presented a report supporting 6 provider sites utilizing MCIR recall in past three years.

MMDHD showed evidence of four children responding to recall in past 6 months.

Special Recognition:

MMDHD reports their Patagonia Electronic Medical Record (EMR) collects permission for reminders in either text or phone contact which is done for all programs including immunization appointments. This is a great service for the communities you serve.

In addition to routine recall MMDHD executed a very broad recall in all three counties in response to the Hepatitis A outbreak for age 6-228 months for all antigens, minus the flu to alert all for need for updated vaccines. A total of 8516 recall letters were sent out in district. Thank you for all your efforts!

Recommendations For Improvement:

It is a Reviewer recommendation to strengthen MMDHD recall policy to outline what is currently being done in district for recall. As recorded on tracking log recall is being done monthly vs quarterly. As recorded, one county is done each month resulting in their 3 counties rotating quarterly into this schedule. It is also a Reviewer recommendation to strengthen your tracking log to include reminder call and text sent out from your Patagonia EMR and any other additional efforts made in your clinics to remind and recall clients outside of the MCIR recall system such as AFIX missing and overdue reports or coming due reports.

It is also a Reviewer recommendation to utilize bi-annual provider meetings possibly annually to address different recall options in an attempt to assure their ongoing participation in recall for maintenance and improvement of immunization coverage levels across the district.

Minimum Program Requirement #2

The local health department adheres to immunization policies and professional standards of practice as detailed in the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices*.

Indicator 2.1

The LHD adheres to guidelines found in the *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* regarding vaccination policies for their own clients.

- Barriers to vaccination should be identified and minimized at the local health department.
- Patient "out-of-pocket" costs are minimized.
- Vaccinations are coordinated with other healthcare services being provided at the health department.

- Clients seeking healthcare services at a local health department should be assessed at every encounter to determine which vaccines are indicated.
- Office or clinic-based patient record reviews and vaccination coverage assessments are performed annually.

Indicator 2.1 Status: Met

Indicator Summary:

MMDHD reduces barriers to vaccine in multiple areas. MMDHD participates in the federally funded programs including VFC MI-AVP and utilizes the Merck assistance program for adults if needed. Also decreasing barriers, MMDHHD has an immunization clinic available multiple times a month with a late clinic running through 5:30 pm once a month in each county of district. The administration fee is \$20.00 per injection with a sliding fee schedule available when indicated and utilizes the ability to waive fees for financial hardship. This process is described in policy and addressed on MMDHD website along with location of clinics and phone numbers to call for appointments.

MMDHD has addressed the quality improvement (QI) strategies identified with their 2018 AFIX visit as documented by Immunization Field Representative.

MMDHD is currently running daily HL7 transfer reports, which helps serve as a record review. As transfer problems are identified they are addressed with the staff member that entered the vaccine in the Patagonia EMR for correction and redirection. In addition, IAP reports spot checking EMR information and has developed and presented a chart in which she will begin documenting quarterly review.

Special Recognition:

MMDHD showed evidence of pulling county report cards quarterly for all three counties. Data from each county is utilized to create comparison charts and graphs for counties in district for identification of strengths and weaknesses in district as compared to Michigan data.

In addition to a policy supporting referral to immunization program by other LHD programs MMDHD showed evidence of community Influenza clinic and 20 community Hepatitis A clinics in response to the Hepatitis A outbreak. MMDHD hosted an Adult Immunization in Michigan: Using the standards to increase coverage presentation in 2016 by MDHHS staff. Your efforts to serve your community are appreciated!

Recommendations For Improvement:

MMDHD reports compiled graphs and charts described above are shared with IAP for review. It is a Reviewer recommendation to share information with immunization staff, supervisors, Medical Director and Health Officer, affirming their efforts to maintain high immunization efforts and discussion for improvements when indicated.

Indicator 2.2

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices when administering vaccines to clients.

- All locations where vaccines are administered have written up-to-date vaccination protocols that are easily accessible at all locations where vaccines are administered.
- Local health department staff should simultaneously administer as many indicated vaccine doses as possible.

- Only true contraindications should be used when vaccinating individuals.
- Proper counseling of persons receiving vaccines should be performed, explaining immunization risks and benefits, including the distribution of the Michigan VIS.
- All required fields for vaccination must be properly documented and records are easily accessible.

Indicator 2.2 Status: Met

Indicator Summary:

MMDHD has a complete immunization manual which has been signed off, 3/10//2016, 7/25/2017, 6/27//2018 and

1/22/2019 by Medical Director Dr. Jennifer Morse MD MPH along with the Nursing Supervisor Andrea Tolan RN BSN MPH. Emergency Management orders are current. Comprehensive standing orders are available for all vaccines. MMDHD showed evidence of updating vaccine policies in a timely manner following updated vaccines guidelines by the Advisory Committee on Immunization Practice. (ACIP) Most recently Influenza (9/2018) and Shingrix (3/1/2018)

Vaccine information Statements (VIS) are up to date with current MCIR language informing parents of vaccine information storage in MCIR on all. MMDHD is using Patagonia Electronic Medical Record (EMR) with updated VIS dates noted in EMR. VIS are available in English in clinic and other languages available to be downloaded as needed from the Michigan website.

Screening questions utilized for MMDHD are taken from the Immunize.org screening questionnaire and populated on the MMDHD Immunization Registration Form.

The most current CDC Vaccine Guide to Contraindications 9/18, CDC Immunization storage and Handling Toolkit, Alliance for Immunizations in Michigan (AIM) Provider Toolkit, and the most current edition of the Immunization "Pink Book" are available to all immunization personnel as links on their computers.

Up to date educational materials and immunization friendly posters were noted at MMDHD.

A review of 10 medical records showed evidence that all federally required documentation was complete for vaccines administered. There was documentation of client/parent refusal when recommended vaccines were not administered utilizing declination built into Patagonia EMR. This declination process utilizes a dropdown for a listing of parent reasons for choosing with parent signature captured from a signature pad.

Indicator 2.3

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding immunization policies for local health department staff.

- LHD ensures that immunization staff has been properly trained and updated on immunization practices.
- Personnel who have contact with patients are encouraged to be appropriately vaccinated.

Indicator 2.3 Status: Met

Indicator Summary:

MMDHD presented three policies addressing "Immunization Nurse Responsibilities, Clerical Responsibilities and VFC Biologic Clerk Responsibilities" to assist with orienting new staff. In addition, MMDHD has a "Immunization Nurse Orientation Plan" spreadsheet for documentation of training, and two additional columns for "practiced" and "functional" for dates and initials.

MMDHD had two Immunization Nurse Educators on staff the first two years of cycle and is currently down to one INE. MMDHD showed documentation supporting a yearly INE for MMDHD immunization staff during this accreditation cycle.

MMDHD presented Nursing continuing education (CEU) log supporting all staff administering vaccines have completed a minimum of 6 hours of continuing immunization education annually. In addition, the MMDHD medical director has completed the required minimum of 6 hours of continuing immunization education with 8.5 hours in 2016, 7.75 hours in 2017 and 6.5 in 2018 entered on log.

MMDHD presented a "NH Checklist" where all new employees are assessed for immunizations upon hire. MMDHD reports employees are presented with information regarding healthcare personnel recommended vaccines and offered vaccines with no out of pocket expense for employee. In addition, there is a separate policy supporting mandatory flu vaccination. MMDHD reports of their 76 staff in district all are vaccinated for influenza with exception of seven which have submitted a declination form with identified reasons as allowed by MMDHD.

Special Recognition:

Thank you for all your efforts to mandate influenza vaccine for your staff. This not only protects your staff, it also is a great effort to protect the community you serve each day in your LHD!

Recommendations For Improvement:

It is a Reviewer recommendation to strengthen the MMDHD Nursing responsibility policy to include the requirement for 6 hours of immunization education yearly for all staff administering vaccines.

All your efforts to collect immunization history on your new employees is appreciated however it would be a Reviewer recommendation to move towards a mandatory immunization policy for healthcare recommended vaccines for all staff employed at MMDHD. This would not only protect your staff as needed for any response to a VPD but also set a positive example and protect the community your serve!

Indicator 2.4

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices by promoting immunizations within their jurisdiction.

- Patient-oriented and community-based approaches to increase immunization levels within the health jurisdiction (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, etc.)

Indicator 2.4 Status: Met

Indicator Summary:

MMDHD presented multiple efforts of community outreach for various age ranges to promote immunizations in their communities. These efforts included newspaper outreach with multiple press releases presented, radio spots when available, distribution of updated information for any immunizing providers through Email and/or bi annual immunization provider meetings. MMDHD also hosts a school meeting yearly to update school personnel on immunizations and MCIR/SIRS reporting mandated for the schools along with either attending or supplying information for back to school events. In addition, MMDHD supports a website and showed evidence of a very active face book page promoting immunizations. MMDHD continues to produce and distribute a newsletter titled "Connecting Point" which is distributed per presented log to 319 community partners Including adult foster care homes, chambers, providers, infection control and others. This publication includes immunization updates as well as other program news for MMDHD.

MMDHD also offers a client survey on their website and within their immunization program with data compiled quarterly. This is reviewed with board of health quarterly and data published on intranet for staff review. In addition if contact information is left on survey clients contacted for follow-up when needed.

MMDHD showed evidence of an update policy describing collaboration with WIC and reports collaboration with, Children's Special Health Care Services (CSHCS), Family planning and breast and cervical clinic in which clients are referred for immunization appointments when needed.

Currently the MMDHD WIC immunization coverage level for the 4:3:1:3:3:1:4 (4 Dtap, 3 Hib, 1 MMR, 3 Hep B, 3 Polio, 1 Varicella and 4 PCV) for children 24-36 month is 83% and for the same series with 2 Hepatitis A vaccines added is 69%.

Additional Comments:

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Minimum Program Requirement #3

The LHD shall comply with federal requirements of the Vaccines for Children (VFC) entitlement program.

Indicator 3.1 The local health department shall assure adequate storage and handling of vaccines that it administers and distributes. **(Immunization Program Operations Manual - 2013-2017 and Omnibus Reconciliation Act of 1993)**

- Annual enhanced VFC site visits at each LHD vaccine storage site with no outstanding issues.
- The local health department has appropriate equipment and monitoring devices to safely store vaccine at each of its clinic sites.
- The local health department can demonstrate that all staff responsible for storage and handling of vaccines are familiar with and have access to the most current CDC storage and handling guidelines and other guidelines, information, and policies related to storage and handling that are provided by MDHHS.
- The local health department has procedures in place to assure appropriate storage of vaccines and demonstrates these procedures.
- The local health department uses appropriate storage and handling methods in the ordering of vaccines and the transport of vaccines to off-site clinics and to other providers.

Indicator 3.1 Status: Met

Indicator Summary:

Annual VFC site visits were completed by Immunization Field Representative for MMDHD for this Accreditation Cycle.

According to the site visits:

MMDHD has up to date policies and procedures for the safe storage and handling of vaccines that are consistent with the most recent CDC storage and handling guidelines available to all immunization staff.

Visual inspection of each vaccine storage unit confirmed compliance with storage and handling guidelines.

Vaccine storage units are pharmaceutical grade refrigerators and chest freezers at each county site with certified VFC-5000 TP data loggers in each storage unit. Temperatures are recorded twice daily with min/max temperature recorded each morning. Data logging graphs are downloaded weekly for review and stored for 3 years.

MMDHD has a current back-up storage agreements in each county in the event of unit failure, with a sensaphone alarm system in place for 24 hour notification of out of range temperatures.

MMDHD has portable refrigeration units (Dometic 12 volt) and ample coolers for additional volume if transport of vaccines needed.

Indicator 3.2

The local health department shall assure that all requirements for participation in vaccine programs (including VFC and other vaccine distribution programs) are met. **(Reference: Vaccines for Children Operations Guidelines, November 2012)**

- The local health department reviews the Michigan Department of Health and Human Services (MDHHS) VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each community/migrant/rural health center in its jurisdiction via the MCIR, by the submission due date: April 1.
- The local health department completes the Michigan Department of Health and Human Services vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders.
- The LHD processes provider VFC vaccine orders in a timely manner and assures that ordering requirements are met for each scheduled order.
- The local health department adheres to ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric, adolescent and adult immunizations.
- The local health department maintains on file a sample of informational material provided to private providers regarding requirements for the VFC Program during the enrollment process.
- The local health department will perform VFC/AFIX site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by MDHHS.
- The local health department documents and reports to MDHHS appropriate follow-up plans resulting from VFC/AFIX site visits.
- The LHD assures that all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.

- The local health department assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs.

- The LHD works with providers to avoid vaccine fraud, abuse and wastage.

Indicator 3.2 Status: Met

Indicator Summary:

VFC Enrollments and Profile forms for MMDHD and their private VFC providers were received by MDHHS by the required submission date for 2016, 2017 and 2018.

MMDHD remits the required MDHHS vaccine dose reporting forms, vaccine inventory forms and temperature charts as supporting documentation for their vaccine orders to MDHHS. MMDHD presented Policies titled clerical responsibilities and VFC Biologic Clerk Responsibilities that include information on placing and processing provider orders.

There is information on VFC clerical responsibilities protocol regarding processing return wasted vaccine and a separate Vaccine Loss Reports policy for wasted and expired vaccines with attached algorithm. Currently there are some outstanding provider losses identified on return waste report generated from MCIR which will need follow-up.

There is a VFC biologic clerk that approves all vaccine orders for the district to maintain consistency of messaging and requirements.

MMDHD adheres to ACIP recommendations as published in the Morbidity and Mortality Weekly Report (MMWR), ACIP/VFC Resolutions and Guidelines to Contraindications for all administered immunizations.

MMDHD presented ongoing evidence of Email, and telephone communication with providers in district keeping them up to date with immunization information.

MMDHD maintains a policy to ensure that all staff are appropriately trained in assessing clients accurately for eligibility in the federally funded vaccine programs. The administration fee for vaccines is \$20 dollars per injection with sliding fee schedule availability. Accurate billing for administration fee was supported by presented billing documentation.

MMDHD completed VFC/AFIX visits for all 24 providers in 2017-18 and are in process of completing all visits for providers this cycle as well. There are 7 site visits remaining in district to complete visits 100% for the 2018-19 cycle. MMDHD reports completing site visits on all providers annually. MMDHD documents and reports follow-up corrective plans of action resulting from the VFC/AFIX site visit to MDHHS through the CDC Secure Access Management site on computer. There are no outstanding follow-ups for MMDHD.

MMDHD currently has one Immunization Nurse Educator (INE) however report having 2 for the first two years of this cycle. MMDHD presented log documenting 16 INE sessions in 2016, 14 for 2017 and 12 for 2018 with a minimum of one each year provided for their local health department immunization staff.

MMDHD has a protocol titled "Recruitment and Enrollment of New VFC Providers" provider in a timely manner. MMDHD reports inviting all private providers to biannual provider meeting held in Ithaca.

MMDHD presented a Fraud and Abuse policy.

Special Recognition:

VFC Bio clerk for MMDHD keeps an extensive spreadsheet logging provider orders, balance dates, date required reports and temperature logs were received and any correspondence with provider for updates or corrections. This I am sure serves as a great reference for communicating with providers and assisting them with compliance!

Recommendations For Improvement:

It is a Reviewer recommendation to update and strengthen policy "VFC Biologic Clerk Responsibilities". This policy talks about return waste as does an additional policy titled 'Vaccine Loss Reports for Wasted or Expired Vaccine'. It would be a recommendation to have a policy for return waste independently linking up to return waste guidance available in the VFC resource book. It would be a Reviewer recommendation to address in policy the process for updating providers on return waste requirements. This policy should also be inclusive of the LHD checking return waste report in MCIR monthly which will assist LHD in identifying providers who have made transactions in MCIR indicating loss however have not created their loss report in MCIR and sent on to LHD for processing. Implementing instruction for providers and checking return waste report monthly will promote and maintain timely processing of return waste in district.

It is also a Reviewer recommendation to utilize the processing provider order checklist available in the VFC resource book to assure all reports are received and reviewed properly. Of the 5 provider orders reviewed, all five had date discrepancies with their ending inventory reports and their doses administered reports. Four of the provider orders were off by one day with the fifth order having a discrepancy of seven days between doses administered report and ending inventory reports.

Minimum Program Requirement #4

The local health department shall be an active participant and user of the Michigan Care Improvement Registry (MCIR).

Indicator 4.1 The local health department shall sustain an immunization level for their jurisdiction in MCIR of at least 72% for children who are aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity); and four (4) doses of pneumococcal conjugate vaccine (or complete series).

The local health department shall also assess the immunization coverage level for their jurisdiction in MCIR children aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series); and two (2) doses of hepatitis A vaccine.

- A jurisdiction rate, at or above, 72% for the 4:3:1:3:3:1:4 vaccine series as shown by MCIR county profile report(s) created within 30 days of the Accreditation On-Site Review.

Indicator 4.1 Status: Met

Indicator Summary:

The MMDHD district Immunizations coverage level for children aged 24-36 months for the 4:3:1:3:3:1:4 vaccine series (4 Diphtheria, Tetanus and Pertussis (Dtap), 3 Inactivated Polio (IPV), 1MMR, 3 Haemophilus Influenza (Hib), 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal Conjugate (PCV) was 81.8% on January 17, 2019 (1526 children complete out of 1865 children in this age range for district).

The above cohort was run by Reviewer for affirmation and MMDHD Immunization Field Representative prior to accreditation.

The MMDHD district immunization coverage level for children aged 24-36 months for the 4:3:1:3:3:1:4:2 vaccine series (4 Dtap, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, and 2 Hepatitis A) was at 64.8% on January 17, 2019 (1209 children complete out of 1865 children in this age range).

