



# 2026 CAHIIM ACCREDITATION STANDARDS WITH COMPLIANCE GUIDE

HIM Associate Degree Standards

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## **Introduction**

The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) is an accrediting organization which has independent authority in all actions pertaining to accreditation of educational programs in health informatics and health information management. CAHIIM is recognized by the Council for Higher Education Accreditation (CHEA).

CAHIIM is located at 200 East Randolph Street, Suite 5100, Chicago, Illinois, 60601, and on the web at [cahiim.org](http://cahiim.org).

## **Public Interest**

CAHIIM serves the public interest by operating in a consistent manner with all applicable ethical, business and accreditation best practices. Accreditation is a voluntary, self-regulatory process by which nongovernmental associations recognize educational programs found to meet or exceed standards for educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

CAHIIM and its sponsoring organizations cooperate to establish, maintain, and promote appropriate standards of quality for postsecondary educational programs in health informatics and health information management, providing competent, skilled professionals to the healthcare industry.

## **CAHIIM Mission**

Provide innovative leadership that drives enhanced workforce competence by ensuring educational excellence.

## **CAHIIM Vision**

A new era in innovation and educational excellence that supports public trust and workforce competence.

## I. Sponsorship

### Standard 1: Sponsoring Educational Institution

The sponsoring educational institution must be a postsecondary academic institution accredited by an institutional accrediting organization recognized by the U.S. Department of Education (USDE). The Institution must be authorized to award degrees. The sponsoring institution must participate in the federal student financial assistance program administered under Title IV of the Higher Education Act. Upon request, the applying campus program must provide the Office of Postsecondary Education Identifier (OPE ID) number assigned by the U.S. Department of Education as proof of participation for financial aid. State Board of Education approvals must also be completed.

### *Compliance Guide*

#### **Supporting Documents Needed for Compliance with this Standard:**

- *Upload the most recent institutional accreditation award letter.*

*Please be aware that CAHIIM does not support system accreditation. CAHIIM is a programmatic accreditor. Each HIM program (campus based or online) is recognized as a unique campus, and each program must seek accreditation independently.*

*One example of a system is one that is run by the state. In a state system all colleges within a state contribute partial courses to a single online presence. The online presence does not have a dedicated HIM program director or staff. In this instance, North Forty contributes three classes to the state online system, Southwest contributes two classes to the state online system, and Central contributes four classes to the state online system.*

*Another example of a system is of a multi-campus system where multiple campus of a single university contribute partial courses to a single online presence. The online presence does not have a dedicated HIM program director or staff.*

*In these system cases, each HIM program located at a campus must seek CAHIIM accreditation independently of the system's online presence. Each program will be judged by its own merits and whether all standards are met. Only HIM graduates from CAHIIM accredited programs are qualified to sit for the AHIMA credential exam.*

## II. Systematic Planning

### Standard 2: Program Mission

The program's mission and goals must be outcomes-focused, form the basis for program planning and implementation, and be compatible with the mission of the sponsoring educational institution and ethics of the health information management profession.

#### *Compliance Guide*

#### **Supporting Documents Needed for Compliance with this standard:**

- Upload/Identify location of Program Mission
- Upload/Identify location of Institutional Mission

*Each program will define its own mission and goals which derive from the purposes of its sponsoring educational institution, communities of interest, workforce needs, faculty expertise, and the values of the field of health information management.*

*The HIM program mission and vision should be complimentary to the institution's mission and vision; but at the same time, be unique to address the goals of graduating students ready to compete in the HIM professional workforce.*

### Standard 3: Program Effectiveness Measures

The program must have an assessment plan for systematic evaluation of mission, goals and measurable outcomes. The program must be involved in an ongoing effort to determine its effectiveness, which constitutes a cycle of quality improvement.

Program goals for the following are required:

#### **Curriculum Goal**

The program must assess the appropriateness and effectiveness of the curriculum, with the results of the program assessment used as the basis for ongoing planning and program improvement. At least one measurable target outcome must be related to curriculum content, improvements and/or effectiveness in approach to curriculum content.

#### **Students and Graduates Goal**

The program must provide measurable evidence of:

1. students' educational needs are being met, and;
2. graduates demonstrating competence.

#### **Faculty Development Goal**

The program must provide measurable evidence that all faculty responsible for delivering the academic components of the program maintain knowledge and expertise, including currency in health information management and/or other relevant professional content, practice, and teaching techniques.

