



Commission on Accreditation
of Healthcare Management Education

HANDBOOK OF POLICIES AND ACCREDITATION PROCEDURES

*(including the process to obtain Candidacy
As referenced in Article 10)*

Revision History

Date	Section	Description
11/16/2023	Article 15b, section 3	Virtual Site Visits: POSE
5/31/2023	Article 10, section 3, 7 and 8	Clarifies that the Candidacy Committee is designated by the Accreditation Council to approve Candidate programs. The Committee informs the Council of their approval.
	Article 15a, section 3	One-year delays related to program director changes can be approved by CEO.
	Article 15b, section 3	Virtual Site Visits
	Article 15b, section 4	Added Section, AACSB Joint Visits
	Article 17, section 4	Added detail to Annual Report requirements including the addition of a minimum Response Rate
	Article 17, section 5	Additional detail added to Student Outcomes
3/3/2023	Article 13, section 3	Clarified conflict of interest statement
	Article 13, section 4B	Clarified the Coordinator's role; cleaned up language.
	Article 10, section 3	Clarified role of Candidacy Committee
3/2/2023	Article 10, section 6	Removed the locus of the Accreditation Council meetings in the Spring and Fall.
	Article 10, section 6	Corrected the statement that alluded to the chair making a recommendation of candidacy. This is the responsibility of the Candidacy Committee. The chair forwards the recommendation to the Accreditation Council.
	Article 10, section 10	The "Official List of Accredited Programs" is identified as being provided through the Advance Search tool. The wording that defines the communication around Candidacy (removed erroneous reference to "Accredited Programs" was clarified. Regarding the statement on the website, programs are provided two options: <div style="margin-left: 40px;">(1) The program may use the CAHME Candidacy logo and link to the Candidacy webpage.</div> <div style="margin-left: 40px;">(2) The program can use the worded statement.</div>
	Article 2, section 2	Clarifies that web-based disclosures of CAHME affiliation should use the CAHME logo with a link to the CAHME home page. For written communications, the email address of CAHME is provided as another option for the public to use.
	Article 19	Notifications of accreditation, withdrawal and adverse actions are sent to ASPA, CHEA, and the public, in keeping with the accreditation requirements.
	Article 18, Section 2 and 8	
2/15/2023	Article 13, section 1	The term "fellow" when referring to the role on the site visit, was replaced with the term "coordinator", based on current practice. Site visit teams for initial accredited programs "may" include a member of the Candidacy Committee, and the team may include four members if scheduling permits.
	Article 22.a, section 1	Standards Council meets at least twice a year. It reports to the Board on no less than an annual basis.

Date	Section	Description
	Article 22.b, section 1 and section 2	Procedures are updated to not name any one specific Corporate Member for special privileges within the bylaws or Accreditation Procedures.
	Article 23, section 4	Other ASPA members who are related to healthcare may change over time. The update removes the names of specific accreditors.
	Article 1, section 1	Updated mission statement to be consistent with the Board Approved version on February 15, 2023
	Article 1, section 2	Updated vision statement to be consistent with the Board approved version on February 15, 2023
	Article 1, section 3	Included statement of values.
	Article 1, section 4	Included Diversity, Equity, Inclusion and Belonging Statement as approved by the Board on February 15, 2023
	Article 1, section 6	Defined consistently with CAHME Articles of Incorporation, as Amended, June 23, 2005, and filed in the State of Illinois.
	Revise Revision Dates	Made consistent. Kept only the date of the most recent revision.
	Article 4.a and 4.b Article 4.c. section 1	Section revised to be consistent with the CAHME Bylaws as approved by the CAHME Board in November 2022.
	Article 6	Public access to summary self-study document provided. Detailed self-study provided through subscription to the Core Learning Center to programs.
	Article 7, section 2.L	Fee reimbursement made consistent with the fee schedule.
	Article 8, section b	Examples provided for programs outside of North America.
	Article 10, section 3	One complete annual report is required for candidacy programs to be assigned a self-study year. Corrected statement.
	Article 10, sections 4 and 5	No maximum length of time for candidacy period. To remain in Candidacy, the program must: <ul style="list-style-type: none"> • pay their annual candidacy fees, • submit their annual report. Removes the letter of intent requirement; the submission of the application of eligibility within CAMP is required.
	Article 11, section 2	Created Accreditation Timeframe table in lieu of text.
	Article 15b	Tables consolidated of description and with sample schedule for simplicity and consistency
	Article 16a, Section 2	Progress reports for initial accredited programs are the same as reaccredited programs, and are to be submitted 12 months and 24 months after initial site visit
1/10/2023	Article 10 Section 7	Minor changes to wording
	Full Document	Replaced references of eAccreditation with CAMP
	Revision History	Inclusion of revision history table; removal of revision history dates with no context of changes
11/1/2022	Article 10	Minor wording changes; Additional detail around Candidacy application; Replaced references of eAccreditation with CAMP
6/2/2019		Address change only

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FOREWORD

The governance and management structure of the Commission on Accreditation of Healthcare Management Education (CAHME) is tailored specifically for its special mission. This policy framework is designed to foster effective conduct of the evaluative and accrediting processes of CAHME. Recognized by the Council for Higher Education Accreditation (CHEA), CAHME is the resource for the healthcare field in setting, measuring, and authoritatively attesting to the quality of academic education in healthcare management. CAHME bears a major responsibility to the field and the community it serves. However, CAHME's recognition by CHEA does not include candidate programs.

This governance, management, and policy structure springs from and fosters the major principles upon which CAHME is founded:

1. Conduct of accreditation processes that are fair, equitable, ethical, and professional in every way.
2. Provision of reliable, meaningful, and timely information to universities, students, prospective students, parents, alumni, employers, and the public in general on the quality of career preparation and/or career enhancement in healthcare management.
3. Setting standards for quality in healthcare management education that are meticulously developed, rigorous, and highly relevant to the actual performance of healthcare managers, executives, and leaders.
4. Involvement of qualified academicians and practitioners pervasively throughout the accreditation functions in an equal and balanced fashion.
5. Adherence to the fundamental premise of volunteerism and collegiality in the conduct of accreditation processes so as to avoid punitive practices and foster enlightened self-improvement while always holding to the mark of excellence in educational quality.
6. Ensuring the integrity of the accreditation processes and actions through structural safeguards of governance, policy, and management that assure independent and professional judgment in measuring educational quality.

These fundamental principles underpin the content of the document that follows. All elements of these policies and procedures are consistent with the Bylaws of the corporation.

Article 1. Policy Statement: CAHME Mission and Vision

Section 1. Mission Statement

To serve the public interest by advancing the quality of healthcare management education by:

- Setting measurable criteria for excellent healthcare management education
- Supporting, assisting, and advising programs which seek to meet or exceed the criteria and continuously improve.
- Accrediting programs that meet or exceed the criteria.
- Making this information easily available to interested constituencies.

Section 2. Vision Statement

CAHME is recognized as an independent global leader for determining quality in healthcare management education. Universities, programs, practitioners, and peers will seek the consultation of CAHME to assess the quality of healthcare management education. CAHME is respected for its collaborative, efficient, and reliable contribution to the more effective delivery of healthcare management education, as noted by its recognition by the Council on Higher Education Accreditation.

CAHME actively promotes continuous improvement in the preparation of future healthcare leaders by developing measurable, competency-based criteria for excellence in healthcare management.

CAHME Accreditation is the benchmark for students and employers alike that ensure that students are well prepared to lead in healthcare management.

Section 3. Values

- Integrity
- Excellence
- Transparency
- Fairness
- Recognition

Section 4. Diversity, Equity, Inclusion and Belonging Statement

CAHME embraces a diverse community and is committed to the equity of all demographics and perspectives. We strive to incorporate a sense of inclusion within our daily work and our accreditation standards; from the programs we accredit to the volunteers who serve, as well as the team in which we employ. In keeping with our value of fairness, CAHME acts in accordance with fair treatment regardless of gender, economic status, race, religion, ethnicity, age, citizenship, disability, or sexual orientation. We are committed to creating an environment focused on respect and civility in which both personal and professional growth is at the forefront.

Section 5. Purpose of Accreditation

Accreditation of healthcare management education by the Commission on Accreditation of Healthcare Management Education is a commitment to public accountability for quality through voluntary efforts of the health professions. Students entering CAHME-accredited programs are assured of appropriate content, high standards of quality, and membership in a network of professional colleagues that transcends boundaries of universities and professional associations and colleges.

The leading professional, practitioners and academic organizations that serve as Corporate Members of CAHME have made this commitment.

Section 6. Programmatic Scope

According to Article 5 of the Articles of Incorporation, amended June 23, 2005, and filed in the state of Illinois, CAHME is organized exclusively for educational and scientific purposes:

- To assist in assuring the highest quality of educational product across the healthcare sector through providing an accreditation program for “selected academic levels” of the healthcare sector, with the term “selected academic levels” being intended to refer to degree-granting programs/departments/schools at the undergraduate, graduate, and doctoral levels, as well as pre-masters and post-masters residency and fellowship programs.

- To establish leading edge standards and assessment mechanisms of quality at selected academic levels of the healthcare sector.
- To make the findings of the Corporation available to the public.
- To advance continuously the quality of academic education in the healthcare sector.
- To assume such other responsibilities and to conduct such other activities as are compatible with the operation of an educational accreditation program.
- Through the CAHME Fellows Program, to develop leaders in education and practice over lifelong careers.

CAHME accredits professional programs in healthcare management (defined to include healthcare quality and safety, and population health management) from degree granting institutions.

CAHME may accredit more than one track, degree, or other instructional methodology at a single university. CAHME will determine appropriateness of separate accreditation of multiple tracks or degrees at a single university based upon the extent to which individual tracks in a single program have unique missions, grant separate degrees, utilize a variance in curriculum, involve different faculty members, and/or utilize substantially and measurably different teaching methodologies.

Article 2. Policy Statement: Code of Good Practice

CAHME shall hold membership in the Association of Specialized and Professional Accreditors (ASPA) and shall adhere to the ASPA - Member Code of Good Practice that states:

An accrediting organization holding full membership in the Association of Specialized and Professional Accreditors:

1. Promotes quality in education through accreditation processes that:
 - Focus on student learning as defined by institutional and programmatic missions and goals.
 - Evaluate educational quality in an unbiased manner.
 - Encourage institutions and programs to provide pertinent, clear, and accessible public information about student achievement.
2. Conducts accreditation processes with integrity and professionalism that:
 - Maintain autonomy and integrity in governance and operations through appropriate relationships and practices, and avoidance of conflict of interest.
 - Create, document, and implement policies and procedures to ensure fair and consistent application of standards and decision making that includes due process, confidentiality, and expedient response to appeals and complaints.
 - Develop, review and revise standards and accreditation procedures on a regular basis with the participation of communities of interest.
 - Maintain sufficient financial, personnel, and other resources for effective operations, while ensuring efficient and cost-effective accreditation processes for institutions and programs.
 - Cooperate with other accrediting organizations wherever possible to avoid conflicting standards and to minimize duplication of effort by the institutions and programs.
 - Provide evaluations to assist institutions and programs in developing their own approaches and solutions, making a clear distinction between accreditation requirements and recommendations for improvement.
 - Provide accurate, clear, accessible, and timely information to communities of interest about accreditation: standards, procedures and status of institutions and programs.
 - Maintain an effective training and professional development program for all accreditation staff and volunteers.
 - Ensure that site teams have the appropriate expertise and experience for each specific review.
 - Include periodic evaluations of the accreditation process that incorporate input from accredited institutions and programs.
3. Respects institutional independence and academic freedom through accrediting activities that:
 - Encourages institutional freedom to make academic decisions while fulfilling the commitment to the accreditation requirements of the profession.
 - Promote the rights of institutions and programs to determine and implement missions and goals.
 - Encourage experimentation, innovation, and thoughtful change that meet the needs of the profession, students and the communities served.

**Code of Good Practice ASPA March 2020*

Article 3. Policy Statement: Conflict of Interest

CAHME shall conduct all accreditation activities without any conflict of interest on the part of a Corporate Member, Director, Council member, staff member, site visit team member, fellow, consultant or other duly appointed representative. The goal of CAHME is to manage conflicting interests successfully. To do so, CAHME shall have sufficient and current information about the activities and affiliations of its Corporate Members, Directors, Council members, officers, employees, and representatives. Furthermore, CAHME shall work to prevent individuals from using the power, position, or information derived from their situations to influence accreditation activities or decisions.

A conflict of interest arises when a representative of CAHME has a relationship (contractual or otherwise) with a program or its representatives that could directly bias the actions, deliberations, or decisions of CAHME, or be subject to public interpretation of bias. CAHME shall make every effort to avoid even the appearance of a conflict of interest in all its activities. Nevertheless, it is impossible to assess all the relationships that may occur between a program and any representative of CAHME. Consequently, the responsibility for declaring a conflict of interest, or the potential conflict of interest, rests with the individual involved in the accreditation activity.

The formal opportunity to declare a conflict of interest in a site visit shall be given at the assignment of the site visit team. At the very least, a representative of CAHME shall not participate in any related accreditation activity when the individual:

- currently holds, or held within the past 10 years, a faculty appointment at the program or university;
- is an alumnus/a or former student of the program;
- currently serves, or served within the past 10 years, as a consultant to the program; and/or
- maintains any other close relationship which may present bias or give the appearance of bias.

Any duly authorized representative of CAHME who is engaged in an accreditation activity shall declare all apparent and possible conflicts of interest through the completion of a “conflict of interest” disclosure form once every year. The disclosure form will become part of the permanent file for an individual. The information on the disclosure form will be placed in a database or list for easy referral.

In the event of a declared conflict of interest for any related accreditation activity, the individual shall excuse himself or herself in an appropriate manner from the accreditation process unless their participation in the discussion is deemed of value by CAHME, in which case the individual may remain present and participate in the discussion but may not vote on any accreditation action.

Article 3a: Policy Statement: Disclosure of Organizational Affiliations

CAHME will maintain and make available the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the Board, Accreditation and Standard Councils, site visit teams and its principal administrative staff.

Article 4a. Policy Statement: Members of the Board of Directors

Section 1. Need and Definition

The Bylaws of CAHME define the authority, responsibility, number, and qualifications for member of the CAHME Board of Directors (See Corporate Bylaws, Article V).

The responsibilities of the Board Members and the special nature of CAHME as an accrediting organization for the health care management professions necessitate that the individual:

1. Be willing to actively participate in all the activities of CAHME.
2. Have the support of their respective employer, wherever appropriate.
3. Have a demonstrated interest in the healthcare field.
4. Have a minimum level of education at the baccalaureate level.

The special nature of the healthcare industry dictates that only highly qualified individuals be selected for election to membership on the Board of Directors. The healthcare industry is replete with complex interrelationships that frequently span many dimensions of organizations including the corporate members of CAHME. The selection of Board Member(s) remains the ideal and will be pursued with reasonable efforts.

Section 2. Role of Members of the Board of Directors

Defined in the Bylaws, Section 9.

Article 4b. Procedure for Selection of Members of the Board of Directors

The selection process for identifying a Member for the Board of Directors is defined in the Bylaws, in Section 4. The following sequence of events is outlined:

- 1) Staff solicits and receives nominations from appropriate organizations.
- 2) The CEO screens responses and presents them to the Governance Committee.
- 3) The CEO (and/or designated members of the Governance Committee) interviews all finalists.
- 4) Curricula vitae and Governance Committee recommendations are presented to the Corporate Members with the advice and consent of the Board of Directors.
- 5) The CAHME Board of Directors select the most qualified candidate(s) by majority vote.
- 6) The President and CEO, and/or the Chair of the Board invites the individual(s) to join CAHME for a three-year term.

Article 4c. Decision Making Bodies

Section 1. CAHME Board of Directors

The Board of Directors is the policy and decision-making body of CAHME. The board is responsible for:

- Establishing and implementing CAHME policy
- Establishing accreditation policies and Criteria for Accreditation
- Adopting and amending the Statement of Accreditation Policies and Operating procedures

Conducting and providing oversight of the accreditation function and to make all decisions on awarding, changing, or withdrawing accreditation, except as delegated to the Accreditation Council

- Setting the policy framework regarding the financial affairs of CAHME
- Representing CAHME to the public
- Promoting the integrity of the accreditation process
- Supporting the officers of CAHME in the interpretation and promotion of the accreditation program.

Board members are nominated by the Governance Committee of the CAHME Board of Directors and are elected as defined in the bylaws.

Section 2. CAHME Accreditation Council

The Accreditation Council shall oversee the accreditation process and make recommendations to the Board of Directors on individual accreditation decisions.

The Accreditation Council is delegated the authority by CAHME's Board of Directors to make determinations on a program's progress toward meeting any criteria not judged fully met during the previous review up to and including a recommendation for an interim site visit.

The composition of the Accreditation Council is defined in the bylaws.

Section 3. Standards Council

The responsibility of the Standards Council will be to monitor any feedback received by CAHME on its Accreditation Criteria and serve as the reviewing body for the Criteria. The Council will work closely with the Accreditation Council and will report to the Board on an annual basis.

The composition of the Standards Council is defined in the bylaws.

Article 4d: Policy Statement: Decision Making Body Education

Section 1: New Appointees to the Board

Within three months of appointment to CAHME's Board of Directors, new appointees will attend an orientation session conducted by CAHME administrative staff to cover the following:

1. CAHME Bylaws
2. CAHME Policies and Procedures
3. Role of purpose of CAHME Board Members and Sub-Committees
4. Purpose and procedures of the Accreditation Council;
5. Purpose and procedures of the Standards Council
6. Function of CAHME Corporate Sponsors
7. CAHME Organizational Chart
8. Job Descriptions for the principal administrative staff
9. CAHME Strategic Plan and Metrics for Success
10. CAHME Criteria for Accreditation

Section 2: New Appointees to the Accreditation Council

Within three months of appointment to CAHME's Accreditation Council, new appointees will attend an orientation session conducted by CAHME administrative staff to cover the following:

1. CAHME Bylaws
2. CAHME Policies and Procedures
3. Role of purpose of CAHME Board
4. Purpose and procedures of the Accreditation Council;
5. Purpose and procedures of the Standards Council
6. CAHME Organizational Chart
7. Job Descriptions for the principal administrative staff
8. CAHME Criteria for Accreditation

Section 3: Appeals Committee

Within one week of appointment to an Appeals Committee, appointees must attend an orientation session conducted by CAHME administrative staff to cover the following:

1. CAHME Policies and Procedures
2. CAHME Criteria for Accreditation

Section 4: Ongoing Educational Activity

Under usual circumstances, each face-to-face meeting of the Board of Directors and the Accreditation Council may include an educational session.

Article 5a. Policy Statement: The Accreditation Fellowship

The Accreditation Fellowship program began in 1972 with the support of the W.K. Kellogg Foundation. Since that time, Fellows have played a critical role in the accreditation process. The Fellow program is designed for individuals who demonstrate the potential to make significant contributions to the field of healthcare management education. By fully participating in the Commission activities, the Fellow learns firsthand about the progress, problems, and potential of evaluation in professional healthcare management education.

The number of Fellows depends upon the number and quality of the applicants and the anticipated number of site visits. Fellows will be evaluated annually by management with recommendations provided to the Accreditation Council to ensure that they meet requirements for Fellowship. Fellows may be considered at meetings of the Accreditation Council.