MMDHD did present a spreadsheet showing monthly monitoring of 19-36 month olds for 4:3:1:3:3:1:4 coverage levels, 24-36 month olds for 4:3:1:3:3:1:4:2 immunization coverage levels and 19-36 month olds 4:3:1:3:3:1:4:2 coverage levels.

MMDHD presented a policy titled "Outreach to Children & Adolescents" which describes monitoring immunization coverage levels with information regarding efforts to increase the pediatric and adolescent coverage levels for the district.

Recommendations For Improvement:

MMDHD presented a policy outlining requirement for monitoring pediatric and adolescent immunization coverage levels. It is a Reviewer recommendation to update policy to come in line with the required monitoring cohorts as described in the Immunization Reviewer guidelines. Monthly county monitoring of 24-36 month olds for the 4:3:1:3:3:1:4 series is required. For accreditation purposes immunization coverage levels for the district are required to be a minimum of 72% for this age and series vs the 70% referenced in policy. In addition it is required to monitor counties monthly 24-36 month olds for the 4:3:1:3:3:1:4:2 series to assure this coverage level is increasing. Currently MMDHD is running the first series for 19-24 month olds versus 24-36 month olds which is not in line with requirement and does not allow for accurate comparisons between cycles.

Indicator 4.2

The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity); one (1) dose meningococcal conjugate vaccine (MenACWY); and completion of the human papillomavirus (HPV) vaccine series.

- The LHD runs and evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity), one dose meningococcal conjugate vaccine (MenACWY), and completion of the human papillomavirus (HPV) vaccine series.

Indicator 4.2 Status: Met

Indicator Summary:

MMDHD runs monthly county profile reports to determine the coverage level for their adolescent population (156 to 216 months of age). This report includes one dose of Tetanus/Diphtheria/acellular Pertussis (Tdap) vaccine, three doses of Polio vaccine, two doses of MMR vaccine, three doses of Hepatitis B vaccine, two doses of Varicella vaccine, one dose of Meningococcal conjugate vaccine (MCV4) and three doses of Human Papilloma virus vaccine (HPV) This is also known as the 1:3:2:3:2:1:3 series for adolescents.

MMDHD has 12289 adolescents in this age range at a completion rate of 44% (5399 adolescents complete) for the entire series.

MMDHD presented a policy titled "Outreach to Children & Adolescents" which describes monitoring immunization coverage levels with information regarding efforts to increase adolescent In the district.

Special Recognition:

MMDHD immunization coverage level for the adolescent series has increased 17% as compared to the last accreditation cycle! All your efforts are producing results - Congratulations!

Recommendations For Improvement:

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Indicator 4.3

The local health department shall submit immunization data to MCIR according to the statutory time lines.

- There is evidence that 90% of clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to MCIR within 72 hours. **(Reference: Administrative Rule 325.163, § 5)**

Indicator 4.3 Status: Met

Special Recognition:

MMDHD is utilizing HL7 for transfer from EMR to MCIR. All administered vaccines have been entered to MCIR within 72 hours 99.65% from the Clinton location, 92.22% from Gratiot location and 98.07% from the Montcalm location. Thank you for all you do to assure vaccines are entered in to MCIR accurately and in a timely manner. This is a great for the community your serve!

Minimum Program Requirement #5

The local health department uses the combined MCIR and School Immunization Record-keeping System (SIRS) web-based program (MCIR/SIRS) to track immunization levels of childcare center enrollees and school children.

Indicator 5.1 The local health department uses the MCIR/SIRS web-based reporting program to assure complete and accurate data has been submitted for school entrants new to the school district, all children attending Kindergarten, and seventh grade students, by December 15 and March 15 of each school year.

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS utilizing the MCIR/SIRS reporting program. (**Reference: PH code 333.9208**)

- The local health department will assure complete and accurate school immunization data for all schools in the jurisdiction have been reported December 15 and March 15 of each year to MDHHS.
- The local health department will assure complete and accurate childcare immunization data has been reported by February 1st of each year to MDHHS.

Indicator 5.1 Status: Met

Indicator Summary:

MMDHD works with schools and childcare centers in the district to assist them with the required immunization reporting each year. MMDHD has an individualized current school and childcare protocol along with the current MDHHS school and childcare protocols.

MMDHD hosts an annual school/childcare provider meeting to update, train and educate on the importance of accurate and timely immunization reporting and how to use the MCIR/SIRS functionality.

MMDHD reported process of updating master list and reports accuracy is checked by facility roster review, familiarization of districts population and phone contact with schools minimally on an annual schedule.

MMDHD also has documented evidence of follow-up with schools and childcares throughout the year. MMDHD reports moving forward contacts with schools will be kept on a soon to be developed excel spreadsheet similar to the one they utilize for tracking provider orders.

MMDHD did have a delinquent school site in February and November of 2016. This site was a virtual school that was starting up and had students in other school buildings which were being reported appropriately.

MMDHD has a comprehensive protocol for waiver education and reports doing 190 waiver education sessions from April 1 through Sept 30 of 2018.

Special Recognition:

MMDHD presents certificates to all school personnel that attend annual MCIR/SIRS school training for acknowledgement of their participation. Appreciate all your efforts to keep school personnel updated!

Recommendations For Improvement:

It is a recommendation of Reviewer to update school immunization reporting process protocol with current information on the Family Educational Rights and Privacy Act (FERPA) information. In addition, it is Reviewer recommendation to review IP-100101 protocols and begin utilizing running invalid grade reports to assist with monitoring accuracy.

A final letter communicating with each individual building their compliancy percentages as compared with their completeness with vaccinations and thanking them for their efforts means a lot to the schools and is a Reviewer recommendation as well. I am sure template letters could be shared from your immunization field representative.

Minimum Program Requirement #6

The local health department complies with vaccine safety recommendations.

Indicator 6.1 The local health department vaccine programs conform to VAERS (Vaccine Adverse Event Reporting System) program requirements.

- The LHD maintains on file written VAERS policies, procedures, and reports complying with program requirements.

Indicator 6.1 Status: Met

Indicator Summary:

MMDHD complies with all vaccine safety recommendations. MMDHD conforms to the Vaccine Adverse Event Reporting System (VAERS) program requirements. Protocol on how to fill out a VAERS report is available in the Immunization Manual.

MMDHD presented 2 completed VAERS reports for the past three years

MMDHD showed evidence of discussing VAERS program requirements at their biannual VFC provider meeting along with placing a VAERS pamphlet in their provider folders at meeting.

Indicator 6.2 The local health department provides the appropriate Vaccine Information Statements (VIS) to every client or parent/guardian prior to administering vaccines and educates all immunization providers in the jurisdiction about the use and sources of these statements.

- The LHD distributes VIS to all clients receiving vaccine listed on the National Vaccine Injury Compensation Program table at the clinic and documents the VIS date and date VIS given on the client's vaccine administration record.
- There is a protocol in place to assure that all providers within the jurisdiction who administer vaccines (both VFC and non-VFC providers) are informed concerning the requirements for use of Vaccine Information Statements (VIS), and changes to VIS versions.
- The local health department maintains an appropriate supply of VIS on site for distribution to all immunization providers.

- The local health department will provide written notice to individuals receiving a vaccination that the immunization data will be added to the registry. This is commonly done using the Michigan version of the Vaccine Information Statement (VIS) which includes the MCIR language.

Indicator 6.2 Status: Met

Indicator Summary:

MMDHD maintains a policy requiring a Vaccine Information Statement (VIS) be given for each vaccine administered at every visit. The VIS utilized by MMDHD are the current Michigan versions, which contain the statement that all immunizations given to children will be entered into MCIR. This is a printed statement available on all Michigan VIS. Additional language VIS statements are available on the Michigan.gov/immunize website.

IAP is responsible for keeping EMR updated with current version dates for VIS.

MMDH reports many providers in their county download appropriate VIS from th Michigan website. MMDHHD has a current MDHHS VIS policy describing process of ordering bulk VIS statements for distribution to providers if requested and reports they do have a few providers that order VIS through their LHD.

MMDHD alerts providers of updated VIS statements through E-mail. This includes VFC and Non VFC providers.

Indicator 6.3 The local health department has a referral system if problems arise after a client receives vaccine.

- The LHD provides instructions for patients receiving vaccines concerning possible reactions and follow-up care.

Indicator 6.3 Status: Met

Indicator Summary:

MMDHD presented an "After the Shots" flier created by MMDHHD that is utilized for their pediatric population and a second "After Shot Care for Adults" utilized for their adult population. These fliers gave direct information on local reactions and the pediatric flier gave directions for when to seek medical assistance, The pediatric flier had antipyretic dosing information on the back and both fliers had contact information and phone numbers for each of their county sites.

Recommendations For Improvement:

The pediatric instruction sheet directed clients to medical doctor for severe reactions or after hour problems. It is a Reviewer recommendation to add contact of medical provider to the adult flier for severe reactions as described in their flier. The adult flier seemed directed more towards how LHD would handle severe reactions if they occurred in the clinic at time of administration vs guidance for their adult client when they leave the clinic.

Onsite Wastewater Treatment Management

Section Summary		Total Met	Total
Essential	Indicator 1.1	1	1
	Indicator 1.2	1	1
	Indicator 1.3	1	1
	Indicator 2.1	1	1
	Indicator 2.2	1	1
	Indicator 2.3	1	1
	Indicator 3.1	1	1
	Indicator 4.1	1	1
	Indicator 5.1	1	1
	Total	9	9
Total		9	9

Minimum Program Requirement #1

The local health department shall have a wastewater treatment regulation capable of protecting the public health legally adopted under enabling state legislation. The regulation shall authorize an enforcement process that is utilized and includes the capability to deny permits, issue orders for corrections of failed systems, and/or other remedies for construction without a permit or for violating an order.

Indicator 1.1 Documentation that a wastewater treatment regulation is contained in a local sanitary code or ordinance legally adopted by the authorized local governing entity.

- The local health department maintains on file a copy of the local sanitary code and documentation confirming it has been legally adopted.

Indicator 1.1 Status: Met

Indicator Summary:

The Mid-Michigan District Health Department (MMDHD) provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the Michigan Department of Environmental Quality (MDEQ). MMDHD also made available the MMDHD Environmental Health Regulations as part of the Self-Assessment review process.

Additional Comments:

MMDHD's Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

The MMDHD Environmental Health Regulations were formally adopted by the MMDHD Board of Health on July 1, 2012.

Indicator 1.2 Evidence that the local wastewater treatment regulation authorizes enforcement measures including permit denials, correction orders, and/or other remedies.

- The local health department maintains on file the specific sanitary code provisions that define the basis of denial and enforcement.

Indicator 1.2 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ. MMDHD also made available the MMDHD Environmental Health Regulations as part of the Self-Assessment review process.

Additional Comments:

MMDHD's Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

The review of the MMDHD Environmental Health Regulations identified the following areas defining the basis for enforcement:

- Chapter One-General Provisions
 - Section 1.13 – Penalty

- Chapter Three-Sewage Disposal
 - Section 1.1 – Premise Occupancy
 - Section 1.4 – Permits
 - Section 1.9 – Denial of Permit
 - Section 1.14 – Condemnation of Existing Installations
 - Section 1.17 – Contractor/Installer Registration-Revocation/Suspension

Indicator 1.3 Evidence that actual enforcement measures are utilized.

- The local health department maintains on file, retrievable documentation for denials and/or enforcement actions.

Indicator 1.3 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ. MMDHD also made available the MMDHD Environmental Health Regulations as part of the Self-Assessment review process.

Special Recognition:

MMDHD is utilizing an electronic means of data management for the Onsite Wastewater Program. More specifically, MMDHD is using the Hedgehog data management system. The Hedgehog data management system can capture all documentation related to enforcement and is accessible to all staff from any of the three county offices. As a result, MMDHD is granted Special Recognition.

Additional Comments:

The review of MMDHD's annual SA reports over the three (3) years of this Accreditation Cycle determined there were twenty (20) permit denials, eighty-six (86) correction orders for failed systems, one-hundred-fifty-six (156) orders to correct construction violations, no formal actions taken against installers and no appeals.

Evidence of enforcement was observed in the review of sewage complaints via the Hedgehog data management system.

The local health department shall evaluate all parcels of land and authorize the installation of any on-site wastewater treatment system in accordance with applicable regulation(s). The evaluation shall employ a site specific physical assessment of the soil's treatment and transport capacity and determine compliance with applicable regulations. Site conditions, including soil profile data obtained from on-site evaluations, shall be accurately documented. Documentation shall be maintained in an organized and functional filing system that provides retrievable information.

Indicator 2.1 Documentation of a site evaluation visit, which includes the soil characteristics, seasonal high water table, slope, isolation distances, location, and available area for initial and replacement systems.

- The local health department maintains on file recorded results of site evaluation visits that accurately document the required information.

Indicator 2.1 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ.

Special Recognition:

MMDHD very effectively utilizes Hedgehog data management systems to capture and retain site specific documentation related to site evaluations, sewage permits and final inspections. MMDHD has worked extensively with the Hedgehog programmers to customize their software such that the individual site documentation is thorough and custom to each site. MMDHD has developed item specific terminology that has been incorporated into the Hedgehog software which allows the individual sanitarians to clearly and consistently prepare the file and permit documentation. Through this effort, MMDHD effectively uses Hedgehog as a training tool for new sanitarians as they complete the site evaluation documentation across the program. As a result, MMDHD is granted Special Recognition for this Indicator.

Additional Comments:

MMDHD Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

The review of MMDHD's Annual Self-Assessments over the past three (3) years of this Accreditation Cycle determined that eighty-nine (89) percent compliance was achieved with the documentation of the essential elements of this indicator.

Indicator 2.2 Permit documentation of the system location, design installation requirements, pertinent site characteristics, and nature of the building development.

- The local health department maintains on file the detailed plan and specifications prepared for each system for which a permit has been issued. The plan and specifications shall accurately define initial and replacement system location*, size, other pertinent construction details, and include documentation of variances, when granted.

*Note: The requirement for identifying a replacement system applies to issuance of new construction permits only.

Indicator 2.2 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ.

Special Recognition:

MMDHD very effectively utilizes Hedgehog data management systems to capture and retain site specific documentation related to site evaluations, sewage permits and final inspections. MMDHD has worked extensively with the Hedgehog programmers to customize their software such that the individual sewage permits documentation is thorough and custom to each site. MMDHD has developed item specific terminology that has been incorporated into the Hedgehog software which allows the individual sanitarians to clearly and consistently prepare the file and permit documentation. Through this effort, MMDHD effectively uses Hedgehog as a training tool for new sanitarians as they complete the permit design requirement documentation across the program. As a result, MMDHD is granted Special Recognition for this Indicator.

Recommendations For Improvement:

The review of sewage permits identified a couple of projects that were other than a single or two-family residential system, thus triggering an initial assessment of the project in accordance with the Michigan Criteria for Subsurface Sewage Disposal (MCSSD). These files were found to be without documentation of the basis of design to determine flows in accordance with the MCSSD. Additionally, the review of the MMDHD Environmental Health Regulations and the MMDHD policy and procedures identified a lack of clarity regarding what triggers a decision to utilize the local regulations, including site suitability. During the review, MDEQ recommended that the MMDHD policy and procedures be updated or modified to clarify the above findings.

Additional Comments:

MMDHD Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

The review of MMDHD's Annual Self-Assessments over the past three (3) years of this Accreditation Cycle determined that eighty-six (86) percent compliance was achieved with the documentation of the essential elements of this indicator.

Indicator 2.3

There is evidence of an organized filing system allowing for retrieval of information.

- The local health department maintains an organized filing system with retrievable information.

Indicator 2.3 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ.

Special Recognition:

MMDHD is utilizing an electronic means of data management for the Onsite Wastewater Program. More specifically, MMDHD is using the Hedgehog data management system. The Hedgehog data management system can capture site specific documentation related to site evaluations, sewage permits, final inspections and is accessible to all staff from any of the three county offices. As a result, MMDHD is granted Special Recognition.

Additional Comments:

MMDHD Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

Both hard files and the Hedgehog data management system are utilized for the storage of information relative to the Onsite Wastewater Program.

The local health department shall conduct an inspection during construction or prior to covering of the system, or shall apply an alternate method to assure the completed wastewater treatment system complies with permit requirements. Documentation of an inspection or alternate approval method shall be maintained with the permit.

Indicator 3.1 Documentation of construction and/or final inspection by the local health department or record of an alternate process to support the approval of the installation in accordance with the permit.

- The local health department shall conduct an inspection of all systems prior to final cover. The local health department maintains on file an accurate individual record of each inspection conducted during construction of each system. Unless otherwise specifically authorized, installer affidavits, which provide an accurate record of system installation, are maintained on file in isolated cases, representing no more than 10 percent of the total number of final inspections requested, where constraints prohibit inspection by the local health department in a timely manner.

Indicator 3.1 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ.

Special Recognition:

MMDHD very effectively utilizes Hedgehog data management systems to capture and retain site specific documentation related to site evaluations, sewage permits and final inspections. MMDHD has worked extensively with the Hedgehog programmers to customize their software such that the individual final inspection documentation is thorough and custom to each site. MMDHD has developed item specific terminology that has been incorporated into the Hedgehog software which allows the individual sanitarians to clearly and consistently prepare the file and final inspection documentation. Through this effort, MMDHD effectively uses Hedgehog as a training tool for new sanitarians as they complete the final inspection documentation across the program. As a result, MMDHD is granted Special Recognition for this Indicator.

Special recognition is also granted as the review of MMDHD's Annual Self-Assessments over the past three (3) years of this Accreditation Cycle determined that ninety-four (94) percent compliance was achieved with the documentation of the essential elements of this indicator.