#### *Compliance Guide*

*The CATS course, HIM.204 Building Successful Program Goals, should be viewed.*

**Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *CAHIIM Program Evaluation Plan (PEP) Document*

*Curriculum Goal Guidance:*

*Annual assessment of the curriculum is required to determine where and when improvements are needed. Assessment is conducted using feedback from students, faculty, graduates, advisory committee, employers, and other relevant sources.*

*Student and Graduate Goal Guidance:*

*The program must examine and assess, through goals and target outcomes, whether student learning outcomes progress toward achieving entry-level competencies, and those graduates have met entry-level competencies.*

*Faculty Development Goal:*

*Faculty must demonstrate that they are receiving continuing education to improve knowledge, expertise and relevant professional content.*

**Frequently asked questions**

***How many goals do I need per category: curriculum, students and graduates, and faculty development?***

*A minimum of one measurable targeted outcome per goal category is acceptable. For new programs, one well designed goal per category is preferable to having several goals in each category.*

***Do we need new goals each year?***

*No, goals can be carried over from one year into the next; especially if interventions have so far not provided expected results. Retain goal and target outcomes but replace action steps for a better result.*

**Standard 4: Communities of Practice Outreach Goal**

The program must indicate how it responds to the needs of its communities of practice, demonstrating how it translates those needs into an educated, competent workforce, and how the program inspires and supports its communities of practice.

***Compliance Guide***

**Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *CAHIIM Program Evaluation Plan (PEP) Document*

*Experience shows that programs active in community relations find it much easier to place students into HIM environments for PPE, while programs that have made little or no attempt to integrate the program into the greater HIM community find it difficult to place students for PPE. Program participation in community of practice is a condition of accreditation.*

**Frequently asked questions**

***We are a totally online program and our students come from four states. We don't have a community of practice.***

*Every program has a community of practice, the HIM professionals called upon to place students for PPE, recruit for advisory members, and who hire program graduates.*

*Examples of community of practice outreach include, but are not limited to, the following target outcomes:*

- *Provide CEU opportunities through the program and/or institution.*
- *Provide student volunteers to local or state association meetings.*
- *Provide faculty guest speakers on topics of interest in HIM at local and state association meetings.*
- *Provide in-services for the local workforce (such as special training for PPE Site Supervisors)*
- *Provide exposure to the profession of HIM to the community i.e. local high school career events, local job fairs, different profession exposure events, institutional career/job fairs, etc.*
- *Provide meeting space for local and state association educational meetings*
- *Donation to the AHIMA Foundation Silent Auction, CSAs or local organizations*

**Standard 5: Program Planning and Assessment**

There must be a program assessment plan in place that includes systematic evaluation of its mission goals and outcomes. The assessment plan must include a process for continuous improvement that is in compliance with the sponsoring educational institution's overall evaluation plan.

***Compliance Guide***

*This standard is looking for the continuous process of the evaluation of the program mission, program goals, curriculum competencies, and program's overall quality.*

*Annual HIM program planning may include, but not be limited to one or more of the following:*

- *Describing how the program responds to Institutional Effectiveness requirements*
- *Outlining how the program will implement these changes.*
- *Reviewing and reflecting on program goals in conjunction with the advisory committee*

**Standard 6: Implementation of Program Planning and Annual Assessment Results**

Results of the program's annual assessment must be monitored and reflected in an action plan.

***Compliance Guide***

*The action plan may include, but not be limited to one or more of the following:*

- *suggested program improvements*

- *curriculum revisions*
- *Improvement of student services*
- *activities for faculty development*
- *Technology improvements*



### III. Program Autonomy and Governance

#### Standard 7: Program Governance

The sponsoring educational institution must identify the lines of authority and administrative governance of the program within the framework of the sponsoring institution.

#### *Compliance Guide*

*If you participate in a system school, please refer to the interpretation in Standard 1: Sponsoring Educational Institution.*

#### **Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *Institutional Organization Chart*
- *Organizational Chart for the program*

*A detailed organization chart starting with the institutional president and ending with program director, faculty, adjunct faculty and support staff for the HIM department, showing lines of authority along with staff names and position titles.*

#### Standard 8: Program Director Qualifications

The program must clearly define the roles and responsibilities of the program director necessary to fully support and sustain the program. The program director must be certified as a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA); there is no exception to this required credential. The program director must possess a baccalaureate degree. The qualifications and responsibilities of individuals responsible for leadership of the program must be documented.

