

CA⁺HME

Commission on Accreditation
of Healthcare Management Education

HANDBOOK OF POLICIES AND OPERATING PROCEDURES

APPROVED AS REVISED

APRIL 16, 2007



The Standard of Excellence in Healthcare
Management Education since 1968.

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FOREWORD

Revised April 2007

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 Department of Education and the Council for Higher Education Accreditation, 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 the Secretary of the US Department of Education does not include candidate/pre-accredited programs, or programs in Canada.

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. Insuring 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.

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.

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.

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.

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.

Article 1. Policy Statement: CAHME Mission and Vision

Section 1. Mission Statement

The Commission on Accreditation of Healthcare Management Education is dedicated to serving the public good through promoting, evaluating, and continuously improving the quality of academic healthcare management education in the United States and Canada and elsewhere as deemed appropriate by the Corporate Members and the Board of Directors. Through its partnership between academe and the field of practice, CAHME serves universities and programs in a voluntary peer review process as a means to continuously improve academic education. In so doing, CAHME's designation of "Accredited" becomes the benchmark by which students and employers determine the integrity of healthcare management education and the standard of measurement for the world community.

Section 2. Vision Statement

The Commission on Accreditation of Healthcare Management Education is recognized as an independent world leader for determining quality in healthcare management education. Universities, programs, practitioners, and international peers will seek the consultation of CAHME professionals 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 around the world. Through recognition by the US Department of Education, the Council on Higher Education Accreditation, the Association of Specialty and Professional Accreditation and the Canadian College of Health Services Executives, CAHME will serve as the authority for determining the quality and appropriateness for accreditation of academic education in healthcare management.

Section 3. 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 4. Programmatic Scope

The Commission on Accreditation of Healthcare Management Education accredits academic educational programs in Healthcare Management; thus it 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

The Commission on Accreditation of Healthcare Management Education shall hold membership in the Association of Specialized and Professional Accreditors (ASPA) and shall adhere to the ASPA - Member Code of Good Practice.

The ASPA Code of Good Practice states the following:

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

1. Pursues its mission, goals, and objectives, and conducts its operations in a trustworthy manner.
 - Focuses primarily on educational quality, not narrow interests, or political action, or educational fashion.
 - Demonstrates respect for the complex interrelationships involved in the pursuit of excellence by individual institutions or programs.
 - Exhibits a system of checks and balances in its standards development and accreditations procedures.
 - Maintains functional and operational autonomy.
 - Avoids relationships and practices that would provoke questions about its overall objectivity and integrity.
 - Analyzes criticism carefully and responds appropriately by explaining its policies and actions and/or making changes.
2. Maximizes service, productivity, and effectiveness in the accreditation relationship.
 - Recognizes that teaching and learning, not accredited status, are the primary purposes of institutions and programs.
 - Respects the expertise and aspirations for high achievement already present and functioning in institutions and programs.
 - Uses its understanding of the teaching and learning focus and the presence of local expertise and aspirations as a basis for serving effectively at individual institutions and programs.
 - Keeps the accreditation process as efficient and cost-effective as possible by minimizing the use of visits and reports, and by eliminating, wherever possible, duplication of effort between accreditation and other review processes.
 - Works cooperatively with other accrediting bodies to avoid conflicting standards, and to minimize duplication of effort in the preparation of accreditation materials and the conduct of on-site visits.
3. Respects and protects institutional autonomy.
 - Works with issues of institutional autonomy in light of the commitment to mutual accountability implied by participation in accreditation, while at the same time, respecting the diversity of effective institutional and programmatic approaches to common goals, issues, challenges, and opportunities.

- Applies its standards and procedures with profound respect for the rights and responsibilities of institutions and programs to identify, designate, and control:
 - a. their respective missions, goals, and objectives;
 - b. educational and philosophical principles and methodologies used to pursue functions implicit in their various missions, goals, and objectives;
 - c. specific choices and approaches to content;
 - d. agendas and areas of study pursued through scholarship, research, and policy developments;
 - e. specific personnel choices, staffing configurations, administrative structures, and other operational decisions; and
 - f. content, methodologies, and timing of tests, evaluations, and assessments.
 - With respect to professional schools and programs, recognizes the ultimate authority of each academic community for its own educational policies while maintaining fundamental standards and fostering consideration of evolving needs and conditions in the profession and the communities it serves.
4. Maintains a broad perspective as the basis for wise decision making.
- Gathers and analyzes information and ideas from multiple sources and viewpoints concerning issues important to institutions, programs, professions, publics, governments, and others concerned with the content, scope, and effectiveness of its work.
 - Uses the results of these analyses in formulating policies and procedures that promote substantive, effective teaching and learning, that protect the autonomy of institutions and programs, and that encourage trust and cooperation within and among various components of the larger higher education community.
5. Focuses accreditation reviews on the development of knowledge and competence.
- Concentrates on results in light of specific institutional and programmatic missions, goals, objectives, and contexts.
 - Deals comprehensively with relationships and interdependencies among purposes, aspirations, curricula, operations, resources, and results.
 - Considers techniques, methods, and resources primarily in light of results achieved and functions fulfilled rather than the reversed.
 - Has standards and review procedures that provide room for experimentation, encourage responsible innovation, and promote thoughtful evolution.
6. Exhibits integrity and professionalism in the conduct of its operations.
- Creates and documents its scope of authority, policies, and procedures to ensure governance and decision making under a framework of “laws not persons.”
 - Exercises professional judgment in the context of its published standards and procedures.
 - Demonstrates continuing care with policies, procedures, and operations regarding due process, conflict of interest, confidentiality, and consistent application of standards.

- Presents its materials and conducts its business with accuracy, skill, and sophistication sufficient to produce credibility for its role as an evaluator of educational quality.
 - Is quick to admit errors in any part of the evaluation process, and equally quick to rectify such errors.
 - Maintains sufficient financial, personnel, and other resources to carry out its operations effectively.
 - Provides accurate, clear, and timely information to the higher education community, to the professions, and to the public concerning standards and procedures for accreditation, and the status of accredited institutions and programs.
 - Corrects inaccurate information about itself or its actions.
7. Has mechanisms to ensure that expertise and experience in the application of its standards, procedures, and values are present in members of its visiting teams, commissions, and staff.
- Maintains a thorough and effective orientation, training, and professional development program for all accreditation personnel.
 - Works with institutions and programs to ensure that site teams represent a collection of expertise and experience appropriate for each specific review.
 - Conducts evaluations of personnel that involve responses from institutions and programs that have experienced the accreditation process.
 - Conducts evaluations of criteria and procedures that include responses from reviewers and those reviewed.

Adopted by ASPA March 21, 1995

Article 3. Policy Statement: Conflict of Interest

The Commission on Accreditation of Healthcare Management Education 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 previously served, 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: Public Members on the Board of Directors

Revised April 2007

Section 1. Need and Definition

The Bylaws of the Commission on Accreditation of Healthcare Management Education require that there be up to two individuals representing the general public seated as members of the Board of Directors. (See Corporate Bylaws, Article VII, Section 2A) The composition of the CAHME Board of Directors). Public Members are defined in the Bylaws as being consistent with the requirements of the U.S. Department of Education.

The Commission on Accreditation of Healthcare Management Education recognizes the need for public representation in its activities and values the input of its public members. The guidelines governing the selection of a representative(s) of the public are based on a combination of the statements published by the Department of Education and the unique experience of CAHME within the healthcare industry. According to the Department of Education, a Public Member is a person who is not:

1. An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited by the agency or has applied for accreditation;
2. A member of any trade association or membership organization related to, affiliated with, or associated with accrediting agency;
3. A spouse, parent, child, or sibling of an individual identified in (1) or (2).

The responsibilities of the Public Member and the special nature of CAHME as an accrediting organization for the health 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 an independent Public Member(s) remains the ideal and will be pursued with reasonable efforts. In no instance will a public board member have a material affiliation with healthcare industry, an accredited program or a program that has applied for accreditation.