Additional Comments:

MMDHD Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

Minimum Program Requirement #4

The local health department shall respond to all wastewater system complaints and maintain records of complaint resolutions.

Indicator 4.1 Documentation that all complaints are recorded, evaluated, and investigated, as appropriate.

- The local health department maintains complaint forms and a filing system containing results of complaint investigations and documentation of final resolution.

Indicator 4.1 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ.

Special Recognition:

MMDHD is utilizing an electronic means of data management for the Onsite Wastewater Program. More specifically, MMDHD is using the Hedgehog data management system. The Hedgehog data management system can capture all documentation related to sewage complaints; including complaint forms, documentation of investigation and dates, letters, emails, telephone calls, and is accessible to all staff from any of the three county offices. As a result of these findings, MMDHD is granted Special Recognition.

Additional Comments:

MMDHD Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

The review of the MMDHD annual Self-Assessment reports over the past three (3) years of this Accreditation Cycle determined one hundred twenty-two (122) sewage complaints were received. The review also determined that along with the Hedgehog data management system, the Onsite Wastewater Program Supervisor utilizes an Excel spreadsheet to further track sewage complaints. The review further determined that the enhanced tracking has resulted in greater accuracy in terms of reporting the numbers of sewage complaints that are received, those that are resolved and those that are pending.

Minimum Program Requirement #5

The local health department shall investigate, document and evaluate the probable cause(s) of system failure.

Indicator 5.1 Approval of permits where the system has failed*, includes retrievable documentation, when available, of the age, design, site conditions, and any other pertinent data allowing for assessment of probable reason(s) for failure, and there is an annual summary of data submitted to the Michigan Department of Environmental Quality (DEQ).

*Note: For the purpose of this guidance, a system consists of a tank or tanks, absorption system, and associated appurtenances. A system is considered to have failed when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water, or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of an absorption system, or there is a structural failure of a septic tank or other associated appurtenances.

- The local health department maintains a filing system for all failed systems that includes retrievable documentation; **AND**
- Annual failed system data summaries are prepared and are on file.

Indicator 5.1 Status: Met

Indicator Summary:

MMDHD provided three (3) Annual Self-Assessments over the three (3) years of this Accreditation Cycle which were reviewed by the MDEQ.

Additional Comments:

MMDHD Accreditation On-Site Review was conducted by means of the Self-Assessment process. MDEQ's review of the Annual Self-Assessments over the three (3) years of this Accreditation Cycle determined MMDHD achieved the "Met" status for this indicator.

The review determined that MMDHD uses MDEQ's data collection form to capture the failed system data. In addition, the required failed system data submissions for the three (3) years of this Accreditation Cycle have been received by MDEQ.

HIV/AIDS & STD

Section Summary		Total Met	Total
Essential	Indicator 1.1	1	1
	Indicator 1.2	1	1
	Indicator 2.1	1	1
	Indicator 2.2	1	1
	Indicator 2.3	1	1
	Indicator 3.1	1	1
	Indicator 4.1	1	1
	Indicator 5.1	1	1
	Total	8	8
Total	8	8	

Minimum Program Requirement #1

Provide and/or refer clients for HIV and STD screening and treatment, regardless of client ability to pay.

Indicator 1.1 Provide HIV and STD screening and treatment services in accordance with the Michigan Public Health Code, Michigan Department of Health and Human Services (MDHHS) accreditation and current quality assurance standards.

- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among high risk individuals.
- Assessing client risk for HIV and STDs.
- Providing risk reduction/prevention counseling, in accordance with current Centers for Disease Control and Prevention (CDC) guidance.
- Providing STD testing in accordance to client risk and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STDs.
- Providing STD testing for clients testing positive for HIV.

- ☑ Providing appropriate HIV and STD treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.

Indicator 1.1 Status: Met

Indicator Summary:

Mid-Michigan District Health Department (MMDHD) provides HIV and STD screening and treatment services in accordance with the Michigan Public Health Code, MDHHS accreditation, and current quality assurance standards. Presently, the MMDHD tests for HIV, Syphilis, Gonorrhea, Chlamydia, Hepatitis B, Hepatitis C, Bacterial Vaginosis, and Trichomoniasis. The staff at MMDHD will also test for Herpes if an outbreak is present and currently utilize the Alere rapid test for HIV testing. The family planning and STD clinics are combined into one clinic at MMDHD.

Staff that are responsible for HIV and STD testing and treatment have received orientation and training on clinic protocols and procedures. In addition, the MMDHD has implemented recruitment and promotional strategies to increase awareness in the community including utilizing a social media page and their own website.

Special Recognition:

MMDHD deserves special recognition for their client centered care at all three county clinics. This includes:

- Promoting and providing Expedited Partner Therapy (EPT)
- Promotion of Pre-Exposure Prophylaxis (PrEP)
- Promotion of the Human Papilloma Virus (HPV) vaccine
- Maintaining a policy around Post-Exposure Prophylaxis (PEP), and
- Having a language policy in place to accommodate clients who may speak a different language, like Spanish.

These efforts towards providing client-centered care are beneficial for the clients and the community in which MMDHD serves.

Recommendations For Improvement:

The Reviewer recommends that MMDHD work on the promotion of confidential HIV testing and not anonymous. Language encouraging confidential HIV testing should be used with clients and on promotional activities, like the website. The use of confidential testing allows for greater follow-up and easy referrals for clients who are HIV positive.

The Reviewer also recommends that MMDHD works on promoting their HIV and STD testing on social media sites like Facebook. This is a free and easy way to encourage testing in the community and promote the health department services. Presently, many of the posts on the website refer to other MMDHD programs.

Finally, the Reviewer recommends that MMDHD works to expand their condom distribution campaign into the community. Presently, condoms are distributed primarily in the health department, but with a health department that covers three counties, expanding the campaign would help to further stop the transmission of disease and increase knowledge of MMDHD services. Many other health departments across the state are currently taking part in a similar condom distribution campaign called Wear One, where communities work with local venues to have them distribute condoms and information to their patrons.

Indicator 1.2

Provide court-ordered HIV and STD counseling, testing, and referral services and victim notification activities in accordance with section 5129 of 1978 PA 368; the Michigan Public Health Code, MCL 333.5129, and MDHHS guidance.

- Providing HIV and STD counseling, testing, and referral services on the basis of court order and for notification of victims.

Indicator 1.2 Status: Met

Indicator Summary:

MMDHD provides court-ordered HIV and STD counseling, testing and referral services, and victim notification activities. MMDHD has a written policy to provide court-ordered HIV and STD counseling, testing, and referral services and victim notification. Staff have received orientation on court-ordered testing policies.

Recommendations For Improvement:

The Reviewer recommends that MMDHD work on standardizing their court-ordered HIV and STD counseling, testing, and referral services and victim notification between their three county offices. While the policy and protocol for providing court ordered HIV and STD counseling, testing, and referral services is the same at all three county offices, the process looks different at each location. This could be better streamlined, reducing inefficiencies and confusion.

Minimum Program Requirement #2

Perform activities necessary to control the spread of HIV and STD infection; conduct reporting and follow-up of HIV, AIDS, and STD cases.

Indicator 2.1 Reporting of HIV, AIDS, and STD cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy.

- Submitting HIV and STD case reports in a timely and appropriate manner.
- Providing education and technical assistance to physicians, laboratories, and other providers regarding the submission of HIV and STD case reports.

Indicator 2.1 Status: Met

Met With Conditions:

For this indicator, the Reviewer recommends a Met with Conditions to MMDHD. The indicator may be met by "submitting HIV and STD case reports in a timely and appropriate manner". Presently, the average days from diagnosis to complete reporting for chlamydia data averaged 43 days in 2017 and 40 days in 2018 for chlamydia cases, compared to 32 days in 2017 and 19 days in 2018 for Michigan overall. For gonorrhea data, the average days from diagnosis to complete reporting in MDSS averaged 38 days in 2017 and 36 days in 2018, compared to 39 days in 2017 and 21 days in 2018 for Michigan overall. This data indicates that the days to complete reporting for gonorrhea and chlamydia case data in MDSS appears to higher than the statewide average for similar cases. MMDHD is encouraged to review their STD reporting process and evaluate how best to increase the timeliness of their reports, which may include addition of a clerk dedicated to data entry and MDSS follow-up.

Indicator Summary:

The reporting of HIV, AIDS, and STD cases at MMDHD is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code, and in accordance with current MDHHS policy. Staff with the responsibility for case reporting have received orientation and training to policies and procedures regarding the submission of case reports.

Recommendations For Improvement:

The Reviewer recommends that the MMDHD staff update their form for providers that captures information related to gonorrhea and chlamydia case data for input into the Michigan Disease Surveillance System (MDSS). This form should be updated to capture variables of interest per the CDC similar to #ke, but not limited to, HIV status, gender or sex partners, and race information. This form is important to ensure that complete gonorrhea and chlamydia case data are entered into MDSS.

Indicator 2.2

Confidentiality of written and electronic HIV, AIDS, and STD reports and associated patient medical records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by MDHHS.

- Maintaining confidentiality of all HIV, AIDS, and STD reports, records, and data pertaining to HIV and STD testing, treatment, and reporting, pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.

Indicator 2.2 Status: Met

Indicator Summary:

MMDHD appropriately maintains confidentiality of written and electronic HIV, AIDS, and STD reports and associated patient medical records. These are maintained in compliance with the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.

Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

- Investigating and responding to situations involving health threats to others in a way that is appropriate and in accordance with the Michigan Public Health Code.

Indicator 2.3 Status: Met

Indicator Summary:

MMDHD investigates and responds to situations involving health threats to others, pursuant to the Michigan Public Health Code. While MMDHD has not dealt with a health threat to other situation recently, they have developed a written protocol and procedure for investigating and responding to situations involving health threats to others and staff have received training on said protocol.

Minimum Program Requirement #3

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting referrals.

Indicator 3.1

Clients diagnosed with HIV or other STDs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS program standards and guidelines.

- Facilitating referral to and linkage with prevention, treatment, and support services appropriate and responsive to client needs.
- Establishing, maintaining, and documenting linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and STDs and for addressing the prevention and care needs of clients.

- ☑ Providing education and technical assistance to local physicians, hospitals, other providers, and community groups to increase awareness about HIV and STDs, encourage screening for and treatment of HIV and STDs, support referral and linkages to needed services, and promote health department assisted partner services (PS).

Indicator 3.1 Status: Met

Indicator Summary:

MMDHD facilitates referral to and linkage with prevention, treatment, and support services appropriate and responsive to client needs. MMDHD has also established and continues to maintain linkages with health care and other community resources to address the prevention and care needs of clients. This includes memorandums of understanding with Addictions Solutions Counseling, Gratiot Integrated Health Network, and the Montcalm Care Network.

MMDHD works to promote PrEP with clients that would be good candidates, and refers to Central Michigan District Health Department or Ingham County Health Department as needed.

MMDHD staff also have a close relationship with the schools in their community. All counselors in the schools receive a yearly letter from MMDHD staff introducing themselves and the services the health department can offer. Some MMDHD staff presently serve on health boards for the schools and regular presentations to both teachers and students are done.

Special Recognition:

MMDHD deserves special recognition for their work in the schools in the community. They have made some extraordinary strides in working with the schools and reaching vulnerable youth. Many health departments struggle with working with their area schools, but MMDHD works with them in a variety of creative ways. Each year, MMDHD staff send a letter to all area counselors introducing themselves and reminding the counselors of the services that MMDHD can offer. Some MMDHD staff serve on local school boards, where they are able to offer a health department perspective. In addition, MMDHD visit high school health classes to discuss pregnancy prevention with students. All of these efforts could lead to decreased transmission in a vulnerable adolescent population.

Minimum Program Requirement #4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and chlamydia.

Indicator 4.1 Individuals diagnosed with HIV, syphilis, gonorrhea, and/or chlamydia receive counseling regarding the availability of partner services (PS) and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

- ☑ Providing PS, by referral or through state or local staff, which is responsive to client needs and is provided in accordance with the Michigan Public Health Code and current MDHHS standards and guidelines.
- ☑ Maintaining staffing adequate to meet PS needs.
- ☑ Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations, and others that provide HIV and STD testing, in order to facilitate access to health department assisted PS among clients diagnosed with HIV and STDs.

- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Partner Services Web and MDSS), in accordance with current MDHHS policy.

Indicator 4.1 Status: Met

Indicator Summary:

MMDHD provides partner services (PS) that are responsive to client needs and in accordance with the Michigan Public Health Code and current MDHHS standards and guidelines. Staff responsible for PS have received training. Currently, MMDHD provides PS for gonorrhea and chlamydia in house and refers to CMDHD for HIV and Syphilis. MMDHD utilizes EPT as needed to prevent transmission of disease from untreated partners.

Minimum Program Requirement #5

Provide quality assured and evidence-based HIV and STD prevention and treatment services.

Indicator 5.1 Monitor and evaluate HIV and STD prevention and treatment services.

- Conducting routine, data-driven monitoring, and evaluation activities.
- Conducting routine quality assurance of HIV and STD prevention and treatment services responsive to MDHHS quality assurance standards and guidelines.

Indicator 5.1 Status: Met

Indicator Summary:

MMDHD conducts routine quality assurance of HIV and STD prevention and treatment services that are responsive to MDHHS quality assurance standards and guidelines. This includes regular chart audits and monthly staff meetings with staff at all clinics.

MMDHD regularly conducts routine data-driven monitoring and evaluation activities, which includes the use of a customer satisfaction survey that is evaluated and shared with all staff.

Vision

Section Summary		Total Met	Total
Essential	Indicator 1.1	1	1
	Indicator 2.1	1	1
	Indicator 3.1	1	1
	Indicator 4.1	1	1
	Indicator 4.2	1	1
	Indicator 5.1	1	1
	Indicator 6.1	1	1
	Total	7	7
Total		7	7

Minimum Program Requirement #1

The local health department shall provide vision screening services for preschool children between the ages of 3 and 5 years at program centers.

Indicator 1.1 There is documentation that children between the ages of 3 and 5 years were scheduled for and received vision screenings in preschool, Head Start, and child care programs.

- A written policy or program plan articulating procedures for vision screening children between the ages of 3 and 5 years; **AND**
- An agency calendar or appointment book documenting vision technician assignments and/or responsibilities for the past year; **AND**
- A list of preschool, Head Start, and child care programs scheduled to receive vision screening services for the current year; **AND**
- Local health department quarterly Reporting Forms (DCH-0604) indicating the number of preschool children screened, passed, failed, referred, and receiving care.

Indicator 1.1 Status: Met

Indicator Summary:

The Mid-Michigan District Health Department (MMDHD) On-Site Review was conducted at the St. Johns (Clinton County) office. Jennifer Stratton, Hearing and Vision Coordinator; and Vision Technicians Mary Wallen, Stacey Peterman, and Jeannette Sternhagen were available to provide additional program background. Laureen Simon, backup technician, was assigned to another program but made time to stop by and say hello. The Exit Conference was conducted with Marcus Cheatham, Health Officer; and Ross Pope, Quality and Process Improvement Coordinator. All Indicators were met. A notebook with the policies and procedures for the Vision Program was made available to facilitate the review. MMDHD utilizes Patagonia for their data base. There is consideration for utilizing the State's data base for hearing and vision once it is up and running.

An agency calendar for the current year was available and indicated the technician's schedule for screening and office work. A partial list of the Head Start (HS) Centers and preschools served was available (13 preschools, 11 Early Childhood Centers, and 4 Kindergarten sites). Every public and private school in the 3 county service area participates in Kindergarten Round-ups (KRUP). There is a terrific relationship between these sites and the MMDHD Vision Program with the schools, allowing MMDHD to pick the dates that work best for their scheduling purposes. The team indicated that the referral results from the Stereo Butterfly Test for preschoolers have resulted in significant vision treatment for those who have failed it.

Billing is conducted for those children who are eligible for Medicaid. Records are on file and indicate the number of children who were screened and passed; failed and were referred; and those receiving care, when indicated. Those numbers are shared with MDHHS on a quarterly basis.

Special Recognition:

This is the first time that Jennifer prepared for an accreditation site review and she deserves special recognition, along with the vision technicians, for having the supporting materials in an organized manner. This will allow the team to make necessary updates or changes for subsequent site reviews. Well done!

Recommendations For Improvement:

It is recommended by this Reviewer that a comprehensive list of all preschools, day cares, and HS Centers be made available in future supporting documentation.

The local health department shall provide vision screening services for school-age children in grades 1, 3, 5, 7, & 9 or in grades 1, 3, 5, & 7, and in conjunction with driver training classes at schools (public, private, charter, etc.)

Indicator 2.1 Program activity reports and statistics document the provision of vision screening in public and private schools for all estimated children in need (e.g., total number of children in grades 1, 3, 5, 7, and 9)

- A chart or schedule documenting agency vision technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for vision screening school-age children; **AND**
- Local Health Department Quarterly Reporting Forms (DCH-0604) indicating the number of school-age children screened, passed, failed, referred, and receiving care since the last accreditation site visit.

Indicator 2.1 Status: Met

Indicator Summary:

A calendar is on file indicating what schools are scheduled for screening services and which technician(s) is/are assigned to each. Students are screened in grades 1, 3, 5, 7, and 9. Schools with large populations of students have a team assigned to provide screenings in order to reduce the amount of time that school is disrupted. No schools are refusing services and all high schools are scheduled for 9th grade screenings to support those who will be taking driver's training courses. Vision statistics are forwarded to the MDHHS Vision Coordinator on a quarterly basis and indicate the number of screening services provided. The number of students who passed, failed and were referred, and the number of those receiving care are also included.

