

Schedule A: Total LHIN Funding
2020-2021

Health Service Provider: Brock Community Health Centre

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHS VERSION 10.2	2020-2021 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$4,080,559
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$0
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$4,080,559
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$5,000
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$5,000
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$4,085,559
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,589,221
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$361,858
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$776,972
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$763,613
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$25,000
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$398,895
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$20,000
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$150,000
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$4,085,559
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	41	Row 39 minus Row 40	\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$4,085,559
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$4,085,559
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	F 72 7*, F 72 8*, F 72 9*, F 82*	\$0
Plant Operations	49	F 72 1 5*, F 72 1 6*	\$150,000
Volunteer Services	50	F 72 1 40*	\$0
Information Systems Support	51	F 72 1 25*	\$187,976
General Administration	52	F 72 1 10*	\$587,258
Other Administrative Expenses	53	F 72 1 12*, F 72 1 15*, F 72 1 20*, F 72 1 22*, F 72 1 3*, F 72 1 45*, F 72 1 7*, F 72 1 8*, F 72 1 9*	\$0
Admin & Support Services	54	Sum of Rows 49-53	\$925,234
Management Clinical Services	55	F 72 5 05	\$0
Medical Resources	56	F 72 5 07	\$0
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$925,234

Schedule B: Reports

COMMUNITY HEALTH CENTRES

2020-2021

Health Service Provider: Brock Community Health Centre

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk **. When a reporting due date falls on a weekend, the report will be due on the next business day.

OHRs/MIS Trial Balance Submission (through OHFS)*	
2020-2021	Due Date (Must pass 3c Edits)
2020-2021 Q2	October 31, 2020
2020-2021 Q3	January 31, 2021
2020-2021 Q4	May 31, 2021

Supplementary Reporting - Quarterly Report (through SRI)*	
2020-2021	Due Date
2020-2021 Q2	November 7, 2020
2020-2021 Q3	February 7, 2021
2020-2021 Q4	June 7, 2021

Annual Reconciliation Report (ARR) through SRI and paper copy submission*	
(All HSPs must submit both paper copy of ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided, and soft copy to be provided through SRI)	
Fiscal Year	Due Date
2020-2021	June 30, 2021

Board Approved Audited Financial Statements *	
(All HSPs must submit a paper copy of Board Approved Audited Financial Statements, duly signed, to the Ministry and the respective LHIN where funding is provided.)	
Fiscal Year	Due Date
2020-2021	June 30, 2021

Declaration of Compliance	
Fiscal Year	Due Date
2020-2021	June 30, 2021

Community Health Centres – Other Reporting Requirements		
Requirement	Due Date	
French Language Service Report	2020-2021	April 30, 2021

Quality Improvement Plan	
The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system priorities. A copy of the QIP is to be provided to the LHIN at the time it is submitted to HQO.	
Planning Period	Due Date
April 1, 2020 – March 31, 2021	April 1, 2021

Community Engagement and Integration Activities Reporting	
Fiscal Year	Due Date
2020-2021	June 30, 2021

SCHEDULE C – DIRECTIVES, GUIDELINES AND POLICIES COMMUNITY HEALTH CENTRES 2020-2021

Health Service Provider: Brock Community Health Centre

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• Broader Public Sector Perquisites Directive August 2011
• Broader Public Sector Procurement Directive July 2011
• Community Capital Own Funds Directive, October 2016
• Community Financial Policy, 2016
• Community Health Capital Programs Policy, March 2017
• Community Health Centre – Requirements, November 2013
• Community Health Centre Guidelines, November, 2013 v1.1
• Guide to Requirements and Obligations Relating to French Language Health Services, November 2017
• Guideline for Community Health Service Providers Audits and Reviews, August 2012
• Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year
• Recruitment and Retention Funding Terms and Conditions, May 2018
• Space Standards for Community Health Care Facilities, March 2018

Appendix 1: Non-Contractual Requirements

The following documents are considered to be guides only for informational purposes and are not to be considered contractual requirements:

• CHC Panel Size Handbook, September 2018 (see Note #1)
• Community Infrastructure Renewal Fund Guidelines, 2018-2019
• Model of Health and Wellbeing, October 2016
• Results-Based Logic Model, September 2016

Note #1: CHC Panel Size Handbook

The handbook provides an overview of the methodology used to determine primary care panel size, other important considerations that may impact panel size and how this information is being used for accountability purposes within LHINs. The guide ensures that panel size is calculated in a standardized way throughout the CHC sector which allows for meaningful comparisons across the sector.