The initial eligibility requirements of the Fellow in sequential order are:

- 1) An interview with CAHME management confirming the earnestness of the Fellow to serve.
- 2) Receipt of a letter from their reporting “manager” that confirms that the Fellow is permitted to perform the services. There may be instances where this letter is waived. For example, if the Fellow is an owner of the company, is retired, is the President and CEO of an organization who reports to a Board of Directors. CAHME Management may recommend to the Accreditation Council when the letter should be waived. In this case, a letter of recommendation is requested.
- 3) The Fellow must complete all education materials as defined by CAHME management as available on CAHME’s Core Learning Center (CLC). This includes be conversant in CAHME Accreditation Policies, including the Self Study Guides and knowledge of the CAHME Accreditation Management Portal (CAMP) system.
- 4) Attend one visit as an observer.
- 5) Approval of the Accreditation Council.

Once approved as a Fellow, to maintain ongoing eligibility, the Fellow is required to:

- 1) Maintain their certification as a Fellow by being current on their education on CAHME accreditation policies. This is measured by completion of the respective CLC modules as designated.
- 2) Visit at least 2 programs in the most recent 4-year period.
- 3) The satisfaction score shall be calculated on a scale of 1 to 5. The lowest score may be dropped. A minimum of 3 scores must be available before a calculation is determined. Fellows must maintain a score of either 4.0 or 67% of all visit scores over the last 5 years must be at a score of 4.0 or better. Scores more than 5 years old are not considered in the calculation, provided that a minimum of 3 scores can be calculated.
- 4) Attendance of at least one Accreditation Council meeting during the tenure as Fellow.

In applying for the Fellowship, an applicant commits to

- 1) participate fully in site visits.
- 2) attend Accreditation Council meetings as appropriate.
- 3) be willing to travel away from the Fellow’s residence and primary worksite, or to participate in virtual site visits, depending on the policies as adopted by the CAHME Board of Directors
- 4) be available twenty to twenty-five days in preparing and editing Site Visit Reports.
- 5) confirming that they have word processing skills and are fully computer-literate.
- 6) provide their own computer equipment, cell phone, and internet access from their home or work. If the fellow requires to purchase Internet services while on the road in service to the fellowship, this is a reimbursable expense.
- 7) Fellows are responsible for providing reasonable care in maintaining compliance with passwords and security of access to data in the CAHME system.
- 8) Fellows are comfortable with virtual site visits, video and required technology.
- 9) Retain confidentiality of information received while in service as a site visitor.

- 10) Exercise reasonable restraint in reimbursable expenses, fully aware that they are participating in a voluntary activity in service to higher education and the profession of healthcare. The CAHME Board will evaluate instances where expenses exceed reasonable levels, and at its discretion may choose to terminate the term of the Fellow.
- 11) Present a positive public face of CAHME, create a positive relationship with the program, and represent CAHME's culture of a process of continuing improvement whose purpose is to advance the quality of healthcare management education.

Fellow Recognition Program

CAHME's Fellow Recognition program has been created to recognize those fellows who through longevity of service and superior performance can attain levels of recognition.

The levels of the Fellow Recognition program, and the requirements to meet the Fellowship levels are defined as follows:

Level	Lifetime Site Visits	Visits in the Last 4 Years	Satisfaction Score*	Badge Renewed
Master Fellow	15	3	4.0	Annual
Certified Fellow	10	3	4.0	Annual
Fellow	3	2	4.0	Annual
Apprentice	0	0	N/A	N/A

** The satisfaction score shall be calculated on a scale of 1 to 5. The lowest score may be dropped. A minimum of 3 scores must be available before a calculation is determined. Fellows must maintain a score of either 4.0 or 67% of all visit scores over the last 5 years must be at a score of 4.0 or better. Scores more than 5 years old are not considered in the calculation, provided that a minimum of 3 scores can be calculated.*

While the Fellowship itself is voluntary, all expenses related to travel of the Fellow to site visits, Accreditation Council meetings, and training will be borne by CAHME.

It is expressly forbidden for Fellows to share passwords related to their training with others (including their own academic program). FAILURE TO COMPLY WILL RESULT IN IMMEDIATE REMOVAL AS A FELLOW.

Article 5b. Procedures for Recruitment and Selection of Fellows

A cohort of Fellows is selected each year on a competitive basis through a national call for applications. Both faculty members of programs in healthcare management and practicing healthcare administrators are invited to submit applications. Ideally, a practitioner should be a graduate of an accredited program and/or maintain a formal affiliation with a CAHME-accredited program.

The national call for applications will be distributed as needed. An application is complete only when CAHME has received all the following items:

- 1) A current curriculum vitae;
- 2) A letter from the applicant describing the expected benefits from the Fellowship in terms of their familiarity or relationship to healthcare management or health related field, and their level of experience with word processing software;
- 3) A letter of endorsement from an appropriate university official or employer (unless retired) indicating the willingness to provide release time for the Fellow to participate in CAHME activities.

The CAHME CEO and the Chair of the Accreditation Council will review all complete applications and interview each applicant. Applications will be rated on an individual and aggregate scale. Each applicant will be assessed using the following criteria:

- 1) Demonstrated interest in higher education accreditation.
- 2) Ability to contribute to the activities of CAHME.
- 3) Potential to contribute to the field of healthcare management.
- 4) Demonstrated written and oral communication skills.
- 5) Apparent organizational ability.
- 6) Adequate word processing skills to support a team in preparing the site visit report.

Based upon the ratings, the Accreditation Council Chair and CEO make the final recommendation for the selection of Fellows. The Accreditation Council will review and accept/decline each of the recommendations. The new Fellows will be notified after the appropriate Accreditation Council meeting.

Article 6. Policy Statement: Disclosure and Confidentiality

The public shall have access to the Corporate Bylaws, any statement of accreditation policies and procedures, the *Criteria for Accreditation*, the CAHME Official List of Programs, and actions of the board regarding accreditation. CAHME shall publish and disseminate twice per year all final decisions (both affirmative and negative) with respect to accredited status, including withdrawals from accreditation, and the reasons for those actions.

CAHME shall not publish information regarding the withdrawal of an application for initial accreditation or a decision to deny an initial application for accreditation.

A notice of accreditation action shall be sent to the following public entities no later than 30 days after the decision:

- Council for Higher Education Accreditation (CHEA);
- The Association of Specialized and Professional Accreditors (ASPA); and
- Upon request, the state postsecondary review entities.

The following documents are part of the public domain and are available without restriction:

- Criteria for Accreditation;
- List of Accredited Programs;
- Annual Report Of Programs With Relevant Indicators
- Audited Financial Statements of the Corporation;
- Any publication that promotes, states, and/or clarifies the accreditation process.

The Self-Study Document of an accredited program shall be available to the public in a summary format as required by CHEA. The Self-Study Document of an accredited program shall be placed in the files held by CAHME. Through subscription to the Core Learning Center, the complete Self-Study Documents are accessible to a representative of an accredited program, a program seeking accredited status, or an organization interested in the quality of postsecondary education. CAHME may make public the term of program accreditation. CAHME will not make public any documentation other than the Self-Study Document relating to a program's accreditation or board action on the program's accreditation.

CAHME maintains complete and accurate records of the two previous accreditation reviews of each program it accredits, including the report of the site visit team, the program's response to the team report, the progress reports submitted subsequent to the accreditation visit, annual reports, any reports of interim site visits, the most recent Self-Study Document and all other correspondence significantly related to those accreditation reviews.

CAHME maintains indefinitely a copy of all decisions made throughout a program's affiliation with CAHME regarding the accreditation of any program and substantive changes, including all correspondence related to those decisions.

Unless specified, all other documents remain the private property of CAHME.

Section 1. Public Disclosure of CAHME Affiliation

A program may elect to publicly disclose its accredited status or candidacy status to declare its affiliation with CAHME. Any such disclosure must be clear and must not be subject to misinterpretation. Accredited and candidate programs should use the appropriate CAHME logo with a link to the CAHME home page (or other page as designated). Any written notice of accreditation action to a program shall include the instructions for properly disclosing the CAHME affiliation with a program. All public disclosures must state the specific program and degrees accredited and the official designated status along with the name, address, and telephone number or email address of CAHME:

Commission on Accreditation of Healthcare Management Education
PO Box 911
Spring House, PA 19477
301-298-1820
info@cahme.org

Section 2. Misrepresentation

The accredited status or candidacy status of a program is a level of achievement that affects a broad spectrum of stakeholders. The program and the public should view the proper declaration of the accredited or candidacy status of a program as a commitment to quality in healthcare management education. Any misrepresentation or distortion of this perspective shall undergo the scrutiny of CAHME.

Any statement of misrepresentation or distortion about the CAHME affiliation shall require the public acknowledgment of such error by the culpable entity. The acknowledgment shall be accompanied by a correction in the same instrument of the original statement. CAHME reserves the right to determine the level of restitution appropriate for the type of misrepresentation.

Article 7. Policy Statement: Financial Management and Accreditation Fees

Section 1. Statement of Fiscal Responsibility

The sound fiscal management of organization, whether non-profit or for-profit, requires the ability to track and recover the direct and indirect costs of operations. CAHME shall make reasonable efforts to recoup costs, when possible, to maintain operations and provide high quality services.

Section 2. Types of Fees

Fees are formulated to cover the accreditation process. These fees are reviewed on an annual basis for their relevancy and appropriateness. This fee schedule is available to the public on www.cahme.org. Programs will be invoiced for all fees. Invoices will be payable upon receipt. The accreditation of programs failing to make payments in a timely fashion prior to the site visit may be subject to adverse action by CAHME including cancellation of the site visit. All fees are subject to change according to an annually approved Fee Schedule.

A. Initiation Fees

Initiation fees are paid when a program has been approved for its initial site visit and notified of the date of the visit. Under no circumstances may a site visit be conducted if Initiative Fees are not paid in advance. If a subsequent visit is required for a first-time program, a fee of 50% of the initiation fee will be assessed. If the program has multiple modalities, the initiation fee may be increased.

B. Eligibility Fee

The Eligibility Fee (aka Application Fee) applies to programs who begin the process of entering candidacy by first filing an eligibility statement.

1. Timing: Invoiced upon submission of the eligibility document.
2. Uses: This fee covers the cost of eligibility review and initial consultation with the Program.

C. Candidacy Application Fee

The Candidacy Application Fee is management's review of the complete application as a path to be submitted to the Candidacy Committee.

1. Timing: On submission of the completed application for CAHME Accreditation.
2. Uses: This fee covers the administrative cost of Candidacy, consultation and to determination of the program's readiness to be a CAHME Accredited Program.

D. Candidacy Annual Fee

An annual fee will be assessed to all programs in Candidacy, and to all programs that have submitted a complete Candidacy Application Fee (as defined in section C).

1. Timing: The annual fee will be assessed in the academic (starting July 1) year following the date of the invoice of the Candidacy Application Fee.

2. Uses: The Candidacy Annual Fee covers access to CAHME Annual Report Editor, CAHME Annual Report Benchmarks, and to the CAHME Accreditation Management Portal.
3. Failure to Pay. If a program fails to pay the Annual Fee within 30 days of the start of the fiscal year, systems access will be terminated. Programs can reactivate their application by paying a reactivation fee equivalent to the Candidacy Application Fee.

E. Interim Site Visit

A standard interim site visit fee will be invoiced at the time of confirmation of the interim site visit date. The fee will be determined based upon the nature of the visit and the number of team members required to achieve the objectives of the visit.

F. Site Visit Delay Fee

A program that is granted a delay of the Site Visit will be responsible for a site visit delay fee. This fee is payable immediately after the delay is granted. Delays requested after the site visit has been scheduled will incur additional fees.

G. Annual Program Fees

Each accredited program is assessed an annual fee. The annual program fee covers a portion of the fixed operating costs of CAHME, as well as the cost of preparing and distributing the Official List of Accredited Programs and other free public documents. A Candidate program that is granted initial accreditation at the spring Accreditation Council meeting will immediately be invoiced the annual fee for the upcoming year. A Candidate program that is granted initial accreditation at the fall Accreditation Council meeting will immediately be invoiced for one-half the annual fee for the current year. Annual fees are due on July 1 of each fiscal year.

H. Late Report Fees

Programs submitting Candidacy Status Reports, Annual Program Reports, Progress Reports, or Self-Study Documents after the due date will incur a fee. An additional fee will be assessed for each 30 days after the due date until the report is submitted.

I. Administrative Fees

CAHME may provide services at the request of an individual, a program, university, or another organization. These services will be billed at an hourly rate reflecting the costs of providing the service. An estimate for the services will be given at the time of the request.

J. Appeal Fees

Programs wishing to pursue a First Level Appeal of an accreditation program must submit the First Level Appeal Fee along with the notice of intent to appeal. This fee covers all direct and indirect costs CAHME will incur as a result of the appeal.

In the case of a Second Level Appeal, the plaintiff program will bear all reasonable direct and indirect costs (including transportation, accommodations, meals, printing, shipping, and legal fees for both the program and CAHME), regardless of the outcome. An estimation of anticipated costs, which can be substantial, will be provided to the plaintiff program prior to the program's decision to pursue a second level appeal.

K. Publication Fees

The Official List of Accredited Programs, the Criteria for Accreditation, the *Self-Study Handbook* and the *Handbook of Policies and Procedures* are available at www.cahme.org. For all printed requests, the fee will be calculated on a per page basis and include an appropriate administrative fee.

L. Reimbursement of Paid Fees

If a program withdraws from the accreditation process after paying the fees, but before the site visit, there is no reimbursement of fees, and the program is responsible for actual travel costs incurred by CAHME related to team travel.

Section 3. International Exchange Rates

All fees are calculated and invoiced in terms of U.S. dollars, though in the case of extreme differential in international exchange rates, CAHME may offer some discount as may be economically equitable. Out-of-pocket travel expenses are reimbursed, when appropriate, based upon actual cost paid

in whatever currency. In all cases, the fee must recoup at least the direct and indirect costs incurred for the services by CAHME.

Section 4. Access to Fee Schedule

The Fee Schedule is available on the CAHME web site (www.cahme.org).

Article 8. Policy Statement: Eligibility for CAHME Accreditation

Programs must meet the following Eligibility Requirements to pursue CAHME Accreditation:

- A. The University will have established healthcare management as a major course of study leading to a master's degree. Establishment of the Program will have been approved by the appropriate University governing body.
- B. Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.
COMMENT: In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada. Outside of North America, the program shall hold recognition in a nationally recognized accreditation (or equivalent) body.
- C. If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.
- D. The Program in healthcare management will have graduated at least one class.
- E. The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals, and objectives. This will include:
 - 1. Library and/or access to information resources;
 - 2. Computing technology and the appropriate management software; and
 - 3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.
- F. There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability, or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.
- G. The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.
- H. The Program will be subject to a defined policy on academic freedom and academic standards. Program faculty will be aware of Program/University faculty grievance procedures.
- I. University policies will provide time and support for faculty development, research and/or scholarship, and service.
- J. Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

Article 9. Policy Statement: Multiple Programs

Section 1. Overview

Any program, regardless of setting and structure, must meet CAHME eligibility requirements before an accreditation decision can be made.

Differences between programs must be explained in an eligibility statement. Multiple programs in healthcare management in one academic unit (a unit may be a department or a school within a university) may be reviewed under two scenarios: (1) each program could be reviewed individually with each program receiving a separate accreditation, or (2) programs would be treated as one aggregate program subject to one accreditation action.

The Substantive Change Committee developed a rubric to guide decisions based on factors influencing whether or not multiple programs, either existing or newly added, are similar enough to be considered under a single accreditation include but are not limited to:

- based in same unit
- under the same leadership,
- similar mission,
- single competency model, and
- similarity in curriculum content with respect to the competency model.

In the first scenario, a separate site visit must be conducted for each program. A complete Self-Study Document must be completed for each program. In the second scenario, only one site visit would be conducted to review all the entities as one program. In the latter case, The Self-Study must clearly identify the differences between the programs and/or tracks.

Section 2. Existing Accredited Programs With Existing Multiple Tracks¹/Programs

Completed annual reports will be reviewed by CAHME staff to determine what, if any, additional resources are needed for the upcoming site visit.

If CAHME staff determine that the multiple programs/tracks have significantly diverged since the last accreditation, the survey will be referred to the Substantive Change Committee for deliberation at its next meeting, and the committee will decide on whether or not a single accreditation action is still appropriate. A report of the committee's decisions will be read out at the next Accreditation Council meeting.

Existing Track Review Standard

The Substantive Change Committee will start with the presumption that program tracks, degrees, dual degrees, or delivery modalities that have historically been considered part of a single accreditation should remain under a single accreditation. The deciding factors in the committee's decision will be the best interests of the program and the program's students.

Notice

Programs will be notified of the decision no later than three weeks after the Substantive Change Committee meeting.

Section 3. Accredited Programs Adding a Program or Track between Reaccreditations

Programs are expected to update CAHME on any substantive change that occurs between reaccreditations in their annual reports (reference Article 17). If a Program plans to add a program track, degree, dual degree, or delivery modality and believes this change to be within the parameters of the existing CAHME accreditation, the Program should submit an application to the President & CEO and provide supporting documentation to assist the Substantive Change Committee in determining the new option's relationship to the existing accredited program. If the change is the addition of a track, concentration, or dual degree that does not materially change the existing mission, competency model, or faculty, CAHME staff may review the survey data and conclude that the change does not constitute a substantive change, and the Program can continue to operate under its existing accreditation. However, if CAHME staff are unsure OR if the changes are material, the request to include the new program, track, degree, dual degree, or delivery modality under current accreditation will be forwarded to the

¹ **"Concentration (Also Specialization, Option, Focus, Track, Emphasis)** Synonymous terms that represent a specified group of courses within or in addition to the accredited Program of study. A subdivision of the graduate major, representing a particular subject focus within the major area. Students may enroll in the subdivision in addition to their graduate major."

Substantive Change Committee for review at the next scheduled meeting and then the Accreditation Council for final disposition. Requests must be received by February 1 for review at the spring Substantive Change Committee meeting, and September 1 for review at the fall Substantive Change Committee meeting. The Substantive Change Committee will review the annual report data and supporting documentation provided by the program and make a recommendation to the CAHME Accreditation Council based on a majority vote of committee members.

Possible dispositions are:

- The additional program track, degree, dual degree, or delivery modality is similar enough to the accredited program that it can be considered part of the currently accredited program (subject to Section 2. Existing Accredited Programs with Multiple Tracks policy when the program comes up for reaccreditation).
- More information is needed to determine regarding whether the additional program track, degree, dual degree, or delivery modality is OR is not similar enough to the accredited program to be considered part of the accredited program. In this case, the Substantive Change Committee will request more information and may also recommend that CAHME require an early site visit (e.g., earlier than the next scheduled one) in order to make the determination.
- Such significant differences exist that the additional program track, degree, dual degree, or delivery modality cannot be considered part of the accredited program and must apply for CAHME candidacy for the new track/degree/modality; it will be referred to the Candidacy Committee in order to begin the process of attaining a separate program accreditation through an expedited candidacy process.

New Track Review

The Substantive Change Committee will start with the presumption that additional program tracks, degrees, dual degrees, or delivery modalities should be considered part of the accredited program. The deciding factors in the committee's decision will be the best interests of the program and the program's students. CAHME staff will review annual report data from all newly approved tracks and report to the Substantive Change Committee

Notice

Programs will be notified of the decision no later than three weeks after the Accreditation Council meeting.

Article 10. Policy Statement: CAHME Candidacy (*AKA the Candidacy Handbook*)

Section 1. The Purpose of Candidacy

The CAHME Candidacy Program, which allows a program to be considered for Candidate Status, is designed to establish communication, assistance, and continuity between CAHME and programs in healthcare management seeking CAHME accreditation. The "Candidate" designation indicates that a program has voluntarily committed to participate in a systematic plan of quality enhancement and continuous improvement so that CAHME accreditation is a feasible and operational objective within five years. However, Candidacy status does not indicate an accredited status, nor does it guarantee eventual accreditation.