Minimum Program Requirement #3

The local health department shall assure that vision screening is conducted in accordance with the Michigan Department of Health and Human Services (MDHHS) Vision Technician's Manual (latest edition).

Indicator 3.1 Appropriate screening equipment and supplies are in working order and used in the screening of preschool, ages 3-5 years, and school-age children.

- The local health department has on file the MDHHS Vision Technician Screening Manual (latest edition); **AND**
- Preschool supplies and equipment used by vision technicians including a tape measure, training cards, the LEA Symbols flash card acuity test, and a Stereo Butterfly Test for the screening of preschool children for binocular and monocular visual acuity, two-line difference acuity, and near stereopsis; **AND**
- School-age supplies and equipment used by vision technicians including a functioning stereoscopic instrument for the screening of school-age children for monocular visual acuity, far phoria, and two-line difference acuity, black wooden "E", or comparable orientation "E", and the plus lens test.

Indicator 3.1 Status: Met

Indicator Summary:

Equipment is observed to be in working order during regularly scheduled Technician Assessment Program (TAP) observations. The vision technicians screen school-age children with the Titmus V3 screeners and preschool children with the MDHHS Preschool Protocol. There was discussion about the digital screening units that are available, and their use in the MDHHS protocol. Both the SPOT (WelchAllyn) and the Plusoptix (Plusoptix) screeners are widely used for those children who cannot attend to the traditional screening battery of tests.

Recommendations For Improvement:

It is recommended by this Reviewer that MMDHD investigate the options for a digital screener as an adjunct to the current battery of tests. They are very useful for screening children with special needs, including autism, and those who are very young. This Reviewer is available for consult and training for the Plusoptix and SPOT, if desired.

Minimum Program Requirement #4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating the necessary course of action is provided to the parent or guardian of the child.

Indicator 4.1 Documentation exists that written statements indicating the necessary course of action have been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of vision screening.

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents) confirming follow-up information on children referred to an eye care practitioner, and sample parent letters for inspection to confirm agency process for follow-up of children referred to an eye care practitioner

Indicator 4.1 Status: Met

Indicator Summary:

Children who fail their vision screening are rescreened within a week. If they again fail their screening, a letter of referral is sent to the parents/guardian indicating the need for an eye examination. Letters are sent as soon as possible. A second letter is sent when no follow-up information is received within 60 days of initial referral. When no information is received within the school year, the child is put on a list to receive another screening the following school year.

Recommendations For Improvement:

The referral letters require a change in stating the need for an eye exam. Letters shall say "an eye examination by an eye doctor (ophthalmologist or optometrist) is required" per the Public Health Code. Stating this will ensure that children are seen by an eye care specialist for follow-up care.

Indicator 4.2 Documentation demonstrates that a child referred for examination or treatment has received the recommended services.

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents), or letters confirming the follow-up of children referred to an eye care practitioner.

Indicator 4.2 Status: Met

Indicator Summary:

Eye doctors fax back exam outcomes to close the loop on follow-up. In some cases, parents will call or provide the follow-up information. If no follow-up is received in the school year, students are rescreened in the subsequent school year.

Minimum Program Requirement #5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by the MDHHS.

Indicator 5.1 All vision technicians have been trained in accordance with curriculum approved by MDHHS, and that all vision technicians have attended an MDHHS approved vision technician workshop once in the last two years.

- Vision training certificates are on file confirming that technicians have participated in the approved MDHHS training course to become qualified to screen preschool and school-age children; **AND**
- Workshop certificates are on file confirming that technicians have participated in the approved MDHHS vision technician workshop once in the last two years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed Technician Assessment Program (TAP), where preschool screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children, ages 3-5 years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed TAP, where school-age screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children in grades 1,3,5,7 and 9.

Indicator 5.1 Status: Met

Indicator Summary:

All of the MMDHD Vision Technicians have successfully completed comprehensive vision training as required by MDHHS. Each has attended the annual workshop and conference for the purpose of updating screenings skills and knowledge. Each technician has also successfully participated in TAP and is qualified to screen preschool and school-age children.

Laureen Simon (trained 1990)

Mary Wallen (1995)

Stacey Peterman (2012)

Jeannette Sternhagen (2015)

Special Recognition:

Kudos to the MMDHD vision team for their outstanding work with vision and the screening of children. Each brings a talent for working with children and a dedication to ensuring standardization in testing procedures. A special recognition goes to Mary Wallen for her ACE Award! She exemplifies "Achievement, Character, and Excellence" in her work with children and colleagues. Congratulations to Mary and the team!!!

Recommendations For Improvement:

It is recommended that a copy of the original training certificates be in the accreditation notebook for reference.

Minimum Program Requirement #6

A local health department shall conduct periodic free vision programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Indicator 6.1 All vision screening services are provided to children without charge to parents or guardians.

- Public announcements and media advertisement publicizing opportunities for scheduling preschool children for vision screening at local health departments.
- Documentation of public bulletins and public service announcements, since the last accreditation site visit, that includes language indicating free vision testing is available.
- An annual timetable for the purpose of notifying the public of vision screening dates, locations, and procedures for scheduling preschool children, ages 3 through 5 years, and school-age children in grades 1, 3, 5, 7, and 9, or in conjunction with driver’s training.

Indicator 6.1 Status: Met

Indicator Summary:

Advertising documentation is on file and indicates that the public is informed of the free screening program and where it is available. Advertising is conducted via social media (FB), newsletters to community partners and providers, school newsletters, the MMDHD website, flyers, brochures, newspaper articles and ads, and limited radio and television spots.

Recommendations For Improvement:

It is recommended that a calendar of advertising events be created and put in the notebook for future reference.

Breast and Cervical Cancer Control Navigation Program (BCCCNP)

Section Summary	Total
Total	0

Minimum Program Requirement #1

Coordinate with MDHHS a scheduled review of minimum program and reporting requirements.

Indicator 1.1 Requirements to provide assistance to insured, underinsured, and uninsured eligible women aimed at identifying and addressing barriers which would impede access to receiving timely and appropriate breast and/or cervical cancer screening, diagnosis and/or treatment services.

- There must be evidence that the local health department is continuously meeting the Centers for Disease Control and Prevention (CDC) and program requirements in delivering both caseload and navigation services to eligible program women.

Indicator 1.1 Status: Not Completed

Minimum Program Requirement #2

Assure that an accurate and integrated system of fiscal management is maintained on-site for health departments providing and coordinating clinical services; assure that a system of communication is maintained across all other sites of clinical service delivery.

Indicator 2.1 A procedure for communicating between local health department staff and BCCCNP providers is established to enable accurate and timely processing of clinical service data, and to assure adequate provider training and support in resolving clinical and billing issues.

- The local health department has a written policy/procedure for describing how they retrieve clinical service data from each BCCCNP subcontracted provider/clinic or has access to client clinical service and billing data via an Electronic Medical Record.
- The local health department has a written policy/procedure for describing how they verify the accuracy of all clinical and non-clinical client data prior to entering it in the Michigan Breast and Cervical Information System (MBCIS).
- The local health department has a written policy/procedure for describing how they communicate important program information/changes to BCCCNP staff at the local health department and subcontracted provider staff.

Indicator 2.1 Status: Not Completed

Minimum Program Requirement #3

Establish a media/promotion plan targeted to eligible women that promotes BCCCNP screening and diagnostic caseload services.

Establish a process working with medical and community providers in identifying and recruiting women eligible to receive BCCCNP caseload services based on program criteria (age, income, and insurance status) as defined by CDC and federal law.

Indicator 3.1 Evidence exists that recruitment and promotion efforts, and efforts to expand/maintain the BCCCNP delivery network, are planned and implemented with involvement from other healthcare organizations (E.g. Federally Qualified Healthcare Centers) and community groups representing priority populations*.

* Priority populations for caseload services are defined as uninsured and underinsured women age 40-64, requiring breast/cervical cancer screening, diagnostic, and/or treatment services.

- The local health department maintains on file evidence that recruitment and promotion efforts are planned and implemented by itself or in conjunction with other organizations through development of public service announcements, media campaigns, patient brochures, public awareness flyers, semi-annual newsletters, and information packets.

Indicator 3.1 Status: Not Completed

Indicator 3.2 Establish relationships with medical and community providers to assist agency in recruiting BCCCNP eligible women based on program criteria (age, income, and insurance status). This includes women from the following categories:

1. Underinsured women (139% - 250% FPL) identified with an abnormal breast or cervical cancer screening result and require diagnostic follow-up but have a high insurance deductible/co-pay.
 2. Uninsured women (< 250% FPL) requiring breast and/or cervical screening/diagnostic services.
 3. Women age 50-64 (percentage recruited is based on CDC's program criteria).
 4. Women never or rarely screened for cervical cancer (CDC defines never or rarely screened as the number of NEWLY enrolled women requiring caseload services who have never had a Pap test or not had a Pap test in ≥ 5 years. Does not apply to women previously screened in the program or only receiving diagnostic services in the program).
- A plan exists to recruit the target populations of women as defined above into the local BCCCNP. The local coordinating agency must describe, in writing, how they collaborate with medical and community providers to identify underinsured and uninsured women eligible to receive caseload services in the program.
- A plan exists to recruit the target populations of women as defined above into the local BCCCNP. The local coordinating agency must describe, in writing, how they collaborate with medical and community providers to identify and recruit priority women (age 50-64) to comply with caseload ratios determined by MDHHS and CDC.
- A plan exists to recruit the target populations of women as defined above into the local BCCCNP. The local coordinating agency must describe, in writing, how they collaborate with medical and community providers to identify and recruit women never or rarely screened for cervical cancer in the program as defined by CDC.

Indicator 3.2 Status: Not Completed

Minimum Program Requirement #4

Assure that screening and follow-up services meet program requirements as specified by adherence to the BCCCNP Medical Protocol.

There is a system in place to monitor and to take corrective action as appropriate to assure that each enrolled woman is provided screening, diagnostic, and treatment services as needed, regardless of her ability to pay.

Indicator 4.1 The local coordinating agency has a policy/procedure in place that describes the process implemented to ensure all contracted providers have received and reviewed the current BCCCNP medical protocol.

- The local coordinating agency can produce a copy of a written policy/procedure describing process for ensuring all contracted providers receive and review the current BCCCNP medical protocol.
- The local coordinating agency can produce a copy of a written policy/procedure describing plan of action to implement when a provider does not follow the medical protocol.

Indicator 4.1 Status: Not Completed

Indicator 4.2 The local coordinating agency provides evidence describing their role in assisting women diagnosed with cancer in the program to obtain needed treatment services.

- The local coordinating agency is able to produce a policy/procedure describing the process for assisting women diagnosed with breast or cervical cancer with obtaining cancer treatment services.

Indicator 4.2 Status: Not Completed

Minimum Program Requirement #5

Obtain each woman's informed consent at the beginning of each annual screening cycle.

Indicator 5.1 Documentation exists that describes how the local coordinating agency maintains systems for orienting women to the BCCCNP that includes explaining the process for obtaining the client's informed consent and release of medical information. The informed consent MUST include the following information:

1. Program eligibility statement of health department's practice for verifying clients' self-reported insurance coverage and consequences for the client if insurance status is not accurately reported;
2. Description of breast and cervical cancer screening/diagnostic tests available;
3. Statement that not all screening and diagnostic services are reimbursed by the program and the woman may have to pay for services/procedures not covered by the program;
4. Assistance provided by the local coordinating agency in assisting women to obtain follow-up services at the time of initial screening and possibly cancer treatment if the woman is diagnosed through the program.

- Review of agency's informed consent to assure items in # 1-4 above are included.
- Written policy/procedure describing the process for determining a client's eligibility for the program.
- Written policy/procedure describing the process for assuring completion of all appropriate program paperwork by the client.
- Written policy/procedure describing the process for obtaining (and re-verifying) the client's informed consent on an annual basis.
- Written policy/procedure describing the process for scheduling the appropriate screening and/or diagnostic services.
- Written policy/procedure describing the process for describing the agency's availability to assist with seeking follow-up services at the time of initial screening and again, at the time that a woman is informed of follow-up needed for an abnormality.

Indicator 5.1 Status: Not Completed

Minimum Program Requirement #6

Assure compliance with the "funds of last resort" requirement in the federal law.

There is a system in place to monitor and take corrective action as appropriate, to assure that the reimbursement amount for each BCCCNP approved service is accepted as payment in full.

Indicator 6.1

Each client's eligibility to receive caseload services reimbursed by the program is reviewed at the time of enrollment. For underinsured clients, a front and back copy of each insured client's insurance card is made at the time of enrollment.

- The local health department maintains on file a front and back copy of all underinsured clients insurance cards are copied upon enrollment.

NOTE: a print-out of the client's insurance eligibility from an online service, such as CHAMPS, is not acceptable.

- The local health department maintains on file written evidence of the local health department's process/procedure for obtaining a copy of client's insurance card and for billing client's insurance first prior to reimbursing for BCCCNP services.

Indicator 6.1 Status: Not Completed

Indicator 6.2

Fully executed, current, written arrangements, consistent with BCCCNP requirements, exist for all providers reimbursed by state or federal funds in the last fiscal year that has ended. This requirement is applicable to screening and/or diagnostic providers.

The local coordinating agency maintains, on file, a contract or letter of agreement with each BCCCNP clinical service provider.

*Note –Indicator 6.2 does not apply to instances of one-time use of providers currently contracted with other local coordinating agencies.

The local coordinating agency provides documentation of contract language stating that the provider:

1. Agrees to accept up to the BCCCNP reimbursement rate as payment in full (less insurance payment) for each BCCCNP service; **AND**
2. Has agreed, to the best of their ability, to not bill any BCCCNP client for any service that is partially or fully covered by the BCCCNP reimbursement amount for that service or similar language; **AND**
3. That outlines corrective measures that will be implemented when inappropriate billing occurs. Inappropriate billing is defined as the following:
 - Billing the BCCCNP for services that are not part of the BCCCNP reimbursement rate schedule.
 - Balance billing the client for charges above the BCCCNP approved reimbursement rate.

- The local health department maintains on file a contract or letter of agreement with each BCCCNP clinical service provider, stating that the provider agrees to accept up to the BCCCNP reimbursement rate as payment in full (less insurance payment) for each BCCCNP service; **AND**

- The local health department maintains on file a contract or letter of agreement with each BCCCNP clinical service provider, stating that the provider will not bill any BCCCNP client for any service that is partially or fully covered by the BCCCNP reimbursement amount for that service, or similar language.

Indicator 6.2 Status: Not Completed

Indicator 6.3

Assure that providers are provided a copy of the BCCCNP Unit Cost Reimbursement Rate Schedule which indicates the maximum rates for BCCCNP screening and diagnostic services. Providers may bill the MDHHS Cancer Prevention and Control Section billing service up to the usual and customary charge; however, the reimbursement amount will not exceed the BCCCNP approved rates.

- The local coordinating agency maintains on file agreements or communication methods documenting providers are provided a copy of the BCCCNP Unit Cost Reimbursement Rate Schedule which indicates the maximum rates for BCCCNP screening and diagnostic services.

Indicator 6.3 Status: Not Completed

Minimum Program Requirement #7

Establish a network of medical and community providers that will assist the agency in:

1. Identifying insured eligible women (<250% FPL) requiring assistance (navigation-only services) in accessing the health care system to obtain needed breast/cervical cancer services through their insurer.
2. Identifying resources available for resolving barriers that may impede the woman from receiving breast/cervical cancer screening services.

Indicator 7.1 A written outreach/recruitment plan is in place listing strategies to be implemented by the agency to identify eligible women requiring navigation-only services only through the BCCCNP. A list of resources available for resolving barriers is included as part of this plan.

- The local health department has a written plan that describes strategies for identifying women eligible to receive navigation-only services and a list of resources to assist them, if needed, in overcoming barriers.

Indicator 7.1 Status: Not Completed

Minimum Program Requirement #8

Maintain, and utilize a computerized system (E.g. Michigan Breast and Cervical Cancer Control Information System-{MBCIS}, Agency Identified Reports Database) for tracking and monitoring caseload clients and navigation-only clients.

- Indicator 8.1
1. A tracking system is used to monitor all caseload services AND navigation-only services provided to eligible program women; **AND**
 2. Written process/procedure is in place that describes a plan for utilizing the monthly "Abnormal Result" report and other specific agency reports through a program-approved reporting tool to identify caseload services provided to women with abnormalities requiring immediate follow-up according to the BCCCNP Medical Protocol; **AND**
 3. Written process/procedure is in place describing a plan for tracking insured women requiring navigation-only services.
- Caseload services data from the Michigan Breast and Cervical Information System (MBCIS) and the "Abnormal Result" report are used to monitor and guide the care provided to every enrolled uninsured/underinsured woman appropriately; **AND**
 - Navigation-Only services data from MBCIS and agency specific reports are used to monitor completion of navigation-only services (receipt of screening/diagnostic/ and/or treatment services) provided to insured women; **AND**

- Written process/procedure is in place that describes the plan for reviewing specified agency reports to monitor care provided to women receiving caseload or navigation-only services.

Indicator 8.1 Status: Not Completed

Indicator 8.2 For clients receiving caseload services:

Evidence is available for clients through analysis of MBCIS data that demonstrates timeliness of clinical services as defined by the CDC TIMELINES indicators:

1. 75% of cases in which there is an abnormal screening result (requiring immediate follow-up) should have a final diagnosis within 60 days of that result (for abnormal breast results) and 90 days of that result for abnormal cervical results; **AND**
2. 80% of clients with cancer diagnoses begin treatment within 60 days of the final diagnosis.