While this handbook is to be considered a guide, adjusted panel size is a required indicator under the CHC LHIN Multi-Sector Accountability Agreement as of October 2012.

Schedule D1: Core Indicators

2020-2021

Health Service Provider: Brock Community Health Centre

Performance Indicators	2020-2021 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	23.2%	<=27.9%
**Percentage Total Margin	0.00%	>= 0%
Service Activity by Functional Centre (Refer to Schedule D2a)		
Number of Individuals Served (by functional centre- Refer to Schedule D2a)		
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
Percentage of Alternate Level of Care (ALC) days (closed cases)		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		

Schedule D2a: Clinical Activity- Detail
2020-2021

Health Service Provider: Brock Community Health Centre

OHRS Description & Functional Centre		2020-2021 Base	2020-2021 One-time	2020-2021 Total	2020-2021 Performance Standard
<i>These values are provided for information purposes only. They are not Accountability Indicators.</i>					
Administration and Support Services 72 1					
Full-time equivalents (FTE)	72 1	5.60	0.00	5.60	n/a
Total Cost for Functional Centre	72 1	\$925,234	\$0	\$925,234	n/a
Clinics/Programs - General Clinic 72 5 10 20					
Full-time equivalents (FTE)	72 5 10 20	10.32	0.00	10.32	n/a
Individuals Served by Functional Centre	72 5 10 20	2,846	0	2,846	2561 - 3131
Group Sessions	72 5 10 20	4	0	4	3 - 5
Total Cost for Functional Centre	72 5 10 20	\$1,882,587	\$0	\$1,882,587	n/a
Group Participant Attendances	72 5 10 20	50	0	50	40 - 60
Service Provider Interactions	72 5 10 20	13,000	0	13,000	12350 - 13650
Service Provider Group Interactions	72 5 10 20	4	0	4	3 - 5
Clinics/Programs - Therapy Clinic - Foot Care 72 5 10 40 20					
Full-time equivalents (FTE)	72 5 10 40 20	0.94	0.00	0.94	n/a
Individuals Served by Functional Centre	72 5 10 40 20	206	0	206	165 - 247
Total Cost for Functional Centre	72 5 10 40 20	\$103,375	\$0	\$103,375	n/a
Service Provider Interactions	72 5 10 40 20	1,029	0	1,029	926 - 1132
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 40 45					
Full-time equivalents (FTE)	72 5 10 40 45	0.47	0.00	0.47	n/a
Individuals Served by Functional Centre	72 5 10 40 45	175	0	175	140 - 210
Group Sessions	72 5 10 40 45	6	0	6	5 - 7
Total Cost for Functional Centre	72 5 10 40 45	\$50,257	\$0	\$50,257	n/a
Group Participant Attendances	72 5 10 40 45	45	0	45	36 - 54
Service Provider Interactions	72 5 10 40 45	500	0	500	425 - 575
Service Provider Group Interactions	72 5 10 40 45	6	0	6	5 - 7
Clinics/Programs - Therapy Clinic - Physiotherapy 72 5 10 40 50					
Full-time equivalents (FTE)	72 5 10 40 50	0.94	0.00	0.94	n/a
Individuals Served by Functional Centre	72 5 10 40 50	206	0	206	165 - 247
Group Sessions	72 5 10 40 50	4	0	4	3 - 5
Total Cost for Functional Centre	72 5 10 40 50	\$107,804	\$0	\$107,804	n/a
Group Participant Attendances	72 5 10 40 50	40	0	40	32 - 48
Service Provider Interactions	72 5 10 40 50	1,029	0	1,029	926 - 1132
Service Provider Group Interactions	72 5 10 40 50	4	0	4	3 - 5
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40 60					
Full-time equivalents (FTE)	72 5 10 40 60	0.94	0.00	0.94	n/a
Individuals Served by Functional Centre	72 5 10 40 60	333	0	333	266 - 400
Group Sessions	72 5 10 40 60	10	0	10	8 - 12
Total Cost for Functional Centre	72 5 10 40 60	\$98,773	\$0	\$98,773	n/a
Group Participant Attendances	72 5 10 40 60	35	0	35	28 - 42
Service Provider Interactions	72 5 10 40 60	1,000	0	1,000	900 - 1100
Service Provider Group Interactions	72 5 10 40 60	10	0	10	8 - 12
Clinics/Programs - Chronic Disease Clinic - Diabetes Clinic 72 5 10 50 20					
Full-time equivalents (FTE)	72 5 10 50 20	1.87	0.00	1.87	n/a
Individuals Served by Functional Centre	72 5 10 50 20	635	0	635	540 - 730
Group Sessions	72 5 10 50 20	6	0	6	5 - 7
Total Cost for Functional Centre	72 5 10 50 20	\$254,707	\$0	\$254,707	n/a
Group Participant Attendances	72 5 10 50 20	45	0	45	36 - 54
Service Provider Interactions	72 5 10 50 20	1,050	0	1,050	945 - 1155
Service Provider Group Interactions	72 5 10 50 20	10	0	10	8 - 12