The program director must be a full-time position of the sponsoring institution and have full employee status, rights, responsibilities, and privileges as defined by institutional policy, and be consistent with other similar positions at the institution.

#### *Compliance Guide*

#### **Supporting Documents Needed to Demonstrate Compliance with Standard:**

- Upload current CV for program director that reflects documents the credential held, and educational level obtained.
- Upload most current RHIA/RHIT certificate provided by AHIMA.

#### **Frequently asked questions (Associate)**

*Can you define “dedicated to the program and discipline”? My fear is that faculty will be used for several roles, even though they are indicated as a HIM program director. Institutions, in an effort to save money, will name a program director on paper, then assign that person several other*

***functions. How can someone be an effective program director if they are also functioning as a program director for another program in the institution?***

*Part of the accreditation process for Initial and Continued programs is an onsite visit involving confidential discussions to determine if the program director is overwhelmed with responsibilities beyond that of the program, and if the program director's workload is similar to comparable positions at the institution. If the onsite visit indicates that a program director is ineffective due to an excessive workload, the HIM program will fail this standard and will either lose or be denied CAHIIM accreditation.*

***I heard that CAHIIM is considering requiring a master's degree for Associate Program Directors?***

*HIMAC conducted an impact study to determine how the requirement of a master's degree for Associate Program Directors might affect current and future programs and concluded that, while the current minimum requirement of a baccalaureate degree will stand for now, Associate program directors may want to take steps to complete their graduate degree.*

**Standard 9: Program Director Responsibilities**

The program director must be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program. The program director may be assigned other institutional duties so long as they do not interfere with the management and administration of the program.

The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. It is mandatory for the program director/program chair to have at minimum, 20% release time per term for administrative and program oversight.

It is customary for faculty professional practice/internship coordinators working under the supervision of the program director or chair to have at minimum, 15% of release time.

***Compliance Guide***

**Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *Institutional policy regarding full-time faculty teaching load*
- *Most recent year of program director teaching load*
- *Program Director job description*
- *If applicable – union contract*

*For the professional practice/internship coordinators, they should demonstrate either the 15% release during the term that they are placing students or have an equivalent course assignment.*

*While most institutions define "workload" as the number of credit hours instead of work hours, there are such wide variances in how a credit hour is calculated (lecture or lab, semester or quarter, etc.) that CAHIIM defaults to the total percentage of release-time rather than to attempt covering all credit hour variations, thus allowing each program to calculate what 20% of their credit-hour workload is.*

***Two examples:***

- For a quarter-based program where 18 credit hours is considered a full workload, a minimum 20% release time equals 4 credit hours.
- For a semester-based program where 12 credit hours is considered a full workload, a minimum 20% release time equals 3 credit hours.

*Institutions seeking initial accreditation, or that are scheduled for a site visit, may need additional release time in order to complete all of CAHIIM's documentation requirements.*

### **Standard 10: Faculty**

The program must have at least two full-time faculty members fully allocated to the HIM program.

#### ***Compliance Guide***

*Fully allocated = Greater than 51% consists of classes found in the HIT/HIM degree plan.*

*The program director can be counted as one of the full-time faculty members.*

*A dedicated second faculty member not only ensures program continuity in the event of the loss of the program director but protects currently enrolled students from sudden and unexpected changes in leadership.*

*The institution decides when to add full-time or part-time faculty; however, the size of the faculty in relationship to the number of students enrolled in the program will be evaluated by CAHIIM, and the program will need to explain how that ratio supports and encourages effective and regular student/faculty interactions.*

#### **Frequently asked questions**

***Our current student/faculty ratio is about 67:1. We also must cover two other programs. Is this reasonable?***

*A student/faculty ratio depends on several factors, including the nature of the institution, the range of teaching responsibilities, and the intensity of teaching (lectures, projects, practice experiences, research). However, the most commonly seen ratio in our national program metrics is 12:1, including part time (adjunct) faculty who are also factored into the ratio.*

***What do you mean by "full time faculty fully allocated"?***

*"Full time faculty fully allocated" are teachers who are fully engaged in the HIM program during a typical workday. The following scenarios test the Standard:*