- Computer records of identified women requiring breast and/or cervical diagnostic and treatment services based on abnormal breast/cervical screening results requiring immediate follow-up indicate that women have received appropriate care according to the CDC Performance Indicators; **OR**
- Computer records of identified women requiring breast and/or cervical diagnostic and treatment services based on abnormal breast/cervical screening results requiring immediate follow-up indicate that women have demonstrated at least a 10% improvement towards achievement of the CDC Performance Indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local health department's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

Indicator 8.2 Status: Not Completed

Indicator 8.3 Review of CDC Completeness Performance Indicator data in the BCCCNP database.

Evidence is available through analysis of MBCIS data that demonstrates COMPLETENESS of clinical service information as defined by CDC:

1. 90% of abnormal screenings (requiring immediate follow-up) must have diagnostic work-up, final diagnosis, and treatment disposition documented; **AND**
2. 100% of clients with a cancer diagnosis need to have a treatment disposition recorded in MBCIS within 100 days of diagnosis. (if applicable)

- Computer records of identified women requiring breast and/or cervical diagnostic and treatment services based on abnormal breast/cervical screening results requiring immediate follow-up indicate that women have received follow-up care according to the CDC Performance Indicators; **OR**
- Computer records of identified women requiring breast and/or cervical diagnostic and treatment services based on abnormal breast/cervical screening results requiring immediate follow-up indicate that women have demonstrated at least a 10% improvement towards achievement of the CDC Performance Indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local health department's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

Indicator 8.3 Status: Not Completed

Indicator 8.4 All individuals that access MBCIS have a completed, signed Secured Application User Agreement Access form on file at MDHHS/Cancer Prevention and Control Section.

- The local health department must provide a signed copy of the Secured Application User Agreement Access form. The copies must match the MBCIS Secured Application User Agreement Access Forms on file at MDHHS/Cancer Prevention and Control Section.

Indicator 8.4 Status: Not Completed

Family Planning

Section Summary		Total Met	Total Not Met	Total
Essential	Indicator 1.1	1	0	1
	Indicator 1.2	1	0	1
	Indicator 1.3	1	0	1
	Indicator 2.1	1	0	1
	Indicator 3.1	1	0	1
	Indicator 4.1	1	0	1
	Indicator 5.1	1	0	1
	Indicator 6.1	1	0	1
	Indicator 7.1	1	0	1
	Indicator 8.1	1	0	1
	Indicator 10.1	1	0	1
	Indicator 10.2	1	0	1
	Indicator 11.1	1	0	1
	Indicator 11.2	1	0	1
	Indicator 11.3	1	0	1
	Indicator 11.4	1	0	1
	Indicator 11.5	1	0	1
	Indicator 11.6	1	0	1
	Indicator 12.1	1	0	1
	Indicator 13.1	1	0	1
	Indicator 14.1	1	0	1
	Indicator 15.1	1	0	1
	Indicator 17.1	1	0	1
	Indicator 18.1	1	0	1
	Indicator 19.1	1	0	1
Indicator 20.1	1	0	1	
Indicator 21.1	1	0	1	
Indicator 9.1	0	1	1	
Indicator 16.1	0	1	1	
Total		27	2	29
Total		27	2	29

Minimum Program Requirement #1

Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).

Indicator 1.1 Broad Range of contraceptive methods.(9.8; 18. A; 21; 21.A; 21.1 B., C., D.; 19.C; 21.G.1. a-l; 21.G; 21.G.2; 21.G; 21.G.7; 20.A.; 29.D.2.e; 29B.7)

See Michigan Title X Family Planning Standards & Guidelines

- The agency provides a broad range of effective Food and Drug Administration (FDA) approved family planning methods and services including natural family planning methods, and temporary and permanent contraception either on-site or by referral. **(9.8; 18. A)**
- Written protocols and operating procedures are in place and available at each clinical site. **(21; 21.A)**
- Methods provided and for which written protocols are in place, include: **(21.1 B., C., D.)**
 - * Reversible Contraception
 - * Hormonal contraceptives
 - * at least 2 delivery methods combined hormonal contraceptives on site
 - * at least 1 method progestin-only hormonal contraceptive on site
 - * at least a second progestin-only method available on site within 2 weeks
 - * Condoms (at least male condoms)
 - * At least one type of long acting reversible contraceptive (LARC) method is provided, either on site or by paid referral.
 - * Education materials and information regarding all methods including:
 - * Hormonal contraceptives
 - * Abstinence
 - * Natural family planning (Fertility awareness)
 - * Barrier methods
 - * LARCs (Intrauterine devices or Implants)
 - * Sterilization
 - * Emergency contraception
 - * Emergency Contraception
 - * Emergency Contraception education and referral is provided to all female clients
 - * A written protocol is in place
 - * Permanent Contraception (Sterilization)
 - * Education and information regarding sterilization is provided for both male and female clients, if indicated
 - * The agency has a list of community providers where clients can be referred for sterilization (Paid referrals for sterilization are not required)
 - * All federal regulations on sterilization are met, if the procedure is performed by the agency
- Individual client education and counseling is offered and/or provided prior to the client making an informed choice regarding family planning services. **(19.B. C.)**
- Clients (adolescents or adults) who are undecided on a contraceptive method are informed about all methods that can be safely used based on the Centers for Disease Control and Prevention (CDC) Medical Eligibility Criteria. **(21.G)**
- Client education and information about contraceptive methods is medically accurate, balanced, and provided in a nonjudgmental manner. **(21.G)**

- Client education about contraceptive methods that can be safely used includes: **(21.G.1. a-i)**
 - * Method effectiveness
 - * Correct and consistent use of the method
 - * Benefits and Risks
 - * Potential side effects
 - * Protection from STDs
 - * Starting the method
 - * Danger signs
 - * Availability of emergency contraception
 - * Follow-up visits

- Documentation of contraceptive education and counseling must be in the client's medical record. **(21.G; 21.G.2)**

- The client's voluntary general consent is obtained prior to receiving any clinical services. All consents are included in the client's record. **(20.A.; 29.D.2.e)**

- An informed consent for the procedure is obtained prior to inserting an IUD or implant. **(21.G.7)**

- Medical records of transfer clients receiving prescriptive methods contain: **(29B.7.)**
 - * A general consent for services
 - * A completed client history that has been reviewed
 - * A documented blood pressure (BP), if the client desires to continue a combined hormonal method
 - * Documentation of the prescription in the client record method.

Indicator 1.1 Status: Met

Special Recognition:

During 2018, 90% of Mid-Michigan District Health Department (MMDHD) Family Planning (FP) female clients aged 15 to 44 years old used a most or moderately effective (MME) form of birth control, with 21% choosing long-acting reversible contraceptives (LARC). MMDHD exceeded Michigan Department of Health and Human Services' (MDHHS) program aim of 84% females choosing a MME form of birth control, with 16% choosing LARC.

Additional Comments:

MMDHD FP provides excellent client services according to national standards and Title X policy/protocol. MMDHD staff are client-centered and go above and beyond to ensure clients get needed services. MMDHD FP supports provision of LARCs to ensure their clients have access to the most effective temporary methods of contraception.

Indicator 1.2 Basic Infertility Services. (25; 25.C; 25.D; 25.F)

See Michigan Title X Family Planning Standards & Guidelines

- The agency offers basic infertility services to women and men desiring these services. The agency has written protocols and procedures that are current and consistent with national standards. **(25)**

- ☑ Basic infertility protocols include:
 - * Basic Infertility services for women including:
 - * Medical history
 - * Physical examination as indicated
 - * Counseling
 - * Appropriate referrals. **(25.C, F.)**
 - * Basic Infertility services for men including:
 - * Medical history
 - * Physical examination as indicated
 - * Counseling
 - * Appropriate referrals. **(25.D, F.)**

Indicator 1.2 Status: Met

Additional Comments:

Protocols are in place to offer level I basic infertility services and referral options.

Indicator 1.3 Services for Adolescents. (8.4.5; 8.4.5.A; 9.8; 9.12; 9.12.A, B; 10.1.D; 21. G; 21.H; 21.H.2; 21.H.3; 17)

- ☑ The agency provides family planning and related preventive health services to adolescents. **(9.8; 17)**
- ☑ The agency does not require written consent of parents or guardians for the provision of services to minors nor notify parents or guardians before or after a minor has requested and received family planning services. **(10.1 D)**
- ☑ The agency provides confidential services to adolescents and observes all state laws regarding mandated reporting. **(21.H.2)**
- ☑ Adolescent clients who are undecided on a contraceptive method are informed about all methods that can safely be used based on CDC Medical Eligibility Criteria. **(21.G)**
- ☑ Comprehensive information is provided to adolescent clients about how to prevent pregnancy. **(21.H)**
- ☑ Written protocols and operating procedures are in place that address adolescent counseling, including:
 - * Encouraging family participation in the decision of minors to seek family planning services **(9.12.A; 21.H.3)**
 - * Counseling on how to resist attempts to be coerced into sexual activities **(9.12.A)**
 - * Informing adolescents that services are confidential, and that in special cases (e.g. child abuse) reporting is required **(21.H.2)**
 - * Education and counseling is documented in the client record **(21.G)**
- ☑ Agency has written policies and procedures to comply with state laws requiring reporting of child abuse, child molestation, sexual abuse, rape, or incest. **(9.12)**
- ☑ Confidentiality is never invoked to circumvent reporting requirements for child abuse and neglect. **(9.12.B)**
- ☑ The agency charges minors obtaining confidential services based on the resources of the minor and not on the family income. **(8.4.5)**

- The agency does not have a policy of no fees, flat fees, or any different fee schedule for adolescents than the fee schedule used for other populations served. **(8.4.5.A)**

Indicator 1.3 Status: Met

Special Recognition:

During 2018, MMDHD FP served 180 teens or 26% of their total client caseload, exceeding MDHHS's program aim of 23%.

Recommendations For Improvement:

Reviewer advises MMDHD FP add to its adolescent education/counseling documentation, so it clearly states staff has discussed confidentiality and mandated reporting requirements for child abuse and neglect.

Minimum Program Requirement #2

Provide services without subjecting individuals to any coercion to accept services, or to employ, or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program.

Indicator 2.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.1; 8.1.A,B,C,D
- 20. A

- The agency providing family planning services assures that services will be provided to clients:
 - * On a voluntary basis **(8.1)**
 - * Without coercion to accept services or any particular method of family planning (8.1.A; 20.A)
 - * Without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs **(8.1.B)**
- The agency general consent for services includes that services are provided on a voluntary basis, without coercion to accept services, and without prerequisite to accept any other service.**(8.1.D; 20.A)**
- Staff have been informed that they may be subject to prosecution under federal law if they coerce or endeavor to coerce any person to accept abortion or sterilization. **(8.1.C)**

Indicator 2.1 Status: Met

Minimum Program Requirement #3

Provide services in a manner which protects the dignity of the individual.

Indicator 3.1

See Michigan Title X Family Planning Standards & Guidelines

- 8.3.7.C
 - 8.5.2
 - 9.2
 - 9.12.B
 - 10.1.A,B,C
 - 10.2
 - 10.3
 - 10.4
 - 13.4; 13.4 A
 - 13.5; 13.5.C
 - 21.H.2
 - 19.A.1-7
 - 29.D.3a-f
-
- The agency provides services in a manner that protects the dignity of each individual. **(9.2)**

 - Has written policy and/or operating procedures to assure the dignity and respect for cultural and social practices of the service area population. **(9.2; 8.5.2)**

 - Service delivery to all clients includes the following: **(19.A. 1-7)**
 - * Assuring clients are treated courteously and with dignity and respect
 - * Addressing the needs of diverse clients
 - * The opportunity to participate in planning their own medical treatment
 - * Encouraging clients to voice any questions or concerns they may have

 - Client confidentiality is assured by the following: **(10.1. A., B., C.; 19.A.3; 29.D.3a)**
 - * A confidentiality assurance statement appears in the client's record
 - * Confidentiality is assured in agency policy and procedures
 - * All agency personnel assure confidentiality, such as a confidentiality statement

 - The clinic has safeguards to provide for the confidentiality and privacy of the client as required by the Privacy Act. **(10.1,10.2; 29.D.3.a-f)**

 - A system is in place to keep client records confidential. **(29.D.3)**

 - The agency does not disclose client information without the client's consent, except as required by law or as necessary to provide services. **(10.2; 29.D.3.c)**

 - The agency has policies and procedures to assure compliance with mandatory reporting and human trafficking laws. **(8.3.7.C.; 9.12.B; 10.4; 13.5; 13.5.C; 21.H.2.)**

 - Information collected for reporting purposes is disclosed only in summary or statistical form **(10.3; 29.D.3.d)**

 - Upon request, transferring clients are provided with a copy or summary of their record to expedite care. **(29.D.3.e)**

 - Upon request, clients are given access to their medical record. **(29.D.3.f)**

- The agency obtains Michigan Department of Health and Human Service (MDHHS) approval prior to conducting any clinical or sociological research using Title X clients as subjects. **(13.4; 13.4 A)**

Indicator 3.1 Status: Met

Special Recognition:

MMDHD's intake and exit design (i.e., two separate windows) afforded clients the privacy and confidentiality to fully engage with staff such as asking questions about family planning services, payment, and other health services offered by MMDHD. Administrative staff had exceptional rapport with clients, provided quality customer service, and operated as a team.

Minimum Program Requirement #4

Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

Indicator 4.1 See Michigan Title X Family Planning Standards & Guidelines

- 9; 9.3
- 13.1; 13.1.C. 4
- 13.5.A.1,2
- 19.D

- The agency has written policies and procedures on non-discrimination in providing services, including: Race, Religion, Color, National origin, Creed, Handicapping condition, Sex, Number of pregnancies, Marital status, Age, Sexual orientation, and Contraceptive preference. **(9; 9.3)**
- The agency complies with [45 CFR Part 84], so that, when viewed in its entirety, the agency is readily accessible to people with disabilities **(13.1)**
- The local agency has a written plan including all required components to ensure meaningful access to services for persons with limited English proficiency **(13.1)**
- Consent forms are language appropriate for Limited English Proficiency (LEP) clients or are translated by an interpreter. **(13.1.C 4; 19.D)**
- The agency complies with the Office of Population Affairs FPAR requirements, including a system to assure accurate collection of race and ethnicity data (FPAR Tables 2 and 3) **(13.5.A.1,2)**

Indicator 4.1 Status: Met

Additional Comments:

MMDHD's intake and authorization for services forms were made available to clients in both English and Spanish. FP and Women, Infants, and Children share a local Spanish interpreter whom accompanies clients on-site.

Minimum Program Requirement #5

Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination.

Indicator 5.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.2; 8.2 A.
 - 9.10; 9.11
 - 24; 24 A-G
-
- The agency must not provide abortion as a method of family planning and have a written policy that no Title X funds are used to provide abortion as a method of family planning. **(8.2; 8.2A)**
 - The agency must provide pregnancy diagnosis and counseling to all clients in need of this service. **(9.10; 24)**
 - The agency must have written protocols and procedures to offer pregnancy diagnosis and counseling services that are current and consistent with national standards of care. **(24)**
 - The agency must pregnancy diagnosis services include the following: **(24.A)**
 - * General consent for services
 - * Reproductive Life Plan discussion
 - * Pertinent medical history
 - * Zika risk assessment
 - * Testing with highly sensitive pregnancy test
 - * Test results given to the client
 - * Counseling and referral resources as appropriate
 - * Chlamydia testing offered to females <25 years of age and as indicated by risk factors for women 25 years old or older
 - If a pregnancy test is positive, and if ectopic pregnancy or other pregnancy abnormalities are suspected, immediate referral for diagnosis and treatment must occur. **(24.B)**
 - The agency offers pregnant women information and counseling regarding the following options: **(9.11; 24.C)**
 - * Prenatal care and delivery
 - * Infant care, foster care, or adoption
 - * Pregnancy termination
 - If requested to provide pregnancy options information and counseling, the agency must provide neutral, factual information, and non-directive, unbiased counseling on each of the options and referral upon request, except with respect to any option(s) about which the pregnant woman does not wish to receive such information and counseling. **(9.11; 24.D)**
 - For clients considering/choosing to continue the pregnancy, a referral for prenatal care and initial prenatal counseling must be provided. **(24.G)**
 - For clients with a negative test, appropriate information about family planning services must be offered. **(24.H,I)**

Indicator 5.1 Status: Met

Recommendations For Improvement:

MMDHD does cover pregnancy testing in the general consent, therefore a separate consent is not needed.

Additional Comments:

Direct observation of a pregnancy counseling visit was not conducted. Chart audit revealed appropriate counseling, referral, and documentation.

Minimum Program Requirement #6

Provide that priority in the provision of services will be given to persons from low-income families.

Indicator 6.1 See Michigan Title X Family Planning Standards & Guidelines

- 4
- 5
- 8.4
- 9.1

- The agency has written policies and/or procedures to assure that no patient is denied services or is subject to any variation in quality of services because of inability to pay **(8.4)**
- Low-income and high priority populations to be served are identified in the agency's annual plan. **(4;5)**
- Have policy and/or procedures to ensure that low-income clients are given priority to receive services **(9.1)**

Indicator 6.1 Status: Met

Minimum Program Requirement #7

Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.