Schedule D2a: Clinical Activity- Detail
2020-2021

Health Service Provider: Brock Community Health Centre

OHRs Description & Functional Centre		2020-2021 Base	2020-2021 One-time	2020-2021 Total	2020-2021 Performance Standard
<i>These values are provided for information purposes only. They are not Accountability Indicators.</i>					
Clinics/Programs – CHC Other Clinic 72 5 10 55					
Full-time equivalents (FTE)	72 5 10 55	2.91	0.00	2.91	n/a
Individuals Served by Functional Centre	72 5 10 55	140	0	140	112 - 168
Group Sessions	72 5 10 55	1	0	1	1 - 1
Total Cost for Functional Centre	72 5 10 55	\$343,796	\$0	\$343,796	n/a
Group Participant Attendances	72 5 10 55	10	0	10	8 - 12
Service Provider Interactions	72 5 10 55	700	0	700	595 - 805
Service Provider Group Interactions	72 5 10 55	1	0	1	1 - 1
Health Prom/Educ.& Com. Dev. - Personal Health and Wellness – Mental Wellness, Personal Health Practices and Coping Skills 72 5 50 45 10					
Full-time equivalents (FTE)	72 5 50 45 10	1.36	0.00	1.36	n/a
Individuals Served by Functional Centre	72 5 50 45 10	600	0	600	510 - 690
Group Sessions	72 5 50 45 10	700	0	700	595 - 805
Total Cost for Functional Centre	72 5 50 45 10	\$175,416	\$0	\$175,416	n/a
Group Participant Attendances	72 5 50 45 10	8,500	0	8,500	8075 - 8925
Service Provider Interactions	72 5 50 45 10	170	0	170	136 - 204
Service Provider Group Interactions	72 5 50 45 10	700	0	700	595 - 805
Health Prom/Educ.& Com. Dev - Personal Health and Wellness – Youth Development 72 5 50 45 40					
Full-time equivalents (FTE)	72 5 50 45 40	0.94	0.00	0.94	n/a
Individuals Served by Functional Centre	72 5 50 45 40	500	0	500	425 - 575
Group Sessions	72 5 50 45 40	100	0	100	80 - 120
Total Cost for Functional Centre	72 5 50 45 40	\$88,013	\$0	\$88,013	n/a
Group Participant Attendances	72 5 50 45 40	1,500	0	1,500	1350 - 1650
Service Provider Interactions	72 5 50 45 40	40	0	40	32 - 48
Service Provider Group Interactions	72 5 50 45 40	100	0	100	80 - 120
CHC Client Support Services 72 5 85					
Full-time equivalents (FTE)	72 5 85	0.47	0.00	0.47	n/a
Individuals Served by Functional Centre	72 5 85	230	0	230	184 - 276
Total Cost for Functional Centre	72 5 85	\$55,597	\$0	\$55,597	n/a
Service Provider Interactions	72 5 85	500	0	500	425 - 575
ACTIVITY SUMMARY					
Total Full-Time Equivalents for all F/C		26.76	0.00	26.76	n/a
Total Individuals Served by Functional Centre for all F/C		5,871	0	5,871	5577 - 6165
Total Group Sessions for all F/C		831	0	831	706 - 956
Total Group Participants for all F/C		10,225	0	10,225	n/a
Total Service Provider Interactions for all F/C		19,018	0	19,018	18067 - 19969
Total Service Provider Group Interactions for all F/C		835	0	835	710 - 960
Total Cost for All F/C		\$4,085,559	\$0	\$4,085,559	n/a