Section 2. Role of the Public Member

The membership of Public Members on the Board of Directors is vital for maintaining a balanced perspective within the activities of CAHME. It is expected that the Public Member will:

1. Be a full voting member of the board and assume the roles and responsibilities equivalent to all other directors.
2. Maintain reasonable independence and declare any conflict of interest in relation to any CAHME activity.
3. In all CAHME activities, represent the interests of the public.

Article 4b. Procedure for Selection of Public Members

The selection process for identifying a Public Member for the Board of Directors will commence with the vacancy of a Public Member seat(s) and is the responsibility of the Governance Committee (see Bylaws Article VII, Section 2C and Article IX, Section 1, Governance Committee). The process may include the following sequence of events:

1. Staff sends an announcement with supporting information to solicit nominations from appropriate organizations.

Potential recipients may include:

- CAHME Corporate Members
 - League of Women Voters
 - Urban League
 - Business Roundtable
 - business trade associations
 - professional associations
 - state/provincial hospital associations
 - Catholic Health Association
2. The CEO screens responses and presents them to the Governance Committee.
 3. The CEO (and/or designated members of the Governance Committee) interviews three 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 Corporate Members select the most qualified candidate(s) by majority vote.
 6. The Chair of the Board invites the individual(s) to join CAHME for a three-year term. The Public Member is eligible for reappointment based on a majority vote of the Corporate Members.

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 by CAHME's corporate members. A current listing of CAHME corporate members is available from CAHME on request and is available on the CAHME website, www.cahme.org.

The CAHME Board of Directors will have representation from healthcare practitioners and healthcare educators. Healthcare practitioners will be represented by the Market and Profession categories as defined below. Healthcare educators will be drawn from the Academia category as defined below.

This composition of the board will be as follows:

Five, but not less than two, individuals from the membership category known as the Market. The Market is defined as healthcare organizations, such as health systems, rural hospitals, medical group practices, health care plans, healthcare consulting firms, pharmaceutical companies, medical supplier/medical device corporations and other entities which are major sources of employment of health services education graduates.

Five, but not less than two, individuals from the membership category known as the Profession. The Profession is defined as health-related professional organizations, such as: organizations in health administration related to hospital and health systems management, medical group management, healthcare financial management, or healthcare consulting; trade associations; quality-oriented organizations; national management development entities; and other entities which focus upon life-long education, leadership development, career maintenance, and/or career enhancement.

Five, but not less than two, individuals from the membership category known as Academia. This component of Corporate Members shall be represented by the Association of University Programs in Health Administration ("AUPHA") which shall represent those organizations which formally train healthcare managers/leaders and offer formal undergraduate, graduate and/or doctorate degrees.

Up to 2 individuals from the membership category known as At-Large. This component shall be organizations which are important parts and integral operating entities of the healthcare field which by the nature of their mission are limited in resources but rich in purpose. The Board of Directors shall determine the number and identity of the At-large members, but the Board is not required to select any At-large members. At-large members shall not be eligible to vote.

One to two individuals representing the general public consistent with requirements of the U.S. Department of Education

The appointed President and CEO of CAHME will serve as an ex officio, voting member of the Board of Directors.

The chairs of the Accreditation Council and the Standards Council, if not serving currently as members of the Board of Directors from one of the categories above, will serve as ex officio voting members of the Board of Directors for the duration of their term as chair of the respective Council.

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 towards meeting any criteria not judged fully met during the previous review up to and including a recommendation for an interim site visit.

CAHME's Accreditation Council will have equal representation from healthcare practitioners and healthcare educators. Healthcare practitioners will be represented by the Market and Profession categories as defined above in Section 1. Healthcare educators will be drawn from the Academia category as defined above in Section 1.

The composition of the Accreditation Council will be as follows:

- 1. Seven, but not less than five, individuals from the category known as the Market or the Profession.**
- 2. Seven, but not less than five, individuals from the membership category known as Academia.**

3. **The appointed President and CEO of CAHME** will serve as an ex officio, non-voting member of the Accreditation Council.

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 Standards Council will have ten members with relatively equal representation from healthcare practitioners (Market and Profession as defined in Section 1) and healthcare educators (Academia as defined in Section 1).

Article 4d: Policy Statement: Decision Making Body Education

Section a: 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 b: 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 c: Ongoing Educational Activity

Under usual circumstances, each face to face meeting of the Board of Directors and the Accreditation Council will 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 accreditation process. The Fellowship 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 education.

The term of the appointment of the fellowship begins approximately August 1 of each year and continues for eighteen to twenty-two months, depending on specific circumstance. The Fellowship begins with an orientation and training program scheduled as soon as practicable following Fellowship appointment. During the Fellowship, each Fellow will participate in not less than two and not more than four accreditation site visits. In addition, each Fellow will participate in at least three meetings of the Accreditation Council (one may be via telephone). In addition, if funding is available, Fellows will be provided the opportunity to complete a mutually agreed-upon project of significance to CAHME as well as the Fellow's own professional objectives. In applying for the Fellowship, an applicant commits to at least twenty workdays to site visits and Accreditation Council meetings. In most cases, these commitments will involve travel away from the Fellow's residence and primary worksite. In addition, each Fellow commits to being available twenty to twenty-five days in preparing and editing Site Visit Reports. Each Fellow must have word processing skills, preferably with MS Word.

There are usually four to six Fellows in a cohort. The actual number of Fellows depends upon the number and quality of the applicants and the anticipated number of site visits. A qualified individual may annually reapply for consideration to the Fellowship Program.

While the Fellowship itself is voluntary, all expenses related to travel of the Fellow to site visits, Accreditation Council meetings, training, and, if funding is available, one trip to Washington to conclude the special project will be borne by CAHME.

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:

- A current curriculum vitae;
- 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;
- A letter of endorsement from an appropriate university official or employer 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. 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 selection for the cohort of Fellows. The new Fellows will be notified after the appropriate Accreditation Council meeting.

Article 6. Policy Statement: Disclosure and Confidentiality

Revised April 2007

Section 1. Public Information

Generally, 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.

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);
- U.S. Department of Education (DOE);
- The Association of Specialized and Professional Accreditors; 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 and audited Financial Statements of the Corporation; and
- 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 with restricted access. The Self-Study Document of an accredited program shall be placed in the files held by CAHME. The Self-Study Documents are accessible to any representative of an accredited program, a program member of AUPHA, 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.

Unless specified, all other documents remain the private property of CAHME. Whenever available, a copy of the published Annual Report shall be sent to the Department of Education no later than 60 days after the publication date.

Section 2. Public Disclosure of CAHME Affiliation

A program may elect to publicly disclose its accredited status or candidacy status in order to declare its affiliation with CAHME. Any such disclosure must be clear and must not be subject to misinterpretation. 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 that are accredited and the official designated status along with the name, address, and telephone number of CAHME:

CAHME
Commission on Accreditation of Healthcare Management Education
2000 14th Street North
Suite 780
Arlington, VA 22201
703-894-0960 or pjenness@CAHME.org

Section 3. 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

Revised April 2007

Section 1. Statement of Fiscal Responsibility

The sound fiscal management of any type 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 whenever possible in order to maintain operations and provide high quality services.

Section 2. Types of Fees

A number of fees have been formulated to cover the various aspects of the accreditation process. These fees are reviewed on an annual basis for their relevancy and appropriateness. This schedule of fees 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 may be subject to adverse action by CAHME. All fees are subject to change according to an annually approved Fee Schedule.

A. Site Visit Fees

Candidacy Visit

The fee for the initial visit to a program by the Candidacy Consultant will be invoiced to the program at the time Candidacy status is granted. This fee covers the administrative cost of the site visit along with an honorarium to the Candidacy Consultant. Additional travel costs for the Consultant will be billed to the program after the visit.

Initial Accreditation Site Visit

The fee for initial accreditation is greater than that for renewal of accreditation due to greater cost. This fee is invoiced upon confirmation of the scheduled date for the initial accreditation visit.

Renewal of Accreditation Site Visit

A standard fee for renewal of accreditation will be invoiced upon confirmation of the scheduled date of the site visit. In the event that CAHME determines that additional time or site visitors may be required to fully examine a program with multiple tracks or degrees undergoing a single accreditation, additional fees will be applied.

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.

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.