- *Not accepted by CAHIIM: Nancy Smith, named as the second full-time HIM faculty member, is an RN who teaches only one course for the HIM program, while all of her other course duties are dedicated to the Nursing Program.*
- *Not accepted by CAHIIM: Latrelle Hogan, named as the second full-time HIM faculty member, is a RHIA and former HIM program director promoted to Dean of the College of Health-Related Professions. Latrelle occasionally teaches a course in Leadership.*

*Accepted by CAHIIM: Bob Johnson, named as the second full-time HIM faculty member, is a RHIT who teaches in the HIM program, but who also teaches a single course in the Health Administration program. Working full-time at an institution does not in itself qualify an individual to be named as the second full-time faculty in the HIM program.*

### **Standard 11: Faculty Qualifications**

The two full-time faculty members must hold an AHIMA credential, and all faculty members must have a degree and/or certification in their assigned teaching area. The qualifications of faculty members must include professional preparation and experience, competence in assigned teaching areas, effectiveness in teaching, and scholarly productivity consistent with their faculty appointment and institutional policy.

### **Compliance Guide**

*This is a new condition in the 2018 standard of faculty qualifications. The two, required full-time HIM faculty must hold AHIMA credentials. All faculty must have either a degree in the topic area they teach, or a certification in the topic area they teach. No exceptions will be made. Evaluate if your faculty meet the qualifications for Standard. 11.*

### **Frequently asked questions**

#### ***What credentials must the two full-time faculty have?***

*AHIMA credentials include the academic credentials of RHIT and RHIA as well as the coding and specialty credentials of: CCS, CCS-P, CDIP, CHDA, or CHPS.*

#### ***I currently use a Hospital Business Manager who is an accountant to teach Revenue Cycle and a lawyer to teach Legal Concepts. Is this acceptable?***

*Yes. The lawyer has the professional qualifications to teach a legal course, while the accountant has professional qualifications to teach the revenue management course. Likewise, coding faculty should have a coding certificate reflective of the type of coding they are teaching. For example, CPT course instructors should hold a CCS-P certificate unless they are RHIA or RHIT credentialed (in which case this skill set is assumed).*

#### ***I've inherited a second full-time faculty who has no background in HIM and isn't interested in getting any.***

*With the implementation of the 2018 Standards, the program will no longer meet the conditions of accreditation. Non-compliant programs risk loss of accreditation.*

#### ***Why did HIMAC require the second full time faculty to have AHIMA credentials?***

*The second full-time faculty must have a background in and current knowledge of Health Information Management, as well as educational theory and methodology consistent with the teaching assignment (e.g., curriculum development; educational psychology; test construction, measurement, evaluation, and assessment) in order to assist the program director and share the teaching workload, as well as serve as a qualified acting program director should the need arise.*

**Standard 12: Faculty Performance**

The required faculty must provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice. Faculty (including part-time and adjunct) performance must be evaluated and documented according to the institutional policy; evaluations include teaching effectiveness and scholarly productivity consistent with faculty appointments. Within applicable institutional policies, faculty, students, and others must be involved in the evaluation process.

***Compliance Guide***

*All programs must have some documented method of measuring faculty effectiveness, although the exact nature of that measurement is up to the institution.*

**Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *Append the institutional requirements and process for periodic faculty evaluation.*
- *Append the performance evaluation tool(s) used.*

*These can be either blank or completed tools.*

**Frequently asked questions*****What counts as evidence of compliance on this standard?***

*The documents will vary by institution, but typically, a program will provide examples of the types of assessment used to measure faculty performance such as a copy of the end of term survey and a copy of any type of program director evaluation of staff.*

**Note:** *Do not submit personally identifiable faculty performance documents, only samples of the forms used to track faculty performance are acceptable.*

## IV. Resources

### Standard 13: Advisory Committee

Each HIM program must have an advisory committee representative of its communities of interest. Advisory committee responsibilities include assisting program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.

The advisory committee must meet annually, at minimum. At least half of the advisory committee must be external to the institution.