Schedule D2b: CHC Sector Specific Indicators

2020-2021

Health Service Provider: Brock Community Health Centre

Performance Indicators	2020-2021 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	78.7%	63 - 94.4%
Colorectal Screening Rate	62.0%	49.6 - 74.4%
Inter-professional Diabetes Care Rate	99.0%	79.2 - 100%
Influenza Vaccination Rate	46.0%	36.8 - 55.2%
Breast Cancer Screening Rate	72.0%	57.6 - 86.4%
Retention Rate (For NPs and Physicians)	70.0%	>= 56%
Access to Primary Care	64.8%	61.6 - 68%
Explanatory Indicators		
Client satisfaction – Access		
Clinic support staff per primary care provider		
Interpretation		
Exam rooms per primary care provider		
New grads/new staff		
Non-Primary Care Activities		
Number of Registered Clients		
Number of New Patients		
Specialized Care		
Supervision of students		
Third next available appointment		
Non-Insured Clients		
Travel time		
High risk urban population		

Schedule D3a Local: All 2020-2021

Health Service Provider: Brock Community Health Centre

Cultural Sensitivity Obligation

- To better serve Francophone citizens, Indigenous peoples, and new Ontarians, the Central East LHIN supports its Health Service Providers (HSPs) in the advancement of the highest-quality Health care system which improves access to appropriate and culturally-safe care through sub-regional planning and community engagement for any patient, regardless of race, ethnicity, culture or language capacity.
- HSPs will report To the Central East LHIN on the status and progress of culturally-safe training initiatives demonstrating commitment To this priority.

French Language Services Obligation

- Designated HSPs, will continue to provide health services to the public in French in accordance with the provisions of the French Language Service Act (FLSA) and work towards maintaining French Language Service (FLS) capacity.
- Identified HSPs will develop and implement an FLS plan, provide health services to the public in French in accordance with existing FLS capacity, and work towards improving FLS capacity for designation.
- Non-designated and non-identified HSPs, will develop and implement a plan to address the needs of its local Francophone community including the provision of information on local health services available in French.
- With respect to French Language Services, all HSPs will provide a mandatory report to the LHIN, in accordance with Section 22 of LHSIA. The report will outline how the HSP addresses the needs of its local Francophone community, and identify the capacity of the HSP to provide those services.

Indigenous Peoples* Obligations

Together with the LHIN, HSPs will:

- Increase the number of Indigenous professionals working in the healthcare field;
- Ensure the retention of Indigenous healthcare providers in Indigenous communities; and
- Provide cultural competency training for all healthcare professionals.

In support of these obligations, HSPs will report to the Central East LHIN on programs and initiatives that demonstrate a commitment to this priority through completion of the LHIN's Cultural Safety monitoring template by March 31st each year.

*Indigenous Peoples include First Nations, Inuit, Metis and members of these communities living within any sub-region of the Central East LHIN.