B. Annual Program Fees

Each accredited program and programs with Pre-Accredited status are 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 non-Candidate program that is granted initial accreditation at the spring Accreditation Council meeting will immediately be invoiced the full annual fee for the coming year. A non-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.

C. Late Report Fees

Programs submitting Candidacy Status Reports, Pre-Accreditation 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.

D. 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.

E. 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.

E. Publication Fees

The Official List of Accredited Programs and the Criteria for Accreditation are available at no charge on www.cahme.org. The *Self-Study Handbook* and *Handbook of Policies and Procedures* are available at www.cahme.org. For all special copy requests, the fee will be calculated on a per page basis and include any appropriate administrative fee.

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. Schedule of Fees

The schedule of fees is available upon request from the CAHME office. It is also posted on its web site (www.cahme.org).

Article 8. Policy Statement: Eligibility for CAHME Accreditation

Revised April 2007

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

- A. The University will have established healthcare management as a major course of study leading to a master's degree. The appropriate University governing body will have approved establishment of the program.
- B. The program will require the equivalent of full-time study beyond the baccalaureate level of not less than two academic years as defined by the University. CAHME will evaluate whether the program, as defined by the University, meets this requirement.
- C. The applicant program in healthcare management will have graduated at least two classes.
- D. Programs will be a part of an institution of higher learning which 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.

- E. 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) must be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME as to the extent to which lack of specialized accreditation is detrimental to the quality of the program.
- 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 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.

Article 9. Policy Statement: Multiple Programs

Any program, regardless of setting and structure, must meet CAHME eligibility requirements before an accreditation decision can be made. In the case of multiple programs, an Eligibility Statement must be submitted for each program.

Multiple programs in healthcare management in one academic unit may be reviewed under two conditions. Under the first condition, each program would be reviewed individually with each program receiving a separate accreditation action. In the second condition, all programs would be treated as one aggregate program that is subject to one accreditation action.

Under the first condition, a separate site visit must be conducted for each program. A complete Self-Study Document must be completed for each program. Under the second condition, only one site visit would be conducted to review all the entities as one program. In the latter case, The Self-Study Document must clearly distinguish the programs and the respective degrees.

Article 10a. Policy Statement: CAHME Candidacy and Pre-Accreditation

Revised April 2007

Section 1. The Purpose of Candidacy

The CAHME Candidacy Program, which allows a program to be considered for first Candidate and then Pre-Accreditation Status, is designed to establish communication, assistance and continuity between CAHME and programs in healthcare management seeking CAHME accreditation. The “Candidate” and “Pre-Accredited” designations indicate 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. However, Candidacy and Pre-Accredited status do not indicate accredited status, nor do they guarantee eventual accreditation. CAHME's recognition by the Secretary of the US Department of Education does not include candidate/pre-accredited programs, or programs in Canada.

Section 2. Benefits of Candidacy

A program in healthcare management that has been accepted for CAHME Candidacy has made a commitment to quality enhancement and continuous improvement through a focus on attaining accredited status from CAHME. The Candidate program will benefit from candidacy by receiving the ongoing support that fosters continuous improvement and minimizes non-productive or misdirected efforts.

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, Council members, Consultants, 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 will be appointed by the Chair of the Board on the recommendation of the Governance Committee. The Chair must be either a member or past member of the Accreditation Council. Additional members of the Committee will be appointed by the Governance Committee. All members will serve renewable 3-year terms. 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 meet periodically and report its activities to the Board of Directors. Actions of the Candidacy Committee must be approved by at least a simple majority of its members and are subject to ratification by and the Board of Directors.

The Candidacy Committee at its regularly scheduled meetings, or the Chair of the Committee acting between meetings, is responsible for:

- Reviewing a program’s eligibility statement and supporting documents;

- Making recommendations to the Board on the granting, deferral or denial of Candidacy status to applicant programs;
- Assigning Candidacy Consultants to programs that have been granted Candidate status;
- Reviewing the status reports of all Candidate programs;
- Reviewing the accreditation plan of a Candidate program seeking advancement to Pre-Accredited status;
- Reviewing the recommendation of the Candidacy Consultant regarding a program's advancement to Pre-Accredited status;
- Making recommendations to the Board on granting, deferring or denying Pre-Accredited status to programs wishing to schedule the self-study year;
- Recommending to the program the appropriate self-study year.

Section 4. Considering Candidacy

Programs interested in CAHME accreditation must submit a letter of interest to CAHME. The Candidacy process is voluntary. The CAHME Candidacy process is recommended – but not required – for new programs. A program may request to be considered for accreditation without selecting to utilize the Candidacy process.

A Candidacy period will be used to conduct an initial assessment of the program and to develop an Accreditation Plan. During this time, the program should establish benchmarks for every criterion and assess its current level of efforts and processes for continuous improvement. The Candidacy period can be adapted to apply to a program's stage of development. Programs in the following stages of development may all participate as Candidates:

- The program is being developed and has not admitted any students;
- The program has admitted one or two classes but needs to refine various aspects; and
- The program has been in existence for more than two years.

Section 5. Procedures for Entering the Candidacy Program

A program will proceed through a series of stages as it enters the Candidacy Program:

- Declaration of Intent -- The program must submit in writing its request to be considered for Candidacy status. The request should include:
 - A letter of intent to apply for Candidacy signed by the Program Director. The letter should include an expression of the program's commitment and indication of institutional support to achieve accreditation. It will also include a declaration that the University will establish healthcare management as a major course of study for a professional Master's degree.
 - The Candidacy Application Fee (See Schedule of Fees).

- Specific documentation must be attached for evaluation by CAHME staff and the Candidacy Committee. The following is a list of the documents that must accompany the letter of intent:
 - Eligibility Statement (See *Self-Study Guide*)
 - Program(s) and Degree(s) for which accreditation is sought
 - Statement of Program Mission and Goals
 - List of all full-time and affiliated program faculty and related CVs
 - Curriculum requirements, course sequence, and syllabi
 - Description of university setting, administrative structure, organizational chart, and accreditation status
 - List of research projects during last three years
 - Information on class size, admission process, and student qualifications

(The program should refer to the *Self-Study Guide*, which is available on www.cahme.org)

- The Candidacy Committee or the chair will determine the eligibility of a program for Candidacy status and make a recommendation to the Board.
- If a program has demonstrated through the submission of the above documents that it is eligible to participate in the Candidacy Program, it will be granted Candidate Status and a Candidacy Consultant will be assigned. If a program lacks the required documents or qualifications, the Candidacy Committee may recommend that the program hire a consultant or defer candidacy until such time as they are ready to proceed.

Section 6. Candidacy

- Upon admission to the Candidacy Program as a Candidate, the Candidacy Consultant will be sent all documentation submitted to CAHME by the program, and the program will be invoiced the Candidacy Visit Fee. This fee will cover the initial, on-campus consultation by the Candidacy Consultant. The program is also responsible for all travel and hotel costs associated with the campus visit. These expenses will be billed by the Candidacy Consultant to the program following the visit.
- The program and Candidacy Consultant will arrange for an initial campus visit. The purpose of the visit will be to determine a process for developing the program's Accreditation Plan. The Accreditation Plan will delineate the necessary quality enhancements and continuous improvement procedures along with specific actions that must be completed before the program can advance to Candidacy Status. The Candidacy

Consultant will be paid a consulting fee by CAHME after receipt of the Candidacy Consultant's report.

