New Service Application Checklist

Information to Gather

☐ 1. Comprehensive/Initial and Post Program Data:

- Average Number of hours each participant spends in DSMES *(Formula located in the application)*
- Participants by Age
- Participants by Type of DM and Age

☐ 2. Average number of hours each educator spends in the DSMES program per month during the reporting period

☐ 3. Statistics

- # of years the program has provided DSME
- # of participants seen in one year
- Other services provided at site

☐ 4. Ethnic/Racial Groups Served

☐ 5. Special Needs and Unique Service Features Identified (See application for choices)

☐ 6. Behavioral Outcomes and Other Participant Outcomes

- Target and Actual Outcomes by %

Documentation (Documentation can been uploaded within the application or submitted via fax/postal mail)

☐ Stakeholder names and how each stakeholder may provide input and/or advocacy

☐ Quality Coordinator's Professional License/Registration/Certification

☐ Quality Coordinator's proof of CEUs if not a CDCES or BC-ADM

☐ Professional Instructor/s: Verification of current credentials. Dietitians must submit proof of CDR; State license is NOT accepted

☐ Professional Instructors' proof of CEUs if not a CDCES or BC-ADM

☐ The Diabetes Community Care Coordinator's (DCCC) proof of training (diploma, certificate, etc..) (If applicable)

☐   DCCC's proof of 15 hours of training in diabetes or diabetes related topics annually (If applicable)

Documentation – Paper Audit Items (Original [new] Applicants must submit all four paper audits)

☐   Stakeholder names and may provide input and/or advocacy reflecting support for DSMES Services.

☐   Program Coordinator's Job description

☐   A Formal Continuous Quality Improvement Plan(CQI)
- What are you trying to improve?
- Project outcomes target
- Project assessment and evaluation schedule

☐   An assigned section of the Written Curriculum – the computer will randomly assign a specific section of the curriculum. Please send only the assigned section of the curriculum. The assigned section of the curriculum must include the learning objectives, content, method of delivery and method of evaluating learning.

☐   A de-identified participant chart reflecting the initial comprehensive DSME cycle to include: provider referral (if insurance requires a referral), DSME assessment and education plan based on the assessment, education intervention with outcomes, behavioral goal-setting, and follow-up with evaluation of goal achievement, and follow up on other patient outcomes (clinical or quality of life outcomes) and communication of the education plan or provided and at least one outcome to another healthcare provider involved with the patient's care.

Payment Information

Original applications: $1,100. Invoices can be downloaded within the ERP Portal by the Quality Coordinator or Assistant Coordinator. **Possible Methods of Payment:**

Credit Card – this information must be submitted as part of the online application. Acceptable credit cards include Visa, MasterCard, American Express and Discover.
Check – Checks should be sent to the address below and be received within 14 days after the online application has been submitted. The payment section of the application will request a check number. If you do not have the check number you may use the program ID number.

Please make the check out to the **American Diabetes Association**. Payment can be mailed to the following address: Support documents must be faxed or uploaded within the application.

American Diabetes Association - ERP
PO Box 7023
Merrifield, VA 22116