### **Compliance Guide**

*CAHIIM emphasizes the importance of a strong advisory committee comprised of individuals external to the academic institution, such as employers, graduates, healthcare executives and others representative of the communities of interest to assess the program and it aligned with current practices.*

#### **Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *Upload the two most recent Advisory Committee Meeting minutes that reflect that the advisory board is supporting the program in the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.*

*A directory of advisory committee members with their name, job title, and credential/license.*

*The key elements of Standard 13 are to have a committee that includes external members of the healthcare community (HIM Department Directors, Physicians, Hospice Administrators, Coding Supervisors, etc.), and that the members have an active role in discussing what happens in the program.*

**Active Role:** *The committee members should be providing professional insights into your course content. This is a valuable contribution to making your program responsive to the needs of the community. Some examples of projects or tasks that advisory committees do in other programs include:*

- *Review curriculum*
- *Guest speakers into courses*
- *Take students for PPE*
- *Brainstorming on HIM practitioner training*
- *Environmental scans*
- *Assist with grant proposal writing*
- *Mentoring of students*
- *Creating course assignments and sharing practice documents/policies*

### **Frequently asked Questions**

#### ***How big should the committee be?***

*Larger is better! If you have a 12-person advisory committee and two can't attend, you still have a vibrant meeting. If you have a four-person committee and two can't attend, you have to reschedule. At least half of the committee should consist of external members, with the other half consisting of HIM teaching faculty, a student member, and if possible, a graduate of the program. So, for example, if you had a ten-person committee then five would represent the external healthcare community.*

***How frequently do other programs' advisory committee meet?***

*Typically, the advisory committee is meeting more than once a year. A quarterly meeting is helpful to set up a task, and then have check-in points to see how things are progressing. For example, you might have coding professionals look over the coding and revenue courses and contribute the latest methods of coding and documentation review to keep your courses pertinent. Or perhaps you want some of the members to be a guest speaker for a course. Meeting multiple times in the year gives you time to work out these types of contributions.*

***We have some brilliant people on our campus. I want to include them in our advisory committee, I've sent invitations to the Computer Sciences and Health Administration programs to sit on our committee. Can I allow fellow teachers to be on our advisory committee?***

*Having fellow teachers from other programs is fine; and it can help having them look at your courses with a critical eye (like data mining, project management, etc.). However, these members should be classified as internal member representatives on your committee.*

***We don't have funds for an on-site meeting with our advisory committee. Is this, okay?***

*All advisory meetings can be held virtually. You can set up a free conference call account by visiting [conferencecall.com](http://conferencecall.com). These meetings can be recorded for free so that individuals that couldn't attend can still hear the meeting and participate via email.*

## **Standard 14: Professional Development**

Program Director and HIM faculty, including adjunct instructors, must demonstrate continued professional development related to competency-based education, teaching pedagogy, curriculum content in assigned teaching areas, advancements in technology, and, if applicable, online teaching and learning methods.

Program Director must also provide evidence of professional development that ensures continuing competence in program management and/or leadership.

### ***Compliance Guide***

*Some practical examples of professional development activities include, but not limited to:*

- 
- *Attend workshops, conferences, and/or town halls hosted by, but not limited to:*
  - *CAHIIM*
  - *AHIMA*
  - *Institutions of Higher Learning*
  - *Other Professional Associations/Organizations*

- *Earning a new professional credentials/recognition, but not limited to: (i.e. PM certificate for project management)*
  - *CAHIIM Faculty Fellowship*
  - *Badges*
  - *Microcredentials*
- *Complete courses towards a certificate or a degree program.*
- *Complete, or create courses on pedagogy areas such as: curriculum and assessment development, distance/online education, instructional design, etc.*
  - *Leadership, program management, budget management, etc.*

### **Standard 15: Learning Resources**

The program must provide students access to learning resources to support their educational experience.

Learning resources and technical support services must be identified and available to meet student needs.

#### ***Compliance Guide***

*The program must ensure that technology requirements and skills are made known to students before courses begin.*

*Supporting Documents Needed to Demonstrate Compliance with Standard:*

- *Inventory of all student resources available (i.e., library resources, LMS Support, writing assistance, tutoring, etc.)*
- *Identify all technical support hours for each identified resource,*

*All programs must facilitate student access and use of the software needed for students to apply the competencies and achieve student learning outcomes. Examples include, but not limited to:*

- *Simulated EHRs*
- *Data Visualization Tools*
- *Encoders*
- *Student Engagement Platforms*
- *Statistical software*

### **Standard 16: Financial Support**

The sponsoring educational institution must provide financial support for the program to achieve its goals and outcomes, and for faculty development.