- At least one week prior to the campus visit, the Candidacy Consultant should be sent a full agenda of the visit with times of appointments scheduled, and names of individuals to be interviewed or university officials with whom meetings will be held.
- During the campus visit:
 - The Candidacy Consultant will be provided with information pertaining to the administrative unit (College or School) in which the program is located.
 - The Candidacy Consultant will meet with Program Director, next highest-level administrative official, faculty, students, and alumni.
 - The Candidacy Consultant will tour facilities, paying special attention to classrooms, computing facilities and libraries.
 - The Candidacy Consultant will organize a summary of the findings of the visit and present these at an exit interview in preliminary form to the Program Director, and (optionally) faculty and administration.
- Following the Candidacy Visit, the Candidacy Consultant will submit a Candidacy Consultant's Report based on the visit to the campus. The Report will provide an assessment of the status of the program on each of the accreditation criteria. The report will use the terms: "Strength of the Program", "Meets Criterion" "Partially Meets Criterion", and "Criterion Missing or Needs Significant Improvement," and "General Comments" A narrative will accompany each criterion to inform the program in sufficient detail of the perceived areas of deficiency so that improvements can be initiated
- The Candidacy Consultant will regularly contact (at least twice a year) the program as it:
 - Conducts the base-line assessment of its performance in relation to the Criteria for Accreditation and identifies needed areas for improvement; and
 - Develops the Accreditation Plan.
- The Candidacy Consultant is available to the program for consultation following the Site Visit. If separate consulting agreement is agreed to by both parties the program and the consultant are responsible for negotiating the details of such an agreement. The agreement should define the number of hours of support requested and define specific deliverables by the consultant and by the program and lay out a time line for completion as well. Guidance on a suggested hourly rate is available from CAHME upon request. Any such agreement is independent from and outside of the accreditation process and has no bearing on the accreditation decisions made by CAHME.
- The Candidate program and the Candidacy Consultant must submit a Status Report to the Candidacy Committee annually to ensure that the program continues to be committed to accreditation and its progress is satisfactory. The Candidacy Committee will review these Status Reports. Programs failing to make satisfactory progress will be contacted to determine appropriate next steps, such as a second campus visit.
- When the program and the Candidacy Consultant believe the program is ready to advance to Pre-Accredited Status, the program will submit the Accreditation Plan to the Candidacy Committee. The Accreditation Plan must contain planned steps and a

proposed time frame to increase program quality by improving areas identified in the Candidacy Consultant's Report as requiring improvement. The Accreditation Plan must designate the projected self-study year. The Review Fee must accompany the Accreditation Plan (See Schedule of Fees).

- The Candidacy Consultant will submit a recommendation to the Candidacy Committee. If the Candidacy Committee accepts the Accreditation Plan and feels that the plan will lead to a performance level which satisfies the Criteria for Accreditation then the Candidacy Committee will recommend to the Board that the program will be designated as Pre-Accredited. The recommendations of the Candidacy Consultant are not binding on the Board
- The Candidacy Committee will formally recommend to the Board that the program be advanced to Pre-Accredited Status. The Council will take action on this recommendation and inform the program of its decision within thirty (30) days.

Section 7. Pre-Accreditation

- Once a program is advanced from candidacy to pre-accredited status, it is listed in the Official List of Accredited Programs (including the CAHME web site), and is invoiced the Annual Program fee for that current fiscal year; the fee is the same that accredited programs are assessed. (See Schedule of Fees).
- The following actions will take place as the program advances from pre-accreditation to accreditation:
 - Upon the recommendation of the Candidacy Committee to begin the self-study year, the pre-accredited program will submit a Letter of Eligibility to the CAHME CEO. The President of the University or appropriate representative must sign the letter. The letter should state that all the eligibility requirements for accreditation have been met as described in the *Self-Study Guide*. The letter also should identify the time period for the self-study year; and should request a site visit at the end of the self-study year. The program will then begin preparing the Self-Study Document..
 - A Pre-Accredited program must complete the Self-Study Document no earlier than one year following the designation of Pre-Accredited status and no later than five years following the designation of Pre-Accredited status. CAHME retains the right to withdraw or extend the Pre-Accredited status based on the progress demonstrated by the program.

Section 8. Advancement from Pre-Accreditation to Accreditation

Pre-Accredited programs may begin the self-study year only on the recommendation of the Candidacy Committee. The Candidacy Committee will use the status reports to determine: 1) the appropriate time for the program to begin the self-study year, or 2) if the program should be denied further consideration in the accreditation process.

In the event that the program wishes to delay its self-study year, or initiate the self-study year prior to the time designated in the Accreditation Plan, it must communicate the request to the Candidacy Committee in writing.

Section 9. Status Reports

All Candidate and Pre-Accredited programs must submit a Status Report to the Candidacy Committee at the end of each calendar year. Status Reports will be used by the Accreditation Council to ensure that the program follows the time line established in the Accreditation Plan.

Section 10. The Candidacy Consultant

- **The Approved Candidacy Consultant List**

The Approved Candidacy Consultant List will include trained personnel who are willing to serve as Consultants in the Candidacy Program. A Candidacy Consultant will oftentimes be a former Accreditation Council or Board of Directors member. However, the Candidacy Committee may nominate and approve a director of an accredited program, a former Fellow, or a former director of an accredited program for the role of Candidacy Consultant.

- **Role of the Candidacy Consultant**

The principal function of the Candidacy Consultant will be to assist the program in preparing an Accreditation Plan. Any decision about the program's specific activities in its progress toward accreditation remains the responsibility of the program. The Candidacy Consultant will play only a secondary and informational role.

The Candidacy Consultant will assist the program in maintaining regular communication with the Candidacy Committee but the fundamental responsibility lies with the program. The formal role of the Candidacy Consultant is described below:

- To review a preliminary report prepared by the program which follows the current CAHME criteria and covers all applicable sections of the criteria before the on-campus consultation;
- To make one CAHME Candidacy Visit to the program.
- To submit a CAHME Candidacy Consultant's report of this visit to the program. The report will follow the current CAHME criteria.
- To review the Accreditation Plan, consult with the program about revisions, and to forward a recommendation to the Candidacy Committee relative to their readiness for Pre-Accreditation.
- To read the self-study document for readiness, accuracy and compliance with the Accreditation Plan and
- To participate in the deliberations of the Candidacy Committee if requested.

CAHME Consultants shall be paid by CAHME for their consultation advice a one-time consulting fee after receipt of the CAHME Candidacy Consultant's report by the program and CAHME. The Consultants shall invoice CAHME for the consulting fee. All subsequent consultations with the program will be the responsibility of the program

- **The Candidacy Visit Report**

The report will adhere to the following guidelines:

- The Candidacy Consultant's Report will follow the current CAHME Criteria and cover all applicable sections of the Criteria.
- To avoid confusion with the conclusions in the full site visit report, the Candidacy Consultant's The report will use the terms: "Strength of the Program", "Meets Criterion" "Partially Meets Criterion", and "Criterion Missing or Needs Significant Improvement" and "General Comments" A narrative will accompany each criterion to inform the program in sufficient detail of the perceived areas of deficiency so that improvements can be initiated.
- The Candidacy Consultant will forward the draft of the report to the program and work with the program to resolve any errors in fact or misinterpretations. In the event that the Consultant and program cannot agree on the content of the draft report, the report will be adjudicated at the next meeting of the Candidacy Committee.

Section 11. Assessment of Fees

- A non-refundable Candidacy Application Fee is due with the submission of the Declaration of Intent for Candidacy.
- After a program's documentation has been evaluated and the program judged eligible for admission as a Candidate, the Program will be invoiced a CAHME Candidacy Visit Fee. This fee covers the initial, on-campus consultation by the Candidacy Consultant. The program is also responsible for travel and other expenses of the Candidacy Consultant. Travel and other expenses will be billed directly from the Consultant to the program with a copy to the CAHME office.
- If the program requests additional consultation, the program may contract directly with the CAHME Consultant for a fee to be determined by the Program and Consultant.
- An Accreditation Plan Review Fee is charged for each time the Candidacy Committee reviews and takes action on the Accreditation Plan or a Status Report. The Review Fee is payable at the time that the respective document is submitted for review.

When a program is advanced from Candidacy Status to Pre-Accredited Status, it will be listed in the CAHME List of Accredited Programs, and invoiced for the Annual Program fee for that fiscal period. Please note that all fees are subject to change according to an annually approved Fee Schedule.

Section 12. Denial or Removal of Pre-Accredited Status

Pre-accredited status will be denied if the Accreditation Plan does not lead to a performance level that satisfies CAHME standards. Pre-accredited status may be revoked for failure to demonstrate acceptable progress toward the Accreditation Plan or for the misuse of candidacy status (e.g., to imply accredited status). CAHME shall notify a program denied or removed from Pre-accredited status of the reasons for denial or removal within 30 days of the action. The program may request reconsideration. The decision of CAHME after reconsideration is final. A program that is denied, removed from, or which relinquishes pre-accredited status must wait a minimum of two years before re-applying for Candidacy.