Section 2. Benefits of Candidacy

A program in healthcare management that has been accepted into CAHME Candidacy has made a commitment to continuous quality improvement through a focus on attaining CAHME accreditation. The Candidate program will benefit from:

- Ongoing support from CAHME that fosters continuous quality improvement.
- The Candidacy program's proven track record of success in improving program quality.
- Continuous peer review of the program's progress toward meeting CAHME's Criteria for Accreditation

CAHME will benefit from the participation of programs in Candidacy by expanding its knowledge and reference base for quality enhancement and continuous improvement goals and practices. This base

will provide helpful illustrations for use in the training and workshops offered to programs, Accreditation Council members, and Site Visit Team Members.

Section 3. The Candidacy Committee

A Candidacy Committee will direct the CAHME Candidacy Program. The Chair of the Candidacy Committee is appointed by the Accreditation Council on the recommendation of the Chair of the Accreditation Council. The Chair must be either a member or past member of the Accreditation Council. Additional members of the Committee will be appointed by the Accreditation Council on the recommendation of the Chair of the Accreditation Council. All members will serve renewable 3-year terms. Terms may not be renewed more than once. At all times, there will be at least three members of the Candidacy Committee, at least two of whom must be sitting members of the Accreditation Council. The Candidacy Committee will ideally be comprised of equal numbers of practitioners and academics. The Chairs of the Accreditation Council and Standards Council as well as the President and CEO of CAHME will serve as Ex Officio members. The Candidacy Committee will have at least one meeting per semester prior to the regularly scheduled Accreditation Council meetings so that it may report its activities to the Accreditation Council. Actions of the Candidacy Committee must be approved by at least a simple majority of its members and are subject to ratification by the Accreditation Council.

The Candidacy Committee at its regularly scheduled meetings is responsible for:

- Presenting to the Accreditation Council those programs approved for Candidacy;
- Presenting to the Accreditation Council the appropriate self-study year;
- Ensuring that the program has a complete annual report before being considered for the self-study year.

Section 4. Considering Candidacy

Programs interested in CAHME accreditation must apply on CAHME's Accreditation Management Portal (CAMP). A Candidacy period will be used to develop the self-study and to prepare for the initial accreditation site visit. The Candidacy period can be adapted to apply to a program's stage of development; however, a program must have admitted at least one class before an application can be submitted and will have graduated one class before the initial accreditation site visit.

Section 5. Procedures for Entering the Candidacy Program

A program that is not accredited by CAHME begins the accreditation process by creating a program account on the CAMP system and applying of Eligibility. Eligibility for CAHME accreditation must be determined prior to the submission of the full candidacy application.

CAMP can be accessed on our www.cahme.org:



The full Eligibility Statement will include:

- The Candidacy Eligibility Fee (See Schedule of Fees).
- Completed Eligibility application within CAMP attesting that the program has met the eligibility requirements (See *Self-Study Handbook for more details*). These requirements are fundamentals that must be satisfied before a program can proceed with the accreditation process. **The declarations made in the Eligibility Statement are subject to verification by CAHME Staff and the Site Visit Team.**

REQUIREMENT A

The University will have established healthcare management as a major course of study leading to a master's degree. Establishment of the Program will have been approved by the appropriate University governing body.

REQUIREMENT B

Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.

COMMENT: In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada. Outside of North America, the program shall hold recognition in a nationally recognized accreditation (or equivalent) body.

REQUIREMENT C

If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.

REQUIREMENT D²

The Program in healthcare management will have graduated at least one class.

REQUIREMENT E

The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals, and objectives. This will include:

1. Library and/or access to information resources;
2. Computing technology and the appropriate management software; and
3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.

REQUIREMENT F

There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability, or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.

REQUIREMENT G

The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

REQUIREMENT H

The Program will be subject to a defined policy on academic freedom and academic standards. Faculty in the Program will be aware of Program/University faculty grievance procedures.

REQUIREMENT I

University polices will provide time and support for faculty development, research and/or

² Candidate programs must meet Requirement D when the initial accreditation site visit is scheduled but should have admitted at least one class at the time of the application. See Article 10. Section 4

scholarship, and service.

REQUIREMENT J

Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

Section 6. The Candidacy Application

- The Candidacy Application Fee (See Schedule of Fees)
- A completed Annual Report, including no less than one complete year, submitted in CAHME's Annual Report Editor (CARE). Applications will be considered only if an Annual Report has been completed by the candidacy application due date.
- A completed Candidacy application within CAMP, which includes:
 - A program overview and description which will include degree offered, the setting of the program within the university, program history, types of students served and any other information that distinguishes the program.
 - The following list of self-study areas can be found in the Self-Study Handbook:
 - I.A.1: The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement initiatives, and strategic intent and/or market focus.
 - I.A.2: The Program will establish goals, objectives and performance outcomes that are aligned with the Program's mission, vision and values and are action-based, observable, and measurable.
 - I.B.2: Program leadership will have sufficient authority and autonomy to develop and guide the Program.
 - II.A.2: The Program will have recruiting practices and well-defined admission criteria designed to recruit and admit qualified students and to pursue a diverse student population as reflected in the Program's mission-defined market.
 - III.A.1: The Program will adopt a set of competencies that aligns with the Program's mission and types of jobs graduates enter. The Program will use these competencies as the basis of its curriculum, course content, learning objectives, and teaching and assessment methods.
 - III.A.2: The Program curriculum will facilitate development of a depth and breadth of knowledge of the health-sector and healthcare management, aligned with the Program's mission and competency model.
 - III.C.2: The Program will regularly evaluate the extent to which each student attains the competencies at the level targeted by the Program and will have a process in place for communicating that information to students.
 - III.D.2: The Program will collect, analyze, and use the assessments of student competency attainment for continuous improvement.
 - IV.A.1: Program and University leadership will ensure that the complement, involvement, and qualifications of Program Faculty are sufficient to accomplish the mission of the Program.

Programs should be succinct and use the best method of presenting information (including bulleted lists, tables, and diagrams), rather than lengthy narrative where appropriate.

CAHME Staff will review the submitted application for completeness prior to review of the application by the Candidacy committee. Incomplete applications will be returned to the program for review and completion.

The Candidacy Committee will determine the eligibility of a program for Candidacy status and the chair will forward the recommendation to the Accreditation Council.

- If a program demonstrates through the submission of the above documents that it is eligible to participate in the Candidacy Program, it will be granted Candidate Status. A self-study year will be designated based on program readiness.
- If a program lacks the required documents or qualifications, the Candidacy Committee may defer candidacy until such time as they are ready to proceed.
- If the program fails to meet the eligibility requirements, lacks the required documents or qualifications, fails to adhere to the deferral resubmission schedule, the Candidacy Committee may reject the application.

An application for Candidacy must be submitted by August 15 to be reviewed at the Fall Candidacy Committee meeting and by January 15 to be reviewed at the Spring Candidacy Committee meeting. CAHME's Accreditation Council makes the final determination on self-study-year designation at its meetings in the Spring and the Fall.

Section 7. Candidacy

Once accepted as a Candidate by the Candidacy Committee, a program must proceed toward accreditation. Once accepted into Candidacy, a program must use a full academic year as their self-study year. During this time, program leadership should attend an orientation meeting, subscribe to the CAHME Core Learning Center, and submit an acceptable self-study draft to CAHME offices.

Programs in Candidacy are required to pay an annual fee and must submit an Annual Report. Failure to pay the annual fee will require programs to begin the Candidacy submission process again. Failure to submit an annual report will automatically cancel the site visit.

At any time, during candidate status, a program may withdraw its application, on written notice to the CAHME President/CEO, and no further accreditation activities will be conducted.

Programs in candidacy may request an on-site consultative visit from CAHME staff or a staff representative. The program will be billed as defined in CAHME's schedule of fees, in addition to all travel and other expenses.

An orientation meeting will be held periodically online or in conjunction with a national professional meeting, for program directors new to accreditation.

Section 8. Advancement from Candidate to Accreditation

Candidate programs may begin the self-study year on the recommendation of the Candidacy Committee. The Candidacy Committee will review the application to determine: 1) the dates for the program to begin the self-study year, or 2) if the program should be denied further consideration in the accreditation process.

If the program wishes to delay its self-study year, or to initiate the self-study year prior to the time designated, it must notify in writing the President and CEO of CAHME with justification.

The Candidacy Committee will take a supportive role for programs in Candidacy. This may include the provision of resources, access to enhanced benchmarking, the benefits of the Chair's Mentorship Circle, and a consultative approach toward the initial accreditation review.

Candidate programs must submit a draft self-study to CAHME staff to review for completion and adequacy 12 weeks in advance of the scheduled site visit. An annual report must also be completed. Failure to submit the draft self-study may result in termination of candidate status. A review will be conducted by the site visit team. The program will receive guidance, if needed, on how the submission can be improved or whether the site visit should be delayed.

Section 9. Assessment of Fees

Programs are required to pay the following non-refundable fees as part of the Candidacy process:

Fee	One Time Due	Annual Maintenance
Eligibility	Upon submission	Effective July 1 after the submission of the Eligibility document, and annually thereafter until Candidacy is approved.
Candidacy Application Fee	Upon submission of full application for Candidacy	Effective July 1 after the approval into Candidacy, and annually thereafter until accredited.

Section 10: Communication Guidelines

All Candidate programs will be identified in the CAHME Official List of Accredited Programs through the ADVANCE Search tool which requires the completion of an annual report. If the Annual Report is incomplete, the program will not appear on the list.

All publications and/or statements by the candidate program must use one of the following two declaration regarding the program's candidate status:

Option 1: Link to CAHME website on Candidacy.

The program may use the CAHME Candidacy logo and link to: www.cahme.org/candidacy.

Option 2: Text on website



Candidate status is an indication that a program in healthcare management has voluntarily committed to participate in a plan of self-improvement and is actively progressing toward the status of accreditation. Candidate status is not accredited status and does not guarantee eventual accredited status.

Article 11. Procedures for Pursuit of Accreditation

Section 1. The Accreditation Process and the Use of the *Self-Study*

The programs in healthcare management initiate accreditation to provide a basis for self-evaluation and collaborative peer review. The process is designed to contribute directly to educational quality as well as to monitor the quality of service to the public who depend on healthcare services. Accreditation stimulates a process of thorough and on-going self-evaluation and improvement of a program by those who are responsible for it and by others who have a stake in the program. The accreditation process involves the following sequence:

1. Completion of the Eligibility Statement by the program and the eligibility decision by the Commission;
2. Preparation of the Self-Study by the program;
3. The site visit and preparation of a draft report by the site visit team;
4. Review of the draft report by the entire program faculty and submission of a response from the program to CAHME;
5. Board action on a recommendation of the Accreditation Council regarding accreditation status, duration and required reports;
6. Submission of a first-year progress report that addresses the program's efforts to comply with any criteria identified as not met or partially met during the accreditation review. This report is due after the CAHME Board meeting at which the Program's accreditation decision was made on the following schedule:
 - Following May Board meetings, the first-year progress report is due no later than February 1 of the following year. The second-year progress report is due one year from the first progress report submission, i.e., February 1 of the succeeding year.
 - Following November Board meetings, the first-year progress report is due no later than September 1 of the following year. The second-year progress report is due one year from the first report submission, i.e., September 1 of the succeeding year.

In the event that the Accreditation Council determines that any criteria remain unmet after review of the first-year progress report, CAHME may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. By the due date for the second-year progress report the program must either:

- a. come into full compliance with all criteria,
- b. demonstrate good cause for failure to come into compliance along with an aggressive plan to achieve full compliance with the criteria, or
- c. voluntarily withdraw from accreditation.

A second progress report will be required if the program has not fully met all criteria at the time of the first-year progress report. In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria within two years of the CAHME Board decision unless it can demonstrate good cause. If CAHME determines that the program has not fully met all criteria but has demonstrated good cause and has an aggressive plan to address unmet criteria that can be accomplished within 12 months, accreditation status may be extended for up to one year. During this period, the program will undergo an interim site visit to determine whether or not the program has fully met the previously unmet criteria. In preparation for this interim visit, the program will provide CAHME with relevant documentation at least 30 days prior to the interim site visit.

Section 2. The Accreditation Calendar

CAHME maintains two cycles for conducting accreditation site visits. These cycles align with a typical academic year.

Cycle	Site Visit Timeframe	Accreditation Council Review	Board Decision
Fall	September - December	Spring (typically April)	May
Spring	January - May	Fall (typically October)	November

A survey for the renewal of accreditation will normally be scheduled to coincide with the cycle of the last accreditation action. That is, a program with a fall accreditation action will be visited usually during the fall cycle; a program with a spring accreditation action will be visited usually during the spring cycle. The scheduling process for the fall cycle will occur usually in April; the scheduling for the spring cycle will occur usually in November.

Section 3. Types of Accreditation Surveys

A. Initial Accreditation

1. Six Months Prior to the Visit

The program must complete a draft of its Self-Study and submit it to CAHME six months prior to the site visit. Within 10 days of receipt of the draft Self-Study, staff will perform a desk review of the Self-Study for completeness. Following receipt of any information and a determination of completeness by the staff, a team of two members of the Candidacy Committee will review the document and will provide comments to the program regarding its documented ability to meet the Criteria. Feedback will be provided within 60 days of receipt of the draft self-study.

Note: Comments provided on the Self-Study Document draft are not considered binding on CAHME and do not influence the outcome of the final decision

Usually, the appointment of the site visit team and the scheduling of the site visit occur six months prior to the site visit. During this time, CAHME designates the site visit team and confirms availability of the team members. The four-member site visit team will include a member of the Candidacy Committee. After availability has been confirmed and a date has been set, the program will be notified and asked for comment on any potential conflict of interest.

2. Eight Weeks Prior to the Visit

The program submits a final copy of its completed Self-Study in the CAHME electronic accreditation system (CAMP). The program should send a copy of the proposed site visit schedule (See Article 15b. Procedure for Site Visits, Section 1. A Typical Site Visit Schedule) to the Chair of the site visit team and the site visit Fellow concurrent with the submission of the completed Self-Study. At the same time, the program will submit the completed records review checklist to indicate whether the records are available in electronic or paper format to the Fellow and the Chair of the site visit team. If records/documents are available electronically, provide the Fellow with access to them at least 4 weeks prior to the site visit.

The Fellow, based on input from the site visit team, contacts the program representative regarding any changes to the schedule and to schedule the preliminary conference call with the site visit team and program leadership and core faculty, to take place at least two weeks prior to the site visit.

To take advantage of a program's knowledge of convenient, moderately priced accommodations, hotel arrangements should be made by the program for the site visit team in conjunction with the team Fellow. Hotel arrangements should include a suite, or another appropriate room, which can be used for executive sessions by the team. Confirmation of hotel reservations should be sent to the site visit team Fellow. Travel and accommodation expenses for the core site visit team (i.e., not including observers) are to be borne by the Program.

The Program should coordinate with the site visit Fellow to plan for meals and refreshments for the site visit Team while on campus and make suggestions for dinner off campus. The Fellow will be responsible for scheduling the off-campus meals. The Fellow pays for the meals for all Team members including an Observer if there is one on the visit.

A program may withdraw the request for initial accreditation any time prior to final action by CAHME. Programs that elect to withdraw from initial accreditation are not eligible for a refund of any accreditation fees incurred and must pay all outstanding invoices (See Schedule of Fees). Programs seeking initial accreditation may request a delay of the site visit no more than three times. If further delays are necessary, a new letter of invitation from the appropriate university official is required one year in advance of the requested site visit. Requests for a delay of more than two accreditation cycles also require a new letter of invitation from the appropriate university official (See Article 15a. Policy Statement: The Site Visit). Site visit delay fees will apply.

3. Two - Three Weeks Prior to the Visit

A conference call will be held with the site visit team, program leadership and core faculty to address:

- Any immediate questions that the team has after its initial review of the self-study. The team may ask the Program for limited additional documentation.
- The logistics of the visit

B. Renewal of Accreditation

1. One Year Prior to the Site Visit

CAHME notifies the Program Director that a site visit is scheduled for the following year.

2. Eight Weeks Prior to the Visit

The program submits its completed Self-Study in the CAHME accreditation management portal (CAMP). The program should send a copy of the proposed site visit schedule (See Article 15b. Procedure for Site Visits, Section 1. A Typical Site Visit Schedule) to the Chair of the site visit team and the site visit Fellow concurrent with the submission of the Self-Study. The program will submit the completed records review checklist to indicate whether the records are available in electronic or paper format.

The Fellow, based on input from the site visit team, contacts the program representative regarding any changes to the schedule and to schedule the preliminary conference call with the site visit team and program leadership, two to three weeks prior to the site visit.

3. Interruption of the re-accreditation process

The program may interrupt the process leading to a decision on the renewal of accreditation at any time prior to final action by the CAHME Board of Directors. A program may elect to withdraw from accredited status at any time prior to final action by the CAHME Board of Directors. In either case, CAHME will make public notice of the withdrawal from accredited status at the time it becomes effective. Programs that elect to withdraw from renewal of accreditation are not eligible for a refund of any accreditation fees incurred and must pay all outstanding invoices. (See Schedule of Fees).

Any significant change that could have a material impact on the status of an accredited program requires immediate notification by the program to CAHME. "Significant change" includes: a change in program leadership, loss of key faculty, changes to the curriculum, addition of tracks or degrees within the program, withdrawal of school or institutional accreditation, or withdrawal of program resources by the university. This notification assures the avoidance of any misrepresentation of accredited status to the public. Failure to notify will result in CAHME action potentially leading to a change in accreditation status. Upon notification of a significant change in the program, the CAHME may request an interim site visit. The program may also request an interim site visit. CAHME, after due notice, may take adverse action to the point of removing the accreditation status from an accredited program which does not accept an interim a site visit at the request of CAHME.

C. Interim Site Visits

CAHME employs interim site visits as a means of monitoring the progress of accredited programs. CAHME may mandate an interim site visit as one element of an accreditation action, or CAHME may determine that special circumstances at an accredited program warrant review prior to the next full site visit. Circumstances warranting a special site visit will typically be identified through CAHME's review of the annual reports or progress reports submitted by each accredited program.

Programs may request an interim site visit in order to review an additional program track, degree, dual degree, or delivery modality (Article 9, Section 2-3).

A team designated by the Chair conducts interim site visits. Team size and composition will be determined based on the nature of the visit. At least one team member will be a current or former member of the Accreditation Council. A completed Self-Study is not required for an interim site visit. Based upon the special circumstances, the CEO of CAHME will communicate with the Program Director on the preparation of the appropriate documentation. The sequence of appointments with key individuals depends upon the unique situation of the program. (See Article 15b. Procedures for Site Visits)

Typically, interim site visits are designed to address one or more problems that the program has relative to the accreditation criteria and/or policies. The site visitor(s) will focus on those specific areas. The site visit will include, at minimum,

- A meeting with the Program Director and the Dean of the School. If needed, the team may also ask to meet with the Provost or other administrator.
- A review of documents related to the problem(s). This may include student papers, minutes of meetings, etc.
- A focused discussion of the current status of the issue(s) that is under review and an assessment of the program's ability to meet the requirements of the criteria.

The team will complete a report that describes the program, the problem(s), the current status of the program in addressing the problem, and the assessment of the ability of the program to successfully meet the criteria for accreditation. The report will be submitted to the CAHME CEO within 30 days after the visit, and the team will report their findings to the Accreditation Council at its next meeting.

The Accreditation Council may:

- Determine that the program has successfully met the criteria in question.
- Determine that the program has not met the criteria in question and specify a course of action and time frame that the program will have to come into compliance.
- Determine that the program does not meet the criteria for accreditation and recommend to the Board that the accreditation be withdrawn or suspended for a period of time not to exceed one year during which time a full site visit will take place.

The fee for an interim site visit will be determined based on the number of members of the team and the visit duration and will be invoiced when the visit is scheduled and is payable prior to the visit (see Fee Schedule).