Indicator 7.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.4.1: 8.4.1.A
- 8.4.9
- 13.5.A.1,2

- The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following: clients whose documented income is at or below 100% of the federal poverty level are not charged; although the agency bills all third parties authorized or legally obligated to pay for services. **(8.4.1)**
- The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following: the agency relies on client self-report of income for determining eligibility for a discount, except where the agency may use income verification data provided by the client because of participation in other programs operated by the agency. **(8.4.1.A)**

- ☑ The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following: voluntary donations from clients are permissible; however, clients are not pressured to make donations and donations are never a prerequisite to provision of services or supplies. **(8.4.9)**
- ☑ The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following: the agency complies with the Office of Population Affairs FPAR, including having a system to assure accurate collection of client income data (Table 4). **(13.5A.1,2)**

Indicator 7.1 Status: Met

Minimum Program Requirement #8

Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

Indicator 8.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.4
- 8.4.2; 8.4.2.A; 8.4.2.B
- 8.4.3
- 8.4.4; 8.4.4.A
- 8.4.8; 8.4.8.A

- ☑ The local agency must have written policies and procedures for billing and collecting client fees. **(8.4)**
- ☑ The agency has a schedule of discounts for individuals with family incomes between 101% and 250% of the federal poverty level that is proportional and based on current federal poverty levels. **(8.4.2)**
- ☑ Individual eligibility for a discount must be documented on the client's record/file. **(8.4.2.A)**
- ☑ The agency has the capacity to provide a bill for the services provided to a client who requests a bill. **(8.4.2.B)**
- ☑ Fees are waived for individuals with family incomes above the federal poverty level who, as determined by the site manager, are unable, for good cause, to pay for family planning services. Instances where fees are waived are documented in the client record. **(8.4.3)**
- ☑ For clients from families whose income exceeds 250% of poverty, the agency has a schedule of fees designed to recover the reasonable cost of providing services; and the agency has a documented process for determining costs of providing services. **(8.4.4)**
- ☑ If the agency has opted to design a fee schedule to recover costs lower than the total cost of providing services, a policy approved by the local governing board is in place and identifies the intended percentage of costs to be recovered. **(8.4.4.A)**

- The agency's written policies on billing and collections include a policy on the "aging" of outstanding accounts. **(8.4.8.A)**

Indicator 8.1 Status: Met

Additional Comments:

MMDHD's 2019 fee setting/cost analysis policy reflected MDHHS's December 2018 policy changes. MMDHD's cost analysis was current. MMDHD was awaiting Board of Health approval for their proposed fee schedule revisions.

Minimum Program Requirement #9

If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required.

Indicator 9.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.4.4
- 8.4.6
- 8.4.7
- 8.4.8

- The agency has a schedule of fees/charges that is designed to recover the reasonable costs of providing services. There is a documented process for determining how the schedule of fees is designed to recover reasonable costs of providing services. **(8.4.4)**
- Where there is legal obligation or authorization for third party reimbursement; all reasonable efforts must be made to obtain third party payment, without application of any discounts. **(8.4.6)**
- With regard to insured clients whose family income is at or below 250% federal poverty level; where copayments or additional fees apply, clients are never charged more than they would pay if services were charged on the schedule of discounts. **(8.4.6)**
- Where reimbursement is available from Title XIX or Title XX of the Social Security Act, the agency has written agreements with Title XIX, or XX agencies, for reimbursement from these agencies. **(8.4.7)**
- The agency makes reasonable efforts to collect charges without jeopardizing client confidentiality. **(8.4.8)**

Indicator 9.1 Status: Not Met

Reason Not Met:

On-site review of multiple third-party remittances revealed MMDHD was not billing code 96327 at full fee (i.e., \$50). All Title X agencies must bill third-party payers the full fee for service as indicated on their fee schedule.

Recommendations For Improvement:

Reviewer advises MMDHD update their fee schedule within Patagonia and perform quality assurance checks as fee schedule changes are made to ensure third-party payers are billed the appropriate fee.

Minimum Program Requirement #10

Provide for an advisory committee.

Indicator 10.1 See Michigan Title X Family Planning Standards & Guidelines

- 11.1.A
- 11.1.A.1,2,3

- The agency has a governing board or a program specific Family Planning Advisory Council (FPAC) or other appropriate advisory group. **(11.1.A)**
- The council/board is broadly representative of the population served and includes people knowledgeable about family planning. **(11.1.A.1)**
- Responsibilities of the council/board include the following: **(11.1.A.2)**
 - * Review the agency's program plan, assess accomplishments and suggest future program goals and objectives.
 - * Review the agency's progress toward meeting the needs of the priority population and for making clinic services and policies responsive to the needs of the community.
- There is documentation that the council/board meets at least once a year. **(11.1.A.2)**
- Minutes are kept of all meetings. **(11.1.A.3)**

Indicator 10.1 Status: Met

Indicator 10.2 See Michigan Title X Family Planning Standards & Guidelines

Information and Education (I&E) Committee

- 12
- 12.1; 12.2; 12.3; 12.4
- 12.5
- The agency has an I & E committee that reviews and approves all informational and educational materials developed or made available by the project prior to their distribution. (The Family Planning Advisory Committee/Advisory Board may take on this role so long as it meets the following requirements.)(**12; 12.1**)
- I & E committee membership is broadly representative of the community served. **(12.2)**
- The size of I & E committee is five to nine members, unless size of body has been waived for good cause by OPA via MDHHS approval and request. **(12.3)**
- The I & E committee must have a written description of the review and approval process in a policy statement, by-laws or other committee documents. **(12.4.A)**

- ☑ The I & E committee must consider: **(12.4.C;12.4.D)**
 - * The educational and cultural backgrounds of the individuals to who the materials are addressed
 - * The standards of the population to be served with respect to such materials
 - * Review the content to assure the information is factually accurate
 - * Determine whether the material is suitable for the population or community
 - * Considerations are documented using an approved MDHHS evaluation form

- ☑ I & E Committee meets at least once a year or more often as needed. **(12.4.F.)**

- ☑ Maintains a written record of the determinations and approval process including: **(12.4.G)**
 - * Minutes of all meetings, which include a record of determinations regarding the materials reviewed
 - * Completed evaluation forms or a compiled summary of forms
 - * A master listing of approved materials and dates approved

- ☑ Federal grant support is acknowledged in any publication produced with family planning grant funds. **(12.5)**

Indicator 10.2 Status: Met

Recommendations For Improvement:

Reviewer advises MMDHD develop and maintain a review schedule (e.g., spreadsheet) for informational and educational materials including the name of the material, when it was approved, and its next review date. This will ease review burden for committee members and ensure timely review of materials. Reviewer recommends MMDHD continue diversifying its Information and Education Committee membership to ensure it is broadly representative of all service areas. Video conferencing platforms such as Zoom may reduce meeting participation barriers for youth, professionals, and community members and afford greater engagement than teleconference.

Minimum Program Requirement #11

Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

Indicator 11.1 All family planning services must be provided using written clinical protocols that are in accordance with nationally recognized standards of care, signed by the medical director responsible for program medical services. **(9.6; 18.A; 29.A.4)**

See Michigan Title X Family Planning Standards & Guidelines

- 9.6; 9.7; 9.8
- 17
- 18.A,B
- 19.B.C.E.F.G.H.I
- 20.A
- 29.A; 29.D; 29.E

- The agency must offer medical services related to family planning required in the Title X statute, Title X program requirements, QFP, or MDHHS Standards and Guidelines for the provision of quality family planning services to clients who want such services. **(9.7; 9.8; 17; 18.A & B; 19; 21; 22; 23; 24; 25; 26; 28)**
 - * Contraceptive services
 - * Pregnancy testing and counseling
 - * Achieving desired pregnancy
 - * Basic infertility
 - * Preconception health
 - * Sexually transmitted disease (STD)
 - * Related preventive health
 - * Referrals for specialist care, as needed

- Clinical protocols must be consistent with the QFP, MDHHS Title X Standards and Guidelines, State of Michigan Laws, and nationally recognized standards of care.**(18.B)**

- Use approved protocols for the provision of all family planning services **(18.A)**
 - * Protocol manual must be available at each clinic site. **(18.A)**
 - * MDHHS Title X Family Planning Standards and Guidelines Manual must be at each site **(18.B)**

- Clinical protocols and procedures are reviewed and signed annually (within the past 12 months) by the medical director. **(18.B; 29.E.2.e)**

- Obtain a signed general consent for services prior to the client receiving any clinical services**(19.D; 20.A)**

- Provide an explanation of all procedures, range of available services, and agency fees and financial arrangements to clients **(19.A.7)**

- Have in place protocols that address the following: **(19.B.C.E.F.G.H.I)**
 - * Provide that individual education and counseling is offered prior to the client making an informed choice regarding family planning services. **(19.B.C.)**
 - * Provide that medical history, physical exam and laboratory test requirements for specific methods of contraception are followed **(19.E.F.G.)**
 - * Provide that referrals and follow-up are provided, as indicated, including: **(19.I; 29.A)**
 - * Referrals made as result of abnormal physical exam or laboratory findings
 - * Paid referrals for required services not provided on site
 - * Referrals for services determined to be necessary but beyond the scope of family planning

- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.H.2; 19.I.2; 29.D.c.4)**

Indicator 11.1 Status: Met

Client History and Physical Examination

- 19. E
- 21. E.1, 2; 21F.1, 2
- 22. A.B.C.D
- 23. A.B.D.E.
- 25. C.1, 2.a-o
- 25. C.3.a-e
- 25. D.1, 2.a-l
- 25. D.3.a-e
- 26. A.B.1-5;
- 26. C.D.1, 2, 6, 7
- 21. F.1.d, e
- 28. A. B. C.
- 29. D.2.g

Medical history and physical examination elements must be appropriate to the type of services provided (female and male clients) as follows: **(19.E.)**

- * Medical history elements required for the female contraceptive client: **(21.E.1)**
 - * Reproductive life plan
 - * Menstrual history
 - * Gynecologic history
 - * Obstetrical history
 - * Contraceptive use
 - * Allergies
 - * Medications
 - * Immunizations
 - * Recent intercourse
 - * Reproductive history
 - * Present infectious or chronic health conditions
 - * Zika risk assessment
 - * Other characteristic and exposures that may impact MEC for contraceptive methods
 - * Social history/risk behaviors
 - * Sexual history and risk assessment
 - * Mental health
 - * Intimate partner violence
 - * Interest in sterilization, if age appropriate
- * Medical history elements required for the male contraceptive client: **(21.E.2)**
 - * Reproductive life plan
 - * Use of condoms
 - * Allergies
 - * Medications
 - * Immunizations
 - * Recent intercourse
 - * Partner history
 - * Present infectious or chronic health conditions
 - * Zika risk assessment
 - * Contraceptive experiences and preferences
 - * Sexual history and risk assessment
 - * Interest in sterilization, if age appropriate
- * Taking of a medical history must not be a barrier to making condoms available in the clinical setting **(21.E)**
- * The following physical and laboratory assessment must be provided for female contraceptive clients: **(21.F.1)**
 - * Blood pressure evaluation when providing combined hormonal method
 - * Bimanual exam and cervical inspection (prior to IUD insertion, diaphragm or cervical cap fitting)
 - * Pap screening and clinical breast exam as indicated by current recommendations
 - * Chlamydia testing offered annually to females <25 years of age and as indicated by risk factors for women 25 years old or older

- * CT and GC testing must be available for all clients requesting IUD, if indicated.
- * No laboratory tests are required for male contraceptive clients, unless indicated by history.
- (21.F.2)**
- * Referral for Zika screening as indicated
- * Medical history elements required for the female preconception health client: **(22.A)**
 - * Reproductive Life Plan
 - * Sexual risk assessment
 - * Reproductive history
 - * History of prior pregnancy outcomes
 - * Environmental exposures
 - * Medications
 - * Genetic conditions
 - * Family history
 - * Intimate partner violence
 - * Social history/risk behaviors
 - * Immunization status
 - * Depression
 - * Zika risk assessment
- * Medical history elements required for the male preconception health client: **(22.B)**
 - * Reproductive Life Plan
 - * Sexual health assessment
 - * Past medical and surgical history that impairs reproductive health
 - * Genetic conditions
 - * History of reproductive failures/conditions that could reduce sperm quality
 - * Social history/risk behaviors
 - * Environmental exposures
 - * Immunization status
 - * Depression
 - * Zika risk assessment
- * The following physical and laboratory assessment must be provided for all preconception health clients **(22.C,D)**
 - * Height, weight, BMI
 - * Blood pressure
 - * Laboratory testing must be recommended based on risk assessment
- * Medical history and client assessment elements for female achieving pregnancy clients (attempting pregnancy less than 12 months) **(23.A, B)**
 - * Reproductive Life Plan
 - * Length of time attempting pregnancy
 - * Partner involvement
 - * Zika risk assessment
 - * Immunizations
 - * Medications
 - * Present infections or chronic health conditions
 - * Genetic conditions
 - * Environmental exposures
 - * Social history/risk behaviors
 - * Sexual health/risk assessment
 - * Mental health
 - * Medical history including
 - * Reproductive history
 - * Obstetrical/Gynecology history
 - * Family history
 - * Intimate partner violence
- * Medical history and client assessment elements for male achieving pregnancy clients (attempting pregnancy less than 12 months) **(23. A,B)**
 - * Reproductive Life Plan
 - * Length of time attempting pregnancy
 - * Partner involvement
 - * Zika risk assessment
 - * Immunizations
 - * Medications
 - * Present infections or chronic health conditions
 - * Genetic conditions
 - * Environmental exposures
 - * Social history/risk behaviors
 - * Sexual health/risk assessment

- * Mental health
- * Medical history including
 - * Past medical/surgical history that may impair reproductive health
 - * Medical conditions associated with reproductive failure/reduced sperm quality
- * Medical history elements required for the female basic infertility care client: **(25.C.1,2.a-o)**
 - * Reproductive Life Plan
 - * Past surgeries
 - * Previous hospitalizations
 - * Serious illnesses or injuries
 - * Medical conditions associated with reproductive failure
 - * Childhood disorders
 - * Cervical cancer screening results and any follow-up treatment
 - * Medications
 - * Allergies
 - * Social history/risk behaviors
 - * Family history of reproductive failures
 - * Reproductive history
 - * Level of fertility awareness
 - * Previous evaluation and treatment results
 - * Sexual history
 - * Review of systems
 - * Zika risk assessment
- * Medical history elements required for the male basic infertility care client: **(25.D.1,2.a-i)**
 - * Reproductive Life Plan
 - * Reproductive history
 - * Medical illnesses
 - * Prior surgeries
 - * Past infections
 - * Medications
 - * Allergies
 - * Lifestyle exposures
 - * Sexual health assessment
 - * Female partners' history
 - * Zika risk assessment
- * Physical examination must be offered for female basic infertility clients, if indicated: **(25.C.3.a-e)**
 - * Height, weight, and BMI
 - * Thyroid examination
 - * Clinical Breast Exam
 - * Signs of androgen excess
 - * Pelvic examination
- * Physical examination must be offered for male basic infertility clients, if indicated: **(25.D.3.a-e)**
 - * Examination of the penis
 - * Palpation and measurement of the testes
 - * Presence and consistency of vas deferens and epididymis
 - * Presence of varicocele
 - * Secondary sex characteristics
- * Medical history elements required for STD services clients include: **(26.A.B.1-5)**
 - * Reproductive Life Plan
 - * Allergies
 - * Medications
 - * Medical conditions
 - * Sexual health assessment
 - * Immunizations (Hep.B, HPV)
 - * Zika risk assessment
- * Physical and Laboratory assessment required for STD services clients include: **(26.C.D.1,2,6,7; 21.F.1.d,e)**
 - * Physical exam as indicated based on history or symptoms
 - * Chlamydia testing must be offered annually for all sexually active females <25 years, if indicated
 - * Gonorrhea testing must be offered annually to sexually active females <25 with high risks
 - * CT and GC testing must be available for clients requesting IUD insertion, if indicated.
 - * When provided on site, agencies must follow current CDC Guidelines and follow state and local reporting requirements

- * Agencies must offer/provide clinical breast exam (CBE) based on current recommendations and as medically indicated. **(28.A)**
- * Pelvic examination must be provided based on current recommendations and as medically indicated. **(28.B)**
- * Agencies must stress the importance of mammography based on current recommendations. **(28.C)**

Indicator 11.2 Status: Met

Special Recognition:

MMDHD FP screened 87% of female clients aged 24 and younger for chlamydia during 2018, exceeding MDHHS's program aim of 60%. During 2018, MMDHD established a 12% male caseload by serving 81 men, meeting MDHHS's ambitious program aim of 12%.

Indicator 11.3 See Michigan Title X Family Planning Standards & Guidelines

Laboratory Testing and Medical Follow-up

- 9.6
 - 9.7
 - 17
 - 18
 - 19.G
 - 21.F.1.c
 - 24.A
 - 26
 - 28
 - 28.A
 - 29.A.1,2,3,6
 - 29.D.2.c
 - 29.E.2.a,f,g,h
- Written laboratory protocols and operating procedures must be in place that includes: **(9.6; 17; 18; 19.G, I; 21.F.1.c, d; 24.A; 28; 28.A.2.)**
 - * Pregnancy testing must be provided on site as indicated
 - * Pap testing must be provided on site as indicated
 - * Agency must comply with current MDHHS Family Planning Breast and Cervical Cancer Screening Protocol.
 - * STI and HIV testing, or referral for testing, as indicated
 - * Laboratory tests must be provided if indicated for a specific method of contraception
 - Laboratory audits to assure quality and CLIA compliance must be in place. **(29.E.2.g)**
 - Infection control policies and procedures reflecting current CDC recommendations and OSHA regulations must be in place. **(29.E.2.f)**
 - Equipment maintenance and calibration must be documented. **(29.E.2.h)**
 - Procedures must be established for referral and follow-up for abnormal tests that include: **(29.A.1; 29.A.3.a.b.c; 29.D.2.c.1; 29.E.2.a)**
 - * A tracking system to document referrals and follow up procedures
 - * A method to identify clients needing follow-up
 - * A method to track follow-up results on necessary referrals
 - * Documentation in the client record of contact and follow-up
 - * Documentation of reasons, actions and follow-up where recommendations/protocols were not acted on
 - * Referral procedures must be sensitive to client confidentiality and privacy concerns.