Section 13. Conflict of Interest

In order to prevent a conflict of interest, current members of the CAHME Board of Directors, Accreditation Council, or Standards Council shall not serve as CAHME Consultants. .

Section 14: Communication Guidelines

All Candidate programs advancing from Candidacy Status to Pre-Accredited Status shall be identified in the CAHME Official List of Accredited Programs. All publications and/or statements by the pre-accredited program must use the following declaration regarding the program's pre-accredited status:

Pre-accredited 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. Pre-accredited status is not accredited status and does not guarantee eventual accredited status.

Revised June 12, 2006

Article 10b. Procedures for Entering the Candidacy Program

A program will proceed through a series of stages as it advances through the Candidacy Program:

Section 1. Declaration of Intent

1. The program must submit in writing its request to be considered for Candidacy status. The request should include:
 - a. A letter of intent to apply for Candidacy signed by the Program Director. The letter should include an expression of the program's commitment and indication of institutional support to achieve accreditation. It will also include a declaration that the University will establish healthcare management as a major course of study for a professional Master's degree.
 - b. The Candidacy Application Fee (See Schedule of Fees).
 - c. Specific documentation must be attached for evaluation by CAHME staff and the Candidacy Committee. The following is a list of the documents that must accompany the letter of intent:
 - Eligibility Statement (See *Self-Study Guide*)
 - Program(s) and Degree(s) for which accreditation is sought
 - Statement of Program Mission and Goals
 - List of all full-time and affiliated program faculty and related CVs
 - Curriculum requirements, course sequence, and syllabi
 - Description of university setting, administrative structure, organizational chart, and accreditation status
 - List of research projects during last three years
 - Information on class size, admission process, and student qualifications(The program should refer to the *Self-Study Guide*, which may be ordered from CAHME, for specifics related to the above list.)
2. The Chair of the Candidacy Committee will determine the eligibility of a program for Candidacy status and make a recommendation to the Accreditation Council.
3. If a program has demonstrated through the submission of the above documents that it is eligible to participate in the Candidacy Program, it will be granted Candidate Status and a

Candidacy Consultant will be assigned. If a program lacks the required documents or qualifications, the Candidacy Committee may recommend that the program hire a consultant or defer candidacy until such time as they are ready to proceed.

Section 2. Candidacy

1. Upon admission to the Candidacy Program as a Candidate, the Candidacy Consultant will be sent all documentation submitted to CAHME by the program, and the program will be invoiced the Candidacy Visit Fee. This fee will cover the initial, on-campus consultation by the Candidacy Consultant. The program is also responsible for all travel and hotel costs associated with the campus visit. These expenses will be billed by the Candidacy Consultant to the program following the visit.
2. The program and Candidacy Consultant will arrange for an initial campus visit. The purpose of the visit will be to determine a process for developing the program's Accreditation Plan. The Accreditation Plan will delineate the necessary quality enhancements and continuous improvement procedures along with specific actions that must be completed before the program can advance to Candidacy Status. The Candidacy Consultant will be paid a consulting fee by CAHME after receipt of the Candidacy Consultant's report.
3. At least one week prior to the campus visit, the Candidacy Consultant should be sent a full agenda of the visit with times of appointments scheduled, and names of individuals to be interviewed or university officials with whom meetings will be held.
4. During the campus visit:
 - a. The Candidacy Consultant will be provided with information pertaining to the administrative unit (College or School) in which the program is located.
 - b. The Candidacy Consultant will meet with Program Director, next highest-level administrative official, faculty, students, and alumni.
 - c. The Candidacy Consultant will tour facilities, paying special attention to classrooms, computing facilities and libraries.
 - d. The Candidacy Consultant will organize a summary of the findings of the visit and present these at an exit interview in preliminary form to the Program Director, and (optionally) faculty and administration.
5. Following the Candidacy Visit, the Candidacy Consultant will submit a Candidacy Consultant's Report based on the visit to the campus. The Report will provide an assessment of the status of the program on each of the accreditation criteria. The report will use the terms: Strength of the Program, Meets Expectations, Needs Improvement, and Needs Significant Improvement. Narrative will accompany each criterion to inform

the program in sufficient detail of the perceived areas of deficiency so that improvements can be initiated

6. The Candidacy Consultant will continue to work with the program as it:
 - a. Conducts the base-line assessment of its performance in relation to the Criteria for Accreditation and identifies needed areas for improvement; and
 - b. Develops the Accreditation Plan.

The Candidacy Consultant is available to the program for limited consultation following the Site Visit. Requests on a weekly basis and/or extensive requests are not part of the service expected from the Candidacy Consultant. If a more extensive support relationship is desired, the program may develop a separate consulting agreement if both parties are in support of such a relationship. The program and the consultant are responsible for negotiating the details of such an agreement. The agreement should define the number of hours of support requested and define specific deliverables by the consultant and by the program and lay out a time line for completion as well. The consultant and the programs should review the agreement on a monthly basis to assure that it still reflects the needs and desires of both parties. Guidance on a suggested hourly rate is available from CAHME upon request. Any such agreement is independent from and outside of the accreditation process and has no bearing on the accreditation decisions made by CAHME.

7. The Candidate program must submit a Status Report to the Candidacy Committee annually to ensure that the program continues to be committed to accreditation and its progress is satisfactory. The Candidacy Committee will review these Status Reports and programs failing to make satisfactory progress will be contacted to determine appropriate next steps, such as a second campus visit.

In cases where a second campus visit is required, an additional Candidacy Visit Fee will be invoiced to the program. Again, the program will pay for all travel and accommodations, and the Consultant will receive another honorarium for his or her second visit.

8. When the program and the Candidacy Consultant believe the program is ready to advance to Pre-Accredited Status, the program will submit the Accreditation Plan to the Candidacy Committee. The Accreditation Plan must contain planned steps and a proposed time frame to increase program quality by improving areas identified in the Candidacy Consultant's Report as requiring improvement. The Accreditation Plan must designate the projected self-study year. The Review Fee must accompany the Accreditation Plan (See Schedule of Fees).
9. The Candidacy Consultant will submit a recommendation to the Candidacy Committee. If the Candidacy Committee accepts the Accreditation Plan, then the Candidacy Committee will recommend to the Accreditation Council that the program will be designated as Pre-Accredited. The judgment of the Candidacy Committee is not necessarily final. The Accreditation Plan will be acceptable if it:

- a. Presents a mission statement that accurately reflects the unique nature of the program relative to the market(s) that it serves.
 - b. Identifies a set of goals and objectives that correspond to, and are a result of, the mission statement and that can be used as a basis for setting direction, program evaluation and quality improvement.
 - c. Demonstrates that the resources necessary to satisfy the Criteria for Accreditation will be available.
 - d. Illustrates how these resources will be managed to reach that performance level.
 - e. Leads to a performance level which satisfies the Criteria for Accreditation.
 - f. Provides reasonable target dates for the self-study year and the initial accreditation site visit.
 - g. Includes program development activities through participation in professional academic associations such as the Association of University Programs in Health Administration (AUPHA).
10. The Candidacy Committee will formally recommend to the Accreditation Council that the program be advanced to Pre-Accredited Status. The Council will take action on this recommendation and inform the program of its decision within thirty (30) days.

Section 3. Pre-Accreditation

1. Once a program is advanced from candidacy to pre-accredited status, it is listed in the Official List of Accredited Programs (including the CAHME web site), and is invoiced the Annual Program fee for that current fiscal year; the fee is the same that accredited programs are assessed. (See Schedule of Fees).
2. The following actions will take place as the program advances from pre-accreditation to accreditation:
 - a. Upon the recommendation of the Candidacy Committee to begin the self-study year, the pre-accredited program will submit a Letter of Eligibility to the CAHME CEO. The President of the University or appropriate representative must sign the letter. The letter should state that all the eligibility requirements for accreditation have been met as described in the *Self-Study Guide*. The letter also should identify the time period for the self-study year; and should request a site visit at the end of the self-study year. The program will then begin preparing the Self-Study Document.
 - b. The Candidacy Committee will formally recommend to the Board through the Accreditation Council, prior to the start of a program's self-study year that the program be allowed to begin its self-study year. The Accreditation Council will

forward its recommendation to the Board which will take action on this recommendation and inform the program of its decision within thirty (30) days.