Article 12. Procedure for Development of the Self Study

The self-evaluation process should be adapted to the unique circumstances of the program. The self-study becomes the property of CAHME at submission. A successful self-study will include the following elements:

- The faculty generates the Self-Study and determines the content of the document. Small faculties usually conduct the self-study as a group. Large faculties often assign certain sections (student selection procedures, community service activities, etc.) to committees that report back to the total faculty. Students, university officials, adjunct faculty, practitioners, alumni, and others should be included on committees as appropriate.
- The self-study process will begin at least one year before the date on which the Self-Study is to be sent to the site visit team. The self-study year will be the academic year immediately preceding the scheduled site visit.
- A single individual should be given responsibility for overall coordination of the process. This individual should have the authority to supervise data collection, schedule meetings, and involve appropriate participants.
- Special meetings should be convened to address the self-study requirements. This facilitates participation by all appropriate parties and assures allocation of adequate time to conduct the self-study.

One of the most fundamental benefits of the accreditation process is the opportunity for self-evaluation. Self-evaluation causes the program to acknowledge its strengths and weaknesses. This acknowledgment is essential for creating strategies that will capitalize on the strengths of the program and minimize or overcome its weaknesses. Every aspect of the program should be reviewed from the perspective of the mission and vision statements of the program. The resultant goals and objectives for the program should be logical and clear dimensions of these foundation statements.

Article 13. Policy Statement: The Site Visit Team

Section 1. Composition

A current or former member of the Accreditation Council always serves as the Chair of each site visit team. Other participants in the team shall include one or two additional Council members or trained faculty or practitioner site visitors. A Coordinator shall be the secretary/recorder of the visit; the coordinator may be a site visit member with a designation of “Fellow” or a CAHME staff member. All site visit teams will include at least one practitioner and one active faculty member and their role on the site visit team (practitioner or academic member) will be clearly identified. A practitioner is defined as a health care professional whose primary employment is other than that of a full-time faculty member, or, in the case of a retired person, a healthcare management professional whose career is principally characterized by practice in positions other than full-time faculty appointments.

For an initial accreditation, the team will consist of the Chair, potentially two additional team members, and the Coordinator. One of these members may be a member of the Candidacy Committee. For a program seeking the renewal of accreditation, the team will consist of the Chair, at least one additional team member, and the Coordinator. Whenever possible, at least one of the team members may represent an academic unit (i.e., school of business, health related professions, nursing, public health, or public administration) similar to the program under review. Site visitors are a select group of individuals who share the following characteristics:

- Competence by virtue of experience, training, and orientation;
- Sensitivity to the unique features of the program; and
- Impartiality without any known conflict of interest.

All members of the site visit team, as well as the program, must be sensitive to the existence of any conflict of interest and even the potential for a conflict of interest. Any issue relating to conflict of interest must be declared when the site visit team is selected.

Section 2. Program Language and Culture

As the value of the peer review accreditation process becomes recognized around the world, special consideration must be given to language and culture. CAHME will work with the program to ensure a fair and accurate assessment. The following steps will be taken to address the special needs of language and culture:

- CAHME will attempt to match the knowledge and expertise of the site visit team with the unique characteristics of the program.
- Whenever possible, at least one team member will have a facility with the primary language of the program.

Any program that anticipates the unique challenges of language and culture in the accreditation process should make a declaration to CAHME as soon as possible.

Section 3. Selection and Training of Site Visitors

The peer review process assumes that those individuals who are part of an evaluation team are well-versed in the CAHME accreditation process. CAHME maintains an active cohort of trained site visitors who are knowledgeable about the Criteria for Accreditation, curriculum concepts, course content, and healthcare management programs within the university setting.

Site visitors will be nominated and approved by the Accreditation Council. CAHME may issue a call for the nomination of site visitors as needed. A nomination package must include:

- a letter of support by the appropriate employer;
- a statement of willingness to meet time commitments;
- a statement of commitment to the ASPA Code of Good Practice;
- a current curriculum vitae;
- conflict of interest statement. This document is updated annually (or prior to the date of the site visit) for active site visitors.

CAHME will offer site visitor training through our CAHME Core Learning Center and maintain records of attendance for all training activities. Training sessions may also be held as a part of the semi-annual Accreditation Council meeting.

All site visitors will attend designated training on the Core Learning Center, attend one Accreditation Council meeting, and observe one site visit before appointment to a site visit team in another capacity.

An individual may remain on the active list of site visitors until such time as the individual asks to be removed or CAHME receives unfavorable evaluations of the team member's performance. The completion of all training programs, including annual continuing education sessions, is required for remaining on the active list.

Section 4. Roles and Responsibilities

Site visitors represent CAHME at all times during the site visit. Each professional is a necessary part of the team and serves a specific function.

A. Chair

This individual must have served as a team member on at least two site visits prior to serving as Chair. The Chair is responsible for:

- Being well-versed in the current CAHME Criteria, policies, and procedures;
- Setting the agenda for the site visit in conjunction with the Coordinator and program director;
- Ensuring that the Coordinator follows the prepared schedule;
- Coordinating all the activities of the team relating to the site visit;
- Ensuring that the site visit report is completed in a timely manner;
- Approving the draft report and submission to CAHME within the CAHME Accreditation Management Portal (CAMP).
- Reviewing the program's response, and determining what changes are to be made in the draft report;
- Presenting the report to the Accreditation Council, either in person or via telephone conference call;
- In the case of an appeal, providing clarification if asked by the appeals committee;
- Completing and submitting a site-visit evaluation form.

B. Team Associate

A site visit team associate is responsible for:

- Being well-versed in the current CAHME Criteria, policies, and procedures;
- Actively participating in the accreditation review process, which includes preparation prior to the site visit (review of the Self-Study Document and the initial report outline) and active participation in report preparation and review as required;
- Responding in a timely manner to information requests from the Chair or Fellow;
- Being present at the site visit exit session;
- Being prepared to present the site visit report to the Accreditation Council if the Chair is unable to do so; and
- Completing and submitting a site-visit evaluation form;
- Assuming all other duties as assigned by the Chair.

C. Coordinator

The Coordinator is selected through a rigorous process (reference Article 5a). The duties of the Coordinator vis-à-vis program review include:

- Being well-versed in the current CAHME Criteria, policies, and procedures;
- Finalizing the site visit schedule with the program director and Chair;
- Coordinating logistics for the site visit with the program director prior to arrival and while on campus;

- Reviewing records, library facilities, computer facilities, etc. during first day of the site visit;
- Serving as secretary/recorder for the site visit team;
- Participating as a full member of the site visit team;
- Completing and submitting a site-visit evaluation form;
- Preparing drafts and the final site visit report under the direction of the Chair;
- Participating in the Accreditation Council meeting (non-voting), in person or via telephone, when the report is discussed.

D. Observer

An individual may act as an observer on a site visit team only with the mutual approval of CAHME and the program. The observer typically adopts a passive or silent role in all discussions. The Chair of the site visit team will determine the actual level of participation by the observer on a case-by-case basis. (See Article 14a.) Policy Statement: Observers on Site Visits)

This role may be appropriate in the event that other accrediting or education agencies wish to participate in CAHME site visits. Special arrangements should be made through the CEO in consultation with the program.

Section 5. Evaluation of the Site Visit Team

CAHME evaluates the collective and individual performance levels of the site visit team. The Chair, team associates and coordinator are surveyed to evaluate and provide feedback on individual and team performance. Likewise, the program director is required to evaluate the team. All such evaluations are considered confidential and should be sent directly to the CEO of CAHME no later than two weeks after the site visit.

The evaluation is critical for determining the quality of the services offered by CAHME. Favorable evaluations ensure the ongoing participation of team members in CAHME activities.

Article 14a. Policy Statement: Observers on Site Visits

Section 1. Types of Observers

An individual may be permitted to observe a site visit only with the collaborative consent of the CEO of CAHME, the Chair of the site visit team, and the program. The consent is documented through correspondence between these three entities and becomes part of the site visit file.

The observer participates in the real-time activities of the site visit team. The level of participation relates to the three possible types of observers: 1) CAHME observer, 2) program/university observer, and 3) external agency observer.

Section 2. CAHME Observer

This type of observer is a representative of the Commission on Accreditation of Healthcare Management Education. The individual may be a Board member, CAHME Council Member, Corporate Member Representative, Fellow trainee, or Staff member.

Section 3. Program/University Observer

This individual participates at the specific request of a program or university. The program should notify the site visit Team Chair to discuss any logistical or confidentiality issues that may arise during the visit concerning this type of observer.

Section 4. External Agency Observer

This person usually represents an external agency (e.g., CHEA, state agency, or regional accrediting body). This type of observation is frequently part of the approval process that is used to accredit accrediting bodies such as CAHME.

Section 5. Extent of Participation

Normally, an observer does not take an active role in the site visit process. Questions regarding the site visit process or content may be directed to the site visit team in an appropriate setting and at an appropriate time but should not interfere with the site visit itself. The observer is not allowed to participate in the dialogue between the site visit team and any program representatives unless invited to do so. The observer cannot make, during or after the visit, any oral or written comments to the program on the substance of the visit.

An observer may participate in the site visit team's activities at the discretion of the site visit Chair. The Chair reserves the right to exclude the observer from any site visit activities or meetings. Likewise, the Chair is obliged to exclude the observer from any meeting or activity at the request of the program.

Simply stated, the observer participates in the activities of the site visit team without interfering in the process. The observer must be sensitive to the task of the team and to the desires of the program. At all costs, the presence of the observer must not have a material impact on the outcome of the site visit.

A separate publication, *Helpful Hints for the CAHME Observer*, is available as a guide.

Article 14b. Procedure for Participation as a Site Visit Observer

Section 1. Conditions

Any individual may submit a request to observe a site visit. The CAHME office must receive the request no less than twelve weeks before the site visit date. The CEO of CAHME grants such requests. A request will be granted when all the following conditions have been documented:

1. There is a reasonable purpose.
2. The program expressly agrees in writing and specifies the conditions for the observation.
3. There is no conflict of interest with regard to the site visit team, the program, or the observer.
4. The observer or his/her institution or sponsoring organization agrees to bear all expenses associated with the observation.
5. The observer agrees not to interfere with the site visit process.

Section 2. Request Process

All requests to observe a site visit must address the aforementioned conditions. The request should be forwarded to the CEO of CAHME.

The observer may not contact either the program or the site visit team until the specific request has been granted and the program and site visit team Chair have been notified, and they agree to inclusion of the observer. CAHME will make every effort to expedite any request to observe within a reasonable time period.

Section 3. Provision of Materials

At the very least, the observer should be provided with access to the Self-Study to facilitate his/her understanding of the accreditation process. Upon the request of the observer, all other documents may be provided at the discretion of the program.

Article 15a. Policy Statement: The Site Visit

Section 1. Purpose of the Site Visit

The accreditation survey, or site visit, is a key mechanism used by CAHME to assess the quality of a program. The site visit, in conjunction with the Self-Study Document, facilitates the accreditation decision of CAHME. The objectives of the site visit are:

- To continue the self-study process with a thorough peer review process;
- To provide on-site consultation with expert peers;
- To ensure that the program under review complies with the Criteria for Accreditation; and
- To exchange ideas and stimulate innovation in education for healthcare management through the sharing of information.

Section 2. Scheduling of the Site Visit

For an initial accreditation site visit, see Article 11. Procedures for Pursuit of Accreditation. For programs seeking renewal of accreditation, the site visit process officially begins after the determination of eligibility by CAHME. This self-study year, which is the academic year immediately prior to the site visit, should be used for intense, comprehensive self-evaluation by the program. Continuous quality improvement assumes an on-going self-evaluation process. Ideally, the Self-Study Document reflects the pre-existing elements used by the program to assess overall quality. (See Article 11. Procedures for Pursuit of Accreditation)

For all site visits, the CEO of CAHME, in consultation with the Chair of the Accreditation Council, designates the proposed site visit team. A program/university may request that an educational generalist from the appropriate regional accreditation association be included on the site visit team. All expenses incurred through this special situation are born by the program/university. The CAHME Staff coordinates these arrangements. State accrediting bodies may send an official on the visit as an observer.

Section 3. Delay of Site Visit

A program may request a delay for the date of the next scheduled site visit only under very unusual circumstances. A request must demonstrate that the delay will enhance the program's ability to respond to the accreditation review.

In order to merit approval, a request for delay must demonstrate that the conduct of the site visit at the scheduled time will not result in a constructive evaluation because of unavoidable circumstances. CAHME is cautious in granting delays where, in its judgment, a program is requesting delay because of its own lack of timely preparation. Each request for delay is analyzed individually by the CAHME CEO, Executive Committee, or Board of Directors, whichever is appropriate. Examples of persuasive circumstances that justify approval for delay are as follows;

1. Evidence of extensive damage and/or disruption as a result of natural disasters such as tornados, hurricanes, earthquakes, floods, or power/facility losses.
2. Unanticipated, unavoidable personnel change due to illness, substantial accident and or injury, personal circumstance, or professional career action.
3. University-wide or school-wide initiatives that substantially handicap the program in meeting accreditation criteria.
4. Extensive curricular changes which do not allow for evaluation of program elements that will apply to the foreseeable future.

Under normal circumstances, CAHME grants two types of delays:

- Six Month Delay. The CEO may grant a one-time six-month delay. The Board of Directors must review any additional request for delay.
- One Year Delay. A request for a one-year delay can only be granted by the simple majority vote of the Board of Directors unless the delay involves a simple change in leadership. The CEO may grant a one-year delay for a simple change in leadership.

Once a one-year delay is granted, the term of the accreditation at the subsequent accreditation action will be shortened by one year.

Any request for a delay longer than one year could jeopardize the accreditation status of the program. Any request for a delay will receive serious scrutiny by the Board Chair and the CEO.

All requests for delay with recommendations for action shall be reported to the Accreditation Council at the next full meeting of the council. A request for delay must be submitted in writing to the CEO and accompanied by supporting rationale and documentation.

Under no circumstance will a program be granted a site visit delay that would extend its previous term of accreditation beyond 8 years.

Due to the budgetary implications for CAHME, upon the approval of any site visit delay request a delay fee will be assessed (see Fee Schedule), and the program will be invoiced for immediate payment. Delays requested after the site visit has been scheduled will incur additional fees.

Article 15b. Procedure for Site Visits

Eight weeks before the visit, the program submits the completed Self-Study in the CAHME Accreditation Management Portal (CAMP). The team members review the self-study and discuss their initial findings on at least two conference calls prior to the site visit.

To increase the dialogue in advance of the site visit the site visit team will discuss the self-study with the Program leadership at least two weeks before the site visit.

In order to take advantage of a program's knowledge of convenient, moderately priced accommodations, hotel arrangements should be made by the program for the site visit team in conjunction with the team Fellow. Hotel arrangements should include a suite, or another appropriate room, which can be used for executive sessions by the team. Confirmation of hotel reservations should be sent to the site visit team Fellow. Travel and accommodation expenses for the core site visit team (i.e., not including observers) are to be borne by the Program.

Section 1. A Typical Site Visit Schedule

A typical site visit lasts three days. On occasion, the survey may be scheduled for a longer period of time if there is agreement that more time is needed to obtain a comprehensive understanding of the program due to the requirement to examine multiple programs, degrees, or tracks.

The Program Director is responsible for making all appointments and scheduling all meetings for the site visit team, as well as for ensuring the availability of all participants in the site visit. The Program Director is responsible for determining who will participate in the site visit.

Day 1

The Fellow conducts the records and facilities review by prior arrangement with the Program Director. The records review includes, but is not limited to admissions records, faculty meeting minutes, student files, and course evaluations. A standard checklist of records typically included in the review is available. The program must submit this checklist to the Fellow with the self-study document indicating the format of the records. Paper and or electronic records are acceptable formats. During this day, the Fellow also tours the library, computer labs, classrooms, and any other facilities used by the program. The site visit team meets during the evening to discuss the findings of the Fellow and planned activities for the rest of the visit.

Day 2

Start	End	Description	School/Program Participants
7:00 am	8:30 am	The team meets with the Program Director for a breakfast meeting before actual appointments. This time may be used for a frank discussion about some of the concerns of the Program Director and how the team might be of assistance.	Program leadership
8:30 am	9:30 am	The team visits briefly with appropriate officials of the university and school. These visits should begin early and conclude as expeditiously as possible.	Dean, Sr. Leadership (VP Academic Affairs, Provost)
9:30 am	Noon	Following the introductory meeting, the team begins the formal survey. Typically, the team should cover: <ul style="list-style-type: none"> • Criteria I • Criteria II • Criteria III (to be continued after lunch if necessary) The team chair reviews: <ul style="list-style-type: none"> • Program mission and the fit to the selected competencies • Program goals and objectives 	Program Director, Program Leadership and Program Faculty (includes adjunct and full-time faculty)

Start	End	Description	School/Program Participants
		<ul style="list-style-type: none"> Selected competencies and curriculum design Teaching and learning methods. Competency Assessments <p>For this discussion, attendees include members of the full-time, adjunct teaching faculty, and invited faculty of other departments who teach courses normally taken by students in the program when the team reviews the competencies. During the review, each faculty member should be prepared to review his/her course(s) as it relates to the set of competencies with the team. The program or university may invite anyone it wishes to sit in as observers, including students.</p> <p>All supplementary material to that presented in the Self-Study must be available for review. This includes supplementary budget information, minutes of faculty meetings, and the active file of each student presently enrolled in the program. Course materials must be available and should include students' written work submitted for courses being offered at the time of the visit or completed earlier in the current year, as well as courses offered in the previous academic year which are offered later in the present year. The papers, along with final and mid-term examinations, should be organized in the same order in which the course descriptions appear in the Self-Study. Where a thesis or major project is required, copies of all of those submitted by the most recent graduating class should also be on hand. These materials should be readily available throughout the three days of the visit.</p> <p>Unless specifically requested by the team, no documentation beyond the self-study year should be given to the team during the site visit (e.g., course syllabi for the coming year). The site visit is based on the defined self-study year documented in the Self-Study, and provision of information subsequent to this time period may not be appropriate.</p> <p>The program may not provide additional supplemental material/documents to the site visit team except in response to a specific request by the Site Visit Chair. This material will be limited to the scope of the request and will be provided as far in advance of the site visit as possible.</p>	
Noon	1:30 pm	<p>Arrangements for a private lunch with alumni and preceptors are at the discretion of the host faculty, but should be scheduled so that the team reconvenes promptly at 1:30 p.m. This time period is designed specifically to provide the opportunity for the team to have an open and frank discussion with the alumni and preceptors about the program. <u>Program faculty or staff should not be present at this luncheon.</u></p>	Alumni and Advisory Board representatives
1:30	4:30 pm	<p>The review is continued. Typically, this would be:</p> <ul style="list-style-type: none"> Criteria III (continued) Criteria IV 	Program Director, Program

Start	End	Description	School/Program Participants
		<ul style="list-style-type: none"> Criteria V 	Leadership and Program Faculty
4:30 pm	5:00 pm	The team meets in executive session.	None
5:00 pm	6:00 pm	Student Interviews Three private rooms should be set aside for the interviews, which take one hour. Seven – ten students representing a mix of first-year students and second-year students (or other appropriate mix reflecting progress through the curriculum) should be designated by the faculty to meet with the team. The chair will determine whether separate or group meetings are held.	7-10 students
6:00 pm	7:00 pm	The team may wish to visit the physical facilities used by the program, such as the library, computer facilities, or other resources.	Program Director
7:00 pm		The team holds a closed executive session in the evening.	None

Day 3

Start	End	Description	School/Program Participants
8:00 am	10:00 am	The team continues the detailed review of the self-study and the courses in the format predetermined by the Team Chair. As appropriate, the team may meet briefly with program administrative staff, faculty, and/or staff providing student/alumni support services.	As needed
10:00 am	Noon	The team meets in closed executive session. It is most convenient to arrange for lunch for the team to be provided in the room in which it is meeting.	None
Noon	1:00 pm	The site visit chair and team meet with the program director and appropriate department/school/university officials to review team findings.	Site visit team and Program Director
1:00 pm	2:00 pm	The site visit chair presents a summary report at the exit session which describes each criterion, associated strengths and concerns, and preliminary conclusions. This verbal report is presented at an open meeting consisting of the entire program faculty, students, preceptors, and other relevant observers. There is no further discussion during this meeting. The program will have the opportunity to address factual concerns in the letter responding to the site visit report after it is completed and sent out.	Representatives to be determined by the program director.