### **Compliance Guide**

#### **Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *CAHIIM Budget Template*
- *Description of program budget setting process*
- *Identify program director's role in budget process and requesting funds, as needed*

#### **Standard 17: Student Academic Progression**

The program must have a process to manage and monitor student progression: admission, advisement, counseling, and including tracking grades, credits, and attainment of the competencies.

### **Compliance Guide**

*CAHIIM will verify that the institution has adequate procedures in place to capture and store student records. Institutions must maintain student records that reflect evidence of student evaluation and progression toward achievement of program requirements. The focus during the site visit will be to review how the program manages and monitors student progression.*

## V. Curriculum

### Standard 18: Curriculum

The program must develop and maintain competency-based education curriculum to ensure the program addresses and administers competency-based assessments at the required Miller's Pyramid level.

#### *Compliance Guide*

*Supporting Documents Needed to Demonstrate Compliance Standard:*

- *Competency Based Education Curriculum Map*
- *Competency Based Education Assessment Template*

### Standard 19: Syllabi

Syllabi must follow a standardized format for the program.

The following items must be included within the syllabi:

- Course Number & Title
- Co or Pre-requisites
- Instructor contact information
- Details regarding text/lab required purchases
- List the knowledge, skills, abilities and behaviors that contribute to performance
- Course Objectives or Learning Outcomes
- Course Schedule
- Assessment Methods

#### *Compliance Guide*

*Supporting Documents Needed to Demonstrate Compliance with Standard:*

- *All HIM/HIT Course Specific Syllabi*
- *A copy of the foundational course syllabi*

*Course Schedule:*

- *Identify week/unit/chapter/module*
- *Assignments, projects, tests, quizzes for each week/unit/chapter/module*
- *Due dates*

*Assessment Methods:*

- *Weights or point proportion of final grade determined by each assessment type*
- *Course grading scale or schema*

## Standard 20: Course Sequence

Program content must be delivered in an appropriate sequence of didactic, laboratory, and experiential learning activities. Course content must be logical and coherent with didactic instruction and related activities organized in each course. Prerequisite courses must be identified and properly sequenced in the curriculum.

### *Compliance Guide*

*Supporting Documents Needed to Demonstrate Compliance with Standard:*

- *CAHIIM Course Sequence Document*

*There are certain expectations regarding sequencing that peer reviewers look for, however, program may provide a rationale for alternative sequencing:*

- *Medical Terminology and Anatomy/Physiology need to occur before the first coding course.*
- *Pathology and Pharmacology can be a co-requisite with a coding course, but if it is taken with a coding course, the same body system sequencing must exist for the life science course and the coding course. For example, Week 4 is Genitourinary in both courses.*
- *Running two coding courses in the same term is acceptable.*

## Standard 21: Online Content Access

Academic technologies, software applications and simulations, and online or web-enhanced courses have a significant role in the learning environment. To fairly evaluate online content, the program must provide CAHIIM with full access to the Learning Management Systems (LMS) in use for all HIM course content and relevant education applications used to deliver that content.

### *Compliance Guide*

*College accreditors are exceptions to the FERPA access rules. All accreditors are being tasked with increased vigilance in student/teacher interactions. The only method to ascertain the level of engagement by accreditors is to review the latest, active LMS version of each HIM course. This is accomplished by granting CAHIIM access to the LMS.*

*The IT department should create a profile for CAHIIM and grant this profile “observer status” or “guest view.” This limits access of the peer reviewer to observing interactions only and there is no chance of impacting a course’s notes, content, or grades.*

*LMS Access by CAHIIM: Generic sign-on/passwords allowing CAHIIM login access to the LMS for all courses in the program are required. Because access to the LMS occurs at multiple points in time throughout the accreditation process (staff review, pre-site visit review, post-site visit review, and Board review), it is imperative that the CAHIIM sign-on/passwords be generic in order to avoid the delays caused by multiple individual logins. Generic sign-on/passwords, like the example below, are required:*

*Sign-on > CAHIIM  
Password > CAHIIM2018*

*Once set up, this sign-on/password should remain active until the program receives their official CAHIIM Accreditation decision letter.*

### **Frequently asked questions**

#### ***For LMS access, what courses are needed?***

*All courses required to receive a HIM degree must be accessible. Live courses, or archived courses, are acceptable. A master course shell is not acceptable.*

#### ***Do I have to get access to the supporting body of knowledge courses, too?***

*No, CAHIIM does not require access to the body of knowledge courses that are not taught within the HIM/HIT program.*

## **Standard 22: Curriculum – Assessment of Students**

Student assessment methods must be varied to provide both student and program faculty with valid indications of the student's progress toward and demonstration of the competencies at the defined Miller's Pyramid level.