Article 11. Procedures for Pursuit of Accreditation

Revised April 2007

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

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 Document 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 not fully met during the accreditation review. This report will be reviewed at the Accreditation Council meeting one year after the last accreditation decision.

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. The program will have six months 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. If CAHME determines that the program has not fully met all criteria but has demonstrated good cause and has a plan to address unmet criteria that can be accomplished within 12 months, accreditation status may be extended for one year per DOE guidelines on a probationary basis. In the 11th month of the probationary period,

the program will undergo an interim site visit to determine whether or not the program has fully met the previously unmet criteria.

7. Submission of annual reports to CAHME.

Section 2. The Accreditation Calendar

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

- Fall Cycle: September through December

Programs that wish to schedule an initial site visit during the fall cycle must request a visit approximately one year prior to the desired site visit date. The Accreditation Council at its spring meeting makes recommendations to the Board of Directors on visits made during the fall cycle.

- Spring Cycle: January through May

Programs that wish to schedule an initial site visit during the spring cycle must request a visit approximately one year prior to the desired site visit date. The Accreditation Council at its fall meeting makes recommendations to the Board of Directors on visits made during the spring cycle.

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

Accreditation surveys, also known as “site visits,” are classified according to three main types:

A. Initial Accreditation

A program which previously has never been accredited, a program which has voluntarily withdrawn from accreditation, or a program which has been denied accreditation, may seek initial accreditation. A program seeking initial accreditation and which is not participating in the Candidacy Program must complete the following sequence:

1. One Year Prior to the Visit

The program must send an official request for accreditation to CAHME. The chief administrative officer of the university or representative must make the request

approximately one year prior to the time that the program wishes an accreditation visit scheduled. The request must state (1) that the program believes it fulfills the Criteria for an accredited graduate program, (2) the cycle (Fall/Spring) in which the program wishes to have a site visit scheduled, and (3) the name, address, and telephone number of the contact person for the site visit.

Upon receipt of the survey request, CAHME will send acknowledgment of the request to the program. The program should then obtain, by separate order, the relevant accreditation documents, consisting of: the *Criteria for Accreditation*, the *Self-Study Handbook*, and the *Handbook of Policies and Procedures*.

An *Eligibility Statement* must be completed within one month of CAHME's acknowledgment of the program's request for an initial site visit, and must be submitted to the CEO of CAHME. The CEO determines the program's eligibility for a site visit.

The CEO will notify the program about its eligibility status within 30 days. Upon receipt of notification of the program's eligibility to stand for accreditation the program should submit a Site Visit Request. In the Site Visit Request, the program will indicate the programs (and degrees) for which it is seeking accreditation, provide a justification, if applicable, for the combining of multiple programs or degrees into one accreditation, indicate three preferred site visit dates, and provide a commitment to pay all applicable accreditation fees. CAHME staff will review all requests and will respond to Site Visit Requests for single programs within fifteen (15) days of receipt and multiple programs within forty-five (45) days of receipt.

2. Six Months Prior to the Visit

The program must complete a draft of its Self-Study Document and submit it to CAHME six months prior to the site visit. If the program has participated in the Candidacy program, the assigned candidacy Consultant will review the document and will provide comments to the program regarding its documented ability to meet the Criteria. If the program has not participated in the Candidacy program, CAHME staff will review the document. In either case, suggestions for improving the draft Self-Study Document will be provided.

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. 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.

3. Six Weeks Prior to the Visit

The program sends a final copy (electronic and hard copy) of its complete Self-Study Document directly to each member of the site visit team and to the CEO of the CAHME..

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 with the completed Self-Study Document. The Fellow, based on input from the Chair of the site visit team, contacts the program representative regarding any changes to the schedule.

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).

B. Renewal of Accreditation

CAHME grants accreditation for a period ranging from a minimum of three to a maximum of eight years, and the date of the next site visit is set at the time of the re-accreditation decision. Following the decision to reaccredit, the program has a maximum of two years to come into compliance with any criteria that are not judged fully met at the time of the site visit. The program's success in meeting any criteria that are not fully met will be judged by evidence submitted in a first-year progress report that is due one year from the accreditation decision (and, if necessary, a second year progress report). Failure to meet all criteria within the two year time period without good cause will result in the withdrawal of accreditation.

A determination of "good cause" will be made at the discretion of CAHME on a case-by-case basis. In order for a determination of good cause to be made, the program must provide significant justification and evidence of "good cause."

In the event that a program fails to come into compliance with all criteria, an interim site visit may be justified under special circumstances. An interim site visit may also be scheduled at the requested by the university. 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.

CAHME will require an Eligibility Statement from a program seeking the renewal of accreditation. Eligibility for accreditation must be confirmed when there is an indication of sufficient change in the mission, concept, content, and/or faculty. (See *Self-Study Handbook*) Under normal conditions, the program seeking a renewal of accreditation must adhere to the following sequence:

1. **One Year Prior to the Site Visit**
The CEO of CAHME notifies the Program Director that a site visit is scheduled for the following year.

2. Six Months Prior to the Visit

The program completes and submits a Site Visit Request. In the Site Visit Request, the program will indicate the programs (and degrees) for which it is seeking accreditation, provide a justification, if applicable, for the combining of multiple programs or degrees into one accreditation, indicate three preferred site visit dates, and provide a commitment to pay all applicable accreditation fees. CAHME staff will review all requests and will respond to Site Visit Requests for single programs within fifteen (15) days of receipt and multiple programs within forty-five (45) days of receipt. Upon approval of the Site Visit Request, the CAHME staff will schedule the site visit, designate the site visit team, and confirm availability of the team members. 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 with the site visit team members. The program will then be invoiced the site visit fee, payable 90 days prior to the site visit. Site visits will not take place if the fee is not paid.

3. Six Weeks Prior to the Visit

The program sends a final copy (electronic and hard copy) of its complete Self-Study Document directly to each member of the site visit team and to the CEO of CAHME. 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 with the completed Self-Study Document. The Fellow, based on input from the Chair of the site visit team, contacts the program representative regarding any changes to the schedule.

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 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.

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 Document 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)

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.

The site visit team will present a report to the Accreditation Council at the next regularly scheduled meeting. The council may then vote to uphold the previous accreditation action or schedule a full site visit, such action to be approved by the CAHME Board of Directors.

Article 12. Procedure for Development of the Self Study

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

- The faculty generates the Self-Study Document 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 Document 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

Revised April 2007

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 current Fellow normally serves as secretary of the team. In some situations, a past Fellow may act as secretary. Also, the CEO or another CAHME staff member may fill the role of secretary. All site visit teams will include at least one active 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 site visit, the team will consist of the Chair, at least two additional team members, and the Fellow. For a program seeking the renewal of accreditation, the team will consist of the Chair, at least one additional team member, and the Fellow. 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 based on need. A complete nomination package for candidates 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.

CAHME will offer site visitor training periodically and maintain records of attendance for all training activities. Normally, the setting for training sessions will be part of a professional conference such as the annual meeting of AUPHA. Training sessions will also be held as a part of the semi-annual Accreditation Council meeting.

All site visitors will attend at least one training session 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 Fellow and program director;
- Ensuring that the Fellow 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 sending the transmittal letter with the draft report to the program director and to the CEO of CAHME;
- 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; and
- 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. Fellow

The Fellow is selected through a competitive process that takes place annually. (See Article 5a. Policy Statement: The Accreditation Fellowship).

The duties of the Fellow 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 for the site visit team;
- Participating as a full member of the site visit team;
- Completing and submitting a site-visit evaluation form;
- Preparing the site visit report (drafts and final); and
- 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

Evaluations are used by CAHME to measure the collective and individual performance levels of the site visit team. The Chair, team associates and Fellows complete an evaluation form that allows them to evaluate team performance to provide feedback on the team member(s). 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 information gathered from the evaluation forms is critical for determining the level of quality in 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, 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., the Department of Education, 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.