Note: This schedule should serve as a guideline. Order of activities may vary. It may be modified to suit the specific situation at the discretion of the site visit Chair. Participants are provided as a guideline; substitutions of similar administrative levels or scope based on different titles within a university structure is permitted, with consultation and at the discretion of the site visit chair

Section 2. A Typical Interim Site Visit Sequence

Interim site visits are specifically designed to address the special circumstances surrounding a program. The program must provide the appropriate documentation requested by the team. A typical

interim site visit should be conducted in one day beginning at 8:30 a.m. and ending around 3:30 p.m. The team will arrive during the evening before the review. Typically an interim site visit is conducted by a two member site visit team. The team will have at least one Academic who is or has been a member of the Accreditation Council. The second member may be an academic or a practitioner. A Fellow may be assigned to the team if an extensive report (e.g. 5 or more pages) is anticipated based on the reasons for the interim site visit. A report of the interim site visit will be conveyed to the CAHME CEO with a copy to the Program Director within thirty days of the interim site visit. The interim report will be provided to the Accreditation Council at their next scheduled meeting. The site visit Chair will present the report.

The program is responsible for arranging meetings with the following as requested by the Chair of the team:

- Program Director
- Program Faculty
- Dean
- President of the University or Representative
- Students
- Alumni
- Community Representatives, if appropriate

The program must make the necessary hotel arrangements. The fee for an interim site visit may be modified based on the number of members of the team and the visit duration. The fee will be billed and is payable prior to the site visit.

A report of the interim site visit will be conveyed to the CAHME CEO with a copy to the Program Director within thirty days of the interim site visit.

Section 3. Virtual Site Visits

CAHME Preliminary On-Site Evaluation (POSE) for Online Programs Requesting Virtual Site Visit

Process Details

What Programs Can Opt-in for a Virtual Visit?

- Fully Online Programs or a Program with a fully online format that is accredited separately from their other program format – that format is eligible (not the hybrid or in-person program)
 - How is a program determined to be fully online?
 - The university designates the program/program format as remote/online
 - Faculty do not have offices at the legal headquarters for the university/college
- Note: If a program has both residential and online and are seeking accreditation for both under one review then it is an in-person site visit
- It is recommended (but not required) that the initial site visits be in person.

Force Majeure

At the request of the site visit chair, the CAHME Board can approve by a simple majority vote, either in person or by proxy, to have a site visit be virtual to protect the health, safety, and welfare of the site visit team. While not limited, examples include war, terrorist attacks, pandemics, natural disasters such as floods, earthquakes, or hurricanes.

In such a case, the POSE requirement can be waived if the program is in a school in the United States and Canada that is accredited by a regional or national accreditation agency recognized by the US or Canadian Department of Education that had performed an on-site visit within the past 10 years. For programs outside of North America, the POSE may be waived if the program had been visited on site and is currently accredited by AACSB or CEPH.

Process

1. Determine if the program meets the criteria for being a fully online program.
2. The Preliminary On-Site Evaluation visit (POSE) should be scheduled 7 months prior to the site visit. The pre-visit survey is meant to be a collaborative event to both help the program prepare for the initial visit as well as ensure readiness. It is anticipated that the POSE may be completed in one-half day, and in no cases will it be longer than one full day.
3. Site Visit Proceeds if POSE is deemed “satisfactory”
 - Satisfactory
 - The program has a mission that defines the target audience, post-graduate placements.
 - Leadership and resources support the program’s mission. Competency model and curriculum support the Program’s mission
 - An evaluation program has been defined and begun
 - Delayed Site Visit Recommendation
 - Lack of resources necessary for program to meet its mission
 - Competency model, the curriculum does not all the program to meet its mission

Site Visit Options:

- Online Programs can choose an in-person or virtual visit based on their preferences/needs. The virtual option must be requested the semester before the POSE.

When Does the POSE Occur?

- Prior to each site visit regardless of years accredited
- 7 months prior to the scheduled site visit

Who Is Involved in the POSE?

- CAHME Perspective
 - The Chair and Coordinator to be identified by CAHME
 - Ideally, at least one member will have taught in a fully online program (not simply an online/remote synchronous course), preferably the Coordinator.
 - Site visit team members will opt-in to a virtual visit format
- Program Perspective
 - Program Director
 - University leadership (Could include department chair, academic affairs, provost, president, &/or dean)

Associated Costs:

- Program pays for all related costs for the POSE – travel, hotel, transportation, food

Determination to move ahead with Virtual Visit

- POSE is high-level only
- Program will have only one POSE prior to each visit

Records Review

It is recognized that the virtual site visit team can be more flexible with its access to key people at the program, and records. This nature creates a “mission creep” for the site visit team that extends beyond the typical 24 hours of an on-site visit.

Coordinators are expected to sample a reasonable number of student files, not the universe of all files. Extending a site visit beyond 24 hours to review every student record is outside of the scope of the site visit. The formal site visit should typically occur within 3 days. The access to records may be granted no later than 7 days before the formal site visit for programs under 50 students. For programs with more than 50 students, the program shall make access records no later than 14 days before the site visit. It is encouraged that the program make the data available upon request of the team, but the program need

not make the data available less than the time noted. Failure to meet these time frames will result in a site visit delay with an accompanying site visit delay fee.

In all other cases, the virtual site visit shall mirror the fully live site visit.

Proposed POSE Timeline

Day One:

- Chair and Fellow Coordinator arrive by dinner time and meet to review the process and questions

Day Two:

- 9:00 – 10:00: Welcome meeting with PD – confirmation of resources
- 10:15– 10:45 Tour facilities (*flex -before or after the leadership meeting*)
- 11:00 – 11:30 Leadership
- 11:45 – 12:45 Program Director
- 12:45 – 1:45 Lunch with PD
- 1:45 – 2:30 Program Director: Reflections from Chair and Fellow Coordinator
- ~2:30 Chair and Fellow Coordinator depart

Suggested Discussion Questions

Criterion 1: PROGRAM MISSION, VALUES, VISION, GOALS, AND SUPPORT

Leadership (Provost, Dean, Chair):

1. Have there been any leadership changes in the Program, Department, or University?
 - a. Describe the impact on the program to date and into the future:
2. Any outstanding issues uncovered in your most recent regional accreditation? If yes, describe
3. Any concerns about funding support for the program or department?
4. Is there anything we should be aware of that we have not asked?

Program Director:

- Mission – describe the target audience, post-graduate placement of students, and your vision for the program.
- How does your mission impact the Program's:
 - curriculum and competency model implementation
 - student competency development
 - evaluation plan?
 - stakeholder data collection, assessment, action steps, and feedback plan?
- Have there been any leadership changes in the Program, Department, or University?
 - Describe the impact on the program to date and into the future:
- Any outstanding issues uncovered in your most recent regional accreditation? If yes, describe
- Any concerns about funding support for the program or department?
- Is there anything we should be aware of that we have not asked?

Criterion 2: STUDENTS & GRADUATES

Program Director:

- How has enrolment met your program goals?
- How does your program involve external and internal stakeholders in ongoing process improvement?
 - Alumni
 - Students
 - Faculty

- Can the program director understand how to benchmark their program against competitors as shown in the CARB report?

Criterion 3: CURRICULUM

Program Director:

- Share how you feel your curriculum meets your target audience's needs and overall mission
- Anything you would like to change/improve?
 - Are there any barriers to achieving the change you seek?
- Do you have an evaluation plan defined and in use?

Criterion 4: FACULTY TEACHING, SCHOLARSHIP, AND SERVICE

Program Director:

- Do you have the faculty resources you need to achieve your mission? Vision?
- What do you do to invest in teaching, scholarship, and research?

General Wrap-Up

Program Director:

- Is there anything else we should have asked you?
- What questions do you have for us?
- How can we help you be successful during your upcoming site visit?

Section 4. AACSB Joint Visits

Joint Site Visit Vision : To reduce the administrative burden on CAHME accredited programs in AACSB accredited Schools of Business.

This collaboration agreement between AACSB and CAHME ensures institutions an efficient and effective procedure for managing these dual accreditations.

Joint Site Protocols

I. Eligibility

1. Open to CAHME accredited and candidate programs housed in AACSB accredited schools (i.e. the business academic unit such as the school/college of business, department of business, etc.).
2. The joint visit is not open to schools with CAHME accredited programs in non-business units of the university (i.e. public health, allied health sciences, etc.)

II. Joint Site Visit Process

1. Eligible programs send written request to AACSB's Assistant Vice President of Accreditation and CAHME's Vice President of Accreditation Operations and Council requesting a joint site visit. The request must come from the dean of the school.
2. Both accreditors must agree to allow for the joint visit.
3. AACSB and CAHME request approval from the assigned review teams. If the any member of the team does not agree to a combined visit, then the joint visit will not occur.
4. The AACSB and CAHME teams will work together to develop a visit schedule.
5. The visit duration and team composition will follow routine AACSB and CAHME practice. The AACSB continuous improvement review is 1.5 days and normally begins on a Sunday and concludes on a Tuesday. The AACSB peer review team (PRT) consists of between three and five reviewers (three if the school has business accreditation only, and four-five if the school also holds supplemental

accounting accreditation. The CAHME visit is two days, and the site visit team normally consists of two-three reviewers. Assuming an AACSB begin day of Sunday, the CAHME reviewers will arrive on Friday and conduct their visit on Saturday and Sunday. The AACSB reviewers arrive on Saturday or early Sunday to begin their visit on Sunday.

6. Once the CAHME visit is complete on Sunday, the CAHME reviewers depart except for one individual. That individual participates in all subsequent AACSB visit meetings. During the AACSB portion of the visit, the AACSB PRT gives the CAHME reviewer time to ask relevant questions related to CAHME.

III. Accreditation Cycle

1. The duration of the accreditation period differs. AACSB grants accreditation for five years, CAHME for seven years. If the next AACSB site visit is prior to the next scheduled CAHME site visit, the joint site visit may occur on the AACSB scheduled visit provided there is adequate time to plan for a joint visit. Generally speaking, the request for a joint visit should be approved no later than six months prior to the scheduled AACSB visit.
2. If the next AACSB site visit is no more than 12 months after the next scheduled CAHME site visit, the CAHME Board of Directors may extend the program's term of accreditation, on a case by case basis, to align with the AACSB site visit.
 - a. If a program opts in and extends their term of CAHME accreditation, they must proceed with the joint site visit or lose CAHME accreditation.
 - b. If a term of accreditation is not extended a program may opt out and proceed with a standalone CAHME site visit, provided the visit occurs on schedule or within CAHME's allowable delay period.
 - c. Site visit delay fees may be assessed by CAHME.
3. If the previous AACSB site visit was no more than 18 months before the scheduled CAHME visit the program may use the joint site visit policy to have an abbreviated site visit.
4. The maximum term of accreditation granted on joint visits will mirror the term granted by AACSB (five years).
 - a. The program will agree to this alteration to be in sync with AACSB accreditation cycle. If the program opts out of this cycle, it may be ineligible to participate in the future.

IV. Accreditation School Reports

1. The AACSB reporting requirements for schools participating in joint visits do not change. Schools will submit the standard continuous improvement review report to AACSB via myAccreditation no later than 60 days prior to the onsite visit.
2. The CAHME program submits a modified self-study report, referred to herein as the self-study supplement, to CAHME via the CAMP website no later than 60 days prior to the onsite visit.
3. CAHME self-study supplements contain the subset of criteria that are specific to the CAHME program and will not be double counted with AACSB standards. Additional information may be found in the cross walk section below.
4. The school should ensure each review team has access to both accreditation reports (i.e. CAHME reviewers will be provided with the AACSB report and AACSB reviewers will be provide with the CAHME report).

V. Review Team Reports

Separate team reports will be produced for the CAHME and AACSB reviews. The committees/boards of the respective accrediting organizations will make independent accreditation decisions based on the separate team reports.

VI. Program Fees

There are no additional fees associated with the joint AACSB/CAHME visit, except for a CAHME site visit delay fee, as noted above.

Cross Walk

It is noted that the cross walk of CAHME and AACSB standards and competencies shall be part of the materials distributed to programs for the joint site visit. As noted above, standard AACSB reporting expectations are required for the AACSB accredited business unit, while CAHME allows for a modified report to be submitted. As AACSB and CAHME modify their standards and criteria, the cross walk will be updated.

The following protocols will be accepted for CAHME accredited programs having a contemporaneous AACSB site visit. The program must agree to have a dual site visit in sufficient time to adequately prepare with AACSB, normally a minimum of six months in advance of the site visit. In addition, the program will be expected to decide whether they will use the possibility of the joint site visit process and therefor apply for CAHME accreditation every five years instead of seven (in event that the program is fully accredited).

For programs located in AACSB accredited business units *in good standing*, CAHME will accept as met certain criteria *provided* AACSB found those criteria to be met.

Unique Criteria to CAHME

The following 18 criteria and six requirements are central to CAHME accreditation, and the program must respond to all self-study handbook questions as written.

REQUIREMENT A:

The University will have established healthcare management as a major course of study leading to a master's degree. Establishment of the Program will have been approved by the appropriate University governing body.

REQUIREMENT B:

Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.

COMMENT: In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada.

REQUIREMENT C:

If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.

REQUIREMENT D:

The Program in healthcare management will have graduated at least one class.

REQUIREMENT H:

The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

REQUIREMENT I:

The Program will be subject to a defined policy on academic freedom and academic standards. Faculty in the Program will be aware of Program/University faculty grievance procedures.

CRITERIA

I.A.1: The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement initiatives, and strategic intent and/or market focus.

I.A.2: The Program will establish goals, objectives and performance outcomes that are aligned with the Program's mission, vision and values and are action-based, observable, and measurable.

I.A.3: The Program will monitor changes in the health sector, the University environment, and management theory and practice and adjust its mission, goals, objectives and competency model as necessary.

I.B.2: Program leadership will have sufficient authority and autonomy to develop and guide the Program.

II.A.1: The Program will make publicly available complete and accurate information regarding its mission; application process; the competencies that form the basis for its curriculum; the content and sequence of its curriculum; teaching, learning and assessment methods; outcomes measures including degree completion and employment rates; and differences among accredited degree offerings.

II.A.4: The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.

II.A.5: The Program will ensure that graduates' career preparedness is monitored, documented and used for continuous improvement.

III.A.1: The Program will adopt a set of competencies that aligns with the Program's mission and types of jobs graduates enter. The Program will use these competencies as the basis of its curriculum, course content, learning objectives, and teaching and assessment methods.

III.A.2: The Program curriculum will facilitate development of a depth and breadth of knowledge of the health-sector and healthcare management, aligned with the Program's mission and competency model.

III.A.3: The Program curriculum will facilitate development of students' competencies in communications and interpersonal effectiveness.

III.A.4: The Program curriculum will facilitate development of students' competencies in critical thinking, analysis, and problem solving.

III.A.5: The Program curriculum will facilitate development of students' competencies in management and leadership.

III.A.6: The Program curriculum will facilitate development of students' competencies in professionalism, ethics, and transparency.

III.B.3: The Program will provide experiences for students to gain an understanding of, and to interact with, a variety of healthcare professionals and organizations.

III.C.2: The Program will regularly evaluate the extent to which each student attains the competencies at the level targeted by the Program, and will have a process in place for communicating that information to students.

III.D.2: The Program will collect, analyze, and use the assessments of student competency attainment for continuous improvement.

IV.A.1: Program and University leadership will ensure that the complement, involvement and qualifications of Program Faculty are sufficient to accomplish the mission of the Program.

IV.D.1: Core Faculty will participate in health-related community and professional activities and will draw upon their experience, as appropriate, in their teaching.

Optional Reporting Criteria

For the following three criteria, a response in full or part is optional. The program may refer to their AACSB continuous improvement review report or respond to the CAHME criteria.

CRITERIA

I.B.1: The Program will have sufficient financial support, stability, and administrative support to ensure that its mission, goals and objectives can be achieved. (Related AACSB Standard – 2)

II.A.2: The Program will have recruiting practices and well-defined admission criteria designed to recruit and admit qualified students and to pursue a diverse student population as reflected in the Program's mission-defined market. (Related AACSB Standard – 6)

III.B.4: The Program curriculum will include integrative experiences, including field-based applications that require students to draw upon, apply and synthesize knowledge and skills covered throughout the program of study. (Related AACSB Standard – 4)

Common Criteria That Do Not Have to Be Submitted Separately to CAHME

The following 14 criteria and four requirements are covered by AACSB well enough that CAHME will not require the program to separately fill out this section of the self-study; CAHME will accept AACSB's findings.

CAHME REQUIREMENT F (related AACSB Standard – 2):

The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals and objectives. This will include:

CAHME REQUIREMENT G (related AACSB Guiding Principle – 9):

There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.

CAHME REQUIREMENT J (related AACSB Standard – 3):

University policies will provide time and support for faculty development, research and/or scholarship, and service.

CAHME REQUIREMENT K (related AACSB Standard – 3):

Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

CAHME CRITERIA and Related AACSB Standards

I.B.3: Program and University leadership will ensure that supportive resources are available to all Program Faculty and are appropriate for individual faculty workload to support positive student educational outcomes. (Related AACSB Standard – 3)

I.B.4 The Program will support and enable all students to draw broadly on academic resources available throughout the University. (Related AACSB Standard – 6)

II.A.3: The Program will ensure that all students are provided access to academic advising, career counseling, and other support services and that these services are evaluated regularly as a part of the Program's continuous improvement. (Related AACSB Standard – 6)

III.B.1: The Program will incorporate teaching and learning methods driven by adult learning principles. The teaching and learning methods will be based on higher education taxonomic levels appropriate to graduate education. (Related AACSB Standard – 7)

III.B.2: The Program will provide, throughout the curriculum, opportunities for students to participate in team-based activities. (Related AACSB Standard – 4)

III.C.1: The Program will incorporate a range of assessment methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education and aligned with defined competencies. (Related AACSB Standard – 5)

III.D.1: The Program will evaluate its curriculum, teaching and learning methods, assessment methods, and Program Faculty effectiveness and use the results for continuous quality improvement of the teaching and learning environment. (Related AACSB Standards – 4, 5, and 7)

IV.A.2: The Program will foster faculty diversity and a culture of inclusiveness in the learning environment. (Related AACSB Standards 4, 6, 7 and Guiding Principle 9)

IV.A.3: The Core Program faculty will have responsibility for: making recommendations regarding admission of students, specifying healthcare management competencies, evaluating student performance and awarding degrees. (Related AACSB Standard 6)

IV.A.4: Core Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy. (Related AACSB Standard – 3)

IV.B.1: Core Faculty will demonstrate a record of research, scholarship and /or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals. (Related AACSB Standards 3 and 8)

IV.B.2: The Program will ensure that there is a systematic plan for, and investment in, individual faculty research and scholarship. (Related AACSB Standard 3 and 8)

IV.C.1: The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement. (Related AACSB Standard 7)

IV.C.2: The Program Faculty will demonstrate that they draw on current and relevant research and scholarship in their teaching activities. (Related AACSB Standard 7)

Article 16a. Policy Statement: Accreditation Reports and Decisions

Section 1. The Site Visit Report

The report of the site visit team to the Accreditation Council is the most critical element in the accreditation process. The report serves as the major communication link between the Site Visit Team, the Council and ultimately the Board and is the primary source of information used by CAHME in making an accreditation decision.