**Schedule D3a Local: All
2020-2021**

Health Service Provider: Brock Community Health Centre

Health Link Communities Obligation	<p>The HSP will support the Health Link approach to care by:</p> <ul style="list-style-type: none">• Identifying complex vulnerable patients;• Implementing and maintaining Coordinated Care Plans (CCPs) which:<ul style="list-style-type: none">◦ Are developed with the patient and caregiver;◦ Involve two or more health care professionals, with one being from outside the HSP; and,◦ Contain an action plan for one or more health concerns identified by the patient and/or caregiver.• Ensuring patient transitions are coordinated and seamless throughout the health care system; and,• Supports the work of the Coordinated Care Working Group of the Planning Table within the Sub-region.
Sub-region Planning Obligations	<p>HSPs will support the Central East LHIN's sub-region planning mandate by:</p> <ul style="list-style-type: none">• Updating and maintaining their Healthline profiles;• Identifying and tracking clients by sub-region;• Collaborating with the LHIN and sub-region stakeholders to address health needs, identify gaps and implement strategies to improve patient experience and outcomes; and• Engaging in sub-region initiatives and activities as required.
Socialization of SAA Obligations	<ul style="list-style-type: none">• HSPs of the Central East LHIN will demonstrate that SAA obligations were socialized with staff. The HSP must attest that 90% of staff are aware of the SAA Obligations.
Alternate Level of Care (ALC) - Community Health Centre (CHC)	<p>Reported Quarterly:</p> <ul style="list-style-type: none">• Number of ALC patients placed into Primary Care• Number of patients who received initial follow-up 0-3 days after CHC received discharge summary• Number of patients who received initial follow-up 3-7 days after CHC received discharge summary• Number of patients who received initial follow-up 7 days after CHC received discharge summary

**Schedule D3a Local: All
2020-2021**

Health Service Provider: Brock Community Health Centre

<p>Diabetes Education Programs (DEPs) Obligation</p>	<p>The DEPs will work collaboratively with the Central East LHIN and each other to ensure standardization of care and implementation of best practises within the DEPs, ensuring compliance with the Policy and Procedure Manual for Diabetes Education Programs Funded to Service Adult Clients developed by the Ministry of Health and Long-Term Care and Ontario’s Local Health Integration Networks.</p> <p>Specifically but not limited to, the DEPs will:</p> <ul style="list-style-type: none"> • Implement the 60-Second Foot Care Screening Tool for 100% of patient visits; • Track the number of patients who are referred to podiatry services as a result of the foot care screening; • Adhere to the Canadian Ophthalmological Society’s evidence-based clinical practice guidelines for the management of diabetic retinopathy Hooper P et al. (2012), Can J Ophthalmic, Vol. 47, Supp. 1; • Implement standardized questioning related to eye screening; • During the initial assessment visit and annually, all patients will be recommended to seek ophthalmology screening or referred to a provider of ophthalmology services, as appropriate; • Track the number of patients who were referred to a provider of ophthalmology service; • Track the number of patients who were recommended to seek ophthalmology services; • Between December 31, 2017 and December 31, 2019, enroll in the Diabetes Standards Recognition Program (SRP) to become accredited by Diabetes Canada. The Diabetes Standards Recognition Program (SRP) acknowledges and formally recognizes DEPs across Canada that strive to provide the best possible care to people living with diabetes and those at risk. The goal of the SRP is to recognize DEPs that offer high-quality self-management education supported by an inter-professional health-care team with specialized knowledge of diabetes, and best practice care that follows Diabetes Canada’s Clinical Practice Guidelines; and • Support the Central East staff in their efforts to implement electronic referrals and central intake for DEPs.
<p>Use of investment to better meet the needs of Ontarians</p>	<ul style="list-style-type: none"> • CHCs will develop and implement a process to obtain and regularly update capacity and utilization information. • CHC will examine the appropriateness of attaching CHC clients to inter-professional primary care, and develop and implement a plan.
<p>Ensure clients have timely and equitable access to health and community services</p>	<ul style="list-style-type: none"> • CHC will monitor and collect wait-list information on CHCs primary-care and therapy services to address unmet needs • CHC will provide 24/7 on call services
<p>Improve oversight of CHCs</p>	<ul style="list-style-type: none"> • CHC will achieve accreditation status; those CHCs that are not accredited, will develop an implementation plan to become accredited. • CHCs that are accredited must provide a plan to address the recommendations of the accreditation body.