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 six 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 should 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. 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 Volume I of the Self-Study Document by the program in order 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, the site visit process officially begins after the determination of eligibility by the CEO. Normally, the site visit will be scheduled during the cycle that occurs one year after the determination of eligibility (See Article 11. Procedures for Pursuit of Accreditation). 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.

For a program seeking the renewal of accreditation, the self study should begin at least one year before the scheduled site visit date. Continuous quality improvement assumes an on-going self-evaluation process. Ideally, the Self-Study Document is a reflection of 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 CEO 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.

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 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

Revised April 2007

Six weeks before the visit, the program sends the completed Self-Study Document, printed and electronic copies, to each member of the site visit team and to the CAHME office. The team members review the documents, and advise the team Chair of any issues arising from the documents.

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. Site visit team members will pay for on-site expenses, including hotel charges.

Section 1. A Typical Site Visit Schedule

A typical site visit lasts three full 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. In the case of a longer period of time than three days and in the case of all initial site visits, the fee is greater than for the standard three-day re-accreditation site visit.

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.

The typical site visit sequence includes:

Day 1

The Fellow arrives to conduct 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. 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 of the first day. This meeting is used to discuss the findings of the Fellow and the activities planned for the rest of the visit.

Day 2

7:00 a.m. - 8:00 a.m.

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.

8:00 a.m. - 8:30 a.m.

The team visits briefly with appropriate officials of the university and school. These visits should begin early and conclude as expeditiously as possible. An effort should be made to combine visits when possible, or such individuals can join the team for breakfast or lunch. Nevertheless, these meetings can be very important both to the site visit team and to the future welfare of the program.

9:00 a.m. - 12:00 p.m.

Following the introductory meeting, the team begins the formal survey. The team chair is responsible for designing an effective format for this portion of the review. Generally, there are two possible formats:

a) Individual Course Interviews

This approach uses a series of appointments that are blocked-out for each course. The team interviews each course instructor. The meeting may include the Program Director and a limited number of observers. The rest of the faculty is not required to attend but they must be available if needed (i.e., on campus). Each respective instructor must attend his or her appropriate course review.

Experience has shown that this format facilitates frank two-way discussions about each course. Furthermore, it recognizes the time constraints that may be placed on the faculty.

b) General Interviews

In this format all individuals normally considered to be members of the full-time and adjunct faculty attend this session and its continuation during the afternoon. In addition, the faculty of other departments who teach courses normally taken by students in the program should be invited to attend when the team reviews the curriculum and must be present when their particular course is reviewed. Students may attend if the faculty wishes. During the curriculum portion of the review, each faculty member should expect to review his/her course(s) with the team. The program or university may invite anyone it wishes to sit in as observers.

All supplementary material to that presented in the Self-Study Document 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 on display 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 Document. 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 when the Fellow arrives, as well as throughout the three days of the visit.

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 Document, and provision of information subsequent to this time period may not be appropriate.

12:00 p.m. - 1:30 p.m.

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. Program faculty or staff should not be present at this luncheon.

1:30 p.m. - 4:30 p.m.

The review is continued.

4:30 p.m. - 5:00 p.m.

The team meets in executive session.

5:00 p.m. - 6:00 p.m.

Student Interviews Three private rooms should be set aside for the interviews, which take one hour. Three first-year students and three 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.

6:00 p.m.

The team may wish to visit the physical facilities used by the program, such as the library, computer facilities, or other resources.

7:00 p.m.

The team holds a closed executive session in the evening.

Day 3

8:00 a.m. - 12:00 p.m.

The team continues the detailed review of the self study and the courses in the format predetermined by the Team Chair. If the program includes a residency period, and the team has not previously met with any preceptors specified that they must be represented at the luncheon this would be an appropriate time for the team to meet with 2-3 preceptors.

As appropriate, the team may meet briefly with program administrative staff and/or staff providing student/alumni support services.

12:00 p.m. - 3:00 p.m.

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.

3:00 p.m. - 3:30 p.m.

The exit session consists of a summary report by the chair of the site visit team, describing each criterion, associated strengths and concerns, and preliminary conclusions. This report is presented in a meeting that is open to the entire program faculty, students, preceptors, and other relevant observers. Discussion at this session is limited to clarification of content. The team will leave the program with a written summary of the preliminary criteria-related findings (met, partially met, not met) of the team.

3:30 p.m.

At the discretion of the site visit chair, a final session may be held with the program director and appropriate department/school/university officials.

Note: This schedule should serve as a guideline. It may be modified to suit the specific situation 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.

The program is responsible for arranging meetings with the following:

- 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 will be determined 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.

Article 16a. Policy Statement: Accreditation Reports and Decisions

Revised April 2007

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 and CAHME 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. Summaries - These are restatements of the strengths, concerns, conclusions, and recommendations cited in the individual criterion sections of the report.
3. Table of Contents
4. Appendix Listing - A list of the figures included in the appendix to the report. These figures are taken directly from the Self-Study Document, and are appended to the report
5. Body - The body of the report contains separate sections based on each of the Criteria. Each section includes a statement of the criterion, discussion, strengths, concerns, conclusions, and recommendations.
6. Appendices

A detailed description of the content of a Site Visit Report can be found in Article 16a. Policy Statement: Accreditation Reports and Decisions.

B. Notation

The Discussion section consists of a summary presentation of the Self-Study Document related to each criterion. The discussion presents the factual material and observations that support each of the statements concerning the strengths, concerns, conclusions, and recommendations of the site visit team.

The "Conclusions" subsection lists a judgment for each criterion. Each conclusion will have one of three classifications:

- Met - The program demonstrates satisfactory compliance with this criterion in its entirety.
- Partially Met - The site visit team has identified a concern or some concerns regarding the program's minimal compliance with this criterion in its entirety. Improvement is required to consider this criterion met.
- Not Met - The site visit team has identified severe concerns regarding the program's minimal compliance with 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. All Criterion-Related Recommendations are listed numerically for each criterion and correspond with the Summary of Criterion Related Recommendations.

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. All Consultative Recommendations are listed alphabetically for each Criterion and correspond with the Summary of Consultative Recommendations.

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

Four separate activities must occur prior to an accreditation decision:

1. Submission of a Self-Study Document 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 eight 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 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. If the Accreditation Council determines that the program has not fully met all criteria but has demonstrated good cause and has a plan to address unmet criteria that can be accomplished within 12 months, accreditation status may be extended on a conditional basis. In the 11th month of the conditional period, the program will undergo an interim site visit to determine whether or not the program has fully met the previously unmet criteria. The program's status will be discussed at the next regularly scheduled Accreditation Council meeting and a determination of accredited status made at that time.

A determination of "good cause" will be made at the discretion of the Accreditation Council on a case-by-case basis. In order for a determination of good cause to be made, the program must provide significant justification and evidence of "good cause."

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.

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

Revised April 2007

A. The Draft Site Visit Report

CAHME strives for consistency and reliability in the accreditation decision-making process. The Self-Study Document 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 Document will be sent to each member of the site visit team and the CAHME office six weeks prior to the visit. Late submissions will be assessed a fee (see Fee Schedule)
2. The Fellow will prepare a draft of the Site Visit Report and send a copy to each member of the site visit team no later than two weeks prior to the visit. The draft will include as much of the discussion as can be extracted from the Self-Study Document and preliminary strengths and concerns as identified by the Fellow from the Self-Study Document. Team members will bring their comments on the draft to the site visit, so that they may share them with the rest of the team and the Fellow.
3. 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.
4. The Fellow will send the post-visit draft of the report to the members of the team no later than one week after the visit.
5. 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.
6. The Fellow will make the necessary revisions to the report and with final approval by the Site Visit Chair forward 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.
7. 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 document is completed on time.
8. The standard word processing format for all CAHME documents is Microsoft Word.

9. All correspondence coming to the Fellow 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 the document 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 document 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 Chair of the Site Visit Team with a copy to the CAHME office.

The Site Visit Report is the essential 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 the accuracy and content of the document. 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

The program may comment on the substance of the report. Are the observations and conclusions of the site visit team accurate?