A. Report Format & Content

While the quality of an individual site visit report is crucial for the accreditation decision, uniformity in format is essential for consistency and reliability in the decision-making process. Generally, all site visit reports must contain the following elements:

1. Title Page
2. Table of Contents
3. Narrative, Accreditor Rating and Accreditor Report for each criterion
4. Strengths and Consultative Recommendations

B. Notation

The "Criteria Assessment" section of the Site Visit Report lists a judgment for each criterion and the reasons for that judgment.

- **Met** - The program demonstrates satisfactory performance against this criterion in its entirety.
- **Partially Met** - The site visit team has identified a concern or some concerns regarding the program's performance against this criterion. Improvement is required to consider this criterion met.
- **Not Met** - The site visit team has identified severe concerns regarding the program's performance against this criterion in its entirety. Substantial improvement is required to consider this criterion met.

A "Criterion Related Recommendation" must be listed for any element of the Criterion that has been judged as "Partially Met" or "Not Met." The recommendation must specifically state the activity that must be completed by the program in order to achieve compliance with the criterion.

A "Consultative Recommendation" relates to an element of the Criterion and reflects the observations of the Site Visit Team. This type of recommendation is advisory in nature. A Consultative Recommendation will be offered so that the program may refine some aspect of its activities and achieve a higher level of quality.

The Process Improvement Requirements and Recommendations section presents the factual material and observations that support each of the statements concerning the strengths, concerns, conclusions, and recommendations of the site visit team. A summary analysis is presented for the Criteria judged to be "Met" in the Site Visit Report.

C. Recommendation to the Accreditation Council

The site visit team must make a "Recommendation to the Accreditation Council" which is based upon the overall quality of the program. The site visit team will make two separate recommendations that must be approved by a vote of the Accreditation Council. The recommendations are:

1. To grant or deny accreditation; and
2. The length of accreditation (when accreditation is granted)

Section 2. CAHME Deliberation and Action for Initial Accreditation Site Visits

Four separate activities must occur prior to an accreditation decision:

1. Submission of a Self-Study by a program;
2. A site visit;
3. Review of the report and recommendation by the site visit team to the Accreditation Council; and
4. A final vote by the Board of Directors, upon a recommendation of the Accreditation Council.

The contents of the Site Visit Report may be modified before the vote of the Board of Directors. After the vote, the final report is sent to the program along with the accreditation action.

The accreditation action for an initial site visit is a determination of whether or not the program will be accredited. **When initial accreditation is granted, an accreditation term of three years is granted without exception.**

All programs that gain initial accreditation that do not fully meet all criteria are required to submit a first-year progress report for review at the Accreditation Council meeting approximately one year from the time of action.

The report will detail the program's efforts to meet any criteria judged not met or partially met at the time of the decision to accredit. In the event that the Accreditation Council determines that any criteria remain unmet after review of the first-year progress report, the council may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. The program will have one year in which to either a) come into full compliance with all criteria, b) demonstrate good cause for failure to come into compliance along with an aggressive plan to achieve full compliance with the criteria, or c) voluntarily withdraw from accreditation.

A second progress report(s) will be required if the program has not fully met all criteria at the time of the first-year progress report. In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria within two years of the site visit unless it can demonstrate good cause (See Article 16a Section 4; CAHME Deliberation and Good Cause).

Section 3. CAHME Deliberation and Action for Reaccreditation Site Visits

Four separate activities must occur prior to an accreditation decision:

1. Submission of a Self-Study by a program;
2. A site visit;
3. Review of the report and recommendation by the site visit team to the Accreditation Council; and
4. A final vote by the Board of Directors, upon a recommendation of the Accreditation Council.

The contents of the Site Visit Report may be modified before the vote of the Board of Directors. After the vote, the final report is sent to the program along with the accreditation action.

The accreditation action contains two parts:

1. To accredit or not to accredit; and
2. Determination of the length of accreditation.

When accreditation is granted, the minimum period of time before the next site visit is three years, and the maximum period is seven years. All programs that do not fully meet all criteria are required to submit a first year progress report for review at the Accreditation Council meeting approximately one year from the time of action. That report will detail the program's efforts to meet any criteria not judged fully met at the time of the site visit. In the event that the Accreditation Council determines that any criteria remain unmet after review of the first year progress report, the council may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. The program will have one year in which to either a) come into full compliance with all criteria, b) demonstrate good cause for failure to come into compliance along with an aggressive plan to achieve full compliance with the criteria, or c) voluntarily withdraw from accreditation.

A second progress report will be required if the program has not fully met all criteria at the time of the first-year progress report. In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria within two years of the site visit unless it can demonstrate good cause.

Section 4. Determination of Good Cause and Probationary Accreditation

In certain circumstances the Board of Directors may make a determination that a Program's status will be Probationary Accreditation.

A. Criteria for Probationary Accreditation

The Board of Directors may consider the following criteria in determining whether to grant Probationary Accreditation or remove accreditation from a program. These factors may also be considered, by the Board of Directors, when deciding whether to remove accreditation following a period of Probationary Accreditation.

- The number of incomplete partially met, or not met criteria;
- The relative seriousness of the incomplete partially met, or not met criteria;
- The likelihood that additional time will help the program come into full compliance;
- The program's recent accreditation history;
- Any changes to a program's eligibility for CAHME Accreditation, including changes to a program's regional or specialized accreditation;
- Any extenuating circumstances which may have hindered efforts toward full compliance; and
- Any other factors the Board of Directors deems important.

B. Term of Probationary Accreditation

If a program is determined to hold Probationary Accreditation status, the Board will assign a term limit to that status as follows:

- Late or incomplete second year progress report: Probationary Accreditation may be one year in length.
- All other determinations of Probationary Accreditation may be made for a term not to exceed two years.
- In all cases, the term of Probationary Accreditation will be included in the Program's accreditation term until the next scheduled site visit.

At the end of the term of Probationary Accreditation, the Board will decide to accredit or not accredit the program.

C. Late/Incomplete Progress Report and Probationary Accreditation

If based on the second-year progress report, the Accreditation Council determines that the program has not fully met all criteria but has demonstrated significant justification and evidence of "good cause" for not having fully met the criteria and has a plan to address unmet criteria that can be accomplished within 12 months, a recommendation may be made to the Board to place the program on Probationary Accreditation. Good cause includes events such as a change in program leadership in the prior year, recent loss of faculty to support criteria requirements, significant unexpected program changes, and other extenuating circumstances. If the recommendation of the Accreditation Council is positive, the accreditation status may be extended up to one year on a Probationary Accreditation basis by the CAHME Board of Directors.

D. Initial Accreditation not subject to Probationary status

Programs receiving Initial Accreditation are not eligible to receive a determination of Probationary Accreditation.

E. Re-accreditation

If Probationary Accreditation is granted by the Board of Directors to a program that is already accredited, the program's existing term of Accreditation may be shortened after completion of the term of Probationary Accreditation. If the Board of Directors decides to shorten the term of accreditation of a program, then it will cast a second vote to determine the length of time that accreditation status will be shortened.

F. Notice to public of Probationary Accreditation

Programs with Probationary Accreditation status must make their status known to their students and the public. Notice of Probationary status must be published on the program's website. In all internal and external references regarding CAHME accreditation, the Program will present itself as holding

Probationary Accreditation during the term of Probationary Accreditation. The program must also notify its students in writing within 10 days of the notice of Probationary status.

Students who graduate from a program that holds Probationary Accreditation status will be considered to graduate from a CAHME accredited program.

G. Interim site visit during Probationary Accreditation

All programs with a Probationary accreditation status may be subject to an interim site visit during the term of Probationary accreditation.

The Accreditation Council requires an interim site visit when conditions demand an in-depth review of problem areas or recent developments as identified through review of the progress report or the annual reports submitted by all accredited programs. The interim site visit team reports the results at the next meeting of the Accreditation Council. The Accreditation Council, in turn, votes on the recommendation of the interim site visit team, with such recommendation being forwarded to the Board of Directors for a final vote. If the Program is determined to have not met all criteria, then its accredited status may be withdrawn. (See Article 11 Section 3 and Article 15 b, Section 2 for further information regarding interim site visits).

Article 16b. Procedure for Development of the Site Visit Report

A. The Draft Site Visit Report

CAHME strives for consistency and reliability in the accreditation decision-making process. The Self-Study and resulting Site Visit Report are the essential elements for making the accreditation decision. The following standards will be implemented to ensure the quality of all relevant documentation:

1. A complete copy of the final Self-Study will be submitted to CAHME in the CAHME Accreditation Management Portal (CAMP) eight weeks prior to the visit. Late submissions will be assessed a fee (see Fee Schedule).
2. The Fellow will have all of the necessary input for the Site Visit Report from the team by the end of the site visit. An ideal situation would provide the Chair with a copy that contains the modified discussion, the complete strengths and concerns sections, and preliminary recommendations.
3. The Fellow will submit the post-visit draft of the report in the CAHME Accreditation Management Portal to the members of the team no later than two weeks after the visit.
4. The team will respond to the Fellow within one week of receiving the report. The team Chair will determine the need for a team conference call. It may be necessary for the team to go through a second iteration of the review process before sending the report to the program; this should take no more than three weeks in total.
5. The Fellow will make the necessary revisions to the report and with final approval by the Site Visit Chair submit the report to the CAHME office. CAHME will send the final draft of the report to the program and members of the team. The letter of transmittal is addressed to the designated contact at the program.
6. The Chair maintains overall responsibility for the timely completion of the Site Visit Report. The Chair will provide all support to the Fellow to ensure the report is completed on time.
7. All correspondence from the program should be copied to the CAHME office and to the site visit team Chair.

B. Guidelines For Program Response To The Draft Site Visit Report

The Site Visit Report is used by the Accreditation Council to comment on the various elements of the program in relation to the Criteria for Accreditation. The Site Visit Report only becomes final after the vote of the CAHME Board of Directors upon a recommendation of the Accreditation Council. Prior to the recommendation of the Council, the Site Visit Report is considered a draft and may be modified to accurately reflect the quality of the program.

The program will respond in writing to the Site Visit Report no later than thirty days after receipt. The response will be sent to the CAHME office and the CAHME office will then send the response to the Chair of the Site Visit Team.

The Site Visit Report is the essential electronic document used by the Accreditation Council to make the accreditation decision. Consequently, it is incumbent upon the site visit team and the program to ensure its accuracy and content. In its response, the program may address two components of the Site Visit Report:

- Accuracy. Do the facts accurately reflect the condition of the program? The program is responsible for detecting factual errors in the report.
- Content. Are the observations of the site visit team accurate? The program may comment on the substance of the report.

The response should address only the time frame covered in the self-study, i.e., the self-study year. The first-year progress report is the appropriate venue for commenting on any changes that have occurred as a result of the site visit, or subsequent to the self-study year.

The comments from the program will be forwarded to the site visit Chair. The Chair has the final authority for the content of the report as it is presented to the CAHME CEO and, in consultation with the team, will make any changes in the report.

The program response will become supporting documentation and will be distributed to all the members of the Accreditation Council. The Accreditation Council reserves the right to modify the report based on its discussions. As a result, the discussion and conclusions in the final report recommended by the Accreditation Council may differ from the draft report of the site visit team.

C. Disposition of the Report

The Accreditation Council will deliberate and act upon the recommendation of the site visit team at the presentation of the Site Visit Report after any recommended changes have been made by the Fellow and approved by the site visit team Chair. The Site Visit Report only becomes final after the vote of the Board of Directors upon a recommendation of the Accreditation Council. The final copy becomes the accreditation report (the official record of CAHME), and is conveyed to the program not later than thirty (30) days after the decision of the Board.

Article 16c. Procedures for Accreditation Action

Section 1. Accreditation Action Format

The Accreditation Council formally meets in the spring and fall of each year. Any site visit conducted during the fall is acted upon at the spring meeting. Any site visit conducted in the spring is acted upon at the fall meeting. Adjustments to the meeting timing may be made at the discretion of CAHME. The Accreditation Council, the Accreditation Council reader, and the Board of Directors shall have access to the full record before making accreditation decisions or recommendations. The full record shall include but is not limited to the following: the program's self-study; the draft site visit report; the program's response to the site visit report; and the program's accreditation history.

The typical sequence for an accreditation action consists of:

- Presentation of the draft Site Visit Report and program response by the site visit Chair;
- Presentation by the Reader (see below);
- Clarification of fact;
- Presentation by the site visit Chair of team recommendations (made as a motion with a second);
- Discussion by the Accreditation Council;
- Call for the vote by the Chair of the Accreditation Council;
- Presentation by the site visit Chair of recommendation regarding the length of accreditation and the date for the next site visit; Discussion and modification by the full Accreditation Council; and
- Call for vote by the Chair of the Accreditation council;
- The Accreditation Council decision is recommended to the Board of Directors. The Board meets approximately one month after the Accreditation Council;
- The Accreditation Council Chair, or designee, presents recommendations to the Board;
- The Board of Directors votes on the recommendation.

Section 2. The Reader System

CAHME uses the reader system primarily to audit the Site Visit Report. This system serves in a secondary capacity as a review for the decision-making process. The objectives of the reader system are:

1. To improve the accuracy, consistency, and value of the accreditation reports so that they:
 - Are clear and uniform;
 - Contain findings and recommendations supported by verifiable evidence;
 - Identify weaknesses which have withstood the scrutiny of an independent review;
 - Are consistent with the final recommendation and/or other actions of CAHME.
2. To identify general educational issues worthy of discussion by the Accreditation Council.

CAHME designates the Reader for Site Visit Reports and progress reports prior to the Accreditation Council meeting. The Reader will not be a participant in the site visit nor have a conflict of interest with the program. The Reader must be a current or former member of the Accreditation Council.

The Reader will review the draft Site Visit Report and will prepare a written response in the CAMP system that is available to all attendees at the Accreditation Council meeting. The report will become part of CAHME official records. This document includes comments on:

- The reader's conclusions regarding the internal documentation of the findings,
- The consistency of the importance placed on the major findings,
- The consistency of the recommended action with previous Accreditation Council decisions, and
- Any inconsistency, ambiguity, or insufficient support in the text.

Article 17. Policy Statement: Reporting Requirements

Section 1. Substantive Program Changes

Any significant change that could have a material impact on the status of an accredited program requires immediate notification by the program to the CEO of CAHME. "Substantive change" includes:

- a change in program leadership (program director, department chair),
- loss of key faculty that threatens the program's ability to offer the accredited degree offerings,
- changes to the curriculum that substantively alter the program's approach to criteria III.A.3-6,
- addition of tracks or degrees within the program,
- withdrawal of school or institutional accreditation
- withdrawal of program resources by the university that meaningfully threatens sustainability of the program in its current form.

This notification assures the avoidance of any misrepresentation of accredited status to the public. Failure to notify will result in CAHME action potentially leading to a change in accreditation status. Upon notification of a significant change in the program, CAHME may request an interim site visit. CAHME, after due notice, may take adverse action to the point of removing the accreditation status from an accredited program which does not accept an interim site visit at the request of CAHME.

The notice of significant changes must be sent to the CAHME President/CEO on Program letterhead. Within 30 days, the CAHME CEO will review the notice and respond to the program with:

1. Approval of the change if that change is determined to be of minimal impact on resources and an event that happens in the regular course of business of the Program (e.g., a change in Program Director). All such approvals will be reported to the Accreditation Council at their next meeting.
2. A determination that the change may be of such an extent that the accredited Program no longer is similar to that which is accredited, or that may be to the detriment of the program. Substantive changes which are assessed by the CEO to impact the program in either of these ways will be referred to the Substantive Change Committee who will make a recommendation to the Accreditation Council for review and determination of further action as described above.

Section 2. Substantive Change Committee – Role and Responsibilities

The Substantive Change Committee will review all substantive changes that Programs request or that are otherwise brought to the notice of CAHME and referred to the Committee by the CEO. The Substantive Change Committee will make develop findings and make recommendations to the Accreditation Council, on substantive changes and on multiple program track issues in accordance with the policies set forth in Articles 9 and 17 of the CAHME Handbook of Policies and Procedures. The Chair of the Substantive Change Committee will be appointed by the Accreditation Council on the recommendation of the Chair of the Accreditation Council. The Chair must be either a member or past member of the Accreditation Council. Additional members of the Committee will be nominated by the Chair of the Accreditation Council and will be approved by a vote of the Accreditation Council. All members will serve renewable 3-year terms. At all times there will be at least three members of the Committee. The Committee will have at least one meeting per semester (unless it has no business to consider) prior to the regularly scheduled Accreditation Council meetings so that it may report its activities and recommendations to the Accreditation Council.

Section 3. Progress Reports

A primary goal of CAHME is to assure the quality of graduate programs for healthcare management. The attainment of this goal spans every dimension of the discipline of healthcare management and the variety of programs that train leaders in healthcare management. Consequently, CAHME shall provide a set of services that supports, promotes, and monitors quality in graduate programs in healthcare management.

CAHME uses progress reports to determine that all programs that have participated in the accreditation process come into full compliance with CAHME standards. Consequently, a progress report is required six months following an initial accreditation decision or one year following a re-accreditation decision from any program that has been found to not fully meet all criteria. That report addresses the program's progress toward meeting any criteria not judged fully met during the regular review.

During the Spring and Fall meetings, the Accreditation Council votes on specific motions to "Accept" the Progress Report or to "Reject" the Progress Report submitted by a program. This action reflects one of two possible outcomes for the review:

- Accept -- the Accreditation Council is satisfied with the progress reported by the program.
- Reject -- the Accreditation Council has concerns about the progress related to specific aspects of the program.

The Accreditation Council notifies the program about the outcome of the vote within 30 days of the action. In the case of a vote to "Reject" the report, the letter of notice shall include any appropriate comments or action steps regarding unmet criteria deemed appropriate by CAHME.

A program will submit the progress report in the CAHME Accreditation Management Portal in preparation for review by the Accreditation Council.

Progress reports scheduled for review at the Fall meeting must be submitted no later than September 1. Progress reports scheduled for review at the Spring meeting must be submitted not later than February 1. Reports that are submitted late will incur a late reporting fee (see Fee Schedule).

Section 4. Annual Reports:

To meet its obligations to monitor an accredited program's continued compliance with the criteria, CAHME requires an annual report from each accredited program to be submitted within the CAHME Annual Report Editor (*see Definition of Terms: CAHME Annual Report Editor*). The annual report seeks to ensure that programs continue to meet the high standards of CAHME Accreditation. The Annual Report monitors resources, recruitment data, student body, graduation information, outcomes, and graduate satisfaction. CAHME management reviews the report to identify any major changes that may impact the program's continued ability to meet the standards of quality for graduate programs in healthcare management.

The report is comprised of the following sections:

- Section I: Program Description
- Section II: Program Changes and Revenue/Expenses
- Section III: Teaching and Curriculum
- Section IV: Faculty (CAHME Annual Faculty Editor and/or Summary)
- Section V: Students & Recruitment
- Section VI: Demographics of Graduated Students
- Section VII: Post-Graduation Employment, Time to Graduate & Retention Rates
- Section VIII: Graduated Student Satisfaction
- Section IX: Contact Information
- Section X: Verify and Save Data

An Annual Report is deemed complete when the following requirements are met:

1. All sections listed above are complete for the most recently completed Academic Year
2. Section I through Section V are complete with projections for the in-progress Academic Year
3. A minimum 20% Response Rate is achieved for graduate responses to reported income in Section VII. While income is not the sole indicator of the success of a program, the US Department of Education, CHEA, and other organization see it as a key indicator of education. The response rate is based on the number of graduates who report income for post-graduate Fellowships and Jobs in the survey period following graduation when the survey is conducted.
4. A minimum 20% Response Rate is achieved for all questions in Section VIII Graduated Student Satisfaction
5. The Annual Report is submitted in Section X by November 15.