- ☑ Agency must maintain current referral lists that include health care providers, local health and human service departments, hospitals, voluntary agencies, and health service projects supported by other federal programs. **(29.A.6)**
 - * Referral lists must be updated annually **(29.A.6.a)**
- ☑ Written protocols for abnormal Pap testing follow-up must be current and consistent with national standards of care. **(28; 28.A.2)**
 - * Agencies must participate in the Family Planning/Breast and Cervical Cancer Control Navigation Program (FP/BCCCP) Joint Project for both breast and cervical cancer diagnostic services.
 - * Coordination of care must go through the BCCCNP Coordinator unless other referral/payment arrangements are in place.
- ☑ If STD testing is provided, agencies must have STD treatment protocols and follow-up procedures consistent with current CDC Guidelines **(26.)**

Indicator 11.3 Status: Met

Indicator 11.4 See Michigan Title X Family Planning Standards & Guidelines

Medical Emergency/Situations and Equipment and Supplies

- 19.J
- 29.A.5
- 29.B.6
- 29. C.1, 2, 4
- ☑ Emergency arrangements must be available for after hours and weekend care and should be posted. **(19. J)**
- ☑ There must be protocols and procedures for the following on-site medical emergency situations: **(29.C.1)**
 - * Vaso-vagal reactions/Syncope (fainting)
 - * Anaphylaxis
 - * Cardiac arrest
 - * Shock Hemorrhage
 - * Respiratory difficulties
- ☑ Protocols must be in place for emergencies requiring EMS transport, after hour's management of contraceptive emergencies, and clinic emergencies **(29.C.2)**
- ☑ Procedures for maintenance of emergency resuscitative drugs, supplies, and equipment must be in place. **(29.C.4)**
- ☑ At a minimum each clinical site must have the following: **(29.B.6)**
 - * Emergency drugs and supplies for treatment of vaso-vagal reaction
 - * Emergency drugs and supplies for treatment of anaphylactic shock
- ☑ When a client is referred for emergency clinical care the agency must: **(29.A.5)**
 - * Document that the client was advised of the referral and importance of follow-up
 - * Document that the client was advised of their responsibility to comply with the referral

Indicator 11.4 Status: Met

Indicator 11.5 See Michigan Title X Family Planning Standards & Guidelines

Pharmaceuticals/Prescriptions (29.B)

- Agencies must operate in accordance with Federal and State laws relating to security and record keeping for drugs and devices. **(29.B)**
- Inventory, supply, and provision of pharmaceuticals must be conducted in accordance with Michigan state pharmacy laws and profession practice regulations. **(29.B)**
- Agencies writing prescriptions for Title X clients must follow the MDHHS prescription policy including: **(21.B.10; 29.B)**
 - * Accepting a written prescription does not pose a barrier for the client
 - * Prescriptions may only be written for items on the agency formulary or for contraceptives/medications on the client's insurance plan formulary **(21.B.10; 29.B)**
- All medications dispensed in Title X clinics must be pre-packaged. **(29.2.a)**
- All prescriptions dispensed (including samples) must be labeled with the following: **(29.B.2.b)**
 - * Name/address of dispensing agency
 - * Date of prescription
 - * Name of the client
 - * Name, strength, quantity of drug dispensed
 - * Directions for use, including frequency of use
 - * Prescriber name (medical director and prescribing practitioner)
 - * Expiration date
 - * Record number
- All clients receive verbal and written instructions for each drug dispensed, including instructions on how to use, danger signs, how to obtain emergency care, return schedule, and follow-up. **(19.H.1,2; 29.B.2.c)**
- Delegate agencies must have adequate controls over access to medications and supplies, including. **(29.B.3.d)**
 - * Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked.
 - * Access to the pharmaceuticals must be limited to health care professionals responsible for distributing these items.
- A system must be in place to monitor expiration dates and ensuring disposal of all expired drugs, including drugs for medical emergencies. **(29.B.3.e; 29.C.4)**
- There must be a system in place for silent notification in case of drug recall. **(29.B.3.f)**
- A current formulary, listing all drugs available for Title X clients, must be maintained and reviewed at least annually that includes: **(29.B.4; 21.b.5)**
 - * Methods available on site
 - * Methods available on site within two weeks
 - * Methods available by paid referral
 - * Methods available by unpaid referral

- There must be an adequate supply and variety of drugs and devices to meet client contraceptive needs. **(29.B.5)**
- There must be emergency drugs and supplies for the treatment of vaso-vagal reactions and anaphylactic shock at each site where medical services are provided. **(29.B.6; 29.C.4)**

Indicator 11.5 Status: Met

Recommendations For Improvement:

MMDHD must ensure there is a drug control license for each site where pharmaceuticals are dispensed.

Indicator 11.6 See Michigan Title X Family Planning Standards & Guidelines

Medical Records and Quality Assurance System

- 29.D
- 29.E
- A medical record is established for all clients who receive clinical services, including pregnancy testing, counseling, and emergency contraception. **(29.D.1.a)**
- Medical records are: **(29.D.1.b)**
 - * Complete, legible and accurate
 - * Signed and dated by the clinical health professional making the entry, including name, date, and title, as a permanent part of the record
 - * Readily accessible
 - * Confidential
 - * Safeguarded against loss or use by unauthorized persons
 - * Available to clients, upon request
- HIPAA regulations are followed. **(29.D.1.c)**

Medical records contain the following:(**29.D.2**)

- * Personal data sufficient to identify the client:
 - * name
 - * unique client number
 - * address
 - * phone, how to contact
 - * age
 - * sex
 - * marital status (Michigan requirement)
 - * race & ethnicity (FPAR requirement)
 - * Income assessment
- * Medical history, as indicated by service(s) provided
- * Physical exam, as indicated by services(s) provided
- * Allergies
- * Documentation of clinical findings, diagnostic/therapeutic orders, including:
 - * Lab test results and follow-up
 - * Treatments initiated and special instructions
 - * Continuing care, referral and follow-up
 - * Scheduled revisits
- * Documentation of all medical encounters, including telephone encounters
- * Documentation of all counseling, education, and social services
- * Signed general consent for services
- * Contraceptive method chosen by the client

A quality assurance system must be in place to provide ongoing evaluation of family planning services that includes:(**29.E;)**

- * Tracking system that identifies clients in need of follow up and/or continuing care. (**29.E.2.a**)
- * Medical Audits to determine conformity with agency protocols and must be conducted quarterly by the medical director
 - * At least 2-3 charts per clinician must be reviewed by the medical director quarterly. (**29.E.2.c**)
- * Chart Audits/Record Monitoring to determine completeness and accuracy of the medical record must be conducted quarterly by the quality assurance committee or identified personnel
 - * At least 3% of quarterly caseload, randomly selected are reviewed quarterly (**29.E.2.d**)
- * A process to implement corrective actions when deficiencies are noted must be in place (**29.E.2.i**)

Indicator 11.6 Status: Met

Minimum Program Requirement #12

Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance.

Indicator 12.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.5.2
- 9.4; 9.7; 9.11
- 17
- 19.C.1
- 21.G
- 24.A.6; 24.E
- 26.D.6; 26.E.1
- 29.A; 29.A.6; 29.2.f

Counseling services must be provided either on-site or by referral (**9.4; 9.7; 9.11; 17; 19.C,i; 29.A**)

- ☑ Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(24.A.6; 24.E; 29.A.6)**
- ☑ The agency must offer education on HIV and AIDS, risk reduction information and either on-site testing or referral for this service. **(17; 26.E)**
- ☑ Counseling must be provided by staff that is sensitive to and able to deal with the cultural and other characteristics of the client population. **(8.5.2)**
- ☑ Counseling must be accurate, balanced, and non-judgmental on the contraceptive methods, STIs and HIV. **(9.11; 21.G; 26.D.6; 26.E.1)**
- ☑ The client counseling must be documented in the client's record. **(21.G; 29.2.f)**

Indicator 12.1 Status: Met

Minimum Program Requirement #13

Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial.

Indicator 13.1 See Michigan Title X Family Planning Standards & Guidelines

- 4
- 5
- Section 1 Annual Plan Instructions, pp. 50,51
- 11.2; 11.3

- ☑ The agency must submit an Annual Health Care Plan that includes written plans for: **(4; 5; 8.7.A; Section I, Annual Plan Instructions, III.E.F, p.51; 11.2)**
 - * Community education activities
 - * Community project promotion activities
- ☑ The agency must include low-income women and adolescents in the target groups identified for program promotion activities. **(4; 8.7.A; Annual Plan Instructions, II.C., p.50)**
- ☑ The agency's plan for community education programs must include goals, objectives, and measurement criteria and should be based on an assessment of the needs of the service delivery area. **(8.7.A; Annual Plan Instructions, III.E.F, p.51)**
- ☑ The agency must establish and implement planned activities to provide community education programs to facilitate awareness and access to family planning services **(11.2; 11.3)**

Indicator 13.1 Status: Met

Special Recognition:

MMDHD developed a number of outreach and awareness campaigns, including traditional and social media, to elevate sexual and reproductive health services offered by the health department within its service areas to increase caseload. From 2017 to 2018, MMDHD increased their total client caseload from 636 to 691 approximately a 9% increase. While this increase cannot be solely attributed to MMDHD's outreach and awareness, it was certainly a factor.

Recommendations For Improvement:

Reviewer advises MMDHD utilize individual or encounter level client data to assist with meeting caseload goals. Having a more in-depth understanding of MMDHD's client population (e.g., new clients per year, clients with LARC, clients on five-year pap schedule, etc.) will assist with caseload goal setting and developing outreach and awareness strategies.

Minimum Program Requirement #14

Provide for orientation and in-service training for all project personnel.

Indicator 14.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.5.1
- 8.5.3
- 8.5.4
- 8.6.1-7
- 13.2
- 29.C
- 29.E

- The agency must meet applicable standards established by the federal, state, and local governments (e.g. local fire, building, and licensing codes – non medical emergencies). **(13.2)**
- The agency must have written plans, protocols/operating procedures for non-medical emergency situations, such as fire, tornado, bomb, terrorism, etc. **(13.2, 29. C)**
- The agency must have written personnel policies that comply with federal and state requirement and Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and Title 1 of Americans with Disabilities Act (Public Law 101-336).These policies should include: **(8.5.1)**
 - * Staff recruitment and selection
 - * Performance evaluation
 - * Staff promotion
 - * Staff termination
 - * Compensation and benefits
 - * Grievance procedures
 - * Patient confidentiality
 - * Duties, responsibilities, and qualifications of each position
 - * Licenses for positions requiring licensure
- The agency must have a qualified Family Planning project coordinator. **(8.5.3)**
- All clinicians, including mid-level practitioners, must maintain current licensure and certification. **(8.5.4; 29.E.2.b)**
- Personnel records are kept confidential. **(8.5.1.A)**

- ☑ Organizational chart and personnel policies are available to all personnel. **(8.5.1.C)**
- ☑ Job descriptions are available for all positions and updated as needed. **(8.5.1 D)**
- ☑ Performance evaluations of program staff are conducted according to the agency personnel policy. **(8.5.1.B)**
- ☑ The agency provides staff training on encouraging family involvement in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities at least every two years. **(8.6.3)**
- ☑ The agency provides for orientation and in-service training for all program personnel, including staff of sub-recipient agencies and service sites.**(8.6.1)**
- ☑ The agency provides staff training regarding prevention, transmission and infection control in the health care setting of sexually transmitted infections including HIV as required by OSHA regulations. **(8.6.4)**
- ☑ The agency provides staff training in emergency procedures or natural disaster and staff understands their role. **(8.6.5, 13.2.3, 29.C3)**
- ☑ The agency provides training regarding the nature and safety of pharmaceuticals to clinical staff involved in dispensing medications at least every two years. **(8.6.7; 29.B.2.d; 29.B.3.a)**
- ☑ The agency provides staff training in the unique social practices, customs, and beliefs of the underserved populations of their service area at least every two years. **(8.6.6)**
- ☑ The agency must train staff in mandatory reporting and human trafficking laws at least every two years. **(8.6.2)**
- ☑ Licensed medical staff providing direct patient care is trained in CPR and have current certification. **(29.C.3; 29.E.2.b)**

Indicator 14.1 Status: Met

Minimum Program Requirement #15

Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

Indicator 15.1 See Michigan Title X Family Planning Standards & Guidelines

- 9.9

- ☑ There is a written policy that services are provided without residency requirements or physician referral. **(9.9)**

Indicator 15.1 Status: Met

Minimum Program Requirement #16

Provide that the family planning medical services will be performed under the direction of a physician with special training or experience in family planning.

Indicator 16.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.5.4
- 9.6
- 18.A, B
- 29.B1, 2
- 29.E.2 c,e

- The medical director must be a licensed, qualified physician, with special training or experience in family planning. **(8.5.4)**
- The medical director approves and signs protocols and standing orders annually (within the past 12 months). **(9.6; 18.A,B; 29.E.2.e)**
- Clinicians other than physicians performing medical functions do so under protocols and/or standing orders approved by the medical director.**(8.5.4.A,B)**
- The medical director directs medical services and participates in quality assurance activities. **(29.E.2.c)**
- Prescription of pharmaceuticals must be done under the direction of a physician who must have a drug control license for each clinic location in which storage and dispensing occurs. **(29.B.1.a; 29.B.2)**

Indicator 16.1 Status: Not Met

Reason Not Met:

According to Michigan Pharmacy law, a drug control license must be obtained for each site dispensing medications. It was found during On-Site Review that MMDHD had not obtained a drug control license for the Shiawassee clinic address.

After discovering this finding, MMDHD started the process of obtaining the drug control license and assured the Reviewers they would submit it to their MDHHS FP Consultant upon receiving it.

Special Recognition:

MMDHD Medical Director serves on MDHHS's FP Medical Advisory Committee.

Recommendations For Improvement:

As MMDHD opens new clinical sites, ensure there is a drug control license for the site before dispensing medications.

Minimum Program Requirement #17

Provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff.

Indicator 17.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.3.2; 8.3.3; 8.3.4; 8.3.6
 - 8.5.4
 - 9.6
 - 8.7
 - Section 1, Annual Plan Instructions, pp.50,51
 - 13.5
 - 18.A
 - 21.B.6
 - 29.A.4
 - 29.B.3.b,c,d
 - 10.2.A.3
- All services must be provided according to approved protocols. **(8.5.4; 9.6; 18.A)**
- Required services provided by referral must have formal arrangements with the referral provider that includes a description of the services provided and includes cost reimbursement information. **(8.3.4; 29.A.4; 21.B.6)**
- The current annual plan identifies all services to be provided. **(8.7; Section I, Annual Plan Instructions, III.H p.50)**
- Safeguards must be in place to assure that drugs purchased through the 340B program are only used for family planning clients. **(29.B.3.d.3)**
- The agency must have proper segregation between requisition, procuring, receiving, and payment functions for pharmaceuticals and supplies. **(29.B.3.b,c)**
- There must be an inventory system to control purchase, use, and reordering of pharmaceuticals and supplies. **(29.B.3.c)**
- If a delegate agency subcontracts for services, a formal agreement consistent with Title X requirements must be current and have appropriate approval. **(8.3.2)**
- Documentation and records of all expenditures must be maintained. **(8.3.6; 13.5)**
- All services purchased for project participants must be authorized by the project director or his/her designee on the project staff **(8.3.3)**

Indicator 17.1 Status: Met

Additional Comments:

MMDHD provides all required Title X services on-site; no outside paid referrals were required for services.

Minimum Program Requirement #18

Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs.

Indicator 18.1 See Michigan Title X Family Planning Standards & Guidelines

- 9.7
- 17
- 29.A.1, 2, 3, 4, 5, 6

- Projects must provide necessary referrals to other medical facilities as medically indicated. **(9.7; 17)**
- The agency must have referral arrangements in place for the following: **(29.A)**
 - * Referrals made as a result of abnormal physical exam or laboratory findings
 - * Referrals for required services not provided on-site
 - * Referrals for services determined necessary but beyond the scope of Family Planning
- Referral and follow up procedures must be sensitive to the client's concerns for confidentiality and privacy. **(29.A.1)**
- Client consent for release of information to providers must be obtained, except as may be necessary to provide care or as required by law. **(29.A.2)**
- The agency must have written protocols/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These protocols must include a system to document referrals and follow up procedures, including: **(29.A.3)**
 - * A method to identify clients needing follow up
 - * A method to track follow up results on referrals
 - * Documentation in the client record of contact and follow up
 - * Documentation of reasons, actions where recommendations were not followed
- When required services are provided by referral, the agency must have in place formal arrangements with a referral provider that includes a description of the services provided and costs. **(29.A.4)**
- For services determined to be necessary but beyond the scope of Family Planning, clients must be referred to other providers for care, the agency must:**(29.A.5)**
 - * Document that the client was advised of the referral and the importance of follow up
 - * Document that the client was advised of their responsibility to comply with the referral
 - * Maintain appropriate safeguards for confidentiality
- Referral lists for social services agencies and medical referral resources must be current and updated annually.**(29.A.6.)**

Indicator 18.1 Status: Met

Minimum Program Requirement #19

Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate that these rates are reasonable and necessary.

Indicator 19.1 See Michigan Title X Family Planning Standards & Guidelines

- 8.3.2
- 8.3.4

- The agency must have in place formal arrangements regarding provision of services and reimbursement of costs for contractual services. **(8.3.2; 8.3.4)**

Indicator 19.1 Status: Met

Additional Comments:

MMDHD's Medical Director's contract was current and appropriate for services rendered.