### ***Compliance Guide***

*Supporting Documents Needed to Demonstrate Compliance with Standard:*

- *Competency Assessment Template*

*The program must demonstrate a process to track student achievement of competence through formative and summative assessment.*

*Formative assessments could include, but are not limited to:*

- *Quizzes*
- *Experiential Learning and Assessment with coaching*
- *Forum discussion posts*
- *Research manuscript or paper outline*
- *Simulation debrief*

*Summative assessments could include, but are not limited to:*

- *Final exam and/or mid-term exam*
- *Written case study based on a body of course work.*
- *Projects*
- *A collection of several Experiential Learning Evaluations with a final grade and competence check*
- *Final research paper*
- *Coding audit report*
- *A prepared budget*

### **Standard 23: Experiential Learning and Assessment**

Program must integrate authentic experiential learning opportunities beginning within the first year of the program to allow the students to practice and demonstrate the competencies.

First year authentic experiential learning experiences can be supervised and assessed by the program or external professionals.

Prior to the completion of the program, the student must participate in experiential learning outside the classroom supervised by an external professional.

#### ***Compliance Guide***

*Supporting Documents Needed to Demonstrate Compliance with the Standard:*

- *Competency Assessment Template identifying when experiential learning opportunities take place, who supervised the opportunity, and location.*
- *List of all external supervisors*
- *PPE Handbook/Student Handbook*

*Authentic experiential learning activities are given to students that resemble real world activities to allow students to learn and apply the competencies in the student environment or in a virtual, onsite or simulated environment.*

*Authentic assessments focus on students applying knowledge, skill and judgement that resemble real-world situations. For example, you might have students take part in a simulation or role play or a scenario, completion of a real-world task, or assessment in a workplace setting.*

*The five standards for authentic learning:*

- *Higher-order thinking*
- *Depth of knowledge*
- *Connectedness to the world beyond the classroom*
- *Substantive conversation*
- *Social support for student achievement*

*Kolb's Experiential Learning Cycle works in four stages:*

- *Concrete learning (have the authentic experience)*
- *Reflective observation (reflection on the experience)*
- *Abstract conceptualization (learning from the experience)*
- *Active experimentation (try what they learned)*

*Programs can apply Prior Learning Assessment and Recognition (PLAR) as part of the experiential learning if the students PLAR activities are assessed at the competency level within the program.*

## VI. Fair Practices

### **Standard 24: Publications & Disclosures**

Program information must accurately reflect the program offered and must be published and accessible to all applicants and enrolled students. Specific content **required** is outlined in the *CAHIIM Accreditation Manual*.

#### ***Compliance Guide***

Refer to the CAHIIM Accreditation Manual, section Public Disclosures, to identify all supporting documents that need to be uploaded to this standard for compliance.

### **Standard 25: Lawful, and Diversity, Equity and Inclusion (DEI) Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must demonstrate a culture of lawful and DEI practices in accordance with federal, state and university statutes, rules, and regulations.

#### ***Compliance Guide***

#### **Supporting Documents Needed to Demonstrate Compliance with Standard**

- Append a copy of the non-discrimination policies of the institution.

## VII. Administrative Requirements for Maintaining Accreditation

### **Standard 26: Administrative Requirements**

The program must report all substantive changes as described in the CAHIIM Accreditation Manual in a timely manner, or as specified; noncompliance will result in administrative probation.

#### *Compliance Guide*

*All Substantive Changes must be reported to CAHIIM through the Substantive Change process outlined on the CAHIIM website: <https://www.cahiim.org/programs/substantive-changes>.*

### References

Konak, A., Clark, T. K., & Nasereddin, M. (2014). Using Kolb's Experiential Learning Cycle to improve student learning in virtual computer laboratories. *Computers & Education*, 72, 11–22.

<https://doi.org/10.1016/j.compedu.2013.10.013>

Daniel Connolly, Lliam Dickinson, & Luke Hellewell. (2023). The development of undergraduate employability skills through authentic assessment in college-based higher education. *Journal of Learning Development in Higher Education*, 27. <https://doi.org/10.47408/jldhe.vi27.1004>