A failure to meet the 20% Response Rate as defined in Requirements 3 and 4 above will result in the program automatically being required to submit a Progress Report to the Accreditation Council with steps to bring the program into compliance for the next annual report.

If CAHME has any questions or concerns about changes that may impact the program's continued ability to meet the criteria, the program's report will be referred to the Accreditation Council for review. Major changes in the program can result in further inquiry or an Interim Site Visit.

Reports that are late will incur a late reporting fee (See Fee Schedule). Failure to submit an Annual Report within three months of the due date will be grounds for adverse action.

Section 5. Student Outcomes

Programs are required to publish student outcomes on their website for each accredited modality. Programs may petition CAHME if they elect to consolidate student outcomes from multiple modalities. It is recommended that all information be program specific, and combining multiple modalities into one report must have a justifiable reason to be reported to the Accreditation Council.

CAHME offers a "safe harbor" for meeting the reporting requirements of key criteria. Programs may provide a direct link to the Program Profile as presented in the public facing "Advance Search" tool (see *Glossary of Terms: Advance Search Program Profile*). Data in the Advance Search tool, and the Program Profile, is self-reported through Annual Report information for each modality. Programs that provide a direct link from their web page to the Program Profile for each modality shall be considered as meeting the outcomes requirements

The program must ensure the data provided on the annual report is complete, accurate, and within a sufficient sample size/response rate for graduates surveyed for specific questions. Additionally, the program must explicitly state on the webpage that student outcomes can be found at the link(s) to the "Program Profile."

At its option, the program may choose to publish additional elements (other than the Program Profile) on its website which it is responsible for updating and maintaining if the Safe Harbor is not implemented:

1. The program is responsible for reporting data by modality
2. The data must be updated annually, and timeframes defined.
3. Programs should include at least retention rate (or graduation rate) and employment rate (or placement rate) on their webpage.

As the outcome needs of prospective students evolve CAHME reserves the right to change the outcomes required to be posted. Failure to publish Student Outcomes on the Program's website within three months of the due date will be grounds for adverse action.

Article 18. Policy Statement: Adverse Action and Withdrawal from Accreditation

Section 1. Initiation of Adverse Action

CAHME can take an adverse administrative action against a program whenever it is not in compliance with any of the agency's Criteria for Accreditation, policies, procedures, or any other agency requirement.

Section 2. Withdrawal by an Accredited Program

Any accredited program retains the right to discontinue accredited status or withdraw at any time from the accreditation process. If a program chooses to discontinue its accreditation status, the program must submit written notice to the President/CEO of CAHME. The chief administrative officer of the university or a representative should sign such notice.

CAHME will notify the Council for Higher Education Accreditation, the Association of Specialized and Professional accreditor, and the appropriate accrediting agencies within 30 days of receipt of such notice.

In the case of voluntary withdrawal from accreditation by the program, the accredited status of the program will expire as of the date of the receipt of such notice. The Board and Executive Committee of the Board will be notified of withdrawal at the next regularly scheduled meeting.

Section 2b. Lapse of Accredited Status by an Accredited Program

An accredited program that does not permit a renewal of accreditation site visit after proper notice by CAHME will be deemed to have allowed its accreditation to lapse. This determination will be made if the accreditation cycle within which the site visit was due begins without a scheduled site visit.

The program will be notified formally by the President/CEO of CAHME. The date of notification will be the effective date of lapse of accreditation and the program will reapply for an initial accreditation.

CAHME will notify the public of the lapse of accredited status within 30 days of the effective date. At the same time, CAHME will notify the Council for Higher Education Accreditation, the Association of Specialized and Professional Accreditors, and the appropriate accrediting agencies.

Section 3. Withdrawal by a Program Seeking Accreditation

If a program seeking initial accreditation chooses to withdraw from the accreditation process, written notice must be submitted to the Accreditation Council. This action shall be effective immediately. Fees paid prior to the time of withdrawal will not be refunded. If withdrawal is made in advance of the site visit, then the fee less 20% and the actual expenses to date will be refunded.

Section 4. Denial of Accredited Status by CAHME

CAHME retains the right to deny accredited status to any program for just cause and after due process. The Accreditation Council may recommend denial of the accreditation of a program through a two-thirds vote at any meeting at which a quorum is present. The Board of Directors has final authority to determine the accreditation of individual programs. Denial of Accreditation requires a two-thirds vote of the Board of Directors present at a meeting at which a quorum is present.

The program shall be notified formally within 30 days of a decision by vote of the Board of Directors to deny accredited status. The notice shall include the reason for the action, a copy of the final accreditation report, and a notice of the right to appeal with the corresponding procedures.

If the program intends to appeal, the program must respond to the notification of denial within 30 days of receipt. If the program chooses the appeal process, then the accredited status remains in effect until the completion of the appeal. If the program chooses not to appeal, then the loss of accredited status becomes effective on the date of the action by the board.

CAHME shall notify the public about the denial of accredited status within 30 days of the effective date.

Section 5. Withdrawal of Accredited Status by CAHME

CAHME retains the right to withdraw accredited status from any program for just cause and after due process. The Accreditation Council may recommend withdrawal of the accreditation of a program through a two-thirds vote at any meeting at which a quorum is present. Such a decision is forwarded as a

recommendation to the Board of Directors for action and becomes final upon approval by a two-thirds vote of the Board. The Board of Directors may also withdraw accreditation, without a recommendation from the Accreditation Council, with a two-thirds vote at any meeting at which a quorum is present.

Sufficient cause includes, but is not limited to, failure during the self-study year to comply with a significant number of criteria such that the quality of the educational program is compromised, failure to submit required progress reports and site visit self-studies when due notice has been given, failure to come into compliance with all CAHME accreditation criteria within two years of a formal site visit without good cause, and failure to pay accreditation fees.

The program shall be notified formally within 30 days of a decision by vote of the board to withdraw accredited status. The notice shall include the reason for the action, a copy of the final accreditation report, if applicable, and a notice of the right to appeal with the corresponding procedures.

The program shall respond to the notification of withdrawal within 30 days of receipt. If the program chooses the appeal process, then the accredited status remains in effect until the completion of the appeal. If the program chooses not to appeal, then the withdrawal of accredited status becomes effective on the date of the action by the board.

All programs must fully meet all accreditation criteria within two years of the last accreditation decision. Failure to do so will result in withdrawal of accreditation following a formal vote of the Board of Directors upon a recommendation by the Accreditation Council after a formal review of the most recent progress reports and annual reports submitted by the program. In extraordinary circumstances, accreditation may be extended for up to twelve (12) months if the program can offer good cause for failing to meet all criteria and demonstrate substantial progress on a plan whose fulfillment will result in meeting all criteria by the end of the twelve-month conditional period. CAHME, in its sole discretion, will determine good cause.

In the case of failure to pay accreditation fees, accredited status may be withdrawn without the right to appeal as long as payment is not received within sixty (60) days of notice of a past due account, and the program has not attempted to make reasonable arrangements with CAHME for late payment.

Section 6. Programs returning to seek accreditation.

If a program has withdrawn from accreditation, that program may return to CAHME to seek accreditation after one (1) year has lapsed since the withdrawal. The Program will begin the process by seeking Candidacy.

In determining whether or not to grant initial or continued accreditation, CAHME considers any adverse actions by recognized institutional accrediting agencies or recognized specialized accrediting agencies if the program is located in a larger organizational unit that is accredited. Such actions could include placing the larger organization or unit on probationary status, revoking accreditation or pre-accreditation, or any actions taken by a state agency that question the parent organization's legal authority to provide postsecondary education. Similarly, if the accreditation status of the institution or larger institutional unit is threatened during any period of a program's accreditation, CAHME will promptly review the program's accreditation status to determine if adverse action should be taken. Under usual circumstances, CAHME's review would include an Interim Site Visit to be scheduled as soon as feasible. Further, CAHME will not normally renew the accreditation of a program when the accreditation of the parent institution or a larger organizational unit is subject to an interim action that could lead to suspension or revocation of accreditation or of the parent institution's legal authority to provide postsecondary education.

Section 7. The Implications for Students when Accreditation is Withdrawn or Denied

Students graduating from a program subsequent to the effective date of a denial or withdrawal are not considered graduates of an accredited program. Accreditation status at the time of a student's graduation determines whether he or she may be considered a graduate of an accredited program.

Section 8. Public Notification

In the event of a decision to deny or withdraw accredited status, or other adverse action against a program, CAHME shall notify the Council for Higher Education Accreditation, the Association of Specialized and Professional Accreditors, and the appropriate accrediting agencies, at the same time it notifies the institution or program of the decision but no later than thirty (30) days after the action is taken. The Program shall be given notice of its right to provide an official comment. Furthermore, in the absence of a program's submission of an intent to appeal, CAHME shall notify the public, summarizing the reasons for the decision no later than sixty (60) days after a decision. This statement may include any voluntary comments from the affected program with regard to the decision.

Article 19. Policy Statement: Third Party Notification of Actions

CAHME shall provide electronic or written notice to the Council on Higher Education Accreditation, and the Association of Specialized and Professional Accreditors, and the appropriate accrediting agencies (if required), and the public, no later than 30 days after it makes the following decision:

- 1) A decision to award initial accreditation to an institution or program (with findings)
- 2) A decision to renew an institution's or program's accreditation (with findings)
- 3) A final decision to deny or withdraw the accredited status or candidacy status of an institution or program.

CAHME shall provide electronic or written notice to the public, immediately of its notice to the institution or program, of a final decision to deny or withdraw the accredited status or candidacy status of an institution or program.

CAHME, following a final decision to deny or withdraw the accreditation of an institution or program, shall make available to the public upon request, no later than 60 days after the decision, a brief statement summarizing the reasons for CAHME's decision, and the comments, if any, that the affected institution or program may wish to make with regard to that decision.

CAHME shall also notify appropriate accrediting agencies, and upon request, the public, if an accredited institution or program decides to withdraw voluntarily from accreditation. CAHME shall provide the notification within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation.

CAHME shall publish an advanced notice of forthcoming site visits to provide the opportunity for public comment on the program. Ideally, the notice shall appear six months prior to the action and shall be published in CAHME communications, the CAHME website, or another suitable publication.

Article 20a. Policy Statement: Appeal of Accreditation Action

Section 1. Burden of Proof

Any program which has been denied an initial or the renewal of accredited status may appeal said accreditation action. Similarly, programs may appeal a CAHME Board of Directors decision to withdraw the accredited status. For any appeal, the burden of proof rests upon the program to explicitly demonstrate the lack of due process in the accreditation decision.

Section 2. Levels of Appeal

There are two levels to the appeal process. The first level involves a review panel appointed by the Accreditation Council Chair with final decision by the Board of Directors. The second level involves an Independent Appeals Council the decision of which is final. Each level of appeal must follow a specific sequence of steps. The second level of appeal occurs only upon completion of the first level of appeal.

A. First Level

In order to initiate an appeal, the plaintiff program must submit a request for reconsideration of the accreditation action to the CAHME Board of Directors.

The Process for pursuing a First Level appeal is spelled out in Article 20b. Procedure for Appealing an Accreditation Action.

Programs wishing to pursue a First Level Appeal of an accreditation action must submit the First Level Appeal Fee along with the notice of intent to appeal. This fee covers all direct and indirect costs CAHME will incur as a result of the First Level Appeal.

B. Second Level

Upon the completion of the first level of the appeal process, and in the event of a decision to uphold the original accreditation decision, the plaintiff program has the right to request a hearing by an Independent Appeals Accreditation Council.

The Process for pursuing a Second Level Appeal is spelled out in Article 20b. Procedure for Appealing an Accreditation Action.

In the case of a Second Level Appeal, the plaintiff program will bear all reasonable direct and indirect costs (including transportation, accommodations, meals, printing, shipping, and legal fees for both the program and CAHME), regardless of the outcome. An estimation of anticipated costs, which can be substantial, will be provided to the plaintiff program prior to the program's decision to pursue a second level appeal. The plaintiff program has the right to be represented by counsel during its appeal.

Article 20b. Procedure for Appeal of Accreditation Action

Section 1. First Level Appeal

In order to initiate an appeal, the plaintiff program must submit a request for reconsideration of the accreditation action to the CAHME Board of Directors. The process for such a request and subsequent actions are as follows:

1. CAHME will send within thirty (30) days of the accreditation decision a formal notice of action to the program. The notice states the reason for the action, the right to appeal, and the option to initiate the appeal process.
2. The plaintiff program must postmark within thirty (30) days of receipt of the accreditation action a letter of intent to appeal. The letter of intent serves to suspend further action by CAHME, including removal from the *Official List of Accredited Programs*, public notification of CAHME's action, and a formal change in accredited status.
3. Programs wishing to pursue a First Level Appeal of an accreditation action must submit the First Level Appeal Fee along with the notice of intent to appeal. This fee covers all direct and indirect costs that CAHME will incur as a result of the appeal.
4. Upon receipt of the program's notice of intent to appeal, the Accreditation Council Chair, or in the absence of the Chair, the Vice-Chair, will appoint an Appeal Review Committee. The Committee will consist of three former members of the Accreditation Council. None of the former Commissioners will have been a participant in the site visit to the program or any activity that led to the original accreditation decision. Each candidate for the Committee will be screened for a conflict of interest or the potential for a conflict of interest.
5. The plaintiff program must submit a written comprehensive statement of appeal postmarked no later than sixty (60) days following receipt of the accreditation action notification. The statement should specifically list the tenets of the appeal.
6. The Appeal Review Committee will review the statement of appeal and will have access to all documents that were developed in arriving at the decision including the self-study, site visit report, program response and Accreditation action. The Appeal Review Committee will submit an opinion to the Accreditation Council Chair and the plaintiff program no later than sixty (60) days following receipt of the program's comprehensive statement of appeal. The opinion will include a recommendation for action by the Accreditation Council. The Committee retains full rights to the discovery of additional information.
7. The Accreditation Council will vote on the recommendation of the Appeal Review Committee within thirty (30) days of receipt. The action requires the call for the meeting and a two-thirds vote of a quorum. Such a vote may take place via telephone conference or at a regularly scheduled Accreditation Council meeting.
8. The decision of the Accreditation Council will be forwarded to the Board of Directors as a recommendation.
9. The Board of Directors will vote on the recommendation of the Accreditation Council within thirty (30) days of receipt. The action is binding with two-thirds vote of a quorum. Such a vote may take place via telephone conference or at a regularly scheduled meeting of the Board.
10. The plaintiff program will be notified of the board's decision no later than thirty (30) days after the vote. The decision statement will declare the rationale for the decision.

Section 2. Second Level Appeal

Upon the completion of the first level of the appeal process, and in the event of a decision to uphold the original accreditation decision, the plaintiff program shall have the right to request a hearing by an Independent Appeals Accreditation Council. At the time the program is notified of a decision to uphold the original accreditation decision, the program will be notified of its rights to a second-level appeal along with a good faith estimation of costs to the program of pursuing the appeal. The program

will be informed of its right to employ counsel for the appeal. The process for requesting a second level appeal and hearing by an Independent Appeals Accreditation Council are as follows:

1. The plaintiff program shall request a hearing by an Independent Appeals Accreditation Council no later than thirty (30) days following receipt of the decision by CAHME Board of Directors. The request must be in writing and should include the name of one (1) individual appointed by the University to sit on the Independent Appeals Accreditation Council.
2. The Accreditation Council Chair shall appoint one (1) individual to the Independent Appeals Accreditation Council who is not a current member of the Accreditation Council. In the absence of the Chair, the Vice Chair, will appoint the individual to represent CAHME on the "IACC."
3. A third member of the Independent Appeals Accreditation Council shall be appointed through the mutual agreement of the previously selected two members. The appeals panel must contain a public representative, an educator, and a practitioner.
4. The Independent Appeals Accreditation Council shall convene no later than sixty 60 days after receipt of the request for hearing from the plaintiff program. The location of the hearing will be determined by mutual agreement of all parties, and every effort will be made to minimize the costs of travel and logistics.
5. At the hearing, testimony will be provided by both CAHME and the plaintiff program. Both parties shall have the right to present evidence, examine witnesses, and to cross-examine opposing witnesses.
6. The Independent Appeals Accreditation Council shall render a written decision within thirty (30) days of the adjournment of the hearing. The decision statement will declare the rationale for the decision. The decision of the Independent Appeals Accreditation Council shall be the final action and will be binding on all parties. The document shall be sent to the CAHME CEO and the plaintiff program simultaneously by registered mail.

The plaintiff program will be billed for all reasonable direct and indirect costs to CAHME (including transportation, accommodations, meals, printing, shipping, and legal fees) for the second level of an appeal process, regardless of the outcome.

Article 21. Complaints

Section 1. Background

CAHME recognizes the need to establish a due process for addressing complaints about a particular program or the activities of CAHME. With regard to the former, the complaint procedures serve (1) to protect the integrity and the maintenance of educational and ethical standards of accredited programs and (2) to provide a mechanism for concerned individuals or organizations to bring to fore any information concerning a specific program which may be relevant to the accreditation process. With regard to the latter, an aggrieved individual or organization ~~may~~ must state the nature of the complaint so that it may receive proper attention by CAHME.

CAHME will only address complaints that relate to the criteria that it uses to accredit programs. CAHME will address complaints only where it has jurisdiction; for example, it will not review the efficacy of decisions of the university or programs where it has no jurisdiction. An aggrieved individual or organization should make every effort to resolve any differences or problems by contacting the individual or organization in question. CAHME shall formally address a complaint only when there is no other recourse for resolution.

All complaints should be sent to CAHME offices addressed as follows:

COMPLAINTS

Attention: President & CEO

CAHME

PO Box 911

Spring House, PA 19477

Section 2. Complaints Concerning a Program

CAHME will only consider and act on specific, criterion related, written, signed complaints concerning a program that is currently accredited or under immediate (less than six months) consideration for accreditation. CAHME's only jurisdiction as it relates to complaints against programs that it currently accredits, or under which are immediate consideration for accreditation, is to act regarding accreditation. CAHME cannot intervene in the affairs of a program. Complainants must demonstrate that they have exhausted all administrative channels of the program before filing a complaint with CAHME.

When a complaint is filed against a program the following procedure will apply:

A complaint against an accredited program must be in writing, must be specific as to the accreditation criteria that is being violated, must identify the outcome sought, must include documentation that appropriate administrative channels have been exhausted and must be signed.

In the absence of documentation that all administrative procedures have been exhausted or in the event the complainant has failed to be specific, the following will occur:

1. CAHME staff will acknowledge receipt of the complaint within 15 days and advise that no subsequent actions are planned.
2. Copies of all materials received will be sent within 30 days of receipt of the complaint to the school or program against which the complaint has been made.
3. No further action will be taken.

Although a complaint may not lead to formal action, CAHME will maintain a record of written and signed complaints for three years. All complaints on file will be summarized and the summary provided to the site visit team at the time of the next regular site visit or during any special interim site visit.