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 "Action of CAHME" section clearly states the decision of the CAHME Board of Directors. 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 typical sequence for an accreditation action consists of:

- Presentation of the draft Site Visit Report and program response by the team Chair;
- Presentation by the Reader (see below);
- Clarification of fact;
- Presentation by the team Chair of the site visit team recommendation (made as a motion with a second);
- Discussion by the Accreditation Council;
- Call for the recommendation by the Chair of the Accreditation Council;
- Presentation by the team Chair of the site visit team 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;
- Decision by the Accreditation Council is forwarded to the Board of Directors as a recommendation; and
- The Board of Directors votes on the recommendation.

Section 2. The Reader System

CAHME uses the reader system primarily as a means for auditing 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 which are supported by verifiable evidence;
 - Identify weaknesses which have withstood the scrutiny of an independent review; and
 - 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.

The CEO of CAHME designates the Reader for Site Visit Reports and progress reports prior to each 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 will review the draft Site Visit Report and will prepare a written summary that is distributed 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 17a. Policy Statement: Reporting Requirements

Section 1. Significant 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. "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, 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.

Section 2. 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 one year following an accreditation or re-accreditation decision from any program that has been found to not fully meet all criteria. That report addresses the program's progress towards 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" to 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.

Section 3. Annual Reports

In order to meet its obligations to monitor an accredited program's continued compliance with the criteria, CAHME requires an annual report from each accredited program. These reports will be designed to identify any major changes in the program's faculty and/or leadership, curriculum, organizational setting, or administrative support that may impact the program's continued ability to meet the standards of good quality for graduate programs in healthcare management. Under a cooperative agreement with the Association of University Programs in Health Administration (AUPHA), the annual information on enrollment patterns that programs submit to AUPHA will be shared with CAHME and become part of CAHME's annual report. (In the rare circumstance where a program is accredited but not a member of AUPHA, the program will be asked to submit the information to CAHME directly).

CAHME staff will be responsible for reviewing all annual reports. If staff have 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.

Annual Reports will be due on the 1st day of September. 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.

Article 17b. Procedures for Reporting

Revised April 2007

Section 1. Completion and Submission of Progress Reports

CAHME uses a suggested format for the development of a progress report. This format is available in a separate publication, *Guidelines for Progress Reports*.

A program will submit one paper copy and one electronic copy of the progress report 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 2. Completion and Submission of Annual Reports

Each accredited program will complete an annual report utilizing the format provided by CAHME. The report will be used to monitor the program's continued compliance with accreditation standards in the period between site visits.

Staff will review the Annual Reports. Should staff determine that substantive changes have been made in the previous year. The Annual Report will be referred to the Accreditation Council for deliberation and action.

Annual Reports will be due on the 1st day of November. 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.

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

Revised April 2007

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 Department of Education, the Association of University Programs in Health Administration, 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 Department of Education, the Association of University Programs in Health Administration, 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.

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. “Just cause” is defined as failure to meet the eligibility requirements and/or accreditation criteria of CAHME or violation of CAHME’s policies and procedures. Denial of accreditation requires a two-thirds vote of the Accreditation Council, and affirmation of the Accreditation Council’s recommendation by majority vote of the Board of Directors.

The program shall be notified formally within 30 days of a decision by vote of the Board of Directors upon recommendation of the Accreditation Council 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. (See Bylaws, Article IV, Section 6 -- Appeal)

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 majority vote of the Board.

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. Decisions of Other Accrediting and State Agencies

In determining whether or not to grant initial or continued accreditation, CAHME takes into account 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.

If, after thorough review of the program, CAHME decides to grant accreditation in light of circumstances described above, it will submit a report to the Department of Education describing its reasons and rationale for granting initial or continuing accreditation. This report will be submitted within thirty (30) days of the accreditation decision.

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 or pre-accredited status, or other adverse action against a program, CAHME shall notify the Department of Education, the Association of University Programs in Health Administration, 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. Furthermore, in the absence of a program's submission of an intent to appeal, CAHME shall notify the public and shall make available to the Department of Education a brief statement 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 written notice to the Secretary, Department of Education, the Council on Higher Education Accreditation, the Association of Specialized and Professional Accreditors, the Association of University Programs in Health Administration, 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
2. A decision to renew an institution's or program's accreditation

CAHME shall provide written notice of the following types of decisions to the Secretary, Department of Education, the Association of University Programs in Health Administration, 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 it reaches the decision:

1. A final decision to place an institution or program on probationary status
2. A final decision to deny or withdraw the accredited status or candidacy status of an institution or program

CAHME shall provide written notice to the public, within 24 hours of its notice to the institution or program, of the following decisions:

1. A final decision to place an institution or program on probationary status
2. 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 Secretary, Department of Education, the Association of University Programs in Health Administration, and 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 the Secretary, Department of Education, the Association of University Programs in Health Administration, the 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 will provide the following information to the Department:

1. A copy of any annual report prepared;
2. A copy, updated annually, of its Official List of Accredited Institutions and Programs; and

3. A summary of CAHME's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part; and
4. Any proposed change in CAHME's policies, procedures, or accreditation standards that might alter its:
 - a. Scope of recognition; or
 - b. Compliance with the criteria for recognition.
5. The name of any program CAHME accredits that CAHME has reason to believe is engaged in fraud or abuse, along with CAHME's reasons for concern about the institution or program; and

CAHME shall publish an advanced notice of forthcoming site visits and reviews for candidacy in order 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 the AUPHA Newsletter, 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 Accreditation Council recommendation followed by a final decision by the Board of Directors. 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.

Revised November 3, 2005

Article 20b. Procedure for Appeal of Accreditation Action

Revised April 2007

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 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 lead 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 not 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 submit an opinion to the Accreditation Council Chair and the plaintiff program no later than thirty (30) 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 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 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 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.
3. 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.
3. A third member of the Independent Appeals Accreditation Council shall be appointed through the mutual agreement of the previously selected two members.
4. The Independent Appeals Accreditation Council shall convene no later than thirty (30) 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 shall be forwarded to the Board of Directors for final action which 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

Revised April 2007

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 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.

Section 2. Complaints Concerning a Program

CAHME will only consider and take action on specific, criterion related, written 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 immediate consideration for accreditation is to take action 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 15 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 administrative committee 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 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 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. 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 US Department of Education 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

Revised April 2007

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 in order to guide programs toward the preparation of the 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 on a quarterly basis. The Council will have ten members 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 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 the standards should ensure that the agency is viewed by its constituents as a “premiere accreditation agency” and to be in compliance with the requirements of the Commission on Higher Education Accreditation (CHEA) and the United States Department of Education (DOE).

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.

In order to improve the health status of the populations served by its accredited graduate programs in healthcare management, the CAHME Standards Council proposes the following guiding principles:

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 masters degrees relevant to healthcare management. In order to keep these standards current and relevant to the field, 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 differences in programs, 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 also be rigorous and flexible enough to accomplish the goals of promoting excellence and 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 periodically review the Criteria for Accreditation. There shall be two levels of review: (1) interim review and (2) full revision

Article 22b. Procedure for Criteria Review and Revision

Revised April 2007

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 and Pre-Accredited 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 AUPHA's Annual Meeting or Leaders Conference to hold a forum on this issue.

Section 1. Interim Criteria Review

The Standards Council will conduct an interim review of the Criteria every two years. 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 the Association of University Programs in Health Administration (AUPHA), individual accredited and candidate programs, all Corporate Members, 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 four 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 the Association of University Programs in Health Administration (AUPHA), individual accredited and candidate programs, all 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 the Association of University Programs in Health Administration (AUPHA), 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 at the AUPHA Annual Meeting.

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. Department of Education

CAHME shall prepare and submit all reports as required by the appropriate government entity. CAHME shall meet all the standards established by the Department of Education for the recognition of accrediting organizations.

Section 3. 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 4. 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 5. 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. These members include: the American Assembly of Collegiate Schools of Business (AACSB),

the Council on Education for Public Health (CEPH), the National Association of Schools of Public Affairs and Administration (NASPAA), and the National League for Nursing (NLN).

Section 6. 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 Guide*, 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.