Minimum Program Requirement #20

Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

Indicator 20.1 See Michigan Title X Family Planning Standards & Guidelines

- 11.1; 11.2

- The agency must provide an opportunity for participation in the development, implementation, and evaluation of the project. **(11.1)**

- The agency plan must include plans for community participation. **(11.2)**

Indicator 20.1 Status: Met

Minimum Program Requirement #21

Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved Plan & budget, regulations, terms & conditions and applicable cost principles prescribed in 2 CFR Chapter I, Chapter II, Part 200, as applicable.

Indicator 21.1 See Michigan Title X Family Planning Standards & Guidelines

- 7
- 8.3.6
- 13.5; 13.5.A
- Audit requirements are found in Section I Financial Management Audit Requirements, pp. 52,53

- The agency must have a separate budget for Title X funds. **(7)**

- The agency budget must be developed and approved annually by MDHHS. **(7)**

- The agency must have an annual financial audit conducted in accordance with provisions of 2 CFR Part 200. (Section I, Financial Management Audit Requirements, pp.57,58)

- The agency must have an annual financial audit conducted in accordance with provisions of 2 CFR Part 200. (Section I, Financial Management Audit Requirements, pp.57,58)

- The agency's must have a system in place for collecting all required data elements for the FPAR, including accurate, complete, and current financial data for Table 14.(13.5.A)

Indicator 21.1 Status: Met

Additional Comments:

Please forward a copy of the Fiscal Year 2018 audit to MMDHD's MDHHS FP Consultant when completed.

Women, Infants, and Children (WIC)

Section Summary		Total Met	Total
Essential	Indicator 1.1	1	1
	Total	1	1
Total		1	1

Minimum Program Requirement #1

The WIC Management Evaluation and Corrective Plan of Action (as required) are conducted and satisfactorily completed on a biennial basis as mandated by the United States Department of Agriculture.

Indicator 1.1 The previous WIC Management Evaluation Review (12 Months prior to the Accreditation Date) and its follow-up Corrective Plan of Action (CPA) is successfully completed, near completion or progressing toward completion; or there were no citations found during the Management Evaluation Review. (7 CFR 246.9 (a), WIC Policy 1.05)

- The WIC Management Evaluation (ME) must have all Met Indicators, or the WIC ME CPA for each of the indicators must be Met/Completed.**

See WIC 2016 Schedule for applicable WIC ME, WIC Follow-Up CPA.

Indicator 1.1 Status: Met

Indicator Summary:

The citations for the Mid-Michigan District Health Department noted during the 2016 Women, Infants and Children (WIC) Management Evaluation have been addressed with a Corrective Plan of Action completed on 3/22/17.

Special Recognition:

4.2 The clerical staff are consistent in obtaining all required documentation to establish WIC eligibility of clients.

5.6 The local WIC agency does a good job partnering with multiple community programs that benefit WIC clients.

6.5 The breastfeeding peer counselors do a good job providing support and educating pregnant and breastfeeding clients.

7.3 WIC staff have shown a significant improvement in completing special formula request forms based on the last management evaluation review.

Children's Special Health Care Services (CSHCS)

Section Summary		Total Met	Total Not Met	Total
Essential	Indicator 1.1	1	0	1
	Indicator 1.2	1	0	1
	Indicator 2.1	1	0	1
	Indicator 2.2	1	0	1
	Indicator 2.3	1	0	1
	Indicator 2.4	1	0	1
	Indicator 2.5	1	0	1
	Indicator 3.1	1	0	1
	Indicator 3.3	1	0	1
	Indicator 4.1	1	0	1
	Indicator 4.2	1	0	1
	Indicator 4.3	1	0	1
	Indicator 5.1	1	0	1
	Indicator 5.2	1	0	1
	Indicator 5.3	1	0	1
	Indicator 6.1	1	0	1
	Indicator 6.2	1	0	1
	Indicator 6.3	1	0	1
	Indicator 6.4	1	0	1
	Indicator 6.5	1	0	1
Indicator 6.6	1	0	1	
Indicator 3.2	0	1	1	
Total		21	1	22
Total		21	1	22

Minimum Program Requirement #1

The local health department (LHD) Children's Special Health Care Services (CSHCS) program shall assure that adequate, trained personnel are available to provide outreach, enrollment, and support services for children and youth with special health care needs (CYSHCN) and their families.

Indicator 1.1 LHD CSHCS shall maintain a staffing configuration that includes a Registered Nurse and a program representative to provide program services to CSHCS client caseload and meet program requirements. When changes occur, the LHD shall submit a CSHCS staff roster to the MDHHS CSHCS program and shall notify the MDHHS within 30 days when changes to the roster occur.

- There shall be evidence that the staffing is adequate to provide the required program services to the community and caseload. The table below provides recommended staffing levels based on caseload. It is incumbent on each LHD to determine the appropriate staffing levels/configuration to meet the needs of the community and of the CSHCS enrolled caseload.

Caseload Ranges	Recommended Registered Nurse FTE	Recommended Program Representative FTE
<150	.25	.25
150-400	.50	.25-.50
401-600	1.0	.50
601-800	1.0-1.5	1.0
801-1,300	2.0	1.0-1.5
1,301-2,000	2.0-2.5	1.5-2.0
2,001-2,800	3.0	2.0
2,801-3,300	5.0	5.0
>3,300	6.0	6.0

- There shall be evidence of a current, accurate staff roster. If changes have been made to the staffing, documentation exists showing that the revised roster was sent to MDHHS.

Indicator 1.1 Status: Met

Indicator 1.2

New LHD CSHCS employees shall take required courses, as listed on the CSHCS website, within 90 days of employment. All LHD CSHCS staff shall take these courses within 90 days of notification that the training courses have been updated. At least one person from each health department's CSHCS program shall participate in CSHCS state-office regional meetings.

- There shall be evidence that exists of timely staff training using required courses within the specified timeframes.
- There shall be evidence of routine staff training/updating through participation in the CSHCS sponsored regional LHD meetings by at least one person from each health department.

Indicator 1.2 Status: Met

Minimum Program Requirement #2

In accordance with the security and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), the local health department CSHCS program shall manage CSHCS client protected health information (PHI) in a secure and private manner that results in coordinated care.

Indicator 2.1

The LHD CSHCS program staff shall routinely use the CSHCS database to securely manage CSHCS client PHI and effectively and efficiently coordinate care.

- There shall be evidence of proficient and regular use of the CSHCS database by LHD CSHCS program staff to successfully carry out local CSHCS functions.

Indicator 2.1 Status: Met

Indicator 2.2

The LHD CSHCS program staff shall use the secure electronic method of communication for sharing of PHI designated by CSHCS (e.g. DMP).

- There shall be evidence of proficient and regular use of the designated electronic system for sharing PHI, by the appropriate LHD CSHCS program staff to successfully carry out CSHCS functions.

Indicator 2.2 Status: Met

Indicator 2.3

LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects communication among the staff and includes dates and staff identifier.

- There shall be evidence that the LHD maintains comprehensive client record on all CSHCS enrollees that all local CSHCS staff use to record contacts and document services provided.

Indicator 2.3 Status: Met

Recommendations For Improvement:

The Reviewers recommend the Mid-Michigan District Health Department (MMDHD) Children's Special Health Care Services (CSHCS) staff ensure that all interactions with the client are documented within the comprehensive client record.

Many of the charts reviewed left questions for the Reviewers regarding missing follow up details and resolutions to issues previously charted (the "rest of the story"). If documentation states follow up with the family will happen, there should be an entry that captures follow up actions, filling in any gaps within the chart that would have led to questions or assumptions.

Indicator 2.4 LHD CSHCS shall only access the minimum information necessary in the CSHCS database or other electronic data systems to complete tasks for CSHCS clients.

- There shall be evidence that LHD CSHCS staff implement the privacy provisions of HIPAA in carrying out their CSHCS tasks using the CSHCS electronic data systems and that staff receive the local health department's policy and procedure regarding HIPAA compliance.

Indicator 2.4 Status: Met

Indicator 2.5 LHD CSHCS shall offer families a private location for the exchange of confidential information.

- There shall be evidence that the LHD CSHCS program has a private location and it is offered to CSHCS families where they can privately exchange confidential information.

Indicator 2.5 Status: Met

Minimum Program Requirement #3

The local health department CSHCS program shall have family-centered policies and procedures in place, as well as accurate and timely reporting.

Indicator 3.1 LHD CSHCS shall regularly use the most current Children's Special Health Care Services Guidance Manual for Local Health Departments (Guidance Manual) and the Medicaid Provider Manual to effectively and consistently carry out local program expectations, policies, and requirements.

- There shall be evidence that the LHD CSHCS program staff routinely use the CSHCS Guidance Manual and Medicaid Provider Manual in carrying out local program expectations, policies, and requirements.

Indicator 3.1 Status: Met

Indicator 3.2 LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.

- There shall be evidence of written policies and procedures (electronic or hard-copy) that stipulate local procedures in accordance with current CSHCS published policy.

- There shall be evidence that the written policies and procedures are reviewed annually and updated as necessary. See Addendum 1 for the minimum list of policy statements to submit with procedures.

Indicator 3.2 Status: Not Met

Reason Not Met:

The MMDHD CSHCS staff did not have the complete set of policies and procedures in accordance with CSHCS published policy, and many of the current policies have not been updated to reflect the staff's current processes or policy requirements added by the State.

Recommendations For Improvement:

The Reviewers have listed below recommended adjustments/additions to the current MMDHD CSHCS Policy and Procedure Manual. Remember when revising policies and procedures that policy states what you will do and procedures state how you will do it. Strive to streamline policies and procedures to line up with current staff processes.

1. Add language within policy and procedures outlining how MMDHD CSHCS staff use the Medicaid Provider Manual.
2. Add language to the Community Outreach policy specifying how/when MMDHD CSHCS staff disseminate materials to families and the community.
3. Add language within policies and procedures specifying how assistance is provided to families in applying for other programs.
4. Add the number of attempts made to contact families who do not return a CSHCS application within 30 days of being invited to join CSHCS.
5. Add how families are contacted and the number of attempts made to contact families who are in a temporary eligibility period (TEP).
6. Consider strengthening policies and procedures regarding when/how initial contact with families happens and when families are contacted annually, outlining what goes out in the welcome packet and annual update packet.
7. Formulate a policy and procedural steps to identify how assistance is provided to clients/families addressing their care and service needs, within and outside of the instance when a family may receive a plan of care.
8. Create policy and procedures delineating how assistance is provided to clients/families in need of out-of-state care.

Indicator 3.3 LHD CSHCS shall facilitate family input regarding the local CSHCS program at least annually.

- There shall be evidence of outreach for family involvement for input regarding possible improvements to the overall local CSHCS program..

Indicator 3.3 Status: Met

Recommendations For Improvement:

The Reviewers recommend the MMDHD CSHCS staff consider adding a Family Center awareness question to their survey, as well as a question targeting any barriers the family may be experiencing.

Additional Comments:

MMDHD CSHCS staff have tried multiple methods of obtaining input from their clients and are continuing to explore what method works best in reaching their community. The Reviewers encourage staff to keep exploring what works until they land on a successful method showing an increase in feedback from families.

Minimum Program Requirement #4

The local health department CSHCS program shall collaborate with community partners and provide outreach, case-finding, program representation, and referral services to CYSHCN/families in a family-centered manner.

Indicator 4.1 LHD CSHCS shall routinely conduct outreach, case-finding, and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services to families, local hospitals, providers, the community and other agencies.

- There shall be evidence of outreach, case-finding, and program representation to families and community organizations.

Indicator 4.1 Status: Met

Special Recognition:

The Reviewers applaud the MMDHD CSHCS staff for the many approaches they have toward conducting outreach!

Staff actively work to build and maintain relationships with local hospitals, participate in hosting local college nursing students rotating through clinicals, partner with local community health workers, maintain a presence in multiple community meetings, as well as partake in activities such as a foster care appreciation dinner!

Indicator 4.2 LHD CSHCS shall partner with and refer CYSHCN and CSHCS clients to other needed services/programs and/or assist in making applications for other programs in the community for which the child and/or family may be eligible.

- There shall be evidence of referral procedures and practices for families of CYSHCN and those enrolled in the CSHCS program. The LHD CSHCS shall have evidence of partnering with and assisting families in applying for other programs for which they might be eligible such as Early On, WIC, MICHild, Healthy Kids, Medicaid, SSI, and Medicare.

Indicator 4.2 Status: Met

Indicator 4.3 LHD CSHCS shall inform all families about the Family Center for Children and Youth with Special Health Care Needs (Family Center). Written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website (www.michigan.gov/cshcs).

- There shall be evidence of informing clients/families about the Family Center, to include the Family Phone Line when appropriate, as well as inclusion of the required information on family-focused materials and correspondence to families.

Indicator 4.3 Status: Met

Recommendations For Improvement:

The Reviewers recommend the MMDHD CSHCS staff update information contained within the welcome packet sent to families, including conference scholarship information (does not have to be a CSHCS qualifying diagnosis, siblings are not included in current scholarship offering), and FSN chapters meeting locally (there are no longer any local chapters).

Minimum Program Requirement #5

The local health department CSHCS program shall assist families in the CSHCS application and renewal process as well as the application processes for other relevant programs.

Indicator 5.1 LHD CSHCS shall assist any family who is referred to or who contacts the local health department with needs regarding completion of CSHCS application processes and/or forms.

- There shall be evidence that the LHD CSHCS has assisted families who have been referred or who have contacted the LHD for help with the CSHCS application process and/or forms.

Indicator 5.1 Status: Met

Indicator 5.2 LHD CSHCS shall locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS, to offer assistance with application completion.

- The LHD CSHCS program shall have evidence of attempting to locate those who have not returned an application within 30 days of being invited to join CSHCS and of offering to assist with completing the application.

Indicator 5.2 Status: Met

Recommendations For Improvement:

The Reviewers recommend increasing the number of attempts made to reach families who have not returned their CSHCS application within 30 days. Diversifying attempts would also be beneficial to families (where one family may respond better to a phone call, another family may respond better to a letter). Document all attempts to reach families, and ensure attempts are made even if the family declined to join the program previously.

Indicator 5.3 LHD CSHCS shall assist clients/families who have received a CSHCS 90-day temporary eligibility period (TEP).

- There is evidence that the LHD CSHCS program contacts families that have a TEP and offers/provides assistance during their 90 day TEP to avoid loss of CSHCS coverage.

Indicator 5.3 Status: Met

Recommendations For Improvement:

The Reviewers recommend increasing the number of attempts made to reach families in a temporary eligibility period (TEP). Diversifying attempts would also be beneficial to families (where one family may respond better to a phone call, another family may respond better to a letter). Ensure documentation of all attempts to reach families.

Minimum Program Requirement #6

The local health department CSHCS program shall provide information and support services to CSHCS enrollees and their families.

Indicator 6.1 LHD CSHCS shall initiate contact to inform CSHCS clients/families of applicable CSHCS and related benefits upon enrollment and as needed according to individual circumstances. Following initial enrollment, CSHCS enrolled families shall be contacted at least annually to provide updated information about the CSHCS program, benefits, assess family needs, and update client information.

- There shall be evidence that, at enrollment, the LHD initiates a contact with CSHCS clients/families and informs them about CSHCS and the CSHCS benefits that are applicable to their circumstances at that time as well as other benefits that might address their needs. There shall also be evidence that the LHD contacts enrolled clients/families at least annually to provide updated information about the CSHCS program, benefits, assess family needs, and update client information.

Indicator 6.1 Status: Met

Indicator 6.2 LHD CSHCS shall assist the CSHCS enrolled client/family with needs related to CSHCS care and services as appropriate, for example: adding authorized providers, billing problems, hospice, insurance issues, premium assistance, application to the CSN fund, applications for home care and/or respite services, TEFRA, language interpretation services, and others.

- There shall be evidence that the LHD CSHCS assists enrolled clients/families with their needs related to care and services.

Indicator 6.2 Status: Met

Indicator 6.3 LHD CSHCS program shall facilitate transition for CSHCS enrolled youth, young adults, and their families. When already in contact with the family, the LHD CSHCS program shall begin the transition process by the age of 14, but may begin earlier as appropriate.

- There shall be evidence that the LHD facilitates transition of youth and young adults toward aspects of adult life, including adult health care, work, and independence following the CSHCS guidelines. There shall be evidence that transition processes were begun prior to age 14 if the LHD was already in contact with the family.

Indicator 6.3 Status: Met

Indicator 6.4 LHD CSHCS shall assist and authorize in-state travel and assist with obtaining authorization for out-of-state travel for CSHCS enrolled families as needed following CSHCS policies and procedures.

- There shall be evidence that the LHD CSHCS is assisting and authorizing in-state travel and assisting with obtaining authorization for out-of-state travel following CSHCS published policy for CSHCS enrolled client/families as needed and guidance in the Guidance Manual.

Indicator 6.4 Status: Met

Indicator 6.5 LHD CSHCS shall assist with funded out-of-state care for CSHCS-enrolled families as needed.

- There shall be evidence that the LHD CSHCS is assisting clients/families as needed with out-of-state care.

Indicator 6.5 Status: Met

Indicator 6.6

The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.

- There shall be evidence that the LHD CSHCS program is providing Level I and Level II care coordination services and making case management services available to clients/families as needed in accordance with current CSHCS policies and procedures.

Indicator 6.6 Status: Met

Recommendations For Improvement:

The Reviewers recommend the MMDHD CSHCS staff continue to explore additional billing opportunities.