If the complaint is specific and includes documentation that administrative procedures have been fully pursued, the following steps will be taken:

1. CAHME staff will acknowledge receipt of the complaint within 15 days and provide information about subsequent actions to be taken.
2. Copies of all materials received will be sent to the school or program within 30 days of receipt of the complaint, along with a request for verification that administrative remedies have been exhausted.
3. If the school or program acknowledges that the complainant has exhausted the administrative remedies at the institution, CAHME staff, at the time it forwards the complaint to the school or program, will request that a summary of actions leading to the original complaint be submitted by the dean or program director within 30 days of receiving copies of the complaint materials.
4. CAHME's Accreditation Council which meets at least twice per year, but which will meet by telephone conference call within 30 days of receiving the response of the school or program for purposes of reviewing a complaint, will review the materials submitted by the complainant and the responses submitted by the school or program and will determine whether there is sufficient evidence to believe the program is in violation of CAHME's accreditation criteria. In order to assure timely consideration of complaints, this review may be accomplished by telephone conference call.
5. If the Accreditation Council determines that the complaint lacks sufficient evidence to proceed with an investigation, the complainant and the school or program will be so notified in writing within 15 days of the decision.
6. If the complaint appears valid, the Accreditation Council will appoint a three-member investigative team. The investigation shall begin within 30 days of the appointment of the team. The team's investigation of the complaint may include a visit to the school or program, but in any event, both the complainant and the school or program representative will be

offered an opportunity to appear before the team. It is expected that the team will have access to any and all information which is pertinent to the investigation.

7. The investigative team will report its findings, along with its recommendation, to CAHME's Board of Directors at its next regularly scheduled meeting. The board shall be the final decision-making body. Based upon these deliberations, or in the event that the program fails to permit an investigation on a timely basis, CAHME's decisions may include any of the following:
 - (a) continue the accreditation status of the program without change,
 - (b) continue the accreditation status of the program, but initiate an earlier review of the program,
 - (c) withdraw the program's accreditation.
8. The program and the complainant will be advised of Board's decision and the reasons for the decision within 30 days. The program may appeal a board decision. The appeals procedures are described in Article 20, except that if accreditation is revoked and no appeal is made, a new request for accreditation will not be entertained until one year from the date of withdrawal.

Section 3. Complaints Concerning CAHME

CAHME recognizes the rights of its stakeholders to address grievances against CAHME that are not served through the Appeal Process. Complaints about CAHME's performance must be related to its own procedures, policies, or criteria or about agency conduct inconsistent with good accreditation practices, as defined in its adopted code of good practice, may be forwarded to CAHME's offices. Complaints must be in writing, must be specific, and must be signed by the complainant.

CAHME staff will acknowledge receipt of the complaint within 15 days and will seek to achieve an equitable, fair, and timely resolution of the matter. CAHME staff must recuse themselves from any complaint in which they are named.

If staff negotiations are unsuccessful, the complaint will be referred to the Board of the Directors at its next regular meeting. The decision of the Board will be communicated to the complainant in writing within 30 days of the meeting.

If the complainant is not satisfied with the resolution determined by the Board, CAHME will provide the complainant with the name and address of the appropriate office within the Council for Higher Education Accreditation and of any other recognition bodies to which the Council may subscribe.

As a matter of policy, CAHME maintains complete and accurate records of complaints, if any, against itself and makes those available for inspection on request at CAHME offices.

Section 4. On-site Review of Student Complaints

As part of the site visit survey of a program, the site visit team shall have access to and review all records of formal student complaints with regard to the program. Programs are expected to respond to student complaints in a timely manner, and to have a process in place for addressing the concern or grievance. The site team will seek evidence that the process has been followed and that complaints have been resolved in an equitable manner. The statute of limitations shall extend to all complaints recorded since the last site visit to the program.

Article 22a. Policy Statement: Review of the Criteria For Accreditation

Section 1. Underlying Values

A program in healthcare management is designed to prepare leaders who are sensitive to the dynamics of the healthcare environment and the healthcare industry. The Criteria for Accreditation serve as the standards for measuring the quality of a program in healthcare management. The Criteria must reflect the current state of the healthcare environment and anticipate the trends of the future to guide programs toward the preparation of healthcare leaders of tomorrow. This presupposition compels CAHME to assess the Criteria as they relate to measuring the quality of the program and to meeting the demands of the profession.

Section 2. Standards Council

The Standards Council, appointed by the Board of Directors will meet at least twice a year. The Council will have at least ten (10) members but no more than fifteen (15) with relatively equal representation from academe and the field of practice. The responsibility of the Standards Council will be to monitor any feedback received by CAHME on its Accreditation Criteria and serve as the reviewing body for the Criteria. The Council will work closely with the Accreditation Council and will report to the Board on no less than an annual basis.

PREAMBLE: Mission and Values of the Standards Council

The MISSION of the Standards Council is to regularly review, and to revise as appropriate, the standards, procedures, and documentation for accreditation by CAHME. The utilization of standards should ensure that the agency is viewed by its constituents as a “premiere accreditation agency” and comply with the requirements of the Council on Higher Education Accreditation (CHEA).

The PRIMARY FUNCTION of the Standards Council is to ensure that criteria for accreditation remain current, relevant, and effective to achieve the overall goals of CAHME.

To improve the health status of the populations served by its accredited programs in healthcare management, the Standards Council guiding principles are:

1. The Standards Council will focus its efforts on maintaining, improving, and promoting excellence in healthcare management education.
2. To foster success in these efforts, the Standards Council will establish standards to enable it to evaluate and guide educational programs that grant master’s degrees relevant to healthcare management. To keep these standards current and relevant, they will be periodically revised to incorporate content changes as well as new educational methods.
3. The Standards Council recognizes that educational programs differ in their missions, degrees they grant and educational approaches to healthcare management education.
4. In appreciation of program differences, the standards for evaluation and guidance will have a minimum level of prescriptive content to guarantee they meet a basic level of quality. In consideration of individual program missions, the evaluation criteria will be rigorous and flexible enough to promote excellence and quality improvement.
5. Since the Standards Council represents the public interest, its process of evaluation and findings will adhere to principles of transparency and fairness.

As part of its ongoing commitment to the relevancy and rigor of healthcare management education, CAHME shall review Accreditation Criteria at two levels: (1) an interim review (between full revisions) and (2) a full revision (every five years).

Article 22b. Procedure for Criteria Review and Revision

Responsibility for review and revision of CAHME criteria rests with the Standards Council. Authority to approve changes to the Criteria rests with the Board of Directors upon a recommendation from the Standards Council. The Standards Council is also responsible for ensuring that changes to the criteria are appropriately reflected in the *Self-Study Handbook*.

If at any time during CAHME systematic program of review a need for change has been identified, CAHME will initiate action within 12 months to make the changes and will complete this action within a reasonable time.

The Chair, (or delegate member) of the Standards Council will meet annually at the Accreditation Council's Fall meeting to review and evaluate any feedback from the Accreditation Council on the existing Criteria. In the event that there is significant concern about the criteria, the Standards council will immediately initiate an interim criteria review. If there is not an area of significant concern regarding the criteria, the Standards Council will conduct an interim criteria review every two years.

The Standards Council will extend a Call for Input from the following CAHME Stakeholders:

- Accreditation Council
- Accredited Program Directors
- Program Faculty
- Candidate Programs
- CAHME Corporate Members
- Other practitioner stakeholders not affiliated with current CAHME Corporate Members
- Students
- The Public
- Other stakeholders as identified by the council.

The Call for Input will ask the following questions:

- Are the criteria adequate to signal academic quality;
- What is the ongoing relevance of the criteria to the changing needs of the field;
- What is the extent to which the criteria reflect the changing nature of the field of higher education and different methods of education delivery; and
- Is there a need for changes to the criteria.

CAHME may also take the opportunity of a national conference to hold a forum on this issue.

Section 1. Interim Criteria Review

The Standards Council will conduct an interim review of the Criteria midway between the full review. The purpose of this review is to evaluate:

1. The adequacy of the criteria to signal academic quality;
2. The ongoing relevance of the criteria to the changing needs of the field;
3. The extent to which the criteria reflect the changing nature of the field of higher education and different methods of education delivery; and
4. The need for changes to the criteria.

This level of review may incorporate input from the Corporate Members, the Accreditation Council, and accredited programs that have participated in accreditation site visits in the previous 24 months. The review shall include a comprehensive examination of the Criteria for Accreditation both individually and as a whole. The Criteria shall be assessed in terms of their form and function as they relate to the preparation of leaders in healthcare management. Moreover, the Criteria will be evaluated for their validity and reliability in assessing the quality of a program in healthcare management.

The following process will be followed in an Interim Criteria Revision:

1. A call for comments will be broadcast over the Internet and any routine publication of CAHME in October. A specific communiqué will be directed toward CAHME accredited programs that were site visited in the previous 24 months after the Fall accreditation Council Meeting.

2. Input will be sought from Corporate Members, individual accredited and candidate programs, students, health administration practitioners, associations representing other healthcare professionals, the public, and other relevant stakeholders.
3. The Standards Council will meet early in the calendar year to evaluate the comments received. If no comments were received, the Standards Council will focus its attention on those Criteria discussed during the annual feedback meeting with the Accreditation Council. If necessary, a draft version of the revised Criteria and Self Study Handbook will be developed.
4. The draft of the revised Criteria will be presented to the Accreditation Council at its Spring Meeting for discussion and direction and ultimately, endorsement.
5. Once endorsed by the Accreditation Council, the draft revised Criteria will be forwarded to the field for further input. That input will be gathered through written communication and considered by the Standards Council in the development of the final draft in advance of the spring Board meeting.
6. The final version of the Criteria must be approved by a majority vote of the Board of Directors upon recommendation of the Standards Council.
7. Final Interim Revised Criteria will then be shared with the field, accompanied by the revised criteria and attendant *Self-Study Handbook* will go into immediate effect. (i.e., for self-study years beginning in July of that year).

Section 2. Full Criteria Revision

The Standards Council shall initiate a full review of the criteria once every five years, reaffirming or changing them as appropriate or necessary. The primary goal of such a review is to ensure that the criteria for accreditation are consistently current, relevant, and effective to achieve the overall goals of CAHME.

The revision process will take not more than eighteen (18) months to complete. A call for comments will be broadcast over the Internet and any routine CAHME publication. Input will be sought from individual accredited and candidate programs, CAHME Corporate Members, students, health administration practitioners, associations representing other healthcare professionals, the public, and other relevant stakeholders. A specific communiqué will be directed toward CAHME accredited programs.

An iterative approach will be used to formalize the final revised version of Criteria. The final version of the Criteria must be approved by a two-thirds vote of the Accreditation Council, before being forwarded to the Board of Directors for final adoption.

The following process will be followed in a Full Criteria Revision:

1. A call for comments will be broadcast over the Internet and any routine publication of CAHME.
2. Input will be sought from individual accredited and candidate programs, all Corporate Members, students, health administration practitioners, associations representing other healthcare professionals, the public, and other relevant stakeholders. A specific communiqué will be directed toward CAHME accredited programs.
3. The Standards Council will meet at least quarterly as it implements an iterative approach to develop the draft version of the revised Criteria.
4. The draft of the revised Criteria will be presented to the Accreditation Council at its Spring Meeting for discussion and direction, and, ultimately, endorsement.
5. Once endorsed by the Accreditation Council, the draft revised Criteria will be forwarded to the field for further input. That input will be gathered through written communication and discussion via open forums.
6. Further refinement based on feedback will be conducted and a final proposed revision of the Criteria will be presented to the Accreditation council in the late summer for vote via teleconference at an early September meeting.

7. The final version of the Criteria must be approved by a majority vote of the Board of Directors upon recommendation of the Accreditation Council.
8. Final Revised Criteria will then be shared with the field, accompanied by the revised criteria and attendant *Self-Study Handbook* will go into effect for site visits taking place 12 months after distribution and beyond.

Section 3. Implementation of Revisions

Those revisions to the Criteria for Accreditation that result from a full review shall become effective one year after the official publication by CAHME. Ideally, the publication of the Criteria and supporting material shall correlate with the traditional academic year in order to assist those programs preparing for a site visit.

Those revisions to the Criteria for Accreditation that result from an interim review shall become effective for self-study years beginning in July of that year.

Any other revised policy or procedures shall become effective as determined by the Board of Directors.

Article 23. Policy Statement: Commitment to Cooperation

Section 1. Basic Principles

The accrediting community includes a large array of government and private organizations that are all dedicated to the promotion of quality in education. CAHME recognizes the role of government to meet the educational needs of people. Moreover, CAHME promotes the role of private and professional organizations to determine and assess the quality of the educational process.

The availability of resources has a direct relationship on the quality of the educational process. Duplication and inefficiency in the accrediting process can waste valuable resources in a limited environment. Consequently, CAHME shall work in a spirit of cooperation with members of the accrediting community to promote quality in healthcare management education and eliminate the dissipation of valuable resources.

Section 2. Council for Higher Education Accreditation

CAHME shall meet all the criteria established for recognition by the Council for Higher Education Accreditation (CHEA). CAHME shall fully participate in the activities of CHEA and shall strive to serve as an example of integrity in the accrediting community.

Section 3. Regional Accreditors

CAHME acknowledges the role of the six regional accrediting organizations for evaluating the quality of education within institutions. CAHME recognizes the need for a synergistic approach to assessing healthcare management programs within the context of institutional accreditation. Therefore, CAHME will cultivate any opportunity to inform the regional accreditors about the activities of CAHME and will strive for efficiency, wherever possible, in the accrediting process.

Section 4. Association of Specialized and Professional Accreditors

CAHME will be a full voting member of the Association of Specialized and Professional Accreditors (ASPA). As a member of ASPA, CAHME will subscribe to and promote the Code of Good Practice.

Furthermore, CAHME will actively cooperate with other members in promoting excellence in professional education accreditation. CAHME will cooperate wherever possible with those members of ASPA that are associated with programs in healthcare management.

Section 5. International Accrediting Community

CAHME welcomes the opportunity to foster quality in healthcare management education at the international level. CAHME will cooperate with the appropriate individuals and organizations in the international accrediting community to assess and promote excellence in healthcare management education.

Article 24. Policy Statement: Distance Learning Technologies

CAHME will not develop separate criteria for distance learning technologies but will include within the existing Criteria and *Self-Study Handbook*, information related to how effectively these technologies are used, how they are related to the program and institution mission, goals and objectives, and how outcomes are evaluated.

Section 1. Definition of Distance Learning

Distance learning is a formal educational process in which the majority of the instruction occurs when the learner and the instructor are not in the same place at the same time. This occurs when instruction constituting at least fifty percent (50%) of the degree program at a new geographic location, or instruction is a significantly different format. In this process, information, or distributed learning technology, is the likely connector between the learner, the instructor, or the site of program origin.

Section 2. Accreditation of Programs Using Distance Learning Technologies

If the program establishes distance learning as the mode of delivery of an existing accredited program it is required to notify CAHME, in writing, at least twelve (12) months prior to the planned date of implementation. CAHME might require a special report or schedule a site visit to the program. Programs are not encouraged to offer the degree and program that is accredited as a separate program using distance-learning technology if CAHME does not also accredit the distance-learning program. The two programs might pursue and maintain separate accreditation at the election of the University. If the same degree and program is offered where one is offered through a distance-learning mode, the University must pursue the accreditation of both programs within two years of initiating the distance-learning program.

Section 3. Relevant Issues in Distance Learning

Distance learning technologies will have an impact on several aspects of a program. The following issues should be part of the assessment for any program in healthcare management involved in distance learning:

A. Mission, Goals, Objectives, and Performance

- There must be a rationale for entering into distance learning.
- Distance learning must be consistent with the stated goals and objectives of the program.
- The mission of the program using distance-learning technologies must be consistent with the mission of the institution.
- The goals of the distant learning program should be stated in terms of outcomes.
- The evaluation system should be in place to assess outcomes in relation to the goals.

B. Students and Graduates

- The program should have in place a mechanism for assessing whether students have the skills and competencies to succeed in a distance-learning environment.
- Distance learning technology should be adapted to meet the learning goals of the program, for example in such areas as group learning and team building.
- The program will assure that students in distance learning programs have access to all necessary resources, including libraries and computer networks and other retrieval capabilities and that they have the capability to effectively use them.

C. Institutional Support

- The program will provide support for faculty and students to use effectively existing learning technologies and adapt to new ones, e.g., service technicians, site administrators, library resource personnel, and instructional technologists.

D. Teaching and Curriculum

- The curriculum, as well as individual courses, should demonstrate evidence of a coherent application of learning theory to the distance-learning environment.
- If course materials are utilized that are developed outside the institution, a process should be in place to validate the academic quality of the materials through suitable review

procedures with the appropriate unit and ensure that the total learning experience meets the goals and objectives of the program's curriculum.

- If the academic unit to be accredited includes programs offered through distance instruction and classroom instruction, the programs must share a common set of goals and objectives.

E. Faculty

- The faculty will be trained, prepared, and evaluated on using distributed learning technologies in the teaching program.
- If faculty members outside the institution are utilized in the program of instruction, the program must assure their qualifications to teach and the faculty member must function as a member of the program faculty, within the goals and curriculum concept of the program.
- The program should support faculty members to assure that they are following program policies on the use of distance learning technologies and that they are able to use them efficiently.

Article 25. Policy Statement: International Accreditation

1. CAHME will be a strong advocate internationally for accreditation by the health professions and for continuous process improvement in healthcare management education.
 2. CAHME will provide consultation to international organizations on the principles of professional accreditation, and to share information on how CAHME is structured and functions. CAHME will recover costs for these consultations.
 3. Accreditation materials will be shared with interested organizations with costs recovered where practical.
 4. CAHME will present workshops to interested organizations within its resource capacity. Generally, costs for these workshops will be covered by the sponsoring organization and not by CAHME.
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GLOSSARY OF TERMS

CAHME: The Commission on Accreditation of Healthcare Management Education

Accreditation: The credential accorded to those programs which meet all of the criteria for accreditation.

Accreditation Council: Oversees the accreditation process and makes recommendations to the Board of Directors on individual accreditation decisions.

Advance Search Program Profile: Webpage which displays program-specific annual report data including student outcomes.

To find a program profile page:

1. Navigate and log in to CAHME Annual Report Editor (CARE): https://cahme.org/_pdlogin/
2. Open Section I: Program Description
3. Copy the Program Profile URL located within the red dotted box
4. Include the Program Profile URL on your webpage and explicitly state that student outcomes can be found at the link(s) to the “Program Profile”.



Board of Directors: The entity that governs the affairs of CAHME and is responsible for acting on accreditation recommendations as defined in Article VII of the Bylaws.

CAHME Accreditation Management Portal (CAMP)

CAHME's web-based accreditation system on which candidacy applications are received and processed. The system can be accessed on www.cahme.org in the following location:



CAHME Annual Report Editor (CARE)

The tool used by a program to enter their annual report data. This tool can be found at www.cahme.org in the following location:



Corporate Member: Member organizations of CAHME consisting of the Market, Profession, Academia, and At-Large Members with rights and responsibilities defined in Article V of the Bylaws.

Degree: An academic title given by a college or university to a student who has completed a specific course of study.

Officers of the Board: The Chair, Chair-Elect, Past-Chair Officers and Secretary/Treasurer are the officers, each holding office for one year. At its last regular meeting each year, the board shall elect a Chair-Elect

from among its members. The President and CEO is an employee. These five individuals constitute the Executive Committee of CAHME.

Program (also Academic Unit): The entity within a department or school offering a single or multiple courses of academic study (tracks).

Program Seeking Accreditation: A program is considered to be seeking accreditation if it has submitted a CAHME Eligibility Statement.

Self-Study Handbook

A document provided by CAHME which outlines the steps programs must take to achieving accreditation or re-accreditation. It includes direction to programs on creating their self-study document. This document can be found on the Resources -> Program Resources page on our website, www.cahme.org:



Standards Council: Maintains and continuously improves the accreditation standards; recommends new/revised standards for consideration and action by the board of directors.

Track: (also Instructional Sequence): A course of academic study; a curriculum.